

JOURNAL
MANAGEMENT OF PREGNANCIES AGAINST TEENAGERS (15 -18 YEARS)
EDUCATIONAL DEVELOPMENT

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Abstract; Around the world, teenager's pregnancies are more likely to occur in marginalized communities, normally driven by poverty, lack of education and employment opportunities. The aim of this study is to explain how adolescent pregnancies are a global problem that occurs in high, middle and low income countries. On the other hand, some adolescents, pregnancy and childbirth are planned for and wanted it that way. In some contexts, many girls face social pressure to marry and once married to have children, each year about 15 million girls are married before the age of 18year and 90% of births to girls aged 15 to 18 year occur within marriage.

KEY WORDS

Teenager, Adolescents, guidance, Society, Socialization, consequences, relationship, Pregnancies, health, Management, Education, Development

INTRODUCTION/BACKGROUND

Teenage pregnancy is a universal social and educational concern in developed, developing and underdeveloped countries. Frank, (2005) affirmed that teenage pregnancies is not a new phenomenon, but it is surprising that in the era of sexual literacy and availability of contraception, teenage pregnancy is still a major problem throughout the world. Panday, et al (2009). adds that many countries continue to experience a high prevalence of teenage pregnancy regardless of the implementation

of intervention strategies to reduce teenage pregnancy, such as sex education in schools and community awareness programmes.

Adolescent pregnancies are a global problem that occurs in high, middle and low income countries. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. Management is needed so as put some control measures against teenage pregnancies scourge and encourages education which will see them out of poverty and illiteracy. Therefore, Management is said to be the planning, organizing, directing, implementation, selection and evaluation for the management of pregnancies against teenager's education development.

Covey (2004), defined management as the exercise of influence drawn from recognized authority to achieve given objectives. This entails that management is the provision of intellectual, physical and socio-attention to control an undertaking or happenings in order to achieve desired goals. Thus management of a girl child's development is referred to the planning, organizing, implementation, monitoring and control of the vice of teenage pregnancies using all forms of resources provided by stakeholders. Therefore, management is the key to the protection of a girl child from the scourge of early pregnancies.

For some adolescents, pregnancy and childbirth are planned and wanted. In some contexts, according to World Health Organisation (WHO) (2016) confirmed that many girls face social pressure to marry and once married to have children, each year about 15 million girls are married before the age of 18years old and 90% of births to girls aged 15 to 18 year occur within marriage.

For many adolescents, pregnancies and childbirth are neither planned nor wanted. Twenty- three million (23,000,000) girls aged 15 to 18 years in developing regions have an unmet need for contraception. As a result, half of pregnancies among girls aged 15 to 18 years in developing regions are estimated to be unintended.

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or mental status, health worker bias and / or lack of willingness to acknowledge adolescents' sexual health needs and teenagers' own inability to access contraceptive because of knowledge, transportation and financial constraints.

In some situations, teenager girls may be unable to refuse unwanted sex or resist coerced sex, which tends to be unprotected. Sexual violence is widespread and particularly affects adolescents' girls. About 20% of girls around the world experience sexual abuse as children and adolescents. Inequitable gender norms and social norms

that condone violence against women put girls at greater risk of unintended pregnancy.

Teenage pregnancy remains a worldwide public concern. It has been persistently high in sub-Saharan Africa. The object of this review is to identify factors influencing adolescence pregnancies in order to design appropriate intervention programs.

According to WHO (2016) 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 the adolescent girls in sub-Saharan Africa has been recognized increasingly over recent years.

Teenage pregnancy has been a major interference to the educational achievement of female learners. Pretorius (2019) states that teenage pregnancies among school-going learners have grown at an alarming rate and are a serious concern in South African society. While Lince, (2011) explained that in South Africa, approximately 30% of teenagers have been pregnant and the majority of the pregnancies were unplanned. In addition, the Department of Basic Education (DoE) recorded 20 000 learners who were pregnant in 2014. Primary school girls are adding to the problem of pregnancy among school girls, with the Ministry stated that 223 of pregnant girls came from primary schools. The higher rates of teenage pregnancy tend to be concentrated in inner

cities and are linked to poverty. According to Mashaba (2015) adds that teenage pregnancies have negatively affected the learners, the schools, the families, the community and society or regional as a whole in the sense that there is a likelihood of poor academic performance by most of the pregnant learners due to anxiety and fear for rejection by parents or their boyfriends. Most of the young people scoring below average on measures of educational achievement at ages 7 and 16 years in Africa have been found to be at significantly increased risk of becoming teenage parents, especially those whose performance declines between these ages.

The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of education. Letsoalo et al (2009) states that the Department alone cannot solve the issue, hence, there is a great need for collaboration from different role players and not be limiting to the parental involvement alone, but all the stake holders and there should be a mind-set change in communities to voice out all concerns and take a stand against teenage pregnancy in safe guard a girl child.

