

**TEENAGE PREGNANCIES AND ITS EFFECTS ON COMMUNITY WELL BEING
AMONG VULNERABLE FAMILIES IN UGANDA :A CASE OF KIRA TOWN
COUNCIL**

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**UGANDA CHRISTIAN
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DECLARATION

I, KAMUGUMYA TYSON hereby declare that, this research proposal is my original work and has never been presented to any university or institution for any academic award.

Sign.....

Date..... 02/09/2024

APPROVAL

I hereby certify that this research proposal is the original and individual work of KAMUGUMYA TYSON. It has been done under my supervision and is ready for submission to the board of examiners of School of Social Sciences at Uganda Christian University for the award of the Degree of Bachelors of Social Work and Social Administration.

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Abstract

Teenage pregnancy remains a pervasive and intractable issue in Uganda, exerting profound repercussion on community wellbeing and vulnerable families. This study investigates the far-reaching effects of teenage pregnancy on community cohesion, social structure and family dynamics

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CHAPTER ONE

1.0 INTRODUCTION

Although teenage pregnancy is known to be common in all settings, some activities can disrupt the existing protective structures and create multiple circumstances that can lead to teenage pregnancies, abuses and exploitation in homes. Globally the victims of teenage pregnancy are overwhelming and they tend to experience heavier forms of violence (Lemos, 2009).

1.1 BACKGROUND OF THE STUDY

Adolescent pregnancy is a complicated problem that has an enormous effect on young mothers', their kids', and society's overall well-being. Numerous socioeconomic, educational, and cultural factors influence this phenomena, which is widespread around the world. A thorough investigation of these contributing variables and their outcomes is necessary to comprehend the general context of adolescent pregnancy and its impact on wellbeing. Pregnancies among women 19 years of age or younger are referred to as teenage pregnancies. There is considerable regional variation in the occurrence of teenage pregnancy; developing nations often have higher rates. The World Health Organization (WHO) estimates that 16 million girls between the ages of 15 and 19 give birth annually, making up 11% of all births globally (WHO, 2020). This is due to a number of causes.

Teenage pregnancy is largely caused by a lack of adequate sex education. Due to a lack of knowledge about reproductive health, contraception, and the dangers of being pregnant at a young age, many teenagers are more likely to become pregnant unintentionally (Kirby, 2007). Socioeconomic circumstances are also very important; teens from low-income homes are more likely to become pregnant young because they have less access to healthcare and educational opportunities (Sedgh et al., 2015).

Young moms' and their children's physical health are at risk from teenage pregnancy in a number of ways. Compared to older moms, pregnant teenagers are more likely to encounter difficulties such as low birth weight, hypertension, and preterm birth (Fraser et al., 1995). These issues occur because teenage bodies are frequently not developed enough to withstand the physical demands of adolescence. Teenage pregnancy significantly affects the socio-economic well-being of young mothers. Early pregnancy often disrupts educational attainment, limiting future career opportunities and perpetuating cycles of poverty. Teenage mothers are less likely to complete high school and pursue higher education, resulting in lower lifetime earnings compared to their peers who delay childbearing (Hoffman, 2008). This economic disadvantage also affects the well-being of their children, who are more likely to grow up in poverty and face developmental challenges.

The children of teenage mothers often face numerous challenges that affect their well-being. These children are more likely to experience poor health outcomes, including low birth weight and developmental delays (Jutte et al., 2010). They are also at a higher risk of experiencing academic difficulties, behavioral problems, and becoming teenage parents themselves, perpetuating the cycle of poverty and early pregnancy (Manlove et al., 2000).

The societal implications of teenage pregnancy are profound. High rates of teenage pregnancy contribute to increased healthcare costs, social service expenses, and lost economic productivity. Societies with high teenage pregnancy rates often face challenges related to educational attainment, workforce participation, and social stability. Addressing teenage pregnancy is thus not only a matter of individual well-being but also a critical public health and socio-economic concern.

Adolescent bodies are frequently underdeveloped to withstand the physical demands of pregnancy and childbirth, which leads to these difficulties. The likelihood that adolescent moms will not receive proper prenatal care also increases the dangers to their health (Ganchimeg et al., 2014).

Early pregnancy has a negative impact on teenage moms' psychological and emotional health frequently. Increased levels of anxiety, despair, and low self-esteem might result from the stress of an unwanted pregnancy, social shame, and the difficulty of juggling parenthood with personal growth (Mollborn & Morningstar, 2009). In addition to social isolation, poor relationships with classmates and family can negatively affect the mental health of teenage mothers.

1.2 STATEMENT OF THE PROBLEM.

Teenage pregnancy is a major public health issue that has an impact on individuals' personal and social lives. Despite many efforts to lower the rate, teenage pregnancy remains a serious concern, particularly in developing countries such as Uganda, as the Wakiso district demonstrates. This issue is complex due to its multifaceted nature, which includes elements pertaining to families, education, socioeconomic status, and culture. Teenage pregnancy is the term used to describe pregnancy in young women who are 19 years of age or younger. Globally, approximately 16 million girls between the ages of 15 and 19 give birth each year; the highest rates are found in South Asia, Latin America, and sub-Saharan Africa (World Health Organization [WHO], 2020). The US continues to have higher rates of teenage pregnancy than many other

1.3 RESEARCH PURPOSE

Teenage pregnancy is still a serious public health concern with substantial socioeconomic ramifications. Teenage pregnancy affects millions of teenagers worldwide, especially in developing nations, despite significant efforts to reduce its prevalence. This study aims to investigate the various aspects of adolescent pregnancy, such as its causes, effects, and practical interventions. This research attempts to provide policymakers, educators, healthcare providers, and community leaders with a thorough understanding of these aspects so they can create and implement more effective strategies to lower the rate of teenage pregnancy and support affected adolescents. Examining the root causes of teenage pregnancy is one of the main goals of this study.

