

**EXAMINING THE CHALLENGES FACED BY TEENAGE PREGNANT
MOTHERS IN WALUKUBA SUB COUNTY, JINJA DISTRICT,
EASTERN UGANDA**

BY:

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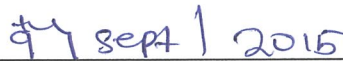
MAY, 2015

DECLARATION

I, **EDDAH WAMACHALI**, do declare that this dissertation is my original work and has not been presented for a Degree or any other academic award in any University or Institution of Learning.



Name and Signature of Candidate




Date

APPROVAL

"I do approve that the work reported in this dissertation was carried out by the candidate under my supervision".



Name and Signature of Supervisor



Date

DEDICATION

I do dedicate this piece of work to my Family, Relatives, Friends, and Fellow students of Kampala International University.

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CHAPTER ONE

THE PROBLEM AND ITS SCOPE

1.0 Introduction

This chapter encompasses the background of the study, statement of the problem, the purpose of the study, objectives of the study, research questions, significance of the study and the definition of some key concepts.

1.1. Background of the Study

Adolescent pregnancy has long been a worldwide social and educational concern for the developed, developing and underdeveloped countries. Many countries continue to experience high incidence of teenage pregnancy despite the intervention strategies that have been put in place. In 1990 approximately 530,000 teenagers in the United States became pregnant, 51% of whom gave birth (Coley & Chase-Lansdale, 1998).

Available literature suggests that fertility rates in developing countries have declined in the past two decades (Dickson, 2002; Caldwell & Caldwell, 2002). It is argued that due to changing socio-political circumstances, women have re-assessed the timing of childbirth and the role of motherhood in their lives (Preston-Whyte and Zondi, 1992). It has been found that the average number of children per woman has been reduced significantly when compared to the trend in the 1970s, and that young women tend to delay motherhood. South Africa has the lowest fertility rate in sub-Saharan Africa and is at par with other developing countries outside region (Anderson, 2002)

In the 2002 *Uganda Bureau of Statistics; Demographic and Health Survey* it was found that the total fertility rate has declined to an average of 6.3 children per woman. A decline in fertility rates has been associated with a high use of contraceptives among women and also the ongoing legalisations of abortion. Despite the decline in the total fertility rate, adolescent pregnancy has been found to be significantly high. The *UBOS* report revealed that adolescent pregnancy accounted for a third of all births. Similarly the 2011 Uganda Demographic Health Survey report released by *UBOS* shows the incidence in West Nile where teenage pregnancies have tremendously increased from 3.7% to 6.6% in 2011. The rate of teenage

pregnancies in west Nile sub region is on the rise despite the various campaigns against girl child abuse, a new report says.

The differences in incidence of teenage pregnancy among age and ethnic groups result from socio-economic factors. Teenage pregnancy is prevalent in societies characterised by poverty, low education, fewer job opportunities and families headed by mothers who gave birth to their first children in adolescence (Dryfoos, 1996; Macleod, 1999). Teenage pregnancy is also associated with other problematic behaviour such as alcohol and drug use, and early initiation of sexual activity, which have been identified as predictors of pregnancy (Coley & Chase-Lansdale, 1998; National Population Unit, 2000). Plant & Plant (1992) argue that risk or problem behaviour is associated with social disadvantage, poverty, homelessness, unemployment, bad housing, fragmented family structure and stressful life events. The youth emulate the behaviour of their parents and of their society, thus social and cultural factors influence patterns of risk taking.

Early initiation of reproductive behaviour varies widely across countries and between subgroups in the same country. In some societies a woman's first sexual experience often happens within a marriage, while in other societies sexual activity outside marriage is tolerated. For instance, in North Africa including Sierra Leone young women are less likely to initiate sexual relationships before marriage, while in most sub-Saharan African countries most teenage girls have sexual relationships which sometimes lead to marriage (The Alan Guttmacher Institute, 1998). In Uganda among the Sabinu and Bugishu communities where youth are initiated to adulthood is cultural practice that is responsible for most teenage pregnancies. Prevailing societal norms and values as determined by social, economic, cultural, psychological and developmental factors have influence on the behaviour of its youth. There is increasing evidence that adolescents are influenced by their environment, therefore reproductive behaviour might be influenced by community characteristics (National Population Unit, 2000).

Individual factors often associated with teenage pregnancy include low academic achievement and poor future prospects. It is argued that teenage learners who are poor academic achievers often lack interest in schooling, and have poor future prospects. They are also more likely to fall pregnant and consequently drop out of school than their peers who perform well (Coley & Chase-Lansdale, 1998). This line of argument suggests a causal relationship between poor academic performance and adolescent pregnancy. Thus

longitudinal studies need to be conducted in order to further investigate whether poor academic performance precedes pregnancy or whether adolescent's pregnancy results in diminished interest and achievement in schoolwork.

In the United States out of a total number of teenagers who drop out of school when pregnant, only 30% return and graduate (ibid). However, South African studies suggest a different trend. Ugandan pregnant teenagers are seldom compelled to drop out of school for more than the academic year in which they give birth, and usually re-enrol after the birth of their children (Kaufman, de Wet & Stadler, 2001). A number of factors contribute to continued schooling among pregnant and parenting adolescents in Uganda. One of the contributory factors that are often cited is the government policy that allows pregnant and parenting learners to stay at school. Also due to changing social circumstances and values, adolescent pregnancy is a tolerated phenomenon in modern Ugandan society. Social permissiveness towards sex outside marriage, and absence of serious social repercussions like isolation or exclusion following an out of wedlock birth, contribute to the high rate of adolescent pregnancy (Parekh & De La Rey, 1997).

It has also been argued by amongst others Preston-Whyte and Zondi (1992), that the high value placed on fertility and education encourages adolescent girls to aspire for both motherhood and academic qualifications. The high cultural value placed on education and fertility is seen as a contributory factor to the prevalence of teenage pregnancy (Preston-Whyte & Zondi, 1992). Education and the linked employment prospects enhances the possibility of improved quality of life and thus may be one of the factors that encourage adolescent to continue with school after child birth (Kaufman *et al*, 2001).

Even though pregnant teenagers may not officially be prevented from remaining at school, realistically, due to the demands of parenting, they may be forced to drop out of school, for example, in instances where there is no one to look after the child while the adolescent mother continues with her schooling. Sometimes the pregnant adolescent feels isolated from her peers. She may be embarrassed by her condition and have difficulty fitting in with her non-pregnant peers and as a result may drop out of school. Parenting adolescents often have to deal with strained family relationships. Sometimes parents react with anger to the pregnant adolescent. She may be blamed or ostracised for causing a problem (Cervera, 1994).

Consequently, she may not get assistance and support from her family members forcing her to drop out of school in order to raise her child.

There is no adequate Ugandan research that deals with the experiences of pregnant adolescents. However, an explorative study conducted by National Population Unit (2000) on the perceptions and thoughts of adolescents on teenage pregnancy, sheds light on certain issues pertaining to experiences of pregnant learners. The researchers analysed 23 essays written by adolescent learners on the subject of teenage pregnancy. The themes that emerged in the essays were: problems faced by adolescents, factors affecting teenage pregnancies, consequences and solutions to the problems. However, the analysts warn that their report based on the essays should not be seen as containing views that represent all teenagers in the country. The authors of the essays identified among others, the following factors as affecting teenage pregnancy.

Firstly, adolescent girls are seen as vulnerable in sexual encounters because their ability to make decisions about sexual relationships is compromised by a desire to earn approval of their male friends. Secondly, there is lack of knowledge about sexuality, pregnancy and use of contraception. Thirdly, adolescents initiate sexual activity very early.

Flishera and Aarob (2002) reviewed research on the factors promoting and perpetuating unsafe sexual behaviour among Ugandan youth. In their study they included papers written between the years 1990 and 2000; both published and unpublished reports and dissertations were included. The results of the review suggest that at least 50% of young people are sexually active by the age of 16 years. The majority of teenage learners who have experienced sexual intercourse reported having at least one partner in the previous year, and between 50% and 60% of sexually active youth reported never using condoms. The results also suggest a powerful impact of personal factors, interpersonal relationships, environmental factors and socio-economic factors that perpetuate women's subordination within sexual relationships (Flishera&Aarob, 2002).

1.2 Problem Statement

Much research has been done on factors that predispose girls to falling pregnant in their adolescent years (Furstenberg, Brooks-Gunn & Morgan, 1987; Dryfoos, 1990). Researchers have found a number of personal, family and social factors, which are often associated with teenage pregnancy (Dryfoos, 1990). The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of

education (Furstenberg, Brooks-Gunn, & Morgan, 1987). Consequently, the majority of researchers have focused on socio-economic predictors and consequences of teenage pregnancy. Although knowledge on social factors has expanded in the past decade, research on the psychological effects of teenage pregnancy has been largely studied as well. The current study seeks to explore the causes/factors of pregnancy during adolescence, on the primary school going age girls. There is still a need to understand factors within an individual, which put an adolescent at greater risk of falling pregnant and how development may be affected by pregnancy during adolescence.

