# FACTORS INFLUENCING TEENAGE PREGANANCY AMONG GIRLS AGED 13-19 YEARS ATTENDING ANTENENTAL CARE AT NKONI HEALTH CENTRE III LWENGO DISTRICT. A DESCRIPTIVE CROSS-SECTIONAL STUDY.

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## Abstract

### Introduction.

Adolescent pregnancy is defined as a pregnancy in girls, 10–19 years of age. An estimation of 16 million girls aged 15–19 years old give birth each year, contributing to nearly 11% of all births worldwide. Globally, approximately 18 million girls under 20 years give birth each year. In Lwengo was reported to be 4.7% births per woman in 2022, higher than Uganda's estimated of 25%.

Purpose of the study.

To increase knowledge and create awareness about teenage pregnancy and its related consequences.

Objectives.

The general objective of the study was to determine factors influencing teenage pregnancy among girls aged 13 -19 years attending antenatal care at Nkoni health center III which encompassed knowledge, cultural practices, and social-economic factors.

Methodology.

This descriptive cross-sectional study was conducted from 5th - 27th January 2023 where 153 participants were selected at convenience, and issued questionnaires to ensure data collection which was presented in the form of tables, pie charts, charts, and figures.

Results.

The study showed that majority, 80(52.3%) of the respondents were aged 17-19 years, 110(71.8%) had knowledge about SRH which they acquired from Relatives, and the age of conception was above 14 years, however, they did not know the fertile period, 82(53%) did not use contraceptives, alcohol use (17%), watching pornography 40(67%), 35(58%) transactional sex and most parents were peasants.

### Conclusion

Based on the study findings, most female adolescents had good knowledge about SRH; Poverty increased the risk of teenage pregnancy.

### Recommendations.

The local government should work collaboratively with citizens to eradicate poverty through sensitization and motivation, as well as setting up projects to advance peasant farmers. Also, involve the religious leaders to counsel parents about the upbringing of children, and setting up tough laws on convicts. Parents should motivate teenagers to stay in school to prevent teenage pregnancy.

*Keywords:* teenage pregnancy, adolescent, girls aged 10-19, Nkoni health centre, Submitted: 2023-04-13 Accepted: 2023-07-29

# 1. Background of the study.

Teenage pregnancy is the pregnancy that occurs to a woman under the age of 20 and any woman below 12 years who is pregnant fall into this definition. [APA 2020].

Globally, teenage pregnancy is a common occupancy however this does not stop women who are expecting from feeling stigmatized about their pregnancy particularly if it was unplanned. [APA 2020]. Adolescents account for 1.2 million people and 11% of all births worldwide are girls aged 13-19 years(Govender et al., 2019). In every developing country, 20000 girls under 18 years give birth. This amounts to 7.3 million births a year[UNFPA 2021]. And if all pregnancies are included not just births, the number of adolescent pregnancies is much higher [UNFPA 2021].

Each year, an estimation of 21 million pregnancies occur among adolescent girls aged 15-19 years in developing countries almost half of which [49%] are unintended (Wado et al., 2019). This results from an estimation of 16 million and more than 3.2 million abortions annually.

In sub-Saharan Africa, an estimation of 45% of the pregnancies among young women aged 15-19 years unintended pregnancies resulting in unintended births, unsafe abortions, and discouragement. Nearly half of the unsafe abortion cases in sub-Saharan Africa also occur among adolescent girls and young women under the age of 25 years accounting for 19.3% Yohannes *et al* (2019).

In Africa, a total of 24 countries in east, west, central, north, and southern Africa sub-regions were included in the study and the overall pooled prevalence is 18.8%. In northern Africa, teenage pregnancy accounts for 9.2%. Getchew M, *et al* (2018].

In East Africa, the prevalence is 21.5%. Adolescents who may not avoid pregnancies may not be able to do so due to the knowledge gap and misconceptions about where to obtain contraceptives and how to use them. Getchew *et al* (2018)

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Adolescents face barriers to accessing contraception due to the restrictive laws and policies regarding the provision of contraceptives based on age and marital status, health worker bias and lack of willingness to acknowledge adolescent sexual health needs, and adolescent own inability to access contraceptives because of lack of knowledge, transport, and financial constraints (Chandra-Mouli et al 2018). Additionally, adolescents lack the agency and autonomy to ensure the correct consistent use of contraceptives. At least 10 million unintended pregnancies occur each year among adolescents aged 15-19 years in developing countries [WHO 2020].

In Uganda, Teenage pregnancies account for 25% where 16% of Ugandans who are married by the age of 15 years and 53% by the age of 18 years carrying a higher risk, and girls under 15 years are five times more likely to die in childbirth than females in their twenties (Herbert N 2020].

In the Masaka-Lwengo district, a cross-sectional study done between March and November 2020, showed that over 1,064 pregnancies among school-going children were registered during the covid -19 induced lockdown, and this accounts for about 9% of Uganda's

total percentage according to the city's probation officer and statistics were drawn from official records of expectant mothers who sought antenatal health care services at various health facilities and available records show that the victims are adolescent girls between 12-19 years.

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total percentage according to the city's probation officer and statistics were drawn from official records of expectant mothers who sought antenatal health care services at various health facilities and available records show that the victims are adolescent girls between 12-19 years.

### 1.1. Study objectives.

### 1.1.1. General study objectives.

To determine the factors influencing teenage pregnancy among girls aged 13-19 years attending ANC at Nkoni health center all.

### 1.1.2. Specific study objectives.

- To assess the knowledge of girls aged 13-19 years about teenage pregnancy attending ANC at Nkoni health center.

- To determine cultural practices that lead to teenage pregnancy among girls aged 13-19 years attending ANC at Nkoni health center III.

- To determine social economic factors associated with teenage pregnancy among girls aged 13-19 years attending ANC at Nkoni health center lll.

## 2. METHODOLOGY.

### 2.1. Study design.

The study was a descriptive cross-sectional study in which quantitative and qualitative methods of data collection were used to determine factors influencing teenage pregnancy among girls aged 13-19 years attending antenatal care at Nkoni Health Centre III, Lwengo district. The qualitative method established a clear orientation while the quantitative approach measured the respondents' Knowledge and opinions and this ensured adequate data collection.

## 2.2. *Study area.*

The study was carried out at Nkoni Health canter III, Lwengo district which is located at about 120km off Masaka- Mbarara road in southern Uganda with a population of 290500 people where 143500 are males and 142000 are females having over 15 villages, 7 sub parishes and 1 parish. The study was carried out from September 2022 to late November 2022

## 2.3. *Study Population.*

The study was conducted among teenage mothers [13-19 years] attending antenatal care at Nkoni health center lll, Lwengo district.

## 2.4. *Sample size determination.*

Sample size determination was calculated using the sample size formula by Kish Leslie 1965.

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where: n= Sample size, Z = confidence interval, P= estimated proportion of teenage pregnancy (according to UNFPA 2021), d =margin of error.

