THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST-BASIC NURSING

A STUDY TO DETERMINE CONTRIBUTING FACTORS TO
PREGNANCY AMONG SCHOOL GIRLS IN LUSAKA URBAN.

A RESEARCH REPORT SUBMITTED TO THE DEPARTMENT
OF POST-BASIC NURSING SCHOOL OF MEDICINE IN
PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE
BACHELOR OF SCIENCE DEGREE IN NURSING.

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DECLARATION

I hereby declare that to the best of my knowledge, the work presented in this study for the degree of Bachelor of Science in Nursing has not been presented either wholly or in part for any other degree, neither is it being submitted for any other diploma or degree.

Signed: 

Approved by: 

Supervising Lecturer
III

STATEMENT

I hereby certify that the work presented in this study is entirely a result of my own independent work. The various sources to which I am indebted have been acknowledged in the text and in the bibliography.

SIGNED: [Signature]
DEDICATION

Dedicated to my late father, and to my son
Hance.
IV

ABSTRACT

The study was conducted at the University Teaching Hospital, Department of Obstetrics and Gynaecology. The main aim of the study was to identify factors contributing to pregnancy among school girls, so that preventive measures could be identified to control the situation.

The literature reviewed was centred on the possible causes of teenage pregnancy and on its social, psychological, economical and educational consequences to the pregnant school girl.

The purpose of the study was achieved by interviewing fifty (50) single pregnant girls. The interview schedule was chosen to be ideal because the investigator thought this was the appropriate method to use in order to elicit more information from the subjects. Data was collected, processed and analysed manually.

The results of the study revealed that the contributing factors to pregnancy among school girls are mostly socio-economical related. The findings of the study revealed that majority of the respondents came from the low socio-income group. Another factor contributing to pregnancy was lack of sex education. The findings also revealed that topics which are taught to initiates during initiation do not really deal with sex matters adequately.
This information is of particular interest to the nurse as it enables herself to view her professional practice more critically and provide an insight into her expanded professional role and its added responsibilities. It is hoped that health workers, parents and teachers will recognize a need to include sex education in the school curriculum in an effort to help reduce the incidence of pregnancy among school girls and this will help to reduce the rapid population growth which the country is facing.
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CHAPTER 1

INTRODUCTION AND OPERATIONAL DEFINITIONS

1. INTRODUCTION

Teenage pregnancy occurs when a girl who is aged between 14 to 19 years becomes pregnant. This is a big problem in that, this is the stage of physical and mental development for the adolescent. This is a stage characterized by accelerated growth and emotional turmoil (Haber et al, 1978). Pregnancy in the adolescent gives her many pains, angers and anxiety that can result in depression or even suicide. There are many school girls who actually find themselves in this situation. Many school girls have not had the previous warm and supportive experiences to prepare them adequately to meet the developmental tasks of transmission to womanhood which they face and thus, they are ill equipped to deal with their sex problems, the result most often is an unwanted pregnancy. Because young people are immature, inexperienced in the ways of the world and because they are often idealists, they are particularly susceptible to peer pressure. This is seen in the current attitude to sexual morality among adolescent girls in Lusaka. It appears as if the fashionable view in many societies is (Zambia being no exception) that, sexual conduct should be entirely free.

It has seemed that one consequence of these
disturbing developments has been the sexual liberty one now finds among teenagers.

During the 6 year period from 1980 to 1985 in Lusaka, 325 girls became pregnant and were all expelled from school. In each case the immediate issue has been whether the pregnancy should continue or not, the final decision has been made by each individual adolescent. The impact of such an occurrence in the family could be considerable. Consequences of pregnancy in the young adolescent are more than the older adolescents who are between 17 to 19 years, because these are physically and psychologically more mature than young adolescents and most often get married.

Here health workers have important though limited, contributions to make through sex education programmes and also through school health programmes directed specifically to the needs of the school girl. It is for health workers to point out the consequences of sexual activity at this early age, but when it comes to the prevention of pregnancy in school girls the contributions of others in society may be equally or even more important. Adults for example, who find themselves for one reason or another in a position to influence the standards and attitudes of the young, have a duty to set a good example in their personal behaviour. This is actually the opposite of what happens in schools, teachers most often do not have the welfare of
the young at heart, and are not prepared often in the face of bitter criticism to support the media.

This is why there has been persistent failure of the media to portray accurately and convincingly the miserable consequences that may so easily follow sexual liberty, especially among school girls. The social, educational, medical and nutritional consequences of early teenage pregnancy vary considerably and depend upon the community in which the girl lives.

For the contemporary teenage girl, the disruption of traditional values may pose especially difficult problems and decisions. The problem of the adolescent girl who perhaps has few relatives or friends to provide help is particularly urgent (Fielding, 1981).

More commonly however, pregnancy in the unmarried girl is taken as a sign of improper behaviour and she has to bear a measure of social consequences.

The options before her are forced marriage, or if she remains single, abortion, becoming an unmarried mother or surrendering her child for adoption. In most cases, these girls decide to either abort or become an unmarried mother. Among some social groups forced marriage has traditionally been the only choice left for the girl. Russell (1982) found that, forced marriages represent nothing more than a temporary marriage and that the
subsequent divorce rate is high.

Pregnancy in the school girl also reduces her chances of continuing her education or pursuing a career because the girl leaves school before completing grade (12) twelve.

Such statistics as exist on legal abortions among teenage girls indicate that the rates have increased over a period of twenty (20) years (Engstrom, 1978). Abortions are more common in adolescents than older women. This could be because majority of the girls are at school and they abort so that, they can continue attending school. Information on illegal abortions is difficult to come by but there has presumably been a corresponding increase. Most of these illegal abortions are conducted quickly by drinking some herbs and without the knowledge of parents or friends and the health risks from a badly performed abortion are high. Legalization of abortion does not mean that it is accepted by all. The girl may still receive criticism from her friends, family and from the nursing personnel in charge of the operation, thus impairing her emotional adjustment to a difficult situation.

The demands for financial support have put school girls at high risk with regard both to unwanted pregnancy and to the complication of unwed motherhood.

In traditional societies like Zambia, where large extended families exist, the responsibility for looking
an illegitimate child is often assumed by the girl's parents or relatives. Where such resources do not exist or the family does not want to help, the girl decides whether to surrender the child for adoption or keep it. Having endured the stress of taking her pregnancy to term, she often decides to keep the baby. Because pregnancy in adolescents has emerged so recently as a widespread problem, services provided to meet the needs of the pregnant adolescent are not available. The pregnant adolescent utilizes facilities organized to meet the needs of the older women. These services however do not meet the special psychological needs of the adolescents, thus their needs are overlooked. In Zambia, family planning services and sex counselling are not provided to school girls. This is because of societal reactions, which makes the issue of family planning a sensitive one each time suggestions are made about providing contraceptives to the adolescent.