The continuing of experiencing the high burden of sexual and reproductive illnesses on the part of a teenage girl particularly in Zambia. High teenage pregnancies with adverse health and social consequences are urgent problems facing low and middle

RESEARCH AREA VIEW

income countries, Zambia inclusive. Teenagers are likely to have complications of pregnancies including unsafe abortion and more likely to become young mothers a second time. Their infants are also more likely to be born premature and to die in prenatal period. Babies born to teenage mothers faces a substantially higher risk of dying than those born from mothers who are 20 to 24. They are at risk of malnutrition, low mental and physical development inappropriate social connection with parents and poor education.

Ministry of General Education (MoGE) and Ministry of Health (MoH) and other Line ministry in fight against teenage pregnancy have released a variety of policies, guidelines and booklets regarding the measures for the prevention and management of learner pregnancy (MPMLP). However, despite the emphasis on education, care and support for learners who are pregnant, there are concerns about the conflicting government policies and the contradictions and confusion that arose from the community when counselling and providing information and other services rendered to school going children by different role players. In addition, Shefer et al (2012:19) argue that “The legislative environment is not an automatic driver of gender equality in schools”. One of the interventions is a radical strategy to make

condoms available to children and their educators.

According to census of population summary report of Zambia, (2010), the major factors associated with teenage pregnancies in Phiri and Sons compound in Mumbwa are; exposure to sexual intercourse at an early stage, early marriages, culture beliefs, religious beliefs, gender, poor social and economic support, curiosity and peer pressure, lack of comprehensive sexuality education, poor reproductive health service provision, poor attitude of health workers to providing contraceptive services to teenagers and barriers to contraceptive use among them. While in developed countries however, teenage pregnancy is most often unintentional and due to a variety of different reasons, for instance; drug and alcohol, low socio – economic status and peer pressure and sexual abuse.

DRUG AND ALCOHOL

During adolescents, teenagers may drink and experiment with drugs frequently with their friend’s social gathering and parties. Teens, however, do not realize the impact of alcohol and drugs have on the functional of their brain, especially the effect of binge drinking which is consuming large amount of alcohol during one sitting. Drinking excessively as well as experimenting drugs may lead to unwanted unintentional pregnancy. These

substances greatly affect teen's ability to logically think and carry out general thinking process, thus increase the chances they will engage in unprotected and unsafe sexual activity.

LOW SOCIO –ECONOMIC STATUS

Teens which become pregnant often come from families of low socio economics status. Grouping up, these children often come from families who are suffering from poverty and do not have all the necessary resource to arise their child. These children grow up to have low educational goals and sense because of the lack of involvement from their own parents. These young kids then are predisposed to negative environment ending up with less ambition to succeed in school and begin making friendships with other teens that are going through similar situation as them. It is these groups of teens who begin to experiment with drugs and alcohol and do not vary well in school.

Low socio economic status is further linked to low levels of family connectedness. This means that children or youth growing up in these homes do not have strong role model or individual to look up to or learn from. Within these low socio economic status families, abuse is often prevalent and predisposes youth to unsafe and troubling conditions. Whether the child is being abused or witnessing domestic abuse, adolescents are being separated and disconnected from their families which might lead to poor decision

making. This lack of family connectedness pushes youth away from confiding in the adults within their homes toward other troubled youth suffering in the same way.

PEER PRESSURE AND SEXUAL ABUSE

Peer pressure is another major cause of sexual abuse, often females maybe pressured or forced by an older male partner to engage in sexual activity. These young females out of fear may feel forced to engage in unprotected sex without a choice.

Peer pressure may also be prevalent in a different form while in relationship teenagers may be pressured by their partners to have unsafe and unprotected sex in order to express their love and true feelings for their partners. The partners may manipulate the other to have unprotected sex which leads to unintended pregnancy.

Sexual abuse is also another reason why teens may become pregnant. Early sexual abuse has been linked to later teen's pregnancies. Some children have unfortunately been prior to entering puberty. These young kids inform a trusted adult about the situation due to fear being harmed by the predator. These situations, further affect the child as they enter adolescence and increase chance of teen pregnancy.

STATEMENT OF THE PROBLEM

In some cultures, customs and traditions lead to early marriage which would therefore lead

to early pregnancy. In these cases, pregnancy is acceptable and is most often intentionally however they occur in developing countries such as India and Saharan African. Panday et al (2009) explains that management of pregnancies against teenager's (15 -18 years) educational development has continued to be a challenge in that many countries have continue to experience a high prevalence of teenage pregnancy regardless of the implementation of intervention strategies to reduce teenage pregnancy, such as sex education in schools and community awareness programmes. However, the rate at which girls are getting impregnated in primary and secondary schools as well as the society at large is alarming, hence, this study. The main purpose of this study was to get an in-depth understanding of the perceptions of educators about the general influence of teenage pregnancy on education, but with a specific focus on school performance, school attendance and the emotional behaviour of pregnant teenage girls.