Where: n =?
Z = 1.96
P= 0.11%
I-P= 0.89%
d = 0.05

$$n = \frac{(1.96)^2 x (0.11 x 0.89)}{(0.05)^2}$$

$$n = \frac{3.92 x 0.11 x 0.89}{0.0025}$$

Therefore, the sample size was 153 respondents which the researcher used in the study.

## 2.5. *Sampling techniques.*

In this study, a convenient non-probability sampling technique was used in the selection of participants because it eliminates bias, is quick, economical, and easy to engage them.

## 2.6. *Sampling procedure.*

Pregnant teenagers who attended ANC at the facility were chosen randomly at convenience where they were numbered from 1 to N (where N is the number of teenagers who are pregnant) and they were given a questionnaire by the researcher to fill accordingly.

## 2.7. *Data collection method.*

Pre-tested structured questionnaires were administered to respondents who were asked to fill the gaps where necessary or to tick in the box with the appropriate answer (yes or no). Those who were unable to read and Wright were helped to read and interpreted questions guided by the researcher when answering questions.

## 2.8. *Data Collection Tools.*

The researcher used questionnaires to collect data that were self-administered to the literate females which involved both open and closed-ended questions aimed at finding out the factors influencing teenage pregnancy among girls aged 13-19 years attending ANC at Nkoni health center lll.

## 2.9. *Data collection procedure.*

The study employed a self-administration approach to data collection to ensure that unintended people do not fill out the questionnaire or be interviewed.

After the data collection, it was edited to check for double entries and missing information, data coding was done, data entry in Microsoft Excel, data cleaning, and exported to a computer-programmed SPSS for analysis. Data were analyzed by grouping the ideas as per the objectives of the study.

## 2.10. *Study variables.*

### 2.10.1. *Dependent variable.*
Factors influencing teenage pregnancy.

### 2.10.2. *Independent variable.*
Girls aged 13-19years ANC at Nkoni health center III

## 2.11. Quality control.

A pilot study was carried out a few days before the start of the actual data collection and it was done among a group of 10 teenage mothers attending ANC at Nkoni health center III to whom the questionnaire was administered for pre-testing to check the efficiency of the questionnaires and to rectify errors before the actual data collection would be started.

The quality of the study was guaranteed by taking into consideration the following; standard operating procedures were observed, and pre-test visits to the study area for the exercise with authorities were conducted before the study.

Data collection was done by the researcher herself, and research instruments like questionnaires were checked for errors of commission to ensure consistence, completeness, and accuracy in filling a questionnaire.

## 2.12. Inclusion criteria.

The study included all teenage pregnant mothers, who consented to participate in the study.

### 2.12.1. Exclusion criteria.

Teenage pregnant mothers, who were not mentally fit, did not consent to participate in the study.

## 2.13. Data analysis and presentation.

Data were recorded, categorized, cleaned, coded, and manually analyzed using a summarized master sheet and were reviewed for accuracy, consistency, and completeness. Later, data was analyzed using micro soft excel, results were presented using charts, tables, and pie charts.

## 2.14. Ethical consideration.

The researcher obtained an introductory letter from the academic registrar, approved by the principal of Medicare health professionals college, which was delivered to the Diocesan health coordinator who will issue an introductory letter to the in charge of Nkoni Health Centre III. Confidentiality, dignity, and respect of all participants were observed throughout the study as the participant's data was kept confidential. Participants were assured that there was no form of harm if they don't wish to participate in the study, and proper consent in writing was obtained from participants verbally before questionnaires were issued.

# 3. ANALYSIS OF STUDY FINDINGS.

## 3.1. Demographic characteristics of the respondents.

In table 1, the majority, 80[52.3%] of the respondents were aged 17-19 years while the minority, 23(15.0%) of the adolescents were between 13-14 years, most of the respondents 85(55.56%) were Buganda, while the least 25(16.34%) were Banyarwanda except Banyankole.

Most 110(72%) of the respondents were Catholic while the least 3(2%) were except born again, Anglicans and Muslims. Majority 119(78%) were married and the minority 2(1%) were pagans except those who are single and cohabiting. And majority,100(65.4%) of the respondents stopped at primary level and the least 33(21.6%) were drop outs except those that stopped at secondary level.

## 3.2. Knowledge of teenagers towards teenage pregnancy.

In figure 1 ,the majority 110(71.8%) had knowledge on reproductive health while the minority 43(28.1%) did not have knowledge about reproductive health.

In table 2, most of the respondents 130(85%) reported that the age of conception was above 14 years,13(8%) reported 13years while none was under 12yearsand 10(7%)reported other ages.

In figure 2, the majority,140(91.5%) of the respondents had knowledge about Teenage pregnancy while 13(8.5%) did not have knowledge about teenage pregnancy.

In figure 3, most 130(85%) of the respondents did not know about the fertile period of the menstrual cycle while the least 23 (15%) knew about the fertile period of the menstrual cycle.

Table 1: Distribution by Socio-demographic characteristics of respondents.

| Variables. | | Frequency. | Percentage. |
|---|---|---|---|
| | 13-14 | 23 | 15.0% |
| Age | 15-16 | 50 | 32.7% |
| | 17-19 | 80 | 52.3% |
| | Baganda | 85 | 55.56% |
| Tribe | Basoga | 25 | 16.34% |
| | Banyankole | 43 | 28.10% |
| | Others | 0 | 0% |
| | Catholic | 110 | 72% |
| | Anglican | 5 | 3.2% |
| | Born again | 20 | 13% |
| | Muslim | 15 | 9.8% |
| | Pagans | 3 | 2% |
| | Married | 119 | 78.% |
| Marital status | Single | 21 | 14% |
| | Cohabiting | 11 | 7% |
| | Others | 2 | 1% |
| Education status | Primary | 100 | 65.4% |
| | Secondary | 20 | 13% |
| | Dropouts | 33 | 21.6% |
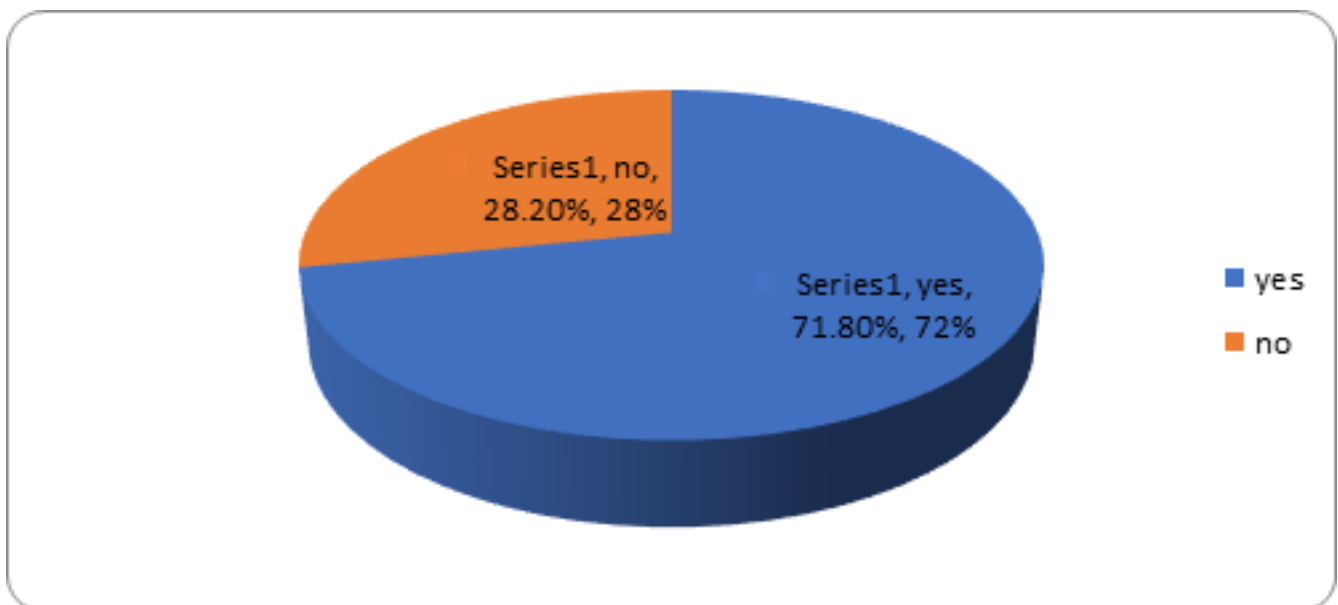


