

**EFFECTS OF ADOLESCENT PREGNANCY ON FAMILIES IN NG'OMBE  
COMPOUND IN LUSAKA**

**BY**

**TOWELA STELLA JERE**

**A Dissertation Submitted in Partial Fulfillment for the Requirements for the Award of a  
Degree of Master of Science in Counseling of the University of Zambia in Collaboration  
with Zimbabwe Open University.**

**The University of Zambia**

**2020**

## **COPYRIGHT**

All rights reserved. No parts of this dissertation may be reproduced, stored in any retrieval system or transmitted in any form or by any means; electronic, mechanical, photocopying, recording or otherwise without the consent of either the author or the University of Zambia.

**© 2020, TOWELA STELLA JERE**

## DECLARATION

I, **TOWELA STELLA JERE** do hereby declare that this dissertation is my own original work which has not been submitted for a degree at this or another University for purposes of being awarded a degree or other academic qualification.

.....

**Student**

.....

**Signature**

.....

**Date**

## APPROVAL

This dissertation written by **TOWELA STELLA JERE** has been approved as a partial fulfillment of the requirements for the award of the Degree of Master of Science in Counselling of the University of Zambia in Collaboration with the Zimbabwe Open University.

.....	.....	.....
<b>Examiner 1</b>	<b>Signature</b>	<b>Date</b>
.....	.....	.....
<b>Examiner 2</b>	<b>Signature</b>	<b>Date</b>
.....	.....	.....
<b>Examiner 3</b>	<b>Signature</b>	<b>Date</b>
.....	.....	.....

## **DEDICATION**

I wish to dedicate my work to my beloved Creator and Heavenly Father for loving me, always watching over me and giving me the strength to do my work. And to my parents, siblings and daughter for their amazing support, encouragement and confidence in my work.

## **ACKNOWLEDGEMENT**

First and foremost, I would like to praise and thank God, the almighty, who has granted me countless blessings, knowledge, and opportunity to finally be able to accomplish this great achievement. My gratitude goes to my supervisor Dr. JM. Mandyata for his patience, guidance, excellence and professionalism during my work. I am also indebted to Dr. Daniel Ndhlovu, Dr. Rose Chikopela, Ms. M. Ntabo and Ms. M. Nzima for their commitment, support, guidance and teaching through the course to ensure that I get to this point. I am eternally grateful.

To the Director and staff at the Institute for Distance Education (IDE) of the University of Zambia (UNZA) I wish to thank you sincerely for all the support throughout my course. To UNZA-ZOU Senate for according me this opportunity to further pursue my studies I am very grateful. To my course mates for all the help, support, guidance and encouragement rendered in pursuing this course I am very grateful.

Special thanks go to my parents, my niece Rovimbi Chirwa, siblings and daughter Nala Mwiza Jere for believing in me and supporting me through my course. To my work supervisors, particularly Mr. Kelvin Mukosayi, all my workmates friends and family too numerous to mention I am eternally grateful for the understanding and support in the pursuit of my studies.

## ABSTRACT

This research is on the effects of adolescent pregnancy on families in a named compound. The objectives of the research are: 1. establish the causes of adolescent pregnancy in a named compound: 2. establish the effects on families of the pregnant adolescent in a named compound: 3. establish the efforts being made to reduce on adolescent pregnancies in the named compound. A case study research design supported by qualitative data collection techniques was used. Target population was adolescent girls who had been pregnant before and their family members. The sample size was 16 respondents, broken down as: 5 pregnant adolescents and 11 parents. The sampling procedure used was purposive sampling. In the collection of data, research instruments used were interview guides and focused group discussion guides. In the data analysis thematic analysis was used. This involved: steps 1, the researcher familiarizing herself with the data collected by reading and re-reading the transcripts and listening to the voice recordings. In step 2, generating initial codes, while in step 3 themes and sub themes were created. Step 4 reviewing themes and sub themes, step 5 defining the themes and sub themes and step 6 reporting the findings. The study revealed that causes of adolescent pregnancy include: poverty, admiring marriage, wanting to get married and having children plus lack of beneficial recreation facilities and culture plus refusing to adhere to elderly people's advice and following other cultures, peer pressure, and lack of education motivation. The study further showed that the effects of adolescent pregnancy on families included: financial strain, managing extended family, health complications, and lack of education, emotional distress and early marriage. It was also evident that, guidance and counselling, provision of entrepreneurship and other skills training were part of the efforts to reduce adolescent pregnancy. From these findings the researcher would like to recommend the following: 1 that more programs that can help reduce adolescent pregnancies be implemented in low income high density communities. Some of these programs can include the ones already highlighted in the findings such as guidance and counselling, entrepreneurship and skills training and health care counselling.

The second recommendation is to implement a program that may involve role models from the community that have finished schools to motivate the girl children to finish school and give benefits of why the girls can delay pregnancy, finish school and thereafter get married.

**Key Words:** *Effect, Pregnant adolescent, family, compound*

## TABLE OF CONTENT

<b>COPYRIGHT .....</b>	<b>i</b>
<b>DECLARATION.....</b>	<b>ii</b>
<b>APPROVAL .....</b>	<b>iii</b>
<b>DEDICATION.....</b>	<b>iv</b>
<b>ACKNOWLEDGEMENT .....</b>	<b>v</b>
<b>ABSTRACT.....</b>	<b>vi</b>
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>x</b>
<b>DEFINITION OF OPERATION TERMS .....</b>	<b>xi</b>
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.1 Overview .....	1
1.2 Background .....	1
1.3 Statement of the Problem .....	3
1.4 Purpose.....	4
1.5 Objectives.....	4
1.6 Research Questions .....	4
1.7 Significance Of The Study .....	4
1.8 Delimitations .....	5
1.9 Limitations .....	5
1.10 Theoretical Framework .....	5
1.10 Summary of Chapter .....	7
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>8</b>
2.1 Overview.....	<b>8</b>
2.2 Summary of Chapter .....	17

<b>CHAPTER THREE: METHODOLOGY .....</b>	<b>18</b>
3.1 Overview .....	18
3.2 Research Design.....	18
3.3 Population.....	18
3.4 Sample.....	19
3.5 Sampling Technique.....	19
3.6 Research Instruments .....	19
3.7 Data Collection.....	20
3.8 Data Processing and Analysis .....	20
3.9 Ethical Consideration .....	21
<b>CHAPTER FOUR: PRESENTATION OF FINDINGS.....</b>	<b>22</b>
4.1 Overview .....	22
4.2 Emerging Themes .....	22
4.3 SUMMARY OF THE CHAPTER.....	28
<b>CHAPTER FIVE: DISCUSSION OF FINDINGS.....</b>	<b>29</b>
5.1 Overview .....	29
5.2 Causes of Adolescent Pregnancy In Ng’ombe Compound .....	29
5.3 Effects on Families of the Pregnant Adolescent In Ng’ombe Compound .....	31
5.4 Efforts Being Made to Reduce on Adolescent Pregnancies In Ng’ombe Compound ...	33
5.5 Summary of the Chapter .....	33
<b>CHAPTER SIX: CONCLUSION AND RECOMMENDATION.....</b>	<b>35</b>
6.1 Overview .....	35
6.2 Conclusion.....	35
6.3 Recommendations .....	36
6.4 Future Research.....	36

<b>REFERENCES.....</b>	<b>38</b>
<b>APPENDICES.....</b>	<b>42</b>
APPENDIX I: INTERVIEW GUIDE FOR THE ADOLESCENTS .....	42
APPENDIX II: FOCUS GROUP DISCUSSION GUIDE FOR THE PARENTS .....	43

## **ACRONYMS AND ABBREVIATIONS**

<b>WHO</b>	World Health Organization
<b>MOH</b>	Ministry of Health
<b>PN</b>	Parent Number
<b>PADN</b>	Pregnant Adolescent Number
<b>COVID 19</b>	Corona Virus Disease of 2019
<b>UNFPA</b>	United Nations Fund For Population Activities

## DEFINITION OF OPERATION TERMS

**Effects** - something that happens as a result of a particular action or set of conditions (Longman dictionary)

**Adolescence** – is a phase of life stretching from childhood to adulthood between the ages of 10 and 19 (Sawyer S & et.al 2018)

**Pregnancy** – is the period in which a fetus develops inside a woman's womb or uterus. (Eunice Kennedy Shriver National Institute of child health & human development 2017)

**Family** – is an intimate domestic group of people related to one another by bonds of blood, sexual mating or legal ties. (The sociological definition of family – UK essays 2017)

**Ng'ombe compound** – is a high density low income community in Lusaka (healthy learners 2019)

# CHAPTER ONE: INTRODUCTION

## 1.1 Overview

This study was on adolescent pregnancy and its effects on the family in a Ng'ombe Compound in Lusaka. This chapter is divided into background, statement of the problem, aim or purpose, objectives, research questions, significance of the study, theoretical framework, limitations of the study plus delimitations of the study and definitions of operation terms.