Examining the root causes of teenage pregnancy is one of the main goals of this study. It is essential to comprehend these causes in order to create focused interventions. Teenage pregnancy is frequently linked to a number of important factors, including family dynamics, cultural influences, socioeconomic circumstances, and a lack of comprehensive sex education. The degree to which each of these factors contributes to teenage pregnancy will be examined in this study. For instance, the study will examine how inadequate sex education in schools

contributes to misconceptions and risky sexual behaviors among teenagers (Kirby, 2007). It will also explore the impact of socio-economic disadvantages, such as poverty and limited access to healthcare, on the likelihood of teenage pregnancies (Sedgh et al., 2015).

Another critical purpose of this research is to assess the consequences of teenage pregnancy on the well-being of young mothers and their children. Teenage pregnancy often leads to adverse health outcomes for both the mother and the child, including higher risks of complications during pregnancy and childbirth (Ganchimeg et al., 2014). Moreover, teenage mothers are more likely to experience interrupted education and limited career opportunities, perpetuating cycles of poverty and social disadvantage (Hoffman, 2008). This research will provide a detailed analysis of these health, educational, and socio-economic impacts, highlighting the long-term effects on both teenage mothers and their offspring.

A significant goal of this research is to identify and evaluate effective interventions for preventing teenage pregnancy and supporting teenage mothers. By reviewing existing programs and policies, this study aims to highlight best practices and successful strategies. For example, comprehensive sex education programs that include discussions on relationships, consent, and contraception have been shown to reduce teenage pregnancy rates (Kirby, 2007). This research will also investigate the role of healthcare access, including the availability of contraception and prenatal care, in preventing and managing teenage pregnancies (Sedgh et al., 2015). Additionally, it will examine community-based interventions that address cultural norms and support family dynamics to reduce the incidence of teenage pregnancy.

1.4 OBJECTIVES OF THE STUDY

1. To establish the major causes of teenage pregnancy in Wakiso district.
2. To examine the effects of teenage pregnancy on families and communities in Wakiso district.
3. To suggest possible measures of addressing the high levels of teenage pregnancy in Wakiso district.

1.5 RESEARCH QUESTIONS

1. What are the major causes of teenage pregnancy in Wakiso district?

2. What are the effects of teenage pregnancy on families and communities in Wakiso district?
3. What are the possible measures of addressing the high levels of teenage pregnancy in Wakiso district?

1.6 SCOPE OF THE STUDY

1.6.1 Subject scope

First and foremost, the study will focus on: establishing the major causes of teenage pregnancy in Wakiso district; examining the effects of teenage pregnancy on families and communities in Wakiso district; and suggesting possible measures of addressing the high levels of teenage pregnancy in Wakiso district. In addition, this study will be confined to teenagers, adolescents and children involved in teenage pregnancies and how this has affected them and their families.

1.6.2 Geographical scope

The study will be conducted in one of the slums that present a high number of teenage pregnancies in Kiira town Wakiso district. Wakiso District is composed of four municipal councils (Entebbe, Nansana, Kira, and MakindyeSabagabo), Kira Municipality, was randomly selected from the four municipalities that form Wakiso District. Although the four municipalities are similar in some aspects, such as population, composition, population size, and social economic activities, just like all other urban settings, differences still exist across all social, economic, and political structures. The municipality is divided into three divisions, Namugongo, Bweyogerere, and Kira Divisions. The Bweyogerere and Namugongo Divisions contain the informal settlements within Kira Municipality.

1.6.3 Time scope

The study will be conducted in the period from May to the first two weeks of June 2024.

1.7 SIGNIFICANCE OF THE STUDY

Studying the effects of teenage pregnancy on health outcomes is one of the main priorities. Preterm birth, low birth weight, and pregnancy-induced hypertension are among the complications during pregnancy and childbirth that teenage moms are more likely to experience (Ganchimeg et al., 2014). These health problems impact not only the young mothers but also the

babies they give birth to, who might experience long-term developmental difficulties. This study can help develop focused healthcare interventions aimed at lowering these risks and improving mother and child health outcomes by examining the health risks connected to teenage pregnancy. These health issues can be considerably reduced with improved prenatal care, access to reproductive health services, and education on safe pregnancy practices.

Young mothers' educational paths are frequently upset by teenage pregnancy, which reduces their options for future employment and financial security (Hoffman, 2008). Due to the fact that teenage moms are less likely to finish high school and pursue further education, this disruption may prolong cycles of poverty. The study of adolescent pregnancy is essential for developing plans to help young moms complete their education. This study can contribute to ensuring that teenage moms have access to the resources they require to complete their education by offering insights into successful educational initiatives and supportive networks. Better employment opportunities and financial stability may follow, which would be advantageous for young mothers as well as their families and communities.

Adolescent pregnancy research is essential for guiding practice and public policy. To create and implement strategies that effectively lower the rate of teenage pregnancy and provide support to those affected, policymakers need evidence-based data. This research can offer important new perspectives on the efficacy of current laws and initiatives, including those pertaining to social assistance, access to contraception, and comprehensive sex education. The research can help shape more effective policies that address the underlying causes of teenage pregnancy and advance the wellbeing of adolescents by pointing out best practices and areas for improvement. The results can also be used by educators and healthcare professionals to improve their methods and better serve

The dynamics of families and communities are greatly affected by teenage pregnancies. Adolescents' lives are greatly impacted by their families, and the support and direction they offer may have an impact on the risk of teenage pregnancy. To create treatments that improve family dynamics, it is crucial to comprehend how communication and relationships within the family affect adolescent pregnancy (Miller et al., 2001). Adolescent behavior can also be influenced by cultural norms and community attitudes regarding pregnancy and sex. This research can support neighborhood-based programs that seek to alter detrimental cultural customs and encourage

positive views regarding sexual health and responsible conduct.. By fostering supportive environments, communities can play a pivotal role in preventing teenage pregnancies and supporting young mothers.

1.8 DEFINITION OF OPERATIONAL TERMS

Teenage pregnancy refers to a teenage girl, usually within the ages of 13-19 becoming pregnant and girls who have not reached legal adulthood, which varies across the world.