Figure 1: Showing distribution according to knowledge on sexual reproductive health.
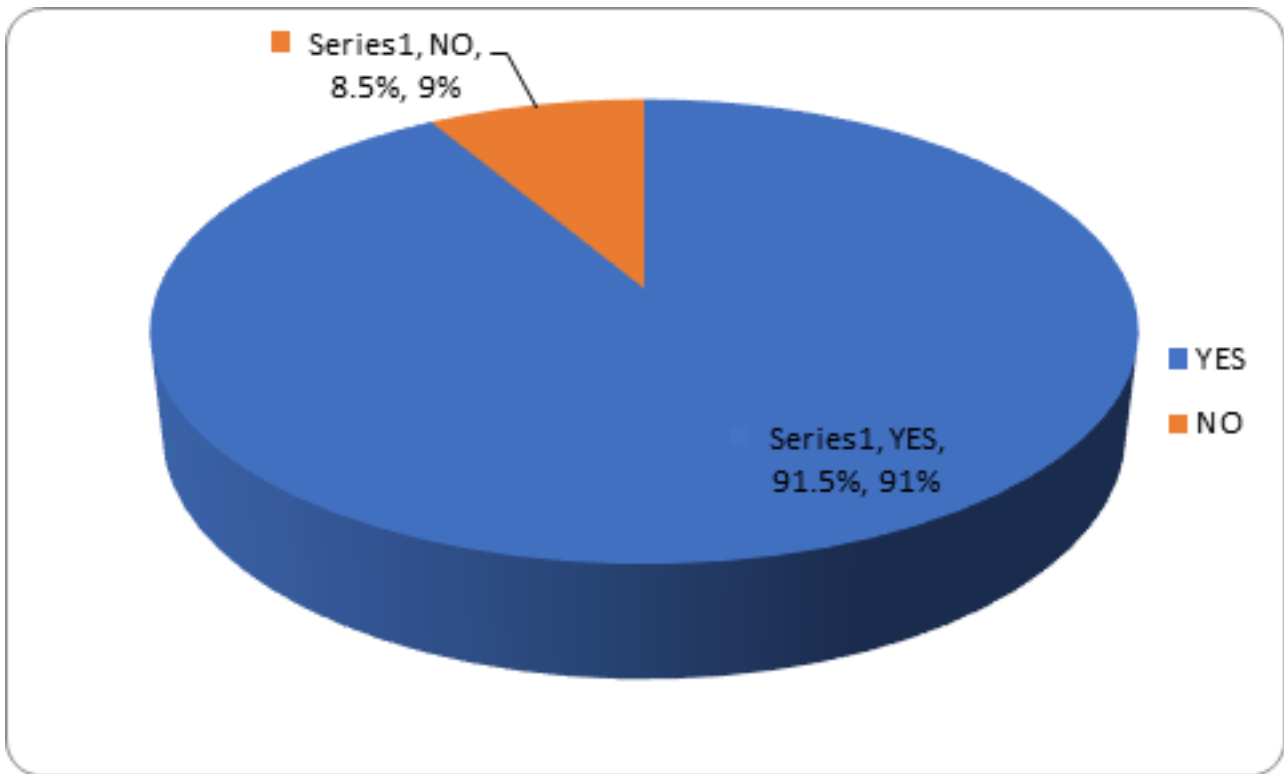
*August 1, 2023*

Figure 2: Showing whether respondents had knowledge about Teenage pregnancy.
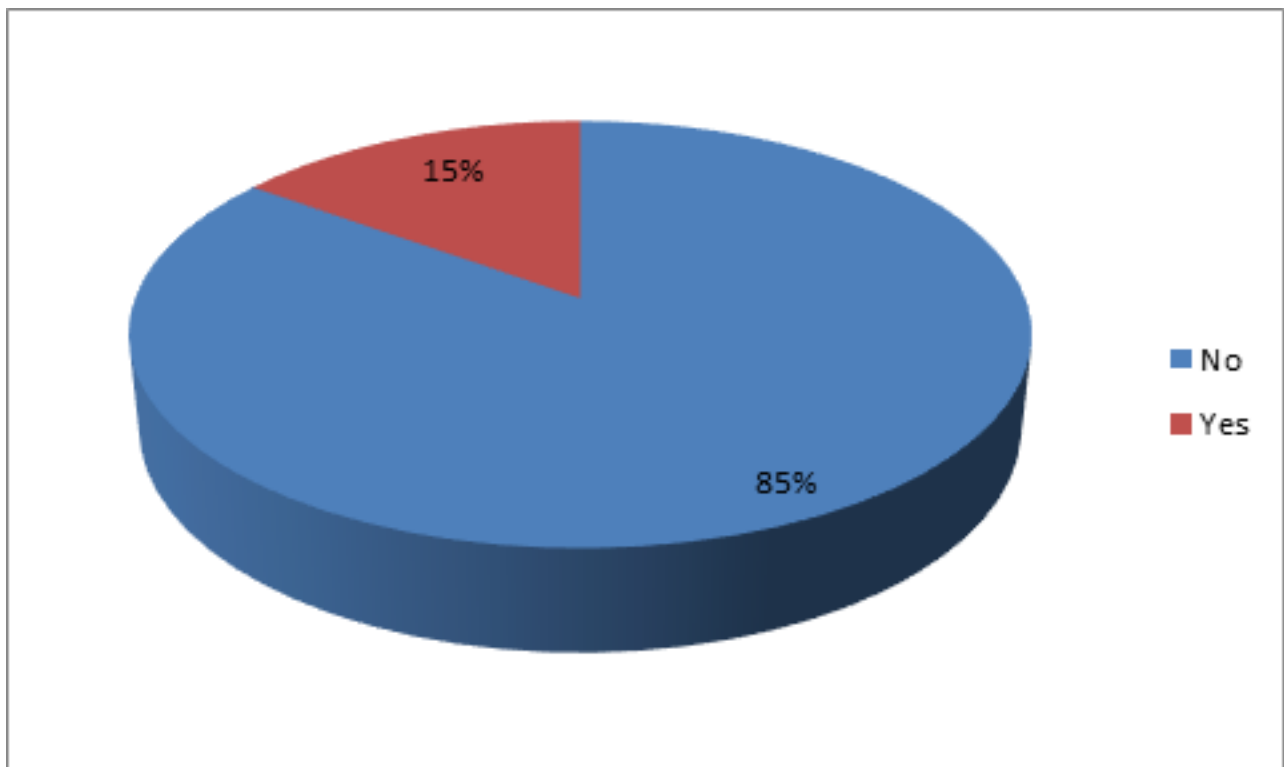


