

**FACTORS INFLUENCING TEENAGE PREGNANCY AMONG YOUTH IN
MUKONO**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE OF BACHELOR
SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY**

June, 2024



**UGANDA CHRISTIAN
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DECLARATION

I NATUHWERA CAITHEN hereby declare that this is my original work, is not plagiarized and has not been submitted to any other institution for any award.

NATUHWERA CAITHEN,

Sign.......... Date 2nd July, 2024

APPROVAL

This is to certify that this study titled **Factors influencing teenage pregnancy among the youth in Mukono district** was written under my supervision and is ready for submission as part of the requirements for the award of a Bachelors' degree of social work and social administration.



Winfred Naamara

(Supervisor)

Date.....12/07/2024.

DEDICATION

To start with, I dedicate this dissertation to the almighty God who has provided me with life that has enabled me to carry out my research successfully. My dearly loved parents Mr. and Mrs. Fred Mwesigye, brother, sister for both the moral and financial support during writing this dissertation and my studies in general; may the good Lord bless you all.

Acknowledgement

I wish to acknowledge the guidance of my supervisors Ms. Naamara Winfred for her insightful advice, without which my research would not have been as relevant. My lecturers who have equipped me with knowledge to be able to transform society for the last three years at Uganda Christian University. To my friends and classmates, I thank you for the inspiration and zeal they have shown me to this date.

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ABSTRACT

One of the most serious not only health but social growing concern is the contemporary issue of teenage pregnancies in Uganda communities. The major aim of this dissertation is to ascertain the factors that are influencing early teenage pregnancies, their effects and the possible recommendations that can be implemented to address the chronicle disease among the teenagers. There are numerous factors in this study, many of which include poverty, minimal supervision by parents, peer pressure, early marriage initiations for cultural concerns and many more. Its effects to the teenagers like sexual violence, sexually transmitted diseases and many more. This study includes policies that encourage adolescent reproductive health which tend to provide measures on how to curb teenage pregnancies in Mukono, Uganda.

CHAPTER ONE

1.0 Introduction

This chapter will solidly discuss the background of the study, statement of the problem, objectives of the study, research questions, significance and justification of the study and scope of study and the conceptual framework.

1.1 Back ground to the study

According to UNFPA, 2016. Adolescent Pregnancy, it was discovered that in many developing countries, over 20,000 girls give birth when they are teenagers and this automatically limits their future in terms of education as they drop out of school to handle new life challenging responsibilities making them so vulnerable to poverty and society illness. There are automatic associations in terms of stillbirths, death and premature birth with mortality. Being a teenager in this country is one of the most interesting and yet most disturbing aspects of life, a cycle of drama inclusive of social, physical and psychological changes in a person's life. Teenage is a critical stage in a person's life. It is a period in which physical, psychological and social changes take place in one's life. According to the (WHO, 2004) , a teenager is between the ages of thirteen to nineteen years being a progression period from puberty to sexual maturity and at this stage, one is sexually attracted to the opposite sex. Given the rebellious nature of this stage among the teenagers, they quit often resent the advice of their parents and instead model artists and succumb to peer pressure among fellow adolescents and end up having sexual experimentations hence having unwanted teenage pregnancies according to (Rachel, 2009)

According to (UDHS, 2011) Uganda ranks with the highest adolescent pregnancy rates in sub-Saharan Africa at 25% pregnancy rate in a population of over 40 million people. This is encouraged through cultural, social and economic pressure both from family and peer friends. Lately, there are various education about childhood reproductive health but this has exposed our teenagers to more likelihood chances of having early sexual intercourse without use of contraceptives, lack of sexual education and many other social factors that will be elaborated in chapter two. Further the study indicates that 13% of maternal deaths and 27.8% of deaths among adolescents in Uganda are primarily due to unsafe abortion

Around and about, according to (WHO, 2014) , every year about two million girls under the age of 15 and 16 million of girls aged 15 to 19 give birth and globally, by the age of 18, one in five girls has given birth. This worryingly raises a concern where over one in three girls in the poorest regions of the world and this is majorly in low- and middle-income countries. With Uganda ranking high among the adolescent pregnancy rates in the sub - Saharan African countries, the various social factors in chapter two will confirm the atrocities and this isn't any different within Mukono since her population accounts for the rates mentions in (UDHS, 2011) hence the sufficient reasons for the study to be carried out.

Despite government of Uganda through the ministry of gender, labor and social development and the ministry of education and sports and the health ministry have put into action various policies and efforts to curb this virus through training of health workers and providing adolescent health services, there is still a huge gap of the various social factors that haven't been addressed and it is a normal discourse within the public therefore the results of this study shall be used to assess the social factors and advance strategies that the line ministries and civil societies and other

researchers more so the policy makers can put into action to reduce the rampage rate of teenage pregnancies problem, its associated effects.

1.2 PROBLEM STATEMENT

Globally, there is a continuous rise in both teenage pregnancies and teenage marriages. However, according to (Tawiah, 2013) Teenage pregnancies are very common where the majority of the teenagers are forced to start having early sexual intercourse between the ages of thirteen to nineteen due to different social factors that will be boldly addressed in chapter two.

However, despite these factors like lack of reproductive health education, parental neglect, media influence and sexual abuse among many others, being known factors, the government has tried to put up programs like straight talk and presidential initiative on AIDS strategy for communication to Youth (PIASCY) and other reproductive health education programs, with the recent initiative by Mukono district introducing entrepreneurship programs to build and reduce rampage teenage programs that were escalated by the outbreak of Covid19,(daily monitor 25th October, 2021) There still lingers a gap on the implementation and vast solution to these diverse factors by the enabling stakeholders, many of which have not fulfilled the pledged promises like distribution of pads by the first lady in 2016 (Thursday, November 12, 2015 — updated on January 20, 2021 Daily monitor). The inconsiderate application of penal laws not in full force to the perpetrators together with ignorance among many stakeholders continues to strike an inadequate balance on taming the virus of teenage pregnancies within Mukono town which this study intends to address.

1.3 OBJECTIVES OF STUDY

1.3.1 SPECIFIC OBJECTIVES

1. To identify the social economic factors that influence teenage pregnancies among female teenagers aged 13 – 19 years in Goma Division, Mukono District?
2. To identify and evaluate the social effects it has on the teenagers in the community of Mukono districts?
3. To identify and advise on the possible solutions and recommendations that can prevent the widespread concern of teenage pregnancies in Mukono district?

1.4 RESEARCH QUESTIONS

1. What social economic factors influence teenage pregnancies among female teenagers aged 13 – 19 years in Goma Division, Mukono District?
2. What social effects does it have on the teenagers in the community of Mukono districts?
3. What are the possible solutions and recommendations that can prevent the widespread concern of teenage pregnancies in Mukono district?

