Factors influencing Teenage Pregnancy among Youth in Kirumba Village Masaka District. A Cross-sectional Study.

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Abstract

Background:
According to United Nations for Children Fund (UNICEF), teenage pregnancy is a global problem and creates issues for all those concerned about young women and their health and well-being. This study assessed factors influencing teenage pregnancy among youth in kirumba village Masaka district**.**

Methodology:
A descriptive cross-sectional study in which qualitative and quantitative methods of data collection were used in Kirumba village. The researcher utilized convenience sampling of 100 respondents from December 2021 to March 2022. The data collection process was for 13 days using self-administered questionnaires which were filled, cleaned, and later analyzed using tables.

Results:
Out of the 100 respondents in the study, the majority of the respondents were 18 years old with 39%, 24% of the respondents were 17 years old, 16% were 16 years old,11% of the respondents were 15 years old and 10% of the respondents were 19 years old. Low use of contraceptives was the most cause of teenage pregnancy by 56%, the findings showed a majority of the female respondents (98%) knew about the prevention of teenage pregnancy and 73% showed an appositive attitude towards the use of contraceptive methods in the prevention of teenage pregnancy.

Conclusion:
Based on the findings of the study, most female adolescents had good knowledge about the prevention of teenage pregnancy (98%), and emergency contraceptives (87%).and these were willing to control teenage pregnancy.

Recommendations:
Greater understanding of the individual and contextual factors influencing practices for the prevention of teenage pregnancy can aid in the development of salient, culturally appropriate policies and programs to mitigate teenage pregnancies.

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1 Background of the study

The United Nations Children Fund (UNICEF) defines teenage pregnancy as a teenage girl usually within the age of 13 to 19 years becoming pregnant and refers to girls who have not reached legal adulthood, which varies across the world with the Sub-Saharan Africa recorded the highest prevalence of teenage pregnancy in the world in 2013 (Mezmur *et al.,* 2021). Teenage mothers accounted for more than half of all the births in this region. It is estimated that 101 births per 1000 women aged from 15 years to 19 years which almost doubles the global average from 15 countries that identified more than 30% of women giving birth before the

age of 18 years worldwide 14 of them were found in Sub- Saharan Africa including Niger, Mozambique, Malawi, Uganda and Cameroon, and this continent accounts for half of the world's burden of maternal, newborn and child deaths (Mezmur *et al.,* 2021).

The United Nations International Children Emergency Fund (UNICEF) reported that worldwide every fifth child is born by an adolescent mother 80% of these so-called teenage pregnancies occur in third world countries (Ivanova *et al.,* 2016). Although in traditional societies the majority of these pregnancies are socially desired and several studies have pointed out the enormous risks which are associated with teenage pregnancies such as; anemia, preterm labor, urinary tract infections, preeclampsia, high rate of caesarean section are also considered as risky and policy to tries to avoid early teenage motherhood and he is not only due to medical problems but first of all the social consequences of teenage motherhood which may include; inadequate basic needs and social neglect (Ivanova *et al.,* 2016).

According to WHO, (2018) every year an estimated 21 million girls aged 15 years to19 years in developing regions became pregnant and approximately 12 million girls of them gave birth and at least 777,000 births occur to adolescent girls younger than 15 years in developing countries (Darroch *et al.,* 2016). And at least 10million unintended pregnancies occur each year among adolescent girls aged 15 to 19 years in developing countries (Darroch *et al.*, 2016).

According to the World Health Statistics 2014, the average global birth rate among 15–19-year-olds is 49 per 1000 girls, whereas country rates range from 1 to 299 births per 1000 girls and these rates were highest in Sub-Saharan Africa with the 10 highest risk countries for teenage motherhood are still Niger, Liberia, Mali, Chad, Afghanistan, Uganda, Malawi, Guinea, Mozambique, and the Central African Republic and in these countries, teenage birth rate (births per 1000 women aged 15 years to19 years ranges from 233 births in Niger to 132 birth in the Central African Republic(Ivanova *et al.,* 2016). In Niger more than 50% of teenage girls of 15 years to 19 years are married and approximately 25% of teenage girls gave birth between 15 years and 19 years. This is mainly because childbearing among teenagers is socially desired in some traditional societies and in developing countries hence a substantial proportion of teenage pregnancies and births are therefore intended in developing countries (Ivanova *et al.,* 2016).

Teenage pregnancies are higher in developing countries than in developed countries and more so within the sub-Saharan African countries where 28% of adolescents give birth before the age of 18 years, and 28% of the girls in the west and central Africa give birth by the age of 18 years while Eastern and Southern Africa have 25% of adolescents give birth (Nabugoomu *et al.,* 2020).

In East Africa, teenage pregnancy is very high in Kenya and it seems to be increasing every day in our schools, affecting mostly school girls, especially those in secondary schools (Nkosi *et al.,* 2019). Approximately 25% of Kenyan women give birth under the age of 18years where at this age children are still at school and most secondary schools. These pregnant girls in school are criticized and always discriminated against the society as this may promote teenage pregnancy in schools (Nkosi *et al.,* 2019).

Uganda is ranked the 14th out of 54 countries in Africa with the highest level of teenage pregnancies(Chemutai *et al.*, 2020). The teenage pregnancy in Kibuku District in 2016 was 35.8%, higher than the average rate in Uganda 25%, and also above the average at 27%. unfortunately, there is limited information on the experiences of seeking antenatal care and delivery among teenagers in the district (Maly *et al.,* 2017).

More than one out the four adolescents 15 years to19 years become pregnant with the rates higher than 27% in rural areas than in urban areas in Uganda 19% this is a particular issue in the Busoga region of eastern Uganda and raising public health concerns although little has been documented about Eastern Uganda in particular, factors contributing to increased teenage pregnancies in Uganda are high fertility rate, risky sexual behaviors, peer pressure into early sex, child marriages, lack of education, lack of family support, low socioeconomic status low education levels and low use of contraceptives (Nabugoomu *et al.*, 2020).

According to a study done in Lira District Uganda, teenage pregnancy is public health and social problem with 95% occurring in developing countries and people living in urban areas are more affected than those in the rural areas (Ochen *et al.,* 2021). A total of 495 teenage girls aged 13 years to 19 years participated in the study however final analyses were undertaken for 480 respondents and at variable

analysis, all variables except alcohol consumption were significantly associated with teenage pregnancy. Among the behavioral factors assessed, multivariable analyses showed that having multiple sexual partners, frequent sex and irregular contraceptive use increased the likelihood of teenage pregnancy, and also being married was found to increase the likelihood of teenage pregnancy, Peer pressure, sexual abuse, and lack of control over sex was observed to increase the likelihood of teenage pregnancy (Ochen *et al.*, 2021).

