# FACTORS INFLUENCING TEENAGE PREGNANCY AMONG SHOOL GIRLS IN OKOLLO SUB COUNTY, MADI OKOLLO DISTRICT.

**BY**

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**A RESEARCH DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL SCIENCES IN PARTIAL FULFILMENT FOR THE REQUIREMENT OF THE AWARD OF**

**BACHELOR'S DEGREE IN SOCIAL WORK AND SOCIAL**

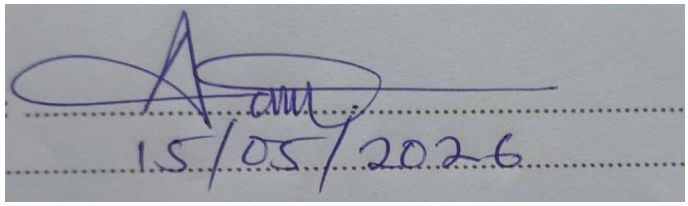
**ADMINISTRATION OF UGANDA**

**CHRISTIAN UNIVERSITY**

**APRIL, 2026**

## DECLARATION

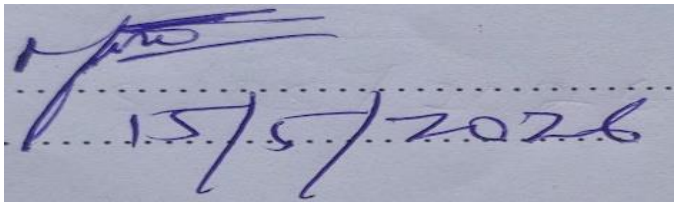
I, **Droti Isaac** hereby declare that this research proposal is my original work and has not been submitted to any university or institution for any academic award.

Signature: 

**APPROVAL**

This is to certify that this research titled Factors influencing teenage pregnancy among girls in Okollo Sub County has been done under my supervision and is now ready for submission.

Rev. Dr. Yikii Agatre Christopher.

Signature 

## DEDICATION

This research proposal is dedicated to Internal Security Organization (ISO), my family members Amiciri Kevin, Osuta Dickson Droti, Amaku Wilson Droti and Aitaru Sally, also to my step Dad Bamuke Joel Mbaa and all my brothers and sisters, all my course mates and friends for their moral, spiritual and financial support towards my research proposal.

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## LIST OF ACRONYMS AND ABBREVIATIONS

MoLG: Ministry of Local Government

MOH: Ministry Of Health

ICPD: International Conference on Population and Development

SADHS: South African Demographic and Health Survey.

AIDS: Acquire Immune Deficiency Syndrome

HIV: Human Immune Virus

WHO: World Health Organization

LMIC: Lower- and Middle-Income Countries.

UDHS: Uganda Demographic and Health Survey

UNFPA: United Nations Fund for Population Activities

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## ABSTRACT

Teenage pregnancy is a significant public health issue with numerous social and health consequences. In many developing countries, including Uganda, teenage pregnancy rates remain high, particularly among school girls in rural areas. This study aims to explore the factors influencing teenage pregnancy among school girls in Okollo Sub County, Madi Okollo district, Uganda. The study was conducted using a qualitative research design, with data collected through in-depth interviews and focus group discussions with teenage mothers, healthcare providers, teachers, parents, and community leaders. A total of 100 participants were involved in the study, with the data analyzed using thematic analysis. The findings of the study revealed several key factors influencing teenage pregnancy among school girls in Okollo Sub County. These factors included cultural beliefs and practices, lack of access to sexual and reproductive health education and services, poverty, gender inequality, peer pressure, and early initiation into sexual activity. One of the major themes that emerged from the data was the influence of cultural beliefs and practices on teenage pregnancy. Participants reported that cultural norms and traditions in the community often perpetuate early marriage and motherhood, leading to high rates of teenage pregnancy. Overall, this study highlights the complex interplay of factors influencing teenage pregnancy among school girls in Okollo Sub County, Madi Okollo district, Uganda. These findings have important implications for the development of targeted interventions to address teenage pregnancy in the community, including comprehensive sexual and reproductive health education programs, economic empowerment initiatives, and efforts to challenge harmful cultural beliefs and practices that perpetuate early marriage and motherhood. Targeted interventions, it is possible to reduce the rates of teenage pregnancy and improve the health and well-being of young people in the community.

# CHAPTER ONE
# INTRODUCTION

## 1.0 Introduction

The study will focus on the factors influencing teenage pregnancy among girls in Madi Okollo district in Okollo Sub County. This chapter will cover the background of the study, problem statement, purpose of the study, specific objectives, and research questions, significance of the study and the scope of the study.

## 1.1 Background to the study

A background study of teenage pregnancy involves exploring several key dimensions, including definitions, prevalence, historical context, risk factors, consequences, prevention strategies, and social perceptions. This comprehensive overview facilitates an understanding of the issue and informs strategies for intervention and support.

Teenage pregnancy is typically defined as pregnancy occurring in females aged 13 to 19 years. This demographic often faces unique challenges compared to older mothers, including socioeconomic factors, education disparities, and healthcare access.

Statistical overview: Worldwide, the rates of teenage pregnancy vary significantly by region. In many developed countries, such as the United States and parts of Europe, there has been decline in teenage pregnancy over the last two decades, attributed to increased access to education and contraceptive methods. Conversely, in many developing countries, teenage pregnancy remains a significant public health concern.

### 1.1.1 Historical background

According to the World Health Organization defines adolescent as the period between the ages of 10 and 19 years. Pregnancy can occur with sexual intercourse after the start of ovulation, which can happen before the first menstrual period. In healthy, well-nourished girls, the first period usually takes place between the ages of 12 and 13.

Pregnant teenagers face many of the 4ame pregnancy-related issues as older women. Teenagers are most likely to experience pregnancy complications or maternal death than women aged 20 or older. There are additional concerns for those under the age

of 15 as they are less likely to be physically developed to sustain a healthy pregnancy or to give birth.

For girls aged 15-19, risk is associated more with socioeconomic factors than with the biological effects of age. Risk of low birth weight, premature labor, anemia and pre-eclampsia are not connected to biological age by the time a girl is 16 years, as they are not observed in births to older teens after controlling for other risk factors, such as access to high quality prenatal care.

Teenage pregnancies are related to social issues including lower educational levels and poverty. Teenage pregnancy in developed countries is usually outside of marriage and is often associated with a social stigma. Teenage pregnancy in developing countries often occurs within marriage and approximately half are planned. However, in these societies, early pregnancy may combine with malnutrition and poor health care to cause medical problems. When used in combination, educational interventions and access to birth control can reduce unintended teenage pregnancies.

In 2023, globally, about 40 females per 1,000 gave birth between the ages of 15 and 19, compared with roughly 65 births per 1,000 in 2000 from 2015 to 2021, an estimated 14% of adolescent girls and young women globally reported giving birth before age 18. The adolescent birth rate is higher in lower and middle-income countries (LMIC) compare to higher income countries. In the developing world, approximately 2.5 million females aged 15 to 19 years old have children each year. Another 3.9 million have abortions. It is more common in rural than urban areas.

In 2021, 13.3 million babies or about 11%of the total worldwide were born to mothers under the age of 20.

In early 1970s, Melvin Zelnik, John Kantner, and Kathleen Ford (1981), reinforced the findings of the Kinsey reports that premarital sex was prevalent and rapidly becoming more so. For example, the proportion of teenagers who had ever had sex by the age of 18 double from about one-fourth of all women born in the year 1940s to more than half of women born two decades later (Finer 2007; Laumann et al.1994).

Premarital sex, it seems, becoming more common just as early marriage is becoming more problematic a perfect formula for producing a rapid increase in rates of non-marital pregnancies and births. From 1940s on ward, non-marital child bearing climbed steadily for all age groups as non-marital intercourse increased and contraceptives use lagged far behind. Among older women in their twenties and thirties, a pause in non-marital childbearing took place in the 1960s and early 2019. While among teens the pace of non-marital childbearing picked up, driven by both more sexual risk-taking and fewer marriages (Ventura and Bachrach 2000).