GENERAL OBJECTIVE

The aim of the study is to investigate management of teenage pregnancies against educational development.

SPECIFIC OBJECTIVES

- To find out the root cause of teenage pregnancies among girls.

- To state the consequences of unplanned teenage pregnancies among girls.
- To explore community's reaction towards the increase of unplanned teenage pregnancies among girls.

RESEARCH QUESTIONS

- What is the root cause of the unplanned teenage pregnancies among girls?
- What are the consequences of unplanned teenage pregnancies among girls?
- What is the reaction of the community towards the increase of unplanned teenage pregnancies among girls?

LITERATURE REVIEW

Teenage pregnancy refers to female adolescents becoming pregnant between the ages of 13 to 18. These young females have not yet reached adulthood and most of the teenagers who are pregnant, their pregnancies were unplanned for. The causes of teenage pregnancy vary greatly in that Teenage pregnancies maybe linked to things such as lack of education and information about reproductive, peer pressure, poverty and early engagement in sexual activities. Although some teenage pregnancies are intentional, the majorities of them are unintentional and lead to many negative outcomes for the teenage pregnancy, the child as well as the family.

Teenage mothers generally do not have resources to care for a child and often they are not able to sustain health habits throughout pregnancy to ensure they have a healthy baby. A number of scholars have written on management of pregnancies against teenager's educational development at International (global), Africa (regional) and Zambia (local level) in particular Mumbwa District. Reviewing previous studies are vital for the researcher to identify gaps and also acquaint oneself with methodologies that other researchers employed in carrying out their own research.

GLOBAL PERSPECTIVE

Teenage pregnancy has been defined predominantly within the research field and among social agencies as social problem. Poverty is associated with increased rates of teenage pregnancy. Economically poor countries such as Niger and Bangladesh have far more teenage mothers compared with economically rich countries.

In UK, around half of all pregnancies under 18 are concentrated among the 30% of the most deprived population, with only 14% occurring among the 30% least deprived (Davies H.P, 2005). There is little evidence to support common belief that teenage mothers become pregnant to get benefits, welfare and council housing. Most of them knew little about housing or financial aid before they got

pregnant and what they thought they knew often turned out to be wrong.

Women exposed to abuse, domestic violence and family strife in childhood are more likely to become pregnant as teenagers and the risk of becoming pregnant as a teenagers increased with the number of adverse childhood experiences. Wahab, E. O. (2009) states that women who experiences unwanted pregnancy seek to terminate the pregnancy by safe medical means, if possible but often by whatever available. The termination of pregnancies most generally known as "abortion" is a universal phenomenon occurring throughout all levels of societal organization and recorded history. However, these teenage pregnancies could be prevented by eliminating exposure to abuse, violence and family strife. The researcher noted that "family dysfunction has enduring and unfavorable health consequences for women during the adolescents years, childbearing years and beyond. Ayanwale, (2001) explains that adolescents have continued to seek for abortion with unqualified physicians providing the services in private clinics and hospital where in most cases unsafe methods are used resulting to severe health consequences or even death among the adolescents.

When the family environment does not include adverse childhood experience becoming pregnant as an adolescent it does not appear to raise livelihood long - term,

negative psychosocial consequences. Studies have also found that boys raised in homes where they are battered by their mothers or who experienced physical violence directly, is more likely to impregnate a girl.

Studies have also found that girls whose fathers left the family early in their lives have the highest rates of early sexual activity and adolescent pregnancy. According to UNICEF (2002), Girls whose fathers left them at a later age have a lower rate of early sexual activity. The lowest rates are found in girls whose fathers were present throughout their childhood. Even when the researchers took into account other factors that could have contributed to sexual activity and pregnancy, such as behavioral problems and life adversity, early father-absent girls were still about five times more likely in the U.S and three times likely in New Zealand to become pregnant as compared to adolescents than father-present girls.

These young females often do not complete their education and they are being a perpetual cycle in which their children may further go on to become a teenage parents as well. In developed countries however, teenage pregnancy is most often unintentional and due to a variety of different reasons and these are; drugs and alcohol, low socio-economic status, peer pressure, sexual abuse and media influence.

REGIONAL PERSPECTIVE

The highest rate of teenage pregnancy in the world is in Sub-Saharan Africa, where women tend to marry at an early age. In Niger, for example, 87% of women surveyed were married and 53% had given birth to a child before the age of 18. Early marriage sometimes results in an adolescent pregnancy, particular in rural regions where rate is much higher than it is in urbanized areas. Latest data suggests that teenage pregnancy in Africa is high with 62% pregnant teens out of every 1000 women per year (Hodgson J.E 2006).