Emotional violence, this targets the emotional and psychological wellbeing of the victim.

CHAPTER TWO

2.0 INTRODUCTION

The chapter is providing more understanding on the research study by analyzing the existing literatures that other researchers have carried out in relation to my research study. The literature review will be guided by the research questions and objectives to get answers and more knowledge that is relevant to the research topic.

2.1 DEFINITION OF KEY TERMS.

Teenage pregnancy. According to the medical review carried out by Tracy C. Johnson, MD carried out on August 08, 2022 written by Rebecca Buffum Taylor defines teenage pregnancy

when a woman under the age of 20 years gets pregnant. The situation normally happens to the girls from the age of 15-19 years of age but it can still happen to girls of teen years and it can also be called adolescent pregnancy.

2.2 MAJOR CAUSES OF TEENAGE PREGNANCIES.

The major cause of teenage pregnancies was low use of contraceptives. The research conducted at Kalisizo General Hospital shows that 92% of the teenagers get pregnancies because of not using contraceptives.

The inadequacy and limited sex education in Uganda. According to the research carried out on factors influencing teenage pregnancy among adolescents at Kalisizo general hospital the findings show that some teenagers get pregnancies due to ignorance about consequences of teenage sex which results from inadequate sex education as parents and teachers feel shy to share such information.

2.3 THE EFFECTS OF TEENAGE PREGNANCY ON FAMILIES.

The stress among family members. When pregnancy occurs to the child in the family there is likely to be accumulated stress within the family members which also affects the relationship of family members. Teenage pregnancy has profound effects not only on the young mothers but also on their families. These impacts span health, socio-economic status, emotional well-being, and intergenerational dynamics. Using academic sources as a resource, this essay delves into the complex ways that teenage pregnancy affects families, offering a thorough understanding. Health issues resulting from teenage pregnancy frequently affect the mother as well as the child. Preterm labor, anemia, and preeclampsia are among the conditions that young mothers are more susceptible to. These health issues can put a strain on emotional stability and family resources. The World Health Organization (WHO) reports that the greatest cause of death for girls between the ages of 15 and 19 worldwide is complications during pregnancy and childbirth (WHO, 2020). Families may experience severe stress and financial hardships due to the child's potential long-term medical problems and the need for specialized healthcare services.

Adolescent pregnancies can restrict young mothers' access to school and employment prospects and prolong cycles of poverty. Their families are also impacted socioeconomically, as they frequently have to provide support both materially and logistically. According to research, teenage moms have a lower chance of finishing high school and going on to further their

education, which lowers their lifetime earnings (Diaz & Fiel, 2016). Families may be under more financial stress as they contribute to the costs of childcare, education, and daily living. The overall stability and growth of the family's finances may be hampered by this economic pressure. Families may suffer significant emotional and psychological consequences as a result of teenage pregnancy. Teenage mothers' parents and siblings can feel a variety of things, such as disappointment, annoyance, and worry about the future. A study by Mollborn and Morningstar (2009) found that families often undergo significant stress as they navigate the challenges of supporting a teenage mother. This stress can affect family dynamics, leading to conflicts and strained relationships. The stigma associated with teenage pregnancy can also contribute to feelings of shame and isolation for the entire family.

Intergenerational dynamics within families can be impacted by teenage pregnancies. Taking on caregiving responsibilities can cause grandparents' life plans and retirement expectations to change. According to research by SmithBattle (2013), grandparents' involvement can result in conflicts over parenting responsibilities and styles, but it can also provide vital support. This change in responsibilities may have an effect on the child's growth and upbringing in addition to the grandparents' social, financial, and health situations. Adolescent mothers' siblings might be indirectly impacted by their pregnancies. As the family concentrates on helping the adolescent mother and her child, they might get less support in the form of resources and attention. This may have an impact on their emotional health, social growth, and academic achievement. A study by East and Jacobson (2001) found that siblings of teenage mothers often experience lower educational attainment and increased risk of early pregnancy themselves. This highlights the potential for a cyclical pattern of teenage pregnancy within families, perpetuating socio-economic and educational disadvantages.

Addressing the effects of teenage pregnancy on families requires comprehensive policy and community support. Access to healthcare, educational programs, and financial assistance can mitigate some of the challenges faced by teenage mothers and their families. Programs such as the Nurse-Family Partnership (NFP) have shown success in providing support to young mothers and their families, leading to improved health and socio-economic outcomes (Olds, 2006). Community-based initiatives that offer parenting classes, counseling, and career training can also help families navigate the complexities of teenage pregnancy.

Teenage pregnancy has far-reaching effects on families, encompassing health, socio-economic, emotional, and intergenerational dimensions. By understanding these impacts and implementing supportive policies and programs, society can better address the needs of teenage mothers and their families. Comprehensive support can help mitigate the negative effects and promote healthier, more stable family environments.

2.4 TO SUGGEST POSSIBLE MEASURES OF ADDRESSING THE HIGH LEVELS OF TEENAGE PREGNANCY IN WAKISO DISTRICT.

Teenage pregnancy, with its many intricate causes, continues to be a major global public health concern. Comprehensive approaches that include community involvement, healthcare, education, and supportive policies are needed to address this problem. This essay delves deeply into these metrics, utilizing academic research to offer a sophisticated comprehension of successful interventions. The introduction of comprehensive sex education (CSE) programs is one of the best ways to lower the rates of adolescent pregnancies. Studies consistently demonstrate that CSE is linked to delayed initiation of sexual activity, decreased frequency of sex, fewer sexual partners, and higher rates of teenage contraceptive use (Kirby, 2007).

Programs must offer scientifically accurate information regarding sexually transmitted infections (STIs), human anatomy, reproduction, and contraception. **Development of Skills:** Adolescents should have the abilities necessary to make wise decisions, communicate clearly, and form wholesome connections. **Parental Involvement:** Promoting honest dialogue about sexual health between parents and kids can help kids understand the lessons taught in school programs. It is crucial to guarantee that teenagers have access to private, reasonably priced healthcare services, including contraception. The World Health Organization (WHO) states that increased availability to contraception can dramatically lower the rate of adolescent pregnancies (WHO, 2020). **Youth-Friendly Services:** Health care facilities ought to be approachable, friendly, and provide private, judgment-free services to young people.