African American teens in particular are identified as the main source of the problem because they are the vanguard of change in marriage practices. In fact, the issue of teenage pregnancy is initially identified as a problem that mostly occurs among black teens. The reason why this perception appears plausible because the rate of births to unmarried women by age and race. Young African women are clearly ahead of American teenagers in pattern of family formulation in the rise of non-marital childbearing, but the exclusive focus on out-of-wedlock teenage pregnancy among younger teens are hardly warranted.

In 1965 a young assistant secretary of labor in the Johnson administration, Daniel Patrick Moynihan, helped to place the issue of teenage pregnancy on the public agenda when he was writing a highly controversial report on the state of the Africans family in America. Speaking of Africans, Moynihan (1965, 27) stated; A cycle is at work; too many children too early make it most difficult for parents to finish school. Low education levels in turn produce low-income levels, which deprive children of many opportunities, and so the cycle repeats itself.

This is what is prompting me to carry out research on factors influence teenage pregnancy among girls in Okollo Sub County, Madi Okollo District.

### 1.1.2 Theoretical Background

The researcher adopted the human capital theory as advanced by social learning theory (Albert Bandura). This theory postulated that, Behavior is learned through observation and imitation of others, especially role models like parents, peers, and media. He also explained that teen girls may model behavior they see at home or in

their community, especially if teenage motherhood is normalized or even respected in their environment.

Teenage pregnancy is a complex and multifaceted issue that has been studied extensively in the fields of sociology, psychology, public health, and other disciplines. Bandura's Social Learning Theory posits that individuals learn from observing others and modeling their behavior after those they admire or respect. When applied to teenage pregnancy, this theory suggests that adolescents may be influenced by their social environment, including family, peers, schools, and media, to engage in risky sexual behaviors that could lead to pregnancy. Research has shown that peer pressure, lack of parental supervision, and exposure to media portrayals of teenage parenthood can contribute to increased rates of teenage pregnancy (Brody et al., 2017).

Bronfenbrenner's Ecological Systems Theory emphasizes the importance of examining the various systems that individuals interact with, including the microsystem (immediate environment), mesosystem (interactions between microsystems), exosystemic (external environments), and macrosystem (cultural norms and values). This theory suggests that teenage pregnancy is influenced by multiple levels of the social ecology, such as family dynamics, community resources, and government policies. For example, research has shown that living in disadvantaged neighborhoods with limited access to healthcare and educational opportunities can increase the risk of teenage pregnancy (Kirby, 2007).

Social Control Theory posits that individuals are motivated to conform to societal norms and values in order to avoid deviant behavior. When applied to teenage pregnancy, this theory suggests that adolescents who have strong bonds to society, such as through family support, school engagement, and future orientation, are less likely to engage in risky sexual behaviors that could lead to pregnancy. Research has shown that adolescents who have positive relationships with their parents, participate in extracurricular activities, and have goals for the future are less likely to experience teenage pregnancy (Coley et al., 2009).

Intersectionality, Theory highlights the interconnected nature of social identities, such as race, class, gender, and sexuality, and how they intersect to create unique experiences of privilege and oppression. When applied to teenage pregnancy, this theory suggests that certain groups of adolescents, such as low-income minorities, LGBTQ youth, and individuals with disabilities, may face intersecting forms of discrimination and marginalization that increase their vulnerability to pregnancy. Research has shown that social inequalities, such as poverty, racism, and homophobia, can contribute to higher rates of teenage pregnancy among marginalized populations (Geronimus, 2001).

### 1.1.3 Contextual Background

According toMmari, K., & Blum, R. W. (2009). Teenage pregnancy remains a significant public health concern worldwide, with implications for the health and well-being of young mothers and their children. Understanding the contextual background in which teenage pregnancy occurs is crucial for developing effective prevention and intervention strategies. This research explores the socio-cultural, economic, and psychological factors that contribute to teenage pregnancy.

Socio-cultural factors play a significant role in shaping attitudes towards teenage pregnancy and sexuality. Research has shown that cultural norms and values surrounding sexuality, gender roles, and family dynamics can influence the likelihood of teenage pregnancy. In many societies, early marriage and motherhood are socially acceptable and even encouraged, leading to higher rates of teenage pregnancy. Additionally, peer pressure, media influences, and lack of comprehensive sex education can contribute to risky sexual behaviors among adolescents.

Economic factors also play a crucial role in the prevalence of teenage pregnancy. Studies have consistently shown that young women from low-income backgrounds are at higher risk of becoming pregnant during adolescence. Economic instability, lack of access to healthcare and contraceptive services, and limited educational opportunities are all associated with higher rates of teenage pregnancy. The financial burden of raising a child as a teenager can further perpetuate cycles of poverty and disadvantage.

Psychological factors, such as low self-esteem, poor mental health, and trauma, can also increase the risk of teenage pregnancy. Research suggests that young women who experience adverse childhood experiences, such as abuse or neglect, are more likely to engage in risky sexual behaviors and become pregnant during adolescence. Additionally, the lack of social support and positive role models can contribute to feelings of isolation and vulnerability among pregnant teenagers.

### 1.1.4 Conceptual Background

Teenage pregnancy is a significant public health issue with far-reaching consequences for individuals, families, and societies. This research examines the conceptual background of teenage pregnancy, focusing on the factors contributing to its prevalence, the social, cultural, and economic implications, and the strategies for prevention and intervention.

There are several factors that contribute to the high rates of teenage pregnancy. Some of the key factors include socio-economic status, lack of access to sexual education and contraceptives, peer pressure, family dynamics, and cultural norms. Research has shown that adolescents from low-income families are more likely to become pregnant at a young age due to limited access to resources and education (Erickson, 2016). Additionally, peer pressure and the influence of media and social norms play a significant role in shaping adolescents' attitudes towards sex and relationships (Kirby, 2007).

Teenage pregnancy has profound social, cultural, and economic implications for individuals and societies. Research has shown that teenage mothers are more likely to drop out of school, have lower levels of education attainment, and experience higher rates of poverty and unemployment compared to their peers who delay childbearing (Hofferth& Hayes, 2019). Additionally, teenage pregnancy is often associated with negative health outcomes for both the mother and the child, including increased risks of preterm birth, low birth weight, and infant mortality (Hoffman & Maynard, 2008).

Preventing teenage pregnancy requires a multi-faceted approach that addresses the underlying social, economic, and cultural determinants. Research has shown that

comprehensive sexual education programs that provide information on contraception, healthy relationships, and decision-making skills can help reduce the rates of teenage pregnancy (Guttmacher Institute, 2018). Additionally, access to affordable and confidential reproductive health services, including contraception and prenatal care, is essential for preventing unintended pregnancies among adolescents (Chandra-Mouli et al., 2018).

**1.2 Statement of the problem.**

Teenage pregnancies are rampant countrywide. The circumstance is partly being attributed to the socio-economic hardships experienced by the vulnerable groups in Okollo Sub County, Madi Okollo District and marginalized cultural communities. Through teenage pregnancies, young girls dropped out from schools which are leading to the enhancement of uneducated and unskilled young women to the population.

Teenage mothers are being discriminated and abandoned to the fact that unfortunately causes endless chain of poverty from mother to child as well families and societies. It also contributes a lot in the spread of HIV/AIDS pandemic as many teenage mothers live without family, economic or social support to help them rebuild their dreams to life destinies of their choice for themselves and their children whereby they always ending up taking sexual activities as substitute source of their income in the communities.

Most Ugandan pregnant girls are from a very poor families and they are being headed by women and grandmothers and while men are responsible on partner girls being found pregnant girls and also refusing the pregnancy.