Teenage births result in health consequences where children are more likely to be born pre-term, have lower birth weight, and have higher neonatal mortality, while mothers experience greater postpartum depression and are less likely to initiate breastfeeding. Teenage mothers are less likely to compete for higher education, are more likely to live in poverty, and have children who frequently experience health and developmental problems (Yussif *et al.*, 2017).

The teenage pregnancy rate of 25%in Uganda is worrying though it may seem low compared to 28% in sub-Saharan countries and west and central Africa. Young mothers in Uganda risk poor maternal and child health, being isolated attempting unsafe abortions, failure to continue with school, and poverty (Nabugoomu *et al.,* 2020). This paper describes the perceptions and recommendations of young mothers, families, and community members on why the high rate of teenage pregnancies in Uganda and how these can be reduced (Nabugoomu *et al.,* 2020).

However, there are no studies that have been conducted about unwanted adolescent pregnancy in the Masaka district. The main objective of the study was to find out the factors influencing teenage pregnancy among youth in Kirumba Village, Masaka District. The specific objectives were to determine the causes of teenage pregnancy among youth in Kirumba village Masaka district, to assess the knowledge and attitude about the control of teenage pregnancy, and to assess the health impact of teenage pregnancy in the community among youth in Kirumba village Masaka district.

2 Methodology

Study Area

The study was carried out in Kirumba village Katwe-Butego division, Masaka Municipality, Masaka District in Kirumba village is located 1 kilometer off the Allen Keera road and 2kilometers west of Nyendo slum.

Study Design

The study was a descriptive cross-sectional one in which qualitative and quantitative method of data collection was used. The qualitative method established a clear orientation while the quantitative approach measured the respondents' knowledge, attitudes, and opinions.

Study Population

This study was conducted among female adolescents (15-19 years) in Kirumba village, Masaka District.

Sample size determination

The sample size was obtained using the Kish and Leslie formula.

N=

Where; n=sample size

Z=score corresponding to 95%

Confidence interval=1.96

P=prevalence (50%)

Q = 1 – P

d^2 = precision/sampling error (9.8%)

Therefore; n =

=

n=100 respondents

Sampling technique

In this study, a convenience nonprobability sampling technique was used in the selection of participants because it's faster and more cost-effective than probability sampling.

Sampling procedure

Individuals were chosen using a convenience sampling technique where the female adolescents to participate in the study were selected conveniently by choosing them randomly and any female adolescent at convenience in the village was approached by the researcher who gave her a questionnaire to fill accordingly

Data collection method

The researcher used questionnaires to collect data from the female adolescents aged 15-19years. This was because it enabled the collection of data within a short period and at a relative cost.

Data collection tools

A self-administered questionnaire was used for the literate females and those who didn't know how

to read or write were helped by the researcher to interpret the questionnaire.

Data collection procedure

Questioners were administered to respondents who were asked to fill the gaps where necessary or to tick in the box with the appropriate answer (for yes or no). Those respondents who were unable to read and write were helped to read and interpret questions and were guided when answering questions by the researcher and with the help of a research assistant.

Piloting Study

A pilot study was carried out a week before the start of actual data collection and it was done among a group of 20 adolescent females in Kirumba Village to whom the questionnaires were administered for pre-testing to check the efficiency of the questionnaires and to rectify any errors before actual data collection was started.

Quality Control

The quality of the study was guaranteed by taking into consideration the following. Pre visits to the study area for the exercise with authorities to be conducted before the study. The research assistant was trained for data collection and filling out the questionnaires.

Research instruments like questionnaires were checked for errors of omission to ensure consistency completeness and accuracy in the filling of the questionnaires.

3 Data Analysis and Presentation

Data were recorded, categorized, cleaned, coded, and analyzed manually using a summarized data master sheet and reviewed for accuracy, consistency, and completeness.

Later data were analyzed using Microsoft excel, results were presented using graphs, pie charts, and tables.

Ethical Considerations

A letter of introduction was got from the Medicare Health Professionals College research committee and then it was delivered to the LC1 chairperson of Kirumba Village who introduced the researcher to the various homes in the village with female adolescents. Confidentiality, dignity, and respect of all participants were observed throughout the study as participants' data were kept confidential.

Participants were also assured that there was not to be any form of harm if they didn't wish to participate in the study. Proper consent in writing was obtained from the study participants before questioners were issued.

Study Limitations

There was a language barrier between the respondents and the interviewer but this was solved by using local interpreters and converting the consent form into the local language.

The study faced challenges like bias from respondents but this was reduced by choosing respondents randomly using the convenience sampling technique.

There was fear among female adolescents to willingly participate in the study but this was solved by assuring all the adolescents that all information was to be reserved for only the researcher and not anyone else thus empowering them to willingly participate.

Some female adolescents had cultural beliefs and fears but this was solved by clearly explaining to the participants about different myths and beliefs they have.

4 Results

Social demographic data among the youth in Kirumba village Masaka district

The above table shows that the majority of the respondents were 18 years old with 39%, 24% of the respondents were 17 years old, 16% were 16 years old,11% of the respondents were 15 years old and 10% of the respondents were 19 years old.

Regarding religion 66% of the respondents were catholic, 21% were protestants, 12% were Muslims and others accounted for 1% of the total number of the respondents.

According to tribe majority of the respondents (84%) were Baganda, 8% were Banyankore, 5% were Basoga, 2% were Bagisu and others accounted for 1% of the total number of all the respondents.

Regarding education level, the majority of the respondents (67%) were in secondary, 18% were in college, and 6% were not attending any institution of learning.

Causes of teenage pregnancy among the youth in Kirumba village Masaka district.