## 1.2 Background

The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. (WHO 2019) Adolescence is a period of preparation for adulthood during which several key development experiences occur. Globally, adolescents represent a major demographic and socio-economic force. Currently, adolescents are estimated at one fifth (or 20%) of the world's population and form a major proportion of the socially, economically and sexually active population. Eighty-eight percent (88%) of the world's adolescents live in developing countries, and Sub-Saharan Africa is home to 18% of these adolescents. Due to the major biological and psychological transformations associated with this age group, adolescents are significantly exposed to risky behaviours with high consequences on their immediate and long-term health and socio-economic lives. (WHO 2019)

According to WHO about 17 million adolescent girls give birth every year and most of these births occur in low- and middle-income countries. Adolescent health and development are of global concern. The need to prevent early pregnancy among adolescent girls in Sub-Saharan Africa has been recognized increasingly over recent years. African countries lead the world in teen pregnancies: With Niger on the top list of 203.604 births per 100,000 teenage women. Mali follows with 175.4438, Angola (166.6028), Mozambique (142.5334), Guinea (141.6722), Chad (137.173), Malawi (136.972), and Cote d'Ivoire (135.464). (Yakubu Ibrahim et.al 2018). Zambia is the 3rd highest in Sub-Sahara Africa in teen pregnancies with 45% of women aged 25-

49 years having been married by the age of 18 and 143 per 1000 15-19 year old girls falling pregnant before the age of 18. (SDG, 2019).

Adolescent girls continue to experience the disproportionately high burden of sexual and reproductive ill health, particularly in Sub-Saharan Africa. High adolescent pregnancies with adverse health and social consequences are urgent problems facing low- and middle-income countries (Yakubu Ibrahim et.al 2018). Many adolescents are not yet physically ready for pregnancy or childbirth, and are therefore more vulnerable to complications. Additionally, adolescents who become pregnant tend to be from lower-income households, and many are nutritionally depleted, increasing the risks associated with pregnancy and childbearing. Health problems are even more likely if a girl becomes pregnant too soon after reaching puberty. In low- and middle-income countries, the risk of maternal death for girls under age 15 is higher than for women in their twenties. Additionally, adolescent pregnancy takes an enormous toll on a girl's education and income-earning potential. Many girls who become pregnant are pressured or forced to drop out of school. Girls not in school are also more likely to become pregnant. Leaving school jeopardizes a girl's future economic prospects and excludes her from other opportunities in life. (UNFPA 2017).

In Zambia, adolescents account for over a quarter (approximately 25.2%) of the total population. Zambia 2010 census of population and housing national analytical report (2012). Research reveals that adolescents in the lowest wealth quintiles are more likely to become pregnant than those in the highest wealth quintiles. Statistics show that almost half of girls aged 15–19 (45%) in the lowest wealth quintile have ever been pregnant compared with 10% in the highest wealth quintile. (Population Council, UNFPA, and Government of the Republic of Zambia. 2017).

Some of the reasons attributed to more adolescent pregnancies in the lowest wealth quintiles than the highest wealth quintiles include lack of motivation for the adolescents in the lowest wealth quintiles on delaying childbearing because for them adolescent child bearing makes little difference in determining long-term success (Furstenberg, 1998 quoted in World Health Organization 2017). Additionally, the low socioeconomic status of their parents makes adolescents vulnerable to unintended pregnancies since the means to afford basic needs, and sometimes contraceptives is a challenge. As such some adults take advantage of this situation to provide basic needs to unsuspecting adolescents and engage in sexual relationships with them.

Further, in the communities of the lowest wealth quintiles there are inappropriate modes of recreation in the form of unmonitored nightclubs where adolescents are exposed to drinking, drug abuse and mixed-sex partying. (Yakubu Ibrahim et.al 2018) Additionally, girls in these communities are under pressure to marry and bear children early. At least 39% of girls marry before they are 18 years of age and 12% before the age of 15. Girls choose to become pregnant because they have limited educational and employment prospects. And often, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available. (World Health Organization 2017). Based on this background there was need to carry out a research on the effects of adolescent pregnancy on families.

### **1.3 Statement of the Problem**

Adolescent girls have the right to education, health, dignity, nondiscrimination and quality of life. Protecting, promoting, and fulfilling these rights is necessary to ensure that girls grow into healthy, skilled, productive, independent, and responsible adults however studies reveal that there is a high prevalence of adolescent pregnancy which undermines girls' human rights and compromises their opportunity to fully realize their socioeconomic development potential (Population Council, UNFPA, and Government of the Republic of Zambia. 2017). Economic opportunities are limited to adolescents who could not complete school because of unintended pregnancies. This could be the beginning of a poverty cycle in families (Yakubu Ibrahim et.al 2018)

In Zambia, adolescent birth rates remain high. According to the Zambia Demographic Health Survey (ZDHS) reports, 31.6% of girls aged 15-19 years had already had a birth or were pregnant with their first child compared with 27.9% in 2007 and 29.0% in 2013/14. The rates are even higher among the 19-year-olds at 56.8%, 54.3%, and 58.9%. Mazaba (2017).

Research continues to confirm particularly, the long-term consequences on pregnant adolescent families which include among others lowered educational achievement, medical complications, higher subsequent fertility, low labor force participation, reduced earnings, a lifetime of economic stress and limited opportunity, and marital failure. Pecoraro, Robichaux, Theoriot (1987).

Teenage pregnancy is one of those life events that few families anticipate, and the effects of adolescent pregnancy reach well beyond the young mother's life, impacting the lives of other family members. The child is regarded as an unexpected, but welcome, addition, the emotional, economic and social ramifications of teenage pregnancy can affect the entire family in significant and life altering ways. Ezell, Teressa (2020). Despite having all these studies done, it was not clear on how adolescent pregnancies affected the families thereby raising the question, what are the effects of adolescent pregnancies on families in Zambia? The study therefore sought to investigate the effects of adolescent pregnancies on selected families in a named compound of Lusaka, Zambia

#### **1.4 Purpose**

The purpose of this research was to investigate the effects of adolescent pregnancy on the family in Ng'ombe compound in Zambia.

#### **1.5 Objectives**

1.5.1 To explore the causes of adolescent pregnancy in Ng'ombe compound?

1.5.2 To examine the effects on families of the pregnant adolescent in Ng'ombe compound?

1.5.3 To establish the efforts being made to reduce on adolescent pregnancies in Ng'ombe compound?

#### **1.6 Research Questions**

1.6.1 What are the causes of adolescent pregnancy in Ng'ombe compound?

1.6.2 What are the effects on families of the presence of pregnant adolescent in Ng'ombe compound?

1.6.3 What efforts are being made to reduce on adolescent pregnancies in Ng'ombe compound?

#### **1.7 Significance of the Study**

This research was significant because it was hoped that the research results would provide in-depth understanding and awareness on the effects of adolescent pregnancy on families in

Ng'ombe compound. This information would contribute to the knowledge about adolescent pregnancy in Zambia. It was hoped that this information would be used by adolescent policy makers on what policies would be ideal for pregnant adolescents and their families. It was also hoped that this information would highlight more research gaps which would provide for further research on pregnant adolescents and their families in Zambia.

### **1.8 Delimitations**

For the delimitation of the study, the choice of participants by the researcher were pregnant adolescents and family members. The pregnant adolescent girls were chosen for this study because they are the main purpose for this study and because adolescents are young and vulnerable and usually face several challenges as they grow from childhood to adulthood with adolescent pregnancy being one such challenges. Additionally research has shown that there is a high rate of adolescent pregnancy especially in low economic areas. The family members were also chosen to participate in this study because unplanned adolescent pregnancy affects families. Research has shown that adolescent pregnancy adversely affects families. Further, the researcher chose Ng'ombe compound because it is a high density low income community and research has shown that adolescent pregnancies are higher in low income communities.

### **1.9 Limitations**

This study was carried out in Ng'ombe compound therefore the findings of the study could not be generalized to the entire population of Zambia because the study was conducted in a specific location using purposive sampling. Further, the study only specifically looked at the effects of adolescent pregnancy on the family and not any other aspects of adolescent pregnancy which maybe vital to adolescent pregnancy. For example, the effects of adolescent pregnancy on the boy or man's family. As such the findings of the study were limited only to the contributing of knowledge to the effects of pregnant adolescent's families in Ng'ombe compound.

### **1.10 Theoretical Framework**

In this study the effects of adolescent pregnancy on the family was established. It was anticipated that the outcome of the study would reduce adolescent pregnancy and in turn reduce the effects

of adolescent pregnancy on families. The theoretical framework that was applied to this study was the Developmental Assets or Resiliency Theory. This theory has shifted away from viewing youths as “problems” that must be “fixed” or “repaired.” Instead, this theory views the youths as positive assets and resources that either reside within young people themselves, or views youths as positive change agents. The developmental assets paradigm incorporates youth service as a key element in prevention planning. The theory represents a compelling argument that teenagers who participate in socially useful tasks become healthy adults and show positive results in self-esteem and moral development, even among those raised in adverse environments. This links with pregnancy prevention in that it encourages young people to focus on positive assets, such as education, and therefore to protect themselves from pregnancy risks. Brindis, et.al (2005)

Developmental Assets/Resiliency Theory can be divided into two primary dimensions: external assets and internal assets. External assets are the factors that surround adolescents with the support, empowerment, boundaries, expectations, and opportunities that guide them to make sensible choices and behave in healthy ways. These assets can be provided by various people and social institutions, including families, friends, neighbors, schools, and faith and community organizations. Positive support, communication, monitoring, mentoring, discipline and involvement represent a sample of the kinds of assets that various people and institutions can offer to young people. Internal assets are defined as values, skills, and self-perception. They are assets that must be taught, encouraged, and nurtured so that teenagers can learn to guide their behaviors and choices in positive, self-nurturing ways. They include a commitment to learning, positive personal and social values, social competence, and a positive social identity. Some specific examples of internal assets include a motivation to achieve, educational aspirations, caring about themselves and others, honesty, a sense of responsibility, self-restraint, a desire for non-violent conflict resolution, respect for and familiarity with other cultures, and a sense of purpose. All these assets represent qualities that are desirable if teenagers are to be convinced that avoiding too-early childbearing is in both their short- and long-term self-interest.

