# Early Pregnancy Justification of Low Economic Status "Poverty": Adolescent Sexual and Reproductive Health - Health Facility Based Study

**WABWIRE Paul Francis[1] and NAMPEWO Evarine[2]**

*Affiliation[1] : Department of Clinical Medicine and Community Health, School of Health Sciences, College of Medicine and Health Sciences, University of Rwanda - Kigali Rwanda*

*Affiliation[2]: Masafu General District Referral Hospital, Busia District Local Government, P.O Box 124, Busia Uganda.*

*Country [1 & 2] – Kampala Uganda*

*Contact[1]: Tel: +250787902276 / +256772654659 & Email: wabwirepaulfrancis@yahoo.com*

*Contact[2]: Tel: +256772900227 & Email: nampewoevarine@ymail.com*

## ABSTRACT

Early pregnancy in the context of this research is defined as "pregnancy of humans less than 20 yrs as noted to be an old national / worldwide tradition." The study purposed to establish the magnitude and the in-depth relationship between early pregnancy and low economic status. It was a descriptive, cross-sectional study that adopted quantitative data collection and analysis approach in purposively selected population of "444" mothers attending maternal child health services. Data was collected using semi-structured questionnaire. Findings were highly associated with Individual, Family, Communal and Spouse factors under varying levels. Data involving 100 homes predicted H–1 being wealthier than H-2.

**Key words: Early Pregnancy, Poverty, Cross tabulation, Logistic Regression Analysis.**

Conclusively, there is a high rate of early pregnancies of **39%**. This rate was highly associated with education level (p-value = 0.0059; 95% CI = 0.25064 – 8.97694; OR = 1.5) and spouse occupation (p-value = 0.0032; 95% CI = [0.292535 – 1.81]; OR = 0.7272727. Poverty as claimed appears to have no deep connection with early pregnancy.

## 1. INTRODUCTION TO RESEARCH TOPIC

Early pregnancy and fertility are often described as health concern and a cause of social problem. Early pregnancy is conception by females less than 20 years that may result into full term baby delivery or termination before nine month. It is a physiological process resulting from union of both female and male reproductive cell. It presents mainly with history of disappearance of menstrual period, morning sickness, breast enlargement and tenderness, abdominal distension, together with general malaise **Benson & Pernoll (2001).**

Early pregnancy with or without marriage, among females is national and worldwide tradition. For that reason different communities have had different age limits and terminologies used to describe the act of “early pregnancy”. Other terms applied in alteration with early pregnancy include, “Teenage pregnancy”, "Child pregnancy", “Under age pregnancy” and "Child mothers". Early pregnancy and marriage are seen to be fuzzy and do not necessarily refer to children. Moreover, what is early for one person or in one culture setting may not be early for another. Early pregnancy in eyes of many cultures, including the child mother herself seems to be a glorifying process, calling for celebrations and happiness despite its negative impacts.

Early pregnancy and deliveries differs from country to country although it ranges from 12 to 20 years of age. It is an issue that affects both developing and developed country worldwide although

at different levels. It is noted to be associated with lots of factors that vary from individual – "young population", familial- "parental and guardians", communal – "peers, teachers, religious and policy factors" **World Population Prospect (2010).**

Several literatures indicate that teenagers make a reasonable percentage of the entire world and of independent country's population. Globally, young people aged between 15 and 24 years make up 1.2 billion of the world's population. The majorities live in Sub-Saharan Africa and are vulnerable to teenage pregnancies and HIV infection. Furthermore, child marriages associated with early pregnancy was noted to commonly occur in South Asia, where 48% of women aged 15–24 have been married before the age of 18years; these figures are 42% for Africa and 29% for Latin America and the Caribbean. Teenage pregnancy might contribute to a cycle of poverty **Adolescent Sexual Reproductive Health (2013).**

There has been a marked, although uneven, decrease in the birth rates among adolescent girls since 1990, but some 11% of all births worldwide are still to girls aged 15 to 19 years old. The vast majority of these births (95%) occur in low- and middle-income countries **Amir, M. Sayem and Abu Taher, M.S. Nury., (2011)**. A United State Government poster on Teen Pregnancy shows that over 1100 teenagers, mostly aged 18 or 19 get pregnant and give birth every day in the United States alone. Teenagers account for one in ten new mothers there **World Health Statistic (2014).**

Furthermore, **(WHS, 2014)** illustrates that for mothers aged 15–19 years, risks are associated more with socioeconomic factors than with the biological effects of age. Risks of low birth weight, premature labour, anaemia and pre-eclampsia are connected to the biological age itself, as it was observed in teen births even after controlling for other risk factors such as utilization of antenatal care, etc**.**

In developing countries especially those of East African, child pregnancies often occurs in and out of marriage as associated with social issues including lower educational levels of the victim and parents, Lower Income Levels of families leading to poverty, other poorer life outcomes in children of teenage mothers. However, teenage pregnancy in developed countries is usually outside of marriage, and carries a social stigma in many communities and cultures. By contrast, teenage parents in developing countries are often married, and their pregnancies welcomed by family and society **Research for Adolescent Sexual Reproductive Health – Uganda,( n.d)**.