Adolescent pregnancy is almost countrywide and it is being affected with social and education concern for the developed, developing and underdeveloped countries. Many countries continue to experience high incidence of teenage pregnancy despite the intervention strategies that have been put in place. In 1990 approximately 530,000 teenagers in the United States have become pregnant, 51% of whom will be giving birth (Coley and Chase Lansdale, 1998).

According to 1998, South African Demographic and Health survey (SADHS), It will be found that the total fertility rate will be declined to an average of 2.9 children per woman (Dickson,2002). A decline in fertility rate will be associated with a high use of contraceptives among women and also the legislation of abortion in 1996(Swartz, 2002). Despite the decline in the total fertility rate, adolescent pregnancy will be found to be significantly high. The SADHS revealed that adolescent pregnancies will be accounted for a third of all the births (Dickson, 2002).

### 1.3 Purpose of the study

The purpose of the study is to find out the factors influencing the teenage pregnancy among girls in Okollo Sub County, Madi Okollo District.

### 1.4 Specific objectives of the study

The study was guided by the following objectives;

a) To determine cultural and parental guidance for teenage girls in Okollo Sub County, Madi Okollo District.
b) To explore the economic and need factors influencing teenage pregnancy among girls in Okollo Sub County, Madi Okollo District.
c) To suggest solutions to teenage pregnancy among girls in Okollo Sub County, Madi Okollo District.

### 1.5 Research questions

a) How do cultural and parental guidance influence teenage pregnancy among girls in Okollo Sub County?
b) How do economic and need factors influence teenage pregnancy in Okollo Sub County, Madi Okollo District?
c) What is the solution of teenage pregnancy on girls in Okollo Sub County?

### 1.6 Scope of the study

#### 1.6.1 Geographic scope

This study was conducted in Okollo Sub County, Madi Okollo District. Madi Okollo District is bordered by Arua district and Zombo District in the West, Pakwach and

Nebbi Districts in the South, and Obongi District in the North and River Nile in the east.

### 1.6.2 Time scope

This study was conducted within the period from July, 2025 to December, 2025.

### 1.6.3 Content scope

The study focused on the factors influencing teenage pregnancy among girls and how it affected young girls in Okollo Sub County, Madi Okollo District.

## 1.7 Significance of the study

The study helped the government and management to identify the policies which can be put in place to fight teenage pregnancy in the country.

To the policy makers, this study helped them to identify gaps basing on the limitations of this study for further research.

The study resulted in to partial fulfillment of the requirements for the award of degree in bachelor of social work and social administration of Uganda Christian University to the researcher.

### 1.8 Conceptual framework

The study showed how high prevalence of teenage pregnancy, age, residence, parents' marital status, level of education, monthly income, substance abuse and among others.

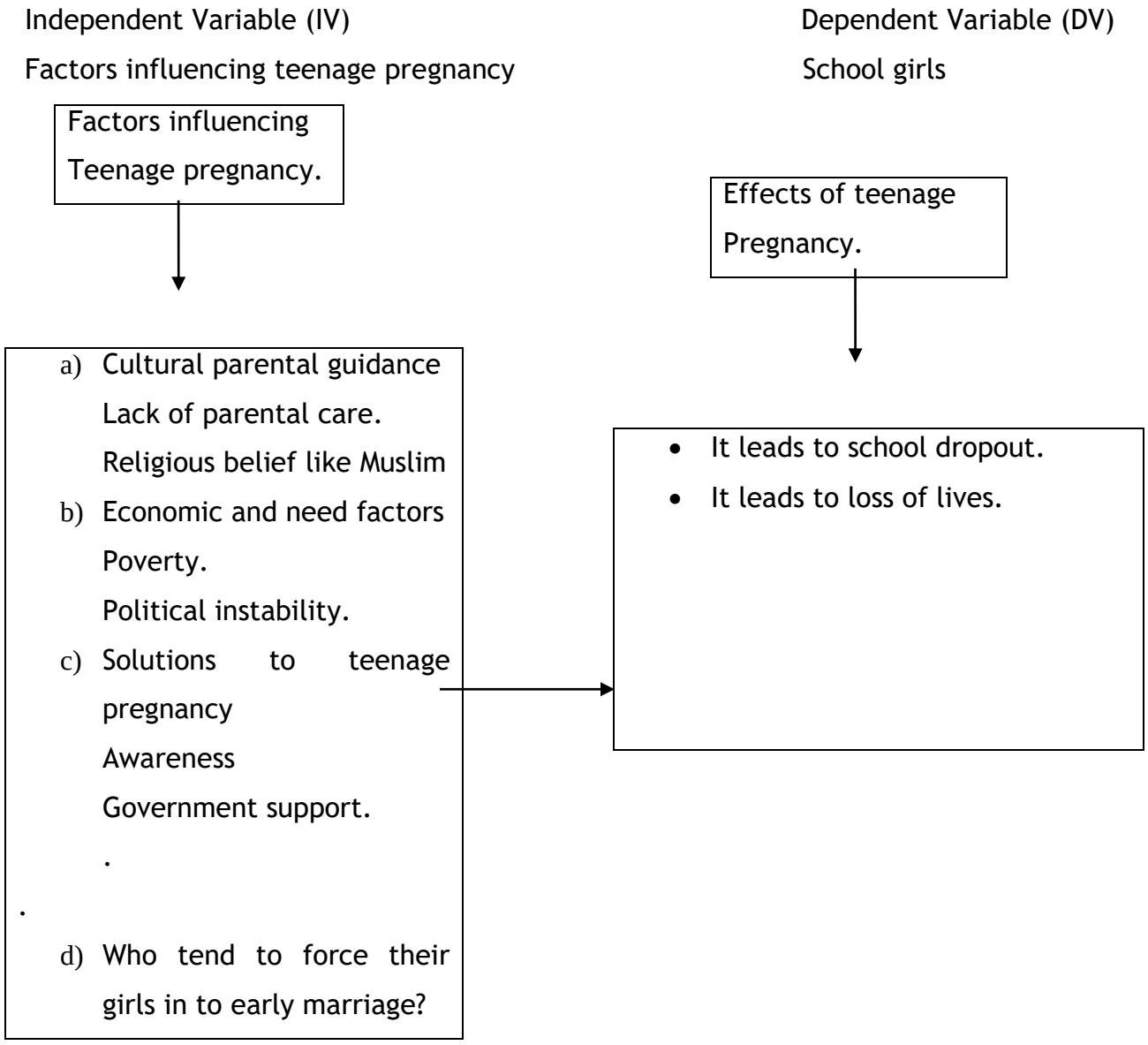



**Figure 1**: Conceptual framework depressing the influence of the independent variable (IV) on the dependent variable (DV).

Source: Research construction

## 1.9 Key operational definition.

Teenage pregnancy is typically defined as a pregnancy that occurs in a young woman who is within the age range of 13 to 19 years. The operational definition may consider various aspects, including;

Age range: The criteria often focus on individuals aged 13 to 19 years, acknowledging that younger teens may have different psychological and social experiences compare to older teen.

Gestational Age: This involves recognizing a pregnancy from the point of conception or the first missed menstrual period and may include pregnancies carried to term, miscarriages, or elective terminations.

Context: Teenage pregnancy can be framed within the context of socio-economic factors, education status, and access to sexual health education and resources.

Cultural and legal considerations: Definitions may vary by cultural norms, legal standards regarding the age of consent and marriage, and social stigma associated with teenage pregnancy.

Health Implications: The operational definition may also consider the health outcomes for both the teenage mother and the child, including risks associated with early pregnancy.

Using these dimensions, organizations and researchers can develop targeted interventions and policies to address the needs associated with teenage pregnancy.