This model stresses that families, businesses, peers, education and health institutions, community-based organizations, and the faith community must work together to foster the positive personal and social development of young people. Also important is the availability of community services, activities, support programs, and opportunities for youth development

which foster a greater sense of “connectedness” between adolescents and adults in the community. The pregnancy prevention community models that employ a variety of concurrent strategies for example the Children’s Home Society or Carrera Model draw upon various community resources to develop and reinforce the inherent assets of teenagers. This “social inoculation” approach attempts to prevent vulnerability to an unintended pregnancy. By marshaling the resources of teenagers and their families, as well as the faith, school, and business sectors of the community, more adolescents can be supported in their efforts to act in a personally responsible manner. The goal is to help young people become capable of being responsible not only to themselves, but to a community that demonstrates it cares about their welfare as well. Brindis C. et.al (2005)

This theoretical framework is ideal for the study because this study is about adolescents and the effects of families. This theoretical framework looks at adolescents and families and how families and communities can support adolescents to avoid adolescent pregnancy.

### **1.11 Summary of Chapter**

In chapter 1 the paper looked at the background, statement of the problem, aim or purpose, research questions, objectives, significance of the study, theoretical framework, limitations of the study plus delimitations of the study and definitions of operation terms.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Overview

In this chapter various sources of literature were reviewed in line with the research in order to highlight what other researchers had found and what other authors had written which was important for the research. It is through this literature review that the research gaps were established.

According to Ganchimeg et. al (2014) adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10–19. According to World Health Organization (2017) it is reported that globally, around 1 in 6 people are adolescents and almost one-tenth of all births are to women below 20 years old of which more than 90% of such births occur in developing countries.

There is several research that had been conducted that can highlight what the causes of adolescent pregnancy are. Some of these research include the following: Research had revealed that adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. (Furstenberg, 1998 quoted in World Health Organization 2017)

Further, World Health Organization (2018) states that in some developing countries, adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptives based on age or marital status. Plus there is health worker bias and or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of lack of knowledge, transportation, and financial constraints. Additionally, adolescents face barriers that prevent use and or consistent and correct use of contraception. Even when adolescents are able to obtain contraceptives they face stigma surrounding non-marital sexual activity and or contraceptive use. Adolescents also fear side effects of contraceptives, lack knowledge on correct use and other factors which include among other things discontinuation of use plus hesitation to go back and seek contraceptives because of negative first experiences with health workers and health systems, changing reproductive needs and changing reproductive intentions.

On the other hand The United Nations Fund For Population Activities (UNFPA, 2015) reports that in some developing countries there is inaccessibility of contraceptive services, unfavorable attitude of the community towards the adolescent contraceptive use, poor knowledge of adolescents sexual reproductive health issues and widespread sexual violence. Additionally, the World Health Organization; 2017 reports that in many countries, including the United States of America, unmarried adolescents meet considerable resistance to obtaining reliable contraception, because the availability of contraception is wrongly believed to induce adolescents to have sex.

Additionally, peer pressure was identified as one of the causes of adolescent pregnancy. And according to Joar Svanemyr (2020) when he asked the participants about the reasons why girls in their communities get pregnant, informants referred to norms of ‘being under pressure from friends’, or ‘being influenced by friends’. He further stated that according to participants, pressure from peers is generally not directly about dating boys and having sex, but rather about accessing certain commodities that boyfriends can pay for. These include basic things, such as snacks to bring to school, lotions or washing powder for clothes, or more rarely, expensive items, such as mobile phones or fashionable clothes. However such associations then led to sexual activities which then resulted in adolescent pregnancy.

Further, lack of motivation for the adolescents to delay childbearing because for them adolescent child bearing makes little difference in determining long-term success (Furstenberg, 1998 quoted in World Health Organization 2017). This report stated that Girls choose to become pregnant because they had limited educational and employment prospects and often, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available.

Additionally, the low socioeconomic status of their parents made adolescents vulnerable to unintended pregnancies they were not able to afford basic needs. Some adults would take advantage of this situation to provide basic needs to unsuspecting adolescents and engage in sexual relationships with them. World Health Organization (2018). These findings agreed with Kabwe (2018) who reported that one of the determinants of early pregnancies was the low income families find themselves in. Their children become vulnerable to abuse in an attempt to find money to run homes

Further, inappropriate modes of recreation in the form of unmonitored nightclubs where adolescents are exposed to drinking, drug abuse and mixed-sex partying. (Yakubu Ibrahim et.al 2018)

Additionally, other studies showed that girls were under pressure to marry and bear children early. Like Anitha Menons studies which showed that teenage pregnancy appeared as a driver of child marriage. The baseline data showed that 71.1% of the pregnancies occurred before or in the same year as the marriage. About half of the female respondents (46%) reported pregnancy as a common cause of child marriage.

There are some effects of adolescent pregnancy on families some of which research has been done and these include the following: Adolescents also experience health complications which include among others anemia, pre-eclampsia and sexually transmitted infections such as HIV. According to World Health Organization; 2017 there are nutritional deficiencies which are usually related to social and environmental circumstances which affect children and adolescents most, and as adolescents often also have inadequate antenatal care and therefore cannot take advantage of iron or folate tablets and malaria treatment they are more at risk of anaemia in the postpartum period aggravated by the effect of maternal blood loss during labour and may increase the risk of puerperal infection. World Health Organization 2018 also reported that adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years. And although pre-eclampsia does not occur more often in young adolescents per se they are at risk of pre-eclampsia because they are more usually prim gravidae. (World Health Organization 2017).

Adolescent pregnancy remains a major contributor to maternal and child mortality, and to intergenerational cycles of ill-health and poverty. Pregnancy and childbirth complications are the leading cause of death among 15 to 19 year-old girls globally, with low and middle-income countries accounting for 99% of global maternal deaths of women ages 15 to 49 years World Health Organization (2018).

With regards to education, school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage. An estimated 5% to 33% of girls' ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage. World Health Organization (2018). As such adolescent pregnancies may result in lower education attainment, fewer skills and lack of employment opportunities as a result there is perpetuating cycles of poverty in the communities. Nationally, this can also have an economic cost, with countries losing out on the annual income that young women would have earned over their lifetimes, if they had not had early pregnancies. World Health Organization (2018) quotes Buvinic (1998) in the studies done in Latin America that described adolescent motherhood as being associated with adverse socioeconomic conditions and poor earning opportunities for the adolescent mother. In Mexico 26% of the adolescent mothers surveyed lived in poverty, compared with only 4% of adult mothers. Mothers who had their first child with a 17-year-old or younger biological father were twice as likely to be poor than were mothers who had their first child with older biological fathers. Adolescent mothers originating from poor families were especially affected by these adverse socioeconomic circumstances, and thus early childbearing seemed to entrench the poverty of low-income women. The vicious circle of poverty for themselves and their children begins with early child bearing among poor adolescents. World Health Organization (2018).

Various studies have shown that one of the determinants of poverty may be the fact that in many countries adolescent childbearing is associated with the premature termination of education, for instance in the Middle East and North Africa (Özcebe & Akin, 1995), sub-Saharan Africa (Zabin & Kiragu, 1998) and Latin America (Buvinic, 1998). Further studies had also shown that it is not only in developing countries that adolescent childbearing predisposes to long-term social economic problems. Otterblad Olausson et al. (2001) carried out a follow-up study of women who gave birth in Sweden from 1941–1970. They compared those who were adolescents at the time of their first birth with women who were 20–30 years. Adolescent mothers had significantly increased odds of each unfavourable socioeconomic outcome in later life. For example, adolescent motherhood was positively associated with low educational attainment, with single living arrangements, with high parity, with collecting a disability pension and with welfare dependency. The analysis supports the view that childbearing during adolescence poses a risk for

social economic disadvantage in later life, even for adolescents from relatively comfortable backgrounds and for those who studied beyond elementary school. In the USA, Hofferth et al. (2001) also found that adolescent childbearing had a negative effect on future education. (WHO 2018).

Further, one of the main problems confronting the young adolescent girl in the postpartum period is sex and the possible prevention of future pregnancies. The lack of motivation to further delay child bearing combined with difficulties in obtaining contraceptives often results in unprotected intercourse and repeat pregnancies. In the USA, repeat pregnancy rates in adolescents of 30–50% within 24 months of delivery have been reported. WHO 2018 quoted Matsuhashi, 1989, which showed that early childbearing is not associated with negative effects on future marital prospects, even though much of the adolescent childbearing took place outside of marriage. Childbearing among adolescents was, however, associated with higher levels of subsequent childbearing. Younger adolescent mothers had a shorter period of time until their next pregnancy, and they also had more future births than adolescent mothers aged 18 and 19 years.