Interest in studying the topic arose primarily as a result of having worked in an ante-natal clinic where counselling was given to a lot of single pregnant girls, most of whom had been expelled from school due to pregnancy. The second reason arose from personal interest in school health programmes. It is for these reasons that it was felt necessary to find out factors contributing to pregnancy among school girls.
It is hoped that the findings of the study will assist in preventing adolescent pregnancy by identifying means of working out strategies for reaching adolescents before they become sexually active.

The findings will also assist in identifying the sex education needs of school girls which should be incorporated into the school curriculum.

The aim of the study is to identify factors contributing to pregnancy among school girls. The objectives for the study were to determine factors contributing to pregnancy in relation to the increased number of pregnancies among school girls. The objectives of the study are:

1. To identify possible factors that contribute to pregnancy among school girls.
2. To establish which age groups are mostly affected.
3. To identify preventive measures which could be adopted to reduce the incidence of pregnancy among school girls.

2. DEFINITION OF TERMS

For the purpose of the study, the following terms will be operationally defined:

SCHOOL - Refers to a secondary school.
SCHOOL GIRL - A girl attending secondary school.
TEENAGE - A young person of between 13 and 19 years old.
INITIATION - A ceremony through which a young woman is officially recognised as an adult.

INCIDENCE - The rate of happening.

ADOLESCENT - A girl in the period between being a child and being a grown person.
CHAPTER 2

STATEMENT OF THE PROBLEM

Over the past six (6) years, from 1980 to 1985, the increasing number of pregnancies among school girls in Zambia has produced much public concern. The concern has been translated into research efforts aimed at reducing the number of school girl pregnancies. From observation, it is significant to note that a quarter of all unmarried women attending Ante-Natal in the University Teaching Hospital (UTH) are girls who have been expelled from school because of pregnancy.

From the annual reports of the Ministry of Education and Culture, and more recently from the data compiled yearly by the Regional Education Officer for Lusaka, it has been possible to trace with precision the increasing number of teenage girls who are expelled from school each year due to pregnancy (See Table 1 in the literature review).

According to Mwanalushi (1983), it is difficult for adolescent girls to adjust easily to social, biological and physical changes and as a result of these changes they fall victims to the unknown, the result most often is pregnancy and expulsion from school.
When a school girl becomes pregnant there are a number of problems she goes through which are quite complex. For example, early childbearing carries the threat of increased health risks as well as an increased incidence of unfinished education, unskilled employment, welfare dependency, and family instability with long term implications for the young mother, her child and other family members. Johnson (1974, p. 30) states:

"The degree to which adolescent pregnancy is viewed as a social problem varies with the age of the adolescent. The younger the adolescent, the greater the perceived risks and costs".

These girls being school pupils, will be expelled from school, as the school regulation states that no pregnant pupil will be allowed to continue with their education (Ministry of Education Policy, 1978). The school does not allow mothers to attend classes, this therefore, causes them to lose both their education and their chance of participating effectively in the national development. This also creates other personal problems on the individual, such as being rejected in the family or the man responsible for her pregnancy refusing to take the responsibility of looking after her and the baby. This creates a situation where the girl is left with the baby and she is unmarried. She has to find ways of supporting herself and the baby, which adds more misery to the girl's life.
The other problem is the stigma of becoming an unwed mother. This jeopardises her chances of having a stable marriage since most men look down upon unwed mothers. People in our society believe that if a girl has a child and she is not married to the man responsible for the pregnancy, then she is not stable (Watson, 1958 and Richards, 1956). This also creates other problems for the girl, such as the burden of looking after the baby alone as a double parent. This means she has to be a mother as well as a father, which is not easy.

The other problem which comes in as a result of this is the financial burden, which has severe consequences on the two, such as the child developing malnutrition and other childhood diseases.

Babies of teenage mothers are two times as likely to be of low birth weight, which is a major cause of mental retardation and birth defects, and are more likely to die in their first year of life than those born to older women. Additionally, children of teenage mothers risk abuse and neglect. Observation and experience have shown that most of the children admitted with malnutrition and other childhood diseases are children of teenage mothers (Davis, 1977). This may be due to the fact that teenage mothers lack adequate knowledge on child care.
On the level of the family, there are also a number of problems created by a girl getting pregnant while at school. One problem is that the family has an extra mouth to feed, which they did not plan for. This becomes a financial drain, and the girl has already wasted the money the family spent on her school days. The family loses all the money they invested on the girl by sending her to school. When she becomes pregnant she still remains with them at home. This means the family must continue supporting her instead of her being on her own somewhere, working. This is true especially if the man responsible refuses to take the responsibility or has been expelled from school also and so he cannot make ends meet himself. This brings a lot of difficulties to the family, such that they cannot plan for the future of such a daughter and her child, especially if they are not a well to do family.

The problems on the level of the nation are that the nation loses all the money they spend on the education of the girl, so that she could be useful to manpower development in the country. Previous studies state that this issue of school girl pregnancy in Zambia is a national disaster (Mwanakatwe, 1968 and UNZA, 1974). There is a gross wastage of manpower. Statistics show that to educate a girl from grade one (1) to grade twelve (12), costs the nation thousands of Kwacha (Ministry of
Education, Planning Unit). For example in 1982, 343 girls were reported pregnant, and 32 girls had illegal abortions while at school. This means that a total of 375 girls left school due to pregnancy, which cost the Government millions of Kwacha. To make matters worse some girls die of pregnancy and abortion, hence there is loss of human life also. The other national problem created by this situation is the rapid increase in the population. Starting to have children from the ages of 14 to 18 is a very serious problem in population growth, especially since Zambia's population is growing at a very fast rate of 3.4% (per cent) annually. This is causing manpower development and population planners today to be a worried lot. If the problem of teenage pregnancy is not checked then, Zambia's population growth will soon be doubling again. This relates to another problem of feeding the nation. It is generally believed that unless Zambia cuts its population growth or increases its economic growth to sustain the growing population, misery, hunger and disease are rushing towards us like 'tornado' (Siame, 1983). There is also the problem of sharing the limited available resources.

Looking at the problem of teenage abortion, it is apparent that it is becoming a big problem among teenagers between 15-20 years (Operating Theatre Register UTH 1985, unpublished data). Here the problems are quite complex
also. First and foremost, it is illegal to abort, unless it is on medical grounds. If the law took its course most of these girls who go to hospitals with incomplete abortions could be behind bars. The other individual problem is that, for an individual to abort, she is risking her own life. As far as her health is concerned repeated abortions may cause cancer of the cervix (Russell, 1980).

In most families in Zambia it is a shame for a daughter to abort, especially if the neighbours know about it. The family loses its image because most people condemn the act.

If Zambia does not take positive steps to stop such criminal acts it may end up with a worse moral society than what we have today. This is because most of the girls who are expelled from schools and therefore, have nothing to do, most of them end up in the streets not doing any useful job to increase production in the country's economy. Instead the country will be faced with new social problems of too many young unmarried women who might engage in prostitution and illegal business for their living.

It was in view of the problems discussed above that it was felt necessary to carry out a study to identify factors which contribute to pregnancy among school
girls. It is hoped that by so doing, it will also help to identify ways of preventing the occurrence of pregnancy among school girls.