## 1.10 Chapter summary

The issue of teenage pregnancy is a complex and multifaceted problem with far-reaching implications for the well-being of young girls and their communities. This chapter has provided an in-depth exploration of the background, historical context, and global statistics surrounding teenage pregnancy, highlighting the unique challenges faced by adolescents in navigating pregnancy and motherhood.

Teenage pregnancy is defined as pregnancy occurring in females aged 13 to 19 years, and it presents unique challenges including socioeconomic disparities, educational barriers, and limited access to healthcare. The prevalence of teenage pregnancy varies significantly by region, with developed countries such as the United States and

parts of Europe experiencing declines in teenage pregnancy rates due to increased access to education and contraception. In contrast, developing countries continue to grapple with high rates of teenage pregnancy, which poses significant public health concerns.

Historically, teenage pregnancy has been associated with social issues such as lower educational levels, poverty, and stigma. Pregnant teenagers face similar pregnancy-related challenges as older women, but they are at higher risk for complications and maternal death due to their physical immaturity and lack of readiness for pregnancy and childbirth. While teenage pregnancies are often unplanned in developed countries and carry a social stigma, they are more likely to occur within marriage in developing countries, where early pregnancy may be compounded by malnutrition and poor healthcare access.

The research has shown that teenagers face increased risks of low birth weight, premature labor, anemia, and other pregnancy complications, with socioeconomic factors playing a significant role in influencing these outcomes. Educational interventions and access to contraception have been effective in reducing unintended teenage pregnancies in some regions, underscoring the importance of addressing the root causes of teenage pregnancy.

Global statistics reveal that teenage pregnancy rates remain high, particularly in lower and middle-income countries, where millions of adolescent girls give birth each year. The issue of teenage pregnancy has evolved over time, with shifts in sexual behaviors and marriage practices contributing to changes in non-marital childbearing rates among adolescents. African American teens have been identified as facing higher risks of teenage pregnancy, reflecting broader societal trends in marriage norms and sexual behavior.

In conclusion, the issue of teenage pregnancy requires a comprehensive and multi-dimensional approach that addresses the underlying factors contributing to high rates of adolescent pregnancies. By understanding the social, economic, and cultural contexts in which teenage pregnancy occurs, we can develop effective interventions

that support young girls in making informed choices about their reproductive health. Through education, access to healthcare, and social support, we can work towards reducing teenage pregnancy rates and promoting the well-being of young mothers and their children.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

The chapter presents a comprehensive summary of the topic of factors influencing teenage pregnancy among girls upon the community of Okollo sub county Presented in this chapter of the review of the related literature will be description of teenage pregnancy among girls of Okollo Sub County, Effects of teenage pregnancy among girls of Okollo Sub County, Effects of teenage pregnancy on student performance, Pedagogical implications for parents of girls involved in teenage pregnancy, and (e) summary.

## 2.1. Theoretical review

The researcher adopted the human capital theory as advanced by social learning theory (Albert Bandura). This theory postulated that, Behavior is learned through observation and imitation of others, especially role models like parents, peers, and media. He also explained that teen girls may model behavior they see at home or in their community, especially if teenage motherhood is normalized or even respected in their environment.

Albert Bandura developed social learning theory long time ago as a bridge between behaviorist and cognitive learning theories. He emphasizes that people learn not only through direct experience (like rewards or punishment) but also by observing others a process called observational learning.

The major key concepts of social learning theory include observational learning that is through learning by watching others, especially role models, Modeling by imitating the behavior of others, Vicarious Reinforcement that is, learning from others' experiences for example, seeing someone being praised or punished.

Teenage pregnancy is influenced by a combination of individual, social, and environment factors, social learning theory helps explain how behaviors are learned through observation, making it a powerful frame work to understand and address this

issue. Effective interventions should focus on positive role models, peer education, strong family relationships, and access to comprehensive sex education.

**2.2. To determine cultural and parental guidance for teenage girls in Okollo Sub County, Madi Okollo District.**

Teenage pregnancy is a significant public health and social issue that affects girls' education, health, and economic opportunities. Understanding the factors that influence teenage pregnancy helps in designing better prevention strategies.

Teenage pregnancy refers to pregnancy in women age 15–19.1 Over 16 million teenage girls become pregnant worldwide each year. According to recent studies, 95% of these pregnancies occur in low- and middle-income nations.2, 3 Although teenage birth rates decreased internationally from 65 births per 1,000 women in 1990 to 47 births per 1,000 women in 2015, sub-Saharan Africa continues to have higher rates of teenage pregnancy4,5 despite several initiatives by both government and nongovernment groups. The actual numbers of births among teenagers are staggering. For example, in 2021, it was estimated that there were 6,114,000 births among girls age 15–19 across sub-Saharan Africa.6 In Tanzania, the Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) found that teenage pregnancy increased from 22.8% to 26.8% between 2010–11 and 2015–16 and then dropped slightly to 22% in 2022, which remains significantly high.7–9 The prevalence of teenage childbearing differs across regions within Tanzania. The five leading regions are Songwe (45%), Ruvuma (37%), Katavi (34%), Mara (31%), and Manyara (29%). This may reflect Tanzania's marriage law that still allows adolescent girls to be married.

Of all teenage girls (age 15–19), almost a quarter (22%) reported ever having had a pregnancy. Of all teenagers who reported ever having a pregnancy, 39.5% were age 18–19 and 10.1% were age 15–17. Age was significantly associated with teenage pregnancy. More teenage girls with a primary and below education ever had a pregnancy compared to those with a secondary and beyond educational level (35.6% versus 9.3%). Place of residence was significantly associated with ever having a teenage pregnancy, as 24.9% of those from rural areas had a teenage pregnancy compared to 16.4% from urban areas who reported ever having a teenage pregnancy.

Geographical zones were significantly associated with ever having a pregnancy, with the highest (29.1%) in the southern zones, 23.1% in the Lake zone, 22.2% in the Central zone, 18.3% in the coastal zones, and the lowest (12.8%) in the Northern zone. We found a significant association between age at marriage/cohabiting and ever having a pregnancy. The majority (88.2%) of those who married/cohabited before age 15 reported ever having a pregnancy, while 77.5% among those who married/cohabited after age 15 reported ever having a pregnancy. Only 7.5% of those who never married reported ever having a pregnancy. Ever having a teenage pregnancy decreased with increasing wealth, with ranges from 33.9% from the poorest households to 13.1% from the richest households. Thus, wealth was significantly associated with the outcome variable. Of those who were from female-headed households, 20.1% ever had a teenage pregnancy, while 22.8% from male-headed households reported ever having a teenage pregnancy. The sex of the household head was not significantly associated with teenage pregnancy. Distance to the health facility did not show any significant association with teenage pregnancy, with 24.2% of those who responded that distance to the health facility was a big problem ever having a teenage pregnancy, while 21.1% of those who responded that distance to the health facility was not a big problem ever had a teenage pregnancy. Similarly, 17.6% of those who said that obtaining permission to access healthcare is a big problem had experienced a teen pregnancy, compared to 22.4% of those who said that it was not a big problem obtaining permission to access healthcare. No significant association was found with the outcome variable. Age, educational level, geographical zone, age at marriage/cohabitation, type of place of residence, and wealth quintile were found to be significantly associated

### 2.3. How do economic and need factors influence teenage pregnancy in Okollo Sub County, Madi Okollo District.

The study was conducted to assess female adolescent knowledge regarding the social work strategies to minimize the factors influencing teenage pregnancy. As regard to social work strategies of studied subject about teenage pregnancy, the present study will indicate that nearly two thirds of the sample will fair knowledge and more than

one third of them will good knowledge. The finding was in the same line with (Abelfath, 2008*)* who reported that less than half of adolescent girls had good knowledge in total score about reproductive health. In addition, a study conducted by *(*KasiyeShiferaw et al., 2013*)* who found that three quarters of studied subject had fair knowledge related to reproductive health aspects.