1.3 Purpose of the Study

This study targeted at establishing the prevalence of teenage pregnancy in primary schools and tries to find out which factors and processes predicting the occurrence of teenage pregnancy. Most literature focuses on social factors, which predispose adolescents to falling pregnant. Pregnancy may cause psychological distress, as it is often associated with dropping out of school, either before or shortly after childbirth. Adolescent mothers are more likely to present with symptoms of depression when compared with their non-parenting peers and older mothers. The transition to motherhood puts adolescents at a greater risk for psychological distress because they are socially, cognitively and emotionally immature to cope with the demands of motherhood.

The current study examined the factors responsible for the prevalence of teenage pregnancy in primary schools, experiences of pregnant learners, both in a scholastic and personal context. It assessed how these learners are affected by the demands of coexisting motherhood and adolescence. There appears to be little research done on how Uganda pregnant adolescent learners perceive their situation and how they cope with the demands of adolescence and of motherhood. The results drawn from the study will form a basis for further research on the psychological effects of pregnancy during adolescence and may also be of value to designing intervention strategies.

1.4 Research Objectives

1.4.1 General objective:

To investigate the challenges faced by teenage mothers in Walukuba Sub County, Jinja district

1.4.2 Specific objectives:

To establish the demographic characteristics of the respondents of Walukuba Sub County
To establish the factors responsible for teenage pregnancies in Walukuba Sub County
To find out the challenges faced by teenage mothers in Walukuba Sub County
To discover the support system that teenage mothers have from different stakeholders in Walukuba Sub County

1.5 Research Questions

What are the factors responsible for teenage pregnancies in Walukuba Sub County?
What are the challenges faced by teenage mothers in Walukuba Sub County?
What kind of support systems do teenage mothers have from different stakeholders in Walukuba Sub County?

1.6 Scope

1.6.1 Geographical scope

The study was conducted in selected parishes of Walukuba Sub County within Butaleja district and they were particularly be sampled out to meet the objectives of this study. The dimensions the study were used to select cases include size of parishes; nature of youth population; and level of educational characteristics.

1.6.2 Content scope

The study examined the different circumstances responsible for teenage pregnancies in schools, the challenges faced by teenage mothers and the support system that teenage mothers have from different stakeholders including government.

1.6.3 Time Scope

The study took three native months of normal calendar that is beginning from December to February 2015

1.7 Significance of the Study

The education department of the district recognized that although the government defines their powers, management structures and its relationship with government bodies, there is

usually a considerable need to provide considerable measures on how to curb the teenage pregnancies. This can be done by ensuring that the socio-economic conditions that perpetuate our youth to such situations should be dealt with much affirmative action.

To the respective ministries responsible, the aspect of ministerial control which sometimes causes significant challenge to service providers was highlighted to them such that some of the factors that lead to teenage pregnancies including legislations on issues of adolescent pregnancies be adequately handled, intensifying programs and financial support to motivate technical people to holistically address the vice that is eating up our society.

1.8 Operational Definitions of Key Terms

For the purpose of this study, the following terms are defined as they are used in the study

Teenager is a person who is aged between 10-19 years

Teenage pregnancy means when young person especially girls get pregnant either at school or not.

Demographic data refers to characteristics like age, sex, educational background and number of working years.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This chapter deals with the reviewing the opinions, views and perspectives of various scholars. It involves comprehensive identification and evaluation of the document containing information relevant to this topic more particularly research questions.

2.1. The factors responsible for teenage pregnancies in primary schools

Much research has been done on adolescent pregnancy and various factors have been identified as causes (Macleod, 1999). Results of most studies indicate that teenage pregnancy is viewed from different perspectives. Causes of adolescent pregnancy have been found to be at two levels, i.e. there are factors that are at the individual level and those that are at a social level. A brief discussion of some of the factors often associated with adolescent pregnancy will follow.

2.1.1 Female Gender Role

Firstly, three concepts need to be defined, that is, gender; gender role and gender typing. According to Galambos (2004) the term 'gender' refers to characteristics learnt or acquired by either sex from their society. It is part of that by which individuals define themselves, and give meaning to their actions. Gender role on the other hand refers to appropriate behaviour for either sex as defined within a particular culture. Lastly, gender typing refers to the acquisition of traits that are consistent with a particular gender role (Ibid).

Some authors have come to perceive teenage pregnancy as resulting from female gender role (Parekh & De La Rey, 1997). Adolescent pregnancy should be understood in a social context in which it occurs. Society socialises its youth through institutions, family, peers and media (Galambos, 2004), and thus the adolescent will clarify for himself or herself the gender role as constructed by the society that he or she belongs to. According to Bieri & Bingham (1994), gender identity is at the core of identity and it equals the acceptance of biological sex. They further argue that the childbearing role is part of female identity, i.e. becoming nurturing and helping. Therefore, values and beliefs held by girls, their goals and behaviours are affected by the childbearing role.

In contrast, in a study of black urban South Africa youth, a smaller percentage of the subjects indicated a wish to give birth in their adolescent years. However, a majority of these subjects were motivated by the intention to prove their fertility (Richter, 1996). Preston-Whyte and Zondi (1992) conclude that for some teenagers, pregnancy is motivated by a fear of being sterile which is believed to diminish one's worth as a woman. Thus, in a community where fertility is entrenched in their value system, such that it defines womanhood, then not to bear a child would be to deviate from the gender role.

There is a link between community characteristics and reproductive behaviours of the youth (Dash, 1994). Increasing evidence suggests that adolescents are strongly influenced by their environment (National Population Unit, 2000). Thus if the community in which the teenager lives, places a high value on motherhood the youth will also embrace that cultural value. Among black South African communities it is acceptable to bear a child out of wedlock and there is a high expectation for a woman to bear a child (Parekh & De La Rey, 1997).

Power dynamics also play a role in the initiation of sex and on the practice of unsafe sex because male partners often dominate girls (Parekh & De La Rey, 1997; Macleod (a), 1999). The most commonly stated reasons by adolescent girls for engaging in sexual relationships are pressure from a boyfriend, fear of rejection and the need to prove their affection (Parekh & De La Rey, 1997). Young girls are often coerced or forced into exploitative sexual relationships with older men. Preston-Whyte & Zondi (1992) argue that there is a double standard among black South African communities because while adolescent pregnancy is perceived as a problem, adolescent sexuality is tolerated and boys are inadvertently encouraged to prove their sexual capability, hence they put pressure on girls.

2.1.2 Alternative Life Career

Every society has its clearly defined age appropriate life transitions, which are milestones in the process of adulthood (Hamburg, 1986). Major events like career development, marriage and child bearing follow a culturally determined order of progression. In most cultures, adolescent pregnancy outside wedlock is perceived as deviant behaviour, however this is generally accepted norm may not be relevant to a subgroup whose social and economic reality is different. Hamburg (1986) argues that among American poor black populations, early pregnancy is an alternative life course. In these economically disadvantaged

communities there is a reversal of transitional events which results from the unavailability of the economic and social resources that allow adolescents to first attain a reasonable level of education, pursue a career and then start a family. Early childbearing may be a reasonable response to social and economic demands. According to Hamburg (1986), giving birth early helps the adolescents to establish the social and economic support needed when one enters the work force and also allows them entry into the world of adulthood.

Similarly in most African studies, Preston-Whyte and Zondi (1992), state that for some cultures especially among black communities, early pregnancy could be an alternative route to adulthood. They further report that some adolescents perceive childbearing as a normative 'career choice' or a 'rite of passage' in establishing an adult identity, particularly if they believe that the most traditional roles to adulthood are unavailable. In contrast, Kaufman, De Wet and Stadler (2001) found that adolescent pregnancy does not often mean an end to schooling. Furthermore, adolescent mothers continue to pursue other traditional roles to adulthood like higher education and employment.

2.1.3 Socio-Economic Status

Studies conducted in South Africa and in other countries have revealed that adolescent pregnancy is often associated with low socio-economic status (Lesch & Kruger, 2005). Economically disadvantaged communities are characterised by low levels of education and lack of employment opportunities (Preston-Whyte, 2000).

Certain family characteristics have also been identified as factors that put teenagers at risk of becoming pregnant in early life. Factors such as poverty, single parent families – especially the female headed households, poorly educated parents and the presence of a parenting adolescent sibling or a relative have been associated with teenage pregnancy (Coley & Chase-Lansdale, 1998). Furthermore, these families are caught in a cycle that perpetuates deprivation. Teenagers from one-parent headed families and low income groups are apt to suffer from deprivations that may lead them to seek affection, security and a sense of significance elsewhere.

In American communities, poverty, single parent headed family, and the presence of a parenting adolescent have been found to be factors that characterise an urban, poor black, uneducated class (Hudson, 1986). Other authors have noted a higher prevalence among a

black lower class that often lives in ghettos, which is characterised by the prevalence of early onset of sexual activity, out of wedlock births, abuse, alcohol and drug use, unemployment, poor education and career opportunities (Hudson & Ineichen, 1991).

