

**TEENAGE PREGNANCY AND ACADEMIC PERFORMANCE IN UGANDA. A CASE
STUDY OF KAKURE SUB-COUNTY, KABERAMAIDO DISTRICT**

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF A BACHELOR
DEGREE IN SOCIAL WORK AND SOCIAL
ADMINISTRATION OF KAMPALA
INTERNATIONAL UNIVERSITY.**

SEPTEMBER 2017

DECLARATION

This research report is my original work and has not been represented elsewhere for award of any degree in this or any other university.

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APPROVAL

This is to certify that this dissertation has been written by ENGINYU DAVID under my supervision and has been submitted for the award of a bachelors degree in Social Work and Social Administration with my approval as University Supervisor..

Signature 

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DEDICATION

I would like to dedicate this research report to my parents Ekelu Julius and Ayon Salma, my brothers and sisters especially Ekel Micheal and Ameso Stella who initiated my education, my wife Ameso Susan and other family members for their support and efforts towards my studies. I want t thank them for their kindness and perseverance during the time of my study, may God bless the work of your hands.

ACKNOWLEDGEMENTS

I extend my deepest appreciation to my supervisor Mr. Gwairu Robert and the entire lectures of my Department for their tireless direction and guidance that forged this study.

I recognize the invaluable contributions to this study by the entire team from the department of Applied Psychology of Kampala International University and fellow students.

Special gratitude to all respondents who participated to all respondents who participated in this study positively hence enabling its completion, may God bless you abundantly.

I also absolutely give thanks to the Almighty God for the knowledge, life and health, undeservedly enjoyed throughout the period of my studies. May you bless the work of my hands.

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LIST OF ABBREVIATIONS

UNICEF	United Nations International Child Education Funds
UDHS	Uganda Demographic Health Survey.
UBOS	Uganda Bureau of Statists
NRC	Medical Research Council
UNFPA	United Nations Population Fund.
ASRHR	Adolescent Sexual and Reproductive Health Rights.

ABSTRACT

Recently, the increase of teenage pregnancy has been very high in Uganda. The study therefore was designed to investigate the influence of teenage pregnancy on the academic performance of students at Kakure Sub-county in Kaberamaido District. A total sample size of sixty (60) respondents was used for the study. The research instruments such as questionnaires, interviews and observation were used to collect data for the study.

The objectives of the study were to establish the relationship between teenage pregnancy and academic performance, the causes of teenage pregnancy and how to minimize the teenage pregnancy.

With respect to findings on teenage pregnancy, it was that low socio-economic status such as poverty, mass media, peer influence and lack of access to teenage pregnancy among teenagers. And on the other hand, the recommended intervention measures were, access to contraception by student, comprehensive sex education are the major measures to teenage pregnancy.

The study therefore recommended that government and other partner should introduce comprehensive sex education curriculum in schools and promotes youth friendly reproductive health services in schools.

CHAPTER ONE

1.0 Introduction

This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, and scope of the study, significance and assumptions of the study which focuses on the influence of teenage pregnancy on academic performance

1.1 Background of the study:

Historical Background

In recent decades teenage pregnancy has become an important health issue in a great number of countries, both developed and developing.

However, pregnancy in adolescent that is girls less than 20 years of age) is by no means a new phenomenon. according to UNICEF (2008) defines teenage pregnancy as a teenage girl usually within the ages of 13-19 becoming pregnant , therefore the term in everyday speech usually refers to girls who have not reached legal adult hood , which varies across the world , who becomes pregnant . In large regions of the world for example Asia , middle East and North Africa , age of marriage has traditionally been low in kinship based societies and economies. (Panday et al, 2009). In such cases most girls married soon after menarche, fertility was high and consequently many children were born from adolescent mothers. This was not considered to be the problem. (Lam & Ranchod, 2008)

In contrast, in Europe during the 18th and 19th centuries, age at marriage was relatively high and social control strongly, discourage premarital sex. If conception occurred this was usually followed by an early marriage therefore such social control by parents and family declined as economies developed and as education and training of young people was extended and undermined parental authority. In many western societies over the last century, the incidence of sexual intercourse among adolescence and the number of pregnancies sharply increased, especially after Second World War. In 1960s and 1970s both society at large and health authorities increasing viewed the growing number of adolescence pregnancies as a problem. comparable developments took place in many developing countries (for example sub – Saharan

Africa and Latin America) and in many of these countries , there has been a gradual shift away from extended family structures and forwards nuclear families.(Marshall & Tanner , 2000)

Contextual Background

With these changes in family structure and way of living , the role of members in the extended family in educating and acting as a role model for young people in sexual behaviors has disappeared (Ojwang and Maggwa , 2000)

Two key events during adolescence have strongly influenced these developments. The first one is the changing age at menarche – start of menstruation, with median age varying substantially among the population that is ranging from about 12 years in contemporary western world countries to more than 15 years in poor developing countries age at menarche, is often inversely correlated with socio – economic status and significant differences exist between rural and urban populations and between high and low income groups. (Marshall and Tanner, 2000)

The timing of menarche in a population is probably affected by a variety of environment, genetic and socio economic factors but mostly analysis consider nutritional status to be the dominant determinate (Bongaarts and Cohen, 2003).

The second key event influencing adolescence is schooling. Education leads to social and economic benefits for individual and in western countries, the prevalence of secondary schooling during adolescence has marked increased and in developing countries in the past four decades school attendance has also risen substantially. (UBOS Report 2013)

One implication of these trends is that a larger population of the period of adolescent for boys and girls is spent in school (Bongaarts and Cohen 2003) such increased schooling has made adolescence , less dependent on parents and family and has postponed the age at marriage and thereby the age of socially sanctioned sexual relations.

According to the world health organization (WHO) , (2011) , approximately 16 million girls become pregnant annually worldwide and of these 5.5 million are in sub Saharan Africa (Global giving , 2012, Were , 2007)

Among the developed countries such as USA leads in the rates of teenage mothers where as Japan and South Korea are the least affected (Lowen, (2012) in developing countries such as sub Saharan Africa has the highest numbers of teenage pregnancies (Were , 2007), and in Uganda with the youngest population in the world with highest rates of teenage pregnancies at over 25% according to UBOS 2013 and Uganda demographic and health survey 2015 . the population secretariat indicates that of the 1.2 million pregnancies recorded in Uganda annually , 25% of these are teenage pregnancies therefore more than 300,000 teenagers who get pregnant also account for the bulk of unwanted pregnancies , which end up in un intended birth and abortions . This state of affairs has not spared either the school goers or the non school goers. Needless to say the effect spill over onto their health, economic and social status. according to the Uganda demographic health survey (UDHS) , (2011) about 14% of young women and 16% of young men had their first sexual encounter before the age of 15 years while 57% of young women had their first sexual encounter before the age of 18 years. (UDHS (2011).