This finding matching with (Bobhate and Shrivastava, 2011*)* who reported that one third of studied subject had good knowledge about reproductive health. Also, these results were supported by *(*Moussa, 2012*)* who mentioned that a large proportion of the participants exhibited fair knowledge about important reproductive health issues and a study conducted by (Malleshappa**,** 2011) who reported that more than half of adolescent girls had lack knowledge regarding reproductive health. The similarity between the results of these studies could be due to similarity of socio- demographic characteristics of studied subject e.g. educational level and age group.

The previous finding in contrast with a study conducted by **(**Shivaram**et**.al**,** 2014*)* stated thatmore than two-thirds of the adolescents had good knowledge about reproductive health.A study conducted by *(*Foroozanfard ***et***.al**,** 2010) revealed that most of participants had good knowledge. A study conducted by **(**AkwasiKumiet.al,2014*)* which reported that more than three quarters of studied subject had good knowledge about reproductive health aspects and study cited by (Li PongWong**,** 2012) who reported that the most adolescents had good knowledge about reproductive health aspects. This may be due to demographic and cultural difference EzzEbrahim**,** NadiaFahmy**&**ShimaaAhmed241and difference in accessing reproductive health information. Regarding the source of knowledge, the results of the present study showed that less than one quarter of them were informed from media and mother which indicates that mass media is effective in disseminating information, this finding will be consistent with *(*Malleshappa**,** 2011*)* who found that the source of adolescent information about reproductive health aspect were television and radio. This result also in agreement with the study carried out by (GebremichaelandChaka**,** 2013*)* who mentioned that the sources of adolescent information about reproductive health aspect were the mass media, internet and mother. This similar to study cited by *(*Moussa**,** 2012*)* which revealed that media was the most important source of

knowledge. And a study conducted by *(*Akhter**,** 2008*)* revealed that the source of adolescent information about reproductive health aspect was mother.

As study conducted by *(*Sanad**,** 2009*)* reported that studied sample lived in bride well.

**2.4. What are the solutions of teenage pregnancy on the girls in Okollo Sub County, Madi Okollo District?**

Teenage pregnancy prevalence is at 25%, 16% of Ugandan women are married by the age of 15 years and 53% by the age of 18 years. Available information reveals that teenage pregnancies carry a higher health risk and girls under 15 years are 1ve times more likely to die in childbirth than females in their twenties. An estimate of 6,000 teenagers dies annually from maternal related complications.

In Uganda, the maternal mortality rate of 435/100,000 mothers of which a large population of women dies from abortion complications in adolescents. Uganda also ranks high in the adolescent pregnancy rates in the sub - Saharan African countries. In the available data, most studied districts show that adolescents become pregnant at the age of 16-18 years. Teenagers are prone to getting complications like obstructed labor, post-partum haemorrhage, and vaginal tears due to inadequate birth canal and abortions. They lack knowledge of proper nutrition in pregnancy, the role of antenatal care visits, and parental care for the new born infant. These are the same people likely to produce and dump their children in latrines, streets, bushes, and dustbins (Massawe, 2007).

This may not be so different from what is happening in Madi Okollo district, since it contains a population accounted for in the rate mentioned above hence a reason for the study to be carried out in this speci1c parish.

Even though the Ugandan government has put efforts in advocating against teenage pregnancies through the ministry of health (MoH), and ministry of education and sports for schooling adolescents and training health workers on the provision of adolescent-friendly health services, there is still a high incidence of teenagers getting pregnant and aborting leading to increased maternal mortality. However, the public seems to be less concerned about this problem. Therefore, results from this study were used to assess the effectiveness of sexual education and other measures put in place by the government of Uganda and the non-governmental organizations (NGOs)

to reduce the rate of teenage pregnancies. More so, it will enlighten policymakers, health planners, and other researchers about the possible measures towards approaching this problem, its causes, and its associated effects.

### 2.5. Knowledge gap

The knowledge gap which the study focuses on is about the implications for parents of girls with teenage pregnancy have been related to the implementation of varied instructional strategies designed to ensure that girls are able to efficiently acquire, rehearse, and connect knowledge. Successful instructional principles include frequent review sessions, division of material in small steps, modeling, constant assessment, scaffolding, independent practice, and numerous questions which demand a response from girls who will be the victims. (Akhter, 2008) girls with teenage pregnancy may have limited access to technology, resources, and required assistance. This deficit must not be overlooked and attention should not be draw to it so as to place even more stress on them.

Enhancing family involvement and focusing on strengths are vital for reducing teenage pregnancy among girls, as well as exposing the girls to rigorous curriculum that demands higher order thinking. Research has shown that most girls exposed to early pregnancy that is girl's-centered are less likely to fall into truancy than those exposed to lower-order instructional strategies. Girls in poverty who are viewed as having intellectual deficiencies based solely on socioeconomic status are less likely to succeed in school. Unbiased instructional support is necessary in order to enhance the likelihood of increased girl's performance. (Gorski, 2013)

### 2.6. Chapter Summary.

A Teenager 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. It starts from thirteen to nineteen years of age. Teenage is similar to adolescence which is de1ned by the World Health Organization (WHO) as a progression from secondary sexual characteristics (puberty) to sexual and reproductive maturity. It involves making major decisions about roles in life. It is as well a period in which preparations of activities for adulthood are undertaken (WHO, 2004).

During this period people become emotionally attracted to the opposite sex. Teenagers are conscious of their looks, personality, people with whom they associate, and activities that please them. Teenagers may rebel against parents, and their role models may be artists, actors, teachers, pop musicians, or other kinds of persons. They can also start involving in bad behavior and subsequently have sexual experimentation as a result of peer pressure which leads to unwanted pregnancies (Rachel, 2009).

Teenage pregnancy is pregnancy in girls below the age of 20 years. It is one of the most devastating reproductive health challenges and has consequences not only for the individual girl but also for the community and country as a whole. One out of four girls aged 15 – 19 years is already a mother or pregnant with her 1rst child. Uganda has one of the highest adolescent pregnancy rates in Sub- Saharan Africa with about 24% of adolescent girls getting pregnant before the age of 19(UDHS, 2011).

A 25% pregnancy rate among adolescents in a population of 30 million people is therefore a worrying issue for the government of Uganda. In Uganda, early marriage and childbearing are encouraged through traditional, social, economic, and cultural norms. Therefore, cultural and social pressure from families of adolescents forces them to marry young and begin childbearing at an early age (UDHS, 2011).

Most teenagers start having sexual intercourse at a very early age. This predisposes them to teenage pregnancies especially when there is no use of contraception measures. Engaging in sexual relations at a young age is associated with low socioeconomic status or poverty among people. Lack of adolescent reproductive health education, school dropout due to lack of school fees, child-headed families due to HIV/AIDS scourge and bad behavior among unruly adolescents are particularly implicated. A study in Uganda showed that the age of sexual intercourse for females was 15.5 years and this was linked to teenage pregnancy and early childhood bearing (Mugabe, 2006).

The International Conference on Population and Development (ICPD) among other concerns put reproductive health and reproductive rights of young people as a concern. They urge governments in collaboration with civil society to take an initiative to meet the adolescent reproductive and sexual needs,

so Uganda National Fund for Population Activities (UNFPA) through its staff, government socials, national and international advisory issued a program advisory note recommending greater attention to meeting the peoples' reproductive health needs and services (UDHS, 2006).

36.4 million Women aged 20 to 24 in 2010 had their 1rst live birth before age 18, and about 5.6 million did so before 15 years. This value is equivalent to 7.3 million girls under the age of 18 giving birth every year, or 20,000 every day. Almost half (17.4 million) of the 36.4 million adolescent mothers lived in South Asia. Sub-Saharan Africa, with the highest prevalence of pregnancies among adolescent girls, accounted for 28% of adolescent mothers, with 15% in West and Central Africa, and 13 percent in Eastern and Southern Africa (UNFPA, 2013).