Further, adolescents are relatively often confronted with the birth of a preterm and or low-birth-weight infant. Infants born at a gestational age less than 33 weeks and with birth weights less than 1500 g are especially at increased risk of dying or of serious morbidity. In developed countries these infants are frequently cared for in neonatal intensive-care units, an expensive form of health care not generally available in developing countries where a preterm infant may need to be taken home requiring extra care and attention. For the young mothers the confrontation with a dying or seriously ill infant is a stressful and distressing experience. (World Health Organization 2017)

Neonatal tetanus is a serious infection only occurring in low and middle income regions where basic hygienic measures during and after delivery are neglected or unknown, and where the immunization coverage of young women is still inadequate. Prevention is achieved by clean delivery, together with the immunization of children, pregnant women and women of childbearing age (WHO, 1998b quoted by World Health Organization 2017). However, adolescents may not have been immunized adequately, and if they find themselves to be pregnant they may not seek ante natal care. Thus they may not be protected at the time they give

birth. Moreover, they may not give birth at all, but go to an abortionist and have an unsafe abortion. Then they are at risk of tetanus infection themselves. (World Health Organization 2017). Additionally, some 3.9 million unsafe abortions among girls aged 15 to 19 years occur each year, contributing to maternal mortality and lasting health problems.

Despite becoming mothers, adolescents are still willing to take risks. They do not understand the need for caution in pregnancy, childbirth and child care. They also do not show interest towards safety and health advice. Some adolescent mothers struggled between personal need and child care, this resulted in a negligence by the adolescent for themselves and for their child Mangeli et. al. (2017)

Human breast milk is the optimal food for newborn infants. In developing countries artificial feeding is associated with a much higher infant morbidity and mortality than breastfeeding primarily caused by infections and malnutrition (Feachem & Koblinsky, 1984; Habicht et al., 1986; Victora et al., 1986). But in developed countries too there is ample evidence of the advantage of breastfeeding, especially in the prevention of infectious diseases (Howie et al., 1990; Wilson et al., 1998). There is little knowledge of breastfeeding practices among young adolescent mothers; in the USA, Jolly et al. (2000) found that mothers under 18 years old breastfed their infants considerably less than older mothers. In case of HIV infection a difficult dilemma exists, because breastfeeding may transmit the virus to the infant. (World Health Organization 2017).

In the Latin American studies described by Buvinic (1998) the nutritional status of the children 4–10 years after their birth from an adolescent mother was investigated. Children of younger mothers had a significantly poorer nutritional status than children of older mothers. This relative disadvantage was also found in the child's psychosocial development: children of adolescent mothers had lower scores on a language-development test and their mothers more frequently reported behavioural problems. These differences were only apparent in the children of poor adolescents, and not in those born to adolescent mothers who were categorized as “non-poor”. Thus the condition of the children of adolescents was directly related to the adverse socioeconomic situation of their mothers. (World Health Organization 2017).

Mangeli. et. al. (2017) reports that early motherhood has significantly affected not only adolescent girls, but also their partners, family, school and the society at large. The report further states that transition to motherhood requires physical, psychological, social and cognitive preparedness; but adolescent mothers are not ready to becoming mothers because they endure maternal role and developmental tasks of adolescence simultaneously. Adolescent mothers must adapt with adulthood social roles, physical changes of puberty, significant brain development, and nurturing of an infant.

Most adolescent mothers expressed increasing responsibility as one of the main challenges and described it as several responsibilities, lack of time and energy, and restriction on spending for self-interests. Most adolescent mothers needed to receive support because they were faced with new roles, increased responsibilities, health problems, rising costs, and knowledge deficit. Adolescent mothers were dependent on others and expected their mothers, other family members, friends and school training teams to support them in their role as mothers. The study conducted among Iranian adolescents revealed that the challenges faced by pregnant adolescents included increasing burden of responsibility, experiencing physical problems, receiving insufficient support, inefficiency in maternal role, emotional and mental distress, and role conflict. Pregnant adolescents reported that it was difficult for adolescent mothers to meet the multiple needs of their own and the child, do housekeeping, go to school, and be present in the community alongside friends. Pregnant adolescents reported fatigue and inability to cope with the new role plus inability to establish a good interaction with friends, continue their education and be employed Mangeli et. al. (2017)

Williamson et al (2013) believed that adolescent mothers are not ready for motherhood. This report stated that there is low commitment, inability to change life styles, low accountability, lack of confidence, and dependence on others that showed that adolescent mothers are unprepared for the maternal role.

Many adolescent mothers had a knowledge deficit and their information was not enough to take responsibility of maternal and child care. Adolescent mothers showed limited skill in relation to motherhood including prenatal care, breast-feeding, caring for children. Adolescent mothers stated that accepting the role of motherhood is associated with emotional and mental distress

such as fear and worry, regret and frustration, guilt and shame, depression, and disruption in relationship with partners. Fear and worry was mainly derived from incompetence to accept the responsibilities of motherhood. Adolescent mothers also worried about difficult situations in pregnancy and childbirth which were caused by insufficient physical maturity. The regret was associated with unwanted pregnancy, problems related to pregnancy and motherhood, and loss of previous desired position. Incompetence in performing the maternal role developed a sense of guilt and self-blame. Some adolescent mothers experienced depression, particularly in the postpartum period. Emotional and physical changes of adolescent mothers led to tension and disruption of relationship with partner and family. Mangeli et. al. (2017) .World Health Organization (2018) also reported that unmarried pregnant adolescents sometimes faced stigma or rejection by parents and peers and threats of violence within marriage or a partnership.

Further, it is reported that early motherhood causes numerous conflicts in adolescent mothers such as conflict of maternal and student role, and conflict of maternal and adolescent role. Pregnancy and child care results in the inability of adolescent mothers to studying and are eventually deprived of education. Mangeli. et. al. (2017). They adolescents were wandering between two worlds. One of these was the conflict between motherhood and being a student. School rules were in conflict with the tasks of motherhood that created a conflict between childcare and meeting the expectations of school. Barmao-Kiptanui et al (2015) stated that childcare prevented adolescents from going to school and sometimes they are forced to drop out of school.

Early motherhood was also in conflict with the special features of adolescence. Although in some cases adolescent mothers tended to be independent they had to receive help from others to perform motherhood roles. This causes conflict between independence and dependence in adolescents. Mangeli et. al. (2017). They were interested in independence and self-centeredness but in order to meet the child's needs they had to rely on others. For example, adolescents, although they had become mothers tended to take risks and were not interested in cautious handling of themselves and their children. Bah (2016) showed that adolescent mothers experienced serious conflicts between motherhood- image and Self-image. Many adolescent mothers did not pay attention to prenatal care and referred less to health centers. This caused low

birth weight, iron deficiency anemia and dystocia. It was also noted that high-risk behaviors such as substance abuse and smoking was also higher among adolescents (. Mangeli et. al. (2017)

And most adolescent mothers were willing to continue their relationship with their friends, but after becoming mothers they lost the opportunity of being with friends. Childcare had deprived them of fun with friends and peers. Mangeli et. al. (2017)

The study of Pogoy (2014) showed that most of adolescent mothers acknowledged that they are not able to perform proper care of the child independently, had knowledge deficit and little or no skills of adolescent pregnancy and birth, postpartum care, breastfeeding, maternal and child health, child care, contraception, diet, infection control, drug treatment, physical activity, sex, health behaviors, and support resources. Mangeli. et. al. (2017)

In Mangeli. et. al. 2017 report participants also had experienced physical challenges. Physical problems that have been caused by pregnancy, childbirth and breastfeeding which made difficult the maternal role for adolescent mothers. Several studies also showed that physical problems are higher in adolescent mothers.

Additionally, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available. (World Health Organization 2017). Therefore adolescents once pregnant then get married.

There is several research and literature on what efforts are being made to reduce adolescent pregnancy and some of this research and literature include the following: According to World Health Organization (WHO) studies conducted in developing countries Mexico and Nigeria and among poorer socio-economic communities in developed countries, there was evidence of reduction in adolescent pregnancy among adolescent girls that were exposed to interventions that included sexuality education, cash transfer schemes, early childhood education and youth development, as well as life skills development. One study showed a reduction in repeat pregnancies as a result of an intervention that included home visits for social support. Further, World Health Organization recommends that in order to prevent early pregnancy, curriculum-based sexuality education must be widely implemented and these programmes must develop life skills, provide support to deal with thoughts, feelings and experiences that accompany sexual

maturity and be linked to contraceptive counseling and services. Plus families and communities must be engaged and involved in efforts to prevent early pregnancies and sexually transmitted infections, including HIV. World Health Organization (2012)

According to Florence Undiyaundeye (2015) Studies have revealed that adolescents become sexually active at an early age with responding high number of teenage pregnancy in the world today. Her study concluded that teenage pregnancy affects the educational, traditional, economic, psychological and personal social attainment of teenage girls. According to Florence Undiyaundeye the multiple levels of predisposing factors of teenage pregnancy, single intervention strategies by single sectors will not solve teenage pregnancy but that what is required is a comprehensive approach that can incorporate the home, the school, the community, the healthcare setting as well as change at the structural level. It is in line with the recommendation that the researcher identified a research gap to conduct a research that looks at families (homes) and how adolescent pregnancy affects families. It is hoped that the findings to this research will contribute to the knowledge of a comprehensive approach that will mitigate adolescent pregnancy challenges.