Early marriage, early initiation of sex and lack of information are said to be the leading drivers of adolescent pregnancy. According to the United Nations population fund (UNFPA) lack of access to reproductive health information supported with services has led teenagers into early sex while poverty and cultural practices continues to force girls into early marriage and teenage pregnancy. (UBOS), 2013 report that one in every four teenage girls between 15 and 19 years were found pregnant. (UBOS 2013)

Globally education is recognized as a basic right, Article 26 of the international convention asserts that everyone has the right to education and that education should be free at least in elementary and fundamental stages of schooling (Human rights charter, 1948). education forms the basis upon which economic , social and political development of any nation is founded and investing in education can help to foster economic growth , enhance productivity , contributes to national and social development thereby reducing social inequality (World Bank 2011) . the reported gender disparities in education in the developing world is as a result of teenage pregnancy which has contributed to school drop outs among the girls and poor academic performance therefore creating the fewer opportunities for girls to complete their education and socio economic advancement in the region. (World Bank 2011)

Conceptual Background

For the purpose of this study, teenage pregnancy was conceptualized mean females under the age of 18 years (WHO 2004). A female can become pregnant from sexual intercourse after she has begun to ovulate, which can be before her menstrual period but usually occurs after the onset of her periods. In well-nourished females, menarche usually takes place around the age of 12 or 13 years. (WHO 2011) pregnant teenagers face many of the same pregnancy-related issues as other women. There are however, additional concerns for those under 15 years of age as they are less likely to be physically developed enough to sustain a healthy pregnancy or to give birth (Mayor. S. 2004).

For girls aged 12 -18 risks are associated more with socio-economic factors that with biological effects of age. Risks of low birth weight, premature labour are connected to the biological age, being observed in teen birth even after controlling for other risk factors such as assessing parental care (Klu BK & Loto 2004). Teenage parents in developing countries are often married and their pregnancies welcomed by family and society. However, in these societies, early pregnancy may combine with malnutrition and poor healthcare to cause medical problems. When used in combination, educational interventions and promotion of birth control can reduce the risk of unintended pregnancies (Anne & John. E: 2016)

In developing countries 7.3 million females under age of 18 give birth per year. If all pregnancies are included is much higher (UNFPA, 2011).

Academic performance was conceptualized on the marks scored, grades, class attendance and divisions obtained by the students with respect to the examination standard board of Uganda such as UNEB (Uganda Examination Board).

Academic performance is the extent to which a student, teacher or institution has achieved their short or long-term educational goals. Completion of education represents academic achievement. This is commonly measure through examination or agreement on how it is best evaluated or which aspects are most important. Procedural knowledge such as skills or declarative knowledge such as facts. (Murray 2007). Furthermore, there are conclusive results over which individual factors successfully predicts academic performance elements such as test anxiety, environment,

motivation and emotions require consideration when developing models of school achievement (Dianne. M. 2007).

Based on this study, the researcher is focusing on the relationship between teenage pregnancy and academic performance setting; self control is related to self discipline, self regulation, delay of gratification and impulse control (Baumeister, 2007). Self-control has the capacity for alerting one's own responses, especially to bring them into line with standards such as ideals, values, morals and social expectations and to support the attainment of long-term goals (Roy. F & Tice, 2007)

1.2 Statement of the problem

Teenage pregnancy has a direct implication on academic performance among girls and subsequent contributor to the disparities experienced in education of both girls and boys. Many young girls perform poorly at school as a result of pregnancy that leads to school dropout.

In Sub-Saharan Africa, Uganda is one of the countries with the youngest population in the world with the highest rates of teenage pregnancy at over 25%, according to UBOS 2013 and UDHS 2015. However, there have been issues with regards to teenage pregnancy at its subsequent influence on academic performance; the literature available is really not able to give clear statistics, instead on the relationship between school exit and subsequent child-bearing. This is because there is no data on the number of girls who get pregnant while in school. (Cynthia and Mensch (2006). The wide spread perception is that girls who become pregnant are more likely to drop out and their academic performance drops below the average and enter premature marriage or become a head of the household by relying on mere assistance from her family and child's father which therefore leaves them in poverty deprivation and poor living conditions.

Based on the statistics of teenage pregnancy in Uganda which is at a high rate of over 25%; according to the UBOS Report 2013 shows that Kakure Sub-county, Kaberamaido District is one of the places in Eastern region experiencing teenage pregnancy as a result of low social economic status such as poverty which has been considered to be the major pushed factor other than other factors which made teenagers vulnerable and hence engage into early sexual relationships for money and food. The researcher was establishing the relationship between

teenage pregnancy and academic performance, possible causes of teenage pregnancy and how these incidences can be minimize based on the views and ideas of the respondents.

1.3 Purpose of the study:

The purpose of the study was to investigate the influence of teenage pregnancy on academic performance of students in selected schools in Kakure Sub County in Kaberamaido district.

1.4 Objectives of the study

- i. To establish the relationship between teenage pregnancy and academic performance.
- ii. To identify the causes of teenage pregnancy
- iii. To establish measures that can be taken to minimize teenage pregnancy.

1.5 Research Questions.

- i. What are the causes of teenage pregnancy?
- ii. Does teenage pregnancy affect academic performance?
- iii. What are the necessary measures that must be taken to minimize teenage pregnancy?

1.6 Scope of the study

1.6.1 Subject scope

The study will focus on teenage pregnancy and academic performance among selected schools in Kaberamaido District.

1.6.2 Geographical scope

This study was carried out in Kakure Sub County in Kaberamaido district which is located East of Kaberamaido town in Eastern Uganda which is 20 kilometres from Kaberamaido town, having a population of approximately 850 people.

1.6.3 Time Scope

The research study will cover a period of three months (3) that is from July to September , 2017.