**STATEMENT OF THE PROBLEM**

This will be achieved by answering the following research questions.

1. Has the demand in schools for high fees indirectly contributed to pregnancy among school girls?

2. Does lack of sex education contribute to pregnancy among school girls?

It is hoped that the findings of the study will help health workers, parents and teachers to develop a clear understanding of the factors that contribute to pregnancy among school girls so as to be able to be encouraged to assume more responsibility in regard to sex education.
CHAPTER 3

LITERATURE REVIEW

A lot of studies have been done on teenage pregnancy and pregnancy among school girls, but the data on the subject is very difficult to get in Zambia. The investigator will therefore use raw data from various Institutions and other data from studies done in other countries.

Experience and observation have shown that pregnancy among school girls pose serious health, social, vocational and economical consequences to the young teenager and her family. In any society, it is to the advantage of the girl, her family and indeed to society itself that she should receive the best possible education. Fielding (1981, p. 27) states that, the most serious consequence of adolescent pregnancy is the dismal pattern of lost educational opportunities.

The subject of teenage pregnancy has some backing from the law, although it is very doubtful if the law affects the general public. This is because the law seems not to be clear and people are able to escape it. The Zambian law states that:

"Any person who willfully and by fraud causes any woman to believe that she is lawfully married to him and have sexual intercourse with him in that belief, is guilty of felony."
and is liable to imprisonment for ten (10) years" (Section 165, Cap. 146, The Laws of Zambia).

This law protects unmarried women which includes the teenagers who are the majority. The law also forbids any sexual activity as long as people are not married. But it is not illegal to live with a woman who is not married as if you are married or to have sex with her.

This becomes more clear when dealing with pregnancy in schools. The regulation in the Ministry of Education states that, any school girl who gets pregnant is to be expelled from school. In this case, there are no indications that these girls are aware of the law of not having sexual activity with men if they are not married to them.

The subject of teenage pregnancy is not new to Zambia, especially as a concern of education authorities in schools. As early as 1968, there was a cry over the number of girls being expelled from schools because of pregnancies. Mwanakatwe (1968) pointed out that:

"The problem of girls' indiscipline in schools has become a matter of grave concern of education authorities owing to the increase in the number of cases of pregnancy".

The situation has not improved even now. This can be seen from the increase in the number of girls expelled
from schools in the period 1980-1985. (See Table 1)

TABLE 1:
NUMBER OF GIRLS ENROLLED IN SECONDARY SCHOOLS IN LUSAKA URBAN FROM 1980-1985 AND THOSE EXPELLED BECAUSE OF PREGNANCY

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ENROLLED</th>
<th>PREGNANT</th>
<th>PERCENTAGE</th>
</tr>
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<tbody>
<tr>
<td>1980</td>
<td>3,880</td>
<td>31</td>
<td>.8%</td>
</tr>
<tr>
<td>1981</td>
<td>4,080</td>
<td>41</td>
<td>1.1%</td>
</tr>
<tr>
<td>1982</td>
<td>4,330</td>
<td>53</td>
<td>.9%</td>
</tr>
<tr>
<td>1983</td>
<td>4,630</td>
<td>59</td>
<td>1.2%</td>
</tr>
<tr>
<td>1984</td>
<td>4,880</td>
<td>64</td>
<td>1.3%</td>
</tr>
<tr>
<td>1985</td>
<td>5,230</td>
<td>72</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: Ministry of Education, Planning Unit

Note: Unpublished Data.

Most of these pregnancies are not wanted, this leads to most girls wanting to abort. The law on abortion legalising the termination of pregnancy was amended in 1972 (Termination of Pregnancy Act, 1972) and it states in part:

"A person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered Medical Practitioner .............".

This amendment was aimed at facilitating doctors to perform their work better. However, from the investigator's
point of view, it can be said that the amendment of the Act has really worsened the situation in terms of abortions. One can now abort on any grounds provided one gets the support of three (3) doctors in a hospital. People, especially pregnant teenagers go to the hospital with incomplete abortions and doctors have no alternative but to try and save the life of the would be mother, by removing the fetus which is already damaged. In a survey conducted by the Ministry of Health (1984), data revealed that abortions were mainly done on women aged between 16 and 20 years who were not married. This assertion is supported by other researchers elsewhere, such as Francke (1978); she says that two thirds of all the women receiving abortions in the United States are single women.

In Zambia, methods of family planning and reproduction are topics which are never discussed in public and also not with adolescents. Hence, information about reproduction, different methods of effective contraception and family planning services are not made available to adolescents. There are many reasons behind this, but the main reason is that, if adolescents are allowed to use family planning services, it will encourage adolescents to become sexually active and this may result in a lot of adolescent pregnancies, and a society full of women with loose morals. This assertion is also supported by Sachs (1985), in his study, he found out that lack of contraceptive education and inaccessible contraceptive methods increased
significantly the incidence of adolescent pregnancy. This being the case, why is it that teenage pregnancy is increasing at a very fast rate? The reasons are many, but the commonest reasons are social and economic. The economic reasons seems to be lack of material needs and also being carried away by material attractions. If a girl lacks sufficient provision of material needs from the guardian or parents to get the things she wants or needs, she is likely to seek these material needs from some other people. These are usually men who will demand her body before they will part with their money. Mostly the result is sexual intercourse which later leads to pregnancy.

The social or moral reasons are many, but they also centre on one aspect, lack of morals because of lack of teaching from the older persons. Russell (1982), states that, shifting sociental attitudes, peer pressure, and the psychology of the teenager herself could be significant forces contributing to the climate in which a young girl is likely to become pregnant. Looking at society today, it will be seen that there is a breakdown of the indigenous social formation where morality was highly valued; because of this, there is loose guardian or parental counselling. Girls lack sex education that could fill the gap of indigenous moral education, they lack an all embracing Christian moral education.
programme in schools and, lastly, they lack clear goals in their lives because of lack of proper encouragement from the parents or guardian. Hence, society no longer provides strict behavioural rules for adolescents. Traditional customs, cultural and moral values and influence on adolescents' behaviour and sexual decisions are not as powerful today, as they were in the past. This attitude from society may also be a major force contributing to the high rate of pregnancy among teenage girls, Vernon et al (1982). In his study, Tanner (1983) found out that, a teenage girl has fear of letting parents and elders know that she is sexually active. This he concluded, contributes to her reluctance to discuss sexual issues with them. By so doing, the young girl finds herself increasingly isolated from the family as a primary agency for transmission of values and information that will help her cope with the adult world. As substitute, she may turn to her friends only to find that, they too are often ill equipped to provide help. The need for peer acceptance often makes it difficult for the adolescent to act differently from the 'crowd' or to question their actions. Armed at least superficially with a sense of great personal authority and psychological freedom, she is under considerable peer group pressure. This makes her conform to new ways of behaviour in sexual relations at a time when her knowledge of the implications of sexual involvement are limited.
The teenage girl is making her transition from childhood to adulthood in a society undergoing rapid change. This change, however, is accompanied by much uncertainty and anxiety. This factor makes socialization somewhat uncertain and therefore causes major difficulties to the young girl in an attempt to establish a bridge toward the assumption of adult roles. Initiation rites are conducted in most ethnic groups in Zambia, and this was common before independence. These initiation rites are conducted when a girl becomes of age. It consists of formal institutionalized procedures for inducting adolescents into adulthood. Girls are taught by elder women to behave in the company of a man, what will be expected from them as wives, how to look after the man properly and what duties they will have to perform for their husbands. Emphasis is also on virginity, that the girl should remain a virgin until she gets married. In some ethnic groups in Zambia, for example the Mambwe of Northern Province, they place a strong emphasis on the virginity of a bride so much so that they even sought evidence of virginity on the wedding night by asking the bride-groom whether the bride was a virgin (Watson, 1958); a marriage would be declared void if the girl was not found to be a virgin. This is a clear stand which helped to reduce unwanted pregnancies among teenage girls (Colson, 1958). Mwanalushi (1983) states that:
"Puberty rites by conferring the status of adult upon the initiates, help to make transition from adolescence to adulthood relatively smooth".