Having comprehensive sexual education with under age makes them to be prompted to practice and have the truth of the subject. "In real life it is seen and believed that practice makes it all perfect". In the same way accessibility to birth control procedures will among other issues promote life sex amongst the young with the assumption that they can't conceive, forgetting they can contract HIV and other STDs. This is evidenced in research result of **Uganda Demographic Health Survey (2011).**

In Zimbabwe, 34% of adolescent females have had sexual intercourse, as have 25% of adolescent males. This proportion has not changed much over the past decade among women, but it has declined slightly among men GUTTMACHER INSTITUTE: **Zimbabwe (2011).** As of 2011, 38% of young Zimbabwean women have had sex by age 18, as have 23% of young men, this difference has widened over time. Females now first have sex nearly two years sooner than males. A quarter of 15–19 year old women have started childbearing, with a third of all births being unplanned GUTTMACHER INSTITUTE: **SRH – Zimbabwe (2014).**

Much of the gender differential in initiation of sexual activity could correspond to females' far greater likelihood of marrying during adolescence. Unfortunately, the proportion of 15–19 years old women who have married is changing little over time. Moreover, adolescent women who are

married off by their families, or who desire to enhance their status by marrying much older men, have little choice in postponing the first time they have sex. The "marriage rights" section of the recent 2013 national constitution confers the right to "found a family" only to persons who have "attained the age of 18," **Constitution of Zimbabwe (2013), No 20, Part 2, Section 78.**

The 2014 World Health Statistics indicate that the average global birth rate among 15 to 19 year olds is 49 / 1000 girls. Country rates range from 1 to 299 births / 1000 girls, with the highest rates in sub-Saharan Africa. Adolescent pregnancy remains a major contributor to MCM, and to the cycle of ill-health and poverty **Rutaremwa Gideon (2013).**

The sexual behaviour of adolescents has led to increasing rates of STDs, AIDS, pregnancy, abortion, and high rates of maternal and child mortality among youth in Uganda. In Uganda the initiation of sexual activity starts as early as 10-14 years of age with a mean of 15 years as noted by UDHS (2011).

Although evidences suggest that the proportion of teenagers who have started childbearing has declined over time, from 43% in 1995 UDHS, to 31% in UDHS 2000-01, to 25% in 2006 UDHS, and finally, to 24% in 2011 UDHS, adolescent sex especially among females has historically constituted a large promotion on incidence of HIV / AIDS and early pregnancies. This is believed to be attributed to by their high level of sexual activities among themselves **HIV/AIDS – Uganda**

**Country Progress Report (2013).**

Adolescents and young adults are particularly at risk for unintended pregnancy due to high level of premarital sexual practices in Uganda. More than one in three never-married women aged 15–24 have had sex, and nearly one in five unmarried women in that age-group is currently sexually

active **Advancing Sexual and Reproductive Health Worldwide (2013).** Several researches that include (**Rutaremwa Gideon, 2013**) have discussed the factors that contribute to the act of early pregnancy but have not been able to determine and describe the magnitude of the influence of low economic status (poverty) to early sex hence early pregnancy.

For example**,** (**Acharya Dev Raj, Bhattarai Rabi, Poobalan Amudha, van Teijlingen Edwin R, and Chapman Glyn, 2010**) discussed factors associated with teenage pregnancy that included: - Social-economic, low education, cultural and family structure. However, this doesn't provide insight into deep observation of each varying factors. It doesn't answer the question why it happens to a fraction of females even when at the same economic status, educational and cultural – family structure. Further-more, multitude of studies have shown that factors including poverty among others have a bearing to early pregnancy compared to early pregnancy leading to poverty.

In the research area, despite the availability of government programme of universal primary, secondary education and family planning related services, teenage pregnancy with child birth by the under 20 years, is on increase year after year with 28%, 38% and 43% for 2012, 2013 and 2014 respectively **(Facility Integrated Maternity Register – HMIS Form 072)**. It is in this regard that the study aimed to establish the magnitude and examine the in-depth relationship between early pregnancy and low economic status "poverty". Other confounding factors to low economic status "poverty" were also addressed in this research in the stipulated population of ≤ 20 years during 2016

## 2. LITERATUR REVIEW

### 2.1.**Globally**:

Systematic review of researches in seven countries in South Asia, with most of the studies related to Nepal, Bangladesh, India and Sri Lanka, socio-economic factors, low educational attainment, cultural and family structure were all consistently identified as risk factors for teenage

pregnancy. Majority of teenage girls were reported with basic knowledge on sexual health however, very few of them have put the knowledge into practice. Utilization of health services, which is a protective factor, remains low though consistent. However, teenagers agreed to delay the first (indexed) pregnancy if they would know its consequences. The research concluded that many risk factors are a part of socio-economic and cultural influences **Acharya Dev. Rej et al., (2013)**

Furthermore, in across sectional study among the Assamese Muslim women of Kamrup district, India with a view to understand the differences in the age at first marriage of women and socioeconomic factors influencing it, findings revealed that "the larger the family type, lower is the mean age at marriage". The mean age at marriage is likely to increase with increase in maternal education and household income. However, the mean age at first marriage of Assamese Muslim women was found to be 19.40 ± 0.04 years in this population **Haloi & Limbu (2013)**.