Every year about two million girls under the age of 15 and 16 million of girls aged 15 to 19 give births to babies annually.

Globally, by the age of 18, one in 1 of 8 girls has given birth. This 1gure rises to over one in three girls in the poorest regions of the world. About 95% of all adolescent births occur in low- and middle-income countries. The poor, less educated and rural populations are more likely to have adolescent births within countries (WHO, 2014).

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.0 Introduction

This refers to the guidelines or procedures that will be used in conducting the study. This chapter presents the research design, study population, area of the study, sample size and collection, sampling techniques.

## 3.1 Research design.

Explanatory design was used in the study to provide adequate and detailed information about the problem under study and this therefore, will help the researcher collect accurate and relevant information relative to the study. Both qualitative and quantitative research methods will be employed in collecting the information from the selected respondents in each parish in the Town Council to give their views and feelings on how teenage pregnancy has affected girls in the community of Okollo Sub County.

## 3.2 Study population.

The study population targets the young girls, between the age bracket of (13 to 17s), adults (20 and above) who are victims of teenage pregnancy directly in the respective capacities whom the researcher believed to be familiar with how teenage pregnancy affects girls in Okollo Sub County.

## 3.3 Sample size.

The sample size of the was approximately one hundred (100) respondents that was used, of which seventy (70) will be girls of different Ages within Okollo Sub County will be used, thirty (30) will be married women within Okollo Sub County and ten (10) Religious leaders and local Government officials of Okollo Sub County. Simple random sampling will be used in which every individual in the population under study; the research then will arrive at the needed findings. Purposive sampling will also be helped the researcher to arrive at the target population of a particular purpose such as pupils, students, teachers and local councils within Okollo Sub County

### 3.4 Data sources.

#### 3.4.1 Primary sources

This is the source of information which was organized specifically for the current purpose. The researcher will collect from the respondents (field data)

#### 3.4.2 Secondary sources.

This is referred to as the documentary analysis. This is the source of information that will be collected from some other sources elsewhere but still in the same research proposal. The information collected from the field will be supplemented by secondary sources such as magazines, journals, textbooks, newspapers internet and articles. The researcher will review the literature which data had already been conducted by other authors (relative to area of study)

### 3.5 Methods of data collection

#### 3.5.1 Focused group discussions

This was used by the researcher to ensure that the target girls' number between the ages of 13-17. This will ensure that the researcher will be able to eliminate a crowd and fewer ideas .and due to some of the illiteracy levels as the study took place in the village, this method will more be appropriate at arriving at the target objectives of the study.

#### 3.5.2 Self-administered questionnaires (SAQ)

The researcher set and took formalized questions to the respondents; they will later be collected after some time from the respondents by the researcher for presentation and analysis. This served the respondents who could read and write, this will be convenient for both the researcher and the respondents since it will be simpler to use and covered a large number of respondents in a relatively short time.

#### 3.5.3 Interviews

This was used in collecting data from respondents who may not be able to read and write. Interviews will also give an opportunity to the researcher to observe on non-verbal behaviors of the respondents verbatim.

### 3.5.4 Observation.

Direct observation was employed in order to observe and confirm some of the obvious data required like noticing contributions in terms of what respondents believed she or he had achieved through education.

### 3.6 Data analysis

Both qualitative and quantitatively approaches were used single handedly in the research to present the findings obtained from the field. Data will be collected and presented using statistical tabulation, through the statistical package for social sciences (SPSS).other interpretations that will be done through Interpretation of the information (that was availed to the researcher in the process of the interview) Data will be analyzed using computer packages which included; MS-excel and MS-word in editing, coding and tabulating to ensure clear and easy digestion of research findings.

### 3.7 Validity

Teenage pregnancy is a widespread issue that impacts individuals, families, and societies globally. The World Health Organization estimates that approximately 16 million girls aged 15 to 19 give birth each year. Teenage pregnancy can have far-reaching consequences, including limited educational and economic opportunities for young mothers, higher health risks for both the mother and child, and the perpetuation of intergenerational cycles of poverty. When researching teenage pregnancy among school girls, it is crucial to consider the validity and reliability factors that can significantly influence the accuracy and trustworthiness of the findings. This essay will delve into the validity and reliability factors that can impact research on teenage pregnancy among school girls, and discuss strategies to address these factors in the research methodology, in the context of teenage pregnancy among school girls, researchers must ensure that the methods used to collect data are valid and align with the research objectives. Social desirability bias is a significant validity factor that can influence studies on teenage pregnancy. Social desirability bias occurs when respondents provide answers that are socially acceptable or favorable, rather than truthful responses. In the case of teenage pregnancy research, school girls may hesitate to disclose information about their sexual activity,

contraceptive use, or pregnancy due to societal stigma, fear of judgment, or perceived repercussions, Researchers can mitigate social desirability bias by using strategies such as anonymous surveys, confidential interviews, or online data collection methods. Providing a safe and non-judgmental environment for participants to share their experiences can help reduce the impact of social desirability bias. Moreover, researchers can establish rapport with participants and communicate the importance of honest and accurate responses without fear of judgment. By employing these methods, researchers can enhance the validity of data collected on teenage pregnancy among school girls, another validity factor that researchers need to consider is selection bias. Selection bias occurs when the sample of participants in a study does not accurately represent the target population, leading to skewed or incorrect findings. When researching teenage pregnancy among school girls, selection bias may occur if the sample is limited to specific schools, geographic regions, or socioeconomic backgrounds.

### 3.8 Reliability

Reliability pertains to the consistency and stability of research findings. Measurement error is a reliability factor that can impact studies on teenage pregnancy among school girls. Measurement error refers to inaccuracies or inconsistencies in data collection processes that can affect the reliability of results. For instance, using poorly designed survey questions, subjectivity in data coding, or inadequate data collection protocols can introduce measurement error and undermine the reliability of the study findings. To reduce measurement error and enhance reliability, researchers should use validated survey instruments and standardized data collection protocols. Pre-testing survey instruments with a small sample of school girls can help identify and address potential issues with question clarity, comprehensiveness, and relevance. Additionally, researchers should apply consistent data coding procedures and ensure inter-rater reliability to minimize errors in data entry and analysis. By employing robust data collection methods and protocols, researchers can enhance the reliability of their findings on teenage pregnancy among school girls, Researcher bias needs to consider when studying teenage pregnancy among school girls. Researcher bias occurs

when researchers unknowingly influence study outcomes through their beliefs, values, or interpretation of results. For instance, leading questions, selective reporting of data or confirmation bias can introduce researcher bias and compromise the objectivity of the study findings.

### 3.9 Limitation of the study.

There were several limitations that I met when carrying out the research study and they may include the following;

(a) There were inadequate finances which will be of great importance in conducting the research.

(b) Poor weather conditions like a lot of wind and sunshine (heat) will affect the health of the researcher thus retarding my capacities in carrying out thorough interviews and distribution of the questionnaires.

(c) There was limited cooperation among the respondents in the process of data collection.

(iv) Time barrier to fully complete the report that is beating the deadline.

### 3.10 Ethical considerations.

An introductory letter will be given first from the head of department social science in the University of Uganda Christian University Arua Campus, and will be presented to the chairperson of the area under study and respondents before the interviews is carried out. This will create a good report between the researcher and locals of the area. It is here that the researcher will install ethical values of confidentiality to me (the principle that the interest of the participants would be protected) and ensured that i did not interfere with their values and norms of the community in which the study will be carried out.

### 3.11 Areas for further research

**L**ongitudinal studies to track causal relationships, addressing limitations in cross-sectional designs, Impact of education on the livelihood of school age going children in Madi Okollo District. Socioeconomic factors that lead to teenage pregnancy in Madi

Okollo District, this study fill the gap in localized data on teenage pregnancy in rural Uganda, offering evidence for tailored interventions. It aligns with global calls to address sexual Reproductive Health (SRH) disparities in marginalized communities such as Okollo Sub County, Madi Okollo District.