1.5 JUSTIFICATION OF STUDY

The best intended purpose of the study is to identify the factors that influence teenage pregnancies among the teenagers in Mukono district which can aid in sensitizing both the teenagers, youth and health workers and concerned authorities and line ministries about the

danger such factors pose in society and what solutions can be put not only on paper but into context to avert the growing concern.

The findings of the study could also assist policy makers in identifying what areas are appropriate for immediate consideration in terms of sexual and reproductive health programs and it further provides a valuable point of reference for other researchers doing the same study in the near future as an available source of literature.

1.6 SIGNIFICANCE OF STUDY

1.6.1 Social work practice

It will inform effective interventions through understanding the causes, consequences and experiences of teenage pregnancy which helps social workers develop targeted interventions and support programs.

Improves prevention strategies to inform evidence-based approaches to prevent teenage pregnancy such as comprehensive sex education and access to contraceptives. Enhances support services through highlighting the needs of teenage parents enabling social workers to provide appropriate services like parenting programs and education or training initiatives. It shall also address social and economic inequalities because research sheds light on the socio-economic factors contributing to teenage pregnancy, allowing social workers to advocate for policies addressing these underlying issues.

1.6.2 Research

It emphasizes the importance of involving young people in the design and delivery of services, promoting their autonomy and agency hence empowering young people. Studying a complex

issue like teenage pregnancy pushes researchers to innovate and refine methodologies, contributing to the development and advancement of new research techniques and tools. Research on vulnerable populations like teenagers raises important ethical considerations and questions, helping to refine research ethics guidelines and best practice. This research contributes to the broader understanding of human development, family dynamics, and social structures, expanding the knowledge base for future studies. Findings from teenage pregnancy research can influence policy, program development, and service delivery, demonstrating the impact of research on real-world issues. Conducting research on teenage pregnancy helps build research capacity, training new investigators and strengthening research infrastructure. Sharing research findings through various channels and formats enhances communication and dissemination strategies, making research more accessible and usable. By conducting research on teenage pregnancy, researchers can advance the field of research itself, refining methods, ethical considerations, and knowledge production, while informing policy and practice to address this complex social issue.

1.6.3 Policy

Research informs evidence-based policies and programs aimed at interventions and preventing teenage pregnancy, such as comprehensive sex education and access to contraceptives. Findings shape policies on healthcare access, prenatal care, and social services for teenage parents, ensuring adequate support and resources. Research highlights the importance of continued education and employment opportunities for teenage parents, influencing policies on school retention and job training programs. Understanding the links between teenage pregnancy and poverty informs policies addressing economic inequality and social mobility hence poverty reduction. Research on teenage pregnancy contributes to policies promoting healthy adolescent

development, including initiatives on mental health, substance abuse prevention, and social support. This helps to promote youth development.

By informing policy with research evidence, policymakers can develop effective strategies to address teenage pregnancy, support young parents, and promote healthy adolescent development.

1.7 SCOPE OF STUDY

This study about factors influencing teenage pregnancies in youth in Mukono ,effects and solutions to teenage pregnancies was from September 2023 up to February 2024,Two months were spent on proposal writing, data analysis, report writing and presentation.

1.7.4 CONCEPTUAL FRAMEWORK

CONSEQUENCES

Problem during pregnancy	problem during delivery	problem after delivery
<ul style="list-style-type: none">● Excessive abdominal pain.	prolonged labor.	weak baby.
<ul style="list-style-type: none">● Vomiting excessively.	premature delivery.	insufficient breast milk.
<ul style="list-style-type: none">● Abortion.	maternal mortality.	school dropout.
	Excessive bleeding.	society's Judgment.

TEENAGE PREGNANCY

FACTORS INFLUENCING TEENAGE PREGNANCY

Cultural advances and beliefs.	weak penal laws.
Lack of knowledge on contraceptives.	Social media influence.
Peer pressure.	poverty.
Lack of sexual knowledge.	accessibility of contraceptives.
Lack of mentorship.	parental neglect.
Sexual abuse.	lack of community responsibility.

EFFECTS OF TEENAGE PREGNANCY

RECOMMENDATION/SOLUTION

School dropout.	enactment of strong penal laws.
HIV/AIDS.	apprehension of sexual abusers.
Drug abuse.	reproductive health programs.

Society neglects.

education on contraceptive use.

Misogyny towards women.

providing contraceptives.

Early marriages.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter presents literature review written by different authors in line with the dissertation objectives presented in this study mainly the factors influencing teenage pregnancies among teenagers in Mukono district and its effects coupled with the recommendable solutions to curb the problem. It shall further present all these objectives in the theoretical and empirical approach for appropriate discourse.

2.1 FACTORS INFLUENCING TEENAGE PREGNANCY IN TEENAGERS IN MUKONO DISTRICT.

2.3 CULTURAL, THE LAW AND RELIGION

2.3.1 THE RELIGION AND LAW;

As noted in the introduction of this chapter, Uganda is religiously diverse and this is also a determining factor in different social behavior inclusive of teenage marriages. Aside from the cultural backgrounds, the constitution of the republic of Uganda 1995, as amended recognizes this diversity in religion and does away with the culture values in article 274 of the constitution in line with existing laws; existing laws mean written and unwritten laws of Uganda or any part of it as existed immediately before the coming into force of the constitution including acts of parliament or statute or statutory instrument entered or made before that date which came into force on or after that date.

However, the constitutional court have been tested over years and have come to interpret this provision in Uganda Association of women lawyers & 5 others vs AG Constitutional petition No.2/2003 (unreported) JCCA noted that “the message which the makers of the constitution intended to serve out in Article 274 is loud and clear, it enjoins court to clear away existing laws that they didn't find to be inconsistent with any provision of the constitution. They are to do that by modifying them such that they don't exist but void and does not prevent the constitutional court from declaring it unconstitutional”. Following the above discourse, the Marriage and Divorce of Mohammed Act cap 252 under section 5(1) (a) on registration of marriage and divorce in case of death and widow is minor, the guardian can apply to the registrar for such registration.

The Hindu Marriage and Divorce Act Cap 250 under section 3 refers to consent of the guardian in case the bride is a minor who has married the adult bridegroom. Customary marriage (Registration) Act Cap 248 under section 2 (1)(c) (d) recommends that a person under 18 years for a bridegroom and 16yrs for a bride with consent of guardian All these laws present the aspect of marriage including minors and through this marriage act shall include teenage pregnancies, the position in these laws have been corrected by the constitutional court in line with article 274 in the decision of (Aboneka Michael & Kirya Martins vs AG CP NO.35/2021) holding that they contravene the provision of the constitution in line with article 31 about marriage of minor persons. Legally the law and religion are in conflict about teenage marriages that result in teenage pregnancies, for the cultural background some force these girls to move into marriage for sustainability purposes.