In South Africa, poverty, low levels of education and unemployment are not confined to uneducated black people. However, because of the political and economic history of South Africa, most black people occupy the lower socio economic class (Swartz, 2002). As a result most incidents of teenage pregnancy happen among the black population group. Parents spend more hours away from home, leaving teenagers by themselves during the day. Adolescent premarital sex has been reported to happen mostly during the day when parents are at work.

2.1.4 Family Environment

There are two contrasting views on the subject of single parenting. In some sources it is argued that most parenting adolescents have been found to come from impoverished single parent families, which are often headed by a female (Swartz, 2002). Children raised in single parent families are more likely to have been victims of an unstable family environment, have experienced a divorce or parental conflict (Russell, 1994). Negative family environment plays a major role in contributing to early adolescent sexual experience and adolescent pregnancy (Macleod, 1999). A family's low economic status with all the factors associated with it, impacts negatively on adolescents' attitudes towards early pregnancy. Life experiences associated with poverty minimise the perceived repercussions of adolescent pregnancy.

In contrast to this view is the fact that numbers of functional single parent families are on the increase. Due to changing social and economic systems, family constellation and values are also changing. Teenage pregnancy is not only prevalent among the impoverished single parent families (Makhiwane, 2003). In most African communities more children are born to unmarried women and a majority of households are female headed (Parekh & De La Rey, 1997).

In these communities children of an unwed mother are incorporated into the maternal family (Burman, 1992). In a study conducted by Cunningham & Boulton (1992), many families of adolescent mothers were found to be three generational and were of the maternal side of the

family. A poor relationship between mother and daughter where an adolescent perceives herself as unsupported has also been associated with adolescent pregnancy (Dryfoos, 1990). The presence of a parenting adolescent sibling in the family also poses a greater risk for other adolescent girls to become pregnant (Miller, 1996).

2.1.5 Emotional Deprivation and Sexual Coercion

The emotional deprivation theory sees early sexuality and parenthood as an attempt to satisfy unmet emotional needs (Coley & Chase-Lansdale, 1998). It is argued that adolescent mothers are usually victims of abuse in their own families, which often starts before they even become pregnant. According to Russell (1994) early pregnancy is often experienced as stemming from the parent-child relationship, which is often perceived by the adolescents as stressful and strained.

These young mothers are emotionally impoverished at home; consequently they seek attachment, bonding and nurturance in extra familial relationships (Dryfoos, 1990). Most of these girls do not want to become pregnant but they find themselves victims of sexual exploitation and coerced sex (Dickson, 2002). They are often exposed to traumatic experiences like rape (Kaufman et al., 2001). Transactional sex, in which the youth engage in sex in return for money or favours, increases the risk of becoming pregnant (LoveLife, 2001).

2.1.6 Individual Factors

2.1.6.1 Developmental Factors

Three developmental factors have been identified as having a bearing on the early initiation of sex and adolescent pregnancy, i.e. ego development, early physiological maturation and social development.

a) Ego development

Ego development refers to the development of inner resources through internalisation of parental figures, so that one is able to act independently of parental figures, to master one's impulses and to have control over one's environment (Blos, 1989). Ego strength also entails a higher level of cognitive development and psychosocial functioning.

Research results suggest that adolescents' cognitive functioning is more likely to be in the concrete operations, rather than in formal operations as postulated by Piaget's theory (Hamburg, 1986), because they are in the transitional stage between puberty and adulthood

(Erikson, 1963). Therefore, the adolescent is more likely to experience fluctuating ego functioning or strength. Thus, the adolescent may sometimes struggle to make critical and objective decisions.

Adolescent pregnancy is also linked to other risk-taking behaviours, such as alcohol and substance abuse, unprotected sex, and drop in school achievement, which tend to increase dramatically during this period (Coley & Chase-Lansdale, 1998). They may engage in unprotected sex and other deviant behaviours because of immaturity, poor assessment of risk and a false sense of invulnerability, i.e. 'personal fable' (Hudson & Ineichen, 1991).

In studies conducted in Mexico, Thailand and South Africa, it was found that sexually active youth did not perceive themselves to be at a higher risk of contracting HIV than sexually inactive youth. This implies a poor self-assessment of personal risk. Unsafe sexual behaviour is associated with low levels of cognitive development. Hamburg (1986) argues that adolescents are limited by their cognitive development in making critical decisions. Adolescents' cognitive functioning is more likely to be in the concrete operations, and that even where formal operations have been developed, information and decision-making processes are impaired when faced with emotionally charged issues like sex (Hamburg, 1986). Fluctuating ego strength puts an adolescent at risk of acting irresponsibly when confronted with a situation that may arise in sexuality (ibid.).

b) Physiological development

It is argued that girls who mature early are more likely to initiate sexual activity early (Cunningham & Boulton, 1992). Meanwhile, cognitively they may not be able to comprehend the relationship between menarche, sex, contraception and pregnancy. Physiological age does not always correspond with cognitive development. Thus girls who mature early physiologically may not yet be able to fully understand the biology of human reproduction (Hudson, 1986). The age of menarche has become earlier, with the average age being 11 years. In South African studies it was found that many teenagers were sexually active by the age of 12 (Parekh & De La Rey, 1997), and that about 50% of teenage girls reported to be sexually active by age 16 (Flisher & Aarob, 2002).

Other studies that looked at the link between early development and pregnancy have had different findings (Hamburg, 1986; Russell, 1994). There is no consensus among studies on the relationship between early maturity and early initiation of sex among girls, instead early

maturity has been correlated with early initiation of sex for boys (Russell, 1994). Hamburg (1986) argues that even though in America incidents of early initiation of sex had risen since the 1970s there is no adequate evidence to suggest that these trends are linked to early physiological development.

c) Social development

Involvement in intimate relationships with the opposite gender is a vehicle to the development of gender identity. Even though dating is necessary for social development, often these relationships are sexual relationships. Preston-Whyte & Zondi (1992) found that schoolmates exerted a lot of pressure on their peers to engage in sexual relations.

Some studies have found that adolescents often cite their peers as being of strong influence on their sexual behaviour (Preston-Whyte & Zondi, 1992). Adolescents' need for approval and a desire to belong to a group makes them vulnerable to peer influence. Available literature suggests that self-esteem typically drops in adolescents (Plant & Plant, 1992). Furthermore, girls' self-esteem drops significantly when compared to boys (Galambos, 2004). Girls are more self-conscious and think poorly of themselves than do boys. A decline in girls' self-esteem is linked to a number of life transitions, pubertal changes, poor body image, and excessive concern about physical appearance (ibid.). This may diminish self-confidence and the ability to make individual decisions. Individuals with low self-esteem are more concerned about how they are perceived by others and are eager to please (Flishera & Aarob, 2002). Therefore the adolescent girl may not be in a position to negotiate safe sex or may engage in unprotected sex in order to gain the approval of her sexual partner, thus increasing the risk of becoming pregnant.

2.1.6.2 School Achievement and Motivation

Other authors see poor academic performance as a cause for teenage pregnancy rather than a consequence (Russell, 1994). It is argued that learners who do not do well at school are more likely to be unmotivated, have a negative attitude towards education and to have a low IQ (Furstenberg, Brooks-Gunn & Morgan, 1987). They are seen to be at a higher risk of becoming pregnant and in some cases they drop out of school even if they were not pregnant (Coley & Chase-Lansdale, 1998). In a comparative study between virgins and non-virgins conducted by Chillman (1986), it was found that adolescents who were sexually active had lower grades and low aspirations for achievement. Adolescent girls who are poor academic performers may choose pregnancy and motherhood as an alternative to schooling. The causal

relationship between pregnancy and poor academic performance is not as clear-cut as stated above. Incidents of adolescent pregnancy are not only high among populations of adolescents who are performing poorly academically. There is evidence that the rate of adolescent pregnancy is high across adolescents of varying intellectual capabilities.

Another possible explanation for the link between poor academic performance and adolescence pregnancy could be low intellectual functioning. High intellectual functioning is a good indicator for school achievement, thus learners who perform poorly are more likely to have low cognitive skills. Low levels of intellectual functioning may put adolescents at a greater risk of falling pregnant because of failure to understand the consequences of unprotected sex.

2.1.6.3 Knowledge, Perceptions and Attitudes towards Sexuality Matters.

Literature suggests that adolescents are less likely to use contraceptives or to opt for abortion as preventative measures to childbirth (Programme Briefs, 2000; DHS Analytical Studies, 2003). It has been found that lack of knowledge and misperceptions about sexuality matters, as well as attitudes and beliefs held by adolescents play a significant role in determining their sexual behaviour (Hudson & Ineichen, 1991). The following paragraphs explore adolescent trends in the use of contraceptives and abortion as preventative measures against pregnancy and or childbirth.

a) Contraceptive use

Family planning and health services are widely accessible in South African urban areas when compared to the rest of other developing countries. Knowledge and usage of contraceptives is higher among urban women across all races and among women with higher education (Swartz, 2002). Even the urban youth was found to have knowledge about the availability of contraceptive measures (Makhetha, 1996). Most African and Coloured women are reported to use contraceptive injections.

