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Factors contributing to high teenage pregnancy among teenagers aged 15-19 years at Kawaala Health Centre IV, Kampala district. A cross-sectional study.

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Abstract.

Background

Countrywide, Teenage pregnancy is growing rapidly among school-going pupils, leading to teenagers dropping out of school to care for their babies. The study determines the factors contributing to high teenage pregnancies among teenagers aged 15-19 years attending Kawaala Health Centre IV.

Methodology

A descriptive cross-sectional design was used, and it employed both qualitative and quantitative data collection methods. A simple random sampling method was used to select 30 pregnant mothers for the study. A questionnaire was used to collect data that was analysed manually, and the results were presented in the form of tables, graphs, and pie charts.

Results.

The majority of respondents (60%) were aged 17–19 years, and more than half (53.3%) had attained only primary education. Individual factors revealed that peer pressure was the leading cause of early sexual involvement (40%), while 60% had never received information on the dangers of teenage pregnancy. Most respondents (56.7%) believed that 19 years is the appropriate age for pregnancy. Socio-economic findings indicated that 66.7% believed material gains contribute to teenage pregnancy, and 66.7% reported limited access to contraception. Cultural factors also played a significant role: 66.7% believed parents should be blamed, 80% linked teenage pregnancy to rising maternal mortality, and 70% confirmed peer influence. Notably, 63.3% reported having been forced or harassed into sexual activity, and 60% associated teenage pregnancy with family dysfunction.

Conclusion

The study established that lack of knowledge about contraception, peer pressure, sexual harassment, myths and misconceptions, poverty, lack of access to health facilities, misuse of media, and lack of parental guidance were the main factors influencing teenage pregnancy.

Recommendation

The government should establish an approach that is more holistic to equip teenagers with appropriate knowledge on sexuality and access to sexual and reproductive health services.

Keywords: *Teenage pregnancy, Teenagers Aged 15-19 Years, Kawaala Health Centre IV; Kampala District*
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Background.

Teenage pregnancy remains a major global public health concern, with an estimated 15 million girls under 20 giving birth annually. In many developing countries, more than 3 million adolescents face pregnancy-related complications, and the likelihood of maternal death is significantly higher among girls aged 15–19. Adolescents also frequently experience unintended pregnancies, exposure to sexually transmitted infections, and involvement in unhealthy or pressured relationships (Acharya et al., 2018). In sub-Saharan Africa, early marriage is still common, contributing to high rates of early childbearing. East Africa is ranked the second-highest region worldwide for births among girls under 19, with Uganda reporting the highest level of teenage pregnancy at 33%, followed by Tanzania (28%) and Kenya (26%). Research further shows that at least 5% of girls below 18, and 4% below 15, are already mothers in the region (Vibeke, 2018).

In Uganda, teenage pregnancy remains highly prevalent, particularly in districts like Wakiso, where many young people initiate sexual activity before marriage and often lack adequate sexual and reproductive health information. As a result, teenage pregnancy continues to place a heavy burden on families, communities, and the government due to its social and economic consequences. The Eastern and East Central regions consistently record the highest teenage pregnancy rates, 30.1% and 31.6% respectively, surpassing neighboring regions such as Karamoja and West Nile (Waiswa et al., 2017).

Nationally, the number of school-going girls becoming pregnant is rising, leading many to drop out of school permanently, especially where no support systems exist to help them continue their education after childbirth. It is estimated that nearly one million Ugandan adolescents become pregnant each year, with about 30,000 conceiving before the age of 18. Additionally, an estimated 75% of young people below 15 lack essential information on sexuality and reproductive health (Bezuidenhout, 2018). High teenage pregnancy rates across African regions, especially in school settings, also increase vulnerability to sexually transmitted infections, including HIV.

Despite the magnitude of this problem, there is limited information regarding the drivers of teenage pregnancy among adolescents seeking care at Kawaala Health Centre IV. The study determines the factors contributing to high teenage pregnancies among teenagers aged 15-19 years attending Kawaala Health Centre IV.

Methodology.

Study design.

The study used a descriptive cross-sectional design. Quantitative methods of data collection were employed. Quantitative data collection involved the use of numerical values to assess information.

Study setting.

The study was carried out at Kawaala Health Centre IV. Kawaala Health Centre IV is found in the Central region of Uganda, a government-owned hospital under Kampala Capital City Authority (KCCA) with a bed capacity of 72 and above. The facility is located in Kawaala village, Kampala District, on the Kawaala – Kasubi Road, about 15 kilometres from the city and about 10 Km to Kawempe regional referral hospital. The facility provides many health services for both outpatient and inpatient services.

Study population.

The study population consisted of all pregnant teenagers attending Kawaala Health Centre IV for maternal and child health services.

Sample size determination.

The sample size was determined according to UNMEB guidelines 2009, which states that the appropriate sample size should not be less than 30 respondents. Therefore, the study targeted 30 respondents. This was manageable due to the limited time and resources for data collection.

Sampling procedure.