Figure 3: Showing whetherrespondent's knowledge about fertile period in the menstrual cycle

Table 2: Showing different ages of conception.

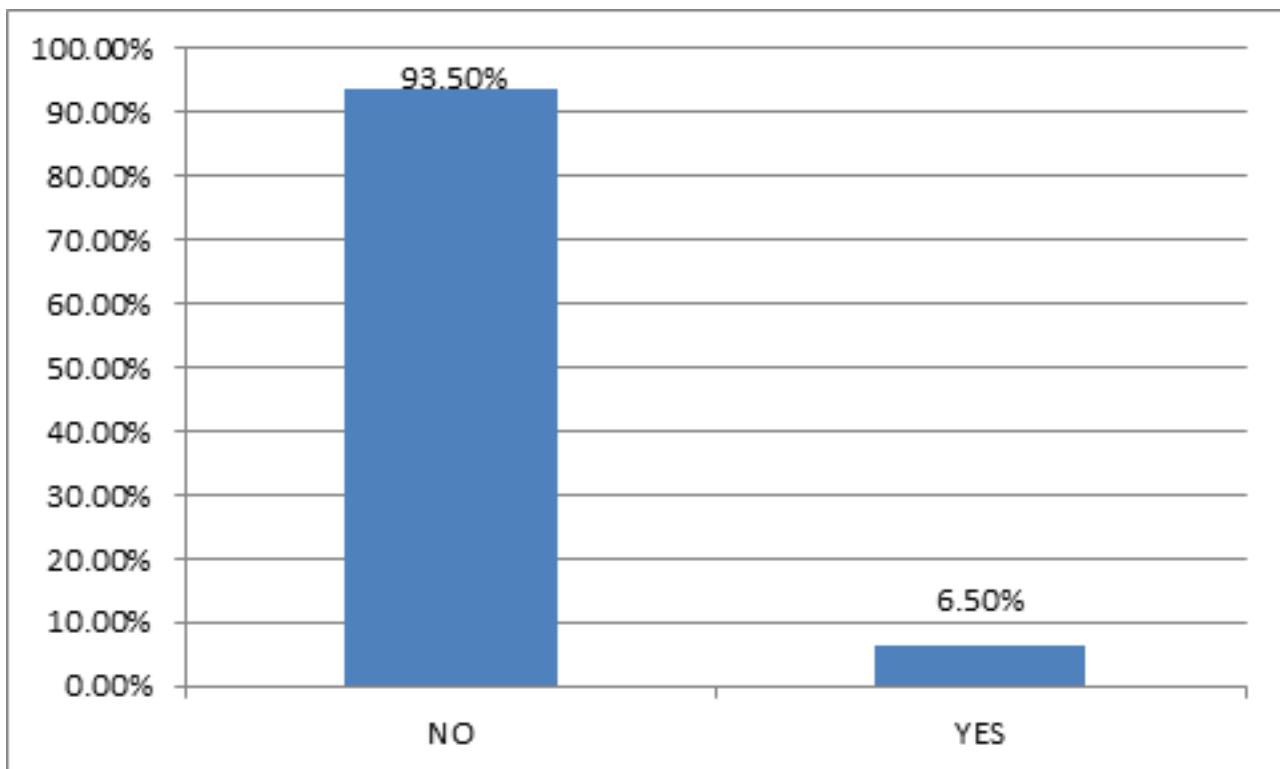| Variable | Frequency | Percentage |
|---|---|---|
| 12 | 0 | 0% |
| 13 | 13 | 8% |
| 14 | 130 | 85% |
| Others | 10 | 7% |



Figure 4: showing distributionaccording to use of alcohol

### 3.3. *Cultural Practices of teenagers towards teenage pregnancy*.

In figure 4, most, 143(93.5%) of the respondents did not get pregnant due to alcohol use and only 10(6.5%) were associated with alcohol use.

In figure 5, most, 93(60.8%) of the respondents never practiced transaction sex while 60(39.2%) practiced transactional sex.

In figure 6, most respondents 135(88.2%) reported to have watched pornography while 18(11.8%) reported not to have watched pornography.

The majority 75(49%) had 1 sexual partner, 50(32.6%) had 2 partners,18(11.7%) had more than and only 10(6.5%) had one partner.(Table 3)

Majority 53% of the respondents did not have knowledge on the use of contraceptives while 47% had knowledge on the use of contraceptive(Figure 7)

### 3.4. *Social economic factors f girls aged 13-19 years associated with teenage pregnancy*.

Most 98(64.1%) of the respondents reported that their parents had divorced while 55(35.9%) reported their parents were married (figure 8).