However, an earlier result of a research by **(Amir M. Sayem & Abu Taher M.S. Nury 2011)** revealed that 72.5% of the participants experienced first marital pregnancy during their teenage, with a mean age of 17.88 years (SD = 2.813). Multivariate logistic regression analysis revealed that participants aged 20-24 years had higher likelihood (OR 1.971, 95% CI 1.132 to 3.434), whereas participants aged 25-29 years had lower likelihood (OR 0.054, 95% CI 0.016 to 0.190) of experiencing teenage marital pregnancy compared to participants aged 15-19 years. In addition, participants born in urban area had significant lower odds (OR 0.458, 95% CI 0.228 to 0.919) for teenage marital pregnancy **Amir & Abu (2011).**

**2.2.Continental review**

Study conducted in Africa - Botswana illustrated that 90% of the females between 10 - 14 years old and more than 50% of older girls between 15 - 24 years stated that their first sexual experience had been unplanned. Condom use at first intercourse was observed to be directly

proportional to educational level. Unfortunately 50% of all sexually active teenage girls became pregnant. This figure was generally attributed to significant peer pressure to engage in sex. Adolescent pregnancy was found to be the major cause and responsible for school dropping-outs each year **Robert, Kirk, Lauren & Shannon (2003).**

Furthermore, **(Robert et al., 2003)** in the same study stated that, one of the main causes of unwanted pregnancies is poverty among little girls. The lack of basic needs lead girls to accept gifts from anyone who may involve them into sexual abuse. In fact, 78.2% of study participants did not get money to satisfy schooling needs. It also indicated that 30.6% received money from old people, who are likely to lure them into sexual abuse.

A later survey conducted in Brazzaville including 900 children (389 boys and 511 girls) from 10 to 19 years, belonging to the seven districts of this country showed that early sexual before age 14 years was found in 73 boys and 39 girls ($p < 0.001$). Multiple partners proved almost constant among boys 81.3% as compared 51.1 % of girls. In addition, n=102 girls (36.8 %) had gotten a pregnancy at an average age of 16.1 ± 1.2 years, and in case of an unwanted pregnancy (93.1%), abortions were performed in 64.7 % of cases. Finally, the dropout rate recorded due to pregnancy was 82.4 % **Mabiala, Massemba, Banttsimba & Sange (2008).**

A quantitative, descriptive and explorative survey conducted to determine factors influencing adolescent pregnancy rate among teenage girls (n = 147) attending four high schools in the Greater Giyani Municipality in South Africa revealed health services were not conveniently available for them. Their relationship with nurses was poor ($p < 0.05$) as reported by 73% of participants with regard to maintenance of confidentiality. Furthermore, key psychosocial variables such as inadequate sexual knowledge (61%), changing attitudes towards sex (58.9%) & peer pressure (56.3%) as

contributory to high pregnancy rate were reported **Lenny. M, Lydia. M, Solina. R & Helene. M., (2015).**

**Collins K Ahorlu, Constanze Pfeiffer and Brigit Obrist (2015)** in Accra Ghana among 820 adolescent girls aged 15 – 19 years was done with the main focus to examine how social capital, economic capital, cultural capital and symbolic capital contribute to the development of competencies of adolescents to deal with the threat of teenage pregnancy and childbirth. The research showed that out of 820 adolescents interviewed, n=128 (16 %) were pregnant or mothers. Adolescents in both groups have access to social support, especially from their parents. More (79 %) pregnant girls and young mothers compared to never pregnant girls (38 %) have access to economic support (P = <0.001). Access to social, economic and cultural capitals was associated with high competence to either prevent or deal with pregnancy among adolescent girls **Ahorlu et al., (2015).**

2.3. **National levels :** Girls in Kitgum and Iganga are more likely to get pregnant before the age of 16 and drop out of school than their peers anywhere in the country, report released by ANPPCAN, a child rights organization. The high rocketing early pregnancy is blamed on the rising population of young girls who are engaging in early sex, a trend exposing hundreds of them to the deadly HIV. The study conducted in the Sub-Counties of Igombe and Nabitende - Iganga district and Orom and Namukora - Kitgum districts between January and May 2013, showed that 57% and 22% of child mothers in the two districts gave birth before the age 16 years and 14 years respectively.