1.7 significance of the study:

The use of any research study is to improve the area of immediate concern of study and society at large, therefore the researcher, hope that the result of this study will help to achieve the following:

- (i) The study will help the researcher in partial fulfillment of the requirements for award of Bachelors degree in the course of study.
- (ii) The study will help provide information to schools concerning various methods that can be used to prevent and reduce teenage pregnancy.
- (iii)The study will help policy makers and planners to identify approaches and strategies that can be adopted in preventing and reducing the occurrence of teenage pregnancy through designing programmes for teenager and know necessary factors to take into consideration when formulating and implementing policies.
- (iv)The study will help parents and teenagers to clearly understand the adverse effects of teenage pregnancy with all its implications.

CHAPTER TWO

LITERATURE REVIEW

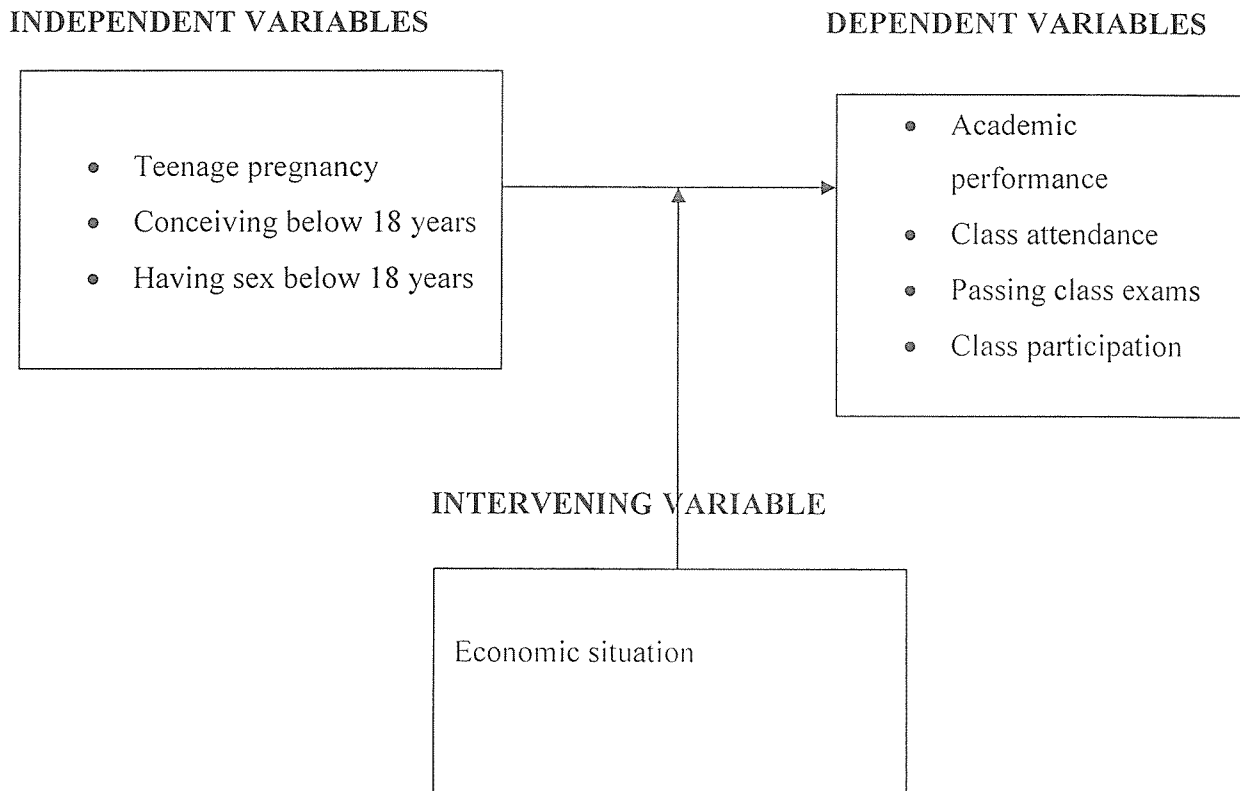
2.0 Introduction

Under this chapter, the study reviewed the literature related to the study variable that are, teenage pregnancy and academic performance in selected schools in Kaberamaido District.

2.1 Definition of Key terms

- (i) Pregnancy is the state of being pregnant
- (ii) Teenager. Is the person who is between 13 and 18 years old
- (iii) Teenage pregnancy refers to a teenage girl usually within the ages of 13 – 19 years old becoming pregnant
- (iv) Influence refers to the capacity to have an effect on the character , development or behavior of someone on something
- (v) Adolescence is the transition period between puberty and adulthood in human development, extending mainly over teen years and terminating legally when the age of maturity is reached.

2.2 Conceptual framework



The conceptual framework above shows the inter relationship between variables, independent variables such as teenage pregnancy, conceiving below the age of 18 years, having sex below 18 years is believed to have influence on academic performance of students, and therefore academic performance, class attendance, passing exams, and class participation as dependent variables is determined by the independent variables (teenage pregnancy) which is believed to have affected the academic performance, especially class attendance, class participation that contributes to passing of exams. However, intervening variable (economic situation) have been considered to be the major intermediate factor between independent and dependent variables.

Research shows that the economic situation such as poverty pushed most of teenagers into early sexual relationships for money and food which makes them victims of early pregnancies. (Kanku & Mash, 2010)

2.3 Relationship between teenage pregnancy and academic performance

Although teenage pregnancy do not always interrupt school girls' education, they do introduce a new set of circumstances that influence future decisions related to the girls' education.(Grant and Hallman; 2006:11)

School girl pregnancy can have a profound impact on the mother and the child by placing limits on her educational achievements and economic stability as well as disposing her to single parenthood. (Panday et al. (2009:27).

Research found that the presence of a pregnant girl(s) in a classroom is not only a threat to their own academic achievement but also to the collective academic performance of the class as well as the classroom harmony. In particular, most pregnant school girls are not able to cope with the school's academic demands. (2010: 873)

Absenteeism:

Pregnant school girls are often absent from school for a variety of reasons related to their pregnancy. (Rangiah, 2012: 41). Some of the most common physical problems associated with pregnancy are nausea, dizziness and tiredness which may prevent the girl from going to school. (Mamute 2012: 28). A pregnant girl may miss some classes during the day when she is not feeling well, school days are missed when she has to visit a clinic or doctor and at final stages of her pregnancy, delivery and after the birth of the baby. (Bezuidenhout, 2008: 34).