Despite the fact that contraceptive use has increased among urban women, and that contraceptives are accessible in the urban areas, many researchers have recorded a poor usage of contraceptives among adolescents (Flishera & Aarob, 2002). Adolescents often hold a belief that they will not become pregnant if they do not have sex regularly. There is always a period between initiation of sexual activity and taking measures to prevent pregnancy (Macleod, 2000); as a result, many adolescents fall pregnant in the first month after the initiation of sex

or shortly thereafter (Hamburg, 1986). Even those who do use contraceptives tend to use them irregularly. Flishera & Aarob (2002) state that about 65% of sexually active adolescents reported using condoms irregularly. According to a study conducted among the South African adolescents who were using Youth Centres, it was found that about 40% of girls in their sample reported using a dual method, i.e. a condom in combination with another form of contraception, with an injectable contraception being a popular method of choice.

A number of factors have been associated with the tendency to avoid preventing pregnancy. Amongst British and American literature the most commonly stated reason is the lack of knowledge about sex, pregnancy and childbirth (Hamburg, 1986; Hudson & Ineichen, 1991). Parents generally do not talk to their children about matters relating to sex (Love Life, 2001). It is also argued that even though education is important, on its own it is not adequate to motivate adolescents to be sexually cautious.

Psychological factors are more important than knowledge in the determination of behaviour. Attitudes, beliefs and anxieties about sex seem to have a greater influence on sexual behaviour than knowledge about contraceptives (Hudson & Ineichen, 1991). In a South African study conducted by Lesch and Kruger (2005) among the low-income coloured community, it was found that mothers inadvertently contributed to their daughters' limited sense of sexual agency. Mothers presented to their daughters the view that sex was a dangerous activity. This attitude made daughters to lie about their own sexual involvement in order to present the good daughter image and maintain good relationships with their mothers, thus precluding the development of an open discussion of sexual matters like contraception and pregnancy.

Flishera & Aarob (2002) reviewed South African literature on the factors that promote sexual risk behaviour. Their findings indicate that the lack of knowledge accounted for some of the adolescent behaviour. A substantial number of adolescents hold incorrect information about the use of contraceptives and condoms. Belief systems inculcated by religious, cultural values and moral reasons that condone fertility may contribute to a poor use of contraceptive (Preston-Whyte & Zondi, 1992).

Sexually active youth are also at a high risk of contracting the HI virus and other sexually transmitted diseases. Having multiple partners at a young age also increases the risk of

cervical cancer (Hudson & Ineichen, 1991). The current rates of AIDS among the youth are alarming. It is estimated that one out of five adolescents is HIV positive (Mathiti et al., 2005). Teenagers and young adults between the ages of 15 and 24 represent a third of the global total population of people living with HIV/AIDS (Kates & Murphy, 2002). The National Population Unit (2000) estimated that about 16% of 15 to 19 year olds were HIV positive. Condoms are the most appropriate form of contraception because they also prevent the transmission of sexually transmitted infections. Despite the fact that the use of condoms is emphasized in the HIV/AIDS education programmes, recent studies indicate concerning trends of condom use. Some studies have reported high levels of condom use among South African adolescents (Love Life 2001).

Still, a significant proportion of adolescents is reported to hold misperceptions about condom use (love Life, 2001), and tends to use the condoms irregularly (love Life, 2001; Flishera & Aarob, 2002). Adolescents are particularly vulnerable because of their age, biological and emotional development, and financial dependence (Kates & Murphy, 2002).

b) The option of abortion

In developed countries where abortion is legal, it has been associated with low levels of fertility. In South Africa abortion was legalised in 1996 (Olivier & Bloem, 2004). Abortion can be performed in private and public hospitals and clinics. A majority of the health centres that have been designated to provide the service are located in urban areas. Gauteng Province has the highest number of designated centres when compared to other provinces (Dickson-Tetteh et al., 2000). Prior to the introduction of the Choice of Termination Act of 1996, illegal and unsafe abortions, which often resulted in death or medical complications, were performed (Varkey, 2000).

Even though abortion is available for those who choose to terminate an unwanted pregnancy, structural constraints may make it inaccessible to other sectors of society (Du Plessis, 2002), for example, the poor and those in the rural areas. Sometimes religious and moral values play a role in the decision against abortion (Carolissen, 1993). The harsh and judgemental attitudes of nurses in public health centres, a lack of knowledge concerning early signs of pregnancy and fear of the abortion procedure and its consequences have also been cited as factors which deter women from seeking legal abortion (Dickson-Tetteh et al., 2000).

2.2 The challenges faced by pregnant learners in primary schools

Adolescence pregnancy has been associated with a number of negative consequences, hence it is perceived as a social problem (Furstenberg, Brooks-Gunn & Morgan 1987; Macleod, 1999). In the medical literature it has been associated with obstetrics problems such as high infant and maternal mortality, risks of clandestine abortion, delivery complications and low infant birth weight (Dickson, 2002). Other complications for the adolescent mother are limited educational opportunities, self-determination and a poor quality of life. At the broader social level the high teenage fertility rate has been found to have a negative impact on the economic development (Varga, 2003).

2.2.1 Family Relationships and Support

Some young mothers do not get support from their families. They may be rejected by their families and blamed for introducing a permanent crisis (Hudson & Ineichen, 1991; Cervera, 1994). In a situation where there was a pre-existing interpersonal problem, there is a potential that tension might be orchestrated (Dryfoos, 1990). Therefore conflict may arise between the pregnant daughter and other members of the family. Some sources have reported positive results, indicating that sometimes a family reorganises itself in order to adjust to the new member of the family (Cervera, 1994). The family may react with dismay or anger when they discover about the pregnancy, but when the baby is born the family may become the source of support for the mother (ibid.). Positive family support has been associated with emotional adjustment and mental stability for both mother and child (Camerana, Minor, Melmer and Ferrie 1998). According to Kalil and Kunz (1998) young mothers who lived with a supportive family tended to cope better.

2.2.2 Support from the Father of the Child

According to most sources, fathers of the children usually do not give emotional, financial or material support to the mothers of their children (Burman, 1992). Very often they are also young, unemployed, have low levels of education, come from single parent female headed households, and live in a low socio-economic community (Coley & Chase-Lansdale, 1998).

There is still a void for studies that investigate the experiences of adolescent fathers. In the absence of literature it can only be hypothesised that, like their female counterparts, boys are disadvantaged by their impoverished backgrounds. They do not provide financial support

because their own families are poor and thus do not have the financial resources to provide material necessities for their children. The fact that they are poorly educated limits the chances of finding employment even if they wanted to work.

Most fathers are adolescents themselves, implying that they are developmentally immature and thus are emotionally and cognitively unprepared to cope with the responsibility of parenting (Hudson & Ineichen, 1991). Adolescent fathers may react to the news of the pregnancy with shock and may deny paternity out of fear of the reactions of their parents and the financial consequences of fathering a child (Parekh & De La Rey, 1997). Adolescents are generally not ready to commit to long-term relationships as they are still in the process of experimenting with different roles. The adolescent father may be scared off by the prospect of having to assume a permanent role that he is not prepared for.

2.2.3 School Achievement

Prater (1992), states that adolescent pregnancy and subsequent parenting could create major obstacles to any learner's achievements at school. Thus, pregnant learners are impaired by their situation. Even though they have as much potential for academic success as their non-parenting cohorts, there are multidimensional causes for their academic failure. Many investigations have shown that early pregnancy hinders educational attainment. Erikson (1974), as cited in Prater (1992), reported that adolescent mothers exhibited a 'syndrome of failure', which included a failure to remain in school. Pregnant learners are more likely to drop out of school for at least an academic year. The dual role of being a mother and a learner is stressful (Parekh & De La Rey, 1997) and impinges on school achievement. School attendance, is also disturbed by such things as babysitting arrangements and the health of the child.

Furstenberg (1976) refers to what is termed 'role overload'. He defines 'role overload' as the strain that exists when the adolescent mother simultaneously attempts to meet the demands of parenting and schooling. Parenting learners cannot participate in experiences enjoyed by their peers, for example, extra-curricular activities, which can add much value to the total school experience of most adolescents.

Despite these hardships schooling emerged as important (Prater, 1992). More pregnant and parenting learners choose to stay at school, so as to get 'educated and be able to get good jobs and provide for themselves and their children'.

2.2.4 Depression

Depression has been correlated with teenage pregnancy (Hamburg, 1986). Parenting adolescents are more likely to present with higher levels of depression when compared with non-parenting adolescents and older mothers. In most literature psychological distress among adolescent mothers is perceived as resulting from psychosocial stressors related to the adjustment into the role of being the mother (Kalil & Kunz, 2000).

The role of loneliness and depression in adolescent pregnancy is still a poorly researched phenomenon. In some literature depression is perceived as a cause for pregnancy rather than a consequence and sometimes is implicated in repeat pregnancies (Kalil & Kunz, 2000). Evidence suggests that there is a link between seeking intimacy and early initiation of sexual activity and the resulting pregnancy. It is argued that an adolescent girl who is emotionally deprived may initiate early sex or even decide to have a child in order to get emotional closeness (Furstenberg, Brooks-Gunn & Morgan, 1987). There is a need for longitudinal studies that would clarify the link between perceived depressive symptoms among adolescent mothers and adolescent pregnancy.