Majority 81(52.9%) did not communicate with their girls and only 72(47%) communicated with their children (Figure 9)

Most 120(78.4%) of the respondents reported that their parents were peasants, 7(4.5%) re-
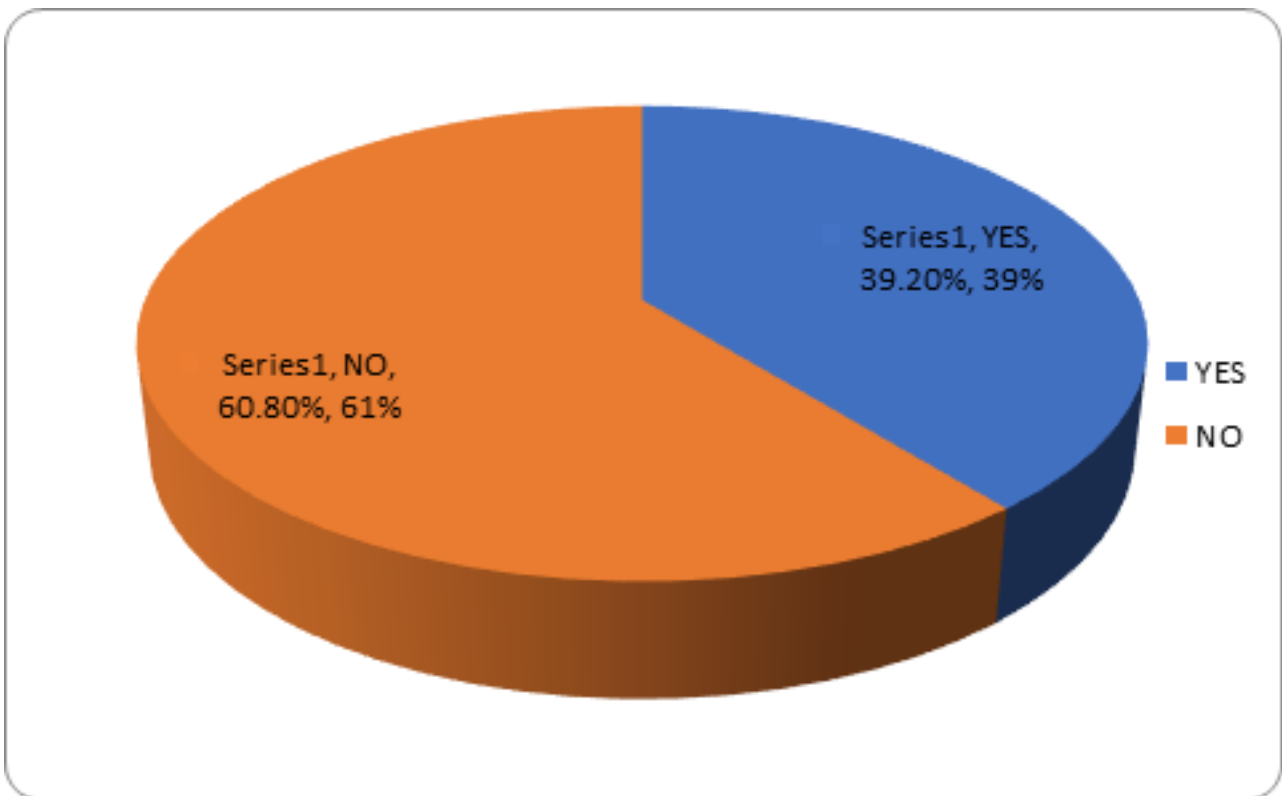
*August 1, 2023*

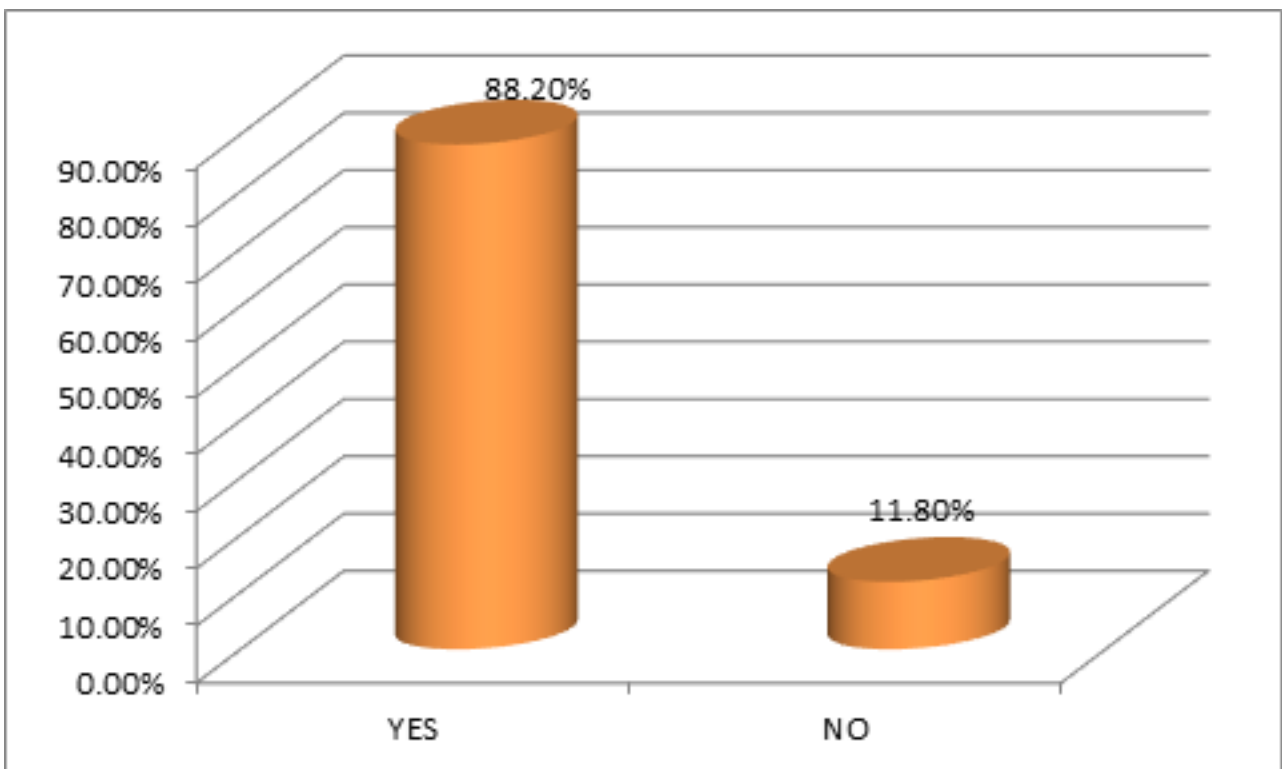Figure 5: Showing distribution by transactional sex.