Poor performance in school:

Chigona and Chetty (2007:2) say being frequently absent from school results in pregnant school girls missing a lot of school work for example lessons, assignments and tests.

Educators also reported that when comparing a learners' performance before and after pregnancy, there is a decrease in their academic performance. (Beesbam, 2000: 45)

Various research studies confirmed that due to their pregnancy, school girls are often absent because they do not feel well and being absent causes the pregnant school girl to miss school work such as lessons, assignments and most of the time she falls hopelessly behind in their school work. (Changach 2012: 4).

School dropout:

Martelto and Lam (2008) maintains that if a girl returns to complete her schooling after the birth of a child, it is because of the support received from her family and being provided with flexible child care options. However, child bearing impedes on most girls' education carrier. (Lam, 2008).

Research has found that pregnancy in school often resulted in poor results, failure, repeating of grades and school dropout. (Dietrich, 2003: 29).

Discrimination:

In the context of this study discrimination in school situation means treating a learner less favourably, because of a protected characteristic, as not allowing the learner to participate in a particular activity which other learners are allowed to participate. (Rule; 2004: 5). This can be seen as unfair treatment of a pregnant school girl for example not allowing her to go on class, marginalized, exclude them from school functions and activities, fellow students can force them to leave school. (Grant & Hallman, 2009).

Educators' attitudes:

Research has shown that there was a universal lack of enthusiasm and a negative attitude amongst educators for accommodating pregnant teachers in school. (Runhare, 2010).

Chigona and Chetty (2008) say that educator objection to pregnant learners in school range from their inability to cope with academic demands to their disruptive influence on the learning environment in class. The presence of a pregnant girl in school may encourage the other girls to do the same and could even lead to sexual anarchy among other learners. (Bhana et al. 2010)

2.4 Causes of teenage pregnancy

The increasing rise on teenage pregnancy have left many wondering what is happening today in Uganda but what they need to search for is what is causing the increase rise on teenage pregnancy to become a serious problem .

According to Dr, Alvarez (2010) "our society has created a culture that makes having sex is Ok "and creating an environment where promiscuity is accepted "many have believed that today's social media and the internet is highly exposed to everyone and can be one reason on the rise of

teenage pregnancy. Others might disagree otherwise such as Alexander Wright who disagree on the idea that social media and internet⁵ have to do with the cause of teenage pregnancy he however explains:

Today's generation is different from the past generation, teenagers are going to have sex no matter what, the internet or social media has no effect to cause teenage pregnancy, parents just need to be able to know how to communicate better to their teenagers to have safe sex and consequences that may come from their actions (Alexander, Wright, personal communication, (2010)

Although, can this really is the reason why or could it be the lack of education given to teens about sex?

According to Cynthia Brower's (2010), the main cause can be that no one is paying attention to girls who are living in poverty, whose birth rate has never declined since the past decades but increased over 60% and the fact that schools lack sex education, however, it can be interpreted that many factors such as poverty, the media, internet and peer pressure can be the leading factors on the teens pregnancy. It is believed that teen's major problem and influence to have sex is based on their morals, religion and values.

Teenage pregnancy has been associated with frequent sex without reliable as no contraception, sexual coercion, inadequate sexual communication between partners to prove one's fertility, poor socio-economic conditions and promiscuity (Kanku and Mash, 2010)

The perception that most of your friends have been pregnant, liberal attitudes towards casual sex, the use of alcohol as drugs, fear of hormonal contraceptives and poor school based sexuality education can also be associated with teenage pregnancies (Oni et al, 2005)

Knowledge about sexuality, (Marston and King, 2006) established that lack of authentic knowledge about sexuality issues seemed to be one of the major causes of pregnancies amongst teenagers, Adequate knowledge about sexuality can be only obtained by education and parents are the most suitable by education and parents are the most suitable to inform the child about sexuality issues (Bezuidenhout 2004). However, in certain cultures sexuality issues are the least spoken about by members of the family, any sex topic is a taboo (Rangiah, 2012)

According to the Newman, 2009) mothers often failed to communicate the fact of life to their daughters and information of menarche is acquired from an elder sisters, peers or nurses from health departments who visits schools .

Peer pressure (Vargas, 2003) states that after the family, the peer pressure (group is the most important socialization agent.

Jewkes , 2007 says that not only is the peer group a primary source of information on sexuality issues but creates an environment in which peer pressure exerted on the teenager to indulge in sex because “ everyone does it “ or they do not want to feel left out (Macleod , 1999) , she indicates that peer pressure sometimes involves exclusionary practices , as when sexually inexperienced teenagers are sent away during the discussion of sexual matters.

(Gouws and Kruger, 1994, maintain that relationships with peers and peer pressure play an important role during adolescence. They spent a lot of time together in groups and an individual has to conform in order to be accepted by the group. The implication is conformity is either explicitly or implicitly enforced and schools girls and boys engaged in sexual activities to be accepted in their peer group despite the possibility of unwanted pregnancy (Vundule, et al 2001) Mass media with its sexualized content is also a mother factor contributing to teenage pregnancies as it gives teenagers easy access to pornographic and adult television programmes (Oni et al, 2005). Pornographic materials and sexual information is freely accessible via devices such as computers, cell phones.

Rangiah, 2012, established that adolescent girls and boys who are more exposed to sexuality in media were also more likely to engage in sexual activities.

All people respond to sexual stimulation, but the teenagers because of the inexperience is especially vulnerable as the intensity of responses is confusing and difficult to understand, (Ferguson, 2004)

Early menarche (early start of menstruation) Research has shown that the onset of menarche in most countries has largely decreased and seems to have established at an average of 13 years with 0.5 years variations between countries (MRC , 2009). Research by Buga et al, 2006, indicates that the age of menarche is decreasing for both rural and urban black females.