Education and Counseling: Better contraceptive use can result from giving adolescents thorough counseling on the use of contraceptives and making sure they are aware of their options. **Free or Cheap Contraceptives:** Teenagers should be able to access contraception for free or at a reduced

cost in order to reduce financial barriers. Initiatives rooted in the community are essential in combating adolescent pregnancy. These initiatives can help adolescents get the support they require while addressing the larger social determinants of health.

Mentorship and Peer Programs: Connecting adolescents with mentors and peers who can provide guidance and support has been shown to reduce risky behaviors (DuBois et al., 2011).

After-School Activities: Providing structured, supervised activities can keep adolescents engaged and reduce opportunities for risky behavior.

Parental Support Programs: Educating parents on how to communicate with their children about sex and relationships can strengthen family bonds and support adolescent development.

Effective policy and legislative measures are necessary to support the efforts of education, healthcare, and community programs. Policies that mandate comprehensive sex education, ensure access to reproductive health services, and provide support for teenage parents can have a significant impact.

High rates of adolescent pregnancy call for a thorough and well-coordinated approach that includes community involvement, healthcare, education, and supportive policies. Society can drastically lower the rate of teenage pregnancy by enacting effective policies, involving communities, providing access to healthcare and contraception, and implementing comprehensive sex education. Academic research provides valuable insights into the significance of a comprehensive strategy for fostering a supportive environment that enables adolescents to make well-informed decisions and enhance their health outcomes.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

The research approach for the data collection on the impact of adolescent pregnancies on community wellbeing among at-risk families in Kira Town Council was expounded upon in this chapter. It will include, the design of the research, the method of data collection, instruments, the analysis of the data to be collected in the field, and the expected methodological constraints and their mitigation in the research process.

3.1 RESEARCH DESIGN

This is defined as frame work of research methods and techniques chosen by the researcher to conduct the study. The qualitative and quantitative research designs shall be used in the data collection of the data among the selected vulnerable people in the town council. The qualitative research design shall constitute the analysis of the non-numerical (descriptive) and this involves the application of the in-depth interviews among the participants. The quantitative shall involve the analysis ad collection of numerical data which is descriptive in nature. The in-depth interviews, questionnaires application shall be used in the collection of the data among the selected community people from the vulnerable families

3.2 AREA OF STUDY

The research shall be conducted from Kira town council in Kira municipality in wakiso district in the central region of Uganda. The participants shall be got from the villages within Kira town council. The town is approximately 98 square kilometers, (42,000 acres).

3.3 STUDY POPULATION AND SIZE

Population refers to all people or items with the characteristic one wish to understand in the study, this may be real or obscured (tangible or intangible). A population of 22 will be used in the study when collecting the data, and it constituted the probation officers, social workers and parents of neglected children.

Table 1: Population, sample size and sampling method

Category of respondents	Study Population	Sample size	Sampling method
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Teenage mothers	2	2	Purposive sampling
Social workers	3	3	Purposive sampling
Community leaders	17	15	Simple random sampling
TOTAL	22	20	

Source: *Mukono District Local Government, 2024*

3.4 SAMPLE SIZE DETERMINATION

Slovin's formula will be used in determining the sample size from the 22 population of the selected categories of participants as follows;

$$n = \frac{N}{1 + N(e)^2}$$

“n” is sample size, “N” is population, “e” is error (0.05) or level of confidence 95%

“N” (population) = 22cases

$$n = \frac{22}{1 + 22(0.05)^2}$$

$$n = \frac{22}{1 + 22(0.0025)}$$

$$n = \frac{22}{1 + 0.055}$$

$$n = \frac{22}{1.055}$$

n = 20

3.5 SOURCES OF INFORMATION

The primary sources of data shall be used in the collection of data. These will include the selected teenage mothers, the community development officer, the town council heads and the

selected community members. To come up with the continuous evaluation, the secondary data especially the reports, written textbooks in line

3.6 METHODS AND INSTRUMENTS OF DATA COLLECTION

The following methods and instruments of data collection shall be used in the gathering of data;

In depth interviews refer to a qualitative research technique that involves conducting intensive individual interviews or group interviews with a small number of respondents to explore the respective on the research objective. the affected selected teenage mothers will be interviewed using the interview guide which shall contain the guidelines on conducting the research.

Application of questionnaires. This a research method which constitutes of the use of the questionnaires. The questions shall be written down and given out to the respondents in the town council. The questionnaires shall be containing both the open ended and closed ended questions. The responses shall be put down analyzed, and presented to the respective people.

3.7 ETHICAL CONSIDERATIONS.

The following ethical considerations shall be considered in the collection, analysis and presentation of the data gathered;

Confidentiality. The confidentiality of the participants shall be considered and put into consideration in a way that the chosen group of people, where they will use the pseudo names in the participation and the photos shall be kept safely in the due course of the discussion.

Permission. In the preparation for the data collection, permission shall be sought from the town council leaders and the school research department where the introductory letter shall be sought and presented to the Kira town council. This will enable the researcher to conduct his research in the town council.

The data shall be collected by the researcher himself and presented to the department by the researcher himself. The plagiarism shall not be practiced and in the work.

3.8 DATA PRESENTATION AND ANALYSIS

Content analysis shall be used in the analyzing of the data collected in the field. The numerical data points and the application of the pie charts, the bar graphs and the bar graphs will be used in the presentation of the data

3.9 METHODOLOGICAL CONSTRAINTS

The researcher may face difficulties in the accessing the data from the community people. This may be as a result of the bias from the community parents of the children affected, the teenage mothers, and the stigma and desire for the money from the research conducted in the long run. This is one of the challenges likely to be encountered in the collection of data.

