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# THE IMPACT OF TEENAGE PREGNANCIES ON THE SOCIAL WELLBEING OF TEENAGERS IN KAMPALA.


**BY**

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**A DISSERTATION SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES IN PARTIAL FULLFILLMENT OF THE REQUIREMENT FOR THE AWARD OF A BACHELORS DERGEE IN SOCIAL WORK AND SOCIAL ADMINISTRATION.**

# APPROVAL

**APPROVAL**

**This is to certify that this dissertation has been submitted for examination in partial fulfillment for the award of a Bachelors Degree of Social Work and Social Administration at Uganda Christian University with approval as the University Supervisor**

**Signed: ……**

**Date: …….**

**MADAM ASIIMWE ELLEN**

**(UNIVERSITY SUPERVISOR)**

## DECLARATION.

I **OKALEBO PRECIOUS MERCY** declare that the information compiled in this report is soulfully mine and in my own initiative as a result of my experience and it has never ever been submitted to any other institution of higher education.

**Signature…….**

**Date……**

**OKALEBO PRECIOUS MERCY.**

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# CHAPTER ONE

## 1.1 BACKGROUND OF THE STUDY

Teenage pregnancy or early pregnancy refers to the development of a fetus in a female under the age of 19. A person aged between 13 and 19 years is referred to as a teenager they can however be referred to as adolescents too because this stage is very interesting in a child's development in that they typically go through a period of growth and development where they experience physical, emotional, and social changes as they transition from childhood to adulthood.

Teenage pregnancy generally refers to a young female who is unmarried and usually refers to an unplanned pregnancy. A pregnancy can take place at any time after puberty, with menarche (first menstrual period) normally taking place around the ages of 12 or 13, and being the stage at which a female becomes potentially fertile.

Pregnancy is considered to be a gift from God in most cultures and babies are a blessing to the couple but however if the parties are un married and more so teenagers, it is considered to be and abomination for some in that in very many cultures and religions it is highly advisable for one to have their child after marriage and at the suitable age. In early Buganda history, it was considered a taboo to fall pregnant whilst un married and these young ladies would be taken to an island on Lake Victoria and left abandoned to die on these islands as a punishment because an un married pregnant young lady was considered to be a misfit to their families. Over the years, these harsh punishments have changed but however in some cultures, it is still considered to be disgraceful for one to fall pregnant whilst unmarried and while they are young. In Uganda today, these pregnant teenagers are treated indifferently by their friends, family members and peers as they are mocked, ridiculed and even forced to get abortions against their will. Because of how society treats these young ladies, it greatly affects their mental health and their social life as many of them isolate themselves in hiding so that their peers and family members can't treat them indifferently. Some even lose their beautiful, jovial character traits due to the fact that they have become pregnant.

Social wellbeing refers to the state of being comfortable, healthy, within a society. It delves into relationships with their colleagues. Family and social support networks, and many more. In many studies social wellbeing can be referred to as one having a sense of belonging, connection or

value in a society regardless of their background which contributes to one's overall happiness and quality of life.

During my course of life, I have encountered very many young ladies who had succumbed to teenage pregnancy. Some were as a result of conceptual relationships with their peers well as others were a result of situations like abuse of coercion. This problem became big issue in that these young ladies were no longer themselves they chose to exclude themselves in hiding so that they couldn't be questioned further for their actions as many of them had already been taunted by their families and friends and this caused them to result into alienation of themselves.

A survey shows that a number of young girls in Kampala have been identified as victims of teenage pregnancies and in 2016, Uganda demographic and health survey revealed that up to 22% of young girls under the age of 18 have been victims of sexual violence and that annually, 13% of women report experiencing sexual assault and rape resulting into pregnancies.

Through observation and scrutiny of the media, research says that teenage pregnancies reached their peak in 2020 during the COVID 19 pandemic. Due to a number of factors such as unemployment, idleness, closure of schools, etc. and this factors facilitated young boys and girls to gallivant into premarital sex Hence during the lockdown cases of teenage pregnancies increased from by 4% from 38651 to 40258 in the whole of Uganda.

Over the years, teenage pregnancies have become very prevalent affecting every 1 in 4 girls (25%) below the age of 18 years and this has led to a variety of problems such as stress, depression, anxiety, social withdrawal, and even school dropouts. This report aims to delve into the implications of teenage pregnancies on the social and emotional development of children, highlighting the challenges they may encounter and suggesting strategies which could help them cope.

Teenage pregnancy has existed in Uganda for several decades. According to UBOS 2018, almost a quarter (one in four or 25%) of Ugandan women aged 15 -19 have given birth or are pregnant with their first child by the time they are 18 years. The 2020 national survey on violence revealed that over the last 45 years, more than half of the girls may have experienced childhood sexual abuse, which may also explain the unchanging level of teenage pregnancy (UNICEF 2021). In

2020, there was a marked increase in teenage pregnancy in 67 out of the 136 districts in the country (UNFPA 2021).

According to UNICEF (2020) the number of teenage mothers greatly increased from the months of January to February 2020 due to the fact that many of these young girls were left idle at home during the lockdown causing them to engage in sexual activities which led to their pregnancy. Whereby all through Kampala in 2020, 8460 young ladies became pregnant that year. Causing Kampala to rank i the top 10 districts that succumbed to Teenage pregnancies.

However, teenage pregnancies have proved to be more prevalent in the rural areas than in the urban areas in a ratio of 27 to 19.respectively. This has also led to the prevalence of HIV/AIDS in the rural areas in that majority of these young girls have been educated upon the necessities of learning how to take care of their lives and avoid all these occurrences. This has also coupled with very many effects such as low self esteemed, abuse hinder their ability to grow and develop to their full potential(NDPIll2020;UNFPA2017).

## 1.2 PROBLEM STATEMENT.

Teenage pregnancies impose a significant challenge to the social wellbeing of these teenage mothers. Despite various interventions and programs aimed at addressing this issue, there remains a gap in understanding the specific ways in which teenage pregnancies influence the social well-being of the children involved. This problem statement seeks to investigate the multifaceted impacts of teenage pregnancies on the social wellbeing of teenagers considering factors such as familial dynamics, socioeconomic status, access to resources and community support systems.