Teenage pregnancy (with conceptions normally involving girls of 16-18 years old), was far more normal in previous countries and common in developed countries in 20th century. Among Norwegian women born early 1950s, nearly a quarter becomes teenage mothers by the early 1970s (UNICEF 2002). However, the rates have steadily declined throughout developed world since that 20th century peak. Some politicians condemn pregnancy in unmarried teenagers as a drain on taxpayers, since the mothers and children receive welfare payments and social housing from the government. According to UN report, India bears economic losses of \$7.7 billion a year due to teenage pregnancies. It was on these grounds that world leaders came with measures to curb the vice and avoid unnecessary expenditures.

There are so many measures which have been put in place to mitigate the vice. Govender, (2015) explained that the School going children as young as 10 years of age could be offered condoms. This is part of the South African government's attempt to teach sex education in schools. The proposal involves offering male and female pupils condoms from Grades 7 to 12, and younger children in Grades 4 to 6, who would be aged 9 to 12 years, would be given condoms where required. In addition, it is proposed that sexual education for primary and high school pupils be mandatory; mobile clinics will visit schools so that educators and pupils can be tested voluntarily for the human immunodeficiency virus (HIV), sexually transmitted diseases (STDs) and tuberculosis (TB).

The proposed strategies have created a heated debate among churches, parents, schools and children's rights activists in that there are concerns and the contradictions as well as the confusion that arose from the community when counselling and providing information and other services rendered to school going children by different role players. The above intervention raises a moral dilemma about sex and age and can be captured as in questions forms as follows;

1. At what age should one be exposed to sex education or start engaging in sexual intercourse?

2. Does sex education lead to promiscuity?
3. Does exposure to prevention programmes taint the 'innocence' of young pupils?
4. Shouldn't society encourage sexual abstinence rather than prevention?

The high incidence of teenage pregnancy has become a major societal and educational concern, as it seems to perpetuate poverty and low levels of education. Based on the measures for the Education alone, cannot solve the issue; there is a great need for collaboration from different role players; this should include, but not be limited to parental involvement only, there is a need of mind-set change in communities to voice concerns and take a stand against teenage pregnancy. Therefore, measures being enforced by the department of education and other law enforcers will help in management of pregnancies against teenager's educational development and mitigate the scourge.

In relation to schooling and learners' rights to education, these teenage girls are allowed to attend school during the course of their pregnancy and then given a leave after giving birth for a period of one year, then return to school for continuing of their education. Christofides et al (2009), states that though the policy's focus is actually on prevention of teenage pregnancies, it also creates opportunities for young mothers to continue their schooling. Adolescent girls

have a right to education, health, dignity, non-discrimination, and quality of life.

NATIONAL PERSPECTIVE

Zambia and the rest of the countries in the African continent celebrate for Africa freedom day; it is an important day in the liberation of Africa. Young people equally contributed positively along our forefathers in the struggle to ensure the liberation of Africa. The youth took their responsibilities seriously and made immense sacrifice to ensure a better Zambia: sadly this is not the case with some of the young people of the present day. Their priority is to engage in harmful lifestyles such as Prostitution which lead to teenage pregnancies, crime, patronizing drinking places and other harmful practices that eventually impact negatively on their lives such as in the short term and in the future.

Adolescent pregnancy can also have negative social and economic effect on girls, their families and communities. Shoba (2020) discussed that adolescent pregnancies also impact social development and the national economy. Such pregnancies are associated with an increased risk of miscarriages, abortion and other adverse outcomes. Unmarried pregnant adolescents may face stigma or rejection by parents, peers, threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership. With regards to education,

school- leaving can be a choice when a girl perceiving pregnancy to be a better option in her circumstances than continuing education or early marriage. Enon (1998) explained that an estimated 3% to 33% of girls aged 15 to 18 years who drop out of school in Zambia do so because of early pregnancy or marriages. Based on their subsequent lower education attainment due to early pregnancies, teenage mothers may have fewer skills and opportunities for employment, often perpetuating cycles of poverty and child marriage that will ruin their lives. Nationally, this has an economic cost, to the country losing out on the annual income that young women would have earned over their lifetimes, if they had not had early pregnancies.

However, the prevalence of teenage pregnancies in Mumbwa stands in the way against ensuring the rights for girl child are achieved. Therefore, management is the key to the protection of a girl child from the scourge. Covey (2004), defined management as the exercise of influence drawn from recognized authority to achieve given objectives. This entails that management is the provision of intellectual, physical and socio-attention to control an undertaking or happenings in order to achieve desired goals. Thus management of a girl child's development is referred to the planning, organizing, implementation, monitoring and control of the vice of teenage pregnancies

using all forms of resources provided by stakeholders. The objective here is to facilitate for the achievement of eradication of early teenage pregnancies.

