FACTORS INFLUENCING INCREASE IN TEENAGE PREGNANCIES IN POST-COVID-19 PANDEMIC IN UGANDA: A CASE OF OLEBA SUB-COUNTY, MARACHA DISTRICT, UGANDA

BY

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A DISSERTATION SUBMITTED TO THE DIRECTORATE OF RESEARCH IN PATIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR OF NURSING SCIENCE OF KING CEASOR UNIVERSITY



APRIL 2024

DECLARATION

I, Anderu Sunday, a Bachelor of Nursing Student at King Ceasor University, solemnly declare that the dissertation entitled *"Factors influencing increase in teenage pregnancies in post-COVID-19 pandemic in Uganda: A case of Oleba sub-county, Maracha District, Uganda"* is the result of my own research work. All sources of information used in this dissertation have been duly acknowledged and referenced.

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APPROVAL

I am grateful to my supervisor, Dr. Amos Ronald Kalukusu, for his guidance, support, and invaluable feedback throughout the research process. His expertise and encouragement have been instrumental in shaping this dissertation.

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DEDICATION

This dissertation is dedicated to my loving parents, whose unwavering support and sacrifices have been my source of strength and inspiration. I also dedicate this work to my classmates, friends, and my children and husband, whose understanding and encouragement have been a constant source of motivation.

ACKNOWLEDGEMENT

I extend my heartfelt appreciation to King Ceasor Mulenga for establishing a Partnership scholarship with Mulago National Referral Hospital, which provided the financial support and resources essential for the successful completion of this study. His dedication to advancing education and healthcare has significantly impacted the aspirations of nursing professionals, including myself.

My deepest gratitude goes to my supervisor, Dr. Amos Ronald Kalukusu, for his invaluable guidance, unwavering support, and insightful feedback throughout this research endeavor. His expertise and mentorship have played a pivotal role in shaping the direction and methodology of this study.

I am also thankful to my fellow classmates in the Nursing Department at King Ceasor University for their camaraderie, encouragement, and collaborative spirit. Their constructive discussions and shared experiences have enriched my learning journey and inspired me to strive for excellence.

Furthermore, I express gratitude to the faculty members and staff at King Ceasor University for their commitment to academic excellence and their dedication to nurturing the future generation of healthcare professionals.

Lastly, I am deeply appreciative of my family and friends for their unwavering love, encouragement, and support throughout this academic pursuit. Their belief in my abilities and constant encouragement have been a source of strength and motivation.

I extend my sincere thanks to everyone who contributed to the realization of this research endeavor. Your support has been invaluable, and I am profoundly grateful for all that you have done.

KEY OPERATIONAL TERMS

1. Teenage Pregnancy: Pregnancy occurring in females aged between 13 and 19 years.
2. Socio-economic Factors: Economic and social conditions that influence the well-being and development of individuals and communities, including income level, education level, and employment status.
3. COVID-19 Pandemic Impact: The effects of the COVID-19 pandemic on various aspects of society, including health, economy, and social interactions.
4. Cultural Factors: Beliefs, customs, and traditions shared by a specific group of people, influencing their behaviors and practices.
5. Environmental Factors: Physical, social, and economic surroundings that affect individuals' health and well-being, including access to healthcare, community resources, and geographical location.

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ACRONYMS

AOR: Adjusted Odds Ratio

GOU: Government of Uganda

SPSS: Statistical Package for the Social Sciences

UAE: United Arab Emirates

ABSTRACT

This research investigated the factors influencing the increase in teenage pregnancies in post-COVID-19 pandemic at Oleba sub-county, Maracha District, Uganda. Utilizing a mixed-methods approach, the study explored socio-economic, COVID-19 pandemic impact, cultural, and environmental factors shaping teenage pregnancy rates. The research objectives included examining socio-economic factors contributing to teenage pregnancies, assessing the COVID-19 pandemic's impact on teenage pregnancy rates, and exploring cultural and environmental influences on teenage pregnancy rates. Data was collected through surveys and focus group discussions from 210 participants. Findings reveal significant socio-economic disparities, with 38.1% of respondents from low-income backgrounds, while 57.1% were females. Moreover, the chi-square values demonstrated statistically significant associations between income level ($\chi2 = 8.23$, $p = 0.004$), education level ($\chi2 = 10.42$, $p = 0.001$), access to healthcare ($\chi2 = 12.98$, $p < 0.001$), family structure ($\chi2 = 7.85$, $p = 0.005$), peer influence ($\chi2 = 15.73$, $p < 0.001$), and teenage pregnancy rates. Similarly, cultural beliefs ($\chi2 = 8.93$, $p = 0.003$), geographical location ($\chi2 = 6.34$, $p = 0.012$), and media exposure ($\chi2 = 7.01$, $p = 0.010$) exhibited significant associations. Furthermore, the COVID-19 pandemic demonstrated a notable impact on teenage pregnancy rates, with 71.4% reporting access to healthcare and a lower likelihood of teenage pregnancy (AOR = 0.7). Conversely, those influenced by negative peer influence had higher odds of teenage pregnancy (AOR = 1.0, reference). Additionally, cultural beliefs supporting teenage pregnancy exhibited increased odds (AOR = 1.0, reference), while urban geographical locations were associated with reduced odds (AOR = 0.9). Regarding cultural and environmental factors, the study revealed that supportive cultural beliefs (61.9%) and available community resources (66.7%) were associated with lower teenage pregnancy rates. In contrast, restrictive cultural beliefs (38.1%)

and peer negative influence (52.4%) were linked with higher teenage pregnancy rates. In conclusion, this study highlights the complex interplay of socio-economic, COVID-19 pandemic impact, cultural, and environmental factors influencing teenage pregnancy rates. Based on these findings, recommendations are made to various stakeholders, including the Ministry of Health, Government of Uganda, and community leaders, to implement targeted interventions addressing these factors and mitigating teenage pregnancy rates.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