## 1.3 PURPOSE OF THIS STUDY

The main purpose of this study aims to provide insights into the specific social challenges faced by teenage parents and identify effective strategies for supporting their healthy development. Ultimately, the study seeks to contribute to the enhancement of overall societal well-being by addressing the complex issues surrounding teenage pregnancies and their consequences.

## 1.4 General Objective

The overall objective is to explore how early pregnancies affect the social wellbeing of these young girls under the age of 19, in Kampala.

### 1.4.0 Specific Objectives

1) To investigate the factors contributing to teenage pregnancies.

2 To analyze the impact of teenage pregnancies on the social wellbeing of the teenager.

3 To examine the role played by the government, in improving the social wellbeing of teenage mothers.

## 1.5 RESEARCH QUESTIONS.

1) What are the primary factors contributing to teenage pregnancies?

2) What is the impact of teenage pregnancies on the social wellbeing of the teenager?

3) Examine the role played by the government in improving the social wellbeing of the teenage mothers.

## 1.6 SCOPE OF STUDY

### 1.6.0 Geographical scope.

The study was conducted in Kampala mainly focusing on These four schools namely Rise and shine secondary school, Kyambogo Secondary School, Old Kampala SS and Luzira SS in the central region of Uganda( Kampala). I had to choose this area because they were identified as one of the communities with the rising cases of teenage pregnancies in Uganda.

## 1.7 JUSTIFICATION OF THE STUDY.

My study aims at addressing the significant issue that not only affects the lives of teenage parents but also their children by helping to stop the prevalence of teenage pregnancies in Uganda.

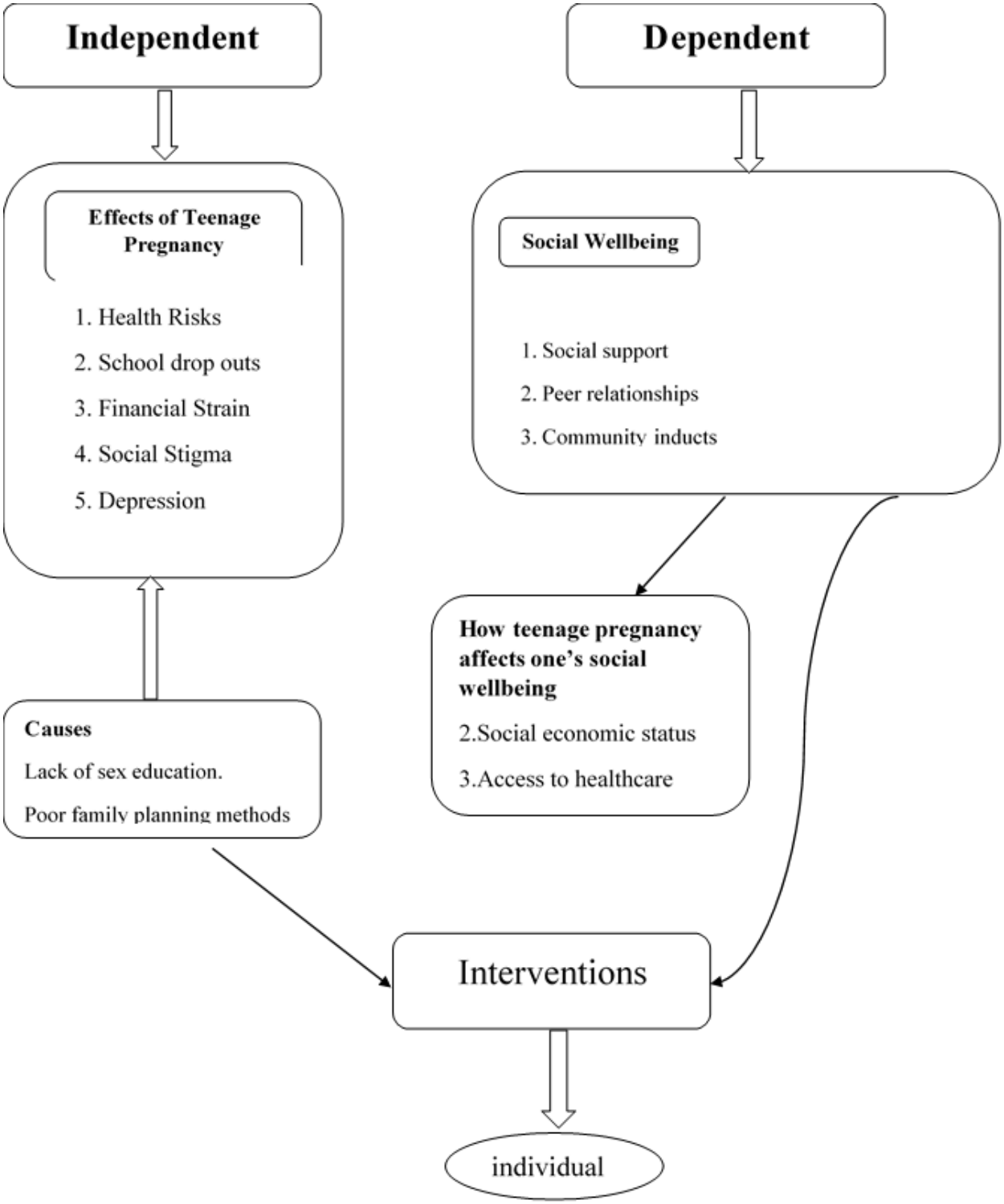
## 1.8 SIGNIFICANCE OF STUDY

This study will contribute to more analytical and statistical data collected about teenage pregnancies in Ntinda especially to the ministry of health in that ways on how to curb teenage pregnancies will be formulated.

The study also aims to benefit scholars and academicians interested in carrying out research on the same topic as I. In that it will form a foundation or base for conducting more research.

Finally, this research study will also be significant to different organizations like NGOS and Civil society Organizations in providing them with the necessary data and statistics on the prevalence of teenage pregnancies and how it can further be addressed.

## 1.9 CONCEPTUAL FRAMEWORK



# CHAPTER TWO

# LITERATURE REVIEW.

## 2.0 Introduction

This chapter contains information and literature reviewed by various scholars, all the information was arranged in line with the research objectives.

