

The Relationship between Parenting and Teenage Pregnancy in Wakiso District.

Case Study: Nabbingo Sub-county, Kyengeru Town Council -Wakiso District

By

Nabakooza Irene

19/U/7126/EVE

A dissertation submitted to school of psychology in partial fulfillment of the requirement for the

Award of a Degree in Community Psychology at Makerere University

November 2022

Declaration

I declare that this Research Project is original and it has never been submitted or presented in this or any other institution of higher learning for any academic award.

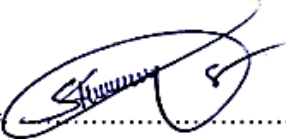
Signature: *NER*

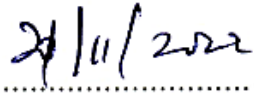
Date: *21/11/2022*

NABAKOOZA IRENE

Approval

I certify that this Research Project on relationship between Parenting and Teenage pregnancy, has been submitted for examination with my approval.

Signature 

Date: 

DR. VICENT MUWONGE
SUPERVISOR

Dedication

I dedicate this Research Project to my dearest Parents and Lectures for the priceless sacrifice towards my education career.

Acknowledgment

I would like to thank God for his grace, providence and inspiration during this period of research.

I would also like to thank my supervisor, for his kind and informed guidance, which has been of great importance to this research study.

Further, sincere appreciation goes to all my lecturers for their unmatched efforts into my studies, and to all the people that have supported me in any way up to this point of my research.

I would also like to thank my family for their patience, emotional and spiritual support throughout my project development period.

Table of Contents

Declaration	i
Approval	ii
Dedication	iii
Acknowledgment	iv
Table of Contents	v
List of Figures	ix
List of Tables	x
Abbreviations	xi
Abstract	xii
Chapter One:Introduction	1
Back ground to the Study.....	1
Statement of the Problem.....	4
Purpose of the study.....	5
Objectives of the Study.....	5
Research Questions.....	6
Study Scope	6
Time Scope.....	6
Geographical Scope	6
Subject Scope.....	6
Research Hypotheses	7
Justification of the Study	7
Significance of the Study.....	7

Conceptual Framework.....	9
Operational definitions of variables.....	10
Chapter Two:Literature Review	11
Introduction.....	11
The extent of Parenting on Teenagers’ exposure to early Pregnancy.....	11
Family Structure and Teenage Pregnancy	11
Parental Communication And teenage Pregnancy.....	12
Parenting Style and Teenage Pregnancy.....	14
Risk Factors that push Adolescents to Early Pregnancy.....	17
Strategies towards Prevention/ reduction of Teenage Pregnancy.....	20
Chapter Three:Methodology	24
Introduction.....	24
Study Design.....	24
Study Area and Population	24
Study Area	24
Study Population.....	25
Sampling	25
Sampling Design.....	25
Sampling Procedure	25
Sample Size.....	25
Sources of Data.....	26
Methods of Data Collection and Instruments.	26
Data Processing.....	27

Data Analysis	27
Editing	27
Coding	27
Ethical Procedure	28
Limitations and Delimitations	28
Chapter Four:Data Presentation, Interpretation and Analysis of Findings.....	30
Introduction.....	30
Demographic Information.....	30
Gender of Respondents	30
Findings on Age distribution of Respondents.....	31
Findings on Education level of Respondents.....	32
Response on Teenage Pregnancy	33
Source: Primary Data, November 2022	34
Parental influence on Teenage Pregnancy	35
Risk factors Influencing Teenage Pregnancy	38
Strategies to prevent Teenage Pregnancy	41
Chapter Five:Summary of the Findings, Conclusions and Recommendations	45
Introduction.....	45
Discussion of Findings	45
Demographic Characteristics of Respondents.....	45
Findings on Teenage Pregnancy.....	46
Findings on Parental influence on Teenage pregnancy.....	46
Findings on the Risk factors influencing Teenage pregnancy	47

Findings on the strategies to Prevent Teenage Pregnancy	47
Conclusion.....	47
Recommendations	48
References.....	50
Appendix I: Questionnaire.....	52

List of Figures

Figure 1: Conceptual framework showing relationship between Parenting and Teenage Pregnancy

..... 9

List of Tables

Table 1: Showing Gender Respondents	31
Table 2: Show the Age distribution of Respondents	32
Table 3: Show Education level of the Respondents.....	33
Table 4: Shows response on teenage pregnancy.....	34
Table 5: Shows response regarding the influence of parents on teenage pregnancy	36
Table 6: Chi-square Test on Parental influence and Teenage Pregnancy.....	37
Table 7: show response on the risk factors influencing Teenage pregnancy.....	39
Table 8: Chi-square Test on Risk factors and Adolescent Pregnancy	40
Table 9: shows response on the strategies to prevent Teenage pregnancy	42

Abbreviations

WHO	:	World Health Organization
UNDF	:	United Nation Development Fund
UNICEF	:	United Nations International Children's Emergency Fund
AMREF	:	African Medical & Research Foundation
MoH	:	Ministry of Health
UNFPA	:	United Nations Population Fund

Abstract

United Nation Development Fund pointed that teenage pregnancy is a phenomenon that is in increase requiring urgent resolution worldwide. The world Health Organization (WHO) reported that 11% of all births are due to women aged 15-19 years. Around 95% of teenage pregnancies occur in developing countries 36.4 million women becoming mothers before the age of 20 years. The purpose of this study was to examine the relationship between parenting and teenage pregnancy. This research adopted a descriptive research design and captured data from 115 respondents from different sections of people. Data analysis findings revealed that parents' communication about sex lessens chances of their children getting pregnant /fathering children, implying that parents assume a significant role in decreasing instances of adolescents' pregnancy. Results additionally indicated that peer pressure influences the adolescence opinion about sex and at that risk factors push adolescence into early pregnancy. The research further found out that establishing laws that harshly punish perpetrators of forced sex would significantly reduce cases of adolescent pregnancy. The study recommended that parents and guardians should talk to their children about sex and the adolescence should be encouraged to freely talk about sex in order to reduce cases of early pregnancies.

Chapter One

Introduction

This chapter consists of the Background of the study, Statement of the problem, Purpose of the study, Specific objectives, Research questions, Scope of the study, Significance of the study, and the Conceptual frame work.

Back ground to the Study

Parenting is the skill or activity of looking after one's children. The way children are raised can affect their well-being. Parents act as bad or good teaching models for their children. Dobson (1980) believe that, there are three broad strands of parenting styles: the authoritarian (where children's wishes are not consulted and parents expect them to do as they are told), the authoritative (where children and parents listen to each other and the parents offer firm guidelines and rules; but with flexibility) and permissive (where children do as they like and the parents don't take much notice.

Dobson's believe proposes that the middle (authoritative) is good, quoting research which shows that the unhappiest teens and adults come from extremely permissive homes followed by those from 2 authoritarian homes. Obua-Otoa (1992) noted that absence of family life education keeps the adolescents unaware of preventive measures against misbehaviors like pregnancy. In Uganda, most parents lately are permissive and laissez faire and have left all their parenting roles to the school and peers which has escalated the problem of teenage pregnancy.

Teenage pregnancy is technically defined as occurring when women under the age of 20 years become pregnant (Pearson, 2003). Teenage pregnancy can affect the wellbeing of teenagers, making them miss education. In Uganda, many of them live under difficult circumstances like being exposed to exploitative forms of labor making them vulnerable to all bad consequences.

Kukunda (1990) in his study in Kayonza, found out that 6.8% of 48% teenagers who get pregnancies came from poor families as well as poor parenting styles and thus attributed their involvement in misbehavior in search of financial support.

In more than two decades ago, there has been an increasing number of teenage pregnancies globally, reflecting changes in parenting and social economic wellbeing of people in several regions of the world (AMREF, 2019). According to the demographic and health surveys done between 2016 and 2021 (Ministry of Health, 2021) there is a high rate of adolescent pregnancy in Sub Saharan African countries.

According to a 2021 UNICEF survey, in 10 out of 12 developed nations with available data, more than two thirds of young people have had sexual intercourse while still in their teens. Save the Children found that, annually, 13 million children are born to women under age 20 worldwide, more than 90% in developing countries. Complications of pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 in such areas.

The highest rate of teenage pregnancy in the world is in sub-Saharan Africa, where women tend to marry at an early age. With 25 percent of adolescent girls becoming pregnant before the age of 19, Uganda has one of the highest rates of adolescent pregnancy in Sub-Saharan Africa. The country's high adolescent pregnancy rate has two distinct implications. First, the risk of maternal death is higher in adolescents than in older women. A Uganda government survey through the Ministry of Health, on demography and health indicates that there is a higher morbidity and mortality rate among pregnant teenagers and their babies (Republic of Uganda, Ministry of Health 2016: 62). Furthermore, pregnant adolescent girls are more susceptible to pregnancy- and childbirth-related complications because they have not yet developed the physical maturity required for a healthy pregnancy. Other common medical problems associated with adolescent

pregnancy include obstructed labour, eclampsia, fistula, low birth weight, stillbirths, and neonatal death.