CONCLUSION

This chapter looked at what others have written about Teenage Pregnancies and its effects on girl's personal development. The literature reviews include, management of teenage pregnancies against educational development at International (global), Africa (regional) and Zambia (local level). It also considered the cause and consequences of teenage pregnancies with its prevalent effects on girl child s' personal development in Mumbwa District. Further, it also provides the link or a relationship to the study. Maslow's hierarchies of needs will be used to show the motivation behind the perpetrators and victims of girl's defilement. Due to the above stated problems, WHO published guidelines in 2011 with the UN population Fund (UNFPA) on preventing early teenage pregnancies or marriages and reducing poor-reproductive outcomes. Those published documents are being used to facilitate the implementation and prioritization of adolescents' pregnancy prevention in adolescent health, including global standards for adolescent friendly health services and accelerated action for adolescent health guidelines.

METHODOLOGY

Introduction

This section describes the research techniques that were used to collect the required data for this study, research design, area of study, population of study, sample size, selection methods, data collection methods, instruments that were used and explains reasons why they were chosen, research procedure, that is, how this research started and how it ended, it will further describes how data was analysed, interpreted, data quality control , research ethics that was considered when conducting this research. The section at its end highlights limitations that the researcher anticipated during research and shows how they were overcome.

Research Design

The researchers used a Descriptive Survey research design to collect the data from the respondents. The respondent characteristics studied were; attitudes, beliefs, opinions and perceptions. The state of affairs described was as it was at the time of the study. Both qualitative and quantitative descriptive research approaches were used.

Area of Study

The study was carried out in Phiri and Sons compound of District. This area was chosen because it's history of teenage pregnancies. It also the nearest compound to two secondary

schools (Mumbwa Boarding and Kalilwe Day secondary schools) despite the biggest number of school drop outs in the District due to adolescent pregnancy cases.

Population of the Study

The study mainly constituted school going youths, Teachers of Kalilwe Secondary and Primary School, Local Leaders and the community health workers of Bulungu Urban clinic.

Sample Size

A sample size of 20 respondents was selected for the study which comprised of pupils, teachers, local leaders and community health workers and their selection is described below.

Sampling Design and Procedure

Mumbwa, Kalilwe Secondary and primary Schools were purposively chosen because they are the nearest schools to Phiri and Sons. In these institutions, the researcher targeted the top Administrators; Head Teacher, Deputy Teacher, senior teacher of Kalilwe primary school. The Health Workers and Local Leaders were as well purposively selected. When selecting the targeted pupils, a stratified random sampling technique was used. This involved the selection of two classes (grade 8 & grade 9) randomly to represent the entire school and 15 pupils were selected from grade 8 and 15 from grade 9 to make a total of 30 pupils.

Data Collection Methods and Instruments

Source of Data

The researcher gathered data by means of questionnaires and interviews which were given to the respondents in order to capture the attitudes of pupils and school drop-outs on adolescent pregnancies.

Questionnaire

Questionnaires were constructed and designed by the researcher for the pupils and the top administrators. These questionnaire contained both open and closed-ended type of questions. The closed-type of questions were used because they were easy to be filled in by the respondents in a short time.

The open-ended type questionnaires demanded the respondents to explain and give a deeper meaning.

Interviews

Interviews were conducted with pupils, Teachers, Local Leaders and Community Health Worker different from those who never took part in filling the questionnaires, on issues that require deeper explanations. Key informant interviews were used with open-ended interview guide. The interviews were conducted on a few subjects, but the procedure was very necessary and useful as it highlighted some issues, which would not have been answered in the questionnaire items deeply.

Data Collection Procedure

The researchers started by identifying the research topic, which led him into the formulation of the concept Journal paper, where the students were assigned by Dr. Phiri.

The researchers got permission from the office of the School head teacher and the administration office of Bulungu urban clinic to allow him to conduct a research, which greatly aided in establishing a rapport between the respondents and the researcher. Furthermore, respondents were informed that the information to be collected was to serve and enrich the material or consultation by university administrators, academic members of staff, the government and students. The researcher then proceeded to distribute the questionnaires to respondents themselves to avoid any loss that could occur in the process.

Data quality control

To this, the researchers first pre-tested the instruments for the validity and reliability. In other words they conducted the pilot study, where he distributed few data collection instruments/tools to different respondents (triangulation) in Munengo village to determine the knowledge of the respondents on the topic under study. Then the researcher compared all the data that was gathered from the exercise. This guided the researcher to prepare valid and reliable data collection tools that led him to obtaining meaningful, reliable

and accurate information for the study in question.