According to the respondents, low use of contraceptives is the most cause of teenage pregnancy

Table 1. Distribution of respondents by social demographic characteristics (n=100)

Variable		Frequency(n=100)	Percentage (%)
Age	15	11	11
	16	16	16
	17	24	24
Total	18	39	39
	19	10	10
		100	100
Religion	Protestants	21	21
	Catholics	66	66
Total	Muslims	12	12
	Others	1	1
		100	100
Tribe	Baganda	84	84
	Banyankole	8	8
	Basoga	5	5
Total	Bagisu	2	2
	Others	1	1
		100	100
Education level	Primary	18	18
	Secondary	67	67
Total	College	9	9
	None	6	6
		100	100

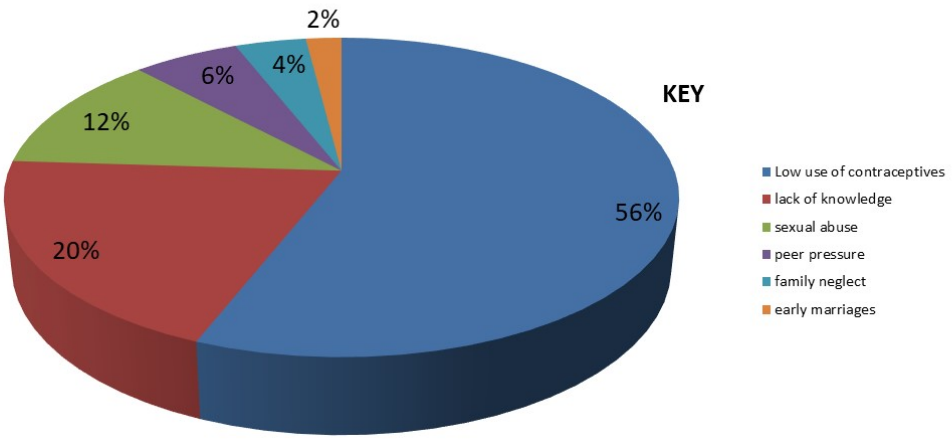

Figure 1. Shows distribution of respondents according to the cause of teenage pregnancy(n=100)

with 56%, lack of knowledge with 20%, sexual abuse with 12%, peer pressure with 6%, neglect by parents with 4%, and early marriage with 2%.

Out of the 32 respondents, 19 (59.4%) reported condom use, 5 (15.6%) reported use of abstinence method, 3 (9.4%) reported use of pills, 2 (6.3%)reported use of injectable, the use of implants, withdrawal and others was corresponding to 1(3.1%) while there was no use of IUCD reported.

Out of the 32 who used methods of teenage pregnancy prevention 25(78%) used artificial methods while 7(22%) used natural methods of prevention of teenage pregnancy.

Out of the 32 respondents who used the methods of prevention of teenage pregnancy 6(19%) reported using them daily and the majority 26(81%) reported not having been using the methods daily.

Out of the 32 who used the contraceptive methods 14(44%) reported being prevented from using given methods in the prevention of teenage pregnancy and 18(56%) reported not being prevented from using any method in any way.

Knowledge and attitude of female adolescents about the control of teenage pregnancy among youth in Kirumba village Masaka district.

The majority of the female respondents (98%) knew about the prevention of pregnancy and only 2% of the respondents did not know about the prevention of teenage pregnancy.

The majority of the female respondents (87%) had heard about emergency contraceptives and 13% of the female respondents had never heard about emergency contraceptives.

The majority of the respondents (88%) had an appositive attitude towards the prevention of teenage pregnancy while 12% of the respondents had a negative attitude towards the prevention of teenage pregnancy.

The majority of the respondents (73%) showed an appositive attitude towards the use of contraceptive methods in the prevention of teenage pregnancy while 27% of the respondents showed a negative attitude towards the use of contraceptive methods in the prevention of teenage pregnancy.

Of the 27 respondents who disagreed about the use of contraceptives in the prevention of teenage pregnancy, 20(74.1%) were Catholics,4(14.8%) were protestants,2(7.4%) were Muslims and others accounted for 1(3.7%).

The majority of the respondents (96%) chose to give birth at the age above 19 years and 4% of the respondents chose to give birth at the age of 15-19 years.

Respondents showed different health impacts whereby most reported caesarian section with 48%, dying during pregnancy with 17%, poor child health outcomes at 13%, poor maternal health outcomes at 11%, ecclampsia, Death among girls at 3%, and puerperal endometritis with 1%.

Figure 13: Shows caesarean section as a health impact of teenage pregnancy

Majority of the respondents undergo into caesarean section as a medical intervention so as to save lives 43 (90%) and 5 (10%) of the respondents undergo into caesarean section on request.

The majority of respondents' pregnancy was unwanted (87%) and a few of the respondent's pregnancy was wanted (13%).

5 Discussion, Conclusion, and Recommendations:

6 Discussion of study findings

7 Demographic data among youth in Kirumba village Masaka district

According to age, the highest numbers of respondents were 39% and these were 18 years old because the youth of this age group highly participated in the study. The least number of respondents was 10% and these were 19 years because of their few numbers in the community as most of the youth in this age group migrated from the area to look for employment opportunities. The above findings were also because Kirumba Village is in Uganda whose highest population is composed of the youth. These study findings are in line with the study conducted by Manzi *et al.*, (2018) who in their study found out that teenage pregnancy is high at the ages of 10 years to 19 years with a percentage of 36% because of the increased gender-based violence among the adolescents.

The majority of the female adolescents 84% were Baganda, this was because the study was done in Kirumba which is a village in the Masaka district that is found in the Buganda region and other tribes accounted for 1% because they are less dominant within the Buganda region. This study is not in line with that conducted by Ochen *et al.*, (2021) who in their study the highest respondents were

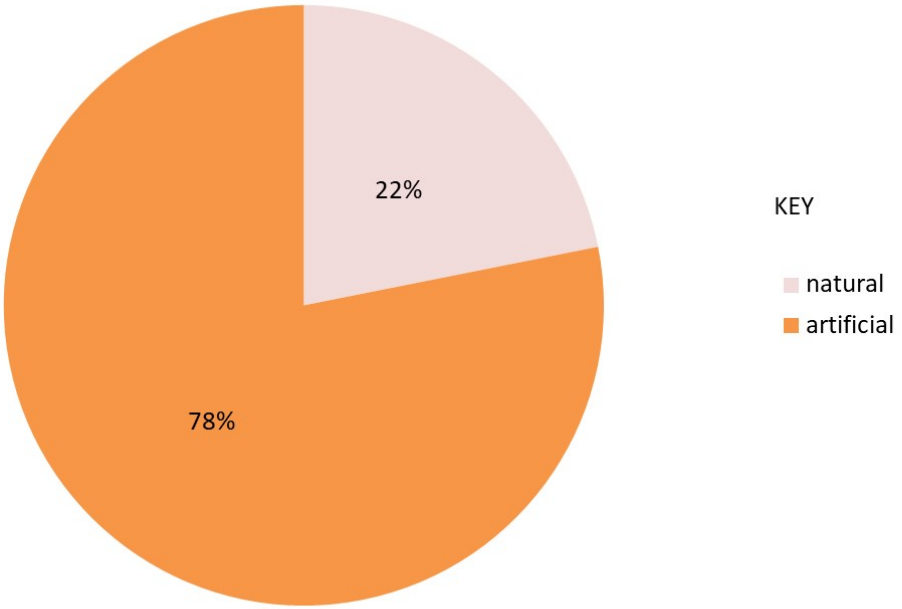

Figure 2. Distribution of artificial and natural methods of prevention of teenage pregnancy (n=100)