The socio-economic impacts of adolescent motherhood are devastating. Adolescent girls who become pregnant are often unable to complete a secondary education, a fact that diminishes their potential to find employment.

In Uganda, education and economic status are factors that influence adolescent pregnancy. Adolescents who have completed secondary school tend to have low pregnancy rates (15 percent) compared to adolescents who have no secondary education (50 percent). From an economic perspective, adolescents from poor households are more likely to become pregnant compared to adolescents from wealthier families. For the former, the pregnancy rate is 41 percent and for the latter the rate is 16 percent (Republic of Uganda, Ministry of Health, 2016: 62).

According to Charles Zirarema, the director of population secretariat: “We assume that our children are young. But they are having sex. Girls are getting pregnant at the age of 12 and 13. We need to have something on family planning.” According to a report, protecting the next generation in Uganda: New evidence on Adolescent Sexual and Reproductive Health Needs, published by Guttmacher Institute in 2018, only 34% girls and 22% boys aged between 12 and 14 have received sex education in school. All these are attributed to poverty and economic strife that amounts to causes inadequacy in provision of requirements for the teens.

A recent report revealed that over 97 percent of Ugandan children lack the adequate early childhood care necessary for proper growth (Eremu, 2018). This finding was consistent with Rutares report (2019) which revealed that teenagers are struggling to find their identity apart from their parents. Rutare found out that Ugandan society is undergoing a lot of changes and the parenting methods that worked half a century ago not applicable today. There is a transition

between traditional parenting practices and the western styles and there is no clear-cut pattern today. The adjustments involved in a changing society have not taken place; hence changes in the parenting styles like housemaids substituting as mothers-seem to have had effects on the teenager's psychological, social and moral well-being.

Katwesigye (2000) summarized the current crisis in the parent-child relationship and responsibilities by lamenting that today's youth are a generation with no umbilical cord. His cry is for parents to be more responsible, for they have abandoned their children to housemaids, they are not good role models and they have not built their children's confidence. The cry for parenting school indicates that the traditional parenting styles have faced turmoil and are not adaptive anymore. (Lwanga, 2000). Burton and Gimono (1994) asserted that social economic status and parenting style largely contribute to teenage pregnancy.

The Uganda government has enacted policies to address adolescent pregnancy. These policies set definite targets and are aimed at protecting young girls from unplanned pregnancies. Research was conducted in Nabbingo Sub-county, located in Kyengeru Town Council, Wakiso district central Uganda, to establish the magnitude of parents and its contribution to teenage pregnancy.

Statement of the Problem

According to the UNFPA report, Wakiso district had 10,439 recorded cases of teenage pregnancies in 2021, above other districts like Mukono which had 5,535 cases, Luwero district with 4,545, Kamuli with 6,535 and Mayuge 6,205 reported cases. This is attributed to lack of adequate early childhood care necessary for proper growth. Parenting style is affected by both the parents' and children's temperaments, and is largely based on the influence of one's own parents and culture. Mukanga 2021 in his studies established that, 59% of new mothers were of ages of 15

and 19, accounting for 59 of deliveries in Wakiso district. Three of the five women seeking antenatal care in Nabbingo Parish Health center were teenagers.

Health professionals and policy makers need to better understand how parents can influence teen pregnancy in order to promote a decrease in the levels of teenage pregnancy. Wanderi, (2015) notes that absenteeism is becoming a growing trend among many parents, although it may be unintentional. Through offering comfort and encouragement, parents may potentially influence the sexual behavior of teenagers as well as better regulating the amount of autonomy their teens have. Child development and family studies have centered on styles of parenting (Darling et al., 2007). Research in parenting showed that parental warmth factor (support and control) was linked to the outcomes and actions of different children. It has been found that authoritative parenting, described as highly supportive with moderate control, is linked to positive child outcomes (Baumrid, 2008). This study aims to assess the relationship between parenting and pregnancy among teenagers in Nabbing sub-county -Wakiso district.

Purpose of the study

The purpose of the study is to assess the relationship between parenting and teenage pregnancy in Nabbingo Sub-county, Kyengera Town Council-Wakiso District

Objectives of the Study

- i. To examine whether parenting influence teenage pregnancy in Nabbingo Subcounty-Wakiso District.
- ii. To identify risk factors that push teenagers to early pregnancy in Nabbingo Sub-county-Wakiso district.
- iii. To determine strategies that may prevent early pregnancy among teenagers in Nabbingo Sub-county- Wakiso district.

Research Questions

- i) To what extent can parents influence teenagers' exposure to early pregnancy in Nabbingo Sub-county- Wakiso District?
- ii) What are the risk factors that influence teenagers to wards early pregnancy in Nabbingo Sub-county- Wakiso district?
- iii) What strategies can be adopted to prevent early pregnancy among teenagers in Nabbingo Sub-county- Wakiso district?

Study Scope

Time Scope.

The research was carried out for the period of 5 months from April 2022 to September 2022. The researcher will consider literature of twenty-one years (2000-2021)

Geographical Scope

The research was carried out in, Nabbingo Parish, Nabbingo sub-county, Kyengeru Town Council Wakiso district, located along Kampala-Masaka Road, approximately 14 kilometers (9 miles), South-west of Kampala, basing on the fact that the area has been faced with high teenage pregnancy rate in the last three years, on top of that, its accessible by the researcher.

Subject Scope

The investigation was limited to the relationship between parenting and teenage and so the research was centered on getting all the relevant data and information about this subject.

Research Hypotheses

The study tested the following hypothesis to achieve the objectives

H₀₁: Parents influence has no significant relationship with teenagers' exposure to early pregnancy in Nabbingo sub-county

H₀₂: risk factors has no significant influence towards early pregnancy among teenagers 'in Nabbingo Sub County

H₀₃: Strategies adopted has no significant influence on early pregnancy among teenagers in Nabbing Sub County.

Justification of the Study

Pregnancy is referred to as “a complex physiological process” that affects the health of a woman and makes her vulnerable to several side effects. Good parenting, if exercised during early childhood growth, serves as a protection towards early pregnancy. It is the parents' responsibility to teach their children with desirable behaviours that would allow teenagers to adapt and make rational choices in life, particularly during student life. Regrettably given the nature of work and irrationality among parents, this role and obligation was left unsupervised or assigned to others. Therefore, the research aims to investigate whether there is a correlation between parental influence and early teenage pregnancy. Study findings was critical in educating parents on how to impact their children positively in an effort to reduce teenage pregnancy instances.

Significance of the Study.

- i. Early pregnancy interferes with the education of students, learning outcomes, the ability to practice and develop a healthy productive profession. Consequently, information obtained from this study may be useful in the planning of preventive initiatives intended to reduce early pregnancy among teenagers in Wakiso district and Uganda at large

- ii. Findings from the study will shed light on the impact on teenage related pregnancies. The results will encourage parents to be more involved in early childhood development.
- iii. The research will also be useful for psychologists. Study findings will provide information on how early pregnancies among adolescents can be positively or negatively influenced by parents.
- iv. Findings from this study will also benefit the religious groups working with families. The leaders will have sufficient knowledge about the role of parenting among adolescents in reducing early pregnancies.
- v. The study findings will provide the ministry of Health in Uganda with data on how to better improve ways on preventing and handling early teenage pregnancy.
- vi. Other academic researchers will use the data to come up with better aspects of managing teenage pregnancy and its negative effects so as to create a self-sustaining economy and reduce teenage motherhood.

Conceptual Framework

Figure 1: Conceptual framework showing relationship between Parenting and Teenage Pregnancy