Marteleteo , Lam and Ranchod , 2008, says that early sexual intercourse (having had sexual intercourse before 15 years) can be associated with early menarche . Early sexual initiation could have negative effects on the girls' health due to the development inabilities to deal with the consequence of sexual activities (mad haven, 2005)

Contraception: a survey conducted by Oni et al, 2005, indicates that some teenagers Knew almost nothing about contraceptives most of girls had not been provided with almost very little or vague information about sexual matters and contraception by their mothers, other relatives as educators, some of them get the information about contraceptives occasionally from visiting clinics in groups for information and advice.

(Newman, 2008) maintains that one of the reasons for high pregnancy rate among teenagers is that they use no methods of contraception's. Ferguson (2004), Wood and Jewkes (2006) gives the following reasons why teenagers do not use contraceptives.

- Fear that contraception could cause infertility
- Limited and inadequate knowledge about contraceptives
- Unavailability of contraceptives
- Girls do not use contraceptives because they want to get pregnant (conservativeness)

Socio economic conditions, poverty has been identified by researchers as one of the major contributors to teenage of pregnancies, (Rangiah , 2012) schools girls from families with low socio – economic status often engaged in un protected sexual activities to fall pregnant hoping to receive money from the father or child grant to improve their circumstances, (Karra and Lee 2012)

According to Mwaba (2000) poverty could be an important factor influencing, decisions on whether or not to use contraceptives.

Poor parenting: parents are the child primary educators and first role models thus have a very early and extensive impact on the child's belief system and values which affects their behaviors (Gouws and Kruger, 1994). Children identify themselves with and their parents' values and norms which lead to formation of a personal value system (Very, 2000). The sexual values and norms that is set as an example by parents serves as an important standard for young people's behavior.

Panday et al, (2009) recognized parental values as a vital factor that influences that adolescent sexual debut. Adolescence whose parents are clear about the value of delaying sex are less likely to engage in sexual activities at an early age.

Adolescents with parents who have permissive attitudes about sex or premarital sex or parents with negative attitudes towards contraceptives are more likely to have early and unsafe and fall pregnant. (Macleod, 1999)

According to Vargas, (2003), not only parents but other family members also serve as a role model to children. Children are more likely to initiate in sex and experience pregnancy if other family members have sex outside marriage, are cohabiting with a sexual partner or have a child outside marriage. Studies have found that having a mother or sister who was a teenage parent is strongly linked with a teenager falling pregnant (Seville, 2006)

2.4 Suggested intervention measures

It is believed that teen's major problem and influence to have sex is based on their morals, religion and values therefore government can also be blamed for not seeing the increase rise on the teen pregnancy. Coming mostly from those who lived in poverty but solutions such as sex education and school distributing condoms can also help.

Schools can contribute to reducing teen pregnancies by distributing condoms at public schools and offer sex education at high schools. However at this moment it is the most hated topic in public schools, this is mainly because people see it as an encouragement to have sex, it can benefit the teens to fight against pregnancy and the spread of sexually transmitted diseases.

According to Dough us Kirby (2000), claimed that the distribution of condoms conflicted with common sense and did not lead to lower rates of either pregnancies or sexually transmitted diseases.

Erika Huertay, a teen mother interviewed about the thought on providing condoms at schools , she said , not only does it promote safe sex , it also gives teens a chance to decide whether or not to engage in such activity , but it doesn't prompt teens to have sex but let teens know there are people out there who care about them (Erika Huerta personal communication , Feb , 26, 2010)

Schools have the choice on whether to provide access to contraceptives and provide sex education to students in high schools. Although studies have shown that if schools included education sex and pregnancy prevention as part of health education curriculum, it can be indeed delay sexual activity among teens and increase safe sex, (Parnes ,(2010).

Teens just need self motivation to avoid sex or practice safe sex. Informing teens by offering sex education and information on contraceptives can provide a broader perspective for individual. Although, religion and moral reasons cause many people to strongly oppose making condoms available in schools and sex education, (Kirby, (2000)

According to youth advocates (2009) comprehensive sex education programs helped youth delay the onset of sexual activity , reduce numbers of sexual partners , and increase condoms and contraceptive use.

Christine Kim (2010) sex education programmes has no effect on teen sexual behavior and these programmes caused no reduction on teen pregnancies or increases of contraceptives but parental values as a vital factor influences the adolescences sexual debut and behaviors, panday et al, (2009)

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter was concerned with the procedures the researcher followed in undertaking the study these include : the research design , Area of study, study population, sample size , sampling methods , data collection methods and data analysis and interpretation , more so , initiations of the study , references and attachments of appendices such as time frame , study budget and questionnaires enable the research process.

3.1 Research design

The research took the form of a descriptive survey designed to determine the influence of teenage pregnancy on academic performance so as to help him gather information where little knowledge is known.

The purpose of descriptive research was to describe facts and characteristics concerning an individual, group or situation. Therefore, this design was not only offering description and explanation, but also identifies and predicts relationships between the variables of the study.

The study was focusing on both qualitative and quantitative approaches that were used to survey the students and teachers respectively using interviews and questionnaires. Therefore the researcher was using the information collected to enable him draw valid and dependable conclusion and recommendations.

3.2 Area of study:

The research was carried out in Kakure Sub County in selected schools in Kaberamaido district .therefore the unit of inquiry was focusing on the students and teachers who could be having the knowledge about the topic of study.

3.3 The targeted population

The study was targeting a population of 70 respondents that constituted students and teachers from the selected schools in Kakure Sub-county, Kaberamaido district. This is because it is

within the reach of the researcher, therefore having easy access and administration of the information about the topic of that study.

3.4 Sample size

The study was targeting a population of 70 respondents where a sample of sixty respondents from selected schools were considered, therefore 50 were students and 10 were teachers from the selected schools inclusive of the samples. The sample size was determined using Solven's formula where;

$n = \frac{n}{1} + N (0.05)^2$ where n is the required sample size and N is the targeted population

$$n = \frac{n}{1} + N (0.05)^2$$

$$n = \frac{70}{1 + 70 (0.05)^2}$$

$$n = \frac{70}{1 + 70 (0.0025)}$$

$$n = \frac{70}{1 + 0.175}$$

$$n = \frac{70}{1.175}$$

$$n = 60$$

3.5 Source of data

3.5.1 Primary source of data

The researcher was using questionnaires to get data from the respondents that were selected for the study.

3.5.2 Secondary source of data

The researcher was using data from school reports, newspapers and books from different libraries.