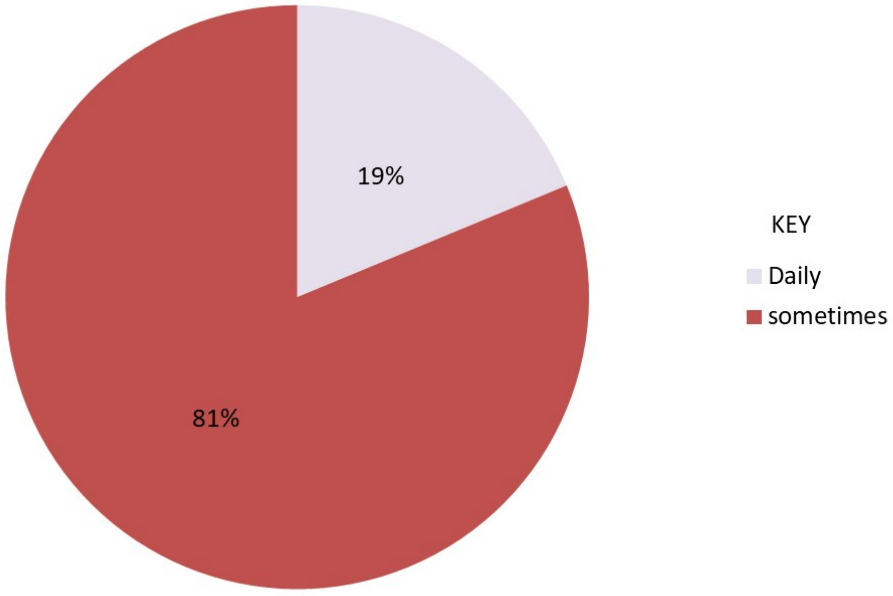

Figure 3. Routine uses of contraceptive methods in prevention of teenage pregnancy.

Table 2. Distribution of respondents on attitude towards best age to conceive

Best age to conceive	frequency	Percentage
15-19	4	4%
Above 19	96	96%

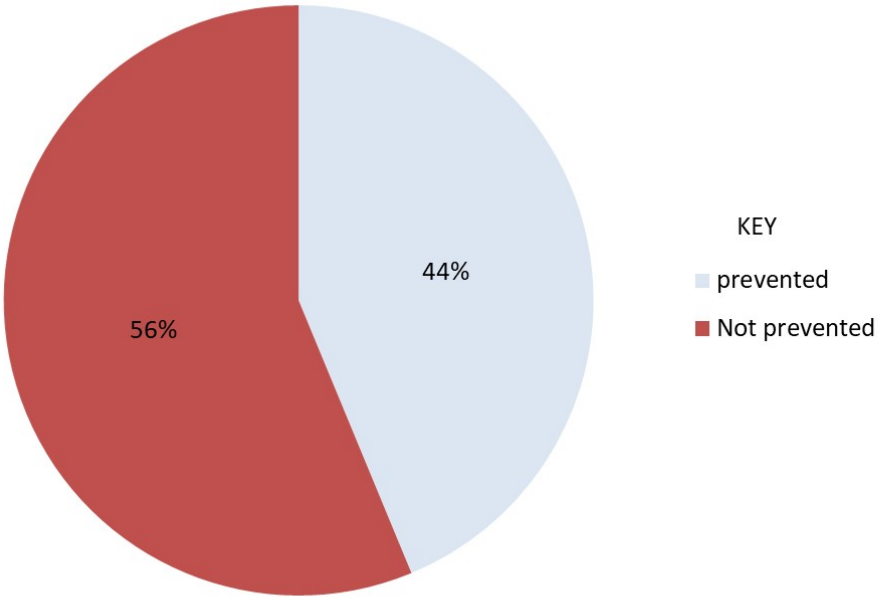

Figure 4. Prevention of teenage females from use of given contraceptive methods

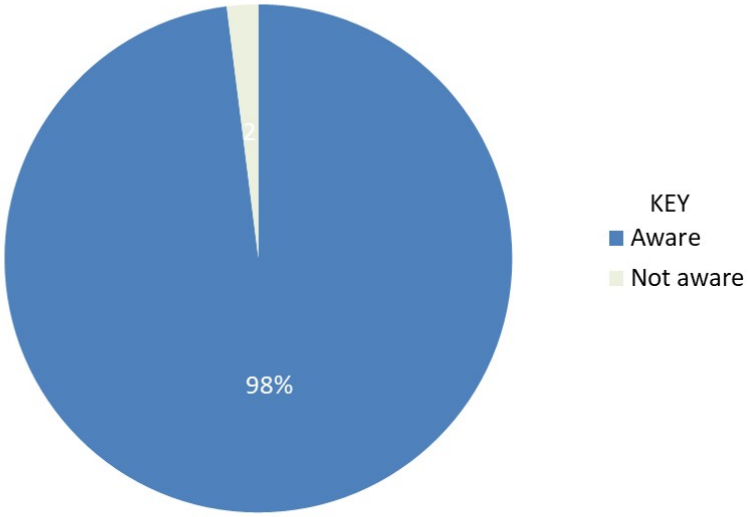

Figure 5. Distribution of respondents according to knowledge about prevention of pregnancy (n=100)

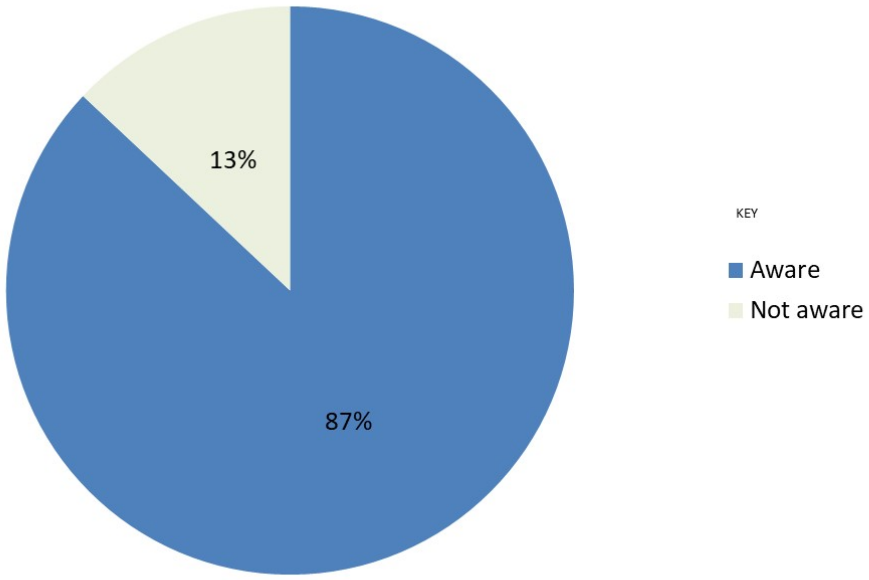

Figure 6. Distributionby knowledge of female respondents about emergency contraceptives (n=100)