Figure 6: Showing whether watchingpornography is associated with teenage pregnancy
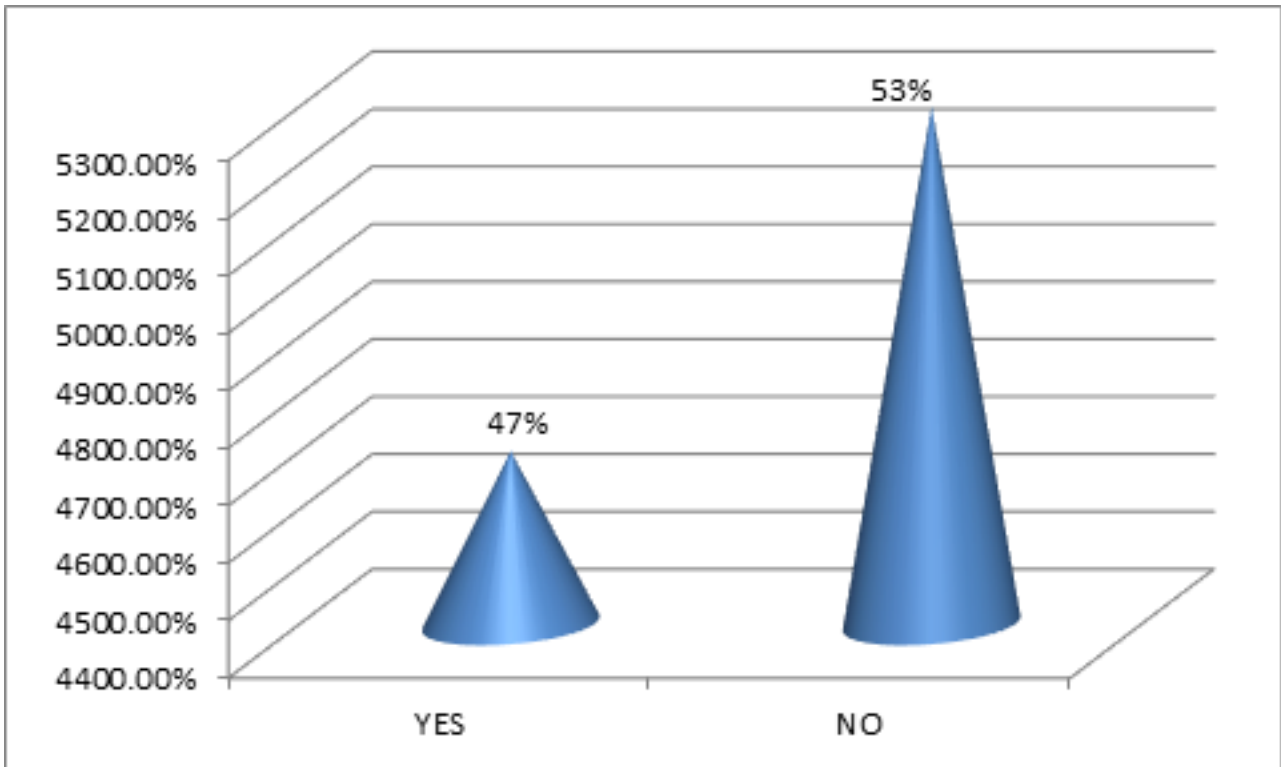
*August 1, 2023*

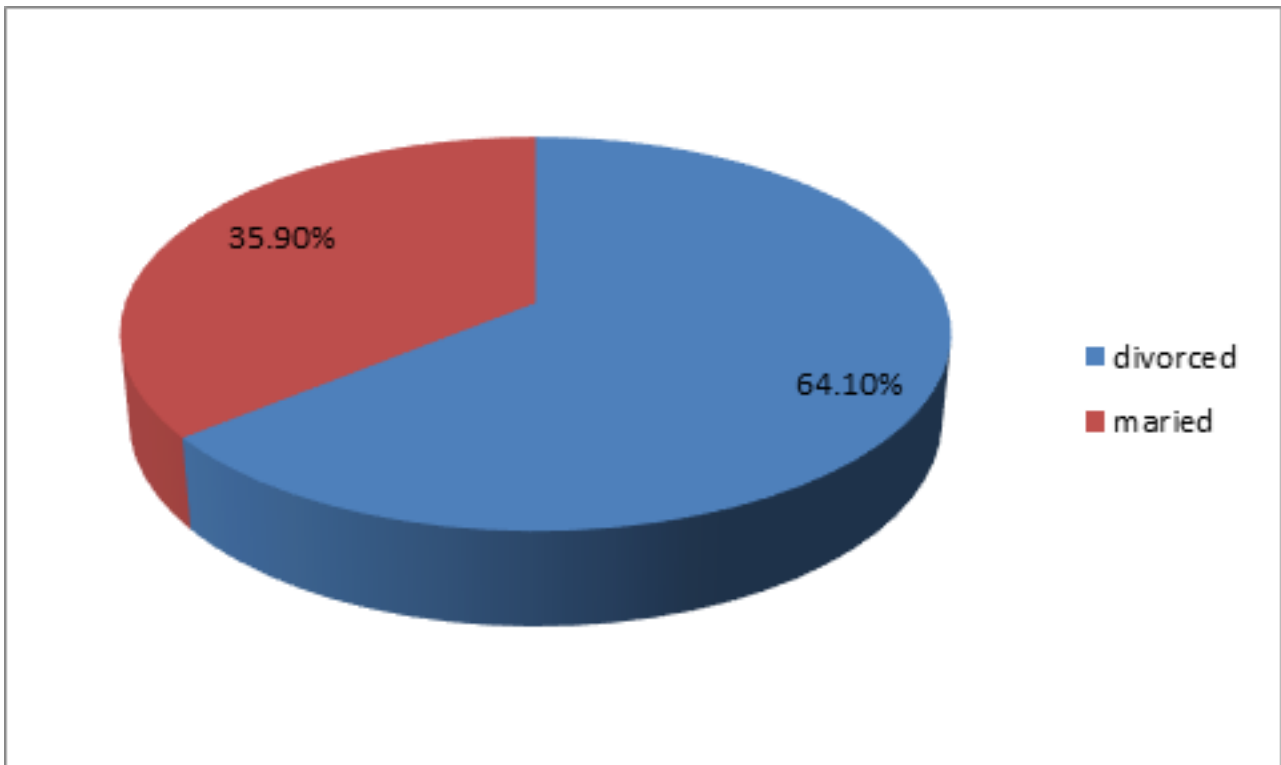Figure 7: Distribution by contraceptive use



Figure 8: Distribution by marital status of parents.