A random simple sampling technique was employed. The process involved cutting 60 pieces of similar size and 30 written YES on and the rest. Eligible teenagers picked a single paper at random. Those who picked papers with the word YES took part in the study; 6 respondents were interviewed every day of data collection, and it took a period of 5 days.

Inclusion criteria.

The study included teenagers aged 15-19 years who were pregnant and attending the Kawaala Health Centre IV, maternal and child health services.

Independent variable.

Factors contributing to high teenage pregnancies.

Dependent variable.

Teenage pregnancies

Research instruments.

The data was collected from the respondents using a questionnaire with open and closed-ended questions in the English language, which was used as a tool for gathering information.

Data collection procedures.

Data collection helped the investigator obtain information from participants to answer the problem of interest. A guided questionnaire for data collection was used for all participants. The period of data collection was scheduled for 5 days, and the participants were met at the antenatal care clinic, and they were requested to consent to the study participation. The prepared questionnaire was filled out by the researcher, and the completed questionnaires were collected for data entry and analysis. Thereafter, all answered and entered questionnaires were stored in a secure area.

Data management.

After the collection of data, every questionnaire was checked for completeness, and any gaps were filled immediately before the client was discharged. The questionnaire was kept privately under lock and key, only accessible to the researcher and the research assistant on request. Then, it was directly entered into the computer using Microsoft Word, Microsoft Excel 2010 version for coding, validation, and analysis.

Data analysis.

Quantitative data was manually tallied according to the variables and was later fed into the computer using Microsoft Excel. Quantitative data was analysed using Microsoft Word and Excel programs. The analysed data were presented in the form of frequency tables, figures, graphs, and charts. Frequency and percentage were used for the interpretation and establishment of the relationship between variables.

Ethical considerations.

The proposal was submitted to the research and ethical committee at Lubaga Hospital Training schools for approval, then the introductory letter was obtained allowing the researcher to seek permission to carry out the study, this letter was taken to Kisenyi Health Centre IV to seek for permission to pretest the questionnaire and this same letter was taken to Kawaala health Centre IV management for approval and allow data collection, the participants will be assured of proper confidentiality and obtains numbers to each for easy analysis. The study will begin after the participants have understood the objectives of the study and have freely consented.

Results.

Socio-demographic characteristics of respondents.

Table 1: Socio-Demographic characteristics of participants (n=30).

Variables	Categories	Frequencies (f)	Percentage (%)
Age			
	10- 13 years	2	6.7
	14-16 years	10	33.3
	17-19 years	18	60
	Total	**30**	**100**
Level of education			
	None	2	6.7
	Primary	16	53.3
	O'level	9	30
	A' level	3	10
	Total	**30**	**100**
Marital status			
	Single	10	33.3
	Married	12	40
	Divorced	0	0
	Cohabiting	8	26.7
	Total	**30**	**100**
If married, state the circumstances. (n=12)			
	Forced	4	33.3
	Dependency	2	16.7
	Pregnancy	6	50
	Total	**12**	**100**

Results from table 1 indicated that the majority, 18(60%) of the respondents were aged 17- 19 years, and the minority, 2(6.7%) of the respondents were aged 10-13 years.

Most, 16(53.3%) of the respondents had only attained a primary level of education, while the least, 2(6.7%) had not attended school.

A large number, 12(40%) of the respondents were married, and the few 8(26.7%) of the respondents were cohabiting.

Of those who were married, half 6(50%) of them said that they got married because of pregnancy, and the least 2(16.7%) of the respondents reported dependency as their circumstance of getting married.

Individual factors contributing to high teenage pregnancies.

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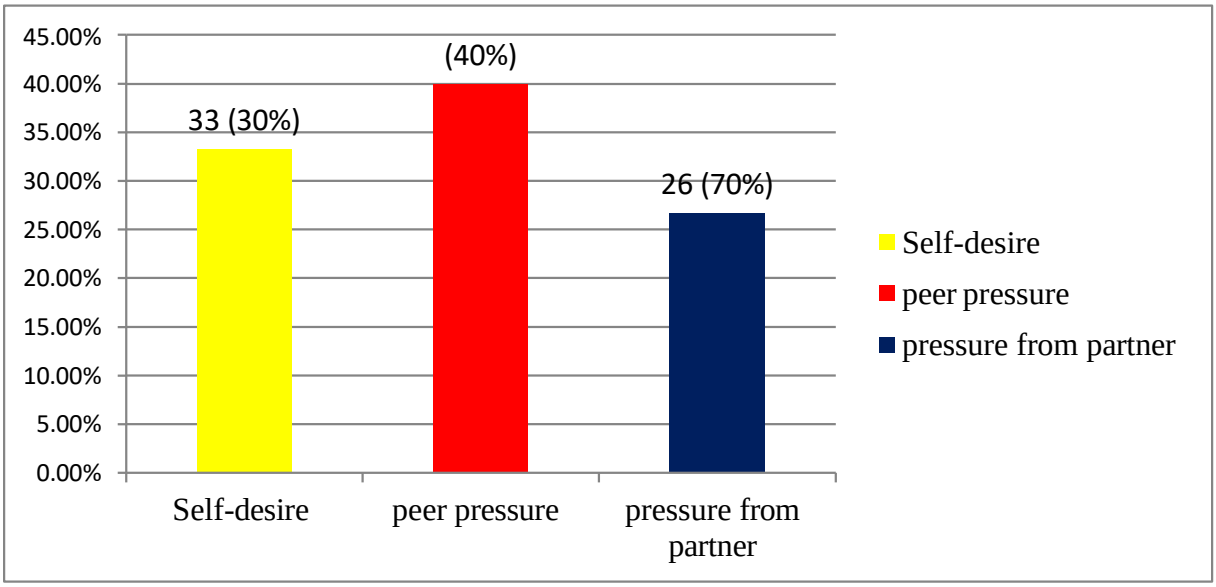
Figure 1: Shows the cause of teenage sexual involvement (n=30)