Data Processing

Data was processed through editing; checking for accuracy, consistency, legibility and comprehensiveness, then it was coded for further analysis through entering the information in the tables.

Data Analysis

After data processing, quantitative data analysis was carried out by categorizing the findings into themes which was then converted into percentages. On the other hand, qualitative data was gathered from open-ended questions in the questionnaire and interview guides which were summarized.

Data Presentation

Single frequency tables, by the support of Microsoft Excel to draw the tables were used to present the collected data of the study. This was because data presentation requires clear portrayal of the trends in the findings that would be presented.

Ethical Consideration

The researcher assured the respondents that nothing would be published without their permission and also assured them that the information given was purely for academic purposes only.

Limitations

The researchers anticipated a number of obstacles in the study but the major one was **Negative attitude**; There was negative attitude from respondents; especially the school-students due to the fear of disclosure of the information. To overcome this problem, the researchers assured them that the information given was purely for academic purposes and nothing would be published without their permission or concern.

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

Introduction

The presentation and the analysis of the findings have been arranged according to the objectives of the study which included;

- Examine the extent to which peer pressure contribute to teenage pregnancies in schools.
- The find out of the consequences of teenage pregnancies among the girls.

In the presentation of the findings, tables, frequencies and percentages have been used to explain the findings. The information in this chapter was mainly obtained by using questionnaires, and Interview Guides, (see appendix 1 & 2).

Gender of Respondents

The table below shows the gender of the respondents in the school where the research

was carried out from and the findings were as summarized below;

Table 1: Gender of Respondents

Gender	Frequency	Percentage	Cumulative percentage
Male	23	46	46
Female	27	54	100
Total	50	100	

Source: Primary data

The findings from Table 1 above indicate that 46% of the respondents were males and 54% females. This therefore implies that females participated more in the research than the males.

Age Bracket of Respondents

The table below indicates the age bracket of the pupils, teachers, health workers, and local leaders who responded to the questionnaires and interview guides that were used as data collection instruments in the study.

Table 2: Age Bracket of School Respondents

Ages	School Students	Percentage	Cumulative percentage
Below 15 years	10	20	20
16 – 20	20	40	60
Above 20	00	00	00
Total	30	60	100

Source: Primary Data

From the above Table 2, 20% of the pupil respondents were in the age bracket below 15. 40 % of the pupil respondents were in the age brackets of 16-20 and no student was above 20 years among those who participated in the

study. This implies that most of the students who participated in the study were in the age bracket of 13-19. The age brackets of the other respondents are shown in Table 3.

Table 3: Age Bracket of Other Respondents

Status	Teachers and Local Leaders	Community Health Workers	Percentage
Below 25	00	00	00
25-30	06	12	12
31-35	02	04	16
Above 36	02	04	20
Total	10	20	40

Source: Primary data

From Table 3, 60% of the teachers, local leaders and health workers that participated in the study were in the age bracket of 25-30, 20% 31-35 and 20% above 36 years of age. This implies that majority of the elders who participated in the study were in the age bracket of 25-35.

Family/Student Background of Respondents

a) Table 4 shows the findings on the family/student background of the respondents.

b)

c) Table 4: Family Background of Students and Student's Leaders' Respondents

Background	Frequency	Percentage	Cumulative percentage
Both parents alive	21	60	60
One parent alive	12	34.3	94.3
No parent alive	02	5.7	100
Total	35	100	

Source: primary data

From the Table 4, 60% of the respondents (pupils and pupil leaders) had both parents alive, 34.3% had one parent alive and 5.7% their parents had died. This shows that most of the pupils who participated in the study had both parents alive hence implying that most pupils who involve in practicing early sex for differentiated reasons as peer pressure and need for sex experimentation were those with good family/pupils backgrounds.

Research Question 1: What is the root cause of the unplanned teenage pregnancies among girls?

The first objective of the study was to examine the root cause of teenage pregnancies among girls in schools. The findings on this objective were answered through the research question one.

What is the root cause of the unplanned teenage pregnancies among girls in Phiri and Sons compound? The findings on this question were as below;

The respondents were asked whether peer pressure was one of the root causes of teenage pregnancies among the youth. The finding was as in Table 5.

Table 5: Whether Peer Pressure was one of the root causes of teenage pregnancies in Phiri and Sons compound.

Status	Frequency	Percentage	Cumulative percentage
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Strongly Agree	21	60	60
Agree	12	34.3	94.3
Undecided	02	5.7	100
Disagree	00	00	100
Total	35	100	

Source: primary data

From Table 5, majority of the respondents (94.3%) agreed that peer pressure led to teenage pregnancies in Phiri and sons compound.