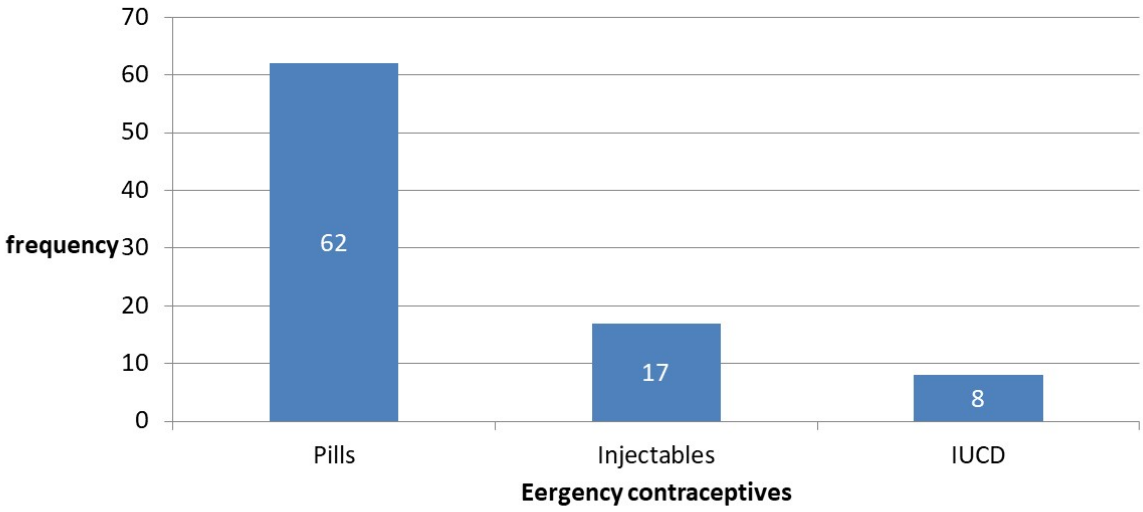

Figure 7. Distribution according to emergency contraceptives mostly known by the female respondents.

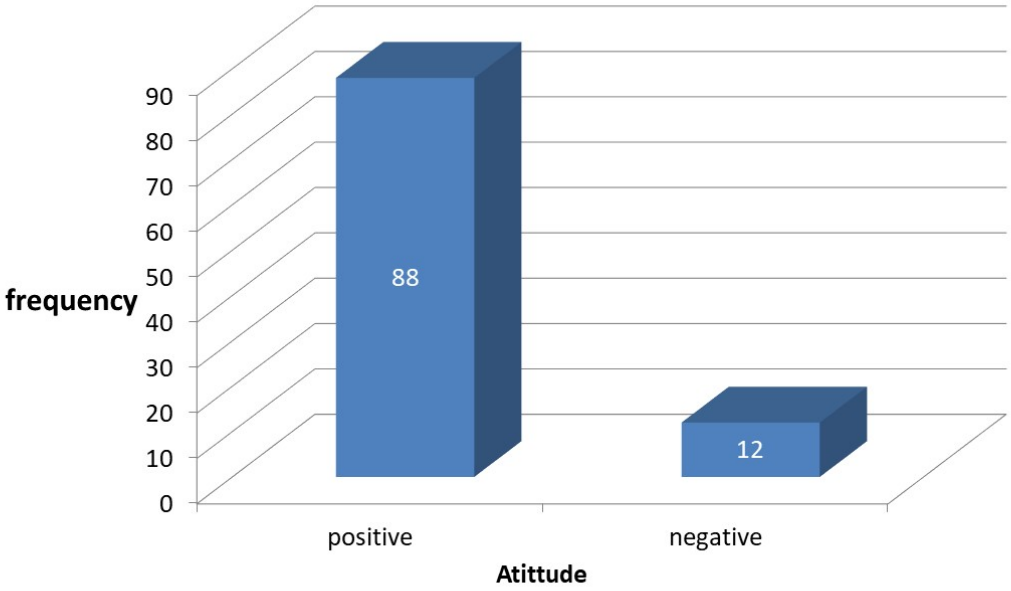

Figure 8. Shows distribution according to the attitude of teenagers towards the use of contraceptives in the prevention of teenage pregnancy (n=100)

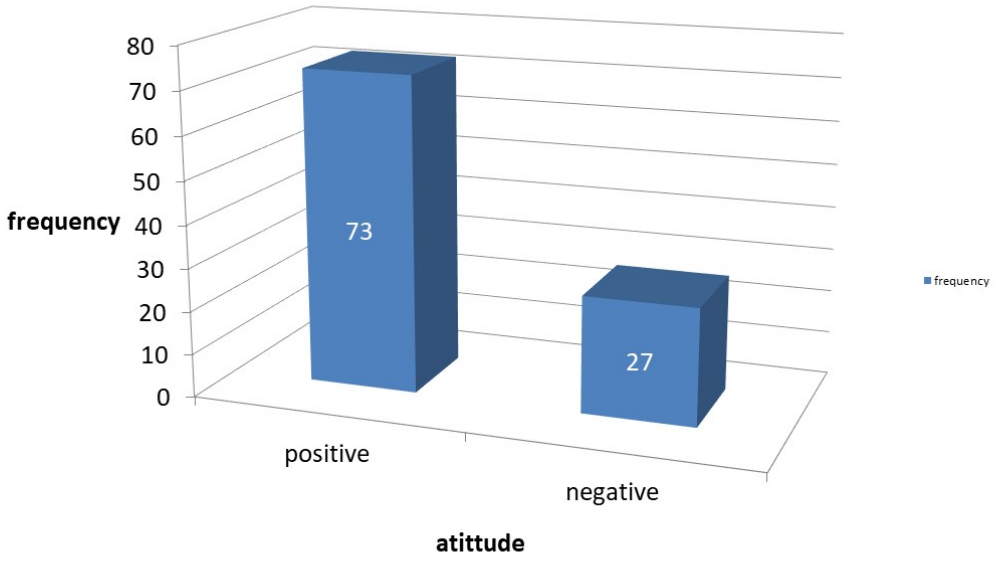

Figure 9. Shows distribution according to the attitude of teenagers towards the use ofcontraceptives in the prevention of teenage pregnancy (n=100)