Findings from figure 1, the majority, 12(40%) of the respondents said that peer pressure led them to have sexual intercourse, while the least 8(26.7%) of the respondents reported pressure from their partners.

Table 2: Shows respondents' information on whether they have ever heard about any method of controlling teenage pregnancy (n=30)

Variables	Categories	Frequencies (f)	Percentage (%)
Have you ever heard about any method of controlling teenage pregnancy?			
	Yes	12	40
	No	18	60
	Total	**30**	**100**

Findings from table 2 indicated that the majority, 18(60%) of the respondents agreed that they have ever heard about methods of controlling teenage pregnancy, while a few, 12(40%) of the respondents have never.

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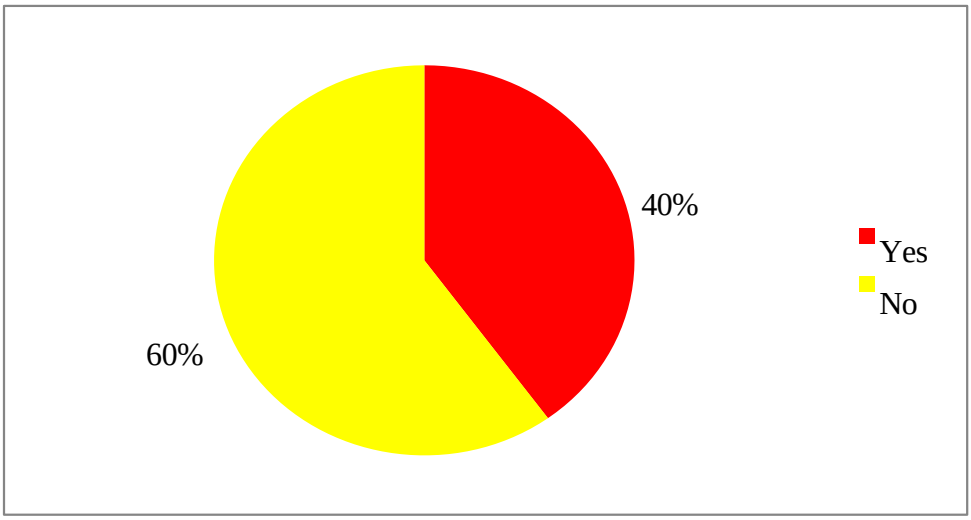
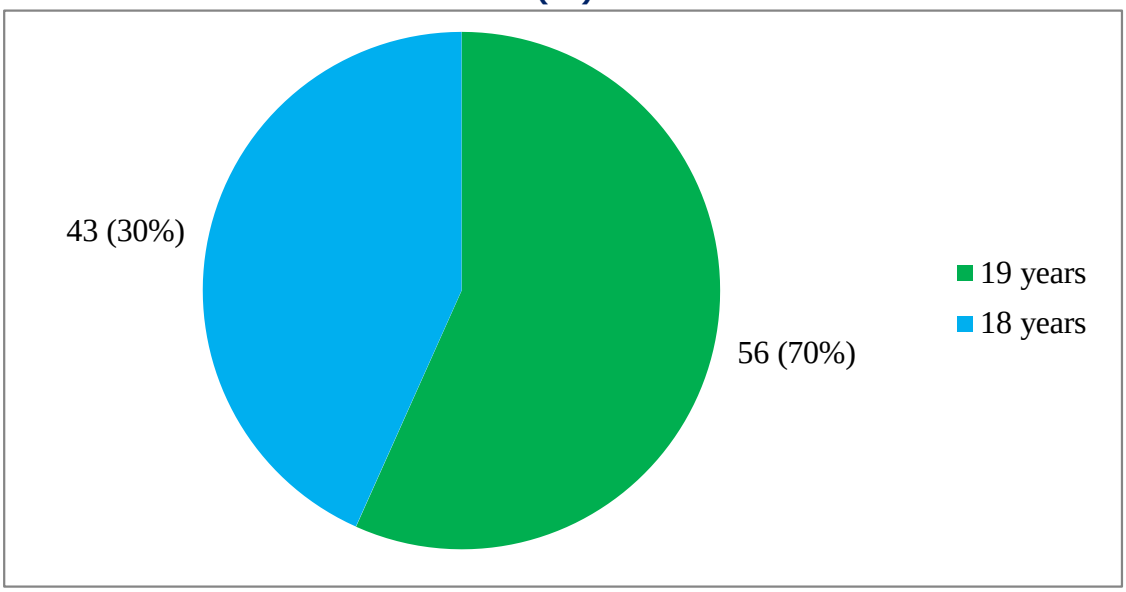
Figure 2: Shows respondents' information on whether they have ever been taught/heard about the dangers of teenage pregnancy, n= (30).