3.6 Research Instruments

The data was collected from primary and secondary sources. This was to enable comparability of secondary data available with response from the primary data that can be generated from the field in order to drive meaningful interpretation of findings. Primary data were collected from

students and teachers (field). The researcher was using the questionnaires to get data from respondents that were selected for the study. Secondary data was collected from school reports, Newspapers and books from different libraries.

3.6.1 Interviews

Personal dialogues were conducted with the respondents especially teachers and students by the researcher to generate their views on the area of study.

3.6.2 Questionnaires

A questionnaire structured to give information by way of content and purpose will be the main instrument of data collection. Since it gives respondents freedom to express their views as opinion and also makes suggestions, therefore offers considerable advantage in administration.

The questionnaires are divided into three sections: section A will involve the demographic data of the respondents, section B will collect the causes of the independent variables (teenage pregnancy) and section c, will collect data on the measures of independent variables. The researcher will be used to separate questionnaires for students, teachers and leaders for collecting data.

3.6.3 Observation

This is a tool that provides information about actual behavior patterns of respondents. In this study, observation was used by the researcher to observe the behaviour of students, teachers and their views on the conditions that forced teenagers (students) into sexual relationships such as economic status, the curiosity to discover and learn their sexual ability.

3.7 Data presentation and Analysis

The data were presented and analyzed using tables and frequency distribution table and percentages on conversion for quantitative and descriptive information that were based on the opinion of the respondents in comparison to the topic of the study.

3.8 Ethical consideration

All respondents were assured of their confidentiality by the researcher explaining and making clear the purpose of study being purely academic and that all information given would be treated with utmost respect. All respondents were requested to fill the questionnaires without used of any identification details to maintain anonymity.

3.9 Limitations of the study

The study involved intensive travelling to cover the distance in reaching the sample schools, with huge financial implications

The researcher may experience limited time in the field to accomplish the study and could not maximize his stay in the field.

Some respondents may hold the information which could be important for the study therefore affects the accuracy and honesty of the study

CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Introduction

This chapter shows the profile information of respondents, relationship between teenage pregnancy and academic performance, the causes of teenage pregnancy and the measures to minimize teenage pregnancy. It also gives the frequency tables that were used to present the data. The presentation of this data was based on the objectives of the study.

4.1 Profile of the respondents

Respondents were asked to provide information regarding their gender, age, education level and their marital status and their responses were summarized using frequency and percentage distribution as indicated below;

4.2 Gender of the respondents:

Table 1: Shows gender of the respondents who participated in the research

Gender	Frequency	Percentage
Male	20	40%
Female	30	60%
Total	50	100%

Source (Primary data, 2017)

Table one show that 60% more females than males formed part of the random selection of the research sample. This is because the researcher was focusing more on females than males since female students are the most affected in terms of class performance and the female teachers' experience that could have been a victim during the studies.

4.3 Age of the respondents:

Table 2 : Shows frequency distribution according to the age groups of the respondents.

Number	Age group (years)	Frequency	Percentage
1	15-20 years	20	40%
2	20-25 years	15	30%
3	25-30 years	10	20%
4	30-35 years	03	6%
5	35 and above	02	4%
	Total	50	100%

Source (primary data, 2017)

According to table 2, the larger percentage (40%) of the respondents that participated in this research is in the age-group (15-20) years. This implies that the researcher was targeting adolescents, students and youth teachers to get more insight on the study problem.

4.4 Presentation of Respondents according to their level of education:

Table 3 : Showing education level of respondents.

Levels	Frequency	Percentage
Degree / Diploma	8	16%
UACE	10	20%
UCE	30	60%
PLE Certificate	2	4%
Total	50	100%

Source (Primary Data, 2017)

Findings on table 3 show that 60% of the respondents were in ‘O’ Level while 20% of the respondents were in ‘A’ Level, followed by 8 (16%) which were teachers. This implies that majority of the respondents selected for this study were in ‘O’ Level. It is therefore likely that the girl-boy relationships exist at this level more than ‘A’ Level which put these teenage girls at an elevated risk for teenage pregnancy.

Table 4 : Showing Marital Status of respondents

Marital Status	Frequency	Percentage
Married	7	14%
Single	43	86%
Total	50	100%

Source (Primary Data, 2017)

Table 3 that majority of respondents in the sample were single, 43 (86%) which were students, followed by those who were married 7 (14%), which were teachers.

4.5 Presentation of the respondents according to the relationship between teenage pregnancy and academic performance

The first objective to the study was to establish the relationship between teenage pregnancy and academic performance of students as indicated below.

Table 5 : Showing the Relationship between teenage pregnancy and academic performance

Relationships	Frequency	Percentage
School Dropout	20	40%
Absenteeism	15	30%
Poor Performance	10	20%
Discrimination	5	10%
Total	50	100%

Source (Primary Data, 2017)

Results in Table 4 indicate a positive significant relationship between teenage pregnancy and academic performance, since 20 (40%) agree that teenage pregnancy and academic performance, since 20 (40) agree that teenage pregnancy leads to school dropout, followed by absenteeism 15 (30%) which impacts on performance, 10 (20%) due to missing of lessons, test and other assignments and lastly discrimination, 5 (10%) by the fellow students and teachers from attending lessons and other activities at school. This implies that teenage pregnancy affects academic performance of the students.

4.6 Presentation of respondents according to the causes of teenage pregnancy:

Table 6 : Showing the causes of teenage pregnancy.

Causes	Frequency	Percentage
Lack of sex education	8	16%
Low social economic status	13	26%
Peer pressure	5	10%
Early Menarche	6	12%
Mass media	10	20%
Poor parenting	5	10%
Lack of access to contraceptives	3	6%
Total	50	100%

Source (Primary Data, 2017)

Concerning the proposed causes of teenage pregnancy, the findings show that 13 (26%) of the respondents agree with low socio-economic status as a major cause of teenage pregnancy. Other 20% of the respondents also said that mass media is also another cause of teenage pregnancy, 16% of the respondents agree with the lack of sex education as a major cause of teenage pregnancy, followed by 5 (10%) the respondents agree that poor parenting leads to teenage pregnancy and lastly 5 (10%) agree with peer pressure, 6 (12%) agree with early menarche, 3 (6%) agree with lack of access to contraception. This implies that majority of the respondents to

the study agree that low socio-economic status and mass media were the major contributors to teenage pregnancy in Kaberamaido District.