This however, seems like an over simplification of the social impact of the experience. It also seems as if initiation creates a conflict for the adolescent concerning two issues, sexual expression on one hand and self concept and social status on the other. Herzog (1979) in a study conducted in Kenya found out that, combining traditional initiation and modern school did not give rise to added self-confidence, but instead caused a lot of problems in the adolescent, such as alcohol and drug abuse and pregnancy.

In our schools, great emphasis is placed on the prolonged period of formal education as a means of success. This however, causes a delay in the assumption of adult roles/which the adolescent has been prepared during initiation. The adolescent has no freedom to satisfy sexual urges while at school though she is eager to practice what she was taught during initiation. The adolescent is concerned with the exploration and investigation of sexual experiences and needs. If these needs are not satisfied, the adolescent's intense sense of sexual curiosity increases and hence she explores the nature of relationships which concern sex, often with pregnancy as the result.
The future of a single pregnant girl is also perilous (Francke, 1978). Here in Zambia the teenage girl will lose her education if the pregnancy is known to the school authorities. The other thing is that the man responsible for her pregnancy may not be able to keep her and accept the child. If this happens, she will have to decide whether to keep the child, abort or give it up for adoption. It is unusual in the traditional Zambian society for a mother to give up her child for adoption. The mother would prefer keeping the child rather than have it adopted.

Data reviewed shows that there are many problems associated with adolescent pregnancy. Many factors have been identified as the possible causes of pregnancy in the adolescent, in many countries throughout the world, Zambia being no exception. Appropriate interventions have and are still being carried out by the countries concerned on the problem of school girl pregnancies. A lot remains to be done through research to indentify contributing factors to pregnancy among school girls so that preventive measures will be undertaken to arrest the situation.
CHAPTER 4

METHODOLOGY

1. RESEARCH DESIGN

The purpose of the study was to indentify factors contributing to pregnancy among school girls. Therefore, the descriptive research design was thought to be most appropriate for the purpose. Treece and Treece (1982) describe descriptive study surveys as studies designed to describe specific phenomena of finding relationships between variables. Thus, the study aimed at describing contributing factors to pregnancy among school girls. The aim of a descriptive study is that, it accurately describes characteristics of individual, situation, group or examines the frequency with which an event occurs or is associated with another event (Seaman and Verhonick, 1982 p. 151).

Gathering of data in a descriptive research design is done in a natural setting, therefore, the subjects remain in a natural setting and are not subjected to unpleasant conditions, hence they co-operate more readily. Thus, the design allowed gathering data in the University Teaching Teaching (U.T.H.), Ante-Natal Clinic from single pregnant girls who came for their ante-natal check-up in the clinic.
"The descriptive designs are closely related to observation" as a result this will give the researcher chance to observe in order to know why certain phenomena occur (Seaman and Verhonick, 1982). The descriptive research design will be useful in this case because more information is gathered to enrich the study. The other reason for choosing a descriptive survey design is that, it is proved to be less expensive. The research could also be completed in a short period of time (Abdellah and Levine, 1979).

Descriptive survey design is therefore the most suitable because of the limited time in which the study will have to be completed and submitted to the Department of Post-Basic Nursing.

2. RESEARCH SETTING

The University Teaching Hospital is the largest health institution in the country, it is located in Lusaka, the capital city of Zambia. The hospital offers curative, preventive and rehabilitative services. It also serves as a referral hospital for patients from all parts of the country.

It has a bed capacity of one thousand five hundred (1,500), distributed among six (6) Speciality Departments, namely, Pediatrics, Medicine, Surgery, Obstetrics and Gynaecology, Neonatal Surgical Department and Admission Wards.
The hospital offers training facilities for different categories of staff, such as registered nurses, registered midwives, theatre nurses, nurse tutors, public health nurses, Doctors and post-graduate courses in various fields of medicine. Physiotherapists, Laboratory technicians and Radiographers from Evelyn Hone College come to U.T.H. for their practical experience.

The U.T.H. was chosen for the setting because of its proximity to the institution of learning, therefore, it was easier to reach the target population than if a different setting were chosen. Secondly, it was because of the limited time in which the study had to be conducted.

The study was conducted in the Ante-Natal Clinic (Ward BO2), Obstetrics and Gynaecology Department. The ante-natal clinic caters for all pregnant women who are referred to U.T.H. from other health centres. The ante-natal clinic comprises of six (6) examination rooms. The clinic's average turnover of single pregnant girls aged between 14 to 18 years is twenty-five (25) per day. This is possible because most of the single pregnant girls are referred to U.T.H. for pelvic assessment and for other problems associated with pregnancy, which are very common in this age group. Ward BO2 is headed by a Ward Sister, who has five (5) registered midwives, seven (7) Enrolled midwives and there are about eight (8)
Classified Daily Employees on the Ward working a straight shift from morning to afternoon (07.30-16.00 hours). Attached to Ward BO2 is a registration and screening room for all pregnant mothers attending the ante-natal clinic.

3. SAMPLE: SELECTION AND APPROACH

The target population from which the sample was drawn for the study was that of single pregnant girls aged between 14 to 19 years and who attended the ante-natal clinic in the U.T.H. This population was chosen because the study was based on identifying contributing factors to pregnancy among school girls. Hence, this population was seen as the right people to give the information from their own experiences. The sample consisted of fifty (50) subjects. The sample size of single pregnant girls was of convenience because of the limited time in which the study had to be conducted and submitted to the Department of Post-Basic Nursing. Secondly, it was due to financial constraints, this was because a longer study would have involved more money.