According to Figure 2, results revealed that 18(60%) of the respondents said that they have never been taught/ heard about the dangers of teenage pregnancy, and 12(40%) have ever been taught/ heard about the dangers of teenage pregnancy.

Figure 3: Shows respondents' information on the most appropriate age to fall pregnant, n (30)



Results from Figure 3 indicated that 17(56.7%) of the respondents reported the age of 19 years as the one appropriate for getting pregnant, and a minority o f 13(43.3%) of the respondents reported 18 years.

Socio-economic factors contributing to high teenage pregnancies.

Table 3: Shows respondents' information on the socio-economic factors contributing to high teenage pregnancies, n=30

Variables	Categories	Frequencies (f)	Percentage (%)
Do you think love for material gains could lead to teenage pregnancy in schools?			
	Yes	20	66.7
	No	10	33.3
What is your parent /guardian's occupation?			
	Unemployed	10	33.3
	Employed	12	40
	Self employed	8	26.7
Are you able to access the health facility in case you need any contraception method?			
	Yes	4	13.3
	No	26	66.7
Do you think teenagers get pregnant due to a lack of sexual education?			
	Agree		
	Disagree		
	Strongly disagree		
	Strongly agree		
Is teenage pregnancy very high among teenagers from a poor economic background?			
	Agree		
	Disagree		
	Strongly disagree		
	Strongly agree		
Media like pornographic movies can pressure teenagers into having sex earlier than expected, resulting in pregnancy.			
	Agree		
	Disagree		
	Strongly disagree		
	Strongly agree		

According to Table 3, results indicated that 20(66.7%) of the respondents agreed that love for material gains could lead to teenage pregnancy in schools, and the minority, 10(33.3%) of the respondents did not agree.

The majority, 12(40%) of the respondents said that their parents are employed, and a few, 8 (26.7%) of the respondents were unemployed.

More than half 26, 86.7%) of the respondents said that they can access the health facility in case they need any contraception method, while the minority 4, 13.3%) of the respondents were not able to access the health facility.

Most 20(66.7%) of the respondents agreed that teenagers get pregnant due to a lack of sexual education, while a few 4(13.3%) of the respondents did not agree.

The majority, 18(60%) of the respondents strongly agreed that teenage pregnancy is very high among teenagers from a poor economic background, while the least 2(6.7%) of the respondents agreed.

A large number, 24(80%) of the respondents strongly disagreed that Media like pornographic movies can pressure teenagers into having sex earlier than expected, resulting in pregnancy, while the minority, 6(20%) of the respondents strongly agreed on that matter.

Cultural factors contributing to high teenage pregnancies.