## 2.1 Rate of Teen Pregnancies in Uganda

Studies in Uganda show that girls become sexually active earlier than boys do, which increases the risk of early pregnancies and marriages and consequently adolescent motherhood. Whereas 94% of women receive antenatal care, only 37% of births occur at health facilities; and findings show that low use of rural maternity services in Uganda impacts on women's wellbeing (Treffers, 2003). Besides, in a retrospective study of maternal deaths in 20 hospitals and 54 randomly selected health centers established that 86% mothers died within one hour of seven admissions. Among the risk factors was early motherhood (mothers aged 15-19) and history of abortions, a practice common among adolescents (Asiimwe-Okiror).

Statistics however, show that, unmarried adolescent mothers are more vulnerable to encounter unwanted pregnancies, than the married ones 15-17. In many cases therefore, the unmarried pregnant girls are rejected by their parents as they have added shame and an additional burden to the family. Men who impregnate these girls often deny responsibility. Pregnant adolescents face a lot of stigma (Hanna, 2001). Furthermore, these mothers are denied the opportunity to continue education. Medically, adolescent girls and their children are prone to complications during pregnancy, delivery and the period after 20. The commonly reported complications are obstructed labor, low birth weight, still births, neonatal death, and sometimes Vaginal Vesicle Fistula formation. Depression, anxiety and induced abortions are common among pregnant adolescents 21-23. It is not surprising, therefore, that adolescent girls face an average risk twice as high of dying from pregnancy or childbirth compared to women 20 to 34 years old (Atuyambe, 2005).

## 2.2 The factors contributing to teenage pregnancies

### 2.2.1 Lack of comprehensive sex education.

At 25%, Uganda has one of the highest levels of teenage pregnancies in the whole of sub-Saharan region of Africa. The government of Uganda has under taken many interventions so as to prevent the high levels of teenage pregnancies such as the universal primary and secondary education so as to aim at empowering the girl child and keeping her in school. (African health Sciences, 22 June, 2022). However, these interventions have not been productive enough whereby however much these teenage girls are in school the prevalence of teenage pregnancies still remains high in that sex education is not emphasized in the curriculum of these children in that many of them do not know the exact ways one can get pregnant. Uganda being a cultural county, many young girls have very many culture beliefs about sex in that many of them think the cannot get pregnant if they wash the sperm out immediately after having sex, and also myths of using an orange peel, honey, acacia leaves to be placed into the vagina to block the movement of sperm and very many other related cultural practices and myths. Sex education should be emphasized to these young children so that they cannot be fooled into doing sexual acts which will lead them to have unwanted pregnancies.

### 2.2.2 Poor family planning methods

More still, the number of teenage mothers who gave birth to their second or third child during their teenage year has increased in the last 10 years. Majority of these teenage girls do not know the right family planning methods to use while engaging in sexual activities where they choose to trust their partners in risky methods like withdraw which can easy lead to pregnancy if not used well. These teenagers should be educated in schools so as the get to attain know to teach them to say no to sex where by the should use the (abc) methods (National library of medicine 2006 Sept 3) which include abstinence, being faithful and using a condom to best protect them from unexpected pregnancy and sexually transmitted diseases.

## 2.3 The effects of teenage pregnancies on the social and emotional wellbeing of the child.

### 2.3.0 Health issues and sexual transmitted diseases.

According to Esther fuchs (25 March 2020), adolescents have an increased risk of preterm birth (PTB) and sexually transmitted infections (STIs). We examined the prevalence and impact of STIs (gonorrhea, chlamydia, and trichomonas) on PTB and chorioamnionitis in pregnant adolescents. It is a know fact that teenagers are scared to use contraceptives yet contraceptives are safer than pregnancy and delivery (National institute of health.2020). Majority of teenagers indulge into sexual activities without even testing their partners for sexually transmitted diseases as these children are still naive and innocent many of them base their relationships on love and trust and as a result the spread of diseases like HIV/AIDS have been widely spread out through intercourse.

### 2.3.1 School drop outs / Education interruption

As stated by Brown and Amankwaa (2007) "As more female college students are involved in sexual relationships their risk of conception increases. However, when pregnancy occurs it is only the woman who bears the burden and risk of the pregnancy and in most cases child care. “Often these types of pregnancy are unplanned or planned caring for a child becomes a full time job. Having a child while being a student becomes stressful because child rearing consumes time and energy, and this causes many young girls to drop out of school due to the strainious work of being both a mother and a student at the same time with a few exceptions the women are the primary care giver of the child. (Hofferth.Reid, & Mott, 2001 as cited by Brown &Amankwaa, 2007). According to Kidwell (2004), having a child while being a full-time student may be daunting and difficult however, it will be easier if she has a partner or a family member who can help her in taking care of the child. With the increase of higher education students, 10% of this population are parents or mothers who are hoping to give their children a better future and attending to their needs through receiving a degree. However, majority of these young mothers end up being single parents because majority of the males involved in the pregnancy dettach from these young girls or even deny being responsible for their pregnancy. These nontraditional

students are often Student Mothers and should be given special attention because aside from their role as student they are also mothers and care givers at home.

### 2.3.2 Emotional and mental health impact

When pregnant students and student mothers are expected to subordinate their needs and desires to those of their children and families, they are forced to grapple with the conflicting roles of motherhood and studentship (Berg &Mamhute, 2013). Brown &Amankwaa, (2007) stated that parenting is a very stressful and some women cannot handle all the tasks involved especially the first time mothers and need help or assistance from the people around them. Although having someone help the mother is good but the expectation of receiving support after giving birth to a baby often causes Stressors that may lead to depression during postpartum period. Many student mothers have expressed feelings of guilt, worry and inadequacy in both as a student and as a mother. (Thompson, 2004)

However, being a student mother doesn't always have negative effect, it also has positive effects as shown below.

### 2.3.3 Personal growth and responsibility

Story (1999). As cited by Brown &Amankwaa (2007). Has found out that student mothers are more responsible than those of regular students. He has seen that girls who were irresponsible before pregnancy has become more responsible after pregnancy and is less likely to drop out of school than the regular students.