## **2.2 Summary of Chapter**

In this chapter various sources of literature were reviewed in line with the research. This literature highlighted what other researchers had found written about adolescent pregnancy. It is through this literature reviewed that the research gaps were established.

## **CHAPTER THREE: METHODOLOGY**

### **3.1 Overview**

This chapter looked at the methodology that the researcher used to conduct the research. The methodology included the research design, population, sample, sample technique, research instruments, data collection, data processing and analysis.

### **3.2 Research Design**

A case study research design was used for this research. The researcher chose the case study research design because this design is an appropriate research design when a researcher wants to gain concrete, contextual, in-depth knowledge about a specific real-world subject like in this research topic. It allows for a researcher to explore the key characteristics, meanings, and implications of the case. Case study research design allows for a lot of detail to be collected that would not normally be easily obtained by other research designs. Case studies are often a good choice in a thesis or dissertation. McCombes Shona (2019) It can therefore be said that a case study is appropriate for this research because the research attempted to investigate the effects of pregnant adolescents in real life by highlighting the effects of pregnant adolescents on families.

This research study used a case study research design which was supported by the qualitative method of data collection.

### **3.3 Population**

The population of this research was the community in Ng'ombe compound of Lusaka province in Zambia. This community was used for this research because it is a low income high density community. The target population were pregnant adolescents and their families because these were the people that were able to provide information for the research because they are the ones that the research was about. Research has revealed that there is high adolescent pregnancy in low income high density communities.

### **3.4 Sample**

Most researchers recommended a sample size of either between 5 to 12 or 5 to 25. For this case study 16 participants were engaged broken down to 5 pregnant adolescents and 11 family members (parents) from the pregnant adolescents' family. Only 16 participants were used for this study because saturation had been attained after this sample size. Adding any more participants was not going to result in any additional perspectives or information.

### **3.5 Sampling Technique**

The sampling technique that was used was the non- probability sampling technique namely the purposive sampling. The researcher knew that the population from which the sample was obtained as being a high density low income community which is the community that was relevant for the research. Additionally, the particular characteristics of this population were those that were of interest to best enable the researcher to answer the research question. The reasons why the researcher decided to use the purposive sampling is because the researcher was going to obtain a lot of information about the research problem and also describe the impact of the major findings plus purposive sampling is time and cost effective.

The way the researcher applied purposive sampling for this research is that she approached a church leader of a named church within the community. The church leader was a pastor's wife. She was also a parent to an adolescent who has been pregnant before. This engagement allowed for the identification of pregnant adolescents and their families. This church leader guided the researcher to the relevant households and only the respondents critical to this research were engaged.

### **3.6 Research Instruments**

The research instruments that were used for this research were in- depth interviews and focus group discussion. The researcher chose to use two types of research instruments because it produces better results.

Interviews were used for this research because interviews are designed to collect a richer source of information from a small number of people about attributes, behaviour, preferences, feelings,

attitudes, opinions and knowledge. Further, interviews are most effective for qualitative research because they help the researcher explain, better understand, and explore research subjects, opinions, behavior, experiences and phenomenon. And because interview questions are usually open-ended questions in-depth information is collected. Newman M. Carol (2018).

Focus group discussions were used for this research because it does not discriminate against people who cannot read or write, group promotes security and a safe environment, has the ability to collect rich in-depth data, behaviours and beliefs can be validated and clarified during the discussion and it is cost effective. Then L Karen and Rankin James (2014)

### **3.7 Data Collection**

For the collection of data in-depth interviews and focus group discussions were conducted. Face to face in-depth interviews were conducted to collect data from the 5 pregnant adolescents. And two focus group discussions were held with parents. In one focus group discussion there were 5 parents and in the second focus group discussion there were 6 parents. Detailed written manuscripts plus voice recorder were used to capture all the responses from the participants.

### **3.8 Data Processing and Analysis**

The data collected from the in-depth interviews and focus group discussions was organized by the researcher. The thematic analysis method was used to analyze the data. The thematic analysis method involves 6 steps. And these are the steps the researcher followed to analyze data. The steps the researcher followed where: steps 1, the researcher familiarized herself with the data collected by reading and re-reading the transcripts and listening to the voice recordings. In step 2, the researcher generated initial codes, while in step 3 themes and sub themes were created. Step 4 the researcher reviewed themes and sub themes, step 5 the researcher defined the themes and sub themes and in step 6 researcher reported the findings. The reason the researcher used thematic analysis is because through its theoretical freedom, thematic analysis provides a highly flexible approach that can be modified for the needs of many studies, providing a rich and detailed, yet complex account of data. Loreli,(2017). The findings of the research presented by using illustrative quotes. These illustrative quotes were raw data that was compiled and analyzed according to the emerging themes and sub themes.

### **3.9 Ethical Consideration**

According to Kombo and Tromp (2006) ethical consideration should involve issues such as fully obtaining informed consent from any subject used in the study, explaining the research in advance to the subjects; and ensuring that all subjects participate voluntarily; maintaining confidentiality at all times; and taking all reasonable measures to protect subjects physically and psychologically.

In this study the church leader was explained to why the research was being done and what would be involved. She agreed to the terms of the research. All the other participants were also explained to the purpose of the study. The participants agreed and volunteered to participate in the research. Confidentiality was also practiced during the research.

## **CHAPTER FOUR: PRESENTATION OF FINDINGS**

### **4.1 Overview**

In this chapter the researcher presents her findings based on the research that she carried out in Ng'ombe compound. The findings are arranged according to the set objectives:

4.1.1 What are the causes of adolescent pregnancy in Ng'omb compound?

4.1.2 What are the effects on families of the pregnant adolescent in Ng'ombe compound?

4.1.3 What efforts are being made to reduce on adolescent pregnancies in Ng'ombe compound?

Two focus group discussions were held with the parents and face to face one on one in depth interviews were held with the pregnant adolescents. Of the two focus group discussions, one group had 5 parents and the 2<sup>nd</sup> group had 6 parents. And 5 in-depth face to face interviews were held with the adolescents. Each respondent was given an identification code from 1 depending on the order of response from first to last response. For the parents the codes were PN1 to PN16 (PN: Parent Number) and for adolescents the response codes were PADN 1 to PADN 5 (PADN: Pregnant Adolescent Number).

The thematic process of analyzing the data was employed where the questions in the interview guide were formulated from the objective questions of the research. These questions were open ended hence the researcher had the liberty of probing further for clarification to questions. The researcher followed the 6 steps in thematic analyses by first and foremost familiarizing herself with the data collected by reading and re-reading the transcripts and listening to the voice recordings, secondly generating initial codes, 3<sup>rd</sup>ly searching and creating themes and sub themes fourthly, reviewing themes and sub themes, fifthly, defining the themes and sub themes and lastly reporting the findings

### **4.2 Emerging Themes**

The thematic analysis conducted yielded 14 themes and 4 sub themes, with 7 themes and 2 subthemes under research question 1, 4 themes and 2 subthemes under research question 2 and 3 themes under research question 3. All these themes and subthemes are discussed from the two

categories of participants of the research namely the pregnant adolescent and the parents. These discussions were also aligned to the research questions and discussed in detail in this chapter.

#### **4.2.1 Emerging themes under question 1: What are the causes of adolescent pregnancy in Ng'ombe compound?**

For this question there were 7 emerging themes and 2 sub themes and these are discussed as follows:

##### **4.2.1.1 Poverty**

This theme revealed that there was poverty in families in Ng'ombe compound. It was also evident from the study that poverty in families contributed to adolescents falling pregnant in an attempt to contribute to family income as evidenced by

One of the respondents who stated that *Dad died when I was young and mum was not able to support us. I've been in and out of school due to financial challenges (PADN3)*

Another respondent stated *due to financial challenges sometimes we were unable to take our daughter to school and when she fell pregnant we couldn't take her back to school but instead used our available resources to educate her siblings and raise her child (PN4)*

The findings agree with Kabwe (2018) who reported that one of the determinants of early pregnancies was the low income families find themselves in. Their children become vulnerable to abuse in an attempt to find money to run homes.

##### **4.2.1.2 Admiring marriage and wanting to get married and have children**

This theme revealed that adolescents admired marriage and so they wanted to get married and have children.

One respondent stated *my daughter admired and desired marriage at a young age (PN4)*

Another respondent stated *my daughter admired having children like her fellow peers (PN6)*

On this issue the World Health Organization (2017) report stated that Girls choose to become pregnant because they have limited educational and employment prospects. Often, in such

societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available.

#### **4.2.1.3 Lack of beneficial recreation facilities**

This theme revealed that there were no beneficial recreation facilities in the named compound. Instead there were other facilities that were not beneficial to adolescents for example unrestricted bars

One of the parents stated that *there are so many bars with no age restrictions because these bars are only interested in making profits (PNI)*

These findings showed adherence to (Yakubu Ibrahim et.al 2018) who stated that these areas (high density low income areas) have inappropriate modes of recreation in the form of unmonitored nightclubs where they are exposed to drinking, drug abuse or mixed-sex partying.