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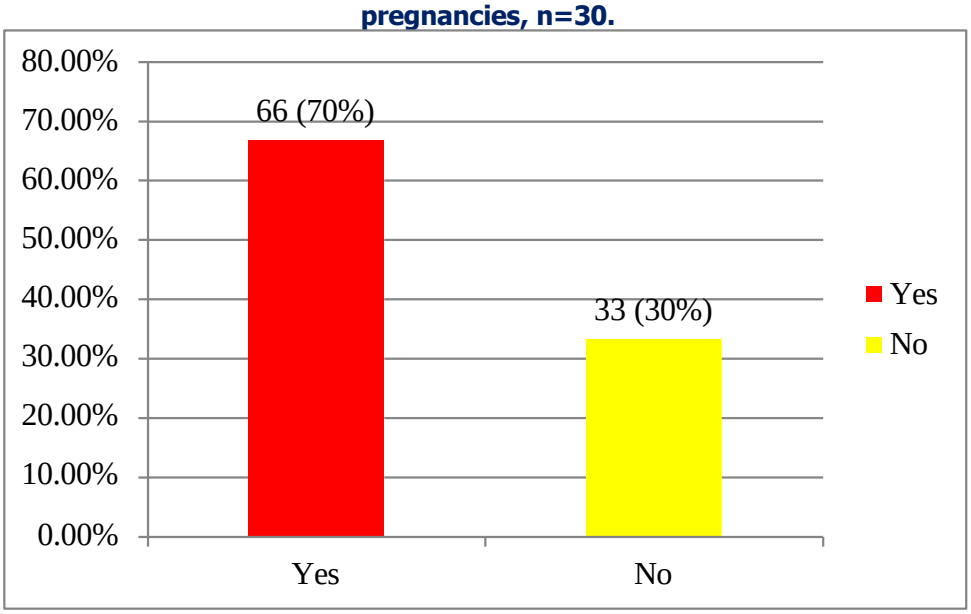
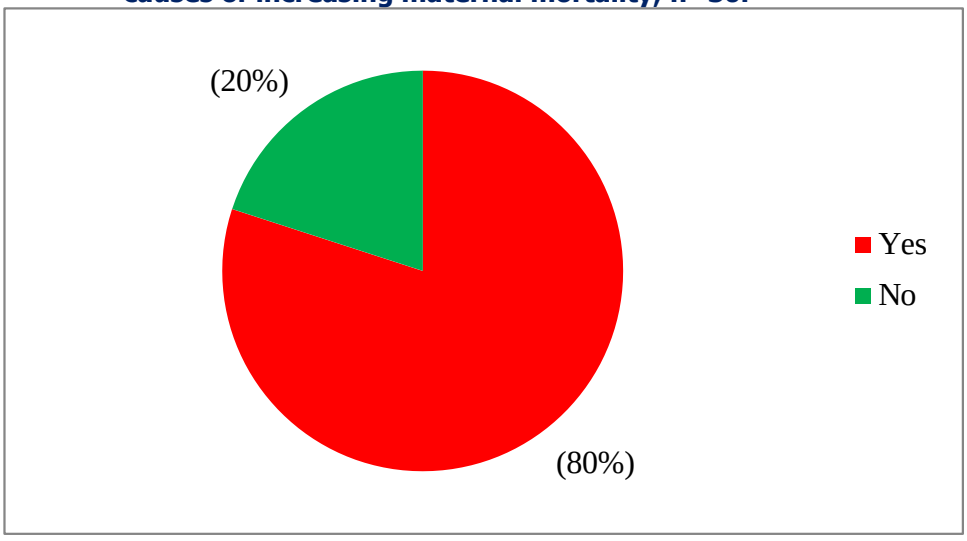
Figure 4: Shows respondents' information on whether parents are to be blamed for teenage pregnancies, n=30.



According to Figure 4, showed that most 20(66.7%) of the respondents agreed that parents should be blamed for teenage pregnancies, while the rest, 10(33.3%) of the respondents said that parents should not be blamed for teenage pregnancies.

Figure 5: Shows respondents' information on whether teenage pregnancy is one of the causes of increasing maternal mortality, n=30.



Findings from figure 5 indicated that the majority24 (80%) of the respondents said that teenage pregnancy is one of the causes of increasing maternal mortality, while the least 6(20%) of the respondents did not agree.

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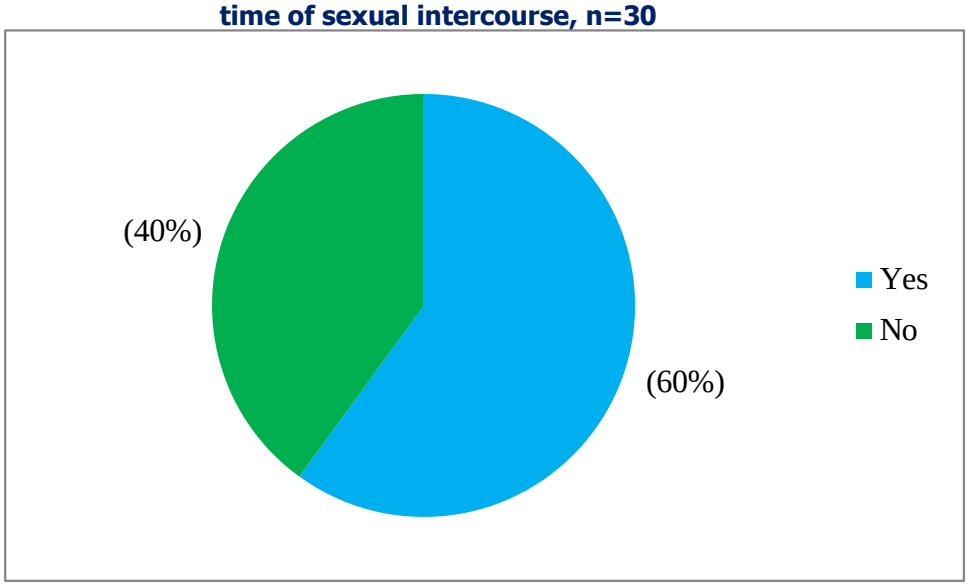
Figure 6: Shows respondents' information on whether they got pregnant during their first time of sexual intercourse, n=30