In some literature it is argued that adolescent girls are predisposed to depression (Galambos, 2004). It is postulated that adolescent girls are more prone to experiencing depressive symptoms than their male counterparts. Possible explanations for this gender difference vary. Firstly, girls are genetically susceptible to more stress due to events like menarche and high emotional intensity resulting from hormonal change. Higher levels of stress are correlated with higher rates of depression. Secondly, girls' interpersonal style puts them at a greater risk for depression. Girls tend to be more empathic and seek intimate relationships than their male counterparts.

Kalil & Kunz (2000) conducted a comparative study between adolescents who were married and were in their twenties at first childbirth and those who were young adolescents and not married at first childbirth. The aim of this study was to test the relationship between age and marital status at first birth, to depressive symptoms measured during young adulthood. The initial findings of the study confirmed the hypothesis that women who first gave birth in

adolescence presented with higher levels of depressive symptoms than women who first gave birth as married adults. Interestingly, unmarried adolescent mothers and older mothers presented with elevated depressive symptoms when compared to married adolescent cohorts. However, when individual psychosocial characteristics that existed prior to the pregnancy, for example self-esteem and academic performance, were controlled the difference between the groups was not significant. Kalil & Kunz (2000) conclude that the role played by age in causing psychological distress is minimal. Underlying factors associated with adolescent childbirth and psychological functioning in young adulthood may contribute substantially to the prevalence of psychological distress in young adulthood.

2.2.5 Consequences for the Child

Early pregnancy has been found to have dire consequences for the child of the teenage mother in most literature. It is argued that because of immaturity and inexperience adolescent mothers often lack the capacity to adequately understand and respond to the needs of their children (Hudson & Ineichen, 1991; Cunningham & Boulton, 1996). Mkhize (1995) in his study of the social needs of teenage mothers in a KwaZulu-Natal region, found that teenage mothers could not cope with parenting and that they lacked parenting skills.

British and American studies that investigated the consequences of adolescent parenthood by comparing children born to adolescents and those of older mothers of the same ethnic and socio-economic status had similar findings (Field, Widmayer, Stoller and De Cubas, 1986; Hudson & Ineichen, 1991). It was found that infants of teenage mothers are more likely to receive less verbal stimulation and to have developmental delays. These negative consequences were associated with the fact that teenage mothers had limited knowledge of developmental milestones and held punitive child rearing attitudes. Literature concludes that teenage mothering is contributory to poor cognitive development of the child. Low education levels of the mother, poor socioeconomic status and negative attitudes towards child rearing are correlated with the child's poor developmental outcome (Field et al., 1986).

Cunningham & Boulton (1996) also postulate that the young mother's immaturity, social inexperience and lack of child rearing skills have a negative impact on the child. The young mother and her off-spring are at a risk of becoming victims of crime like incest, rape, neglect, abuse, family violence and of participation in criminal activities such as drug trafficking, prostitution etc.

2.3 Support systems pregnant learners have from different stakeholders

Intervention Strategies

A discussion of factors affecting adolescent pregnancy cannot be divorced from the broader issues of adolescent reproductive health because the same factors that perpetuate adolescent pregnancy also play a role in the spread of AIDS. Recently, the high incidence of HIV/AIDS among adolescents, has necessitated that research and intervention strategies be mainly focused on the reduction of the spread of HIV/AIDS. The National Department of Health, non-government organisations like love Life, the Planned Parenthood Association of South Africa, international donors and academic institutions have joined forces to meet the reproductive needs of the South African youth. There are a number of activities that are being implemented at the national level (Erulkar et al., 2001).

Multipurpose Youth Centres (also known as Y-centres), peer educators programmes and mass media are widely used to educate the youth about safe sexual behaviour. Y-centres have been established in all provinces in the country since 1999. Most intervention programmes that are being implemented aim at changing lifestyle among adolescents by taking an educational approach. Youth centres mostly focus on life skills, for example sexuality education and assertiveness skills, reproductive health services like contraception, and recreational services (Erulkar et al., 2001).

These programmes are fairly new (about twelve Y-centres exist in the country) as a result a majority of youth has no contact with the centres. Y-centres appear to be unpopular among the youth as only 30% of the youth who live near the centres use these facilities (Erulkar et al., 2001). In addition, in studies that measured the effectiveness of Y-centres in Kenya, Ghana and Zimbabwe, Y-centre programmes were found to be less effective in reaching adolescents with information and services. There seems also to be a gap in the provision of reproductive health services. Amongst the literature reviewed there were no programmes in place that focus on the needs of pregnant or parenting adolescents.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter focuses on discussing the research design, scope of the study, population of the study, the sample and sampling techniques, method of data collection, procedures of data collection, analysis of data, limitations and ethical considerations.

3.1 Research Design

This research used qualitative study approach, which employed a phenomenological methodological approach for collection and analysis of data. The phenomenological approach is defined as a research method that attempts to understand participants' construction of an experienced phenomenon or social reality. It allows the researcher to understand how participants understand, interpret and experience a particular phenomenon by focusing on the participants' views and perspectives of their everyday experiences. The qualitative research method is the most appropriate research design for this study because it allowed for the exploration of the subjective experiences of the pregnant adolescent girls.

3.2 Sampling Procedure

The sample for this study was drawn through purposive sampling. Participants selected were adolescent girls who were pregnant and had babies between the ages of 12 and 19 whilst attending high school. The researcher selected 50 participants who could avail themselves outside school hours.

3.2.1 Sample and Population

This study was conducted in Walukuba Sub County, Jinja district. The researcher sought permission from the relevant head teachers from different schools and Department of Education to draw participants from particular schools. After permission being granted by the all the authorities, the researcher was approach head teachers of identified schools to seek permission to conduct a study in their schools. Letters were also written to School Management Committees (SMCs) in this regard. In all schools that were approached parenting learners were known to the teachers.

3.3 Research Instrument

3.3.1 Individual structured interviews:

Here structured questionnaires were designed and administered to pregnant learners, teachers, NGOs, parents and opinion leaders. These formal interviews were considered useful mainly for comparative purpose and advantage since all the respondents were having a set of similar questions. This supported a comparative analysis of certain variables of relevance to the study.

3.3.2 Questionnaires:

This was a set of interrelated questions that were designed to be self administered by the respondents. It was accompanied by the necessary documents like the cover letter purposely to explain the objective intentions of the study. This instrument was vital in generating responses especially on the demographic, positions occupied, job appropriateness, supervisor-supervisee relationship, nature of service benefits and their effectiveness ratings.

3.3.3. Focus Group Discussion

The study comprised of 2 FGDs one for female and another one for males. FGDs for community members each comprising of 10 participants making a total of 20 was conducted to get in depth detailed information on the prevalence of teenage pregnancy on primary schools.

3.4 Data Gathering Procedure

The researcher was conducted through one-on-one, one hour-long semi-structured interviews. The interview schedule involves a list of open-ended questions, which covered certain themes that are of relevance to the research topic. The interview schedule was used so that the researcher can raise particular themes that would not have evolved naturally during the course of the interview but assisted in answering the research questions.

The one-on-one, semi-structured interviews were chosen for the purpose of this research because they permitted the interviewer to ask in-depth questions and the participants to express their experiences in their own words. General themes that also evolved into questions during spontaneous interaction between the interviewer and the subjects were included. In this way the researcher was able to elicit authentic responses from the participants. This enabled the researcher to gain insight into the individual experiences of their life world, in the

sense that the interviews focused on the participants' first hand experiences of their life-world rather than speculation (De Vos, 2001; Rossouw, 2003).

All interviews were conducted in English and local dialects, as all participants were conversant in this languages. Interviews were recorded and the researcher took notes during the interviews, recording the participants' nonverbal communication.

3.5 Validity and Reliability of the Instrument

3.5.1. *Validity*: The instruments subjected to test to a team of people rich with experience and knowledge such that they estimate the validity of the instruments on the basis of their tested, proven experience and academic integrity. This can be done twice to ensure there are limited doubts and threats. They include 2 Senior Lecturers, 2 Lecturers and 2 education practitioners more especially head teachers.

3.5.2. *Reliability*: To ensure reliability of the instrument, the test and re-test method is going to be used in one government agency outside the research sample to check and measure reliability and also consistency of the research system.

3.6 Data Analysis

Here the data was analyzed using social scientists tools of statistical processing for social scientists in order to derive meaning, improve its accuracy and make it complete for easy interpretation and understanding. Here data was reduced to get meaning using percentages and frequencies to transform it to be complete and then it will be presented in tables.

3.7 Ethical Considerations

It was inevitable that the researcher observes some basic ethical rules and regulations which enable the research to effectively and efficiently realize its intended set goals and objectives. Such as;

The participants were assured of confidential treatment of the information collected and that the information was not be used for any other purposes except to design suitable interventions by respective organizations.