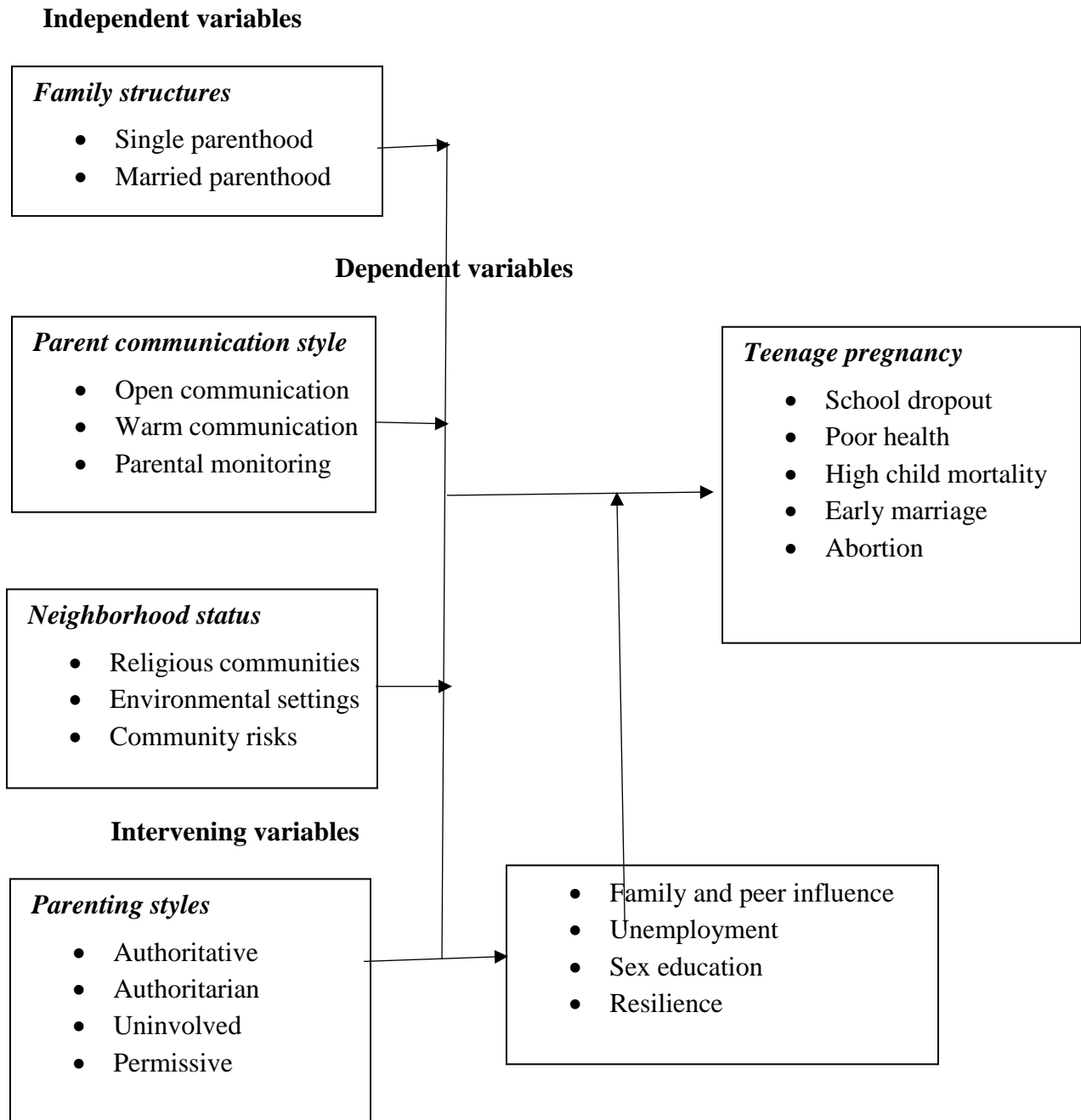


Figure1: Conceptual frame work

Operational definitions of variables

Pregnancy – it is a state of holding inside a developing embryo in a female body (Marshall, 2014)

Teenage pregnancy – it is the pregnancy that may take place during the transition period from childhood to adulthood (Gultmacher, 2006)

Adolescent communication - Refers to the exchange of information, altitude and ideas on sex-related issues between parents and adolescents (Kirk, 2011)

Teenager pregnancy -is technically defined as occurring when women under the age of 20 years become pregnant (Pearson, 2003)

Parenting style -This can be described as a combination of parenting behaviours that occur in a wide range of situations that establish a favourable environment for the rearing of children (Berk, 2006)

Chapter Two

Literature Review

Introduction

This chapter discusses and reviews similar or related researches and literature published by other authors' articles, books, journals, reports and previous dissertations related to the Topic "Relationship between parenting and teenage pregnancy, the literature is presented in the order of the stipulated objectives of the study. Therefore, the section will contain three sub-sections on whether parents can affect early pregnancies in adolescents and strategies to prevent early pregnancies among teenagers.

The extent of Parenting on Teenagers' exposure to early Pregnancy

This chapter includes literature review on the potential influence of parents on teenager vulnerability to early pregnancy, it consists of the family structure, parental interaction, parenting styles and community contexts.

Family Structure and Teenage Pregnancy

According to Spanish education (2008), family is considered the core center of growth for every individual. Research has shown that family environment is the conducive arena where children's actions are displayed, taught, suppressed and promoted (Dishion et al.2014). Parents have mainly been interested in the training of children for adulthood by means of laws and instruction in the family environment. Cross et al. (2009) have clearly proven that parenting is more different than any other factor in externalizing behavior of teenagers.

According to Booth (2010) young people raise in biological two parent families generally far better than children in single mother cohabiting stepfather or married step father families. The

family structure is used as a risk factor, as young people from divorced or single parents are three times more likely to have problems with pregnancy, in particular, (Wallkace, 2004). In addition, teenagers are more likely to have improved socio- economic and parents' time and support (Amato et al., 2004) in two parental parent homes. A two- parent family defends teens against factors related to peer or financial, that could lead to teenage pregnancy. The study further observes that mothers were more positive in intact families and supportive than single mothers do to their young people, suggesting that having two parents in one house hold improves the quality of youth parent relationship. Melissa (2010) found children to do well, on average, for a greater proportion of them enjoy close contact with their fathers in two biological parent families. The results also show that more sensitive fathers have less risky children. They also reported higher self-esteem and low crime.

According to Botvin (2010), girls who have absent fathers before the age of five has the highest rate of early and adolescent sexual activity. Bales (2003) asserts that young people with single parents tend to start sex earlier than those with both biological parents. In his findings, he suggests that the presence of both parents is associated with a delay in sexual activity and associated unwanted pregnancies.

Parental Communication And teenage Pregnancy

The relationship between parent and child must develop over time as the child's social ability grows and evolves over long period of adolescence. Tanner (1981) identified parents as the principal source of sexual knowledge for adolescents. Handelsma (2007) pointed out that young people are informed by different sources regarding sexual behavior, but often prefer parents as primary educators. Jacard et al. (2012) suggests that there is a significant difference between what parents receive as communication about sexuality and the extent to which adolescents actually

report. A problem- solver aspect should be part of interaction between parents and children. It helps families to discuss sexual behavior issues through a number of rules and standards to address potential conflicts resulting from childhood, such as teenage pregnancy. (Corcoran, 2001). The closeness of a parent to the child is also linked to the pregnancy of adolescents. Improved possibility of adolescents in conjunction with transparent and encouraging interaction, results in fewer sexual partners and improved use of contraceptives (Zong & Kosovoic, 2000).

Kovofsk (2009) argues that parents, particularly mothers, play a major role in preventing teenage pregnancy (Calhoun and Friel, 2001). Never the less, the influence on teenage sexual behavior is influenced by the quality of the relationship experienced in the family (Calhoun et al., 2004). Perceived maternal disapproval of sex that involves a high degree of mother-daughter interaction and communication may delay the first sexual experience for adolscents (Neely et al.2000)

Eisenberg et al., (2006) asserts that parents tend to interact with their children regarding sex education, if the teen is romantically active. He suggests that the delay in such communication is necessary until the teen is romantically involved.

Lederman & Mian (2013) argues that interaction between parents and child is based on the value system of the family and the commitment to open discussion of sexual issues. Families with strong relationship with parents based on trust and mother/daughter in particular, are more likely to choose abstinence or limit sexual activity. Successful treatment services for adolscents cannot view parents and children as two separate entities. The topic of sexuality may be difficult to communicate between certain parents and children. Youth childbirth, however is essentially a family problem that can be overcome only through a system of quality decision-making process of its own (Lederman & Mian, 2003)

According to research conducted by Gibbons (2014) on parents and teenage pregnancy, the study revealed that highly religious parents are more likely to show successful parenting activities, including interaction. Landor et al. (2012) found out that good interaction between parents and adolescents is important because it is associated with positive pregnancy outcomes for adolescents. The development of an atmosphere to promote positive interaction among the parent child is therefore important because it can function as a protective factor for teenage pregnancy. For example, adolescents who talk to mothers about a problem behavior, such as use of substances, has a lower frequency of sex (among women) and more consistent use of contraceptive substances (Hurchinson, 2009) sexuality is one of the most important issues for young people to talk to their family.

Parenting Style and Teenage Pregnancy

Parents are able to have the potential to influence their adolescents by offering comfort and adequate support, monitors the independence of their youth, interacts regularly with adolescents and instills values both through language and role modeling (Markham, 2013).

Parental styles have had the greatest influence on teenage pregnancy. Authoritative parenthood is protective although young people with parents who are using authoritative or disengaged, the risk of teenage pregnancy is higher

Authoritative Parenting Style

Authoritative parents have high level of sensitivity, demand and support more than harsh behavior. Authoritative parents encourage oral learning, express the thought process behind rules and use reason, power and shape to reinforce goals. This parenting style is most often related to positive young people's results in teenage pregnancy management. The most efficient and beneficial parenting style among most families has been found. Authoritative parenting has been

well known to promote positive health of young people (Gorizalez, 2002). It has been found out that authoritative parenting style is a factor for low teenage pregnancy subsequent commitment to school work.