Table 3: Showing distribution by number of sexual partners

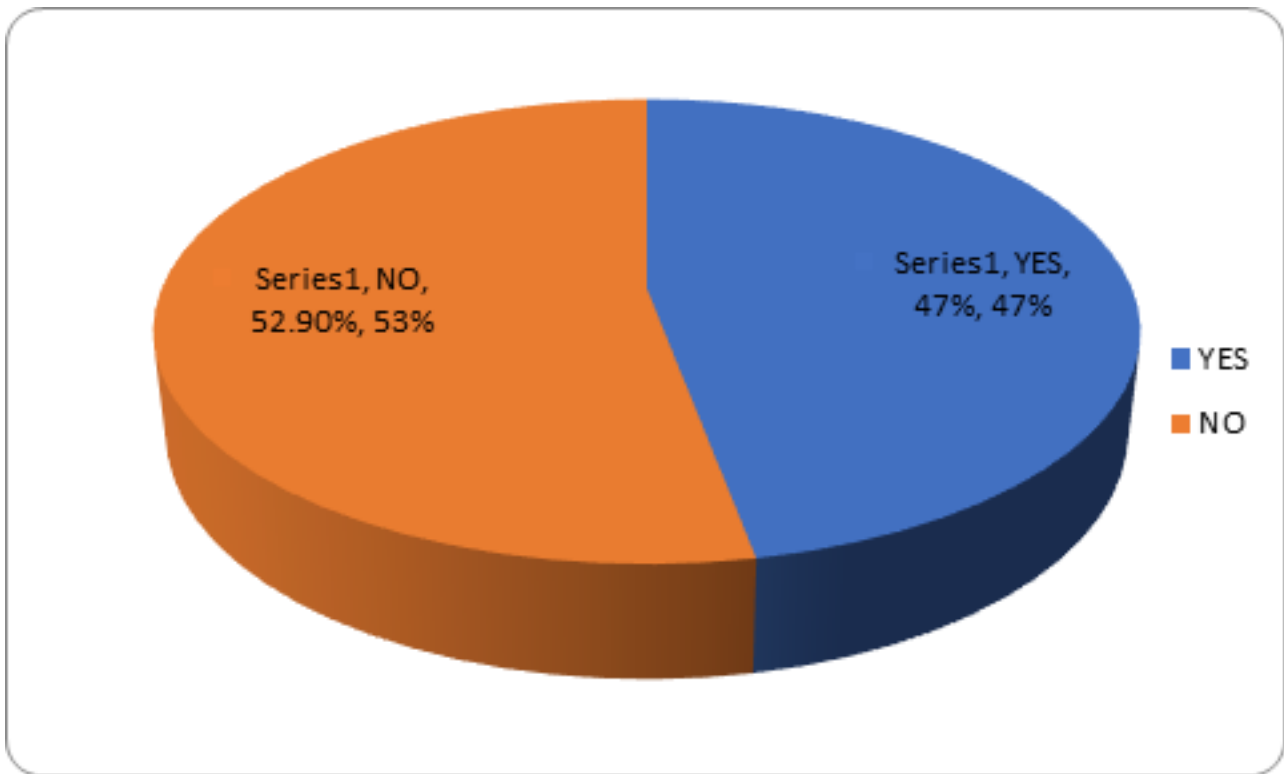| Variable | Frequency | Percentage |
|---|---|---|
| 1 | 75 | 49 |
| 2 | 50 | 32.6 |
| 3 | 10 | 6.5 |
| More than 3 | 18 | 11.7 |



Figure 9: Distribution according to communication among parents and teenagers.

Table 4: Distribution by parent's occupation.

| Variable | Frequency | Percentage |
|---|---|---|
| Teacher | 7 | 4.5 |
| Peasant | 120 | 78.4 |
| Driver | 0 | 0 |
| Hair dressing | 25 | 16.3 |

ported were teachers, 25(16.3%) reported they were doing hairdressing and none of the respondents reported that their parents were drivers(Table 4).

## 4. Discussion of study ftndings.

### 4.1. *Demographic characteristics of the respondent.*

The majority 80(52.3%) of the respondents were aged 17-19years, this is because they are sexually exposed, they got sexual information through Relatives, Parents, and Radios because

they were poor and could only afford radios and also they could give time to their children while the minority 23(15.0%) were between 13-14 years probably because they were not sexually exposed, still under direct supervision by their parents or still having a strong desire to study.

Most 85(55.56%) of the respondents were Baganda since Lwengo district is inhabited Baganda from Masaka and its suburbs while others 43(28.10%) were Banyankole because there were intermarriages and the least being Banyarwanda having 25(16.34%) because there were interrelations that favored them including the favorable climate that was used for farming and ongoing wars that forced them to migrate to the area.

The majority, 110(72%) of the respondents were Catholics because the whole area is mostly dominated by Catholics so they were concerned about adolescents' behavior and encouraged marriage at an early age so that they do not practice polygamy to produce and increase the number of catholic followers while in legal marriage. Minority, 3(1.9%) included other religions probably because they are independent of any religion or belonged to the African tradition.

Most 119(78%) respondents were married due to following catholic values and the pregnancies were intentional and they were not accepted by their in-laws claiming that it was an abomination before marriage and therefore did not go back to school after giving birth and resorted to marriage while the least 5(1%) were others as they did not have hope of going back to school because they had increased in size during the Covid-19 lockdown and because there was no money.

Most 100 (65.4%) were at the primary level because there are many universal primary education (UPE) schools so they were in a position to acquire free education and parents were still strict on their movements, followed by 33(21.6%) were dropouts due other associated problems, while the least 20(13%) attained secondary because there are few secondary schools sponsored by the government and yet many parents could not afford to pay school fees.

## 4.2. Knowledge of girls aged 13-19 years about teenage pregnancy.

The majority, 140(91.5%) knew about teenage pregnancy because they possessed radios from which they got the information, and also from peers with whom they discuss during leisure time while the least 13(8.4%) did not have any idea about teenage pregnancy due to poor attitudes and lack of smartphones. However, this study is in line with the study carried out by Hubert N, et al, (2020) in Mukono about knowledge and effects of teenage pregnancy who reported that 76% of the teenagers had prior knowledge about sex education and teenage pregnancy.

The study showed that 70(45.7%) of the respondents got information about sexual and reproductive health from Relatives, 50(32.6%) got information from parents, 30(19.4%) from Radio, and 3((1.9%) from other sources because parents and relatives could create for their time while in the garden. However, teenagers did not act accordingly, due to illiteracy, and this led to increased teenage pregnancies. However, this

was not in line with a study carried out by (Desiree G et al 2019) who stated that 183( 56.1%) of the respondents answered less than 50% of the knowledge questions because they had not got knowledge about reproductive health services.

The majority, 110(71.8%) did not know about reproductive health while the minority, 43(28.1%) knew about reproductive health. This was because most of them were Catholics and could follow religious beliefs and also lack communication with their parents. However, this study was in line with a study carried out on Factors influencing teenage pregnancy in kilumba, Masaka district by (Kagolo I 2022) who reported that 56% of the respondents had little knowledge about contraceptives and other reproductive health services.

The majority 130(83.9%) of the respondents did not know the fertile period of their menstrual cycle because they had irregular cycles and could not predict the length of the cycle which increased their chances of getting pregnant while 23(15%) knew about the fertile period of the menstrual cycle as the period when a female has high chances of getting pregnant. However, this study was in

line with a study carried out by (Atinuke O et al. 2020) about factors associated with teenage pregnancy including knowledge about ovulation which concluded that 51.6% in Comoros,89.6% in sao-tome and principe while unintentional pregnancies ranged between 9.4% in the republic of Benin and 59.6% in Namibia. This result indicated that there was a strong association between incorrect knowledge of ovulation and unintentional pregnancy.

Most 130(84.9%) of the respondents stated that the age of conception was above 14 years because this was when most of them started menstruation, got attracted to the opposite sex[boyfriends] who lured them into sexual acts predisposed them to pregnancies. However, this was in line with a study carried out on what can be done to reduce the rate of teenage pregnancy by (Josephine N et al. 2020) who stated that 75.4% had transactional sex which concluded that lack of knowledge about the age of conception increased the risk of teenage pregnancy.