Permission to administer the interview schedule to the single pregnant girls was sought in writing from the Nursing Officer in Obstetrics and Gynaecology Department with copies to the Executive Director of the U.T.H. Board of Management and the Principal Nursing Officer.
The purposive sampling technique was employed to choose the fifty (50) subjects. Polit and Hungler (1983) defined purposive sampling as "A type of non-probability sampling method in which the researcher selects subjects for the study on the basis of personal judgement about which ones will be most representative". Subjects were selected purposely because it was easy to get the required number of subject within the limited time in which the study had to be completed. The subjects in the sample were expected to meet the following criteria:

1) They must be single pregnant girls;
2) They must be aged between 14-19 years;
3) They must be attending the ante-natal clinic in the U.T.H.: and
4) They must have been expelled from school due to pregnancy

4. PILOT STUDY

A pilot study is a fore runner of a major study. Seaman and Verhonick (1982) define a Pilot study as "A small-scale dress rehearsal that proceeds as if it were the actual study, except for the fact that the subject who will participate in the study are not used". It provides the researcher with an opportunity to try out the procedures for collecting data (Trece and Trece, 1982). The main aim is to obtain information for improving the project or for assessing its feasibility, according to Polit and Hungler (1983). It is therefore
used to test the validity and reliability of the instrument to be used in collecting data.

A pilot study was not done due to limited time in which the study had to be conducted and submitted to the Department of Post-Basic Nursing. The study was taken as a Pilot study in itself because it is the first time that a study of this nature is being conducted in this country. Another reason is attributed to financial constraints as this would have meant more expenses in terms of typing and duplicating the interview schedule. However, in order to ensure validity and reliability of the instrument for data collection, the clarity and sequence of questions were checked by the Supervising Lecturer several times until an agreement was reached.

5. **DATA COLLECTION INSTRUMENT**

Data was collected using the structured interview schedule, because it allows for collecting of fairly consistent data (Sweeney and Oliveira, 1981). The processing of collected information is therefore easy, because of the uniformity of the information. The structured interview schedule is an instrument used to gather data by verbal questioning of the interviewee on one hand, and recording of answers on the interview schedule on the other hand (Abdellah and Levine, 1979).

Interviewing allows for probing and clarification
of responses. It also provides an opportunity for the interviewer to rephrase questions to make them more meaningful to the subjects.

Interviewing has the following advantages:—

(1) Face to face interview has an additional advantage in the ability to produce additional data through observation;

(2) There are many individuals who can not fill questionnaires but can participate in an interview for example, the uneducated, elderly, illiterate and the blind;

(3) Interview permits greater control over the sample that in the sense/the interviewer knows whether or not the person can be interviewed;

(4) The researcher has strict control over the order and presentation of questions;

(5) The response rate tends to be very high in face to face interview;

(6) The interviewer offers protection against ambiguous and confusing questions; and

(7) Interview enhances quality of data through probing (Polit and Hungler, 1983 , pp. 320-321).

Despite the many advantages interviewing has its own disadvantages some of which are as follows:-
(1) The interview may be time consuming for the investigator conducting the interview;
(2) The interviewee may lose trend of thought while waiting for the investigator to finish writing and thus will result in some information being forgotten;
(3) Biased information may be given because the respondent is aware that someone is writing down information;
(4) Interviews may be costly if much travelling is involved in terms of transport;
(5) Recording errors may occur as the interviewer tries to write information in a hurry; and
(6) Interviews do not offer complete anonymity (Polit and Hungler, 1983).

Some of the above disadvantages were minimised by establishing rapport with the subject before starting the interview. Subjects were promised anonymity and confidentiality. The above approach helped in making the subjects feel at ease. At the end of each session of interviews per day, the investigator went through the questions and answers to clarify any information written in a hurry before the meaning was forgotten.

6. DATA COLLECTION

Data collection was done in the first and second
weeks of April, 1987 by interviewing single pregnant girls who attended the Ante-natal Clinic in the U.T.H. The co-operation of the subjects was gained by being introduced to prospective subjects by staff. The investigator also introduced herself to each single pregnant girl at the beginning of each interview. The interviews were conducted personally by the investigator on Mondays and Tuesday mornings. These days were chosen because this was the only free time the investigator had. The interviews were conducted in the history taking room which is used on Monday mornings when booking of new ante-natal clients is done. The Staff Nurse In-Charge kindly offered the room for this purpose. The interviews lasted 15 to 20 minutes. This was so, as the single pregnant girls would be bored if interviews took long. Consideration was also taken as the subjects had other duties to perform at home or at College. At the end of each interview the subject was thanked by the investigator for having spared her time.

7. QUESTION SEQUENCE

The interview schedule consisted of seventeen (17) questions designed in the following manner. Questions 1 to 5 were constructed in order to elicit respondents' demographic data such as age, education attainment, residential areas, types of schools attended by respondents and persons with whom respondents stay.
Starting the interview with demographic data helps to put the interviewee at ease and helps to establish rapport (Oppenheim, 1966).

Questions 7 to 9 were formulated to find out information regarding subjects' performance at school, who met their schooling costs and whether they had young brothers and sisters still at school.

It was also felt necessary to ask the subjects (questions 10 and 11) what they did for a living and whether they needed extra financial support.

Question 12 to 13 sought to find out whether respondents had undergone initiation and what topics they were taught during initiation.

Questions 14 and 15 sought to find out whether respondents did receive sex information and from whom.

Question 16 and 17 sought to find out how respondents felt about being pregnant and what their future plans after delivery were.
CHAPTER 5

DATA ANALYSIS AND PRESENTATION OF FINDINGS

1. DATA ANALYSIS

The purpose of the study was to determine contributing factors to pregnancy among school girls. Polit and Hungler (1983) stated that, data collected are not useful unless they are arranged in a meaningful manner so that it is impossible to derive patterns of relationships. Therefore, the data collected for the study were analysed manually, with the aid of a pocket calculator because the sample was small. The responses and observations were processed and categorised. The information gathered was cross-tallied and counted against each particular aspect on the worksheet. Abdellah and Levine (1979) stated that the tallying of data on worksheets brings together in one place the data collected on all subjects.

Data were arranged in frequency counts and percentages. Polit and Hungler (1983) state that percentages are descriptive statistics used to describe and synthesise obtained empirical observations and measurements. Percentages were rounded to whole figures in order to make findings meaningful and to enhance the readers' understanding.
The findings are presented in tabular form because they summarise results in a meaningful way thereby enabling the reader to understand the authors' intention in the study (Sweeney and Olivieri, 1981). Abdellah and Levine (1979) also observed that the process of organising data in tables enables the researcher to assess the relationship between the variables studied. In a few cases, the number of responses were more than the number of subjects, therefore Table 12 p. 41 shows more responses than the number of respondents.
2. **PRESENTATION OF FINDINGS**

**TABLE 1: AGE DISTRIBUTION OF RESPONDENTS**

<table>
<thead>
<tr>
<th>AGE IN YEARS</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>16</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>17</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>19</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**TABLE 2: EDUCATIONAL LEVEL OF RESPONDENTS**

<table>
<thead>
<tr>
<th>EDUCATION LEVEL</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 8</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Grade 9</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Grade 10</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Grade 11</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Grade 12</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
### TABLE 3: RESIDENTIAL AREAS OF RESPONDENTS