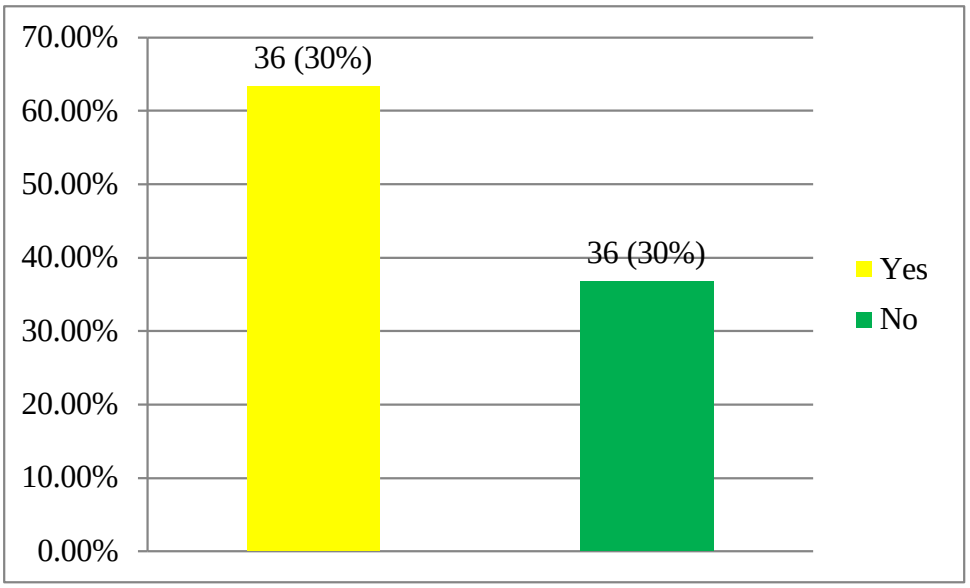
According to Figure 6, 18(60%) of respondents said that they got pregnant during their first time of sexual intercourse, and 12(40%) did not get pregnant during the first time of sexual intercourse.

Table 4: Shows respondents' information on whether peer groups influence teenage pregnancy, n=30.

Variables	Categories	Frequencies (f)	Percentage (%)
Do peer groups influence teenage pregnancy?			
	Yes	21	70
	No	9	30
	Total	**30**	**100**

Findings from table 4 revealed that more than half 21(70%) of the respondents agreed that peer groups influence teenage pregnancy, and the rest (9, 30%) of the respondents did not agree with the matter.

Figure 7: Shows respondents' information on whether they have ever been forced or harassed into sexual activities by a friend or a teacher, n=30



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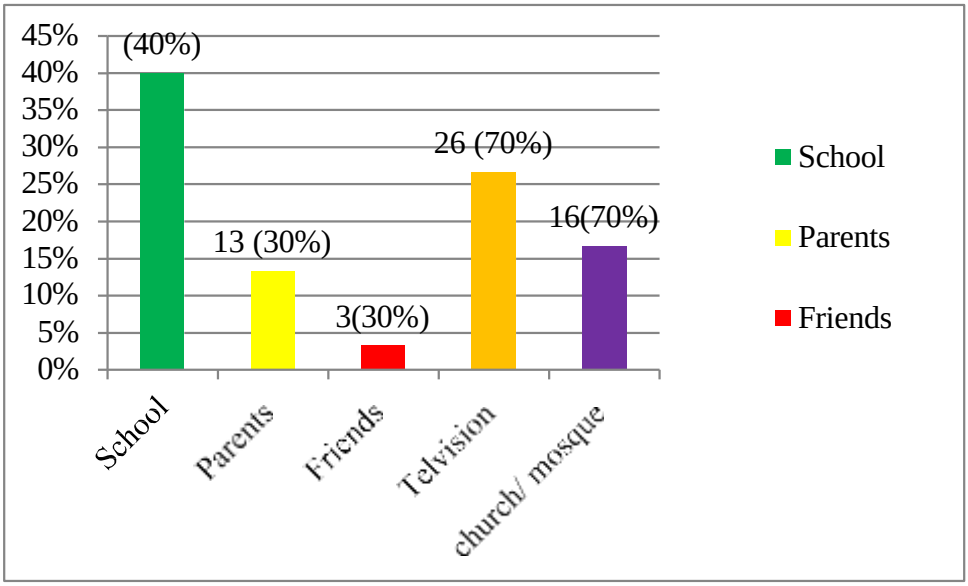
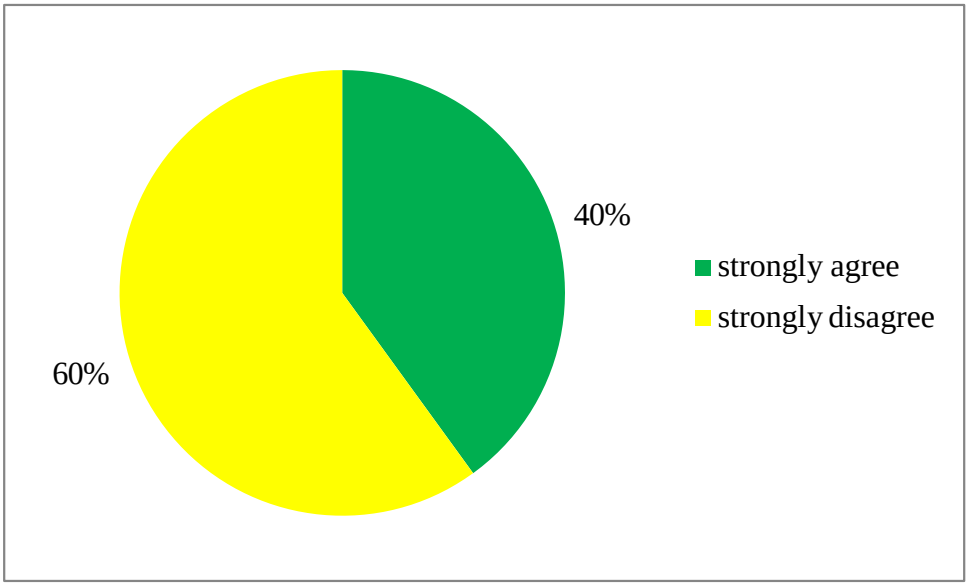
According to Figure 7, a large number of 19(63.3%) of the respondents agreed that they have ever been forced or harassed into sexual activities by a friend or a teacher, while the minority 11(36.7%) have never been forced or harassed into sexual activities by a friend or a teacher.