### 3.12 Chapter summary

A comprehensive research design on teenage pregnancy in Madi Okollo would encompass a multifaceted approach, marrying quantitative data analysis with qualitative methodologies in order to reach a holistic understanding of the phenomenon. Drawing from Creswell's principles, researchers would be able to conduct surveys and statistical analyses in order to determine prevalence rates and current trends, while interviewing and conducting focus groups to understand deeper social, cultural, and economic factors driving teenage pregnancy within the region. Triangulating data sources with rigorous methodological techniques allows the researcher to derive nuanced insights and recommendations for targeted interventions and policy initiatives aimed at addressing root causes of teenage pregnancy in Madi Okollo.

# CHAPTER FOUR

## DATA PRESENTATION, ANALYSIS AND INTERPRETATION

### 4.0 Introduction

This chapter presents the empirical findings from the study, analyzing quantitative and qualitative data collected from 100 respondents in Okollo Sub County. The data is organized around the study's objectives:

(a) **To determine cultural and parental guidance for school teenage girls,**

(b) **How do economic and need factors influence teenage pregnancy among school girls**, and

(c) **What are the solutions of teenage pregnancy on the girls?**

The data will be analyzed and interpreted using statistical tools (SPSS) and thematic analysis.

### 4.1 Demographic Characteristics of Respondents

| **Category** | **Female** | **Male** | **Total** |
|---|---|---|---|
| **Age distribution** | | | |
| 15 – 17 | 25 | 35 | 60 |
| 18 – 19 | 15 | 25 | 40 |
| **Education level** | | | |
| Primary | 35 | 35 | 70 |
| Secondary | 15 | 05 | 20 |
| Tertiary | 05 | 05 | 10 |
| **Marital status** | | | |

| | | | |
|---|---|---|---|
| Married | 45 | 45 | 45 |
| Unmarried | 55 | 55 | 55 |

Source: Primary data, 2026

Age Distribution: 60% of respondents were aged 15–17, while 40% were 18–19, aligning with World Health Organization's definition of teenage pregnancy.

Education Level: 70% had primary education or less, corroborating studies linking low education to higher pregnancy rates.

Marital Status: 45% were unmarried, reflecting trends in rural Uganda where premarital pregnancies are stigmatized but prevalent.

### 4.2 Factors Influencing Teenage Pregnancy

| **Factor** | **Status** | | |
|---|---|---|---|
| Socioeconomic | Poor | Average | Total |
| Poverty | 65 | 35 | 100 |
| Limited contraceptive access | 15 | 85 | 100 |
| **Cultural and social norms** | **Peer pressure** | **Not peer pressure** | **Total** |
| Peer influence | 55 | 45 | 100 |
| Early marriage | 30 | 70 | 100 |
| **Structural barriers** | **Easy access** | **No / little access** | **Total** |
| Distance from health services | 80 | 20 | 100 |

**Source: Primary data, 2026**

**Socioeconomic Factors: Poverty:** Of the sampled population, 65% cited financial hardship as a driver, with families prioritizing early marriage for economic survival.

**Limited Contraceptive Access:** On the use of contraceptives, only 15% reported having used modern contraceptives, mirroring findings from Okollo Sub County.

**Cultural and Social Norms:**

Peer Pressure: 55% early pregnancy is attributed to peer influence while 45% to other factors such as family negligence.

Early Marriage: 30% were in child marriages, a norm in rural Uganda despite legal prohibitions by the government and local authorities.

**Structural Barriers:** Distance to Health Services: 80% of school age going children reported challenges accessing reproductive health clinics, presenting high risks.

### 4.3 Effects of Teenage Pregnancy

| **Category** | **Dropped** | **Not dropped** | **Total** |
|---|---|---|---|
| Education disruption | 75 | 25 | 100 |
| **Health related issues** | **Depressed** | **Not depressed** | |
| Mental health | 50 | 50 | 100 |
| Health complications | 25 | 75 | 100 |

**Source: Primary data, 2026**

Education Disruption: 75% of pregnant girls dropped out of school, echoing national data on Uganda's school attrition rates.

Mental Health: 50% exhibited depressive symptoms, aligning with studies on unmarried mothers' psychosocial stress.

Health Complications: 25% reported obstetric complications for example fistula, consistent with World Health Organization's global findings.

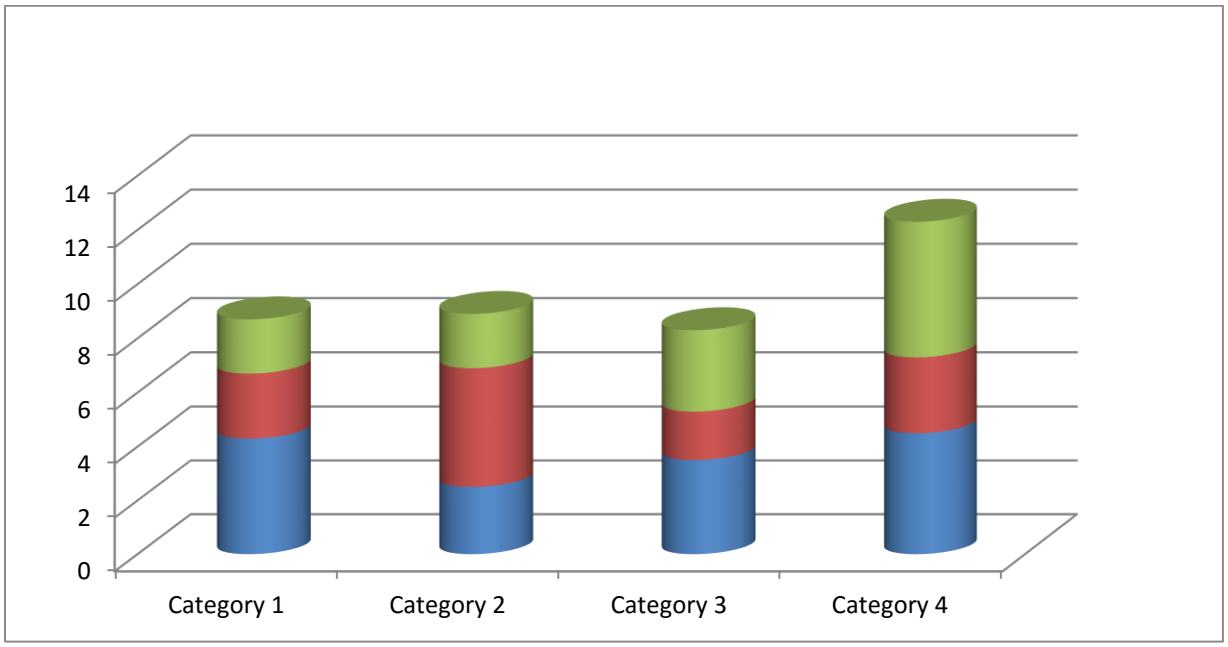
### 4.4 Social Work Strategies Proposed by Respondents

| Category | Access | Little access |
|---|---|---|
| Community education | 60 | 40 |
| Economic empowerment | 40 | 60 |

**Source: Primary data, 2026**

Community Education: 60% advocated for school-based sex education, similar to interventions in Uganda.

Economic Empowerment: 40% suggested vocational training to reduce poverty-driven pregnancies for example, hair salon and hair dressing, catering and hotel management among others.



### 4.5 Chapter summary

This chapter explained that, Socioeconomic Factors like Poverty, Of the sampled population, 65% cited financial hardship as a driver, with families prioritizing early marriage for economic survival. Limited Contraceptive Access, on the use of contraceptives, only 15% reported having used modern contraceptives, mirroring findings from Okollo Sub County. Cultural and Social Norms like Peer Pressure: 55% early pregnancy is attributed to peer influence while 45% to other factors such as family negligence. Early Marriage: 30% were in child marriages, a norm in rural Uganda despite legal prohibitions by the government and local authorities.