It has been found out that, teenagers whose parents are both authoritative and whose mother alone is authoritative reports higher self-esteem and satisfaction with life. The findings suggest that even one authoritative parent is advantageous to young people regardless of the parent sex.

Authoritarian Parenting Style

Self-reactive, but extremely demanding, authoritarian family. Authoritarian parenthood is related to parents who emphasize conformity and expect rules in a less warm environment to follow without clarification (Baumrind, 2010). Authoritarian parents often show low levels of confidence and devotion to their children, discourage open communication and teenage in strict control. According to the study by Mileusky (2010), adolescents from most Caucasian authoritarian families have been found to exhibit poor social, low levels of self-esteem and high levels of sexual activity.

Permissive Parenting Style

A parenting study conducted by Baumrind (2010) shows that a parenting license is characterized by high reactivity and low demand. Permissive parents conduct their wishes and actions with the adolescent during their consultancy on family decisions in a positive manner. Permissive parents do not lay down rules, avoid behavioral control and place no limits on actions for young people. Ironically, parents who are permissive have shown a sharp decline in monitoring when their children have reached their adolescence and their externalization rates have increased. Teenagers in permissive families show increased drug abuse, teenage pregnancy and harassment

in class. Low self-esteem and extrinsic motivational orientation among adolescents also are correlated with permissive parenting (Ginsburg & Bronstein, 1993)

Uninvolved Parenting Style

Uninvolved parenting has shown that it is in the three other parenting styles that it has the most negative effect on adolescents' outcomes. Parents who are not involved often fail to monitor, or promote the behavior of their children (Baumrind, 2010). The non-engaged parenting style is described as low reactivity and low demand. Such parents generally show little contribution to their duties and are often regarded as interference with respect to their offspring's needs.

Uninvolved parents do not interact with their teens in structure or influence and often parent-child relationships are not closely related. Adolescents with uninvolved parents therefore often participate in more outsourcing, particularly early sexual behavior which results into early teenage pregnancy (Chassin, 2000).

Neighborhood Contexts and Adolescent Pregnancy

There seems to be a link between the composition of the community and the individual sexual behavior of teenagers. Young women are particularly susceptible to pre-marital sex in case they live in a relatively high prostitution neighborhood in a city where a significant percentage of women are separated or divorced. Inverse reliance on the probability of adolescent sexual activity was made on the percentage of adherence to religion within the community population (Sonenstein et al., 1993)

Different neighborhood and community factors were considered important for parental behaviors and youth outcomes. Characteristics in communities like health directly influence behavioral outcomes for young people. Furthermore, tolerance to sexual indulgence, for example, is linked to high risk of sexually transmitted diseases and teenage pregnancy and episodes of

anxiety and potential teenage depression (Ramirez et al., 2003) Such findings indicate that some teenagers who live in dangerous areas are influenced by the exposure to sexual activity.

Simons et al. (2009) analyzed the influence of parental actions on children's conduct issues in a family context and found out that the impact of caregiver regulation on behavior problems becomes less as variance in a group becomes more widespread. This finding shows that the impact of authoritative parentage on environmental stressors may be minimized. Further research has revealed that the connections between distinct disorders and the learning of the children are important. In fact, if their parents had been inductively thinking, children living in highly disturbed environments would show less disturbing symptoms. (Guitamo-ramos, 2006). Such results together indicate that parenting adolescents in high risk communities may need to participate in more supervised, community-based parenting or styles to safeguard their adolescents.

Browning et al., (2009) found that the quality of parenting with a community increased due to the pressure exerted by parents of the diligent adolescents to be more responsible careers. Such results show a positive effect on youth development in the family on supportive social dynamics. It is important to note the interactions between neighborhoods and families. Brody (2005) found that collective effectiveness has delayed sexual initiation particularly among persons experiencing low parental surveillance. It means that teenagers need some supervision whether their parents approve or does not approve, other adults to step in. there is therefore a greater danger of early sexual initiation in people with low rates of parental control and group supervision.

Risk Factors that push Adolescents to Early Pregnancy

Family Structure

The family structure has been a key parental influence in teenage pregnancy, according to Christine, (2008). The risk between the structure of the family childhood and sexual initiations

has been well studied and students are more likely to delay sexual activity and peers living in other wealthy families using a variety of other factors associated with sex behaviors, such as gender, race, ethnicity, age and stable family history. The protection of the intact family structure appears to be different according to sex, age and ethnicity, which have stronger effects on younger adolescents. Teens raised in intact families also tend to report fewer sexual experiences and partners and are less likely to become pregnant and give birth outside of marriage compared to peers in non-intact families.

According to Molt, (1990), having older siblings with pregnancy are also associated with a greater risk of pregnancy. That presumption is evidently not due to older siblings. It is most apparent when the older siblings are involved in sex and especially when the older siblings have been adolescent pregnant or birth. The effects of these behaviors is that many young people grow up in violent and abusive homes.

Parental Communication

The quality of interaction between parents and children, particularly the willingness of parents to be transparent and sensitive, can change the relationship between parent and the teenager concerning sex education and the use of condoms by the teenager. (Whittaker et al., 1999). Communications calls for a reduction in pregnancies among adolescents but Curble (2010) suggests that child communication in the fields of sex and contraception after adolescents are familiar to their parents. The effect of parent-teen interaction on teenage pregnancy is also moderated by parental ideas of sex and pregnancy. There are two conditions for child internalization of parent values, for teens who should be willing to accept the message and allow it to direct their actions, a parental message needs correctly to understand (Kuczynski 1997). The

frequency of parent/teen interaction depends both on adolescent and pregnant principles of the parent and on the parents 'approximately to the child (Jaccard et al., 1996)

It is reported that, teenagers are reported to have 12 times more likely than teens to have sex in households where parents had actively approached and had a close relation to the wider scope of family wealth.

Parenting Styles

(Baumrid, 1991) asserts that behavioral and behavioral control activities are included in this aspect. Based on its parenting style, Maccohy & Marlin (1983) added parenting behavior, which included parental warmth, parental support and parental involvement in measuring parent responsiveness.

There has been well known correlations between parental warmth and adolescent support. Warmth is the degree to which the adolescent is loved and is normally measured by items such as the frequency with which his father's mother listens carefully to his child's point of view. The significant decrease in pregnancy is linked to higher rates of parental warmth (Hoffman, 2006). According to Markiewicz, 2004), higher parental warmth is related to adolescent outcomes, especially early pregnancy.

The personal principles and rules set by parents as a guide serve as a significant norm for the actions of young people. Panday (2009) has identified parental ideals as a key factor in sexual debut of the teenager. Teenagers who are aware of the value of delaying sex and subsequent pregnancy are less likely to engage in early sexual activity. Therefore, having a teenager's parent is strongly connected to a pregnant teenager.

Neighborhood Context

Families usually live different social benefits and disadvantages in neighborhoods. High residential turnover, poverty, crime rates and in general, residence risks are characterized by neighborhoods which adolescents tend to have an early onset of sex, low consumption, and high rates of pregnancy. The situational effect of the neighborhood on the risk of adolescent's pregnancy is close to other research on perceptions of the neighborhood dangers associated with the psychological and sexual activity of young people (Sucoff, 1996). The impact of localized disadvantages and urban insecurity on delinquency and adult violence among adolescents were found to be mediated by neighborhood social cohesion, which could also explain situational variability in the risk of pregnancy among adolescents (Sucoff 1996).

All of them have high risk of teenage pregnancy in disorganized/ threatening communities, low social economic status homes, single parent, old sexually active siblings or younger pregnant/parenting sisters and are a victim of sexual abuse. Although adolescents in high-risk neighborhood are often exposed to, and able to engage in sexual activity, the result indicate that social capital of the neighborhood protects adolescents from the negative effects of permissive and unimplicated parenthood. The study findings show that social cohesion and collective efficiency moderate the link between parental behavior such as surveillance and/ or response and pregnancy in adolescent in adolescents (Lohrfinkk, 2006)

Strategies towards Prevention/ reduction of Teenage Pregnancy

A statement found on the South Carolina Campaign to Prevent Teen Pregnancy website states, As a community and as a state, we must recommit ourselves to our most valuable resource ...our children. This is not a time to eliminate programs for teen pregnancy prevention. It is a time to rein-vest in the programs that research has shown to be effective.” Kentucky stakeholders agree.

The Division of Women Us Health and the strategic planning partners gratefully acknowledge that many solid and successful programs are in place across Kentucky. Yet, as they look at the 2009 Youth Risk Behavior Survey¹¹ and CDC Adolescent 1-lealth data³, they realize that Kentucky continues to struggle with high teen birth rates, high sexually transmitted disease rates and higher than average alcohol and marijuana use. There is still much work to be done. (United Nations Statistics Division, 2009).