Figure 8: Shows respondents' information on who normally provides them with the most information about sexuality and reproduction, n=30



Findings from figure 8, most 12(40%) of the respondents said that they got the information about sexuality and reproduction from school, while the least 1(3.3%) of the respondents said that they got the information from friends.

Figure 9: Shows respondents' information on whether teenage pregnancy may result from family dysfunction, as teenagers tend to seek love and affection elsewhere, n=30.



According to Figure 9, a large number of 18(60%) of the respondents strongly agreed that teenage pregnancy may result from family dysfunction, as teenagers tend to seek love and affection elsewhere, while a few 12(40%) did not

agree.

Discussion of results.

Individual factors contributing to high teenage pregnancies.

The majority (40%) of the respondents said that peer pressure led them to have sexual intercourse, while the least (26.7%) reported pressure from their partners. Peer groups may influence these teenagers to engage in bad acts such as watching pornography, which may lead to early involvement in sexual activities, which can later lead to unwanted teenage pregnancies. This is in agreement with findings of the study done by Albert (2017), which indicated that there are social pressures that can push the teens towards becoming pregnant. Some girls feel that they will only be accepted as girls once they have proved their fertility.

The majority (60%) of the respondents agreed that they have ever heard about methods of controlling teenage pregnancy, contrary to 40% of the respondents who have never. Lack of information among young people about sex education is still a problem in the country because parents do not have enough time to sit with their children and talk about sex, parents have a misconception that topics on sex and relationships are taboo and should not be discussed with children, and this may result in many having unwanted pregnancies at an early age. The findings of this study are in line with the study done by Bezuidenhout (2018), which stated that African cultures encouraged a huge gap in communication about sexual issues between parents and their children and teenagers, especially girls, who experience body changes and find it difficult to discuss these changes with their parents.

Most respondents (60%) said they had never been taught or heard about the dangers of teenage pregnancy. This lack of awareness may contribute to teenage pregnancies. It may be due to low education levels, lack of parental guidance, and limited access to health education. The Guttmacher Institute (2017) also found that a lack of openness about sex in society is a factor in high teenage pregnancy rates.

Socio-economic factors contributing to high teenage pregnancies.

Most (66.7%) of the respondents agreed that love for material gains could lead to teenage pregnancy in schools, and (33.3%) of the respondents did not agree. This could be related to the fact that since many of these teenagers were coming from low socio-economic classes, where their parents were not able to pay their school fees, and end up being school dropouts, parents usually force them into early marriages, as many look at their daughters as a source of income for the family, hence teenage pregnancies. This is in agreement with findings of the study done in Sub-Saharan Africa by Daniel (2015), which indicated that the majority of teenage pregnancies are related to poverty because some teenage girls are involved sexually with older men in relationships where gifts are exchanged for sexual favors.

The majority (40%) of the respondents said that their parents are employed, and contrary to that, (26.7%) of the respondents were unemployed. Poverty in the family leads to early marriages due to the pressure from the parents, lack of access to the right information about contraception, and limited advice from parents to their children about sexuality, and this limits the teenager's knowledge of teenage pregnancy since they did not even attend sex education classes, as many dropped out of school early. This was in agreement with the findings of the study done by Daniel (2015), which showed that teenagers who are born and have grown up in the circle of poverty may end up in prostitution as a way of compensating for the lack of salaries of their parents.

More than half (86.7%) of the respondents said that they can access the health facility in case they need any contraception method, whereas 13.3% of the respondents were not able to access the health facility. In ability to access the health facility may be accompanied by a lot of factors including lack of transport, long distances to the facility from their homes, harassment from the health care workers and lack of knowledge on the availability of contraception methods to use to prevent pregnancies and this has resulted into many teenage pregnancies since most teenage can access these services and counseling about their sexual life. This is in line with findings of the study done by Kintu (2017), which indicated that many teenagers do not seek health care because they cannot afford transport costs to the health centers.