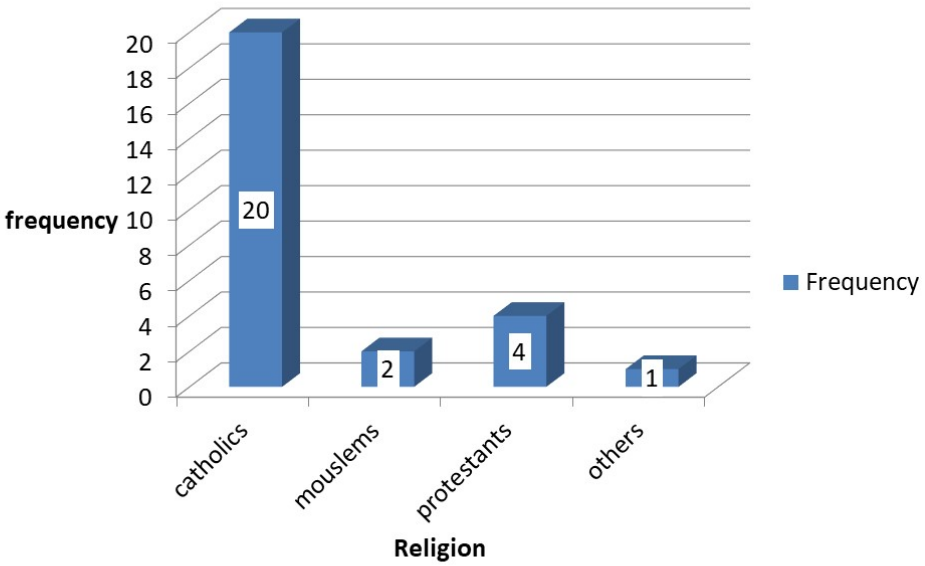

Figure 10. Distributionof teenagers who disagreed with contraception in the prevention of teenagepregnancy according to religion

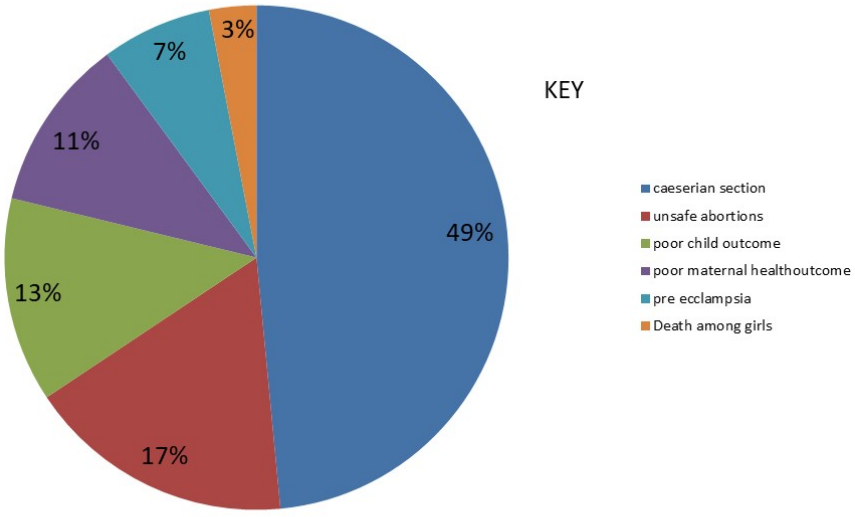

Figure 11. shows Health impacts of teenage pregnancy in the community among the youth in Kirumba village Masaka district.

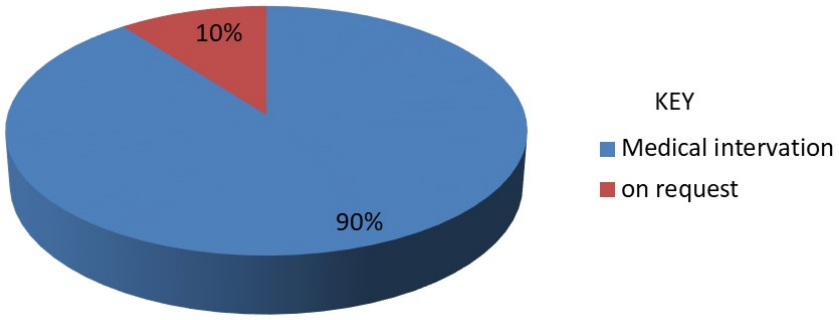

Figure 12. Showscaesarean section as a health impact of teenage pregnancy

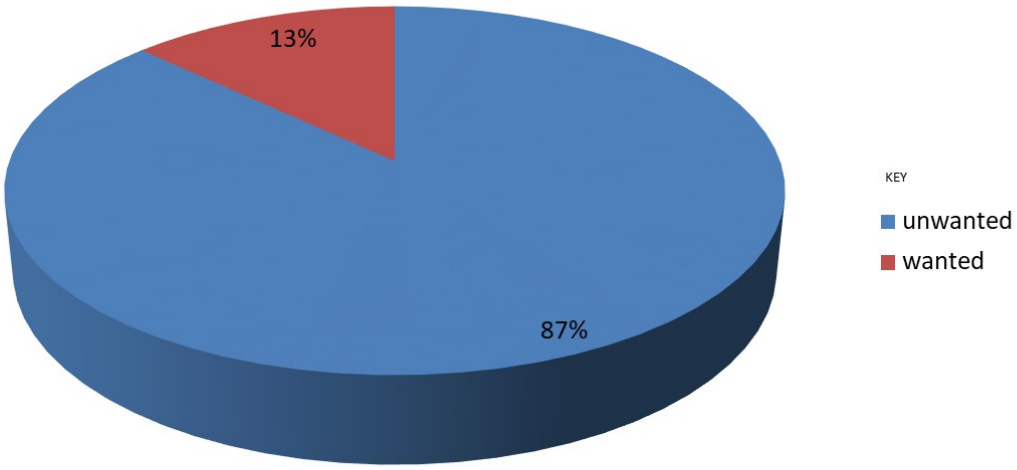

Figure 13. Shows respondents opinions about their pregnancy

Langi because the study was done in Lira district whose highest population is composed of the langi.