Respect of the respondents' with /and their opinions: in here the researcher used intellectual honesty and respects the respondents' with their opinions in their different capacities. It is because when not respected, they always feel not part of the exercise and eventually desert it

leading to ineffective participation. So it was important to respect their support and participation in order to achieve the intended intentions.

Avoiding both physical and psychological harm to the members of the locale where the research will be conducted mostly; in this way it implies, having due regard for peoples' privacy and unnecessary inquiry in data collection process. This done during probing; the respondents should not be coerced or forced to reveal their much cherished secrets against their will and consciousness. Data collected was be kept confidential and importantly individuals are human beings and therefore must be treated with due respect that they require and deserve. Thus as person with dignity and worse

3.8 Limitations to the Study

Due to many factors especially the contingency aspect of it, the research may register and claim at least 30% margin of errors because such factors may influence the conclusive findings. Campbell and Stanley (1963:5-6) and Cook and Campbell (1979:51-55) point out several threats to validity such as:

- **History:** during the course of the research extraneous events may occur that would confound the results. The fact that extraneous events may coincide in time with the manipulation of the independent variable outside the study and beyond the researcher's control. This was minimised by ensuring that all such factors cannot occur.
- **Instrumentation:** the research instrument on the prevalence of teenage pregnancy in primary schools is not standardized so problems of measurement for its appropriateness are bound to occur. The instrument was subjected to validity and reliability test.
- **Attrition/mortality:** here not all questionnaires may be returned or attempts to retrieve the questionnaires may turn out to be futile or other subjects may opt to drop out of the study before it is completed thus the statistical correlations and conclusions drawn can be influenced by such uncontrolled situational events. The researcher had to ensure that all the questionnaires were collected and returned back such that the research would accomplish with the objectives of study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0. Introduction

This chapter presents and discusses the study findings arising from the field information collected from research instruments on the prevalence of teenage pregnancies in primary schools in Walukuba Sub County, Jinja district. The first section presents empirical findings then it is followed by the presentation and discussion of the study findings in relation to the research questions.

4.1. Empirical Findings

The findings are presentation and analyzed using frequencies and percentages as a measure of reducing the data to derive meaning and for easy interpretation in relation to the specific objectives. In this section the study findings are presented as follows:

- To establish the demographic characteristics of the respondents
- To establish the factors responsible for teenage pregnancies in primary schools
- To find out the challenges faced by teenage mothers
- To discover the support system that teenage mothers have from different stakeholders.

4.2. The Demographic Composition of Research Respondents

The profile of the research respondents was related to their demographic composition and the categorization was based on gender, age, education level, marital status and number of years spent in management position in government agency and the findings are presentation in table 3 below.

Table 4.1:Shows the Composition of Respondents by current Age, grade/class, age at conception, period out from school and marital status

Category	Description	Frequency	Percentage %
Current Age	12-19 years	34	68
	20+years	16	32
	Total	50	100

Grade/class	P.4	11	22
	P.5	16	32
	P.6	09	18
	P.7	14	28
	Total	50	100
Age at Conception	Less than 12 years	16	32
	13-15years	25	50
	16-19years	09	18
	Total	50	100
Period out from school	Less than 1 years	23	46
	1-2 years	14	28
	3-4years	07	14
	5+years	06	12
	Total	50	100
Marital Status	Single	37	74
	Separated	09	18
	Married	04	08
	Total	50	100

Source: Primary Data, March, 2015

From above the table 1 the respondents whom the researcher managed to reach had the current age of 12-19 years were 68% which meant that most people who get pregnant are young people who are of school going age. Therefore the prevalence of pregnancy among them is high which causes them to either engage in early marriage, risky behaviours like

abortion which can make one to lose her life in the process including poor standards of living since a child can keep a child.

It was interesting to note that those above 20 years of age had 32% still representing and portraying that our children or young people started sexual behaviours/practice at an early age which is a direct indication that they are likely to get pregnant and other sexually transmitted diseases.

On the issue of grade or class at which these children get pregnant, the study revealed that these children can get pregnant as early as primary four which had 22% which is a very early age for children to get pregnant. Middle class or primary classes P.5 and P.6 had 32 and 18 respectively which was not good at all especially that these group are experiencing biological changes in their physical growth as young adolescents undergoing puberty. It was bad to realise that primary seven had the second percentage of 28% which explains why there are high school drop outs due to pregnancy and other challenges that come by early engagement in sexual behaviours.

Still on table 1, age at conception less than 12 years scored 32%, 13-15 years 50% and 16-19 years 18%.from this it was found out that children between 12-15 years had 82% which shows that majority of young people get pregnant at early age and started sexual activity when they are still children. In fact during the interviews one respondent was able to tell the researcher that, *"the first time she had sex was when she was in primary four when she was playing with her friends a game called hide and seek"*

For a period out from school, less than 1 year had a frequency of 23 representing the percentage of 46, 1-2 years scored 28%, while 3-4 years had 14% and 5 plus got 12%. Out of 50 respondents the researcher managed to reach, at least each of them had spent some time out of school which was ranging averagely from 1-5 years which is a consequence of pregnancy or sexually related issues which affects ones schooling calendar and eventually putting one on condition which can make one to lose morale to stay at school or go back to school.

Lastly, on marital status, it was found out that most of the respondents were single with 74%, those who had at least separated were 18% and those who were still in marriage were 8%. This is directly showing that young people are in sexual activity.

4.3. Factors responsible for teenage pregnancies in Walukuba

Table 4. 2: Showing Factors Responsible for Teenage Pregnancies.

Factors responsible	Frequency	Percentage
Peer pressure	15	30
Poor parenting styles	04	08
Poverty at household level	28	56
Poor religious/cultural background	03	06
Total	50	100

Source: Primary Data, March, 2015

From table 2 above, Jinja district just like elsewhere in Uganda is blighted by endemic poverty. People are caught up doing all that they can to break free from its stranglehold. In Jinja district most rural folk are offering their teenage daughters to men for the gains in bride price; the result therefore an upsurge in teenage pregnancies. Poverty scored 56% which is responsible for the number of child mothers in Jinja district is very alarming where the research was able to discover mothers as early as 12 years are common sight. The district has one of the highest prevalence's of teenage pregnancies in Uganda. The majority of these girls are victims of circumstances-married off to older men. In their struggles to make ends meet; parents are giving away their daughters for monetary gain.

Other factors include peer pressure which had 30% which was responsible for most of the teenage pregnancies in Walukuba Sub County, poor parenting style and poor religious and cultural background which also contribute to teenage pregnancies with the percentage of 14% which shows how traditional and family values have contributed to teenage pregnancies. Of course during the study it was evident that the respondents felt isolated and depressed due to the condition that they experienced and which contributed to their school dropout.

4.3.1. Poor socioeconomic conditions

The community of Karenga Sub County is characterised by poor socioeconomic conditions which include unemployment, poverty, and reliance on government grants/old-age pension and limited opportunities for teenagers. These conditions provided significant incentives for and pressure on teenagers to fall pregnant. All of the interviewees were

nga'karimojongspeaking, from lower socioeconomic groups, uninsured and using public health services.

4.3. 1.1 Child support grants influenced choice to become pregnant

Child support grants were seen as one means of increasing the household income and an incentive for teenagers to contribute through having a baby. This is sometimes encouraged directly or indirectly by parents or other family members. An 18-year-old pregnant girl said: *"... another girl got pregnant because she saw her friend buying clothes with the money she receives as a grant. This other one even gave the child to the father and the father does not have a clue that the child receives money as a grant, so she buys herself clothes with that money. But she did not succeed because the father ran away."*

A young boy said: *"I realised that you will see teenagers getting pregnant: sometimes you find the person is struggling at home, she decides it is better to fall pregnant in order to get grant."*

On the other hand teenagers also saw the grant as a way of increasing their pocket-money for clothes or cell phones. A 17-year-old who was five months pregnant said: *"Some of them fall pregnant because they want child support grant. They tell themselves that grants will help them get what they want and then after they receive their grants, they go and play with that money. They don't want to support children."*

Teenagers' views on the relation between the child support grant and teenage pregnancy appeared to be only repetition of popular perceptions and ideas regarding other people; none of the participants revealed to us in their personal experience that their pregnancies were motivated by the child support grant.

4.3. 1.2 Pregnancy may secure financial support from older men

Teenage girls who went out with older working men saw this relationship as a source of income and support. If this relationship included a child they believed that the likelihood of ongoing support was increased. Sometimes this relationship would provide income for the broader family, but sometimes it only benefited the teenager: *"Sometimes you will find that at home, you are poor and the person you are dating is rich. Once the person you're dating is rich, so people at your house will tell you that there is nothing to eat at home, for you to have a child with the rich person you are dating you must make a child as then at least there could be something that comes in, the people at your boyfriend house will help you."* (Non-pregnant teenager) A young adult woman who fell pregnant when she was in grade/class 5 said:

“From my point of view some people benefit; they have benefits, expensive clothes, expensive cell phones from boyfriend and life goes on, yes, by having a baby with a wealthy somebody, somebody who is working so that person can give you expensive clothing, the latest cell phone and so forth and support the baby as well.”