A large number (80%) of the respondents strongly disagreed that Media like pornographic movies can pressure teenagers into having sex earlier than expected, resulting in pregnancy, contrary 20% strongly agreed on that matter. The media portrays the glamorous side of sex in such a way that teenagers perceive sex as something in fashion. Many teenagers, especially girls, rely on magazines as an important source of information about sex, birth control, and health-related issues. This is in line with findings of the study done by Strasburger *et al.* (2019), which showed that media may function as a super-peer in terms of pressuring teenagers into having sex earlier than expected. Televisions, films, videos, magazines, advertisements, and novels, today, are full of sex and love.

Cultural factors contributing to high teenage pregnancies.

Most (66.7%) of the respondents agreed that parents should be blamed for teenage pregnancies, and (33.3%) said that parents should not be blamed for teenage pregnancies. This could be so because parents always have the mandate to look for their children from childhood to adulthood, teach their children about the dangers of early pregnancy, and ensure the education of their children. Neglect of these duties by the parents can lead to early involvement in sexual intercourse and early marriages by these teenagers. This was in agreement with findings of the study done by Bezuidenhout

and Joubert (2018) in Amsterdam, which revealed that parents spend more time at work, and their concern is about shelter and food. Therefore, they neglect their children's emotional needs and development. This often leads to children spending more time with their peers and then copying them and older gang members or negative role models in the community.

Most (60%) of respondents said that they got pregnant during their first time of sexual intercourse, and contrary to that, 40% did not get pregnant during the first time of sexual intercourse. This could be related to the poor knowledge about contraception by these teenagers due to low education levels, and may also be related to the desires of these teenagers to explore the feelings associated with unprotected sexual intercourse. This was in line with findings of the study done by Gouws *et al.*, (2018) in Africa, which revealed that many teenagers believe that the use of contraceptives make them sterile, Some teenagers believe that they can't get pregnant in the first time of sexual intercourse, if they are having their period, or if the male withdraws in time, and if they are having sex in a standing position.

More than half (70%) of the respondents agreed that peer groups influence teenage pregnancy, and the rest (30%) of the respondents did not agree with the matter. Peer groups may influence these teenagers to engage in bad acts such as watching pornography, which may lead to early involvement in sexual activities, which can later lead to unwanted teenage pregnancies. This is in agreement with findings of the study done by Albert (2017), which indicated that there are social pressures that can push the teens towards becoming pregnant. Some girls feel that they will only be accepted as girls once they have proved their fertility.

A large number (63.3%) of the respondents agreed that they had ever been forced or harassed into sexual activities by a friend or a teacher. This implies that some adult males are among the facilitating factors that have been contributing to the increase in teenage pregnancy, as they use their opportunities to entice girls to participate in sexual practices. This could have been caused by the pressure teenagers get from financial inducements received from adults. This is in line with findings of the study done by Jewkes *et al.* (2018), which showed that teenage Pregnancy issues in our world today have more impact on the lives of our teenage girls because they cause unwanted sex and teenage pregnancy. The 2016 Democratic and Health Survey in South Africa found that in schools, teachers were the most common perpetrators of teenage pregnancies among young girls.

Conclusion.

Individual factors contributing to teenage pregnancies were: peer pressure, lack of knowledge about contraception.

The socio-economic factors contributing to teenage pregnancies were: Poverty, inaccessible health facilities, and misuse of media.

The cultural factors contributing to teenage pregnancies were: lack of parental guidance, sexual abuse and harassment, myths and misconceptions.

Recommendations.

The government should establish an approach that is more holistic to equip the teenagers with appropriate knowledge on sexuality and access to sexual and reproductive health services, rather than traditional coaching approaches that focus on improving sexual ability, attitudes, and norms.

Media should produce features and editorials on the importance of ensuring all young Tanzanians have access to advice on reproductive health and the means to prevent unwanted pregnancy through life skills education and youth-friendly health services.

Nongovernmental and Civil Society Organizations should support community-based programmes that empower teenage girls to protect themselves and enable them to continue their education if they become pregnant while still at school.

Local Government Authority should introduce youth-friendly health services throughout the district and also ensure that all health facilities provide supportive and quality reproductive health services to teenagers so that they feel comfortable and confident about expressing their concerns in relation to reproductive health.

Acknowledgement.

I first give thanks to the almighty God, who, by His love, care, and grace, encouraged me to complete this report. I also extend my sincere gratitude to everyone who played a part in the accomplishment of this project.

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I am very grateful to my lecturers, classmates, and friends like Ssetenda Moses and Kintu Micheal Kavuma for their moral and social support. Finally, I would like to appreciate my respondents for their positive response to my call to be part of the study.

List of Abbreviations

ANC: Antenatal Clinic
WHO: World Health Organization
UNFPA: United Nations Fund for Population Activities
HOD: Head of Department
KM: Kilo Meter
UNICEF: United Nations Children's Fund.

Source of funding.

The study was not funded.

Conflict of interest.

There is no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

The author's contribution.

MN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and NK supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

Majorine Nannono is a student of diploma in nursing at Lubaga Hospital Training Schools.
Nelson Kakande is a research supervisor at Lubaga Hospital Training Schools.

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