Many factors impact teen's choices about sex, relationships, risk-taking behaviors and other life choices. Parents, school leaders, faith groups and other decision makers can all play a role to help prevent and reduce teen pregnancy in their communities and in our state. Kentucky teenagers indicated they want more adult involvement in teenage activities as they perceive a lack of adult support for teenagers and their activities and services. Teenagers are looking for good role models (who are not naïve) and want to be more involved in the community. Teenagers want to openly discuss sexuality and adolescent development with their parents, but report they perceive stigma and disapproval from parents and other adults. (Lunkard, B. A. 2009).

BC Alliance, (1999). States that parents, community members and leaders, be educated in the problems surrounding teen births and the need for teenage pregnancy prevention programs. Awareness must include the benefits of programs that prepare young people for adult-hood and prepare them to face the challenges regarding sexual decisions and other social issues that many of the adults in the community did not have to face at their age. In fact, teenagers state that they want to know what resources are available for pregnancy prevention and adulthood preparation.

They indicate they want to discuss pregnancy and sexuality but many state that they do not believe they have a way to do that with confidentiality. They also request improved social media and perhaps a blog site to openly and anonymously ask their questions and receive information. Stewart, P. and Associates. (1998 argues that providing access to healthcare for all Kentuckians, including teenagers, has been a priority of the Department for Public Health and many other agencies throughout the Cabinet for Health and Family Services as well as other public and private agencies across the state. Reproductive healthcare access is provided in local health departments in all 120 counties across the Commonwealth and in private physician's offices and clinics. Local health departments in Kentucky are dedicated to teen pregnancy prevention and provide many community education activities to students and adults.

The strategic planning partners' expressed a desire for improved effective collaborative efforts with an increase of awareness and access to programs, social media and program availability. In addition, there was frustration expressed by the strategic planning partners that sexuality education and teenage pregnancy prevention programs are not a priority in many local education programs. Finally, the strategic planning partners acknowledged denial of the problem of teen pregnancy and other youth risk behaviors on a community level. They identified the need to make teen pregnancy prevention and positive youth development a priority in community action plans.

Sex Education Can Help Prevent Teenage Pregnancy Sex education that is responsible and medically accurate, begins in kindergarten, and continues sexually experienced (Frost & Forrest, 1995). Sex education programs that are balanced and realistic, encourage students to postpone sex until they are older, and promote safe sex practices among those who choose to be sexually active, have been proven effective at delaying first intercourse and increasing use of contraception among

sexually active youth. These programs have not been shown to initiate early sexual activity or to increase levels of sexual activity or numbers of sexual partners among sexually active youth (Kirby, 2007; Kohler et al., 2008)

Easy Access to contraception helps reduce the incidence and cost of teen pregnancy easy and confidential access to family planning services through clinics, school-linked health centers, and condom availability programs have been found to help prevent unintended pregnancy.

Contraceptive use is also cost-effective. The average annual cost associated with teen various studies have demonstrated that efforts to improve teenagers' access to contraception do not increase rates of sexual activity (Blake et al., 2003; Kirby, 2007; Kohier et al., 2008), but do yield a number of positive outcomes.

Chapter Three

Methodology

Introduction

This chapter describes how data was collected and analyzed, discusses research design that was used, study population, sample size, data collection methods and instruments, data processing and analysis tools and problems encountered while executing the study by the researcher.

Study Design

Study design is the plan for carrying out a research project. A case study research design was adopted alongside descriptive research design for this study. A descriptive research is a scientific research design involving the observation and description of subject under investigation. (Malthotra, 2007). A descriptive research design was used as it allows the study to gather in-depth information about the topic under investigation. Qualitative and quantitative research tools were applied to ascertain whether there is a relationship between parenting and teenage pregnancy.

Study Area and Population

The area of study refers to the geographical place where the study was conducted. On the other hand, De Vos (2003) Defines population as the entire collection of persons, objects which are potentially available for observation.

Study Area

The study was carried out in, Nabbingo Parish, Nabbingo sub-county, Kyengeru Town Council Wakiso District, located along Kampala-Masaka Road, approximately 14 kilometers (9 miles), South-west of Kampala, basing on the fact that the area has been faced with high teenage pregnancy rate in the last three years, on top of that, its accessible by the researcher.

Study Population

The study population constituted Teenagers, Health Practitioners, Parents, and Social workers this category of population was assumed to have a wide knowledge about the topic under investigation.

Sampling

According to Kothani (2004) Defines sampling as a process of selecting number of participants from a large group of people.

Sampling Design

The study utilized two sampling methodologies. These were purposive sampling, and simple random sampling methodology in order to identify potential respondents for successful completion of this study.

Sampling Procedure

Purposive sampling was used to identify potential and most purposeful respondents in relation to topic under investigation. Simple random sampling was used randomly to identify teenagers, parents, Social workers and other stake holders in the study.

Sample Size

The study sample size involved 155 respondents. This sample size was assumed by the researcher to be representative enough of the entire population. Respondents were chosen from the various categories of people by purposive sampling method. The study involved, 10 parents, 114 Teenagers, 15 Health workers and 16 Social workers. This made up a sample size of 155 respondents from various spheres of life.

Sources of Data

Two sources of data were very useful in this research. These were primary data and secondary data.

Primary source of Data

Primary data source is a kind of data gathered for the first time, it has never been reported anywhere. This was obtained by use of self-administered questionnaires and interviews which enabled us to collect enough data at a reasonable cost.

Secondary sources of Data

Secondary data is the kind of data that is available, already reported by some other scholars. These are the sources from which the literature of the study were reviewed. These sources include; research reports and other publications, textbooks, journals, online articles and ministry of health reports which contained data relevant to the topic. These sources helped the research to cite gaps that were filled by carrying out this research.

Methods of Data Collection and Instruments.

The study adopted both secondary and primary sources of data collection, questionnaires and interview guides were used as the main tools of data collection.

Questionnaires

In this case, self-administered questionnaires were designed to be used by people who could read and write these set of questions. Close ended questionnaires were used because they could enable the researcher to obtain full information concerning the study variables without biasness. Questionnaires enabled formulation of written set of questions to which respondents recorded their responses. The questionnaires were used to elicit data on variables under study that could not be

observed for instance the views, opinions, perceptions and feelings of the respondents, regarding the relationship between parenting and teenage pregnancy

Interview guide

An interview is a dialogue between an interviewer and interviewee. An interview guide was designed as another method of obtaining data from the respondents. Interview guide was used because some of the respondents the researcher intended to interact with were illiterate. The interview guide helped to probe and get additional information about the issue under investigation.

Data Processing

Data Analysis

Data collected was processed both manually and by machine through word processor. This involved editing, summarizing and coding of collected data. The researcher further edited and tabulated the collected data. Each interview was ranked for consistency, accuracy, and completeness. Editing was carried out to detect any inconsistency in the collected data. The researcher reduced the data into frequencies, tables and percentages for ease analysis.

Editing

Editing is the process whereby the completed questionnaires and interview guides are analyzed in the hope of amending recording errors or at least deleting data that is obviously erroneous. This was aimed at improving the quality of information from respondents.

Coding

“The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns”. Coding was used in this research

in order to summarize data by classifying different responses given into categories for easy interpretation.

Ethical Procedure

The researcher tried as much as possible to show the highest level of discipline by respecting the respondents irrespective of their ages or social status so as to portray a good image of the researcher and the institution respectively. The researcher went to the field and reached out every respondent and followed every step of the research so as to avoid forgery and generalization about the study basing on reality and empirical evidence. The researcher followed the advice and instructions given by the supervisor as much as possible to meet the deadlines as demanded by the research supervisor.

Limitations and Delimitations

Lack of enough funds for printing questionnaires, typing, buying papers, binding, compiling the final work, buying airtime, transportation etc. In order to cater for the above expenses, the researcher tried to economize by walking to some places during distribution and picking of questionnaires. She also talked with her sponsors to avail her with more funds in order to fulfill her study objective.

Mismanagement of questionnaires, some questionnaires were misplaced by the respondents claiming to be busy to the extent that they got lost. This was dealt by printing many copies in order to replace the lost ones.

False and unreliable information, some respondents gave false and irrelevant information to the study. This was solved by reading the responses thoroughly and edit to retain the relevant and valid information.

Illiteracy, some respondents were illiterate, meaning that they failed to interpret the symbols, questions and writing down their responses regarding the questionnaire. However the researcher helped them to interpret questions as well as applying other research methods like observation and interviewing to solve the situation.

Data inaccessibility, some respondents failed to reveal true information and even sometimes ignored answering some questions yet they were relevant to the topic. However, this kind of limitation was solved by maintaining a rapport throughout the interview exercise as a way of keeping the interviewee to participate in providing responses to the question asked.