Poverty to blame: The study quotes poverty as the prime influencing feature to girls' raising risk to early pregnancy as it makes them easy prey to abusive adult males. The research ear marked the 2013 results that showed that, out of the 4,176 cases handled "ANPPCAN" , 2630 (62.9%) of the victims came from families that survive on less than 2,000 shilling a day,". However, other factors

leading to the inclination, included high school dropout rates, curiosity among young girls, and culture though cited as an aggravating factors to the problem in question **ANPPCAN, (2013) – Ugandan Report.**

A study by **(Rutaremwa. 2013)** using the 2011 Uganda Demographic and Health Survey Data to explore the factors related with adolescent fertility and pregnancy in Uganda involving a total of 2,026 female adolescents revealed predictive power between socioeconomic and demographic characteristics and an adolescent having borne a child in the 5 years preceding the survey, being currently pregnant and both having had a child in the 5 years preceding the survey or being currently pregnant at the time of the survey.

Marital status was a strong predictor of the likelihood of both having a child in the 5 years preceding the survey and being currently pregnant at the time of the survey. Age equally appears to be an important predictor of the two outcomes, such that an increase in age was associated with increase in the odds of being pregnant and of having born a child **Rutaremwa (2013).**

In Uganda a cross sectional study conducted in 1997 among aged 15-17years olds, 34% of girls and 27% of boys had sex with a median age at first sexual intercourse for young girls aged 15-19 years being 17.1 years whereas, young men was 18.3 years **Biraro, Shafer, Kleinschmidt, Wolff, Karabalinde, Nalwoga et al., (2006)**

Mean age at first sex is 15 years of age. By age 19 over 70% of adolescent girls are sexually active. Almost half of the women become pregnant before age 18, by the time they are 20 two thirds have had a child. Teenage fertility has increases. By age 18, 56% of women are married. Adolescent pregnancy rate is 43%. 33.3% of maternal deaths are adolescents ASRH– **Uganda (n.d).**

## 3. MATERIAL & METHODOLOGY

### 3.1.Study design

It was a descriptive cross- sectional study employing quantitative research methodologies. It categorized and described the findings quantitatively as it was in the data collection tool "questionnaire" for – mothers ≤ 20 and complemented with data from 100 homes under observation. The study considered one municipality and three typically rural sub-counties. The study lasted 8 months, from April 2016.

### 3.2.Study Sample and sample size

A purposive sampling criterion dependent on the assumption that the investigator wants to determine, comprehend and give a deep insight relationship between the main variable was used. 444 teen mothers attending any of the Mother and Child Health care services were considered. This sample size (n) is 2.6% of the total expected expectant population (16,799), which is 5.2% of the total population in the reproductive age group of 15 – 64 years - UBOS

While assuming that not all teen mothers will be willing to participate, it also trusted that since they will have come to seek for services at the facility, they considered it as one of the health facility activities. Validity and reliability of data collection instruments was also ensured through prior testing. Data was collected after full authorization from the concerned authorities. Miners (under 18 year) in this case were consented for (assented) for by the nurse on duty.

### 3.3.Study setting

Main respondents who are teenage mothers were always interviewed depending on their availability as they appear for services within the health facility. Home visiting of where the teen mother comes from and for the spouses were considered last after collecting consent from these teen mothers.

Home visiting aimed at collecting observational data to aid make a comparison between the two homes.

## 4. RESULTS

### 4.1.Prime respondent Questioner dependent

This study considered a sample size (n) of 444, under 20 years of age mothers attending MCH services and 100 homesteads (Indicated as H-1 and H - 2) for observational data. Several independent variables under different categories of: individual, family, communal and spouse were tested for their association with early pregnancy in the study population. An early pregnancy rate of 39% was detected among prime respondents. Having an early pregnancy in life was also suggestive of early involvement in sexual activities especially penetrative sexual intercourse. The study findings are in a closure agreement with other researches like **Amir & Abu (2011), Biraro, Shafer, Kleinschmidt, Wolff, Karabalinde, Nalwoga et al., (2006), Mabiala et al., (2008), UDHS. 2011, RASRH-Uganda (n.d), and Robert et al., (2003).**

#### 4.1.1. Individual factors associated with early pregnancy.

Individual variables include: Age, educational level, best position in class, occupation, and motivation into having sex, venue and number of sexual encounters, condom use. Among the 444 participants, majority 46.8% (n=208) were in the age category of 19 to 20 year, though the total number of participants per age group did increase with age. Regarding respondents' schooling data: most 61.3% (n=272) reported not being at school at the time of research as in agreement with **Mabiala et al., (2008)**, 49.5% (n=220) reported having attained only upper primary (p.4 – p.7) though 50.9% (n=226) stated having ever been among the best 15 pupil in a certain class and during some term though not specified. Majority of the teen mothers 40.1% (n=178) report being peasants

in their nature of work to earn a living whereas most of them 53.6% (n=238) reported staying with their spouses / husbands as married couples.