Structural Barriers: Distance to Health Services: 80% of school age going children reported challenges accessing reproductive health clinics, presenting high risks.

# CHAPTER FIVE

# DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

## 5.0 Introduction

This chapter explains the discussions, conclusion and recommendation of the research findings.

## 5.1 Discussion of Key Findings

The study reveals that teenage pregnancy in Okollo Sub County is driven by intersecting factors: poverty, cultural norms, and systemic gaps in health services. The above factors contribute an average of 49% pregnancy prevalence as mirrored by refugee settlements in Northern Uganda, underscoring shared vulnerabilities despite differing contexts.

On the socioeconomic factors as one of those leading to teenage pregnancy, poverty has greatly contributed to the rise in teenage pregnancy in Okollo Sub County Madi Okollo district with 65% of the respondents presented poverty issues.

It should also be noted that peer pressure and influence have contributed to about 55% of the factor that promotes teenage pregnancy in Okollo Sub County, Madi Okollo district as peers influence attributes, behavior and way of life among equally placed young people.

Early marriage tendencies only contribute 30% to the prevalence of teenage pregnancy in Okollo Sub County, Madi Okollo district meaning it’s not a serious concern and possibly presents a small threat to teenage pregnancy.

Access to health service in Okollo Sub County, Madi Okollo district is better as compared to other areas in the district as 80% of the respondents have easy access to health-related services and only 20% have little access to health services in Okollo Sub County, Madi Okollo district.

It should be noted that, the lack of contraceptive use of 15% aligns with broader Sub-Saharan trends, while mental health impacts reflect stigmatization of unmarried mothers.

On effects of teenage pregnancy, 75% of the respondents presented challenges and as such they dropped out from school leaving only 25% who are able to complete their education at some level.

Mental health issues such as depression presented a 50% contribution to teenage pregnancy in Okollo Sub County, Madi Okollo district. This could be due to family neglect and limited access to health services.

On health complications, 25% showed some signs of fistula and other health related complications while 75% of the respondents presented much bigger signs of health complications.

On social work strategies proposed by respondents, 60% of them recommended improvement in educational access and facilities while only 40% did not support the idea of education.

40% of the respondents proposed economic empowerment while 60% did not value economic empowerment as a strategy to reduce teenage pregnancy prevalence in Okollo Sub County, Madi Okollo district.

### 5.2 Conclusion

The study confirms that teenage pregnancy in Okollo town council Okollo district is a multidimensional crisis requiring holistic interventions with key drivers such as; economic deprivation, limited access to education, and patriarchal norms, while effects span health, education, and psychosocial well-being.

### 5.3 Recommendations

There’s need to integrate comprehensive and inclusive sexuality education into school curricula, as piloted in South Africa.

There's also need to enforce laws against child marriage, leveraging Uganda's UN commitments.

Invest in training community health workers to provide adolescent-friendly services, replicating Namibia's model such as Village Health team to supplement the effort of other health workers.

There is also a dire need to launch awareness campaigns to combat stigma, drawing from psychosocial support frameworks.

**5.4 Areas of further Research:**

Longitudinal studies to track causal relationships, addressing limitations in cross-sectional designs.

Impact of education on the livelihood of school age going children in Madi Okollo district.

Socioeconomic factors that lead to teenage pregnancy in Madi Okollo district.

**5.5 Contribution to Knowledge**

This study fills gaps in localized data on teenage pregnancy in rural Uganda, offering evidence for tailored interventions. It aligns with global calls to address Sexual Reproductive Health (SRH) disparities in marginalized communities such as Okollo Sub County, Madi Okollo district.

**5.6 Chapter summary**

In the summary, the study reveals that teenage pregnancy in Okollo Sub County is driven by intersecting factors: poverty, cultural norms, and systemic gaps in health services. The above factors contribute an average of 49% pregnancy prevalence as mirrored by refugee settlements in Northern Uganda, underscoring shared vulnerabilities despite differing contexts. On the socioeconomic factors as one of those leading to teenage pregnancy, poverty has greatly contributed to the rise in teenage pregnancy in Okollo Sub County Madi Okollo district with 65% of the respondents presented poverty issues.

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## APPENDICES

### APPENDIX: STUDY INSTRUMENTS/TOOLS

### Appendix i: questionnaire

Dear respondent,

I am **Droti Isaac** a student of Uganda Christian University, Arua campus, pursuing a Bachelor's Degree in Social Works and Social Administration. I am conducting a research on the topic: "Factors Influencing Teenage Pregnancy among Girls in Okollo Sub County, Madi Okollo District". The information that will be obtained is for academic purpose and will be treated with utmost confidentiality. I therefore humbly request that you complete this correctly in the spaces provided or options given. Please, tick the appropriate answers where options are given.

**PART A: BIOGRAPHIC INFORMATION OF THE RESPONDENT**

Please fill and tick where applicable

1. Age of the respondent

a. 10-15 ☐ (b) 16-20 ☐ (c) 21-25 { } (d) 26-30 { } (e) 31 and above { }

2. Gender of the respondent

Male { } Female { }

3. Marital status

a. Single { } (b) married { } (c) divorced { }

4. Highest level of education

a. Primary { } (b) secondary { } (c) diploma { } (d) university { }

**PART B: UNDERSTANDING TEENAGE PREGNANCY**

5. How does teenage pregnancy manifest itself?

a. Lack of sanitary pad { }

b. Lack of parental care { }

c. Low level of education { }

d. All { }

6. What category of age group affected most by teenage pregnancy?

a. Adults { }

b. Youth { }

c. Children { }

7. Have you ever affected with the case of teenage pregnancy in your home?

a. Yes { }

b. No { }

8. Is teenage pregnancy good in your community?

a. Yes { }

b. No { }

9. How do people react/ respond to teenage pregnancy?

a. Use of condom { }

b. Use of contraceptive pills { }

c. Abstinence { }

d. Others specify { }

……

**PART C: EFFECTS OF TEENAGE PREGNANCY ON GIRL'S EDUCATION**

10. Does teenage pregnancy affect girl's Education?

a. Yes { }

b. No { }

11. How does teenage pregnancy affect girl's Education?

a. School drop-out { }

b. Lower educational attainment { }

c. They become parents { }

**PART D: EFFECTS OF TEENAGE PREGNANCY ON GIRL'S PERFORMANCE IN SCHOOL**

12. Does teenage pregnancy affect girl's performance in school?

a. Yes { }

b. No { }

13. How does teenage pregnancy affect girl's performance in school?

a. They are always isolate themselves { }
b. They come late to school { }
c. They always skip classes { }

14. Do pregnant girls complete their studies?

a. Yes { }
b. No { }

c) Others specify

……..

15. How are pregnant girls treated in schools by their fellow students?

a. They are marginalized { }
b. They are abused { }
c. They are isolated { }

16. Do teachers love pregnant girls?

a. Yes { }
b. No { }

## APPENDIX II: INTERVIEW GUIDE WITH KEY INFORMANTS

1. For how long have you been in this service? What type of clients have you been dealing with? Do you think their problem is associated with teenage pregnancy?
2. Do you have some clients in terms of sex? Which age group is affected most by this problem?
3. What is their level of education?
4. Why do you think they always intended to get pregnant? Do they get pregnant because of peer influence or because of poverty?
5. What reasons do they give for being pregnant?
6. Do you think teenage pregnancy affects school going girls? What are some of the effects of teenage pregnancy on them?
7. Have there been strategies put in place to reduce teenage pregnancy? If so, what are those strategies?
8. How effective have those strategies been? To what extent has it worked?
9. What do you think should be done to curb this problem of teenage pregnancy?

**THANK YOU FOR YOUR PARTICIPATION!**