### 2.3.4 Limited time for self

For women who juggle family and student responsibilities, the lack of time is one of the major issues faced. (Liversidge, 2004) Many student mothers use different coping mechanisms to adjust to their situation. As stated by Grohman (2009), student mothers depend on time management to handle the many different tasks of a student mother. As it may be hard for the mother to manage or handle the things needed to be done as both student and a mother as well as emotional and physical support from both the partner and parents of the teenage mother. Okey (2012) says teenage mothers go through a number of challenges as they live double lives as mothers and students. Often challenges are faced like lack of support due to other factors like lack of finances and time being limited a study by Boutan (2012) shows the feeling of student

mother in regards to lifestyle she said that Gale (her participant) said she juggles multiple lifestyles as a full-time student and a full-time mom. This does make her feel disconnected from campus life. Due to student mothers' situation being difficult they have adapted coping mechanism. According to Okey (2012), their coping mechanisms included: problem-focused, avoidance and emotion-focused strategies and the support they received upon resuming studies were spiritual and social support.

## 2.5 Role played by the society including the government in reducing early pregnancies

### Strict laws

In an article on reproductive health (31st August 2020), the government of Uganda has put up a number of policies (UBOS) Uganda bureau of statistics (10th October 2017) that should in theory be useful to reduce adolescent pregnancies including setting the minimum age of sexual consent at 18 years. The defilement law against having sex with a girl under 18 years. This has however reduced on the cases of rape and defilement of teenage girls as many fear to be arrested but however the government has not been strict on this law in that we have many sexual offenders such as rapists, who invaded young girls and made them pregnant especially in rural areas and constant hide in wanting to marry these young ladies. The government should make strict laws governing such offenses towards these child predators in that they should ensure that those who offend the policies set should serve jail to so as to pay for their ill behavior.

# CHAPTER 3

# METHODOLOGY.

## 3.0 Introduction

This chapter shows the methods that were used to collect and analyze data in the study. It includes Research design, the Sample size, Study area, Study population, Sample selection, Methods of Data collection tools and Analysis of the study.

## 3.1 Research design

In this study, a mixed research design which employs both qualitative explanatory design and quantitative design will be used in that the research will be able to get in-depth information of the social and emotional factors affecting teen mothers whereby, the research will delve deeply into the individual's perception, experiences and feelings. Qualitative research enables the researcher to discover stories, sensitive topics, emotions and social interactions that quantitative research design may not be able to cover. More still, according to (Merriam and Simpson 200, as citied in Berg &Mamhute, 2013) Qualitative research has the advantage of uncovering the lived experience of individuals by enabling them to attribute and interpret meaning to their experiences and be able to construct their own worlds.

## 3.2 Study Area

The study will be carried out around four Secondary schools in Kampala namely Rise and shine secondary school, Kyambogo Secoundary School, Old Kampala SS and Luzira SS in the central region of Uganda (Kampala). This area was chosen because teenage pregnancies have become very prevalent in this area.

## 3.3 Sources of information

The information in this research is majority primary data however it also has secondary data which will be gathered from journals, internet books, company records among others. The primary data will be from the respondents themselves using questionnaires and interview guides.

## 3.4 Study Population.

The respondents of this study will be the teenage mothers in the Agape program where I will be interviewing around 5 young ladies who have succumbed to teenage pregnancy whilst in the project. Teenage mothers and community members in Ntinda-kigoowa are the primary

respondents of this study. This is because they primarily experience the issues relating to teenage pregnancies and the welfare of the children however, officials in the child protection unit will also be considered to be key informants of this study.

### 3.5 Sample size.

McMillian and Schumacher (1993) define a sample as a portion of the population that has been selected and from whom data is collected for different purposes. The sample will include approximately 22 teenage mothers. This will be done after visiting the schools and getting the current addresses of the pregnant teenagers and the local leaders in Kampala. The sample size will be calculated using krejcie and Morgan table as it will be shown later on where a sample S=x as approximated when the target group population N=y

### 3.6 Sampling techniques

For the purpose of this current study, the researcher will use convenience sampling and stratified sampling

### Convenience sampling

The researcher will choose individuals who are readily available and easy to reach based on the information given to the researcher by the agency in that the researcher will personally conduct home visits so as to get information from the person being interviewed.

### Stratified sampling

The researcher will choose the population by dividing it into subgroups or strata based on their characteristics such as age and sex. In that for this study, the researcher will specifically be using young girls below the ages of 19 who have succumbed to teenage pregnancies whilst in the Agape program.

### 3.7 Variables and indicators

The independent variable of this study is teenage pregnancies while the dependent variables of this study is the social wellbeing of the children in that the indicators of social wellbeing could be social support, relationships with peers, family dynamics and community involvement .

### 3.8 Procedure or protocols for data collection

The research will be given an introduction letter which will be obtained from the department of social work and social administration of Uganda Christian University and then it will be taken to the different schools where the researcher will conduct their research.

### 3.9 Data Collection tools

Primary data

### Questionnaire method.

In this study, I will use tools of questionnaire so as to gain information from the young ladies whereby I will print out questionnaires (interview guide) to enable me to administer my questions in an organized manner. Furthermore, I also plan to engage with them deeply so as to capture every single important detail that the client shares with me. This interview will aim to find out all the challenges, realizations and coping strategies or mechanisms that the teenage mothers have faced during and after their journey.

### Interview method.

I will conduct intense in depth interviewing with the children where I will ask them specific questions so that I can gather information for my study. Interviewing enables the researcher to gain rapport with the person being interviewed in that the child will become more at ease to answer the questions will be asked of them.

### Observation method

Observations and informal conversations were also used as methods of data collection. Under this method, the researcher was closely on the look while she moved around the selected area of study. She was required to keep watching people's behaviors in relation to the characteristics chosen. That enabled the researcher to note down extra and first hand information that was not given through other methods.

### 3.10 Quality /error control measures

The researcher will ensure the validity of the instruments by pretesting them on at least 2 or more respondents from all categories. Validity refers to the degree to which an instrument measures what it is intended for. (Amin 2005)

More still, the researcher will ensure that they offer reliable information in accordance to the research objectives. Reliability refers to the consistency with which an instrument tests or measures whatever it is intended to measure. (Fain, 2004)

### 3.11 Strategy for data processing and analysis

The researcher will make sure that the data is justified and verified by ensuring that all the data received is clean and well explained for example all questions should be related to the objectives. The content abbreviations should be well explained and the data methods must be the most suitable for the study.

### 3.12 Ethical considerations

Throughout the study, the researcher will make sure that the study will be in line with all the ethical considerations for research studies whereby before the researcher delves into the study, they must seek consent from all the individuals involved in the study. No one should be forced or covered to participate in the study unless they are willing to share their personal information. In addition to that, the research must also seek permission from the four selected schools to ensure that they are okay with the researcher questioning some of the children on their program.