4.3.1.3 There is no organised instructive activity during holidays

Holidays are one of the times when teenagers may be vulnerable as they have free time, may travel to visit relatives, go to beaches and need extra pocket money. A young girl in the focus group who had never been pregnant said: *“Doctor, the environment itself, because there is no activity after school, we don’t know where to go to, we just sit at home doing nothing so we might as well as have a baby. So you mean like now during the holiday? Yes, there is nowhere to go to, maybe if there was a shopping centre mall maybe we will go to a mall.”*

4.4. Challenges Faced By Teenage Mothers

In every activity one engages in there are consequences although we shall agree and accept that there is that positivity of having children, but what over shadows that is the consequences which the respondents were able to mention include the following;

4.4.1 Effect of alcohol on risk of pregnancy

There is also a group of teenagers who fall pregnant while intoxicated because their judgement is impaired and they are less careful. Alcohol was seen as a way of relaxing and releasing stress. A 19-year-old girl who was postpartum said: *“Yes, some people take alcohol and they go and sleep with other people after taking an overdose. Then they don’t use condoms. Its either you fall pregnant or you get infected.”*

When teenagers allow someone to buy alcohol for them in a bar, it may be perceived by the man as a way of asking for and agreeing to sex. A 15-year-old pregnant girl said: *“So when you get a boyfriend, he buys you alcohol and then you go and sleep with him. And he eventually makes you pregnant and denies it.”*

Alcohol abuse by parents can also influence the occurrence of teenage pregnancy. For example, parental alcohol abuse may have a gateway effect on teenagers who then also abuse alcohol. A young girl who had never been pregnant said: *“And then again doctor, sometimes you find our parents drink alcohol, and then they say that we must go and buy them alcohol,*

and then you find that also us aside we will be drinking and then maybe you go to a bar unaware, may be you go with boyfriend and drink alcohol, and then it tempts you to have sex when you are not ready, just because you are drunk.”

Other substance abuse did not appear to be playing an important role in the occurrence of teenage pregnancy in Walukuba Sub County.

4.4.2. Peer pressure and other influential factors

Having friends or peers who have unprotected sex can strongly influence one's own behaviour. During the focus group for non-pregnant teenagers a young girl admitted that pregnant friends can influence your behaviour: *“You are five in a group and two are pregnant, you decide not to get pregnant till you get married, they will say to you that you are foolish and because of that pressure you may change your mind.”*

A participant in the male focus group also highlighted peer pressure: *“Girls are pressurised by their friends, telling them if they stay virgins they will get sick. So they end up having sex and sometimes unprotected.”*

4.4.2.1 Pleasing a boyfriend

Teenage girls are sometimes put in a difficult position in the relationship because they feel that they have to please their boyfriend to maintain the relationship, which may imply having unprotected sex if requested to do so. A male teenager said: *“My experience is they get pregnant because of being pressurised by their boyfriends. They will tell them that they have been long in the relationship, now the boy friend wants to have sex with her, they end up having sex and sometimes they do not have condoms, then they have sex and the baby comes from there.”*

A young adult nurse who had a child when she was 19 years old declared during the focus group for older senior women teachers: *“Because of boyfriends, when a boy wants a child by you and you don't want to, he tells you that he is going to leave you, and because you love him you end up surrendering and you have a child with him because you don't want him to leave you. I think it is to please the boy friend.”*

4.4.2.2 Pregnancy seen as socially desirable

Having a pregnant classmate, a colleague at school or a friend may have a direct influence on other teenagers, who then also get pregnant without knowing exactly what they are doing or what they want. A young girl who had never been pregnant said: *“You see someone holding a*

baby and you say to yourself when will I hold, when is the time I was going to hold mine, that's all."

Another teenager from the same focus group, who had never been pregnant, said: *"It affect us because sometimes when a person comes to school pregnant, then you as a teenager, you will say what this person is trying to say, because people don't advise us enough. Then she becomes pregnant. We as the youth will make the pregnancy to look like a fashion, and then we end up pregnant. By when you are sitting in class, you are going to copy your friends, and you are going to do the same thing."*

4.4.2.3 Need to prove one's fertility

Older teenagers may feel the need to prove that they are able to have children before marriage. Having a child may also be a way of attaining adult status. One teenager who had never been pregnant commented: *"The reason is that you can show people that you can have children, you can show many people that you can have children while you are still young."*

4.4.2.4 Poor sexual negotiation skills

Teenage girls often do not negotiate and think that saying no to sexual intercourse will end the relationship. In the interview with non-pregnant girls a participant said: *"They are falling pregnant because they want to please their boyfriends and are afraid to tell their boyfriends that they don't want to sleep with them."*

4.4.2.5 Low self-esteem

Some teenagers are unable to imagine creating a better future for themselves by staying at school, so they think 'why not have a child now'. In the focus group for teenage girls who had never been pregnant a young girl said: *"Again teenage pregnancy is caused by a low self-esteem; we don't believe in ourselves. You will have a colleague who is passing class easily and then you are struggling with studying, you may decide to go and do whatever you want, so like have giving up at school, you will say that let me enjoy my life will over do it, you are going to have baby if you don't believe in yourself."*

4.4.2.6 Coercion to have sex

Some teenagers are physically forced by their partners to have sex even if they are not yet ready or not prepared in term of contraceptive precautions. Male partners may have different expectations in the relationship, especially if they are providing any kind of financial support,

and they might feel that it justifies coerced sexual activity. A young girl who had never had a baby said: *“Nowadays the youth get raped...”* Some teenagers alleged that they are obliged by their boyfriend to have unprotected sex to make a baby. A 15-year-old who was eight months pregnant and in grade 7 said: *“He says that I must give him a child...”*

One of the boys in the focus group told us about his friend who became pregnant after being sexually assaulted: *“My experience is about my ex school mate who fell pregnant, when I asked her why she was pregnant, she said she has been raped.”*

4.4.2.7 Effects of relationships with older partners

Mature adult people can easily manipulate young teenagers who are still struggling to discover their own personality. A young teenager boy said during the focus group session: *“Another thing is that you will see teenagers of 16 years or 17 going out with someone who is 26 years old, he overpowers her with his thinking, to an extent that this child cannot say no to this male, even if she says no her mind is still weak, this person overpowers her with his mind.”*

Parents have got bad attitude of looking at their daughters as a source of income generation although development actors like Reproductive Health Uganda moves around sensitising and creating awareness about the dangers of teenage pregnancy and young mothers. The most challenging issue on this is that some scheming parents exploit the men having affairs with these girls, forcing them to pay them off and marry their teenage daughters lest they press defilement charges against them.

The situation has heightened the spread of HIV/AIDS. As more and more teenage girls are forced to settle with older men, the increased spread of HIV/AIDS threatens. The respondents were able to say that, “these households are encouraged their young girls to have affairs with older men who, besides being married, have multiple partners. And gives rise to another problem altogether-spread of HIV/AIDS.

The striking thing this research was able to note was that the HIV/AIDS prevalence in Jinja district stands at 6.8%. The majority of these men have multiple of partners and don't practice safe sex, so they expose these young mothers to a great risk of acquiring HIV/AIDS and other sexually transmitted infections.

Apart from that it also affects these learners educational calendar where by some of them are not able to complete their educational circle and succeeded in life by achieving their life goals. Their ability to retain and gain knowledge during and after class is lowered because they are caught up in so many things in their life. In some cases they are forced to drop out of school due to the so many responsibilities and others when they are still tender and not ready to take up big and challenging responsibilities.

4.5 Support That Pregnant Learners Have Different Stakeholders

4.5.1. Understanding of reproductive health and contraception

Some teenagers knew almost nothing about contraceptives. A 17-year-old from grade 6 who is five months pregnant, when asked to tell us of any kind of contraceptives that she knows of, told us: *“So that one, I don’t know anything about it.”*

Teenagers need more information about contraceptives, as shown by a young teenage girl who had never been pregnant: *“Some of the factors that encourage teenage pregnancy is lack of information, like our parents don’t speak openly to us, they see us going out with boys. We need some information from our parents or guardians just to sit down with them and for them to tell us that you are now turning into an adolescent, you have to do this and that. I think it is the lack of information.”*

Teenagers may also be mis-informed about effective contraception, as indicated by one teenage girl: *“Wrong information, it can lead to many wrong things.... You find people telling untrue stories that when you eat leaves from some trees you will not fall pregnant.”*

Teenagers varied in the number of contraceptive options that they knew about, although condoms (mentioned by nine out of the 12 pregnant teenagers), injection (eight girls) and pills (four girls) were most frequently mentioned. Only three of the 12 girls had heard of emergency contraception.

4.5.2 Understanding of reproductive health

Poor basic understanding of reproductive health can contribute to the fact that teenagers don’t take enough precautions to avoid pregnancy. The understanding of reproductive health was explored by testing their understanding of ‘safe’ days in the menstrual cycle and awareness of ovulation. Only three girls out of the 12 pregnant teenagers were aware of the concept of a relative safe period for unprotected sex in the menstrual cycle.

Regarding ovulation, eight girls knew that women produce an egg, but had little understanding of the role of ovulation.