The majority of the respondents were Catholics (66%) because it's the most dominant religion in Masaka District and other religions accounted for 1% because they are less dominant in this region. This study is not in line with that conducted by Habib *et al.,* (2017) who in their study most of the respondents were Muslims because it was done in Parkistan whose highest population is composed of Muslims.

According to the education level of the female adolescents, the majority were in secondary (67%) this is because it is believed that when they reach secondary they are now mature enough to engage in sexual activities and also secondary schools have the highest numbers of teenagers compared to other levels of education and the least of (6%) is for those who never attended school, this is because these are less exposed to sexual activities, this justifies why there is an increasing number of teenage pregnancy in secondary students. These study findings are in line with the study conducted by Habitu *et al.,* (2018) who in their study found out that less educated girls have limited access to contraceptives hence contributing to 11% of the teenage pregnancies in North East Ethiopia and South Asia.

8 Causes of teenage pregnancy among the youth in Kirumba village Masaka district

The study revealed that low use of contraceptives among respondents was the most cause of teenage pregnancy which accounts for 56%, this was because of the limited access to these contraceptives and the low knowledge about their use and the least cause of teenage pregnancy was early marriage with 2%, this was because the government strengthened laws against forced marriages. These study findings are in line with the study conducted by Habitu *et al.*, (2018) who in their study found out that 18 million girls under the age of 20 years gave birth each year due to limited access to contraceptives and more than 90% of these births occur in low and middle-income countries.

The study findings revealed that limited knowledge and ignorance about the predisposition to teenage pregnancy accounted for 20% of the leading causes of teenage pregnancy this is because of the limited sources of information to the youth and the few health facilities that provide youth health facilities. This is in line with the study done by Manzi *et al.,* (2018) where 15% of teenagers got pregnant because of limited knowledge and ignorance about the prevention of teenage pregnancy.

The study findings showed that 20% of respondents acquire teenage pregnancy as a result of sexual abuse and this is because of the increased parental negligence towards their children. This is in line with the study done by Nabugoomu *et al.,* (2020) where 19% of teenage pregnancies were due to sexual abuse because of a lack of community responsibility.

The study findings also revealed that 4% of the teenage pregnancies were a result of family neglect and this is because of parents' over concentration and attention at work than on their children. This study is not in line with the study done by Manzi *et al.,* (2018) who in their study found out that 15% of the youth got teenage pregnancy as a result of family neglect because the parents are reluctant and do not understand the need to educate teenagers about the vice and sexual reproductive behavior.

Knowledge and attitude of females about prevention of teenage pregnancy among the youth in Kirumba village Masaka district

The majority of the respondents (98%) had good knowledge about the prevention of teenage pregnancy and this is because the majority of the respondents are school going secondary and tertiary therefore they had heard and had knowledge about the prevention of teenage pregnancy through their school senior woman teacher in sex education sessions and the minority of the respondents (2%) had no knowledge about prevention of teenage pregnancy and this is due to limited utilization of sex education programs. These study findings are in line with study findings done by Agwal et al., (2017) whose in their study results showed that most of their respondents (96%) had good knowledge about the prevention of teenage pregnancy through their school attendance and sensitization via health camps done and only 4% were ignorant about the prevention of teenage because of the limited exposure to health programs.

According to the study findings, 87% of the respondents had heard about emergency contraceptives, this is because of effective utilization of sex education programs, this study findings were not in

line with the study done by Agwal *et al.,* (2017) who in their study findings reported a very low (11.6%) awareness of emergency contraceptives which is because their study concentrated on all patients in a semi tertiary hospital in India while this study's focus was on female adolescents (15-19years) with whom it is thought to have heard about emergency contraceptives.

Of the 87 respondents who had heard about emergency contraceptives, 71.3% had heard about emergency pills, 19.5% emergency injectable, and 9.2% emergency IUCDS. This high awareness of the types of emergency contraceptives is probably because some respondents had used some of the emergency contraceptives and others have been sensitized through health programs by health workers and therefore know about teenage pregnancy prevention. This study is in line with the study done by sekandi et al., (2016) who in their study findings found that 86.7% had heard about the use of emergency pills to prevent teenage pregnancy.

The majority of the respondents (96%) choose to give birth at the age of 19 years, this was because they believed that they were mature enough to have a baby and also thought they would be done with their studies and 4% of the respondents choose to give birth at the age below 19years because they believed that they would have satisfied the cultural and religious norms in one way or the other. This study finding is in line with the study conducted by Maly *et al.,* (2017) who in their study among adolescents in Rakai district in Uganda about the perception of teenage pregnancy found out that most of the adolescents when asked about the ideal age to have a baby mentioned wanting to wait until when they are older around 22years hence ready to prevent teenage pregnancy.

Out of the 32 respondents, the majority of 19 (59.4%) reported the use of condoms, this study showed the presence of knowledge among respondents with the use of condoms taking the greatest percentage and this was because of its ready availability and easy to use. The use of implants, withdrawal and others was corresponding to 1(3.1%) this was because most female youths fear injections for the implants and also less use withdrawal because of its minimum reliance. These study findings are in line with the study done by Sekandi *et al.,* (2016) who found out that in sexually active students, male condoms were the most used method of prevention of teenage pregnancy whereby 363(58%) reported its usage using and other modern contraceptives were mentioned by 93 students (15%) were mentioned hence they had the knowledge and were willing to prevent teenage pregnancy.

9 Health impacts of teenage pregnancy among the youth in Kirumba village Masaka District

The study results showed that most of the teenagers in the study area were highly affected by caesarian section with 48%, to a high extent this was done as a medical intervention to save their life, but this study is not in line with the study done by Mezmur *et al.,* (2021) whose results showed that adolescent women of less than 19 years at first pregnancy have 80% higher risk for caesarian section for first 6 weeks after birth since they find difficult in giving delivery.

The majority of the respondents showed that teenage pregnancy has also led to poor child health outcomes by 13% and also poor maternal health outcomes by 11% this was because of the poor feeding and nutrition of teenage mothers during breastfeeding and during pregnancy and is in line with the study done by Mezmur *et al.,* (2021) which showed that teenage pregnancy is associated with poor maternal and child health outcomes and increased risks of dying during pregnancy.