2.3.2 CULTURAL & RELIGIOUS FACTORS

Among many of the reasons why early marriages are so common in west and Central Africa are wide ranging and can be grouped under religion, tradition and culture, poverty coupled gender inequities (Johansson N: Child marriage: the underlying reasons and possible solutions. Linnaeus University, Faculty of Social Sciences, Department of Social Studies. 2015). In many African societies like Uganda, child marriages are legitimized by misogynists, patriarchists and strong family relatives that a father has a role over his girl child, over her future spouse. Such marriage is valued as a consolidation of powerful bonds amongst families in line with hereditary values and property acquisition and dispute resolution (Hosseini and terfani, 2014)

Prior research indicates that religion is salient to teenage sexual reproductive behaviors (Mcquillan 2004) as it conveys ability growth to the affiliation within the religious community and the community promotes specific sets of fertility related norms.

Quite often, religion triggers marriages in different societies and with decisions to get married, Muslims convey an understanding that marriage should follow the sunnah of the prophet of Muhammed on the belief that when a person marries, they perfect the better half of religion as this increases maturity. According to the Quran 2:286 “Allah does not impose upon any soul a duty but to the extent of its ability” so under Muslims like I discussed under the provision of the law above, despite the fact that the children can't make informed decisions, religion is used as an outscap to marry them off (Montazeri et al., 2016). In this line, religion and culture can be handy with contraceptive measures that perhaps can be used to prevent teenage marriages, but on this concept, one can note that girls who often come from religious families by implication adopt their parental attitude towards sexual intercourse and are less willing to break their family norms

in line with immorality of sex than the notion of medical effects, a discussion with children in line with sexual education religious teenagers who may engage in sexual intercourse and contraceptive behaviors evaluating their risks of unwanted pregnancies and sexually transmitted diseases (Regnerus 2005). Further, during puberty and transition to maturity stage, peers quite often become equally influential in family affairs (Arnett 2000) and their friend's activities into sexual activities will automatically influence their bargain and desire for sexual indulgence as sexual debutantes and one's level of religiosity (Adamczyk and Felson 2006; Adamczyk 2009); this is because these teenagers are attracted to persons of their person being stage holders (Goodreau et al.2009).

However, if the family values are in strict adherence to morality as it does not support early child marriages, this limits their involvement in unwanted sex and inserts morals and values hence empowering these teenagers to adhere to their moral values and wellbeing, discipline in numerous domains which are Christian (Smith 2003b) and when they develop this ability about self-control, then they can be in a great position to avoid unnecessary sex making no use for contraceptives because abstinence in line with sex education only emphasizes the point of self-control (Haglund and Fehring 2010) but some moral competencies can be of ill value to teenage girls forever. The biblical notion of submissiveness will reduce their ability to refuse unwanted sex during any unnecessary nightmare (Miller and Gur 2002).

At the tail end of the religious footmark, religion can affect teenagers in line with their fertility related attitudes (Bachrach and Morgan 2013). Shal et al. 2016 notes that religion prohibits sexual ideologies in a way that women of high Christian values are morally opposed to non-marital sex and contraceptive usage which will automatically influence their teenagers from following such values (Thornton and Camburn 1987).

On the cultural side, in the Democratic Republic of Congo under the Bashi tradition, it is assumed that if a woman sleeps outside with her partner for a day, that woman is no longer a virgin therefore she must carry her partner because it will be impossible to sleep at her boyfriend's place overnight without having sexual intercourse. This means that parents are afraid of being blamed for the negligence of their children, therefore forced marriage is the solution for stopping teenagers from having sexual intercourse before they are of age (Mulumeoderhwa, 2016). In Tanzania, the custom of early marriage called "UNYAGO" is viewed as an ordinary event though not common among all (Stark, 2017), and in Kenya under the LUO, if the wife dies, the sister replaces her as a wife meaning that the daughter shall be married to her brother in law which practice often forces girls to marry off when they are still young per culture risking a danger of being infected by sexually transmitted diseases like HIV/AIDS (Juma et al., 2014).

It is worse in India where once girls reach puberty, they are taught about sexual behavior through an initiation ceremony, taught on how best they can take care of men as their potential husbands. This ceremony represents a symbol of maturity and it adversely leads to curiosity among adolescents about sexual behavior leading to early marriages that lead to teenage pregnancy (Henry et al., 2015).

Given these cultural aspects, most girls move in marriages influenced by their parents due to family pride and this limits their access to know their human rights and these factors must be considered during policy drafting in-order to curb the problem in society.

2.4 POVERTY AND POOR PARENTING

The UBOS multidimensional poverty index report 2022 (UBOS, 2022) indicated that the Human Poverty Index (HPI) reported in the Human Development Report of the United Nations

Development Program (UNDP) in 1997, was the first integrated measure of poverty. In Uganda, most empirical work on poverty uses the one-dimensional measure of well-being, usually income or household expenditure. Nevertheless, the conceptualization of poverty in the country has steadily evolved since the introduction of the Poverty Eradication Action Plan (PEAP) in 1997. There has been recognition of the multiple dimensions of human welfare both in terms of policy and measurement, although these have typically been treated as separate components, e.g. income, consumption, education and health.

Further the report indicated that at the national level, the incidence of multidimensional poverty (the percentage of people who are multidimensional poor or the poverty rate or headcount ratio) was estimated at 42.1 percent. The average intensity of poverty (the average percentage of dimensions in which poor people are deprived, or the average deprivation score of poor persons) was estimated at 54.5 percent, implying that on average, the poor are deprived in 2.2 dimensions.

However, the intensity (or breadth) of poverty in rural and urban areas is relatively the same. At the regional level, multidimensional poverty is highest in the Northern region (63 percent), followed by the Eastern region (45.7 percent). At the sub-regional level, Karamoja has the highest levels of multidimensional poverty, poverty intensity and MPI, at 85 percent, 68 percent and 0.58 respectively. The other sub-regions with high incidences of poverty are Acholi (64 percent), West Nile (59 percent), Lango (57 percent), and Teso (56 percent). The least incidence of poverty was reported in Kampala (0.4 percent), Buganda South (18 percent) and Buganda North (30 percent).

Many families in Uganda live below poverty earning a dollar per day and this forces many girls under different households to try to sustain a living hence making sex debuts in order to earn money and sustain their families, they end up getting pregnant in the due course.