The researcher found out that peer pressure to a large extent contributed to teenage among the school pupils of Mumbwa Secondary School where the study was carried out from.

Response	School Student n=35 (%)	Teachers and Local Leaders n=10 (%)	Community Health Workers n= 05 (%)
Need to experience and explore bodies	8 10 37 40	18 33 60 23	20 11 55 54
Need to exercise freedom	30 20 5	35 12 5	10 15 10
Un protected sex	13	10	60
Protecting love			
Proving-manhood			
Testing fertility			
Sexual temptations			
Economic survival due to unemployment			

The respondents revealed that peer pressure influenced young people to engage in early sex practices through secularization i.e. the

use of sexuality to influence, control or manipulate others. The factors that were as a result of peer pressure that contributed to teenage among school students were revealed as in Table 6.

Table 6: Factors that contribute to Teenager Pregnancies among school pupils

Source: primary data

From Table 6, all respondents of the school pupils, teachers, local leaders and health workers who reported that economic survival due to unemployment were 83%. 8% of the school pupil respondents, 10% of Teachers and Local Leaders, 20% of community Health Workers revealed that peer pressure influenced early sex among the adolescents due to the need to experience and explore their bodies hence resulting to unwanted pregnancies. 10% of school pupils; 18% of teachers and local leaders and 11% of community health workers revealed need to exercise their freedom. 37% of school pupils, 12% of teachers and local leaders and 55% of community health workers revealed unprotected sex. 40% of school pupils, 23% of teachers and local leaders and 54% of community health workers revealed protecting love. 30% of school pupils, 35% of teachers and local leaders and 10% of community health workers revealed proving manhood. 20% of school pupils, 11% of

teachers and local leaders and 15% of community health workers revealed testing fertility and 5% of the school pupils, 5% of teachers and local leaders and 10% of the community health workers reported sexual temptations. This implies that peer pressure in form of the above mentioned factors was effective in causing teenage pregnancies among school students at a larger extent.

Research Question 2: What are the consequences of unplanned teenage pregnancies among girls?

The second objective of the study was to find out the consequences of teenage pregnancies among girls. Findings are presented in Table 7.

Table 7: Consequences of teenage pregnancies among the pupils

Source: primary data

From Table 7, STDs/AIDS, school dropout, and early marriages are the major consequences that were reported by majority of the respondents. These are further described as below.

HIV/AIDS:

HIV/AIDS is one of the main effects of early sex practice. This was revealed by 36% of pupils, teachers, local leaders and health workers who participated in the study.

Response	School pupils n=35 (%)	Teachers and Local Leaders n=10 (%)	Community Health Workers n= 05 (%)
School drop out	10	8	18
STDs/AIDS	9	3	20
Early Marriage	30	25	15
Premature Death	0.2	0.1	0.5
Bustard Children	30	25	10
Population	30	27	34
increase	10	15	23
Family Neglect			

SCHOOL DROPOUT:

Early sex has reduced the rates of school enrolment and completion due to teenage pregnancies among girls. As a result many resort to sexual child labor as a strategy to earn a living once abandoned by the person responsible for the pregnancy or by their families. This was reported by 36% of pupils, teachers, local leaders and health workers that participated in the study.

YOUNG PEOPLE WHO BECOME PREGNANT DUE TO UNPROTECTED SEX, EARLY MARRIAGE, DROP OUT OF SCHOOL, AND MANY ARE NOT ABLE TO CONTINUE THEIR SCHOOL AFTER DELIVERING THE BABY. THIS REDUCES THEIR OPPORTUNITIES FOR EMPLOYMENT AND PERSONAL DEVELOPMENT AND CONSEQUENTLY THEIR ABILITY TO CONTINUE TO CONTRIBUTE TO THE NATIONAL DEVELOPMENT.

EARLY MARRIAGE

70% of school pupils, teachers, local leaders and health workers reported that most of the adolescents were forced into early marriages due to teen pregnancies.

PREMATURE DEATH

Respondents (0.2% of school pupils, 0.6% of teachers, local leaders and health workers)

reported that the major cause of death among the teenage mothers in the age group of 13-19 years are related to unsafe abortion, complications in pregnancy and delivery as a result of un protected sex. Teenagers are more likely to die from problems related to pregnancy and delivery than adults. Some complications teenage mothers experience included ectopic pregnancy (where the foetus develops outside the protection of the uterus), early or premature labour, vesico-vaginal fistula and vecto-vaginal fistula (abnormal passages from the internal organ to the outside of the body), and secondary infertility. These problems, if not promptly and effectively treated, have a long-lasting emotional, physiological and physical impact on the teenagers.