### 4.3. Cultural Practices of girls aged 13-19 years on teenage pregnancy.

Most 143 (93.4%) of teenage pregnancies were associated with the intake of alcohol because they sell alcohol and in turn, end up taking it which predisposed them to unwanted pregnancies and the least 10(6.5%) were not associated with the intake of alcohol because their parents and relatives were so strict on them. However, this study is in line with the study carried out by (Yakubu I et al.,2018) in Sub-saharan Africa about factors associated with adolescent pregnancy which revealed that the prevalence of teenage pregnancy was75.6% in Chad and this concluded that increased risk of teenage pregnancies was associated with excessive intake of alcohol.

The study also reported that 93(60.7%) of the pregnancies did not occur due to transactional sex because most of the girls were married due to tradition and not having engaged in school and 60(39.2%) of the pregnancies occurred due to transactional sex. After all, many parents lost their jobs, and schools were locked leaving teenagers idle. However, this study was similar to

the study carried out by (Nkoli C et al. 2021), on practices about reproductive health and a dominant view among adolescents in Ebonyi state south Nigeria which revealed that 56.7% of adolescent girls were practicing premarital sex which was culturally unacceptable.

Furthermore, the study reported that 10(6.5%) had 3 sexual partners, 50(32owever.6%) had 2 partners, 18(11.7%) had more than 3 partners while Majority, 75(49%) had one partner because the more partners the more one got money increasing the risk of pregnancy. However, this study is not similar to a study carried out by (Anthony MO et al, 2019) in Lira about predictors of teenage pregnancy among girls aged 13-19years who reported that having multiple sexual partners, frequent sex and irregular use of contraceptives increased the risk of teenage pregnancy

The majority 148(96.7%) of teenage pregnancies were not associated with the use of contraceptives due to the stigma in a catholic society that looked at teenagers using contraceptive methods as immoral which was against God's commandment. This study is not in agreement with the study carried out by (Yohannes A et al, 2017) about practices influencing teenage pregnancy in Wogedi, North Eastern Ethiopia who reported that out of 28.6% T.P, 21.2% did not use contraceptives which proved to be the major cause of teenage pregnancy.

The majority, 135(88.2%) reported having watched pornography while 18(11.8%) reported not to have watched pornography. This study is in line with a study which was carried out by (Nabugoomu J et al 2020) about what can be done to reduce the increasing number of teenage pregnancies which showed that media was associated with teenage pregnancy for example pornography and other sexual content in movies, videos and social media sites.

### 4.4. Socioeconomic factors of girls aged 13-19 years that lead to teenage pregnancy.

The majority, about 85 % of the pregnancies were due to poverty since most of the respondents said that their parents were peasant farm-

ers, so they failed to provide basic needs and take them to better-performing schools. This forced the teenagers to resort to marriages with the opposite sex, to get help. Parents gave away their girls because they knew that the burden of looking for school fees and school needs every term was relieved. However, this study is similar to the studies carried out by (Akello Imelda in 2020) on Factors associated with teenage and its effects in the Tiasi Sub-county, Kumi district who found out that the main cause of teenage pregnancy was poverty forcing them to engage in sexual activity for money to buy basic needs and a major effect being a school dropout.

About (78.4%) of teenage pregnancies were associated with parent's marital status, and social and economic support, this is because parents spend their time in the garden cultivating crops like bananas, and coffee, taking alcohol, and hanging out with side dishes, this finding is similar to the study carried out by Corresponds to the study carried out by (Yohannes et al 2018) on Prevalence and Factors Associated with Teenage Pregnancy, in Northeast Ethiopia which revealed that teenagers from divorced parents were nearly two times more exposed to teenage pregnancy than adolescents from married parents.

The majority, 81(52.9%) did not communicate with their girls and only 72(47%) communicated with their children because some parents neglected their children, some parents were divorced and this affected the adolescents psychologically. However, this study is in line with (Yakubu I et al 2018) about determinants of adolescent pregnancy in sub-Saharan Africa showed that parental neglect, lack of comprehensive sexual education, and early sexual doubt.

The majority, 119(87%) of the respondents were married while 11(7%) were cohabiting because any pregnancy outside marriage was seen as an immoral act in the catholic community. So, they ended up getting pregnant since they were married. However, this study is in line with a study that was carried out by (Nabugoomu J et al 2020) on factors influencing teenage pregnancy among girls aged 13-19years in Lira Uganda who stated that familial factors like being Married,

peer pressure, sexual abuse, and lack of control over sex were observed to increase the likelihood of teenage pregnancy.

## 5. Conclusions.

The study showed that the majority 80, (52.2%) of the respondents were aged 17-19 years; they had some knowledge about sexual and reproductive health which they acquired from Parents and Relatives. The age of conception was reported to be above 14 years; however, they did not know the fertile period of the menstrual cycle.

On the practices most 140(91.5%) of the teenagers did not use contraceptives due to the associated stigma and being a catholic community while other factors like being married120(78.4%), watching pornography 135(88.2%) and 93(60.7%) transactional sex among others were associated with teenage pregnancy.

Socio-economic factors like poverty were the greatest cause of teenage pregnancy, not using contraceptive methods and taking alcohol increased the risk of teenage pregnancy.

## 6. Study limitations.

The researcher encountered the following limitations in the study;

Inadequate financial resources to support the research study

Some women may fail to participate in the study which may cause a lot of challenges in data collection.

Time may be limited for carrying out the research

Cultural beliefs where participants have different myths about teenage pregnancy

## 7. Recommendations.

The central and local governments should work collaboratively with the Ministry of health to ensure that poverty is eradicated through sensitization and motivation of people, as well as setting up projects to advance peasant farming.

Also, the Implementation and monitoring of adolescent-friendly services at Nkoni health center III should be done by including an adolescent unit.

Furthermore, involve religious leaders to counsel couples to listen to their spouses for better responsibility for the upbringing of children, and setting up tough laws on convicts of teenage pregnancy.

## 8. Acknowledgement.

## 9. List of abbreviations and acronyms.

AFR : Adolescent fertility rate.
AIDS : Acquired immune deficiency syndrome.
ANC : Antenatal care.
APA : American psychological Association.
DCWO : District children welfare officer.
FR : Fertility rate.
H/C : Health Centre.
HIV : Human immune virus.
MOES : Minister of Education and sports.
MOH : Minister of health.
MR : Mortality rate.
NAHP : National adolescent's health policy.
NGO's : Non-government organizations.
SRH : Sexual and reproductive health.
STIs : Sexual transmitted infections.
TP : Teenage pregnancy.

UG : Uganda.
UNFPA : united Nations fund for population activities.
UNICEF : united Nations international emergency fund.
WHO: World health organization.

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