A recent article written by Isaac Nuwagaba in the New Vision about the sharp increase of teenage pregnancy by 70% from the previous year among 15-17 year olds; with Kisenyi health center being a case study, it was noted that most of the children come from areas of Makerere and Bwaise where there are high poverty levels and most of them are school dropouts who are challenged to natural uncalled occurrence that meet their livelihoods (1st March, 2024 New vision). With these statistics, it is paramount to note that a vast number of families with girl children are at risk of school dropout which will leave the minor with no option but to engage in peer influence, drugs and desire to earn a living resort to sexual debuts leading to teenage pregnancy.

2.5 DEFILEMENT

As Uganda gears up to pass the sexual offense bill 2019 into law, it will be a better option aside from the penal code Act cap 120 which defines defilement as unlawful sexual intercourse between a man and girl which prescribes a punishment for death or life imprisonment for one found guilty of the act, the sexual offense bill 2019 when passed in law prescribed castration on top of the death punishment. On March, 4th ,2024 in Terego sub county, Mr. Wilfred Saka, the chairperson for Terego noted that an 11yr old was defiled by her 50yr old paternal uncle and infected her with HIV/AIDS in Omugo sub county (New vision 4th March 2024). Further in a meeting with the leaders and legislators at Terego district headquarters, the legislators learned

that since October 2023, a 21% number of girls have been defiled beyond the global average standing at 14% according to Sarah Opendi former Minister for Health.

In Busia county Kenya, on February 16th, 2024, Ms. Christine Nasisamba tabled the Matanga Bill 2023 also referred to as The Child and Family protect bill 2023 before the district council something they have never seen in the last 27yrs of their existence. The bill intends to challenge the raise in teenage pregnancy and the bill shall mitigate as it exposes children to sexual violence and exploitation hence the high rates of defilement resulting into teenage pregnancies.

The most disheartening aspect of it all is that while is many have knowledge about the existence of contraceptives and have acquired knowledge of how to use them due to sexual education, quite a number have no clue about how to use and when to use them in addition to accessing them from various health care centers. It is a risky factor among adolescents to find that a vast number have knowledge and use modern and traditional contraceptives. Usually, adolescents have different knowledge on different contraceptives such as seen through research on Nigeria which showed that girls preferred coitus interruptus or withdraw while some women preferred the traditional methods with a decreased sensitivity of using condoms due to parental disapproval (Ajayi A.I., Adeniyi O.V., Akpan W. Use of traditional and modern contraceptives among childbearing women: Findings from a mixed methods study in southwestern Nigerian state. BMC Public Health.

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Aside from knowledge about contraceptives, it is also a gross agony that the government continues to ignore the problem of accessibility of these contraceptives to the low income earning Ugandans per the human index levels according to the UBOS report. Since many can't afford a meal, it is hard for one to afford a contraceptive (Appiah et al.,2004).

2.7 EFFECTS OF TEENAGE PREGNANCY

By rule of the thumb, these effects will be unanimously discussed here without random division and selection but as a whole block of thesis. Globally, there is a high risk of likely abortion due to the unpreparedness to deliver a human into the harsh world when the existing circumstances of living are more painful, and due to the fear of being abandoned by their families, they tend to resort to abortion as a mechanism to deter early child birth, as a result they face health challenges

and maternal deaths (WHO. Adolescent Pregnancy: Factsheet. WHO; Geneva, Switzerland: 2014).

According to the national library for medicine article released titled (Linking Female Adolescents' Knowledge, Attitudes and Use of Contraceptives to Adolescent Pregnancy in Ghana: A Baseline Data for Developing Sexuality Education Programs) It was argued that “apart from complications and deaths associated with unsafe abortions, having babies during adolescence is often related to a higher risk of adverse maternal and neonatal outcomes, especially in areas where there are weak health systems. (Grønvik et al., 2012).

The risks of eclampsia, puerperal endometritis, and systemic infections are higher in adolescent mothers than women aged 20 to 24. Adverse complications from pregnancy and childbirth are the major reasons for mortality among adolescent girls in many low and middle-income countries. Stillbirths and neonatal losses are 50% higher among babies born to adolescent mothers compared to older women (Moraes et al., 2018). Infants born to adolescent mothers also have heightened chances of having low birth weight, which can have a long-term influence on their health, well-being, and development” (March 1st, 2024 at Kisenyi Health Centre III, New Vision).

2.8 Conclusion

Premised on this theoretical and empirical literature review, it is fairly known that the cultural, social and religious aspects are among the factors that influence teenage pregnancy in Mukono district and the adverse effects they pose to society and the teenagers.

CHAPTER THREE

METHODOLOGY

3.0 Introduction.

This chapter presents the introduction, study design, area of study, sources of Information, population and sampling techniques, procedure for data collection, data collection instruments, quality/Error control, data processing and analysis, ethical considerations and methodological constraints, which I present as follows.

3.1 Research Design

This study was a descriptive cross-sectional one where quantitative and qualitative methods of data collection were used. The quantitative method measured the respondents' attitude, opinions and knowledge about factors influencing teenage pregnancies in teenagers while the qualitative method established a clear orientation with the respondents.

3.2 Area of study

The study was carried out at Mukono General Hospital, in the Central Region of Uganda, located in Mukono town, in Mukono District, on the Kampala-Jinja Highway, approximately 20 kilometers east of Kampala, the capital city of Uganda with coordinates of 0°21'40.0"N, 32°44'49.0"E (Latitude:0.361123; Longitude:32.746941).

3.3 Sources of Information

3.3.1 Population and sampling techniques

The sample size and population was determined using Cochran's formula when the population size (N) is infinite; this method was used in Sarmah & Hazarika, n.d

Thus, $n_0 = \frac{Z^2 Pq}{e^2}$ where n_0 is the sample size, z is the selected critical value of desired confidence level, p is the estimated proportion of an attribute that is present in the population, $q = 1-p$ e is the desired level of precision = 5% = Sampling error

$n_0 = \frac{0.9604}{0.0025} = 384.16 = 385$ Teenagers.

3.4 Procedure for data collection

The researcher administered Questionnaires to the participants who filled in the gaps by ticking boxes that had appropriate answers or fill in gaps with necessary responses. Either yes or no while those participants who were unable to read and write were helped through interpretation of the documents and guided on answering by the researcher and other medical team at the hospital.

The researcher carried out a piloting study two weeks before she started the actual data collection procedure and this pilot study was done among 25 adolescent teenage females who were found at the hospital to whom the researcher administered questionnaires and rectified any errors before collection of the actual data.

In the same spirit, the researcher excluded pregnant teenagers who were either mentally ill or unwilling to participate in the study and included only those that were willing to contribute to the

study at free will and whoever was found at the hospital with willful intent was administered with a questionnaire.