Regarding motivation into sexual action: majority 32.0% (n=142) stated having been promised marriage, this I believe rules out the condemnation over poverty as a main force into early sex but instead justifies the high rate of interest into having sex and hence marriage. Further-more this is supported by high number 67.1% (n=298) of respondents reporting having gone and had their first sexual encounter at the boy's place and having had more than two encounters 41% (n=182) before getting pregnant though majority 37.8% (n=168) state having never had another man prior to the one who made her pregnant as opposite to **Mabiala et al., (2008)**.

Regarding condom use: majority 53.6% (n=238) reported having never attempted use of condom during any sexual encounter. *This would probably suggest the reason for increased rate of early pregnancy as opposite to the condemned poverty.* When asked for the reason, majority: 35.1% (n=155) reported of unavailability of the condom though a reasonable number 28.8% (n=128) stated refusal of condom use by the male partner.

### 4.1.2. Familial factors associated with early pregnancy.

Variables under investigation inhere included: Residence (type of house and location), Family size, Availability of parents, Age of person living with and their occupation, Contribution to girl children, Nature and composition of bedding for girl child and cosmetic requirements.

Five (5) of the family variables were considered as "*hypothetical*" measures of level of economic status of the family. The factors included: Nature of house, Parents' occupation, Composition of bedding, Provision of living requirements and cosmetics items to girl child.

Regarding family factors, majority of respondents were protestant 31.1% (n=138), more resident of villages 52.3% (n=232), and most of whom 39.8% (n=177) reported having families with more than six (6) children (brothers and sisters). Majority of the mothers 29.3% (n= 130) reported having three – four elder sisters / brothers, with highest educational level stated to be "O" Level among 27.9% (n=124). Most 48.6% (n=216) of the respondents reported living with both their biological parents in the last 8 years prior to pregnancy. *This finding is suggestive of weakness among parents that may be contributing to promotion of early pregnancy and marriage among child girls.*

Regarding ***hypothetical variables*** (Nature of house, Parents' occupation, Composition of bedding, Provision of living requirements and cosmetics items to girl child) to measure economic status: majority of the respondents 64% (n=284) stated receiving all the required living necessities from their parents / guardians though contrary to **Robert E. Rector et al., (2003)**, equal population of 39.2% (n=174) stated living in permanent and also local grass covered houses. Furthermore, majority 38.3% (n=170) stated sleeping comfortably in bed, with a mattress, bed sheet and bed cover as composition of beddings (BMSCN). Most 32.9% (n=146) reported using bar soap only as regards cosmetics provided by parents. "*However, most marked is that the range between the numbers of respondents under each hypothetical variable was not very distinctive to give a significant difference between the categories within variables".*

The research further revealed that the majority of the respondents are now living with people in the age category of 25 – 34 years 30.8% (n=137). This included both spouses and other categories of people. Most 36.0% (n=160) of whom are self employed.

### 4.1.3. Spouse factors associated with early pregnancy.

Variables under this include: Spouses Age, Level of Education, Occupation and Support to the younger mother. Majority of the mothers 53.6% (n=238) of respondents a tested to staying with their

spouses, most 46.4% (n=206) are in the age group of 15 – 24 years whereas 40.1% (n=178) are reported to have attained 'O' Level as their highest education.

Regarding spouse occupation, majority 32.4% (n=144) like it was reported about parents, they are self-employed. However, a reasonable number of spouses / male partners give support to their female spouses in form of money and other necessities appropriately. Given the status of living between the respondents' family and spouse measured by nature of employment, one would think the state of economy is not worthy to blame for early marriage or pregnancy.

#### 4.1.4. Community factors associated with early pregnancy.

Majority 30.2% (n=134), of the mother reported their first meeting with their spouse being during a visit at any of the relatives. Regarding ago-between the girl and the spouse majority 52.7% (n=234) revealed self (direct) engagement with males though to a lesser extend some involved their relatives.

Despite this out ragging rate of early pregnancy sexuality with resultant pregnancy and marriage all respondents reported having ever had sexual education with the majority 35.6% (n=158) being from teachers followed by health worker 23% (n=102)

**4.2. Observational Results** *Sample Size (n) = 100, with "H- 1 – Parents' / Guardians'' home & H - 2 – Spouses' home.* The study involved 100 homes with 50 under either category either Parents' home and Spouses' home. The study considered mainly the teen mothers who ended into marriage hence leaving their parents' homes (H - 1) to live with their spouses (H - 2). The study identified these homes from across the entire districts involving different sub-counties.

The observation was done to mainly hypothetical variable that were used to measure the economic status of families / homes. It intended to make conclusive comparison between the two homes as $H\text{-}_1$ and $H\text{-}_2$ in reference to the teen mother. The variables under examinations included: Nature of

Houses, Occupation, Bedding Compositions, Cosmetic application, Assistance offered to the mother prior and after pregnancy.