<table>
<thead>
<tr>
<th>AREA OF RESIDENCE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Density</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Medium Density</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Low Density</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>50</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### TABLE 4: PERSONS WITH WHOM RESPONDENTS STAY

<table>
<thead>
<tr>
<th>STAYING WITH</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Guardian</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>50</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### TABLE 5: PERSONS WHO MET RESPONDENTS' SCHOOLING COSTS

<table>
<thead>
<tr>
<th>PERSON</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>Guardians</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>50</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
### TABLE 6: RESPONDENTS WITH SIBLINGS STILL AT SCHOOL

<table>
<thead>
<tr>
<th>WITH SIBLINGS</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td>NO</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

### TABLE 7: TYPE OF SCHOOLS ATTENDED BY RESPONDENTS

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-education</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td>Girls' Only</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
TABLE 8: RESPONDENTS' PERFORMANCE AT SCHOOL

<table>
<thead>
<tr>
<th>PERFORMANCE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Poor</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

TABLE 9: WHAT RESPONDENTS DO FOR A LIVING

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Working</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>At College</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
TABLE 10: RESPONDENTS' NEED FOR EXTRA FINANCIAL SUPPORT

<table>
<thead>
<tr>
<th>NEED FOR SUPPORT</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>NO</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

TABLE 11: NUMBER OF RESPONDENTS WHO UNDERWENT INITIATION

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>NO</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
### TABLE 12: TOPICS TAUGHT DURING INITIATION

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>NUMBER OF RESPONSES</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To respect elders and men</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>Not to sleep with men</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>Care during menstruation</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>TOTAL</td>
<td>72</td>
<td>100</td>
</tr>
</tbody>
</table>

### TABLE 13: SOURCES OF SEX EDUCATION

<table>
<thead>
<tr>
<th>SOURCES</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Family members</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>School</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Health worker</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
### TABLE 14: RESPONDENTS' FEELINGS ABOUT BEING PREGNANT

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted marriage</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Felt Disappointed</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Accident</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Wanted a baby</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### TABLE 15: RESPONDENTS' FUTURE PLANS ABOUT CONTINUING SCHOOL AFTER DELIVERY

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>NUMBER OF RESPONDENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>NO</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
CHAPTER 6

DISCUSSION, NURSING IMPLICATIONS, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

1. DISCUSSION OF FINDINGS

The findings of the study are based on the analysis of responses from fifty (50) single pregnant girls who constituted the sample. The aim of the study was to determine factors contributing to pregnancy among school girls.

Table 1 p. 36 shows the age distribution of respondents. The age of the girls ranged from 14 to 19 years. The majority of the respondents (28 percent) were aged 19 years, and the smallest number were aged 14 years (14 percent). Findings from the result revealed that, pregnancy occurred most often in older girls than in young ones. This could be because as society becomes more industrialized and more complex, the period of adolescence has correspondingly become prolonged. This has led to the increase in the years of schooling and training which are required before adult roles can be acquired. The delay which results, before one assumes adult roles inevitably induces some adjustment problems in the girl, of which pregnancy is one. Siame (1983) also observed one interesting feature among school girls in Zambia. He observed that, as girls grow older and go further in their education,
they become sexually more active and their drop-out rate due to pregnancy increases. This correlates with the findings in Table 2 p. 36. It can be assumed that, the increased number of years that a girl has to stay in school could probably contribute to the incidence of pregnancy among school girls. This being the case, there is therefore a need to think seriously about providing contraceptives and other family planning services to the older school girl.

Table 3 p. 37 shows residential areas of respondents. The majority of the respondents lived in high density residential areas (48 percent). 30 percent lived in medium density residential areas and 22 percent lived in low density residential areas. The reason for this finding is probably that, most of the people in Lusaka live in high density residential areas and the majority in this group, fall within the low socio-income class. The findings revealed that pregnancy occurred more often in girls from the low socio-income group than in girls from the high socio-income group. With such a background, a lot of school girls tend to look elsewhere for material and financial support. People they usually get these things from are men who in turn ask for sexual favours. The result most often is an unwanted pregnancy. Russell (1978) also found that, teenage pregnancy was more common among girls from the low socio-economic
group than among girls from the high socio-economic group.

From the above findings, it appears that, lack of material and financial assistance from parents could be one factor contributing to pregnancy among school girls. With such a situation at hand, it would be helpful to both parents and school girls if industries could revive the provision of vacation employment to students. It was not unusual to find that the majority of respondents (48 percent) still stay with their parents as shown in Table 4 p. 37, 40 percent stayed with guardians and only 12 percent stayed with boyfriends. The findings of the study revealed that most of the respondents did not get married to men responsible for the pregnancy. This could be because the man responsible for the girl's pregnancy had refused to marry her or had refused to take the responsibility of looking after her. This creates a situation where the girl is left with no option but to stay with her parents. In most cases, a forced marriage is considered by parents as the right course to take. Because of the economic security which marriage presumably assures, the girl usually agrees to marry a man she does not love.

It appears that, there could be some problems or stresses within the family which may affect the behaviour of the school girl. This may lead her to do something silly,
such as becoming pregnant as an excuse to leave her parents' home.

In view of such findings there is a need to provide counselling services to all girls in schools. Sixty-eight (68 percent) of the respondents' schooling costs (Table 5 p. 37) were met by parents, 28 percent by guardians and 4 percent by boyfriends. Most respondents also complained that, it was a burden for parents who had also to meet schooling costs of other school-going members of the family as shown in (Table 6 p. 38). Colson (1958) supports these findings when he states that, the majority of the people who have migrated to towns have weak family ties, and hence lack moral and financial support from relatives. He further states that, this puts them in a situation where they are not even able to pay school fees for their children, nor to adequately provide for other members of the family. It could be assumed that, the need among school girls to make ends meet could be a factor that could contribute to her becoming pregnant. This is because parents are unable to meet her schooling costs because they are financially handicapped.

Table 7 p. 38 represents the types of schools attended by respondents. 82 percent of the respondents attended co-education schools and 18 percent attended
girls' only schools. The majority of the respondents attended co-education schools. This could be because there are more co-education schools in Lusaka than girls' only schools. Findings from the results reveal that, pregnancy occurred more often among girls who had attended co-education schools than among those from girls' only schools.

This is supported by Ireson and Callon (1984) who found that, girls attending co-education schools tend to solve problems of sexual emergence unsatisfactorily by becoming sexually involved with the boys from their schools, becoming involved in a pregnancy completely outside the possibility of marriage.

Question number one (1) which sought to find out whether girls who attend co-education schools are likely to become pregnant more often than those who attend girls' only schools is not answered, because though evidence of inadequate knowledge on the issue exists, it is not conclusive due to other intervening variables. There is therefore a need to promote an acceptance climate of discussion between boys and girls, parents and children and teachers and pupils so that sex education in its widest sense can begin where it should, at an early age and in the home and school.