3.5 Data collection instruments

Data collection was done by the researcher herself using research instruments like questionnaires which were checked for errors of omission in-order to ensure consistency completeness and accuracy in filling out the questionnaires

3.6 Quality/Error control

In guaranteeing the quality of the study, the researcher took into account the pre visits to the study area of Mukono town with coordinates of 0°21'40.0"N, 32°44'49.0"E (Latitude:0.361123; Longitude:32.746941) with authorities before the study was conducted.

3.7 Data processing and analysis

The researcher upon collection of the data, the data was recorded, cleaned and categorized and coded and critically analyzed manually by use of a summary data master sheet. It was reviewed for consistency, accuracy and completeness and finally analyzed using Microsoft Excel results of which are presented herein using graphs, tables and charts.

3.8 Ethical considerations

The researcher submitted her proposal to the school research committee for approval before she commenced her research study. The hospital management committee of Mukono general hospital granted permission to the researcher to carry out her study in which course, dignity, confidentiality and moral respect for the respondent participants were observed at all squares of

the study keeping in line the law on data protection act 2019 in line with the data subjects to avoid any form of harm or threat in the event of non-participation hence obtained written consent from the participants before issuance of questionnaire.

3.9 Methodological Constraints

Some of the methodological constraints that the researcher faced include the following;

The obtained data during the study was not adequate but not sufficient to give sufficient statistical analysis at national level given that the study was built on a small population of respondents size of 75 participants in at Mukono general hospital and did not consider other health care centers because this is more of a general hospital in Mukono town. To overcome this, the researcher considered further studies that had a larger sampling size on this same topic for proper critical analysis.

There were severe financial constraints in the information gathering fields like the internet, libraries and field study visits that incurred the researcher severe financial setbacks in terms of transport costs and stationery. However, the researcher overcame the constraints through a budget draft that was fully observed in strict terms.

The time limitation was a constant woe to the researcher as she found it very hard to balance the research, course work and attending to the job to afford her finances to sustain her livelihood throughout school. But in-order to overcome these struggles, the researcher drew up a timetable considering then to attend coursework, do the research and of course be at the regular job and time for rest because one swallow doesn't make a summer.

Given the sensitivity of the study given that the target population were minor teenagers, the researcher found it hard to convince them to engage. However, this was solved through sensitization works on a one on one basis with the data subject to seek their consent to speak out, but their names shall remain unnamed for the purpose of this study.

CHAPTER FOUR

FINDINGS

4.0 Introduction

4.1 Background and Characteristics of the Respondents

The findings of this background are clearly elaborated in Table 1

As clearly indicated, 37.8% were above 13 years but below 18 years representing a total of 144 girls, the most dominant religion was the Muslim religion with 16.4% representing a number of 63 girls followed by Anglicans with 36 girls representing 9.4%, followed by born again with 35 girls representing 9.1% while 32 girls profess the catholic religion estimated at 8.3%. 149 girls were still in school representing 38.7% and 23 girls with a 6.0% had dropped out of school. In respect to the financial position of the family, 96 girls with a 24.9% were coming from low income earning families, 52 girls were from middle income families representing 13.5% and 24 girls were a representation of 6.2%.

4.2 Factors that Influence early pregnancies among teenagers in Mukono district.

Among the factors that influence teenage pregnancies within Mukono districts as discussed in this paper were cultural and religious factors and the law, defilement, poverty and poor parenting, and of course peer influence and exposure to pornography before the adult suffrage age. In a bivariate fashion was deployed to find out whether or not these factors were associated with early teenage pregnancies results of which are reflected in Table 1.

From Table 1, the age of the participants was found to be $X^2= 5.992$ Df = 1, $p = 0.018$ in the study with 37.4% girls more older than 13 years. Religion was at $p=0.018$ with Muslims taking the highest share at 16.4%. Status of school was at $p=0.000$ with 38.7% still in school and 6.0% dropped out. With $p=0.002$ in respect to exposure to contraceptives, a rate of 17.9% voted yes with 26.8% electing no exposure to these contraceptive methods.

Respondents who were determined on the factor of parenting, $p=0.002$ with 14.7% having an optimal care of parenting while 20.05 traded at minimal rate, and in respect to family financial position, $p=0.004$ with 24.9% living under local income earning families, 13.5% coming from high earning households while 6.2% came from low income earning families. In respect to Peer pressure factors $p=0.016$, 38.2% succumbed to peer pressure with only 65% not being an influence, $p=0.000$ was a strong magnitude with 55.8% girls being influenced by cultural beliefs and 8.8% were not influenced by cultural beliefs.

22.1% represented belief in religion as 22.6% were never influenced by any religious aspect. In respect to Knowledge of law $p=0.000$, 39% of the girls were aware of the law on adult suffrage, 28.8% sounded very naive and 11.9% had little knowledge of the law.

Table: Examination of causes among teenagers at 13 or before 18 years.

S.No	Factor questions	YES	NO	Total	COR (95% CI) Lower- Upper	Test Statistics
1	Age in years;				0.646(0.36)	$X^2= 5.992$ Df = 1

	13 years or less	28(7.3%) 56(14.5%)	84	2-1.153)	p = 0.018
	More than 13 years	144(37.4%) 157(40.8%)	301		
2	Religion Professed;				X ² = 6.155
	Muslim	63(16.4%) 69(17.9%)	132		Df = 4
	Anglican	36(9.4%) 56(14.5%)	92		p = 0.188
	Born Again	35(9.1%) 31(8.1%)	66		
	Catholic	32(8.3%) 53 (13.8%)	85	0.922(0.75	
	others	6(1.6%)	10	9-1.119)	
3	School Status;			0.049(0.01	x ² =24.226
	In school	149(38.7%) 211(54.8%)	360	0-0.230)	Df=1
	Dropped Out	23(6.0%) 2(0.5%)	25		p=0.000
4	Exposure to use of				

	contraceptives;				
	Yes	66(17.9%) 54(14.0%)	120	2.332(1.40	x ² =9.541
	No	103(26.8%) 159(41.3%)	262	7-3864)	Df=1
					p=0.002
5	Parenting;				
	Optimal	95(14.7%) 84(21.8%)	179	1.378(0.86	x ² =9.544
	Minimal	77(20.0%) 129(33.5%)	206	0-2.208)	Df=1
					p=0.002
6	Family Financial Status;				
	Low Income Earner	96(24.9%) 150(39.0%)	246		
	High Income Earners	52(13.5%) 50(13.0%)	102	0.821(0.54	x ² =10.921
	Middle Income Earner	24(6.2%) 13(3.4%)	37	5-0.545)	Df=2
					p=0.004