#### **4.2.1.4 Culture**

This theme revealed that Zambia has a strong culture which has a lot of teaching to mold adolescents' lives however, the following subthemes were revealed

##### **4.2.1.4.1. Refusing to adhere to elderly people's advice**

This sub theme revealed that adolescent nowadays do not listen to elders' advice

One respondent stated *sometimes I have advised young people on the type of dressing that they are adopting and the response I get is you are not my mother. In the olden days it didn't matter whether one was an adolescent's mother or not, advice was given and taken by the young people but young people of nowadays refuse to be advised. (PNI)*

Another respondent stated *I wish I had listened to my parents' advice I would not have been in this marriage where I am totaling dependent on my husband and failing to fend for my child and I (PADN5)*

##### **4.2.1.4.2 Following other cultures**

This sub theme revealed that there is exposure to different cultures and how the other people behave through technology like social media, internet and television

One respondent stated that *adolescents are exposed to uncensored information via latest technology. I was surprised to see my niece wanting to practice admiring a boy after watching a said movie (PN2)*

#### **4.2.1.5 Peer Pressure**

This theme revealed that adolescents were exposed to bad advice from their peers

One respondent stated *I listened to what my friends were saying about their boyfriends and what their boyfriends were doing for them (PADN4)*

#### **4.2.1.6 Lack of education motivation**

This theme revealed that adolescents do not have education motivators because even in their own families their siblings and parents are not educated

One respondent stated *even us as parents are not educated, this status is passed on to our children (PADN1)*

Another respondent stated *how can our children gain education where here at home we are not educated? (PADN 10)*

#### **4.2.1.7 COVID 19**

This theme revealed that during the period that the adolescents were home for COVID 19 health measures, there was a lot of idle time. Adolescents in the said compound were mingling as a result there were a lot of adolescent pregnancies

One respondent stated *COVID 19 has also contributed to adolescent pregnancy because the girls had nothing to do (PN2)*

Another respondent stated *that we have seen a rise in adolescent pregnancies in our community during the COVID 19 period because schools had closed (PN11)*

#### **4.2.2 Emerging themes under Question 2: What are the effects on families of the pregnant adolescent in Ng'ombe compound?**

For question 2 there are 4 emerging themes and 2 sub themes discussed as follows:

#### **4.2.2.1 Financial strain**

This theme has two sub themes namely managing extended family and health complications

##### **4.2.2.1.1 Managing extended family**

This theme revealed that the family becomes an extended family by the inclusion of a child and or a spouse.

One respondent stated *it is financially straining because I not only have to look after my daughter and her siblings but my daughters' child as well. And there is no financial support coming from the child's father. I also help in the daily care of her baby PN16*

##### **4.2.2.1.2 Health complications.**

This theme revealed that adolescent pregnancies can result in health complication leading to a strain on the already limited resources for the family.

One the respondent stated that *I had no blood when I delivered (PADN2)*

These findings showed adherence to World Health Organization (2017) study which stated that *as a result of pregnancy, adolescents also experience health complications which include among others anemia, pre-eclampsia and sexually transmitted infections such as HIV*

##### **4.2.2.2 Lack of education**

The theme revealed that most adolescent girls once pregnant leave school and never return to school hence lose out on education leading to low literacy levels among adolescents and continued low level education for families

One respondent said *I have not gone back to school (PADN4) and another respondent said I do not even know how to read and write. I do not have any formal education (PADN3)*

These findings showed adherence to World Health Organization (2018) study which stated that an estimated 5% to 33% of girls' ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage.

#### **4.2.2.3 Emotional distress**

This theme revealed that families get emotionally disturbed when an adolescent falls pregnant and fails to finish school

One respondent stated *I did everything I could as a parent I advised her and even beat her but she got pregnant. I was hurt (P15)*

#### **4.2.2.4 Early marriage**

This theme revealed that there were early marriages in families

One of the respondent's stated *when I got pregnant I was taken to my boyfriend's house and married off (PADN2)*

Another respondent stated *when I discovered I was pregnant I ran away from home and got married to my boyfriend*

These findings showed adherence to Menon J. Anitha et. al (2016) whose report findings were that *teenage pregnancy appeared as a driver of child marriage. The baseline data show that 71.1% of the pregnancies occurred before or in the same year as the marriage.*

**4.2.3** Emerging themes in Question 3: What efforts are being made to reduce on adolescent pregnancies in Ng'ombe compound?

There are 3 themes that have emerged and are discussed as follows:

#### **4.2.3.1 Through guidance and counselling**

This theme revealed that there are some guidance and counselling programs in schools and churches where some efforts are being made are to sensitize families and adolescents on dangers of early pregnancies

One of the respondents stated *as a church we hold sensitization seminars for young people twice a year where they are taught what the word of God says about sex plus benefits of education and respecting parents and elders and how to live life (PN4).*

#### **4.2.3.2 Provision of entrepreneurship and other skills training**

This theme revealed that there are some organizations in the community that provide entrepreneurship and other skills training to adolescent girls who become mothers as a result of pregnancies such as is the case with the Chikumbuso and Dreams. One parent emphasized that such programs are good and should be promoted. The respondent stated that *adolescents should be trained in entrepreneurship skills and training like what Chikumbuso offers not for the girls just being in the kitchen (PN2)*.

In support of this finding, another respondents stated *that at the dreams centers: they offer skills learning opportunities for skills like tailoring, baking, plaiting and more. They also offer vocational training and savings group to help young people start business*

#### **4.2.3.3 Counselling Services.**

This theme revealed that regular counselling services available helps to reduce on adolescent pregnancies. One respondent *stated that at the health care center they offer various types of health care counselling services to meet the needs of the young adolescents who seek health care counselling services (PN11)*

### **4.3 SUMMARY OF THE CHAPTER**

This chapter highlighted the findings on the ground by discussing the emerging themes and sub themes and aligning them to literature revealed. The emerging themes for what causes adolescent pregnancy in Ng'ombe compound included poverty, admiring children and wanting to get married and have children, lack of beneficial recreation facilities, culture, peer pressure, lack of education motivation and COVID 19. The sub themes under culture were adolescents refusing to adhere to elderly people's advice and adolescents following other people's culture. The emerging themes on the effects on families of the pregnant adolescent included financial strain, lack of education, emotional distress and early marriage. And sub themes under financial strain were managing extended family and health complications. The emerging themes on efforts being made to reduce adolescent pregnancies were guidance and counselling, provision of entrepreneurship and skills training and counselling services.

## **CHAPTER FIVE: DISCUSSION OF FINDINGS**

### **5.1 Overview**

This chapter specifically analyses, and discusses the findings in relation to the objectives. This research has 3 objectives namely: 1. explore the causes of adolescent pregnancy in Ng'ombe compound. 2. examine the effects on families of the pregnant adolescent in Ng'ombe compound and 3. establish the efforts being made to reduce on adolescent pregnancies in Ng'ombe compound. These objectives attempted to answer the question what are the effects of adolescent pregnancies on families in Ng'ombe compound? The discussion was done under headings drawn from the objectives, the theoretical framework and literature reviewed.

### **5.2 Causes of Adolescent Pregnancy In Ng'ombe Compound**

The findings of this study revealed that there were many causes of adolescent pregnancy. It was established that poverty in families contributed to adolescents falling pregnant in an attempt to contribute to family income. The findings agree with Kabwe (2018) who reported that one of the determinants of early pregnancies was the low income families find themselves in. Their children become vulnerable to abuse in an attempt to find money to run homes. Furstenberg, 1998 quoted in World Health Organization 2017 also confirmed that adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities.

Another cause of adolescent pregnancy revealed during the research was that adolescents admired marriage and so they wanted to get married and have children. These findings agree with the World Health Organization (2017) whose report stated that girls choose to become pregnant because they have limited educational and employment prospects. Often, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available. Additionally, another study by Dr J. Anitha Menons is in agreement with this research finding because the study showed that teenage pregnancy appeared as a driver of child marriage. The baseline data showed that 71.1% of the pregnancies occurred before or in the same year as the marriage and about half of the female respondents (46%) reported pregnancy as a common cause of child marriage.

Lack of beneficial recreation facilities was also revealed as a cause of adolescent pregnancy in the study. These findings agreed with (Yakubu Ibrahim et.al 2018) who stated that these areas (high density low income areas) have inappropriate modes of recreation in the form of unmonitored nightclubs where they are exposed to drinking, drug abuse or mixed-sex partying.

Another cause to adolescent pregnancy revealed in the study was culture and how that adolescent nowadays do not listen to elders' advice and how adolescents of nowadays are exposed to different cultures behaviour through technology like social media, internet and television. This revelation is in agreement with the National Assembly on School based Health Care 2020 which states that teens are barraged by television shows, films, songs, and advertising in which sex has little meaning, unplanned pregnancy seldom happens, and sexual partners are rarely married, let alone committed to each other. Sexual themes permeate the pictures and plot lines. Teens or adolescents may spend more time in the presence of these messages than in the presence of alternative messages thus affecting their culture values.

The research revealed that adolescents were exposed to bad advice from their peers and this was also identified as a cause to adolescent pregnancy. This finding agreed with the research done by Joar Svanemyr (2020) where he stated that according to participants, pressure from peers is generally not directly about dating boys and having sex, but rather about accessing certain commodities that boyfriends can pay for. These include basic things, such as snacks to bring to school, lotions or washing powder for clothes, or more rarely, expensive items, such as mobile phones or fashionable clothes. However such associations then led to sexual activities which then resulted in adolescent pregnancy.