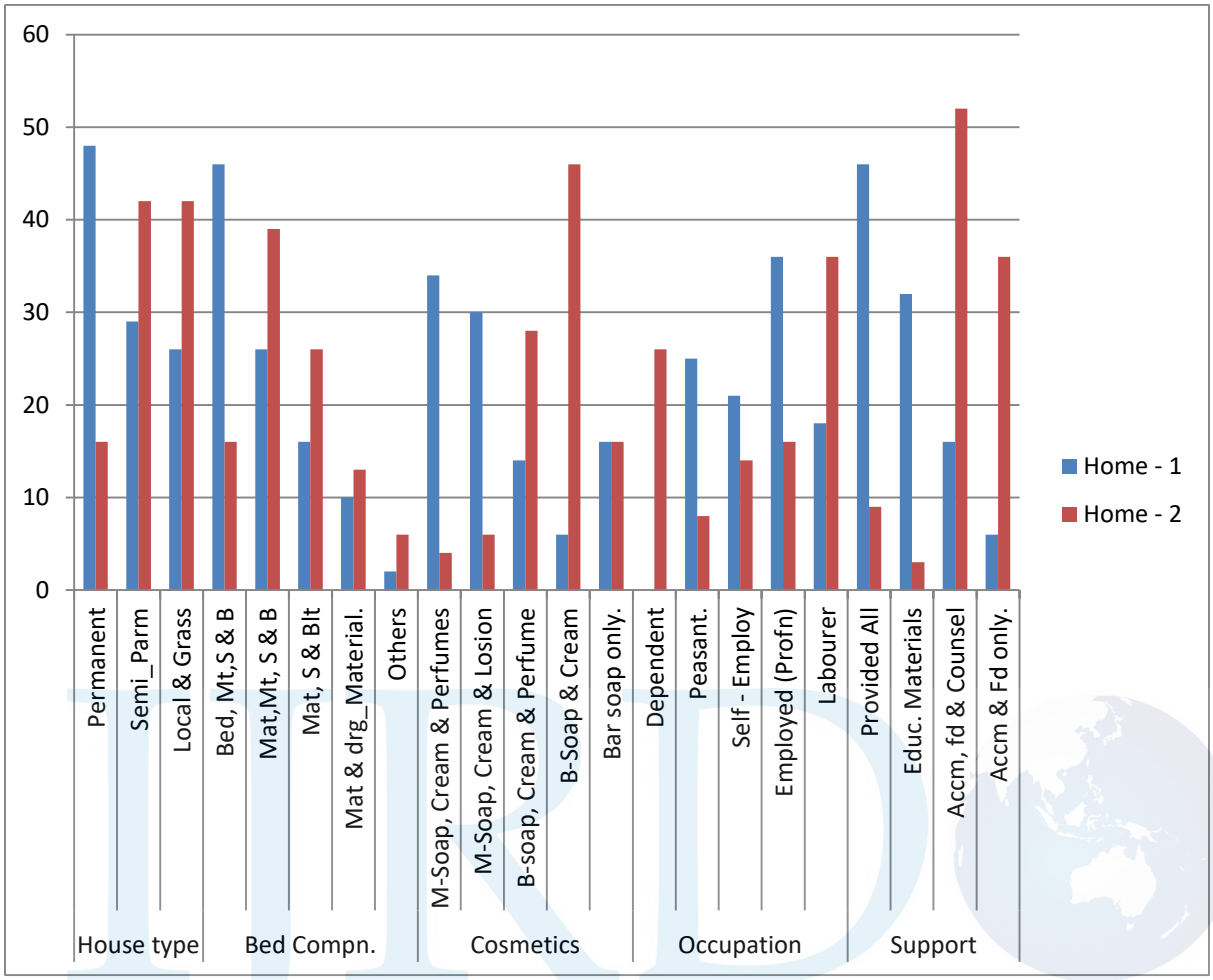
Regarding housing: Home one ($H-_1$) had majority 48% (n=48) and least 26% (n=26) residing in permanent and local – grass covered houses respectively as compared with home two (H- 2) having majority 42% (n=42) and least 16% (n=16) residing in local – grass covered and permanent houses respectively.

Furthermore, pertaining bedding composition data from H- 1 revealed, the majority of mothers 46% (n=46) spent most of their time sleeping in bed, mattress, bed sheets and blanket / bed covers while the majority 36% (n=36) of mothers in H – 2 use mainly mat, mattress and bed sheet or blanket. Data about occupation in H - 1 as another hypothetical variable showed that the majority 36% (n=36) of the home heads (Parents / guardians) had permanent paying jobs followed by peasants digging for home consumption 25% (n=25) as compared to the majority of H – 2 managers / owners who were labourers 36% (n=36) and followed with dependents / students 26% (26).