7	Peer Pressure; Yes No	147(38.2%) 161(41.8%) 25(6.5%) 52(13.5%)	308 77	1.383(0.75 6-2.528)	x ² =5.803 Df=1 p=0.016
8	Cultural Beliefs Minimal optimal	138(55.8%) 200(51.9%) 34(8.8%) 13(3.4%)	338 47	3.28(1530- 7.031)	x ² =16.578 Df=1 p=0.000
9	Religious Reasons Yes No	85(22.1%) 55(14.3%) 87(22.6%) 158(41.0%)	245 140	0.345(0.21 1-0.566)	x ² =22.898 Df=1 p=0.188
10	Knowledge of the law; Aware Naive	15(3.9%) 4(1.0%) 111(28.8%) 113(29.4%)	19 224	2.012(1.31 0-3.091)	x ² =19.851 Df=1 p=0.000

	A little	46(11.9%)	96(24.9%)	142		
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Further in a qualitative interview, teenagers were tasked to answer certain factors that are associated with their early pregnancies within their local communities, many giving varying answers;

To begin with, many held the view that many have less self-control, don't have immediate access to contraceptives like condoms both male and female condoms, UDI's and other methods and lack of basic human necessities like food and accommodation since many are from low income earning households, they opt to become wives at a young age to be in order to sustain themselves, not because they want to get married or have unnecessary sex.

Out of the participants, 20 girls testified to the fact peer pressure groups is a determining factor as they quite often resent their parents in that youthful age, and of-course the desire to please their boyfriends.

20 of the participants stated that even though together with other teenage mothers have limited access to contraceptives that they can always use during emergency hours after the act.

One lady called Angella (not real name) said that one of the reasons she started engaging in sexual acts due to peer pressure as they were influenced by colleagues to doing acts to show that they are now of age and ended up getting pregnant.

50 girls mentioned that incest, defilement, rape and other sexual abuses were crucial factors that determined their involvement into sexual activities that led to getting pregnant. Many were in

abusive families where they were partially orphans and the others were abused by the fellow peers for example Hellen (not real name) was defiled by an unknown man and the pregnancy she was carrying wasn't her own decision.

Many other girls mentioned that given their cultural backgrounds, they were taught that having a child determines your maturity as a woman. A one Miski (not real name) said that in there Somalian culture, a girl is considered mature when she turns the age of 15 years and they are eligible for marrying off, this gives pride to the family as they get to receive dowry and other gifts and to some girls this makes them happy when they see their parents are happy because of them.

To other girls they said that it is cultural to marry off early or give birth early so as not to be disrespected in society. Sarah (not real name) said that when she debuted in sexual acts at the age 14yrs, her parents told her that it was wrong at her age to get married, and they never recommended any abortion option but she should raise her own child that is why forced her boyfriend, boy responsible for the pregnancy to come home and visit so that the parents get to know him and allowed them to move in together since they were awaiting a child.

Muslima sharifa (not real name) alluded to the fact that due to her Islamic faith, she gotten married to a hajji under the Mohammed laws and sharia laws, it wasn't her will but because her parents willed it according to the religion of Islam she had to comply hence the pregnancy. Not that she wanted to be pregnant but since she is a Muslim, early marriage was a determinant factor. While some other female ladies never entirely agreed with her but clearly demonstrated that even though religion demands of them to get married at such a tender age in line with the

Muslim laws, they also loved getting married and being a mother at such an age, it is an experience they wanted to try.

A different section of ladies believed that lack of knowledge and exposure in terms of adult sexual education in their localities in respect to the dangers, likely causes and effects and how to overcome them in case one was to engage in a sexual act either by will or other unnecessary ways, perhaps they would have knowledge to prevent the effects but due to their ignorance, they never had any idea about teenage pregnancies and how they can they prepare for likelihood effects. However, a section of other girls stated that this is not entirely correct as many girls have knowledge about sexual acts and that is why they were able to engage in sex and conceive a child so the allegation is not entirely true.

A section of girls from well and middle income to do homes, stated that due to poor parenting, they were able to conceive, they lacked parental visionary care in that they gave them huge sums of money whenever they go to school or come back for holidays, this money sets a different pace in life to the extent that your life runs around money, so they engaged i sexual acts so as to get easy money,, road trips and cloths and apparels which they weren't providing for them by their parents and their misuse for money. Others argued that their parents never gave them parental advise in respect to teenage pregnancies.

TABLE 2. Examination of causes among teenagers at 13 or before 18 years.

S.No	Background factors	Frequency (n=385)	Percentage within column
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1	Age in years;		
	13 years or less	84	21.8%
	More than 13 years	301	78.2%
2	Religion Professed;		
	Muslim	132	16.4%
	Anglican	92	9.2%
	Born Again	66	9.1%
	Catholic	85	8.3%
	others	10	1.6%

3	<p>School Status;</p> <p>In school</p> <p>Dropped Out</p>	<p>360</p> <p>25</p>	<p>38.7%</p> <p>6.0%</p>
4	<p>Exposure to use of contraceptives;</p> <p>Yes</p> <p>No</p>	<p>120</p> <p>262</p>	<p>17.9%</p> <p>26.2%</p>
5	<p>Parenting;</p> <p>Optimal</p>	<p>179</p>	<p>14.7%</p>

	Minimal	206	20.0%
6	Family Financial Status;		
	Low Income Earner	246	24.9%
	High Income Earners	102	13.5%
	Middle Income Earner	37	6.2%
7	Peer Pressure;		
	Yes	308	38.2%
	No	77	6.5%
8	Cultural Beliefs	338	55.8%
	Minimal	47	8.8%

	optimal		
10	Knowledge of the law;		
	Aware	19	3.9%
	Naive	224	28.8%
	A little	142	11.9%

4.3 Effects of Early Teenage Pregnancies.

Respondents when asked about how teenage pregnancies has affected them, majority had a lot to share to include the following observations.

50 of the 70 girls stated that as a result of the early pregnancy, they dropped out of school and they were judged to be failures of their own misfortune, many were faced with society neglect with a stereotype about them being persons of no moral code. Latifa (not real name) was chased

away from home by her parents to go back to the village for she had embarrassed the whole clan, and was not worthy of a human being to live in their household.

30 of 75 girls stated that they were faced by unsafe abortions as they feared to approach medical care centers for proper examination and appropriate medical attention.

Some girls stated that due to family pressure, they have been forced into early marriages to persons who are not of their own choice, many are married to people of age especially those in the Muslim fraternity. The other effect is in respect to stillbirth were about 40 girls gave birth to dead babies due to the nature of their bodies being unready to give birth, sometimes the mother has to wait until 9 months to push out the child so in the effect, they experience stillbirth leading dead babies. 35 of 75 gave birth to babies with low birth weight and the medical surgeons at Mukono general hospital told us that the over 60 girls had died because of maternal death not because of being inexperienced but because their bodies are not so mature enough as of adult suffrage to be able to deliver a baby to life.