Limited resources to facilitate the research may be challenge especially on the transportation, printing out of the questionnaires travel costs to meet the respondents in their respective communities.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

This chapter is a section where data collected and analyzed was presented. The study topic was: TEENAGE PREGNANCIES AND ITS EFFECTS ON COMMUNITY WELL BEING AMONG VULNERABLE FAMILIES IN UGANDA. The statistical findings below come from data collected using questionnaires and interview guides. The data was collected from a total of 20 respondents whereby 15 filled questionnaires and 5 were interviewed face to face. The findings were presented in line with the objectives of the study whereby the raw data in form of questionnaires was edited and interpreted which ensured uniformity, legibility and consistency. The data-filled questionnaires were copied and analyzed by tallying and tabling in frequency polygons while identifying how often certain responses occurred and later evaluation was done. The information was then recorded in terms of percentages. Also, interview results were coded on frequency tables which were calculated in terms of percentages and presented in this study as illustrated below.

4.1 RESPONSE RATE

The study recorded a 100% response rate as indicated in table 4.1 below.

Table 4.1 showing the Response Rate

Category	Target sample	Percent
MALE	10	50
FEMALE	10	50
TOTAL	20	100

Source: primary data 2024

According to the table above, the response rate was very good as it attained 100% results

4.2 DEMOGRAPHICS OF RESPONDENTS

This section includes cross cutting characteristics of all respondents involved in the study for instance, age, marital status and more.

4.2.1 Age of respondents

The study respondents were from varying age groups as indicated in table 4.2.1 below.

Table 4.2 showing age group of respondents

Age group	Frequency	Percent
13-25 years	6	30
26 – 35 years	4	20
36-45 years	5	25
45 years and above	5	25
Total	20	100

Source: primary data2024

According to findings in the table above, it can be seen that majority of the respondents were in the age group of 13-25 years with 30%, these were followed by those in the age group of 36-45 years and above 45 years with 25% and the minority were between 26-35 years with only 20%.

4.2.2 Marital status of respondents

In this study, participants were from varying marital categories and these are indicated in table 4.2.2 below.

Table 4.3 showing the marital status of respondents

Marital status	Frequency	Percent
Single	7	35
Married	5	25
Divorced	5	25
Separated	3	15
Total	20	100

Source: primary data 2024

According to the findings in table 4.3 above, it was revealed that majority of the respondents were single and not married these represented 35%, they were followed by those who were married and divorced representing a total of 25%, and the minority were those who were

separated who represented only 15%. This indicates that there is a lot of marital instability in the study area which leads to separation of partners.

4.2.3 Education levels of respondents

Respondents who participated in the study were of different education levels as indicated in table 4.2.3 below.

Table 4.4 showing the education level of respondents

Level	Frequency	Percent
Primary	5	25
Secondary	10	50
Institution/ university level	5	25
Total	20	100

Source: primary data 2024

Given the statistics in the table above, it is evident that the majority of the respondents were of secondary level with a representation of 50%, these were followed by those of primary level with a representation of 25% and those of primary level were also represented by 25%.

4.3 TO ESTABLISH THE MAJOR CAUSES OF TEENAGE PREGNANCY IN WAKISO DISTRICT.

The study sought to investigate the respondents' rankings on the major causes of teenage pregnancy in Wakiso district. The statistics in table 4.5 below indicate the findings on this objective. Responses were in form of ticking against statements in regards to the respondent's degree of acceptance.

Table 4.5 showing the major causes of teenage pregnancies in wakiso district

Statements	SA		A		NS		D		SD	
	<i>f</i>	%	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%

lack of comprehensive sex education	2	10	1	5	0		7	35	10	50
Peer pressure and influence	10	50	5	25	0		3	15	2	10
Substance abuse	10	50	5	25	0		5	25	0	
poverty	2	10	2	10	0		8	40	8	40
Cultural and religious beliefs	9	45	5	25	0		3	15	3	15

Source: Primary Data 2024

According to table 4.5 above, the study investigated the major the major causes of teenage pregnancies and the findings are as follows.

The findings of the study indicated that lack of comprehensive sex education was not associated with teenage pregnancy in wakiso district, this was evident were 50% of the respondents strongly disagreed while 35% disagreed to the same statement. The findings also showed that only 10% of the respondents agreed to the statement.

The findings of the study portrayed that peer pressure and influence was a major cause of teenage pregnancy. This was seen were 50% of the respondents strongly agreed and 25% agreed to the statement. The findings further showed that 15% and 10% of the respondents disagreed and strongly disagreed respectively.

Further the findings of the study revealed substance abuse was a major cause of teenage. This was shown were the majority of the respondents strongly agreed to the statement with a representation of 50% while 25% also agreed.

The findings of the study in addition found out that poverty was not a major cause of teenage pregnancy. This was evident were 40% of the respondents strongly disagreed and another 40% of the respondents agreed to the statement.

Finally, the study found out that prevalence of divergent culture and beliefs, this was evident whereby 45% of the respondents strongly agreed and 25% agreed to the same statement.

4.4 TO EXAMINE THE EFFECTS OF TEENAGE PREGNANCY ON FAMILIES AND COMMUNITIES IN WAKISO DISTRICT.

The study sought to investigate the respondents' rankings on the effects of teenage pregnancy in Wakiso district. The statistics in table 4.5 below indicate the findings on this objective. Responses were in form of ticking against statements in regards to the respondent's degree of acceptance.

Table 4.6 showing the effects of teenage pregnancies in wakiso district.

Statements	SA		A		NS		D		SD	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Social isolation and stigmatization of teenage mothers	1	5	2	10	2	10	5	25	10	50
Early marriages	7	35	6	30	0	0	4	20	3	15
High school dropout rates	10	50	10	50	0	0	0	0	0	0
Increased medical complications	7	35	8	40	0	0	3	15	2	10
Social isolation	3	15	3	15	0	0	5	25	9	45

Source: Primary Data 2024

According to table 4.6 above. The findings on the effects of teenage pregnancies were as follows:

The study revealed that social isolation and stigmatization was associated with teenage pregnancy effect. This was evident whereby 50% of the respondents strongly disagreed to the statement while 25% disagreed to the same statement.