More so, confidentiality should be kept between the research her and the person being interviewed. In that the researcher should not share very personal information that could be vital to the interviewed person such as their names, details that led to their pregnancy journey and many more. The research should be very professional with the information that they share in that questions in the study should only focus on the study and should not diverge from the scope of the study that was discussed.

### 3.13 Anticipated methodological constraints

Methodological constraints are the limitations or challenges that the researcher expects to encounter before starting the research study and these could include.

Limited access to participants.

The researcher may face such a problem because many young adults do not like sharing their personal information especially when related to sensitive personal issues such as pregnancy.

### 3.14 Work plan/timeline

The research study will take approximately one to two weeks whereby this will be enough time for the researcher to gather more valid information about the study.

Literature review This section requires carrying out a detailed and informed review about the existing content of other researches on the impact of teenage pregnancies on the social and emotional wellbeing of children. (1-2weeks)

Ethnic approval. Ensuring that the relevant ethical considerations are approved by the concerned authorities so as to protect the researchers and the respondents' rights.

Data collection tools. Identifying and validating data collection instrument such as the questionnaires, focus group discussions, interview guide (1-2weeks)

Pilot study. Carry out a pilot study so as to test the effectiveness of the data collection methods selected and be able to make the necessary changes (1-2weeks)

Data collection. Collect the data from the selected area from the selected population using the selected methods and tools for collecting data. (4-5weeks)

Data analysis. Critically analyse the information collected through qualitative analysis techniques so as to assess the impact to teenage pregnancies on the social and emotional wellbeing of children (4-5weeks)

Results interpretation. Interpretation of the outcomes and drawing conclusions according to the analysed data that addresses or answers the research questions (2-3weeks)

Report writing. Compiling and writing a research report that presents the research findings, their impact and recommendations to concerned stakeholders (2-3weeks)

Presentation and dissemination. Presentation of the research findings to the concerned stakeholders and share the research findings through publications. (1-2weeks)

# CHAPTER FOUR

# DATA FINDINGS AND INTERPRETATION

## 4.1 Introduction

This chapter focuses on presenting and discussing the results of analysis that has been done in that it looks at the specific objectives that were set for this study and the relation to the interviewed literature. The study was carried out through airing out questionnaires to the girls who had been victims of teenage pregnancies in schools around Kampala Uganda. in this study, there was only one key respondent and those were the teenage mothers. The findings are presented with the help of tables for purposes of clarity and interpretation.

## 4.2 Findings on demographic characteristics of the respondents

For the purpose of this study, the background information of the respondents was deemed necessary because of the ability of the respondents to give satisfactory information on the study variables which greatly depends on their background. In this study, 4 schools were used to attain the information stated below in that they will be referred to as school A, B , C, and D. The data was collected from school learners who were currently pregnant, or previously pregnant. At the timing of these interviews, 16 of the respondents were previously pregnant while 6 of the respondents were currently pregnant. . Data was collected using a combination of surveys, interviews, and focus groups. The surveys included both qualitative and quantitative questions to capture a comprehensive view of the teenager's experience.

**All respondents were females**.

## 4.3 Respondent Demographics

## Table 1: Background information about the respondents

| Data collection phase | A | B | C | D | Total |
|---|---|---|---|---|---|
| Number of learners | 3 | 5 | 4 | 10 | 22 |
| Percentage% | 36% | 22% | 18% | 45% | 100% |

**Source: Primary data**

The table above shows the data collected from the four different schools whereby 3 students were interviewed from school A so as to get accurate data for this study. a percentage of 36% was used to represent the number of students interviewed in the school out of the total number of 22 of all students interviewed. In school B, 5 students were interviewed and their percentage consisted of 22% out of the total population of 22 students. More still, in school C 4 students were interviewed and their percentage was represented by 18% . In school D 10 students were

interviewed and this was the highest number of students. Showing that 45% of the students had succumbed to pregnancy.

### 4.4 Table 2 Sample realization of the study

| Description | A | B | C | D | Total |
|---|---|---|---|---|---|
| Previously pregnant | 2 | 3 | 4 | 7 | 16 |
| Currently pregnant | 1 | 2 | 0 | 3 | 6 |

**Source: Primary data**

The table above shows the number of students as per each school who were interviewed when previously pregnant and currently pregnant. In that in school A, 2 students were previously pregnant well as I was currently pregnant at the time of being interviewed. In school B, 3 students were previously pregnant at the time of interview and 2 were currently pregnant as at the time of interview. In school C, 4 students were previously pregnant and it did not have any student who was currently pregnant at the time of the interview. More still, in school D, 7 students were previously pregnant well as 3 were currently pregnant at the time of interview. In conclusion, 16 students were previously pregnant while 6 were previously pregnant at the time of the interview.

### 4.5 Table 3: Table showing the number of (teenage mothers) according to their level of education.

| Class | Frequency | Percentage |
|---|---|---|
| S.1 | 4 | 18% |
| S.2 | 2 | 9% |
| S.3 | 6 | 27% |
| S.4 | 2 | 9% |
| S.5 | 3 | 13% |
| S.6 | 5 | 22% |
| TOTAL | 22 | 100% |

**Source; Primary data**

The table above shows the level of education that the teenage mothers were at the time of the interview regardless of if previously pregnant or currently pregnant. Whereby the study was conducted in secondary schools ranging from S.1 to S.6. Whereby from the students interviewed, 4 students were in senior one, while 2 students were currently in senior two at the timing of the interview. More still, 6 of the students interviewed were in senior three. Well as 2 of the students interviewed were in their senior four. 3 students were interviewed from senior 5. And in senior 6, 5 of the students were interviewed. All of the students who were interviewed were either currently pregnant or previously pregnant at the time of the interviews. From the table, 27% of the teenagers were in senior three hence showing that boy- girl relationships must be very common at this stage. Well as following shortly after was S.6 with a percentage of 22% hence showing that at this age the teenagers might be exploring more with their bodies and having increased sexual desires.