Chapter Four

Data Presentation, Interpretation and Analysis of Findings

Introduction

This chapter focuses on the presentation, interpretation and discussion of the findings obtained from the respondents on the enquiry to ascertain whether there is a relationship between parenting and teenage pregnancy, primarily focusing at Nabbingo Parish, Located in Nabbingo Sub-county, Kyengeru Town Council Wakiso District, Uganda as the case study. The study targeted 155 respondents from Nabbingo Parish, who included, parents, Teenagers, Health Workers, and Social Workers among others. Under this chapter, the study went further to analyze and give answers to the research questions that were raised in chapter one. Presentation and interpretation of data in this chapter has been done with the aid of quantitative and qualitative methods. Quantitative methods involved the use of tables, percentages and personal analysis whereas qualitatively involved presentation and interpretation of respondent's ideas in essay form.

Demographic Information

This part presents the background information of the respondents who participated in the study. The purpose of this background information was to find out the characteristics of the respondents in terms of gender, age, level of education and marital status of respondents.

Gender of Respondents

Here the researcher was interested in gathering information on the gender of respondents and information got was presented in the table below;-

Table 1: Showing Gender Respondents

Gender	Frequency	Percentage (%)
Female	93	60
Male	62	40
Total	155	100

Source: Primary Data, November, 2022

From table 2: It can be noted, from the survey, 60% of the respondents were female and 40% were Male. This indicates that Female respondents constituted high percentage compared to Male as far as the study was concerned. This is an indication that gender sensitivity was taken care of, so the findings therefore cannot be doubted on gender grounds; they can be relied on for decision making. It further indicates that the researchers sought for information from both section of gender.

Findings on Age distribution of Respondents

The researcher went further to gather information about the age of respondents and information provided was presented in the table below.

Table 2: Show the Age distribution of Respondents

Age	Frequency	Percentage (%)
15-19	114	73.5
20 -29	16	10.3
30 -39	15	9.6
40-above	10	6.4
Total	155	100

Source: Primary Data, November, 2022

Table 3 above shows that, majority of respondents were aged between 15-19 years, 114 (73.5%) respondents followed, by 20-29 years with 16 (10.3%) followed by 30-39 years, age group with 15 (9.6%), followed by 40 and above with 10 (6.4%). From the above analysis, it was construed that majority of the respondents were teenagers who are much more affected by behavioral changes including teenage pregnancy. Hence, information obtained from the above age groups could be trusted and looked at as true and good representation of the information the researcher was looking for in this study.

Findings on Education level of Respondents

Here the Researcher was interested in gathering information on the education level of respondents and information obtained was presented in the table below:-

Table 3: Show Education level of the Respondents

Academic Qualifications	Frequency	Percentage (%)
Primary	15	9.6
Secondary	99	63.8
Diploma	21	13.5
Bachelor's Degree and above	20	12.9
Total	155	100

Source: Primary data, November, 2022.

Results in table 3: indicate that majority of the respondents held Secondary school level of education with 99 respondents representing 63.8%, followed by Diploma holders with 21 (13.5%) of the respondents, followed by degree holders constituting 20 respondents (12.9%) and finally respondents with primary level were 15, constituting 9.6%. This implies that the respondents were educated and majority of them were in secondary school level of education which accommodates majority of teenagers, therefore the Information obtained could be relied on for decision making on this topic.

Response on Teenage Pregnancy

This section presents the results of teenage pregnancy. Answers to statements on teenage pregnancy were asked from the respondents. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with agreement, 3 with not sure, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. The results are as illustrated in table 4

Table 4: Shows response on teenage pregnancy

Statement	SA	A	NS	D	SD	MEAN
	%	%	%	%	%	
1 I have been exposed to sexual education in my school	31 27.7	44 39.3	10 8.9	11 9.8	16 14.3	2.44
2 I have ever been pregnant	13 11.5	11 9.5	4 3.5	22 19.5	63 55.8	3.98
3 I know someone who is currently pregnant or has been pregnant and had to drop out of school	31 27.2	34 29.8	7 6.1	25 21.9	17 14.9	2.68
4 Teenage pregnant girls should be allowed to stay in school until they deliver	57 49.6	30 26.1	10 8.7	10 8.7	8 7.0	1.97

Source: Primary Data, November 2022

From the findings of the respondents in table 4.2, 31(27.7%) agreed with the statement that they were introduced to sexual education at their schools, while 10(8.9%) did not agree or disagree. Results showed that respondents widely agreed that they were introduced (mean =2.44) to sexual education. 63(55.8%) of respondents firmly differed with the argument that they were not pregnant / sired, while 4(3.5%) did not agree or disagree. Analysis showed that participants commonly said they had no kids before (mean= 3.98). In addition, 34(29.8%) of respondents confirmed that they knew people who are actually pregnant or pregnant and had to quit school, while 7 (6.1%) were neutral about the claim. Results showed that the respondents did not agree or disagree with the information of those who were pregnant and dropped out of school (mean= 2.68). Finally, 57(49.6%) of respondents strongly agreed that

teenage pregnant girls should be permitted to stay in school until they deliver, while only 8(7%) strongly opposed. Results revealed that the respondents generally agreed that pregnant girls should stay at school until they deliver (mean = 1.97).

Parental influence on Teenage Pregnancy

Objective One: To find out whether Parents Influence teenage pregnancy. This section presents findings and analysis of the first assessment to decide whether parents have an effect on the vulnerability of teenagers to early pregnancy. The survey asked to answer arguments as to whether parents impact the exposure of adolescents to the pregnancy of teenagers. The statements earned ratings to assess the degree to which they agree with the claims or disagree with them. The ratings were 1 with strong agreement, 2 with agreement, 3 with not sure, 4 with disagreement, and 5 with strong disagreement. The means of ratings, as well as the frequencies and percentage of responses per score, were then given for each argument. Table 5 shows the results.

Table 5: Shows response regarding the influence of parents on teenage pregnancy

Statement	SA	A	NS	D	SD	MEAN
	%	%	%	%	%	
1 My parents' marital status has influenced how teenagers view relationships and sex	30 26.3	34 29.8	16 14.0	15 13.2	19 16.7	2.64
2 My parents talk to their children about sex	23 20.0	34 29.6	10 8.7	24 20.9	24 20.9	2.93
3 I would like to talk to my teenagers about sex	24 21.4	33 29.5	18 16.1	15 13.4	22 19.6	2.80
4 I am comfortable to talk about sex with my teenagers	15 13.5	19 17.1	20 18.0	32 28.8	25 22.5	3.30
5 Parental communication about sex reduces chances of their children becoming pregnant.	55 48.2	33 28.9	11 9.6	8 7.0	7 6.1	1.94

Source: primary Data: November, 2022

From the results of the respondents in table 5, 34(29.9%) agreed with the statement that the marital status of their parents has changed their view of relationships and sex, while 15(13.2%) disagreed with the statement. The results revealed that the respondents did not agree or disagree as to whether the marital status of their parents influenced the way they view relationships and gender (mean = 2.64). Second, 34 (29.6%) of respondents acknowledged that their parents talked to them about sex, whereas only 10 (8.7%) were negative about the claim. The respondents were usually indifferent as to whether their parents were talking about sex with them (mean = 2.93). In addition, 33(29.5 percent) of the respondents agreed with the assertion that they wanted their

parents to speak to them about sex, while only 15(13.7%) disagreed. The respondents are confused as to whether they like to talk to their parents about sex (mean = 2.80). In comparison, 32 (28.8) of the respondents disagreed with the assertion that they are comfortable talking to their parents about sex, while only 15 (13.5 %) are firmly in agreement with the claim. From the findings, the 39 respondents could not agree or disagree with their parents about whether they are confident talking about sex (mean = 3.30). Eventually, 55(48.2%) of respondents strongly agreed that parental gender contact decreases their children's likelihood of becoming pregnant / siring children, while only 7(6.1%) disagreed. The respondents commonly agreed from the findings that parental communication about sex decreases their children's chances of becoming young parents (mean= 1.94). Using a chi-square measure, further research was performed to verify whether parents affect the sensitivity of adolescents to pregnancy. The findings are as shown in table 6

Table 6: Chi-square Test on Parental influence and Teenage Pregnancy

	<i>Value</i>	<i>Df</i>	<i>Asymp. Sig. (2-sided)</i>
Personal Chi-square	467.130 ^a	414	.036
Likelihood Ratio	258.447	414	1.000
Linear-by-Linear Association	1.759	1	.185
N of valid Cases	115		

a. 456 cells (100.0%) have expected count less than 5. The minimum expected count is .01.

Table 6 findings showed that parents had an effect on the vulnerability of teenagers to early pregnancy (5-0467.130, $P=0.036$). It is evident from the results that parents play a crucial role in avoiding pregnancy in adolescents.

Risk factors Influencing Teenage Pregnancy

Objective Two: To Identify Risk Factors influencing Teenage Pregnancy

This section presents findings and analysis on the second goal to recognize risk factors that drive teenagers into early pregnancy. Answers to statements on risk factors that drive teenagers into early pregnancy were requested from the respondents. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with agreements, 3 with not Sure, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. Details are in table 7 as shown.