The different sources of knowledge on reproductive health and contraception were explored during the in-depth interview. They were found to be diverse and included school, the Love Life organisation, magazines, clinic, friends and parents. The school seemed to be the commonest source of knowledge for most of the participants, followed by friends.

4.6. Views of teenagers regarding the consequences of teenage pregnancy

Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if abortion is done and not being prepared for motherhood. *“Being pregnant I don’t think is a good idea especially if you are a teenager still at school. You start becoming tired plus it very tired, even at school I get tired and can’t concentrate. Pupils at school are not good, even your friend are not nice anymore because once you tell them you are pregnant, they tell you stories about books and say that you don’t take care of yourself. Sometimes you feel bad because you walk with people at the same time you’re not with them. Even at home they tell you stories that you are young, you disappointed them, things like that, so I don’t advise anyone to become pregnant.”* (Pregnant 16-year-old girl) *“I think teenage pregnancy is bad because sometimes when you are a teenager, and you fall pregnant, and your parents take you to abortion, and when the time is right when you want to start your own family, it happens now you cannot have a baby by that time because you already have a miscarriage.”* (Older woman who had teenage pregnancy)

“The disadvantage again is that HIV and AIDS is very high so just imagine as a teenager being infected with this disease and we know that this disease is incurable. HIV can kill, so we are trying, we as teenagers, to build our country, to be the best, but now we are infected by HIV, we will all die.” (Non-pregnant teenager)

Some teenagers, however, perceived pregnancy as a positive event as it may lead to a grant. One girl expressed the view that having a baby early may be beneficial because later on, if you get sick with HIV, the doctors may want to prevent you from falling pregnant. Having a teenage pregnancy, before you are diagnosed as being HIV positive, may therefore safeguard

your right to motherhood. This represents a somewhat fatalistic outlook on the risk of becoming HIV positive: *"I think teenage pregnancy in some other ways, when you are young, and get a baby and when you are growing up and you are not able to have some babies, because you will get some diseases and the doctors will refuse you to have some babies."* (Non-pregnant teenager)

Teenagers may also not worry about falling pregnant as the baby will not primarily be their responsibility. There may be an expectation and tradition of the grandmother taking over responsibility for the baby:

"The teenage pregnancy can also be good in a strange way, because when you fall pregnant and you don't have money and you also have a baby, so in your mind that a baby is a big responsibility and you can't take care of her because you are still a baby yourself. You might as well just leave the baby and to have fun because you think that the baby you have is for your mother. She will take care of it." (Non-pregnant teenager)

Some teenagers' opinions were more ambivalent about pregnancy, expressing that it could be an adverse or beneficial event depending on the circumstances.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter consists of summary of the findings, conclusions, recommendations and areas for further research as per the discussion and the findings of this study.

5.1. Summary of the Findings

Factors influencing teenage pregnancy were found to be broad and complex:

- a) Socioeconomic factors included poverty, the controversial influence of the child support grant, trans-generational sex and financial support from an older partner to secure income for the teenage girl or her family.
- b) Substance abuse, particularly alcohol, in either the teenager or her parents was found to have a critical influence. A lack of alternative entertainment and social infrastructure made local bars a normal part of teenage social life.
- c) Peer pressure from boyfriends and the broader social network.
- d) Other factors included the right to motherhood before becoming HIV positive, poor sexual negotiation skills, the need to prove one's fertility, sexual coercion and low self-esteem.

Understanding of contraceptives and reproductive health was poor, condoms were the contraceptive method most known by teenagers and their understanding of the menstrual cycle was inaccurate. Most teenagers perceived falling pregnant as a negative event with consequences such as unemployment, loss of a boyfriend, blame from friends and family members, feeling guilty, difficulty at school, complications during pregnancy or delivery, risk of HIV, secondary infertility if an abortion is done and not being prepared for motherhood. A number of teenagers, however, perceived some benefits and saw that it could be a positive event depending on the circumstances.

5.2. Conclusion

Conclusions: The study identified a number of factors that may influence the teenage pregnancy rate. These factors may influence teenagers' behavioural intentions through altering their perceptions of the personal and social consequences of falling pregnant and their self-efficacy in relation to sexual behaviour. Environmental factors may also facilitate or

prevent teenagers from fulfilling their intentions. Teenagers may also vary in their ability to carry out these intentions.

Strategies to reduce teenage pregnancy should focus on building social capital for teenagers in communities, further exploring the influence of the child support grant, targeting trans-generational sexual norms, applying the law on underage drinking, making information on contraception more accessible and offering programmes that empower girls in the area of sexuality. Multifaceted and inter-sectoral approaches are required and it is likely that strategies to reduce teenage pregnancy will also impact on HIV and other sexually transmitted infections.

5.3. Areas for Further Research

This research concentrated on the challenges of teenage mothers, Jinja district; there is need therefore to conduct similar research in other districts especially in other regions in order to create an understanding of the whole country.

There is need to conduct a study to investigate the impact of teenage pregnancy on the performance of primary schools especially comparative analysis on universal primary schools and private schools.

Lastly study should be done on the impact of teenage pregnancy on fertility of girl child alternatively performance of girls at school in any district.

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APPENDICES

APPENDIX I: INFORMED CONSENT

Consent was thought according in order to assure the respondents of privacy, confidentiality and anonymity as well as right to participate or not.

Appendix II. A: Consent for Participation

I, the undersigned consent to allow my daughter to voluntarily participate in the study researching the experiences of pregnant learners.

I am aware that she is under no obligation to participate in this study and may withdraw at anytime without negative consequence for her.

NAME:

RELATION TO LEARNER:

SIGNATURE:

DATE:

APPENDIX II: PARTICIPANT CONSENT FORM

I, the undersigned voluntarily consent to participate in the study researching the prevalence of teenage pregnancy in primary schools, conducted by Wamachali Eddah. I fully understand the procedures of the study as explained to me.

I am aware that I am under no obligation to participate in this study and may withdraw at anytime without negative consequence to me.

NAME:

SIGNATURE:

DATE:

APPENDIX III: RESEARCH INSTRUMENTS:

A. Questionnaire

Face Sheet: Demographic Data *(please indicate accordingly)*

(For both teachers and local leaders)

1. Personal details

- 1.1 Current age _____
- 1.2 Grade _____
- 1.3 Age at conception _____
- 1.4 Marital Status of the participant _____
- 1.5 Period out from school _____

2. Challenges faced whilst pregnant: at school and at home.

3. How has the experience changed their life?

- 3.1 Relationship with friends _____
- 3.2 Father of the child _____
- 3.3 School performance _____

4. Support system:

- 4.1 Family _____
- 4.2 Friends _____
- 4.3 Father of the child _____
- 4.4 Professionals _____

5. Current school experiences _____

6. Future Plans /Aspirations _____

7. Thoughts and feelings about the Self and Pregnancy

B. Interview Guide Schedule

1. Personal details

- 1.1 Name and surname
- 1.2 Current age
- 1.3 Grade
- 1.4 Age at conception
- 1.5 Marital Status of the participant
- 1.6 Period out from school
2. Challenges faced whilst pregnant: at school and at home.
3. How has the experience changed their life?
 - 3.1 Relationship with friends
 - 3.2 Father of the child
 - 3.3 School performance
4. Support system:
 - 4.1 Family
 - 4.2 Friends
 - 4.3 Father of the child
 - 4.4 Professionals
5. Current school experiences
6. Future Plans /Aspirations
7. Thoughts and feelings about the Self and Pregnancy

APPENDIX IV- BUDGET ESTIMATES

The budget that was used especially in running fund oriented activities with each section containing specific items, quantity required, unit cost and total cost with the grand total.

S/N	Item	Qty	Unit Cost	Total Cost
1	Travel costs			
	• To and fro	6	15.000	90.000
	• Meals	6x3	6.500	39.000
	• Accommodation	5 nights	15.000	75.000
	• Air time	-----	-----	20.000
2	Allowances for research assistant			
	• Per day padieum	1 person	5000x4days	20.000
	• Lunch facilitation	1 person	2000x5days	10.000
3	Stationery			
	• Note books	4	1000	4000
	• Pens	10	300	3000
	• Pencils	2	100	200
	• Rulers	2	1500	3000
	• Clear bags	2	3000	6000
4	Secretarial services			
	• Typing	1000 pages	500	500.000
	• Printing	1000 pages	100	100.000
	• Photocopying	2000 pages	100	200.000
	• Scanning	50 copies	500	25.000

APPENDIX V - TIME FRAME

Ghantt chart illustrating the activities and indicating the length of each activity in months.

2014

2015

No	Activity	D	J	F	J	J	F	M	M	A	M	N
1	Conceptual Phase Chapter One	xx										
2	Design And Planning Chapter Two		xx									
3	Dissertation Proposal		xx	xx	xx							
4	Empirical Phase Data Collection					xx	xx					
5	Analytical Phase Chapter 4-5							Xx				
6	Dissertation Phase							Xx	xx			
7	Revision								xx	xx		
8	Final Book Bound Copy									xx	xx	
9	Clearance										xx	xx
10	Graduation											xx