Another cause to adolescent pregnancy revealed in the study was that adolescents do not have education motivators. This revelation agreed with a recommendation that career development will also be a priority for helping teenagers to make the transition from adolescent to economic independence which can be in hand to reduce the number of unwanted pregnancy in the society. Health measures as a result of COVID 19 (Corona Virus Disease of 2019) was also revealed as a cause to adolescent pregnancy. This revelation is in line with the World vision 2020 report which states that complications from teenage pregnancy and childbirth are the leading cause of death of

girls aged 15 to 19 years worldwide and World Vision estimates that as many as one million girls across sub Saharan Africa may be blocked from returning to school due to pregnancy during COVID-19 school closures.

### **5.3 Effects on Families of the Pregnant Adolescent In Ng'ombe Compound**

The findings of this study also revealed that there were a number of effects on families of the pregnant adolescent. Some of the effects that were revealed during the study were financial strain which was further exacerbated by the managing of extended family brought about by the additional baby and sometimes additional spouse. Health complications also further strained the family finances. This finding was in agreement with the World Health Organization (2017) study which stated that as a result of pregnancy, adolescents also experience health complications which include among others anemia, pre-eclampsia and sexually transmitted infections such as HIV. Additionally, there are nutritional deficiencies which are usually related to social and environmental circumstances which affect children and adolescents most, and as adolescents often also have inadequate antenatal care and therefore cannot take advantage of iron or folate tablets and malaria treatment they are more at risk of anemia in the postpartum period aggravated by the effect of maternal blood loss during labour and this may increase the risk of puerperal infection. World Health Organization 2018 also reported that adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years.

Another effect of adolescent pregnancy on the families that was revealed during the study was that girls once pregnant leave school and never return to school hence lose out on education leading to low literacy levels among adolescents and continued low level education for families. These findings agreed to World Health Organization (2018) study which stated that an estimated 5% to 33% of girls' ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage. Additionally, World Health Organization (2018) reported that school-leaving can be a choice when a girl perceives pregnancy to be a better option in her circumstances than continuing education, or can be a direct cause of pregnancy or early marriage. As such adolescent pregnancies resulted in lower education attainment, fewer skills and lack of employment opportunities as a result there is perpetuating cycles of poverty in the communities. Nationally, this can also have an economic effect, with countries losing out on the

annual income that young women would have earned over their lifetimes, if they had not had early pregnancies. Additionally, girls dropping out of school meant that the families and communities continued to live in poverty. The World Health Organization (2018) quotes Buvinic (1998) in the studies done in Latin America that described adolescent motherhood as being associated with adverse socioeconomic conditions and poor earning opportunities for the adolescent mother. In Mexico 26% of the adolescent mothers surveyed lived in poverty, compared with only 4% of adult mothers. Mothers who had their first child with a 17-year-old or younger biological father were twice as likely to be poor than were mothers who had their first child with older biological fathers. Adolescent mothers originating from poor families were especially affected by these adverse socioeconomic circumstances, and thus early childbearing seemed to entrench the poverty of low-income women. The vicious circle of poverty for themselves and their children begins with early child bearing among poor adolescents. World Health Organization (2018).

Another effect of adolescent pregnancy on the families that was revealed during the study was that families get emotionally disturbed when an adolescent falls pregnant and fails to finish school. This finding agreed with Mangeli et. al. (2017) who stated that adolescent mothers said that accepting the role of motherhood is associated with emotional and mental distress such as fear and worry, regret and frustration, guilt and shame, depression, and disruption in relationship with partners. Additionally, some adolescent mothers experienced depression, particularly in the postpartum period. Emotional and physical changes of adolescent mothers led to tension and disruption of relationship with partner and family. World Health Organization (2018) also reported that unmarried pregnant adolescents sometimes faced stigma or rejection by parents and peers and threats of violence within marriage or a partnership

Early marriages in families is another effect of adolescent pregnancy on the families that was revealed during the study. These findings were in agreement to Menon J. Anitha et. al (2016) whose report findings were that teenage pregnancy appeared as a driver of child marriage. The baseline data show that 71.1% of the pregnancies occurred before or in the same year as the marriage.

## **5.4 Efforts Being Made to Reduce on Adolescent Pregnancies In Ng'ombe Compound**

The findings of this study also revealed that there were a number of efforts that were being made to reduce adolescent pregnancy. Some of these efforts revealed in the study were the offering of some guidance and counselling programs in schools and churches sensitizing families and adolescents on dangers of early pregnancies. This revelation is in agreement with studies conducted in developing countries Mexico and Nigeria and among poorer socio-economic communities in developed countries where there was evidence of reduction in adolescent pregnancy among adolescent girls that were exposed to interventions that included sexuality education, cash transfer schemes, early childhood education and youth development, as well as life skills development. World Health Organization (2012). Additionally, National Assembly on School based Health Care 2020 states that in schools, community centers, and houses of worship, teachers and other practitioners have developed a broad range of education programs to teach young people of all ages to avoid too-early pregnancy. These programs come in many different varieties, but they are generally described in terms of their emphasis on abstinence or sexuality education. Most of these programs focus on delaying sexual activity.

Another effort that was revealed was the offering of entrepreneurship and other skills training to adolescents. This revelation was in agreement with National Assembly on School based Health Care 2020 which stated that in addition to skill-building and access to contraception programs the teens need to develop their talents and interests and pursue long-term goals.

Another effort that was revealed was the availability of counselling services and particularly health counselling services. This revelation was in agreement with World Health Organization (2012) recommendation that in order to prevent early pregnancy, curriculum-based sexuality education must be widely implemented and these programs must develop life skills, provide support to deal with thoughts, feelings and experiences that accompany sexual maturity and be linked to contraceptive counseling and services.

## **5.5 Summary of the Chapter**

In line with the theoretical framework the findings are in agreement with the theoretical framework which represents a compelling argument that teenagers who participate in socially

useful tasks become healthy adults and show positive results in self-esteem and moral development, even among those raised in adverse environments. Some of these tasks may include entrepreneurial and skills training plus attending counselling which have been revealed in the findings of the study. This links with pregnancy prevention in that it encourages young people to focus on positive assets, such as education, and therefore to protect themselves from pregnancy risks. Brindis, et.al (2005)

In summary this chapter has discussed the findings under headings drawn from the objectives, the theoretical framework and literature reviewed.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATION**

### **6.1 Overview**

In this chapter, an attempt is made to provide a conclusion and recommendations regarding the study.

### **6.2 Conclusion**

In conclusion the research revealed that some of the causes of adolescent pregnancy in Ng'ombe compound included poverty, admiring children and wanting to get married and have children, lack of beneficial recreation facilities, culture, peer pressure, lack of education motivation and COVID 19. Further the refusal by adolescents to adhere to elderly people's advice and adolescents following other people's culture was also a cause to adolescent pregnancy. This research also revealed that the effects on families of the pregnant adolescent included financial strain, lack of education, emotional distress and early marriage plus financial strain in managing extended family and financial challenges on how families can cope with health complications that come with adolescent pregnancy. The research also revealed that efforts to reduce adolescent pregnancies were guidance and counselling, provision of entrepreneurship and skills training and counselling services.

It can be concluded from the findings that there are a number of causes for adolescent pregnancy which results in some challenges for the adolescent, the families and the community. In Ng'ombe compound as revealed in the research there are some remedies that are being implemented which can help reduce adolescent pregnancies. And since the effects of adolescent pregnancy affects the pregnant adolescent, the families, communities and the nation as a whole it would be prudent to increase programs that can reduce adolescent pregnancies.

The theoretical framework used was ideal for this study because the study has shown that adolescents can be helped and adolescent pregnancy reduced. As explained in the theoretical framework used assets can be provided by various people and social institutions, including families, friends, neighbors, schools, and faith and community organizations. Positive support, communication, monitoring, mentoring, discipline and involvement represent a sample of the kinds of assets that various people and institutions can offer to young people.

## **6.3 Recommendations**

### **6.3.1 Enhance adolescent pregnancy prevention programs**

The researcher would recommend that more programs that can help reduce adolescent pregnancies be implemented in low income high density communities. Some of these programs can include the ones already highlighted in the findings such as guidance and counselling, entrepreneurship and skills training and health care counselling.

### **6.3.2 Role Models**

Another program that can be included may involve role models from the community that have finished schools to motivate the girl children to finish school and give benefits of why the girls can delay pregnancy, finish school and thereafter get married. From the findings it was evident that the parents stated that they themselves are not educated hence there are no role models to which the girls can look up to emulate.

### **6.3.3 Sponsorship**

In addition the researcher would recommend more girl child education sponsorship because from the findings some girls were out of school due to lack of finances.

## **6.4 Future Research**

### **6.4.1 Biological father's age and its effects on pregnant adolescent and her family**

Literature revealed that mothers who had their first child with a 17-year-old or younger biological father were twice as likely to be poor than were mothers who had their first child with older biological fathers. Research can be conducted on how age of the biological father of the adolescent's child affects the pregnant adolescent and her family.