The findings according to the study further revealed lack early marriages were a great effect factor associated with teenage pregnancy. This was portrayed where 35% and 30% of the respondents strongly agreed and agreed respectively.

The study still revealed that teenage pregnancy led to high school drop outs. This was by the study were by 50% of the respondents strongly agreed to the statement and the other 50 % agreed to the statement.

The study findings portrayed that teenage mothers were affected by increased medical complications. This was witnessed whereby 35% of the respondents strongly agreed to the statement while 40% agreed to the same.

4.5 TO SUGGEST POSSIBLE MEASURES OF ADDRESSING THE HIGH LEVELS OF TEENAGE PREGNANCY IN WAKISO DISTRICT.

Teenage pregnancy is a significant issue in Wakiso District, Uganda, with far-reaching impacts on the health, education, and socio-economic status of young women. Tackling this problem requires a comprehensive approach that includes sex education, accessible healthcare services, community engagement, and supportive policies. The findings on the possible measure to curb teenage pregnancy are as follows

The findings of the study revealed that implementing comprehensive sex education in schools is essential to reduce teenage pregnancy rates. One of the key informants said

Emphasize the need for sex to be required in the curriculum .Many students are at risk of becoming pregnant young because they do not know the fundamentals of contraception and reproductive health. Sex education programs covering human anatomy, reproductive health, contraception, and sexually transmitted infections (STIs) ought to begin early and be sensitive to cultural differences. Fostering a supportive environment where young people feel comfortable seeking guidance also requires encouraging open communication between students and their parents or guardians.

The study's conclusions also showed how important it is to guarantee that teenagers in Wakiso have access to private, inexpensive healthcare services, including contraception. More youth-friendly clinics that offer counseling and free or inexpensive contraceptives are needed. Teenagers can avoid unwanted pregnancies by having more access to long-acting reversible contraceptives (LARCs), like IUDs and implants, as well as thorough counseling regarding their

use. Reaching out to remote areas can also be greatly aided by mobile clinics and community health workers.

The study's conclusions demonstrated the importance of community-based programs in addressing teen pregnancy in Wakiso. Teenagers can benefit from programs that involve their parents, schools, healthcare providers, and community organizations. This is what the second key informant said.

"Youth development programs, mentorship programs, and awareness campaigns can offer positive role models and alternative routes to success to young people. Teenagers can benefit from positive activities and chances for both personal and professional development through mentoring programs, after-school activities, and vocational training."

The study's conclusions also showed that effective legislative and policy initiatives are required to support community, healthcare, and educational initiatives. Adolescent pregnancy rates can be greatly impacted by laws that require comprehensive sex education in schools, guarantee access to reproductive health care, and offer assistance to young parents. Funding and executing research-based initiatives that tackle the underlying causes of adolescent pregnancy must be given top priority by local government and legislators. Breaking the cycle of poverty and early pregnancies can also be accomplished by offering social and economic support for teenage mothers, such as job training, childcare services, and educational opportunities.

In conclusion, a thorough and well-coordinated effort is needed to address the high rates of adolescent pregnancies in Wakiso District. Important actions include putting comprehensive sex education into practice, making sure that healthcare and contraception are accessible, involving communities, and passing laws that support it. Through the integration of perspectives from significant informants and the utilisation of diverse stakeholders' strengths, Wakiso can establish a conducive atmosphere that enables adolescents to make knowledgeable decisions, enhance their health results, and construct a more auspicious future. By taking these steps, we can try to lower the number of adolescent pregnancies and promote a community that is healthier, better educated, and more stable financially

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

The study's conclusions are summarized and described in this chapter. Along with recommendations for policy, the chapter also discusses the results, conclusions, and suggestions for additional research.

5.1 DISCUSSION OF THE FINDINGS.

5.1.1 To establish the major causes of teenage pregnancy in Wakiso district

The study's conclusions showed that a deficiency in thorough sex education is one of the main reasons for teenage pregnancy. Adequate information regarding early pregnancy consequences, sexual health, and contraception is often lacking for many teenagers. Teenagers are not taught safe sexual practices in schools because these topics are frequently avoided or only briefly discussed. Teenagers who lack the necessary education are more likely to have unprotected sex, which raises the possibility of unwanted pregnancies. For teenagers to be empowered to make decisions about their sexual health, comprehensive sex education covering not only the biological aspects of reproduction but also relationship skills and consent is necessary

The results also showed that adolescent pregnancy rates are significantly influenced by socioeconomic factors. Compared to their more affluent counterparts, teenagers from low-income families are more likely to become pregnant. Access to healthcare, particularly contraception and reproductive health services, is frequently hampered by poverty. Furthermore, financial difficulties can result in a lack of hope for the future, which encourages teenagers to start sexual relationships when they are still young in order to find love or get away from difficult situations. Targeted interventions are needed to address the socioeconomic disparities that lead to teenage pregnancy. These include expanding access to healthcare, enhancing educational and career opportunities, and more.

5.1.2 To examine the effects of teenage pregnancy on families and communities in Wakiso district.

The study's conclusions showed that teenage pregnancies frequently lead to health issues for both the mother and the unborn child. Preterm labor, anemia, and preeclampsia are among the conditions that young mothers are more susceptible to. These health issues can put a strain on emotional stability and family resources. These results were consistent with World Health Organization (WHO) research showing that pregnancy and childbirth-related complications are the world's leading cause of death for girls between the ages of 15 and 19 (WHO, 2020). Families may experience severe stress and financial hardships due to the child's potential long-term medical problems and the need for specialized healthcare services.

The study's conclusions demonstrated how teen pregnancy can exacerbate poverty cycles and restrict young mothers' access to higher education and employment opportunities. Their families are also impacted socioeconomically, as they frequently have to provide support both materially and logistically. According to research, teenage moms have a lower chance of finishing high school and going on to further their education, which lowers their lifetime earnings (Diaz & Fiel, 2016). Families may be under more financial stress as they contribute to the costs of childcare, education, and daily living. The overall stability and growth of the family's finances may be hampered by this economic pressure.