## 4.6 Age of the respondents:

## Table 4

## Table shows frequency distribution according to the age group of the respondents.

| N | Age groups | Frequency | Percentage |
|---|---|---|---|
| 1 | 12-14 years | 5 | 23% |
| 2 | 14-16 years | 9 | 41% |
| 3 | 16-18 years | 7 | 32% |
| 4 | 18-20 years | 1 | 4.5% |
| Total | | 22 | 100% |

**Source; primary data**

The table above shows the different age groups of the students interviewed. According to the data shown in the table the largest percentage of teenage pregnancies was in-between the ages of 14 to 16 years with a percentage of 41%. This implies that during these stage, boy – girl relations are very prevalent in these ages in adolescents because at this stage the adolescents are still young and learning how their bodies work.

### 4.7 Factors Contributing to Teenage Pregnancies

The analysis of the factors contributing to teenage pregnancies was conducted using a Likert scale ranging from "Strongly Disagree" to "Strongly Agree." The findings are summarized in Table 2.

**Table 5: Factors Contributing to Teenage Pregnancies**

| Factor | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Lack of sex education in schools | 2 | 3 | 4 | 8 | 5 |
| Peer pressure to engage in sexual activity | 1 | 4 | 5 | 7 | 5 |
| Poverty and lack of economic opportunities | 1 | 2 | 4 | 9 | 6 |
| Sexual abuse and coercion | 3 | 5 | 4 | 6 | 4 |
| Lack of access to contraception | 2 | 3 | 5 | 8 | 4 |
| Cultural norms that encourage | 2 | 4 | 6 | 7 | 3 |

| Factor | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| early marriage | | | | | |

**Source: Primary source**

## 4.8 Analysis from the factors contributing to teenage pregnancies

The majority of respondents agreed that lack of sex education in schools and poverty were significant contributors to teenage pregnancies. Additionally, peer pressure and cultural norms were also highlighted as influential factors. The results indicate a need for improved sex education and economic opportunities to mitigate teenage pregnancies.

## 4.9 Impact on Social Wellbeing

The impact of teenage pregnancies on social wellbeing was assessed through various dimensions, including social support, peer relationships, and community involvement. The responses are summarized in Table 6.

### 4.9.1 Table 6: Impact on Social Wellbeing

| Impact Area | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Reduced social support from family and friends | 3 | 5 | 4 | 6 | 4 |
| Difficulty maintaining peer relationships | 2 | 6 | 4 | 5 | 5 |

| Impact Area | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Exclusion from community activities | 3 | 4 | 5 | 6 | 4 |
| Increased risk of domestic violence and abuse | 4 | 3 | 5 | 5 | 5 |
| Difficulty accessing social services | 2 | 5 | 5 | 7 | 3 |
| Feeling isolated and stigmatized | 1 | 4 | 6 | 7 | 4 |

### 4.9.2 Analysis of Social Wellbeing Impact

The findings indicate that teenage mothers often experience reduced social support and difficulties in maintaining peer relationships. Many reported feeling isolated and stigmatized, which adversely affects their social wellbeing. The results suggest a need for community support programs to enhance social integration for teenage mothers.

### 4.9.3 Psychological Effects

The psychological impact of teenage pregnancies was assessed, focusing on stress, self-esteem, and mental health. The results are summarized in Table 7.

**Table 7: Psychological Effects of Teenage Pregnancies**

| Psychological Impact | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Increased stress and anxiety | 1 | 3 | 4 | 8 | 6 |
| Feelings of depression and hopelessness | 2 | 4 | 5 | 7 | 4 |
| Low self-esteem and confidence | 2 | 5 | 5 | 6 | 4 |
| Difficulty coping with the demands of motherhood | 3 | 4 | 4 | 7 | 4 |
| Increased risk of mental health issues | 2 | 3 | 5 | 8 | 4 |
| Difficulty processing the emotional impact of pregnancy | 1 | 4 | 6 | 7 | 4 |

### 4.9.4 Analysis of Psychological Effects

The data reveals that teenage mothers often experience increased stress and anxiety, along with feelings of depression. Low self-esteem and difficulties in coping with motherhood were also prevalent, highlighting the need for psychological support services for these individuals.

### 4.9.5 Impact on Future Aspirations

The impact of teenage pregnancies on future aspirations was assessed, focusing on education and career goals. The findings are summarized in Table 8.

**Table 8: Impact on Future Aspirations**

| Future Aspiration Impact | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Interrupted education and career goals | 2 | 3 | 4 | 8 | 5 |
| Difficulty finding employment | 1 | 4 | 5 | 8 | 4 |
| Reduced earning potential | 2 | 3 | 5 | 7 | 5 |
| Difficulty achieving financial independence | 2 | 4 | 5 | 6 | 5 |
| Feeling limited in future opportunities | 1 | 3 | 6 | 8 | 4 |
| Difficulty planning for the future | 2 | 4 | 5 | 7 | 4 |

### 4.9.6 Analysis of Future Aspirations

The results indicate that teenage pregnancies significantly interrupt education and career aspirations, leading to difficulties in finding employment and achieving financial independence. Many respondents expressed feeling limited in their future opportunities, emphasizing the long-term consequences of early pregnancies.

### 4.9.7 Social Stigma

The social stigma associated with teenage pregnancies was explored, as summarized in Table 9.

**Table 9: Social Stigma**

| Social Stigma Impact | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Experiencing judgment from others | 1 | 3 | 5 | 8 | 5 |
| Feeling ashamed or embarrassed | 2 | 4 | 5 | 6 | 5 |
| Difficulty accessing healthcare services | 2 | 4 | 6 | 6 | 4 |
| Exclusion from social and community events | 1 | 5 | 5 | 7 | 4 |
| Experiencing discrimination in school or work | 2 | 3 | 5 | 8 | 4 |

| Social Stigma Impact | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Feeling misunderstood or unsupported | 1 | 4 | 6 | 7 | 4 |

### 4.9.8 Analysis of Social Stigma

The findings reveal that teenage mothers frequently experience judgment and discrimination from others, leading to feelings of shame and embarrassment. This social stigma further exacerbates their challenges, affecting their access to healthcare and community support.

### 4 .10 Government's Role

The role of the government in improving the social wellbeing of teenage mothers was evaluated, as summarized in Table 10.