#### **6.4.2 How COVID caused an increase in adolescent pregnancies**

From 2019 the world has been experiencing a pandemic of a coronavirus disease which causes severe acute respiratory syndrome which in some cases causes death. It is in this light that countries have been going on either partial or total lock down. In 2020, schools in Zambia were closed for an indefinite period. During this period there was a raise in adolescent pregnancies. The researcher would recommend for research to be done on how COVID 19 affected adolescents falling pregnant in the high density low income communities

## REFERENCES

Blum, R. W., Astone, N. M., Decker, M. R., & Mouli, V. C. (2014). *A conceptual framework for early adolescence: a platform for research*. International journal of adolescent medicine and health, Volume 26 No3, pp 321–331. doi:10.1515/ijamh-2013-0327.

Brindis, C.D., Sattley, D., Mamo, L. (2005). *From Theory to Action: Frameworks for Implementing Community-Wide Adolescent Pregnancy Prevention Strategies*. University of California, San Francisco. United States of America. Retrieved from the website on 10<sup>th</sup> October, 2020.

[https://intranet.bixbycenter.ucsf.edu/publications/files/Brindis\\_FromTheoryToAction\\_2005.pdf](https://intranet.bixbycenter.ucsf.edu/publications/files/Brindis_FromTheoryToAction_2005.pdf)

Then L Karen and Rankin James (2014) Focus group research: what it is and how it can be used? *Canadian Journal of Cardiovascular nursing*. No 24 Vol 1. Pages 16-22. Retrieved from the website on 20<sup>th</sup> October, 2020.

[https://www.researchgate.net/publication/261065206\\_Focus\\_group\\_research\\_what\\_is\\_it\\_and\\_how\\_can\\_it\\_be\\_used](https://www.researchgate.net/publication/261065206_Focus_group_research_what_is_it_and_how_can_it_be_used)

Eunice Kennedy Shriver National Institute of child health & human development Healthy pregnancies. *Healthy children. Healthy and optimal lives* (2017) Retrieved from the website on 9<sup>th</sup> December 2019. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo>

Ezell. R. Teresa (2020). *The effect of teenage pregnancy on the family*. Retrieved from the website on 1<sup>st</sup> November 2020. <https://oureverydaylife.com/poor-relationships-affect-family-12300111.html>

Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, (2014). *Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multicountry study*. Retrieved from the website on 11<sup>th</sup> December 2019. <https://doi.org/10.1111/1471-0528.12630>

Healthy Learners (2019) Retrieved from the website on 5<sup>th</sup> December 2019. <https://www.healthylearners.org/>

Joar Svanemyr (2020) *Adolescent pregnancy and social norms in Zambia, Culture, Health & Sexuality*. Volume 22 article 6 pages 615-629. Retrieved from the website on 1<sup>st</sup> October, 2020. <https://www.tandfonline.com/doi/full/10.1080/13691058.2019.1621379>

Longman dictionary. Retrieved from the website on 9<sup>th</sup> December 2019. <https://www.ldoceonline.com/dictionary/consequence>

Mangeli M, Rayyani M, Cheraghi MA, Tirgari B. (2017) *Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study in Kerman, Iran*. Volume 11 Number 3 pp. 165-73.

Mazaba ML. (2017). *Teenage Pregnancy – A thorny sexual and reproductive health issue of public health concern*. Health Press Zambia Bull. Zambia. Retrieved from the website on 31<sup>st</sup> October, 2020. <http://znphi.co.zm/thehealthpress/teenage-pregnancy-a-thorny-sexual-and-reproductive-health-issue-of-public-health-concern/>

McCombes Shona (2019) *How to do a case study*. Retrieved from the website on 20<sup>th</sup> October, 2020. <https://www.scribbr.com/methodology/case-study/>

Menon J. Anitha, Mwaba Sidney O.C, Kusanthan T, Zuleta MD Ingrid, Kok C. Maryse (2016), *Gaining insight into the magnitude of and factors influencing child marriage and teenage pregnancy in Zambia*. Retrieved from the website on 1<sup>st</sup> October, 2020. <https://www.kit.nl/wp-content/uploads/2018/10/Baseline-report-Zambia-Yes-I-Do.pdf>

Muchengweta, David. D Chakuchichi, Auxilia. M. Budza (2016) *Introduction to Advanced Research Methods & Statistics*. The Zimbabwe Open University. Harare. Zimbabwe

Newman M. Carol (2018). *Research Methods Guide: Interview Research*. Retrieved from the website on 31<sup>st</sup> October 2020. <https://guides.lib.vt.edu/researchmethods/interviews>

Nowell S. Loreli, Norris M. Jim, White. E. Deborah and Moules J. Nancy (2017). *Thematic Analysis: Striving to Meet the Trustworthiness Criteria*. Volume 16 No 1. Retrieved from the website on 1<sup>st</sup> November 2020.

<https://journals.sagepub.com/doi/full/10.1177/1609406917733847>

Pecoraro A.G, Robichaux F.B, Theoriot J.G (1987). *Teen Pregnancy: Effect on family well-being*. Pubmed. Retrieved from the website on 31<sup>st</sup> October, 2020. <https://pubmed.ncbi.nlm.nih.gov/12268855/>

Population Council, UNFPA, and Government of the Republic of Zambia. (2017). “*Adolescent Pregnancy in Zambia*.” Lusaka, Zambia. Retrieved from the website 5<sup>th</sup> December 2019. [https://www.popcouncil.org/uploads/pdfs/2017RH\\_AdolPregnancyZambia\\_brief.pdf](https://www.popcouncil.org/uploads/pdfs/2017RH_AdolPregnancyZambia_brief.pdf)

Sawyer S.M, Azzopardi P.S, Wickremarathne D, Patton G. C (2018), *The Lancet Child and Adolescent health, the age of adolescence* Vol.2 No.3. PP223 to 228. Retrieved from the website on 5<sup>th</sup> December 2019. [https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642\(18\)30022-1.pdf](https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642(18)30022-1.pdf)

SDG (2019) *Preventing teenage pregnancies in Zambia*. Retrieved from the website on 1<sup>st</sup> November 2020. <https://www.sdghilanthropy.org/Norwegian-Church-Aid-Case-Study>

The United Nations Fund for Population Activities UNFPA. (2015) *Girlhood not motherhood. Preventing adolescent pregnancy*. NewYork: United States of America

The United Nations Fund for Population Activities UNFPA. (2017). *What we do: Adolescent pregnancy*. Retrieved from the website on 1<sup>st</sup> November 2020. <https://www.unfpa.org/adolescent-pregnancy>

*The sociological definition of family – United Kingdom Essays* (2017). Retrieved from the website on 5<sup>th</sup> December 2019. <https://www.ukessays.com>

Wayne W. LaMorte (2019), *Behavioural Change Models*. Boston University School of Public Health. Retrieved from the website on 5<sup>th</sup> January 2020. <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories5.html>

World Health Organization (2012). *Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents In Developing Countries: What The Evidence Says*. Retrieved from the website on 8<sup>th</sup> October, 2020. [https://www.who.int/maternal\\_child\\_adolescent/documents/preventing\\_early\\_pregnancy\\_brief.pdf](https://www.who.int/maternal_child_adolescent/documents/preventing_early_pregnancy_brief.pdf)

World Health Organization. (2017) *Adolescents: Health Risks and Solutions*. Geneva: World Health Organization; 2017. Retrieved from the website on 9th December 2019: <http://www.who.int/mediacentre/factsheets/fs345/en/>

World Health Organization (2018). *Adolescent pregnancy fact sheet*. Retrieved from the website on 8<sup>th</sup> December 2019. <http://www.who.int/mediacentre/factsheets/fs364/en/>

World Health Organization regional office for South-East Asia (2019). Retrieved from the website on 21<sup>st</sup> November 2019. <https://www.who.int/southeastasia/health-topics/adolescent-health>

World Vision (2020). COVID-19 Aftershocks: Access denied: *Teenage pregnancy threatens to block a million girls across sub-Saharan Africa from returning to school*. Retrieved from the website on 1<sup>st</sup> November, 2020. <https://reliefweb.int/report/world/covid-19-aftershocks-access-denied-teenage-pregnancy-threatens-block-million-girls>

Yakubu Ibrahim and Salisu Waliu Jawula (2018). *Determinants of Adolescent Pregnancy in Sub-Saharan Africa: A Systematic Review*. Reproductive health article 15. Retrieved from the website on 14<sup>th</sup> January 2020. <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0460-4#citeas>

National Assembly on school based health care (2020). *Promising approaches to prevent teen pregnancy*. Retrieved from the website on 1<sup>st</sup> November, 2020. <https://aspe.hhs.gov/system/files/pdf/174176/pch1.pdf>

## APPENDICES

### APPENDIX I: INTERVIEW GUIDE FOR THE ADOLESCENTS

1. Name
2. Age
3. When did you fall pregnant
4. Are you in school
5. Who is the father of the child
6. What do you think caused the pregnancy
7. How has that affected you?
  - Physically?
  - Health?
  - Economically?
  - Family?
  - Peers?
  - School?
  - Community?
8. Any knowledge of efforts being made to reduce adolescent pregnancy

## **APPENDIX II: FOCUS GROUP DISCUSSION GUIDE FOR THE PARENTS**

1. What causes adolescent pregnancy
2. Do they agree or disagree with what the girl says
3. What do you think are the effects on the pregnant adolescents family
4. What efforts are being made to reduce the adolescent pregnancy
5. Is it working if yes how if no why?
6. Recommendations on how to reduce adolescent pregnancy