Table 7: show response on the risk factors influencing Teenage pregnancy

Statement	SA	A	NS	D	SD	MEAN
	%	%	%	%	%	
1 Girls from poor families are at higher risk of becoming pregnant than girls from rich families	20 17.4	18 15.7	14 12.2	35 30.4	28 24.3	3.29
2 Electronic media influences teenagers to have sex at an early age.	14 12.2	8 7.0	12 10.4	43 37.4	38 33.0	3.72
3 Parental control on access to social networking sites and the internet reduces chances of sexual relationships among teenagers and therefore reduces teenage pregnancy.	16 14.0	29 25.4	15 13.2	36 31.6	18 15.8	3.10
4 Lack of enough scholastic materials drive teenagers to early sex	22 20.0	20 18.2	14 12.7	28 25.5	26 23.6	3.15
5 Peer pressure influences teenager's opinion about sex	29 26.6	20 18.3	9 8.3	27 24.8	24 22.0	2.43

Source: Primary data, November, 2022.

Results presented in table 7 revealed that 35(30.4%) of respondents disagreed with the claim that girls from impoverished families are at a greater risk of becoming young mothers than girls from wealthy families, while 14 (12.2%) were unsure of the argument. The results showed that participants were generally uncertain whether girls from poor households are at greater risk of becoming pregnant than girls from affluent families. In contrast, 43(37.4%) of respondents objected with the claim that teens were influenced by digital media to have intimacy at an early

age, while only 8(7%) agreed with the argument. The analysis showed that participants felt that having sex at an early age was not affected by electronic media by adolescents. In contrast to the findings, 29(25.4%) of respondents thought that parental control over access to online social platforms and the internet decreased the risk of sexual misconduct, reducing the likelihood of teenage pregnancy, while 15(13.2%) were unsure about the claim. The participants are generally uncertain about the decreased risks of teenage pregnancy (mean =3.10) of parental control. 28(25.5%) of the respondents disagreed with the claim that they knew people who had sex at their age, while 14(12.7%) disagreed. In general, the informants were neutral about whether they met people who had sex before (mean = 3.15). Finally, 29(26.6%) of the participants strongly agreed that peer pressure influenced their sex opinion, while 9(8.3%) were positive about the claim. The results showed that the responders generally agreed that societal pressure had an effect on their gender opinion. Using a chi-square test, additional research was carried out to determine whether risk factors drive teenagers into early pregnancy. The findings are illustrated in table 8

Table 8: Chi-square Test on Risk factors and Adolescent Pregnancy

	<i>Value</i>	<i>Df</i>	<i>Asymp. Sig. (2-sided)</i>
Personal Chi-square	391.506 ^a	396	-.045
Likelihood Ratio	222.082	396	1.000
Linear-by-Linear Association	3.126	1	-.077
N of valid Cases	115		

a. 437 cells (100.0%) have expected count less than 5. The minimum expected count is -.01.

From the results in table 6, risk factors push adolescents into adolescent pregnancy ($\chi = 391.506$, $P = 0.045$). This agrees with Lohrfinkk (2006) study which indicated

that a neighborhood social cohesion and collective efficacy moderate the association between parental behaviors and adolescents pregnancy.

Strategies to prevent Teenage Pregnancy

Objective Three: to determine Strategies that may prevent teenage pregnancy. This segment provides findings and analysis on the third goal aimed at defining approaches that could discourage early teenage pregnancy. In addition to comments on approaches that could be put in place to protect early pregnancy, respondents were asked to. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with agreement, 3 with not sure, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. The study findings are presented in table 9

Table 9: shows response on the strategies to prevent Teenage pregnancy

	Statement	SA	A	NS	D	SD	MEAN
		%	%	%	%	%	
1	Enforcing laws and policies that prohibit marriage of girls before 18 years of age will reduce cases of early pregnancy.	43	34	11	12	12	2.25
		38.4	30.4	9.8	10.7	10.7	
2	Maintaining and improving efforts to retain girls in school at all levels will reduce instances of early pregnancy.	35	38	11	19	9	2.37
		31.3	33.9	9.8	17.0	8.0	
3	Increasing access to contraceptives and contraceptive information will reduce cases of early pregnancy	34	40	9	17	10	2.35
		30.9	36.4	8.2	15.5	9.1	
4	Establishing laws that harshly punish perpetrators of sex will reduce cases of early pregnancy.	42	35	9	14	12	2.28
		37.5	31.3	8.0	12.5	10.7	
5	Establishing more talks in school and encouraging parents to talk to their kids about sex will significantly reduce cases of early pregnancy.	55	42	9	3	3	1.72
		49.1	37.5	8.0	2.7	2.7	

Source: Primary data, November, 2022

In table 9: the results show that 43(38.4%) of the study participants strongly agreed with the idea that implementing legislation banning girls' marriage before the age of 18 would minimize early pregnancy cases, while only 11 (9.8%) of respondents are not sure of the claim. The findings showed that respondents generally agreed to eliminate early pregnancy cases by implementing law and policies that forbid marriage before 18 years. Second, 38 (33.9%) of respondents accepted that

sustaining and strengthening efforts to keep girls at all grades of school would minimize early pregnancy, although 9(8.0%) strongly disagreed with the claim. Overall, the results showed that keeping girls in school would minimize early pregnancy (mean=2.37). Furthermore, 34(30.9%) of respondents strongly agreed that increased access to contraception and contraceptive data will minimize early pregnancy cases, whereas 9(8.2%) were positive about the claim. 42(37.5 percent) of the responders concurred that the establishment of laws severely punishing sex offenders would minimize early pregnancy cases, whereas only 9 (8.0 percent) of the respondents did not agree or disagree with the statement. Subsequently, 155(49.1) of the respondents strongly agreed that setting up more school talks and urging parents to talk to their children about sex would significantly reduce early pregnancy cases, although 3 (2.7%) disagreed and 3(2.7%) disagreed strongly. All in all, results showed that setting up more school talks and urging parents to be candid with sexual education with children would minimize early pregnancy (mean= 1.72). More research was performed using a Chi-square test to verify whether the proposed early pregnancy prevention approaches were successful. Results are as shown in table 10.

Table 10: Chi-square on strategies and adolescent pregnancy

	<i>Value</i>	<i>Df</i>	<i>Asymp. Sig. (2-sided)</i>
Personal Chi-Square	410.082 ^a	324	.001
Likelihood Ratio	212.186	324	1.000
Linear-by-Linear Association	.841	1	.359
N of valid Cases	115		

a. 361 cells (100.0%) have expected count less than 5. The minimum expected count is .01.

The results in table 8 show that interventions are effective in preventing early pregnancy among teenagers ($\chi^2 = 410.082$, $P = 0.001$). Actionable interventions will help reduce teenage pregnancy

incidents from these tests. This is in line with Kirby's (2001) finding that education is key to lowering rates of pregnancies among adolescents

Chapter Five

Summary of the Findings, Conclusions and Recommendations

Introduction

This chapter presents a Summary of the findings of the study, Conclusions and Recommendations made from the findings of the study.

The study was carried out to investigate whether there is a relationship between parenting and teenage pregnancy. The study was carried out in, Nabbingo Parish, Nabbingo Sub-county, Kyengera Town Council Wakiso District, located along Kampala-Masaka Road, basing on the fact that the area had faced with high teenage pregnancy rate in the last three years. The study was intended to examine whether parenting influence Teenage pregnancy in Nabbingo Sub-County, to identify risk factors that push teenagers to early pregnancy and finally to determine strategies that may prevent early pregnancy among teenagers in Nabbingo Sub-county- Wakiso District.

Discussion of Findings

Demographic Characteristics of Respondents

The study findings revealed that among the respondents who participated in the study, 60% of the respondents were female and 40% were male. This indicates that female respondents constituted high percentage compared to female as far as the study was concerned.

Findings on the age group of respondents indicated that, majority of respondents were aged between 15-19 years with 52%, followed, by 20-29 and 40 and above years with 17.3% respectively followed by 30-39 age group with 13%. It was construed that majority of the respondents were youth who are much more affected by behavioral changes including teenage pregnancy.

Findings on the education level of respondents, the study revealed that, majority of the respondents held Secondary school level of education with 60.8%, followed by Diploma holders with 17.3%, followed by degree holders constituting at 13% and finally respondents with primary level constituting 8.6%. This implies that the respondents were educated and majority of them were in secondary school level of education which accommodates majority of teenagers, therefore the information could be relied on for decision making on this topic.

Findings on Teenage Pregnancy

The study revealed that the teenagers consulted from Nabbingo Parish have been exposed to sex education. Equally, they believed that pregnant female adolescents should continue with their studies until delivery irrespective of their motherhood status. Nevertheless, the respondents had no common consensus regarding young mothers dropping out of school. Generally speaking, the respondents stated that they had never had children before.