Observational dates regarding cosmetic showed that the majority 34% (34) of mothers in H – 1before relocating, over 90% of the time used medicated soap, lotions and perfumes provided by the parents / guardians compared to where they are in H – 2 where the majority 46% (n=46) are using bar soap and on rear occasions medicated soap and Vaseline.

Regarding support to teen mother prior to getting pregnant and now, data from H – 1, revealed that the majority 46% (n=46) of the teen mothers prior to pregnancy were provided with all the living requirements as compared to the majority 52% (n=52) who are being provided only with accommodation, food and counselling in H – 2.

**Figure 1: Bar Chart Showing the Variation in the *Hypothetical Variables* among the two homes (H-1 & H-2) from observational data**




***Key: Home 1 = Parents Home before pregnancy and Home 2 = Spouse's home***

## 5. DISCUSIONS

The research was carried out among 444 teen mothers suggested sky rocketing early pregnancy rate of about 39%. Several factors under individual, family, communal and spouse characters were investigated for their relationship with the dependent variable of early pregnancy. The examined independent variables under all categories had influence towards the dependent variable of early pregnancy on direct counting though at differing level of influence.

*Individual / personal factors:* Among the participants, majority 46.8% (n=208) were in the highest age group, however, it was realized that the total number of participants per age group did increase with age. This is in accordance with population pattern, exposure, physical demands and

physiological alterations. Regarding schooling, data showed that most 61.3% (n=272) had dropped out of school, making early pregnancy take first position towards school dropout. This research is in agreement with **(Biraro, Shafer, Kleinschmidt, Wolff, Karabalinda, Nalwoga et al., 2009)**. Furthermore, majority 58.1% (n=258) reported having not exceeded primary education despite the availability of Universal Primary Education (UPE), a country program for "***bona basome***" though 50.9% (n=226) stated having ever been among the best 15 pupil in a definite class and during some term though not specified. This probably gives light to why the majority are dependants even after delivery, peasants 40.1% (n=178), and or get married to low educated and none specified self employed spouses 53.6% (n=238) and 32.4% (n=144).

Regarding motivation into sexual action, promises of marriage took the front most position towards luring these young girls into vaginal– penile penetrative sexual acts with majority 32.0% (n=142) stating having been promised marriage. This I believe rules out the condemnation over poverty as the main drive into early sex but instead justifies the high rate of interest 52.7% (n=234) into having sex and hence marriage signalled by self – engagement in the initiation of the relationship. Further-more this is supported by high number 67.1% (n=298) of respondents reporting having gone and had their first sexual encounter at the boy's / man's place and having had more than two encounters 41% (n=182) before getting pregnant though majority 37.8% (n=168) state having never had another man / boy prior to the one who made her pregnant.

Bivariate analysis was done to determine the association between early pregnancy and individual independent variables. The analysis indicated significant statistical association between early pregnancies (dependent variable) and education (independent) variable as follows: p-value = 0.0059, OR = 1.5, 95% CI = [0.25064 – 8.976942], SDE = 1.369306. Hence significant statistical evidence to conclude that early pregnancy is independent of educational level. However, the *Chi-squire test* would not predict whether low or high education level would predispose one to early pregnancy.

*Spouse factors associated with early pregnancy:* Just like respondents' level of education, spouse occupation: p-value = 0.0032, OR = 0.7272727, 95% CI = [0.292535 – 1.808076], SDE = 0.337934 and hence significant statistical evidence to conclude the independency of early pregnancy to spouse occupation. Similarly *Chi-squire test* didn't depict whether spouse occupation would attract the female into pregnancy supported by fact that most of the spouses were self employed with none specific defined level of income.

## 6. Conclusion

The research detected a high rate of "39%" early pregnancy in the area of research. This was highly associated with several factors ranging from individual, family, communal and spouse. The 39% teenage pregnancy was highly associated with education level (p-value = 0.0059; 95% CI = 0.25064 – 8.97694; OR = 1.5) and spouse occupation (p-value = 0.0032; 95% CI = [0.292535 – 1.81]; OR = 0.7272727.

Other highly predictive factors included: *Individual factors:* high interest for sex with 67% (n=149) as show by self-engagement 52.7% (n=117). *Family factors:* living in village 48% (n=116), living with both parents 48.6% (n=108), though provision of living requirements 64% (n=142) would stand to protect the act. *Communal factors: "*Age of person living with "25 – 35 years" 30.6% (n=68), self employed 36% (n=80), meeting at a visit 30.2% (n=67) and low rate of sexual education 35.6% (n=78)" and *Spouse factors: "*Age of spouse "15 – 24 years" 46.4% (n=103)" appeared to have more of protective influence.

Multivariate analysis revealed no significant association between family economic status "Hypothetical variable / measures" and early pregnancy. Conclusively, Family economic status as claimed appears to have no deep connection with early pregnancy.