5.1.3 To suggest possible measures of addressing the high levels of teenage pregnancy in Wakiso district.

The study's conclusions indicated how important it is to guarantee that teenagers have access to private, reasonably priced healthcare services, including contraception. The World Health Organization (WHO) states that increased availability to contraception can dramatically lower the rate of adolescent pregnancies (WHO, 2020). Youth-Friendly Services: Health care facilities ought to be approachable, friendly, and provide private, judgment-free services to young people. Counseling and Education: Better contraceptive use can be achieved by offering thorough counseling on the use of contraceptives and making sure teenagers are aware of their options. Free or Cheap Contraceptives: Teenagers should be able to access contraception for free or at a reduced cost in order to reduce financial barriers.

5.2 CONCLUSION

Teenage pregnancy calls for a multimodal response that goes beyond treating its symptoms; it also calls for the adoption of all-encompassing, community-based solutions and a thorough understanding of its underlying causes. The primary factors that lead to teenage pregnancy are deeply entwined and can be challenging to break without focused and long-term intervention. These factors include socioeconomic circumstances, cultural influences, family dynamics, and a lack of knowledge and awareness.

Firstly, Comprehensive sex education programs are desperately needed, as evidenced by teenagers' lack of knowledge and awareness regarding sexual health. The emotional, relational, and social facets of sexual health should be included in these programs, in addition to the biological aspects of reproduction. Young people can avoid unwanted pregnancies by reducing risky behaviors, making informed decisions, and being empowered with the knowledge and skills to do so. All teenagers, regardless of their financial status, should have equal access to education so that they can all become informed about and take charge of their sexual health.

Secondly, Comprehensive policy initiatives aimed at lowering poverty and inequality must address the socioeconomic factors that predispose teenagers to early pregnancy. It is essential to increase access to healthcare, especially services related to reproductive health. This entails offering discreet, nonjudgmental counseling services in addition to making contraception easily accessible and reasonably priced. Furthermore, by providing teens with a sense of direction and a future vision, economic opportunities and pathways for education and work can lower the risk of teenage pregnancies.

In conclusion, tackling the major causes of teenage pregnancy demands a comprehensive and sustained effort that integrates education, healthcare, economic support, family engagement, and cultural change. By addressing these factors collectively, society can create an environment where teenagers are empowered to make informed choices, pursue their aspirations, and build healthier futures. The reduction of teenage pregnancy is not just a public health goal; it is a societal imperative that contributes to the well-being and progress of communities worldwide.

5.3 RECOMMENDATIONS.

Adequate sex education for all teenagers is the cornerstone of the fight against teenage pregnancy. In addition to covering the biological aspects of reproduction, curricula in schools should address the emotional, relational, and social aspects of sexual health. Information regarding healthy relationships, consent, contraception, and the possible risks of an early pregnancy should all be covered in education. All children, regardless of background, must receive an inclusive education that is age- and culturally-appropriate. Furthermore, sex education ought to go beyond school walls, with healthcare providers and community organizations providing tools and assistance to further amplify these messages.

The prevention of teenage pregnancy depends critically on having access to reproductive healthcare services. All teenagers should have access to affordable, widely available contraception, as guaranteed by governments and healthcare systems. This involves offering private, nonjudgmental counseling services that are tailored to the needs of young people in a discreet manner. Teenagers in underprivileged or isolated areas can also be effectively reached through telemedicine and mobile health clinics. Regular check-ups, STI tests, and prenatal care for individuals who do become pregnant should all be part of comprehensive reproductive healthcare to ensure they receive the support and direction they need.

It is necessary to implement focused interventions meant to lessen poverty and inequality in order to address the socioeconomic factors that lead to teenage pregnancy. Programs that give low-income families financial support should be developed by governments and non-governmental organizations to guarantee that they have access to opportunities and necessary services. This covers job placement services, vocational training programs, scholarships, and financial aid for education. Teenage pregnancies are less likely when there are pathways to education and employment that enable young people to envision a future beyond early parenthood.

Involving the family is essential to avoiding teenage pregnancy. Teenagers who participate in programs that foster open communication and fortify family ties may feel supported and guided as they make wise decisions. Programs for parent education should be put in place to give parents the abilities and information they need to properly talk to their kids about relationships and sexual health. Schools, community centers, and healthcare providers can all offer these programs. Teens' general wellbeing depends on having a supportive home environment where they feel free to ask questions and voice their worries.

Changing cultural norms and societal attitudes towards sex and early childbearing is perhaps the most challenging but necessary component of addressing teenage pregnancy. Community-based education and advocacy programs should be developed to promote the benefits of delaying pregnancy and investing in the future potential of young women. Engaging community leaders, religious figures, and influential members of society in these efforts can help shift attitudes and

behaviors. Public awareness campaigns, workshops, and forums can also facilitate discussions and encourage community involvement in promoting healthy norms and practices.

In order to foster an environment that supports the prevention of teenage pregnancy, effective policies and legislation are essential. Laws requiring comprehensive sex education in schools, guaranteeing access to reproductive healthcare, and aiding low-income families financially should all be implemented by governments. Teens' rights to private healthcare services should be safeguarded, and policies should encourage pregnant teens to pursue further education. To effectively develop and implement these policies, cooperation between legislators, healthcare professionals, educators, and community organizations is imperative.

Preventing teenage pregnancy requires a holistic and sustained effort that integrates education, healthcare, economic support, family engagement, cultural change, and supportive policies. By addressing the root causes of teenage pregnancy through these comprehensive recommendations, society can create an environment where young people are empowered to make informed choices, pursue their aspirations, and build healthier, more fulfilling futures. The collective effort to reduce teenage pregnancy not only benefits individuals but also contributes to the overall well-being and progress of communities worldwide.