Findings on Parental influence on Teenage pregnancy

The study showed that the respondents did not agree or disagree about whether the marital status of their parents influenced their perceptions on relationships and sex, whether their parents talked to them about sex and whether they were confident talking about sex. Nevertheless, respondents generally agreed that sexual education by parents decreases their chance of their children's exposure to early pregnancy. A Chi-square test analysis showed that parents have a considerable authority over adolescent related pregnancies, thereby demonstrating the significant responsibility that parents have in ensuring their adolescent children do not get pregnant.

Findings on the Risk factors influencing Teenage pregnancy

Study findings showed that participants were unaware about whether girls from poor households are at a higher risk of becoming pregnant than girls from wealthy backgrounds, and that parental guidance reduces the likelihood of teenage pregnancy, they remained neutral regarding knowing people who have had sex before. The respondents generally felt that having sex at an early age would not be affected by electronic media. The respondents acknowledged, however, that peer pressure affects their views on sex. A further analysis by the Chi-square test showed that risk factors drive teenagers in to early pregnancy related issues.

Findings on the strategies to Prevent Teenage Pregnancy

According to the findings of the study, the study participants were of the consensus that implementing laws and policies banning marriage before 18 years would reduce early pregnancy cases, and strongly agreed that setting laws severely punishing forced sex offenders would reduce early pregnancy cases. In addition, respondents thought that keeping girls in school would reduce early pregnancy cases, and improved access to contraceptives and contraceptive data would reduce early pregnancy cases. More findings showed that setting up further school talks and encouraging parents to talk about sex with children would minimize early pregnancy. Additional analysis using a chi-square test showed that approaches are effective in preventing pregnancies associated with adolescents.

Conclusion

The study concludes that teens have been exposed to sexual education in general. Furthermore, many teenagers have not had children before as indicated in

the study results, and they believe that teenage pregnant girls will stay in school before they deliver. It is also concluded that the communication of parents about sex decreases their children's chances of becoming pregnant / siring children, which means that parents play a very important role in reducing teenage pregnancy cases. In addition, peer pressure is believed to affect the viewpoint of adolescents on gender, and risk factors drive adolescents into teenage pregnancy. Furthermore the study concludes that the establishment of laws and rules banning girls' marriage before 18 years and laws severely punishing forced sex offenders would greatly reduce teen pregnancy cases. In addition, increasing access to contraception and contraceptive data, keeping girls in school at all grades, and encouraging parents to talk about sex with children will greatly reduce teen pregnancy cases.

Recommendations

The study proposed the following recommendations to be considered.

Parents should talk to their adolescents about sex, and the adolescents should be encouraged to candidly talk about sex, in a bid to reduce cases of early pregnancy.

- i. Adolescents should be taken through talks at school on how-to avoid peer pressure, in order to fight cases of early pregnancy as a result of peer pressure.
- ii. The government and other regulatory bodies should establish laws prohibiting marriage of girls before 18 years and laws that harshly punish perpetrators of forced sex. This would significantly reduce cases of early pregnancy.
- iii. Health officials and other interested parties should readily provide contraceptives and contraceptive information to adolescents in order to reduce early pregnancies among sexually active adolescents.

- iv. For further research, the study should be conducted in more counties in order to generalize the results to the whole country

References

- Aneshense, C.S., & Sucoff, C.A. (1996). The neighborhood context of adolescent mental health, *Journal of Health and social Behaviour*, 37, 293-310.
- Baker, S. A. Thalbery, S.P., & Morrison, D.M (1996). Parent behavior norms as predictor of adolescent sexual activity and contraceptive use. *Education Psychology*, 23, (90), 265-282
- Barber, B.K., & Olsen, J.A., (1997). Socialization in context: connection, regulation, and autonomy in the family, school and neighborhood, and with peers. *Journal of Adolescent Research*, 12 (2), 287-315.
- Barnett, J., Papini D, & Gbur, E., (1991). Familial correlates of sexually active pregnant and non-pregnant adolescents. *Adolescence*, 26 (102), 457-472.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescent*, 11, (1), 56-95.
- Berry, E.H Shillington, A.M., Peak, T & Hohman, M.M. (2000). Multi-Ethnic Comparison of risk and protective factors for adolescent pregnancy. *Child and Adolescent Social Work Journal*, 17, (2) 79-99.
- Brooks- Gunn, J., Duncan, G.J., Klebanov, P.K, & Sealand, N. (1993). Do Neighborhoods influence child and adolescent development? *American Journal of psychology*, 99 (2), 353-395.
- Christopher, F.F., Johnson, D.C., & Roost, M.W., (1993). Family, individual and social correlates of early Hispanic adolescent sexual expression. *Journal of sex Research*, 30 (1), 54-61.
- Cochran, W.G. (1977). *Sampling techniques*. Oxford England: John Wiley & Sons.
- Darling, C.A & Hicks, M.W (1982). Parental influences on adolescent sexuality: Implication for parents as educators. *Journal of Youth and adolescence*, 11, 231-245.

Dittus, P., Jaccard, J., & Gordon, V.V., (1999). Direct and non-direct communication of maternal beliefs to Adolescents: Adolescent motivation for premarital sexual activity. *Journal of applied social psychology*, 29, 1927-1963.

Whitbeck, L.B., Yoder, K.A., Hoyt, D.R., & Conger, R.D. (1999). Early adolescent sexual activity. A development studies. *Journal of Marriage and the family*, 61, 934-946.

Wu, L.L., & Martinson, B.B. (1993). Family structure and the risk of a premarital birth American Sociological Review, 58, 210-232.

Young, E.W., Jensen, L.C., Olsen, J.A., & Cundick, B.P. (1991). The effective of family structure on the sexual behavior of adolescents. *Adolescence*, 26, 977-986.

Appendix I: Questionnaire

Dear respondent,

I am Nabakooza Irene a student of Makerere University, Pursuing a Bachelor's Degree in Community Psychology. I'm conducting a research on "*The Relationship between Parenting and Teenage pregnancy, a case study of Nabbingo sub county Kyengera Town Council*". You have been selected to participate in this study by answering the questions in the questionnaire appropriately. The information provided was purely for academic purposes and your response was kept confidential. I was grateful for your participation.

SECTION 1: BACKGROUND OF THE RESPONDENTS

i) Gender

Male

Female

ii) What is your age, please write down

.....

iii) Marital status of respondents

Single Divorced

Married

iv) Level of education

Primary level

Secondary school level

Diploma

Bachelor's Degree and above

SECTION 2: TEENAGE PREGNANCY

Please indicate your level of agreement with the statements below by ticking the appropriate column. Strongly Agree- (SA) Agree- (A) , Not sure- (NS) Disagree- (D), Strongly Disagree-(SD)

Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
SA	A	NS	D	SD

The following are statements **on teenage pregnancy**. Kindly read them carefully and indicate how much you agree/disagree with the statements by ticking in the given boxes.

	Statement	SA	A	NS	D	SD
1	I have been exposed to sexual education in my school					
2	I have ever been pregnant					
3	I know someone who is currently pregnant or has been pregnant and had to drop out of school					
4	Teenage pregnant girls should be allowed to stay in school until they deliver					

SECTION 3: PARENTAL INFLUENCE ON TEENAGE PREGNANCY

The following are statements regarding **parental influence on teenage pregnancy**. Kindly read them carefully and indicate how much you agree/disagree with the statements by ticking in the given boxes.

	Statement	SA	A	NS	D	SD
1	My parents' marital status has influenced how teenagers view relationships and sex					
2	My parents talk to their children about sex					
3	I would like to talk to my teenager about sex					
4	I am comfortable to talk about sex with my teenagers					
5	Parental communication about sex reduces chances of their children becoming pregnant.					

SECTION 4: RISK FACTORS INFLUENCING TEENAGE PREGNANCY

The following are statements on **risk factors influencing teenage pregnancy**. Kindly read them carefully and indicate how much you agree/disagree with the statements by ticking in the given boxes.

	Statement	SA	A	NS	D	SD
1	Girls from poor families are at higher risk of becoming pregnant than girls from rich families					
2	Electronic media influences teenagers to have sex at an early age.					
3	Parental control on access to social networking sites and the internet reduces chances of sexual relationships among teenagers and therefore reduces teenage pregnancy.					
4	I know people of my own age who have had sex					
5	Peer pressure influences my opinion about sex					

SECTION 5: STRATEGIES TO PREVENT TEENAGE PREGNANCY

The following are statements on strategies to reduce teenage pregnancy . Kindly indicate how much you agree/disagree with the statements by ticking in the given boxes.						
	Statement	SA	A	NS	D	SD
1	Enforcing laws and policies that prohibit marriage of girls before 18 years of age will reduce cases of early pregnancy.					
2	Maintaining and improving efforts to retain girls in school at all levels will reduce instances of early pregnancy.					
3	Increasing access to contraceptives and contraceptive information will reduce cases of early pregnancy					
4	Establishing laws that harshly punish perpetrators of forced sex will reduce cases of early pregnancy.					
5	Establishing more talks in school and encouraging parents to talk to their kids about sex will significantly reduce cases of early pregnancy.					

Thank you