The majority of the respondents (62 percent) academic performance was average (Table 8 p. 39 ), for 24 percent of the respondents the academic performance was poor and
4 percent had performed satisfactorily at school. The findings indicate that, school girls whose academic performance was poor or average were more likely to become pregnant than those whose academic performance was satisfactory. This is supported by Paxman (1978) who states that, the girl with low intelligence and no enterprise or determination and more than a little lazy takes the line of least resistance and opts out. He further went on to say that, in her desolation, burdened by intractable problems, those at home possibly compounded by those at school, she turns gratefully for reassurance, for affection and attention that boosts her morale to a 'mansized' relationship. The result is that an unwanted pregnancy follows and once diagnosed allows the girl to make every kind of excuse for giving up school.

From the above findings, it would seem that, a girl's poor academic performance record at school could be one factor contributing to pregnancy among school girls. This situation should not be allowed to interfere with a girl's education. Teachers should try and help these girls by identifying girls who need extra support with their school work. Academic assistance should also be rendered to students whose performance in school is unsatisfactory.

The majority of the respondents (78 percent) were unemployed (Table 9 p. 39 ), 14 percent were employed, and
8 percent were at college. It has been observed that most of the girls who get expelled from school rarely find employment nor are they admitted into colleges. If they do find employment, this is usually an unskilled job or a lowly paid job. This could be because these girls do not meet the requirements needed by the employer nor the entry qualification into college. This leaves them with no option but to economically depend on their parents. This is probably the reason why the majority of the respondents (78 percent) expressed a need for extra financial support (Table 10 p. 40).

The findings correlated with findings by Dominian (1968). He found that, most of the subjects who participated in his study were unemployed because of their poor educational background, which was brought about by the fact that majority of the subjects did not complete their education because of pregnancy. Russell (1978) also found that, the need for pocket money prompted most school girls to get part-time jobs during holidays, so as to supplement their allowances. It can be argued that the school girl of today supplements her allowance by getting extra money from other sources other than working for it. School girls need to be provided with vocational employment like they were in the past. This would help to supplement their upkeep allowances and also help to meet their schooling costs.
Table 11 p. 40 shows, the number of respondents who had undergone initiation. 58 percent of the respondents had undergone initiation while 42 percent of the respondents had not. Findings revealed that initiation had no impact on the moral behaviour of the respondents. This is supported by the findings in Table 12 p.41 which show that, the topics covered during initiation gave inadequate information on sex. The majority of the respondents said they were taught to respect men and elders (38 percent). The findings reveal that little sex education was discussed with the initiates during initiation. This could be because it is embarrassing for elders to discuss sex issues with girls. Emphasis in most cases is on maintaining a girl's virginity, but rarely is it explained to her how she can maintain it. Young girls have a right to understand their sexuality but in a way that would be appropriate to their stage of development and parents are obliged to provide that for them. Table 13 p. 41 shows respondents' sources of sex education. Most respondents (52 percent) mentioned friends as their sources of sex education, 20 percent mentioned family members, 18 percent mentioned school and 10 percent mentioned health workers. The majority of the respondents (52 percent) mentioned friends as their sources of sex education. This could be because of the gap between the parents and the girl; she is frequently uncomfortable discussing sex issues with her parents. She thus finds herself increasingly isolated from the family as the
primary source for transmission of values and information that would help integrate her into the adult world. As substitutes she turns to friends who in most cases give her erroneous information, because they too are ill equipped to provide help.

Another reason is parental shyness about openly discussing sex with their children, and as a result girls do not really know the consequences of going about with men. Klerman (1975) found that fear of letting her parents know that she is sexually active further contributes to the girl's reluctance to discuss sexual and reproductive behaviour with her parents. It appears that lack of sex education could be one of the factors contributing to pregnancy among school girls.

These findings also answer question two (2) which sought to find out whether lack of sex education in schools and homes was a contributing factor to pregnancy among school girls. It would be very helpful to school girls if parents, teachers and health workers took an active part in sex education. School girls must be told the consequences of pregnancy both to themselves and their children if teenage pregnancy is to be prevented.

Respondents were asked to state their feelings about being pregnant (Table 14 p. 42). 40 percent of the respondents said they wanted to get married, 28 percent said they were disappointed in that they have been unable.
complete school, 18 percent said it was an accident and 14 percent expressed a desire to have babies. The majority of the respondents (40 percent) expressed a desire to get married. This could be because of the stressful situations prevailing at home. The girl may become pregnant with the hope that the man responsible for the pregnancy will marry her. This is one way of expressing a need for love, security and independence.

Findings revealed that all the respondents were unmarried. The argument that respondents expressed a desire to get married may not be true, because in general marriage is what comes first, then pregnancy.

This is supported by Campbell (1968) who found that most of the pregnant teenagers remain unmarried. He also found that if they happen to marry, their marriage lasts long enough for additional children to be born. The problem of the girl becomes increasingly complex and her prospects of remarrying may be reduced because of her dependents or simply because remarriage is not in accordance with the mores and values of the society in which she lives. It can be assumed that a girl's need to seek love, security and independence can be a factor contributing to pregnancy. Counselling should be provided to school girls.

Table 15 p. 42 deals with respondents' future plans. 27 percent expressed a desire to continue school after
delivery, and 28 percent were not sure of what they will do. Findings revealed that most respondents expressed a desire to continue schooling after delivery.

Experience has shown that, one needs to have a good education background and good qualifications in order to get a job. It appears that, people have actually realised the importance of education, that is may be why the majority of the respondents expressed a desire to continue school. This is supported by Russell (1980) who observed that many pregnant girls in Britain continued to attend school until almost three (3) weeks before delivery. There is need for the Ministry of Education to provide assistance by allowing these girls to continue school after delivery.

2. **NURSING IMPLICATIONS**

Teenage pregnancy as a problem receives little attention. In some obstetric text books one can read many pages on family planning but a little paragraph on teenage pregnancy and its prevention.

More information is needed on the factors contributing to teenage pregnancy and its prevention. This information should be made available to nurses so that nurses, student nurses, and the student midwives start to regard sex education as an important component of the school health service programme.
Health workers should try to work hand in hand with parents, school teachers and other members of the community in the identification of the girls at risk. They should also participate in planning preventive programmes, and in the implementation of the plans.

The problem of teenage pregnancy might be reduced if teenagers were made aware of the consequences of pregnancy, and joint solutions could be formulated between the health worker and the community. The community and providers of health services should seriously consider the question of providing contraceptives and other family planning services to the teenage school girl/boy.

Health workers should also seriously consider the possibility of giving sex education in schools, homes, and to members of the public, and from time to time they should be able to assess the impact of sex education on teenage pregnancy.

Sex education and counselling should not just be confined to school girls only, school boys should also be involved. The administrators should also perceive the learning needs of the nursing personnel so that staff are recommended for in-service training in sex education and prevention of teenage pregnancy. This will help nurses to learn how to give sex education to pupils in schools. This will help create awareness among nurses and will
hence help them to deal with sexual problems of teenagers effectively.

Staff and administrators should be research oriented so that wherever one is working, one does research to find out answers and solutions to everyday problems in nursing practice. This does not mean that one should embark on large scale research always. Small scale research is needed for continuing development and improvement of nursing practice, nursing education and nursing administration.