5.4 AREAS FOR FUTURE STUDY.

Addressing teenage pregnancy is a complex challenge that requires ongoing research to develop effective strategies and interventions. While significant progress has been made, there remain numerous areas where further research is needed to better understand and combat the issue. Key areas for future research include the role of technology and social media, the impact of mental health, long-term outcomes for teenage parents and their children, cultural and community-based interventions, and policy effectiveness.

One of the most critical areas for future research is the role of technology and social media in teenage pregnancy. The digital age has transformed how teenagers access information, communicate, and form relationships. Research should focus on understanding how social media influences sexual behavior and attitudes towards contraception and pregnancy. Studies could

explore the potential of digital platforms as tools for delivering sex education and promoting safe sexual practices. Additionally, examining the impact of online peer pressure and the prevalence of misinformation about sexual health on social media can provide insights into developing targeted interventions.

Mental health is another crucial factor that intersects with teenage pregnancy. Research is needed to explore the relationship between mental health issues, such as depression, anxiety, and trauma, and the likelihood of teenage pregnancy. Understanding how mental health influences decision-making and risk-taking behavior can help in designing comprehensive support systems for teenagers. Future studies should also investigate the effectiveness of integrating mental health services with reproductive health services to provide holistic care for teenagers at risk of or experiencing pregnancy.

Longitudinal studies that look at the long-term effects for teenage parents and their kids are needed, even though a lot of research has concentrated on the immediate effects of teenage pregnancy. These studies ought to monitor the educational, financial, and health paths of young parents as well as the health and developmental results for their offspring. Policies and initiatives designed to assist adolescent parents in attaining better life outcomes can be informed by an understanding of these lasting effects. The usefulness of various interventions, such as parenting classes and educational support, in enhancing these long-term results should also be investigated in research.

References

<https://doi.org/10.51168/sjhrafrica.v4i9.357>

Cuinhane et al. (2016), Understanding HIV positive women's experiences with antenatal care in rural Maputo province-Mozambique.

Dageid W, Govender K, Gordon SF. et al. (2012). Masculinity and HIV disclosure among heterosexual South African men: implications for HIV/AIDS intervention.

Estelle McLean, Jenny Renju, Joyce Wamoyi, Dominic Bukenya, William Ddaaki, Kathryn Church, BasiaZaba, Alison Wringe et al., (2017). A qualitative study to understand the experiences of Option B+ for pregnant women and the potential implications for 'test-and-treat' in four sub-Saharan African settings.

Genevieve Marion Fords et al. (2016). The lived experiences of women diagnosed with HIV in the antenatal period in a rural area in South Africa.

Kirby, D. (2007). Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. National Campaign to Prevent Teen and Unplanned Pregnancy.

SmithBattle, L. (2007). "I wanna have a good future": Teen mothers' rise in educational aspirations, competing demands, and limited school support. *Youth & Society*, 38(3), 348-371.

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *Journal of Adolescent Health*, 56(2), 223-230.

Miller, B. C., Benson, B., & Galbraith, K. A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21(1), 1-38.

Levine, D. I., Emery, S., & Pollack, H. (2001). The well-being of children born to teen mothers. *Journal of Economic Perspectives*, 15(1), 37-54.

Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., ...& Mori, R. (2014). Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40-48.

Hoffman, S. D. (2008). Kids having kids: Economic costs and social consequences of teen pregnancy. The Urban Institute Press.

Miller, B. C., Benson, B., & Galbraith, K. A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21(1), 1-38.

Jutte, D. P., Roos, N. P., Brownell, M. D., Briggs, G., MacWilliam, L., & Roos, L. L. (2010). The ripples of adolescent motherhood: social, educational, and medical outcomes for children of teen and prior teen mothers. *Academic Pediatrics*, 10(5), 293-301.

APPENDICES

APPENDIX ONE: QUESTIONNAIRE

I am KAMUGUMYA TYSON a third-year student pursuing a Bachelor's Degree in Social Work and Social Administration at Uganda Christian University. This questionnaire is designed to **TEENAGE PREGNANCIES AND ITS EFFECTS ON COMMUNITY WELL BEING AMONG VULNERABLE FAMILIES IN UGANDA**

I very much appreciate your participation in this study, be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

INSTURCTION

Tick appropriately in the boxes provided. The information that will be given will be used for academic purposes only. Please do not write your name.

PART A

BIO - DATA

1. Age

- (a) 13-25
- (b) 36-45
- (c) 26-45
- d) 45 and above

2. Marital status

- (a) Single
- (b) Married
- (c) Divorced
- (d) Separated

Others specify.....

+3. Level of education

- 1. Primary
- 2. Secondary
- (c) Institution/
University level

If others specify.....

PART B TO ESTABLISH THE MAJOR CAUSES OF TEENAGE PREGNANCY IN WAKISO DISTRICT.

No	Statement	Strongly Agree	Agree	Disagree	Strongly disagree	Not sure
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1.	lack of comprehensive sex education					
2.	Peer pressure and influence					
3.	Substance abuse					
4.	poverty					
5.	Cultural and religious beliefs					

PART C

TO EXAMINE THE EFFECTS OF TEENAGE PREGNANCY ON FAMILIES AND COMMUNITIES IN WAKISO DISTRICT.

No	Statement	Strongly Agree	Agree	Disagree	Strongly disagree	Not sure
1.	Social isolation and stigmatization of					

	teenage mothers					
2.	Early marriages					
3.	High school dropout rates					
4.	Increased medical complications					
5.	Social isolation					

INTERVIEW GUIDE.

ARE YOU AWARE OF THE PREVALENCE OF TEENAGE PREGNANCY?

.....

WHAT ARE THE MAJOR CUASESS OF TEENAGE PREGNANCY?

.....

HO DOES TEENAGE PREGNANCY AFFECT TEENAGE MOTHERS AND THEIR HOUSEHOLDS.

.....

WHAT MEASURES DO YOU THINK ARE IN PLACE TO CURB THE VICE OF TEENAGE PREGNANCY.

.....

...