4.7 Presentation of respondents on the measures to minimize teenage pregnancy

Table 7 : Showing Measures to minimize teenage pregnancy

Measures	Frequency	Percentage
Sex education	25	50%
Contraception	15	30%
Abstinence	10	20%
Total	50	100%

Source (Primary data, 2017)

Concerning the solution to the teenage pregnancy in the district, the study shows that 25 (50%) of the respondents agree with sex education as a major solution to the incidence, followed by 15 (30%) of the respondents agree with use of contraception and lastly 10 (20%) of the respondents agree with abstinence.

4.8 Discussion

The topic of the research study was teenage pregnancy and academic performance in Kaberamaido District. The first objective to the research was to establish the relationship between teenage pregnancy and academic performance. The results reveal that school dropout accounted for a bigger influence on academic performance.

The second objective was to identify the causes of teenage pregnancy. The study reveals that lack of sex education as majority of the respondents. The findings on Table 4 show that 16% of the sample respondents strongly agreed that lack of sex education is the cause of teenage pregnancy. According to Bezuidenhout (2004:34) sexuality issues are topics that are least discussed by members of the family? School girls in adolescent stage who experienced physiological and emotional changes often find it difficult to discuss these experiences with their teachers, parents and older sisters.

This might be an indication that school girls have acquired sexual knowledge from parents, mass media but had other reasons for falling pregnant; (Kanku & Nash: 2010: 564)

Low Socio-economic status

The table shows 26% of the respondents strongly agree that low socio-economic background is one of the contributors to teenage pregnancy among students (school girls). (Hugh: 2002:21). These conditions provide significant incentives for and pressure on teenagers (school girls) to fall pregnant.

Peer pressure

From table 4 above, findings show that 10% of the respondents strongly agreed social pressure from friends could cause teenage pregnancy and 14% disagreed with the statement. According to Albert (2007, there are social pressure that push the teens towards falling into the relationships and hence pregnancy. Some girls feel that they will only be accepted as girls once they have once they have proved their fertility. Therefore, this implies that peer pressure has contributed to teenage pregnancy among the teenage schoolgirls.

Early Menarche (Early start of menstruation)

The findings on the table show that 12% of the respondents agreed that early start of menstruation is the possible cause of teenage pregnancy since this makes them sexually active at an early age. More than half (50%) of the respondents in the study sample agreed that early menarche can be a reason for school girl pregnancy. Recent research by Buga et al. (2006) indicates that the age of menarche is decreasing.

Mass media

In the above findings, 20% of the respondents agreed that mass media has influenced teenagers into premarital sex that have elevated them to the risk of getting pregnant. About 80% of the participants in this study said that media plays an important role in schoolgirl pregnancy since they are exposed to social media platforms such as Face book, Whatsapp and many others. This high percentage confirms the findings of researchers such as films, Internet as well as music with sexual Sms influence teenagers to engage in sexual activities without having necessary levels of physical and emotional psychological maturation; Makola (2004:27). Research shows that mass media portrayals contribute to sexual socialization, watching programmes high in sexual content

has been co-related with early initiation of adolescent sexual intercourse particularly teenagers. (Brown et al.2006 and Collins et al. 2004)

Poor Parenting

The findings on the table show that 10% of the respondents strongly agreed that poor parenting could be the possible cause of teenage pregnancy. The highest percentage of the respondents agreeing confirms findings that poor parenting such as child neglect which is the failure to provide and meeting child's needs such as adequate food, shelter, clothing and supervision as well as their physical, emotional, social education and safety needs can be a bench mark for teens exposure to outside affiliations in terms of relationships in order to meet their needs hence pregnancy.

Bovamick. S (2007) society generally believes that there are necessary behaviors that parents or caregivers must provide to the children to develop physically, socially and emotionally upright. Therefore parents have the responsibility of providing their children with all necessary needs to meet their ends.

Lack of access to contraceptives

The findings show that 6% of the respondents agreed non use of the contraceptives during sexual intercourse has contributed to the increased number of teenage pregnancies. This implies that limited access to contraceptives by teenagers could be the reason and also they may be having inadequate knowledge on how to use them. While on the other hand, 20% of the respondents disagreed because they believe that contraceptives are for married people not for adolescents, therefore if made available, it will encourage them to continue having sex without necessary level of physical, emotional and psychological maturation. According to Zelnick & Kramer (2005:233) the sexual debut of most teenagers is unexpected, unplanned and usually unprotected. Research by MRC (2009:9) established that there is a greater deal of information about sex and use of contraceptives among teenagers.

The third objective of the study was to establish the measures of teenage pregnancy. The study reveals that both sex education and access to contraception are the major measures to teenage pregnancy emphasize by the respondents as explained below.

Comprehensive sex education

The findings on Table 7 show that highest percentage (50%) of respondents agreed with the statement that sex education can be more effective to encourage students to postpone sex until they are older and also promotes safer sex practices among those who are sexually active.

This implies sex education programmes that are balanced and realistic encourage students encourage students to postponed sex until they are mature an do promote safe sex practices among those who choose to be sexually active have been proven effective at delaying first intercourse and increasing use of contraception among sexually active youth. These programmes have not been shown to initiate early sexual activity or to increase levels of sexual activity or members of sexual partners among sexually active youth; (Kirby: 2007) and Kohler et al. 2008)

Access to contraceptives

The figure shows that highest percentage (30%) of the respondents agrees that access to contraceptives by teenagers could be the effective means of curbing teenage pregnancies among students since it reduces the incidence and cost of teens' pregnancy. Various studies have demonstrated that efforts improve teenagers' access to contraception do not increase rates of sexual activity but yield a number of positive outcomes. Blake's et al. (2003) and Kohler et al. (2008). However, easy and confidential access to family planning services through health centers and condoms availability programmes have been found to help prevent unintended pregnancy. (Santelli et al. 2007)

Abstinence (the ability to delay sex until marriage)

In relation to the findings above in Table 7, the highest percentage (20%) of the respondents agreed that abstinence is more effective to encourage students to postpone and delay sex until the appropriate time for it.

However, in order to create a true solution to the problem of teenage pregnancy, different approaches will need to be combined and created; therefore, schools have the choice on whether to provide access to contraceptives and provide sex education to students in high schools.