Few of the respondents equivalent to 45 girls mentioned that they were giving birth to many illegitimate children as they did not have persons to father them to which many disagreed to the extent that there is no thing as illegitimate child, this in law per *parker vs Parker*, 1964 confirmed this position.

Oscar Kyabigimbi aged 14 years (not the exact name) stated that *“I have a friend of mine who was raped and infected with HIV/AIDS, she told no one and started sleeping with all boys who ever wanted to sleep with her before, she ended up getting pregnant and gave birth to a child infected with HIV/AIDS, she dropped out of school due to unwanted pregnancy”*.

From the above findings, it is imperative to note that the vast effects of early teenage pregnancies according to this paper include maternal death, sexually transmitted diseases, school dropouts, still births and society neglect. This is in line with what researcher Yosef et al, (2020) reveled in his study.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Causes of Teenage Pregnancy in Mukono

According to the study, these observations in respondents were identified as some of the key factors contributing to the high teenage pregnancies in Mukono. The age of the participants was found to be $\chi^2 = 5.992$ Df = 1, $p = 0.018$ in the study with 37.4% girls older than 13 years. Religion was at $p = 0.018$ with Muslims taking the highest share at 16.4%. Status of school was at $p = 0.000$ with 38.7% still in school and 6.0% dropped out. With $p = 0.002$ in respect to exposure to contraceptives, a rate of 17.9% voted yes with 26.8% electing no exposure to these contraceptive methods.

Respondents who were determined on the factor of parenting, $p = 0.002$ with 14.7% having an optimal care of parenting while 20.05 traded at minimal rate, and in respect to family financial position, $p = 0.004$ with 24.9% living under local income earning families, 13.5% coming from high earning households while 6.2% came from low income earning families. In respect to Peer pressure factors $p = 0.016$, 38.2% succumbed to peer pressure with only 65% not being an influence, $p = 0.000$ was a strong magnitude with 55.8% girls being influenced by cultural beliefs and 8.8% were not influenced by cultural beliefs.

22.1% represented belief in religion as 22.6% were never influenced by any religious aspect. In respect to Knowledge of law $p = 0.000$, 39% of the girls were aware of the law on adult suffrage, 28.8% sounded very naive and 11.9% had little knowledge of the law.

At a deeper lengthy discussion you realize that right from individual conduct, cultural to religious aspects of society, inarguably the low social economic status of parents (Bonell et al 2005), it gets worse among certain African cultures where parents feel they need bride price for their daughters hence encouraging teenage pregnancy and marriage before adult suffrage. Still in some of these African minds believe that getting married early and bearing children kicks in fast opportunities in the world.

The weak non observance or implementation of the penal laws in respect to sexual crime like rape, defilement against persons below 18 years, the limited education in respect to lack of knowledge and exposure to contraceptives (Nour, 2006), the poverty lines in the affected families and surrounding families, early sex debuts have on a number of occasions caused early pregnancies for-example in South Africa according (Richter et al 2015), the reported sexual intercourse before 12 years of age was 10 times more-than the girls as compared to boys while in the United States of America according to (Gladys & Joyce, 2015) they found that teenagers before 19years, 70% are reported to have exercised sexual intercourse.

The increasing accessibility to social media and pornography addiction by young children has influenced these poor habits causing for a physical trial against the opposite sex to prefect such as seen during pornography according (Josephine p, Premraj.2016), poor parenting of children has also contributed to the high luggage of teenage pregnancies as many haven't been able to allow their children to be involved in the social activities with friends (Rachankonda, 2014), they have

gone ahead to shy away from talking to their girls about sex education expecting them to learn from school which is rather an appropriate. A variety of families lie below poverty lines and this has influenced girls to try and find a living, many end up being dead in-order to please the world.

5.3 EFFECTS OF TEENAGE PREGNANCY

Due to the teenage pregnancy, it causes a-lot of trauma and stigma from society in respect to getting a child outside of wedlock which forces the parents to think of marrying them off (Atuyambe et al 2005)

Further in respect to social stigma, the resultant stress and judgement from society has made many of these girls drop out of school.

Society stigma coupled with abandonment of families and responsible persons towards these girls has influenced many to resort to abortion as an appropriate method that can easily have them settle back in and this has resulted into deaths like we saw in chapter four that over 50 girls died during the process of giving birth (Wallace,2011).

There are other ugly complications coupled with teenage pregnancies to include among others still birth were many of these girls are delivering dead babies, intrauterine growth retardation, preterm labor, neonatal death, and low birth weight (Rasheed, 2011), obstructed labor, eclampsia and genital fistula (Ayuba,2012). On an addition note, due to their weakling reproductive health, they often end up with unsafe abortions, HIV/AIDS and other sexually transmitted diseases, early marriages leading to sexual violence and then restricted and limited access to medical services (Josephine & Premraj, 2016). Orishaba, J., & Mwesigwa, D. (2020). Literature Review Of Teenage Pregnancy In Uganda writes about the above effects, he argues

that due to these teenage pregnancies, aside from society and community stigma, these girls also develop suicidal thoughts when they come to think of a life without support from their parents, responsible persons.

In Mukono General Hospital, there is a flood gate of teenage pregnancy. Through this study, with Goma as a benchmark, we have identified that not only cultural and religious beliefs influence teenage pregnancies but there is a plethora of factors namely lack of exposure to contraceptives, peer influence, family financial position and many more. Implementing programs that promote sex education among teenagers and allow inclusivity of all genders while making availability of contraceptives in different health centers may reduce teenage pregnancy rates in mukono district. This baseline information is essential for the design of future interventions to reduce the burden of teenage pregnancies and the related scale.

6.1 RECOMMENDATIONS

- Both parents and teachers should educate their teenage children about the disadvantages of early pregnancies and the ugly effects it possesses in one's life.
- Parents need to create an environment free atmosphere that allows inclusivity of teenagers in respect to social activities, allow them to join mentorship programs that can allow them to freely flex and be inclusive with fellow teenagers. This aids in improving communication with their children.
- Institutions of learning should put crystal clear emphasis on school clubs like interact clubs, debate so that teenagers can be ably influenced to engage in very critical theories and debates about their lives and society.

- Further, institutions of learning should allow room for sex education to include among which family planning methods and exposure of children to sex education so that they get to know and explore their bodies.

- Non-Government organizations in conjunction with the government should implement programs that target teenagers and their guardians to increase awareness on how to stop teenage pregnancies.

One can go on and on in such things, but there is no wisdom in flogging a dead horse, I claim no authority on these recommendations. I merely shared my thoughts on the hope and belief that after this, there will be an exercise of cross pollination and cross fertilization of ideas.