POPULATION INCREASE

Respondents (30% of school pupils, 27% of teachers and local leaders and 34% of health workers) reported that teenage pregnancies that were as a result of unprotected sex have the potential to increase population, which has negative effects on the socio-economic development of many poor communities. Unplanned children can create additional socio-economic burdens on parents, families, communities and the country as a whole, and help to undermine development efforts, thereby contributing to poverty dominated cyclic patterns.

DISCUSSION OF THE FINDING

Introduction

The discussion findings of the study as presented were established as to whether the objectives of the study were achieved and to answer the research questions. Then a conclusion was derived from the findings to make recommendations.

d) Discussion of the Findings

The study was conducted on basis of three objectives. These were, to; examine the extent to which peer pressure contribute to teenage pregnancies in schools, find out the consequences of these pregnancies among the youth and to examine the reasons for increase in defilement of school pupils in Phiri and Sons Compound.

Research objection: What is the reaction of the community towards the increase of unplanned teenage pregnancies among girls (15 – 19) in Phiri and Sons Compound.

The findings revealed that the majority of school going pupils were influenced by peer pressure into early sex exploitation because of the need to experience and explore bodies, need to exercise freedom, unprotected sex, protecting love, proving- manhood, testing fertility, sexual temptations, and economic survival due to unemployment.

However, the study also identified some other factors that were contributing to teenage pregnancies. These were parental neglect, lack of sex education, low moral standards,

failure to use contraceptives, influence of the media, economic problems, casual sex, the need of those teenagers who look for love, sexual curiosity, practice, proving manhood, testing fertility, high libido, sexual temptation, changing patterns, moral decadence and indiscipline and use of drugs and alcohol. This implies that peer pressure to a larger extent influenced teenage pregnancies in Phiri and Sons Compound. These findings were in line with Colin (2003) who reported that 'many teens feel pressure to have sex before they are ready'. McNaughton (2004) also observed that adolescents might become pregnant because of having early sex to satisfy their desire for unconditional love. Most young girls become pregnant in an attempt of winning back a boyfriend.

The consequences of teenage pregnancies among girls

The study found out that there were consequences of teenage pregnancies on girls. These consequences included School dropout, STDs/AIDS, early marriages, premature death, bastard children, population increase and family neglect. These findings agree with that of Neema (2004) who explained that sexually active teenagers may initially be able to protect themselves from pregnancy, but when they conceive, the experience to new life changes put them at risk. December (2002) adds that teenage girls become mentally disturbed and may start some

addictions when they are pregnant; this is due to fear of losing social image among friends and relatives. In many cases, teenage pregnancies are terminated through abortion which is quite an illegal process and is associated with problems such as premature deaths on either the mother or an infant (foetus).

Reasons for teenage pregnancies that are as a result of defilement in Phiri and Sons Compound.

From the findings of the study, majority reported that fear for HIV/AIDS was the major reason for defiling young ones. The other reasons that were reported included high libido, political instabilities, desperation, alcohol and drug abuse, false cultural beliefs that girls (willing or not) will always say they do not want sex, need for material wealth and favours were the other reasons that were reported by the respondents as to why the teenage pregnancies are still on increase in Phiri and Sons compound. These findings are in line with that of December (2002) who stated that the main reason for the young being defiled was the fear for HIV/AIDS elderly men (most men fear AIDS by switching on to young girls with hopes that these were still HIV/AIDS free), which contribute to teenage pregnancies.

CONCLUSION

All in all, peer pressure, poverty, group influence and lack of education to a larger

extent contributes to teenage pregnancies. Many teens go for early sex to experience and explore their bodies, need to exercise freedom, protecting love, proving- manhood, testing fertility, and sexual temptations. Early pregnancies are associated with many consequences including STDs/AIDS, early marriage, premature death, bastard children, population increase and family neglect. On the other hand, the fear for HIV/AIDS on the side of elderly people (most men feared AIDS by switching on to young girls with hopes that these were still HIV/AIDS free) was one the of reason why men were defiling teenagers in Phiri and Sons compound.

RECOMMENDATIONS

In general, there was a need to address the issues that motivated/influenced pupils into having sex that result to early pregnancies. However, the researcher recommends the following as the appropriate approaches to teenage pregnancies;

Schools should provide comprehensive sexual education to pupils starting from grade 5 to grade 12 in order to help them manage different peer pressures which influence them in practicing early sex to experience and explore their bodies.

Youth who engage in early sex should use condoms to avoid early pregnancies and sexual transmitted disease as a result of unprotected sex.

There is need to restricted laws on both girls and boys involved in defilement scourge and

encourage young mothers to go back to school.

Area for further research

Further research may be made on the following areas;

- a. Studies into factors that is responsible for causing students' pregnancy
- b. Management of Reducing Teenage pregnancies in the 21st century.
- c. Hidden crime causing Teenager pregnancies.

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