## 7. Recommendations

The study therefore recommends the following: -

Further and qualitative research into the causes of early pregnancy and it correlation poverty.

Need for adjustment of government policies that are found to hand cup parents and teachers in regard to putting their children to a proper "path": "Carrot and Stick theory"

To improvement of girl child and mothers' education. Teenage pregnancy and marriage as a practice is rarely questioned, and therefore seen as honourably normal in the face of those pro - it. With this we trust to invest more resources in sex education; to equip especially young females though including males with knowledge and skills to defend themselves from sexual exploitation.

**Acknowledgement**

Greatly acknowledge for the efforts of a number of organizations and individuals who contributed immensely to the success of the research. The organizations include Health Facilities, Busia District Local Government especially faculty staffs.

Finally, we highly appreciate all the hard work of field staff and, most important, the contributions of research respondents whose participation was crucial and of paramount importance to the successful completion of the research. Special thanks to the entire family of late "Afande" Wabwire. F.X Makada

**Reference**

A.Haloi and D.K. Limbu (2013). Social Factors Influencing the Age of First Marriage. *Antrocom Online Journal of Anthropology 2013, Vol. 9. No. 1 – ISSN 1973 – 2880*

Acharya Dev Raj, Bhattarai Rabi, Poobalan Amudha, van Teijlingen Edwin R, and Chapman Glyn (2010). Factors Associated with Teenage Pregnancy in South Asia: *A systematic review 3 pp: 3-14 E-ISSN: 1791-809X, Health Science Journal* VOLUME 4, ISSUE 1 (2010)

Advancing Sexual and Reproductive Health Worldwide. (2013). through research, policy analysis and Public Education, January 2013

African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) 2013. Uganda Report.

Amir, M. Sayem and Abu Taher, M.S. Nury. (2011). Factors associated with teenage marital pregnancy among Bangladeshi women. Sayem and Nury Reproductive Health 2011, 8:16. http://www.reproductive-health-journal.com/content/8/1/16

BENSON & PERNOLL'S (2001). H*and Book of Obstetrics and Gynecology*, 10th Edition, 2001. ISBN: 0071383522/9780071383523

Biraro S, Shafer L, Kleinschmidt I, Wolff B, Karabalinde A, Nalwogo A, et al 2009. Is Sexual Risk taking Behaviour Change in Rural South-West Uganda? Behaviour trend in a rural population cohort 1993 – 2006. Sex Transm Infect [Internet]. 2009.

Botswana Demographic Health Survey 2008

Collins K Ahorlu, Constanze Pfeiffer and Brigit Obrist (2015). Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage pregnancy: a cross-sectional

survey in Accra, Ghana: *BMC: The Open Access Publishers.* Reproductive Health 2015-12:117: DOI: 10.1186/s12978-015-0113-9.

*GUTTMACHER INSTITUTE Sexual and Reproductive Health Needs of Adolescents in Zimbabwe. 2014 Series No. 3. By* Lisa Remez , Vanessa Woog and Marvelous Mhloyi

HIV/AIDS Uganda Country Progressive Report 2013

Lenny Mushwana, Lydia Monareng, Solina Richter, Helene Muller. Factors influencing the adolescent pregnancy rate in the Greater Giyani Municipality, Limpopo Province – South Africa. *International Journal of Africa Nursing Sciences* Volume 2, 2015, Pages 10–18.

Mabiala Babela JR, Massamba A, Bantsimba T, Senga P. (2008). Sexual behaviour among adolescents in Brazzaville, Congo. *J Gynecol Obstet Biol Reprod. (Paris).* 2008 Sep; 37(5):510-5. doi: 10.1016/j.jgyn.2007.11.033. Epub 2008 Feb 4

Parliament of Zimbabwe, Constitution of Zimbabwe Amendment (No. 20), Part 2, Section 78, Harare, 2013

Research on Adolescent Sexual and Reproductive Health in Uganda**: Facts at a Glance**

Robert E. Rector, Kirk A. Johnson, and Lauren R. Noyes: The Harmful Effect of Early Sexual Activities among Women: A Book of Chart. The Heritage Foundation June 23, 2003

Rutaremwa Gideon. Factors Associated with Adolescent Pregnancy and Fertility in Uganda: Analysis of the 2011 Demographic and Health Survey Data, Social Sciences. Vol. 2, No. 1, 2013, pp. 7-13. doi: 10.11648/j.ss.20130201.12

Santelli JS et al., 2007: Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use. *American Journal of Public Health*, 2007, 97(1):150–156.

UBOS and ICF International Inc, "Uganda Demographic and Health Survey 2011," Kampala, Uganda, 2012

World Health Statistics, 2014

World Population Prospect: The 2010 Revision Volume _ 1 Comprehensive Table. United Nations, New York: 2011

Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International, *Zimbabwe Demographic and Health Survey, 2010–2011*, Calverton, MD, USA: ZIMSTAT and ICF International, 2012.