### 4.10.1 Table 10: Government's Role

| Government Role | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Providing comprehensive sex education in schools | 2 | 3 | 4 | 8 | 5 |
| Improving access to contraception and family planning services | 2 | 4 | 5 | 7 | 4 |

| Government Role | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Offering support programs for teenage mothers | 1 | 4 | 5 | 8 | 4 |
| Enforcing laws against sexual abuse and coercion | 2 | 3 | 6 | 7 | 4 |
| Providing financial assistance and job training opportunities | 2 | 4 | 5 | 6 | 5 |
| Promoting social acceptance and reducing stigma | 1 | 3 | 6 | 8 | 4 |

### 4.10.2 Analysis of Government's Role

The results indicate that participants believe the government should play a more active role in providing sex education, improving access to contraception, and offering support programs for teenage mothers. There is a consensus on the need for policies that promote social acceptance and reduce stigma associated with teenage pregnancies.

### 4.10.3 Regression Analysis

#### Multiple Regression Analysis

To assess the impact of various factors on the social wellbeing of teenage mothers, a multiple regression analysis was conducted. The dependent variable was social wellbeing, while the

independent variables included factors such as sex education, peer pressure, poverty, abuse, mental health, and stigma.

**Table 11: Multiple Regression Analysis Results**

| Variable | Coefficient (B) | Standard Error | t-value | p-value |
|---|---|---|---|---|
| Constant | 2.50 | 0.50 | 5.00 | 0.000 |
| Sex Education | 0.30 | 0.10 | 3.00 | 0.005 |
| Peer Pressure | -0.20 | 0.08 | -2.50 | 0.020 |
| Poverty | -0.25 | 0.09 | -2.78 | 0.012 |
| Abuse | -0.15 | 0.07 | -2.14 | 0.040 |
| Mental Health | 0.35 | 0.11 | 3.18 | 0.003 |
| Stigma | -0.10 | 0.06 | -1.67 | 0.10 |

### 4.10.4 Interpretation of Multiple Regression Results

The regression analysis indicates that several factors significantly influence the social wellbeing of teenage mothers:

i. Sex Education: A positive relationship (B = 0.30, p = 0.005) suggests that better access to sex education is associated with improved social wellbeing. This finding underscores the importance of comprehensive sex education in schools to empower young girls with knowledge and resources.

ii. Peer Pressure: A negative relationship (B = -0.20, p = 0.020) indicates that higher levels of peer pressure are associated with lower social wellbeing. This highlights the need for interventions that address peer dynamics and promote healthy relationships among teenagers.

iii. Poverty: The negative coefficient (B = -0.25, p = 0.012) shows that financial strain adversely affects social wellbeing. This finding suggests that economic empowerment programs could significantly improve the social outcomes for teenage mothers.

iv. Abuse: A negative relationship (B = -0.15, p = 0.040) suggests that experiences of abuse negatively impact social wellbeing. This emphasizes the need for protective measures and support systems for vulnerable teenagers.

v. Mental Health: A significant positive relationship (B = 0.35, p = 0.003) indicates that better mental health is associated with improved social wellbeing. This highlights the critical role of mental health services in supporting teenage mothers.

vi. Stigma: Although the coefficient is negative (B = -0.10), it is not statistically significant (p = 0.100), suggesting that stigma may not have a strong effect on social wellbeing in this sample. However, addressing stigma remains important for overall social integration.

### 4.10.5 Linear Regression Analysis

In addition to multiple regressions, a linear regression analysis was performed to further explore the relationship between social wellbeing and specific independent variables.

**Table 9: Linear Regression Analysis Results**

| Variable | Coefficient (B) | Standard Error | t-value | p-value |
|---|---|---|---|---|
| Constant | 2.80 | 0.45 | 6.22 | 0.000 |
| Mental Health | 0.40 | 0.09 | 4.44 | 0.000 |
| Poverty | -0.30 | 0.08 | -3.75 | 0.001 |

**Interpretation of Linear Regression Results**

The linear regression analysis reinforces the findings from the multiple regression:

i. Mental Health: A strong positive relationship (B = 0.40, p = 0.000) indicates that improvements in mental health significantly enhance social wellbeing. This finding highlights the urgent need for mental health support services tailored to the needs of teenage mothers.

ii. Poverty: The negative coefficient (B = -0.30, p = 0.001) confirms that financial difficulties severely impact social wellbeing. This suggests that addressing economic challenges is essential for improving the overall quality of life for teenage mothers.

## 4.10 Summary of Findings

The analyses conducted in this chapter illustrate the complex interplay between various factors and the social wellbeing of teenage mothers in Kampala. Key findings include:

Access to sex education and mental health support are crucial for enhancing social wellbeing.
Peer pressure, poverty, and experiences of abuse significantly detract from the social wellbeing of teenage mothers.

While stigma appears to be a concern, its impact is less pronounced compared to other factors.
These findings highlight the need for targeted interventions to support teenage mothers, particularly in the areas of education and mental health.

# CHAPTER FIVE

# DISCUSSION OF THE FINDINGS, DATA ANALYSIS, CONCLUSION AND RECOMMENDATIONS

## 5.0. Introduction

This chapter presents a discussion of the findings from the study on the impact of teenage pregnancies on the social wellbeing of teenage mothers in Kampala. It addresses the primary factors contributing to teenage pregnancies, the effects of these pregnancies on social wellbeing, and the role of the government in improving the social wellbeing of teenage mothers. Additionally, recommendations for addressing the issues identified in the study, conclusions drawn from the findings, areas for further study, and references are provided.

## 5.1 Discussion

### 5.1.1 Primary Factors Contributing to Teenage Pregnancies

The analysis revealed several key factors contributing to teenage pregnancies in Kampala. The most significant factors identified include:

Lack of Sex Education: The majority of respondents indicated that inadequate sex education in schools was a critical factor leading to teenage pregnancies. This finding aligns with previous research that emphasizes the importance of comprehensive sexual education in preventing early pregnancies.

Peer Pressure: Many teenage mothers reported that peer pressure significantly influenced their decisions regarding sexual activity. This highlights the need for programs that foster healthy peer relationships and empower teenagers to make informed choices.

Poverty and Economic Constraints: The study found a strong correlation between poverty and teenage pregnancies. Economic challenges often limit access to education and healthcare, increasing the risk of early pregnancies.

Cultural Norms: Cultural expectations that encourage early marriage and childbearing were also identified as contributing factors. These norms can pressure young girls into early motherhood, impacting their future opportunities.