The study results according to respondents showed that during teenage pregnancy, teenage mothers were challenged with ecclampsia which corresponds to 3% and this is a result of increased weight gain. This study is in line with a study done by Kassa *et al.,* (2018) which showed that adolescent mothers aged 10 years to 19 years face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 years to 24 years this was because most of the teenagers engage themselves in risky sexual behaviors and this was as a result of limited access to sex education.

10 Conclusion

Based on the findings of the study, most female adolescents had good knowledge about the prevention of teenage pregnancy (98%), and emergency

contraceptives (87%).and these were willing to control teenage pregnancy.

11 Recommendations:

A greater understanding of the individual and contextual factors influencing practices for the prevention of teenage pregnancy can aid in the development of salient, culturally appropriate policies and programs to mitigate teenage pregnancies.

Informed sensitizations to teenagers about the different contraceptives, and how and when to use them will so much help and promote teenage pregnancy prevention also health workers at different health centers with youth corners should adequately create sex awareness among the youth as this will provide measures to minimize unhealthy sexual intercourse hence preventing teenage pregnancy.

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13 List of abbreviations

EPRC: Economic Policy Research Center.

FP: Family Planning.

IUCD : Intrauterine Device.

MOH: Ministry of Health.

UNFPA: United Nations Fund Programs Association.

UDHS: Uganda Demographic Health Survey.

UAHEB: Uganda Allied Health Examinations Board.

WHO: World Health Organization.

14 Operation Definition

Teenage: A person between the age of 13 years to 19 years.

Unwanted pregnancy: Is the pregnancy a female gets without preparation.

Complications: These are advanced life-threatening effects of abortion.

Community: The group of people living together in the same

Attitude: The perception of female adolescents towards unwanted pregnancy.

Contraception: This is the use of artificial methods or other techniques to prevent pregnancy.

Youth: This is a stage between childhood and adulthood age.

A References:

1) Agarwal, M., Samanta, S., Bhusan, D., & Anant, M. (2017). Assessing knowledge , attitude , and practice of contraception : a cross- sectional study among patients in a semi-urban tertiary hospital Original Research Article Assessing knowledge , attitude , and practice of contraception : a cross- sectional study. January,BMC Womens health 1-6.https://doi.org/10.18203/2320-1770.ijrcog20170412

2) Chemutai, V., Nteziyaremye, J., & Wandabwa, G. J. (2020). Lived experiences of adolescent mothers attending mbale regional referral hospital: A phenomenological study. Obstetrics and Gynecology International, 3-5.https://doi.org/10.1155/2020/8897709PMid:33335551 PMCid:PMC7723483

3) Darroch, J. E., Woog, V., & Bankole, A. (2016). ADDING IT UP : Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. New York: Guttmacher Institute, 1-16

4) Habib, M. A., Raynes-Greenow, C., Nausheen, S., Soofi, S. B., Sajid, M., Bhutta, Z. A., & Black, K. I. (2017). Prevalence and determinants of unintended pregnancies amongst women attending antenatal clinics in Pakistan. May, BMC Pregnancy and Childbirth, 17.https://doi.org/10.1186/s12884-017-1339-zPMid:28558671 PMCid:PMC5450067

5) Habitu, Y. A., Yalew, A., and Bisetegn, T. A. (2018). Prevalence and factors associated with teenage pregnancy, northeast Ethiopia, A cross-sectional study. Journal of Pregnancy, 6-8.https://doi.org/10.1155/2018/1714527PMid:30515326 PMCid:PMC6236922

6) Ivanova, N., Gugleva, V., Dobreva, M., Pehlivanov, I., Stefanov, S., & Andonova, V. (2016). Teenage Prgnancy a worldwide socialand medical problem, IntechOpen , 13.

7) Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., and Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa:

A systematic review and Meta-analysis 11 Medical and Health Sciences 1117 Public Health and Health Services. Reproductive Health, 15(1), 9 and 10.https://doi.org/10.1186/s12978-018-0640-2PMid:30497509 PMCid:PMC6267053

8) Maly, C., Mcclendon, K. A., Baumgartner, J. N., Nakyanjo, N., Ddaaki, W. G., Serwadda, D., Nalugoda, F. K., Wawer, M. J., Bonnevie, E., and Wagman, J. A. (2017). Perceptions of Adolescent Pregnancy Among Teenage Girls in Rakai , Uganda, Sage journals 5-6.https://doi.org/10.1177/2333393617720555PMid:28835911 PMCid:PMC5555492

9) Manzi, F., Ogwang, J., Akankwatsa, A., Wokali, O. C., Obba, F., Bumba, A., Nekaka, R., & Gavamukulya, Y. (2018). Factors Associated with Teenage Pregnancy and its Effects in Kibuku Town Council, Kibuku District, Eastern Uganda, Primary Health Care Open Access, 8-11.https://doi.org/10.4172/2167-1079.1000298

10) Mezmur, H., Assefa, N., & Alemayehu, T. (2021). Teenage pregnancy and its associated factors in eastern ethiopia: A community-based study. International Journal of Women's Health, 13, 267-278.https://doi.org/10.2147/IJWH.S287715 PMid:33664597 PMCid:PMC7924244

11) Nabugoomu, J., Seruwagi, G. K., & Hanning, R. (2020). What can be done to reduce the prevalence of teen pregnancy in rural Eastern Uganda?, Reproductive Health, 17(1), 1-12.https://doi.org/10.1186/s12978-020-00984-xPMid:32867811 PMCid:PMC7457815

12) Nkosi, N. N., Pretorius, E., & Africa, S. (2019). The influence of teenage pregnancy on education ,Social Work / Maatskaplike Werk 55(1), 10-32.https://doi.org/10.15270/55-1-698 https://doi.org/10.15270/55-1-698https://doi.org/10.15270/55-1-698

13) Ochen, A. M., Chi, P. C., & Lawoko, S. (2021). Predictors of teenage pregnancy among girls aged 13 years to 19 years in Uganda, BMC Pregnancy and Childbirth 231-231.https://doi.org/10.1186/s12884-019-2347-yPMid:31234816 PMCid:PMC6591948

14) Sekandi, J. N., Sempeera, H., & Makumbi, F. E. (2016). Contraceptive use , knowledge , attitude , perceptions and sexual behavior among female University students in Uganda, BMC Women's Health, 1-11.

15) Yussif, A. S., Lassey, A., Ganyaglo, G. Y. K., Kantelhardt, E. J., & Kielstein, H. (2017). The long-term effects of adolescent pregnancies in a community in Northern Ghana on subsequent pregnancies and births of the young mothers. Reproductive Health, 14(1), 1-8.https://doi.org/10.1186/s12978-017-0443-xPMid:29284506 PMCid:PMC5747083

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