Although studies have shown that if schools included sex education and pregnancy prevention as part of health education and pregnancy prevention as part of health education curriculum, it can indeed delay sexual activity among teens and increase safe sex, (Parnes:2010). Teens just need

self motivation to avoid sex or practice safe sex, this include informing teens by offering sex education and information on contraceptives can provide a broader perspective for individuals, although religion and moral reasons cause many people to strongly oppose making condoms available in schools and sex education; Kirby (2007).

CHAPTER FIVE

SUMMARY, CONCLUSION & RECOMMENDATIONS

5.0 Introduction:

This chapter summarizes the findings of the study, conclusion and recommendations to the area of study.

5.1 Summary of the findings

The purpose of this research was to investigate the influence of teenage pregnancy on academic performance of students. This section covers the discussion of the major findings revealed by the study based on the study objectives, to establish the relationship between teenage pregnancy and academic performance, to identify the causes of teenage pregnancy and finally to establish the measures to minimize teenage pregnancy. The findings of the study were as indicate below;

Objective one: relationship between teenage pregnancy and academic performance

The first objective sought to establish the relationship between teenage pregnancy and academic performance of students. The findings also indicated a positive and significant relationship between teenage pregnancy and academic performance, 20 (40%) of the respondents agreed that school dropout affects academic performance, followed by 15 (30%) of the respondents agree with absenteeism which impacts on performance. This implies that teenage pregnancy influences academic performance.

Objective two: to identify the causes of teenage pregnancy

The results reveals that majority of the respondents 13 (26%) of the respondents agree that economic situation contributes of teenage pregnancy, followed by 10 (20%) of the respondents mass media is also a major contributor, peer pressure, lack of sex education, lack of access to contraception, poor parenting and early menarche and other causes of teenage pregnancy cited by the respondents.

Objective three: to establish the measures of teenage pregnancy

The results reveal that both sex education and contraception are the major measures to minimize teenage pregnancy, sex education accounted for the highest percentage of the respondents, 25 (50%) is in agreement, followed by contraception use accounted for 15 (30%) of the respondents agree to be more effective and lastly abstinence accounted for 10 (20%) in agreement to minimize teenage pregnancy.

5.2 Conclusion

The study targeted 50 respondents, 40 (80%) were females and 10 (20%) were males. Second, 43 (86%) were single, 7 (14%) were married. Thirdly, 30 (60%) of the respondents were of “O” Level, 10 (20%) were “A” Level, 8 (16%) were of degree and diploma and finally 2 (4%) were PLE. The result shows that school dropout is a main relationship between teenage pregnancy and academic performance, economic situation has been identified as the main cause of teenage pregnancy followed by mass media and lastly sex education is the main measure to minimize teenage pregnancy followed by use of contraceptives and abstinence. Also vulnerability of the young people in the study findings have been considered to be economic hardship that can force young girls into relationships leading to early pregnancies.

5.3 Recommendations

The following recommendations were made based on the findings of the study.

There is need to create partnerships through policy between public health services and schools so as to foster good use of youth friendly reproductive health services for those who are sexually active.

On plugging the reproductive health information gap, the study recommends that government should introduce comprehensive sex education curriculum in schools in order to address the early pregnancies.

Teenagers should be enlightened about the consequences of engaging in sex at an early stage of their lives and parents should stand at their best to meet the needs of the teenagers.

Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice on risk behaviors.

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APPENDIX: I
QUESTIONNAIRES

Questionnaire for students on teenage pregnancy and academic performance among secondary school students in selected schools in Kaberamaido District

Questionnaire Number Date

Good morning / afternoon: I am a student from Kampala International University. I have come to carry out a study on teenage pregnancy and academic performance in selected schools in Kaberamaido District. The purpose of the questionnaire is therefore to gain insight on the influence of teenage pregnancy on academic performance of students and being able to identify the causes and strategies in order to help address the problem in schools.

Please note that your contribution in this research is important. Therefore you are kindly requested to provide the researchers with accurate information. Your responses will be treated as confidential and all data provided shall be used for academic purposes only

Your co-operation will be highly appreciated. Kind regards

SECTION A: BIO DATA

Please tick what applies to you

A . What is your gender?

1. 1) Male

2) Female

2. How old are you?

1)15-20 years

2)20-25 years

3)25-30 years

3. What is your religion?

1) Catholic

2) Muslim

3) Protestant

4) Seventh day Adventist

5) Anglican



6) Born Again Christian

7) Others (specify)

4. For how long have you been in this school?

1) One year

2) Two years

3) Three years

4) Four years

5) More than four years

5. In which class are you?

1) S.1

2) S.2

3) S.3

4) S.4

5) S.5

6) S.6

SECTION B

The relationship between teenage pregnancy and academic performance

Relationship	Agree	Disagree	Uncertain
Absenteeism			
Poor Performance			
School Drop out			
Discrimination			

SECTION C

POSSIBLE CAUSE(S) OF TEENAGE PREGANCY

14 What do you think is the major cause (s) of teenage pregnancy in your school?

Causes	Agree	Disagree	Uncertain
1)Lack of sex education			
2)Low socio economic status (e.g. poverty)			
3)Peer pressure (friends influences)			
4)Early menarche – early start of menstruation			
5) Mass media (e.g. sexual conduct moves , blue movies)			
6)Poor parenting			
7)Lack of access to contraceptives			

SECTION D

METHODS FOR ADDRESSING TEENAGE PREGANCY

Measure(s) to minimize teenage pregnancy	Agree	Disagree	Uncertain
Comprehensive sex education			
Access to contraception			
Abstinence			

THE END

THANK YOU FOR PARTICIPANTING IN THIS RESEARCH

**APPENDIX II:
TIME FRAME**

Activity	Months			
	July	Aug	Sept	Oct
• Distribution of questionnaires	x			
• Collecting the questionnaires from respondents		x	x x	
• Compiling the report based on the findings				x
• Organizing and analyze the findings				x
• Typing and printing the final copy				
• Submission of the research				

APPENDIX: III STUDY BUDGET

Items	Amount (shs)
Ream of papers	15,000/=
Pens	5,000
Printing	30,000
Photo copying	15,000
communication	20,000
Transport	100,000
Facilitation	200,000
Total	385,000