3. CONCLUSIONS

The study was conducted in the ante-natal clinic in the University Teaching Hospital, Department of Obstetrics and Gynaecology. The primary aim of the study was to determine factors that contribute to pregnancy among school girls, so that preventive measures can also be identified to control the situation.

The literature reviewed centred on trying to identify the possible causes of pregnancy in the school girl, and on the social, medical, economical, psychological and education consequences of teenage pregnancy.

The purpose of the study was achieved by interviewing fifty (50) single pregnant girls. The structured interview schedule was used to collect data. This was thought to be ideal by the investigator because this was
the appropriate method to use in order to explore or pursue
certain responses in depth (Treece and Treece, 1982).
Data was collected over a period of two (2) weeks; it was
processed and analysed manually using a pocket calculator.
All results were presented in tabular form. There were
fifteen (15) tables all together. The findings of the
study revealed that the factors which contributed to pre-
gnancy among the subjects were mostly socio-economically
related. It was also found that subjects lacked sex
education both from parents as well as from schools, an
indication that most of them did not even understand the
consequences of pregnancy on themselves and on the unborn
child. This may also prove why a lot of girls who had
undergone initiation could not even explain why they had
to undergo initiation. Parents should play an important
role as sex educators and counsellors if the incidence
of pregnancy is to be reduced.

4. LIMITATION OF THE STUDY

The first limitation of the study is lack of
adequate literature on the topic especially on factors
contributing to pregnancy among school girls. Very
little research has been done in this area. Therefore,
the identification of these factors from other research
findings was minimal.

The second limitation is the small sample size com-
pared to the total number of single pregnant girls in
Lusaka Urban. As a result the findings cannot be generalised to the total population.

The third limitation was the time within which the study had to be conducted and submitted to the Department of Post-Basic Nursing. This somewhat affected the sample size.

Fourth limitation is the financial constraint which also influenced the sample size in order to lessen the costs of typing, duplicating and binding.

5. RECOMMENDATIONS

(1) There is need to undertake research on a larger scale so that results can be generalised.

(2) Sex education and family health education should be introduced in the school curriculum. This will help to prepare teenagers for their adulthood roles.

(3) The question of whether teenage girls should be provided with contraceptives and other family planning services and counselling should be considered seriously.

(4) The Ministry of Education should make a policy which would allow pregnant school girls to continue school after delivery.
1. How old are you?
   (a) 14 years
   (b) 15 years
   (c) 16 years
   (d) 17 years
   (e) 18 years
   (f) 19 years

2. What is your education attainment?
   (a) Grade 8
   (b) Grade 9
   (c) Grade 10
   (d) Grade 11
   (e) Grade 12

3. In which part of Lusaka do you live?

4. Whom do you stay with?
   (a) Parents
   (b) Guardians
   (c) Boyfriend

5. Which school did you go to?
   (a) Co-education School
   (b) Girls' only School

6. Who met your schooling costs?
   (a) Parents
   (b) Guardians
   (c) Boyfriend
7. How were you doing in school?
   (a) Satisfactory
   (b) Average
   (c) Poor

8. Do you have any brothers and sisters still at school?
   (a) Yes
   (b) No

9. Who meets their schooling costs?
   (a) Parents
   (b) Guardians
   (c) Boyfriend

10. What do you do for a living?

11. Do you have any other means of financial support?
   (a) Yes
   (b) No

12. Did you undergo initiation?
   (a) Yes
   (b) No

13. What did the elder women talk about during initiation?
   (a) ____________________________________________
   (b) ____________________________________________
   (c) ____________________________________________

14. Did you receive information on sexual issues from any sources?
   (a) Yes
   (b) No
15. If yes from whom? 
   specify ____________________________________________

16. How do you feel about being an expectant mother?
   ____________________________________________

17. Do you intend continuing with your schooling after delivery?
   (a) Yes
   (b) No

THANK YOU VERY MUCH
APPENDIX II

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Post-Basic School of Nursing
University of Zambia,
P.O. Box 50110
LUSAKA.


The Regional Education Officer
P.B. 50023E
LUSAKA.

Dear Sir,

Re: STUDY PROJECT

I am a student at the University School of Post Basic Nursing. I am currently pursuing a degree course in Nursing.

I am required to conduct a research study in any speciality area of Community Health Nursing as part of the course requirement. My area of interest is looking at pregnancy among school girls. I am particularly interested in looking at factors which contribute to pregnancy in this age group.

It is hoped that the findings of the study will assist in identifying ways in which the incidence of pregnancy among school girls can be reduced.

Therefore, I would be very grateful if you could kindly allow me to use your records for data collection.

Your assistance will be highly appreciated.

Yours faithfully

GRACE CHISENGA
APPENDIX III

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REPUBLIC OF ZAMBIA
MINISTRY OF GENERAL EDUCATION AND CULTURE

REGIONAL HEADQUARTERS
P/B RW. 21E
LUSAKA

11th February 1987

Miss Grace Chisenga
Post Basic School of Nursing
University of Zambia
P.O. Box 50110
LUSAKA

Dear Madam

STUDY PROJECT

Thank you for your letter of 4th February, 1987 on the above subject.

I am pleased to inform you that permission has been granted to you to use our records in your study project. You may see the education officer, Professionals, in my office who maintains disciplinary case records for an initial briefing before going it alone.

Yours faithfully

T.H.B. Miyanda
for/CHIEF EDUCATION OFFICER
LUSAKA REGION
APPENDIX IV

Department of Post Basic Nursing
P.O. Box 50110
LUSAKA.


The Nursing Officer, (B. Block)
University Teaching Hospital
P.O. Box 50001
LUSAKA.

Dear Madam,

Re: STUDY PROJECT

I am a student currently studying for a Bachelor of Science degree in nursing at the University of Zambia in the Department of Post Basic Nursing.

I am required to submit a research paper in any selected area in partial fulfilment for the degree programme. My area of interest is pregnancy among school girls. I would be grateful if you could grant me permission to interview fifty (50) pregnant teenagers in the Ante-natal clinic. I intend to collect data at the end of February 1987 for two weeks.

It is hoped that the findings of the study will assist in identifying ways of preventing pregnancy among school girls.

Thanking you in anticipation.

Yours faithfully,

GRACE CHISENGA (Ms)

c.c. The Executive Director, U.T.H.
    The P.N.O. - U.T.H.
APPENDIX V

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Department of Obstetrics & Gynaecology
UTH Board of Management
P. O. Box 50001
LUSAKA

1st April 1987

Miss Grace Chiesenga
Department of Post Basic Nursing
School of Medicine
P.O. Box 50110
LUSAKA

Dear Madam

Re: RESEARCH ON TEENAGE PREGNANCY

You are hereby given permission to interview pregnant girls in our antenatal clinic. It is hoped that the information obtained will be used onconfidentially.

Yours faithfully

E. Munkanta
NURSING OFFICER - B. BLOCK

cc. Principal Nursing Officer
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