REFERENCES

WHO Adolescent Pregnancy: Factsheet. [(accessed on 10 June 2019)];2018 Available online: <https://www.who.int/newsroom/fact-sheets/detail/adolescent-pregnancy>.

Appiah F, Seidu A-A, Ahinkorah BO, Baatiema L, Ameyaw EK. Trends and determinants of contraceptive use among female adolescents in Ghana: Analysis of 2003–2014 Demographic and Health Surveys. *SSM - Population Health*. 2020;10:100554–100554.

WHO . Adolescent Pregnancy: Factsheet. WHO; Geneva, Switzerland: 2014.

Linking Female Adolescents' Knowledge, Attitudes and Use of Contraceptives to Adolescent Pregnancy in Ghana: A Baseline Data for Developing Sexuality Education Programmes.

Grønvik T., Sandøy I.F. Complications associated with adolescent childbearing in Sub-Saharan Africa: A systematic literature review and meta-analysis. *PLoS ONE*. 2018;13:e0204327. doi: 10.1371/journal.pone.0204327. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)].

Marvin-Dowle K., Kilner K., Burley V.J., Soltani H. Impact of adolescent age on maternal and neonatal outcomes in the Born in Bradford cohort. *BMJ Open*. 2018;8:e016258. doi: 10.1136/bmjopen-2017-016258. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)].

Moraes A.N., Likwa R.N., Nzala S.H. A retrospective analysis of adverse obstetric and perinatal outcomes in adolescent pregnancy: The case of Luapula Province, Zambia. *Matern. Health Neonatol. Perinatol*. 2018;4:20. doi: 10.1186/s40748-018-0088-y. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)].

March 1st, 2024 at Kisenyi health centre III, New

vision. https://www.newvision.co.ug/category/health/health-officials-alarmed-by-sharp-rise-in-tee-NV_182601 .

Hagan J.E., Buxton C. Contraceptive Knowledge, Perceptions and Use among Adolescents in Selected Senior High Schools in the Central Region of Ghana. *J. Sociol. Res.* 2012;3:170–180. doi: 10.5296/jsr.v3i2.2311. [[CrossRef](#)] [[Google Scholar](#)]

Ajayi A.I., Adeniyi O.V., Akpan W. Use of traditional and modern contraceptives among childbearing women: Findings from a mixed methods study in two southwestern Nigerian states. *BMC Public Health.* 2018;18:604. doi: 10.1186/s12889-018-5522-6. [[PMC free article](#)] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]

M. Juma, I. Askew, J. Alaii, L. K. Bartholomew, and B. van den Borne, “Cultural practices and sexual risk behavior among adolescent orphans and non-orphans: a qualitative study on perceptions from a community in Western Kenya.,” *BMC Public Health*, vol. 14, no. 1, p. 84, Jan. 2014.

L. Stark, “Early marriage and cultural constructions of adulthood in two slums in Dares Salaam,” *Cult. Heal. Sex.*, vol. 1058, no. November, pp. 1-14, Aug. 2017.

M. Mulumeoderhwa, “„A Girl Who Gets Pregnant or Spends the Night with a Man is No Longer a Girl“: Forced Marriage in the Eastern Democratic Republic of Congo.,” *Sex. Cult.*, vol. 20, no. 4, pp. 1042-1062, 2016

E. G. Henry et al., “Sociocultural factors perpetuating the practices of early marriage and childbirth in Sylhet District, Bangladesh,” *Int. Health*, vol. 7, no. 3, pp. 212-7, May 2015.

S. Montazeri, M. Gharacheh, N. Mohammadi, J. Alaghband Rad, and H. Eftekhar Ardabili, “Determinants of Early Marriage from Married Girls” Perspectives in Iranian Setting: A Qualitative Study,” *J. Environ. Public Health*, vol. 2016, p. 8615929, 2016.

Adamczyk and Felson 2006; Adamczyk 2009

Johansson N: Child marriage: the underlying reasons and possible solutions. Linnaeus University, Faculty of Social Sciences, Department of Social Studies. 2015

Thursday, November 12, 2015 — updated on January 20, 2021 Daily monitor
<https://www.monitor.co.ug/News/National/Museveni-promises-pupils-free-books--pads/688334-2954558-cepgnc/index.html>

(daily monitor 25th October, 2021) <https://www.monitor.co.ug/uganda/news/national/one-confirmed-dead-in-another-explosion-on-passenger-bus-3595752>

APPENDICES

QUESTIONNAIRE FOR TEENAGE GIRLS

Thank you for joining the research Project for Natuhwera Caithen!

Kindly assist me complete this questionnaire that can take approximately 15 minutes to complete.

Please read through each question carefully and answer it as best you can. Kindly remember, there are no right or wrong answers.

However, your answers will be kept completely confidential.

1. How old are you?

2. What do you like to eat?

3. Are you aware of the consequences of teenage pregnancy?

4. Which of the following factors do you think contribute to teenage pregnancy?

5. Do you think the media plays a critical role in influencing teenage pregnancy?

6. Have you personally witnessed or been affected by teenage pregnancy in your community?

7. Which of the following ways do you think is effective to control teenage pregnancy?

- Access to freely available contraceptives
- Comprehensive sex education in schools
- Supportive family environment
- Awareness campaigns about the consequences of teenage pregnancy
- Youth-friendly health care services

8. According to your personal opinion, what support system should be in place to prevent teenage pregnancy?

9. Should society's attitude towards teenage pregnancy change ?

10. Which of the following would you consider as appropriate measures to address teenage pregnancy?

- Accessible and affordable contraceptives
- Enhanced support for pregnant teenagers
- Improved sex education in schools
- Reduced stigma and Judgment towards teenage parents
- Providing educational opportunities for young parents
- Controlled access to social media

11. What do you think are the main reasons for the decrease in teenage pregnancy rates in recent years?

- Increased access to contraceptives
- Improved sex education
- Awareness campaigns
- Stronger support systems
- Early intervention programs

(YES / NO)

12. Which of the following do you believe can help pregnant teenagers continue their education?

- Flexible school policies
- Alternative learning programs
- Supportive school staff
- Access to childcare services
- Financial assistance for educational expenses

(YES / NO)

13. Do you think teenage pregnancy affects a teenager's educational opportunities?

- Greatly limits educational opportunities
- Slightly limits educational opportunities
- Does not have a significant impact
- Not sure

14. Do you believe that government policies and interventions are effective in reducing teenage pregnancy rates?

15. Do you think there is still a stigma associated with teenage pregnancy in society?

16. What do you think are the main reasons for the decrease in teenage pregnancy rates in recent years?

- Increased access to contraceptives
- Improved sex education
- Awareness campaigns
- Stronger support systems
- Early intervention programs

17. Share your thoughts or experiences related to teenage pregnancy (if any).