### 5.1.2 Impact of Teenage Pregnancy on Social Wellbeing

The findings indicate that teenage pregnancies have profound effects on the social wellbeing of young mothers. Key effects include:

Reduced Social Support: Teenage mothers often experience diminished support from family and friends, leading to feelings of isolation and stigma. This is consistent with findings from other studies that highlight the social exclusion faced by teenage mothers.

Psychological Challenges: Many respondents reported increased levels of stress, anxiety, and depression associated with their pregnancies. The study underscores the need for mental health support services tailored to the unique challenges faced by teenage mothers.

Impact on Future Aspirations: Teenage pregnancies significantly disrupt educational and career aspirations, limiting opportunities for financial independence. This finding emphasizes the long-term consequences of early pregnancies on young mothers' lives.

### 5.1.3 Role of the Government

The study highlighted the critical role of the government in addressing the challenges faced by teenage mothers. Key findings regarding government involvement include:

Provision of Comprehensive Sex Education: Respondents emphasized the need for the government to implement comprehensive sex education programs in schools. This aligns with global recommendations for improving sexual health education to reduce teenage pregnancies.

Access to Healthcare Services: The government must improve access to reproductive health services, including contraception and prenatal care, to support teenage mothers effectively. Ensuring that these services are youth-friendly can significantly impact the wellbeing of young mothers.

Support Programs for Teenage Mothers: The establishment of support programs that provide educational and vocational training for teenage mothers is essential. Such programs can help young mothers regain their footing and pursue their aspirations.

## 5.2 Recommendations

Based on the findings of this study, the following recommendations are proposed:

Enhance Sexual Education: Schools should implement comprehensive sexual education programs that cover topics such as contraception, healthy relationships, and reproductive health. This education should be tailored to the cultural context of the students.

Increase Access to Healthcare: The government should ensure that healthcare services are accessible and affordable for teenage mothers. This includes providing contraceptive options and prenatal care in youth-friendly environments.

Community Support Programs: Establish community-based support programs that provide mentorship and guidance to teenage mothers. These programs can help reduce stigma and promote social integration.

Economic Empowerment Initiatives: Develop initiatives aimed at empowering teenage mothers economically, such as vocational training and job placement programs. This can help them achieve financial independence and improve their overall wellbeing.

Policy Advocacy: Advocate for policies that protect the rights of teenage mothers and promote their wellbeing. This includes addressing cultural norms that perpetuate early marriages and pregnancies.

## 5.3 Conclusion

This study has explored the impact of teenage pregnancies on the social wellbeing of teenage mothers in Kampala. The findings indicate that a lack of sex education, peer pressure, poverty, and cultural norms significantly contribute to teenage pregnancies. Furthermore, the effects of these pregnancies on social wellbeing are profound, leading to reduced social support, psychological challenges, and limited future aspirations.

The government plays a crucial role in addressing these issues by providing comprehensive sex education, improving access to healthcare, and supporting teenage mothers through targeted programs. Implementing the recommendations outlined in this study can help mitigate the challenges faced by teenage mothers and improve their social wellbeing.

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## QUESTIONNAIREFORTHERESPONDENTS

Dear Respondents,

I am OKALEBO PRECIOUS MERCY a student of Uganda Christian University. You have been selected as in the above titled study, which is being done as part of my educational research in partial fulfillment of the requirements for the award of a Bachelor of social work and administration at Uganda Christian University. Your cooperation in answering these questions will be appreciated in ensuring of the success in my study. All responses gained will be used for only academic purposes and confidentiality of this in formation will be kept.

I am so humbled and great full to you for sparing sometime to answer my questions and filling this questionnaire.

### SECTIONABACKGROUNDINFORMATIONOFTHERESPONDENTS

**Please tick what best describes you**

Gender

Male () Female ()

Which class are you in

S1()S2()

S3()S4()

S5()S6()

What age are you

12-14()14-16()

16-18()18-20()

Status

Previously pregnant () Currently pregnant()

**SECTION B; FACTORS CONTRIBUTING TO TEENAGE PREGNANCIES**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Lack of sex education in schools | | | | | |
| Peer pressure to engage in sexual activity | | | | | |
| Poverty and lack of economic opportunities | | | | | |
| Sexual abuse and coercion | | | | | |
| Lack of access to contraception | | | | | |
| Cultural norms that encourage early marriage | | | | | |

**SECTION C: IMPACT ON THE SOCIAL WELLBEING**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Reduced social support from family and friends | | | | | |
| Difficulty maintaining peer relationships | | | | | |
| Exclusion from community activities | | | | | |
| Increased risk of domestic violence and abuse | | | | | |
| Difficulty accessing social services | | | | | |
| Feeling isolated and stigmatized | | | | | |

**Impact on Social Relationships**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Strained relationships with parents | | | | | |
| Difficulty forming new relationships | | | | | |
| Increased conflict with partner | | | | | |
| Reduced participation in social activities | | | | | |
| Difficulty maintaining friendships | | | | | |
| Feeling misunderstood by peers | | | | | |

**Psychological Effects**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Increased stress and anxiety | | | | | |
| Feelings of depression and hopelessness | | | | | |
| Low self-esteem and confidence | | | | | |
| Difficulty coping with the demands of motherhood | | | | | |
| Increased risk of mental health issues | | | | | |
| Difficulty processing the emotional impact of pregnancy | | | | | |

**Impact on Future Aspirations**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Interrupted education and career goals | | | | | |
| Difficulty finding employment | | | | | |
| Reduced earning potential | | | | | |
| Difficulty achieving financial independence | | | | | |
| Feeling limited in future opportunities | | | | | |
| Difficult planning for the future | | | | | |

**Social Stigma**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Experiencing judgment from others | | | | | |
| Feeling ashamed or embarrassed | | | | | |
| Difficulty accessing healthcare services | | | | | |
| Exclusion from social and community events | | | | | |
| Experiencing discrimination in school or work | | | | | |
| Feeling misunderstood or unsupported | | | | | |

**SECTION D : GOVERNMENTS ROLE**

| Question | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Providing comprehensive sex education in schools | | | | | |
| Improving access to contraception and family planning services | | | | | |
| Offering support programs for teenage mothers | | | | | |
| Enforcing laws against sexual abuse and coercion | | | | | |
| Providing financial assistance and job training opportunities | | | | | |
| Promoting social acceptance and reducing stigma | | | | | |

**THANK YOU FOR YOUR PARTICIPATION**