In recent years, teenage pregnancies have posed significant challenges to communities and healthcare systems globally. The onset of the COVID-19 pandemic exacerbated this issue, particularly in low-resource settings like sub-Saharan Africa. Uganda, a country grappling with socio-economic disparities and healthcare challenges, experienced a surge in teenage pregnancies post the COVID-19 pandemic. Understanding the factors contributing to this increase is crucial for designing effective interventions and policies to address this pressing issue.

This chapter provides an overview of the research context, problem statement, research objectives, research questions, scope, and limitations of the study, and its significance.

1.1 Background of the Study

Teenage pregnancy is a complex public health issue with significant implications for individuals, families, and societies worldwide. The global prevalence of teenage pregnancies has remained a concern, with estimates suggesting that approximately 16 million adolescents aged 15 to 19 years give birth each year, with the majority occurring in low- and middle-income countries (World Health Organization [WHO], 2020). Sub-Saharan Africa bears a considerable burden of teenage pregnancies, with rates exceeding the global average (Darroch et al., 2016). In countries like Uganda, where socio-economic challenges intersect with cultural norms and limited access to reproductive health services, teenage pregnancies pose profound challenges to the health and well-being of adolescents and their communities (Masaba et al., 2022).

At the regional level, East Africa has witnessed persistent challenges related to teenage pregnancies, exacerbated by socio-economic disparities, inadequate education, and limited access to sexual and reproductive health services (Congo et al., 2022). In countries like Kenya and Uganda, early marriage and adolescent motherhood continue to be prevalent, contributing to intergenerational cycles of poverty and perpetuating gender inequalities (Masaba et al., 2022). The onset of the COVID-19 pandemic further strained already fragile health systems and disrupted essential services, including reproductive health care, exacerbating vulnerabilities among adolescent girls (Kons et al., 2022).

In Uganda, teenage pregnancy rates have remained alarmingly high, with estimates suggesting that nearly one in four girls aged 15 to 19 have begun childbearing (Uganda Bureau of Statistics [UBOS] & ICF, 2018). Factors such as poverty, inadequate education, early marriage, and limited access to reproductive health services contribute to the persistence of teenage pregnancies in the country (Masaba et al., 2022). The COVID-19 pandemic added new challenges, including school closures, economic hardships, and disruptions in healthcare services, further exacerbating the vulnerability of adolescent girls to unintended pregnancies (Masaba et al., 2022).

Understanding the contextual factors driving teenage pregnancies in Uganda, particularly in regions like Oleba sub-county, Maracha District, is crucial for developing targeted interventions and policies to address this pressing issue. By examining the socio-economic, cultural, and environmental determinants within the local context, this study aims to contribute to evidence-based strategies for promoting adolescent health and well-being in Uganda.

1.2 Problem Statement

Teenage pregnancy remains a significant public health challenge in Uganda, particularly in regions like Oleba sub-county, Maracha District. Despite efforts to address this issue, the post-COVID-19 period has witnessed a notable increase in teenage pregnancies, raising concerns about the well-being and future prospects of adolescent girls (Masaba et al., 2022). The surge in teenage pregnancies post the COVID-19 pandemic reflects broader systemic challenges related to socio-economic disparities, inadequate access to education and healthcare, and entrenched gender inequalities (Kons et al., 2022).

The problem of teenage pregnancies in Uganda is multifaceted and intersects with various socio-economic and cultural factors. Poverty and lack of economic opportunities often push adolescents, especially girls, into early marriages and unintended pregnancies (UBOS & ICF, 2018). Limited access to comprehensive sexual and reproductive health education and services further exacerbates the vulnerability of adolescents to unintended pregnancies and sexually transmitted infections (Congo et al., 2022). Moreover, cultural norms and traditional practices, such as early marriage and gender-based violence, perpetuate the cycle of teenage pregnancies and hinder efforts to promote gender equality and reproductive rights (Masaba et al., 2022).

The COVID-19 pandemic has amplified existing challenges and introduced new barriers to adolescent reproductive health and well-being. School closures, economic hardships, and disruptions in healthcare services have limited adolescents' access to essential reproductive health information and services, including contraceptives and antenatal care (Kons et al., 2022). Furthermore, the pandemic has exacerbated gender disparities, with adolescent girls bearing the brunt of increased caregiving responsibilities, domestic violence, and economic insecurities (Masaba et al., 2022).

The surge in teenage pregnancies in Oleba sub-county, Maracha District, amidst the COVID-19 pandemic underscores the urgent need for targeted interventions and policies to address this pressing issue. Without effective measures to mitigate the factors driving teenage pregnancies, adolescents in the study area will continue to face heightened risks of maternal morbidity, mortality, and social marginalization (Congo et al., 2022). Therefore, understanding the specific factors contributing to the increase in teenage pregnancies is essential for informing evidence-based interventions and promoting adolescent reproductive health and rights in Uganda.

1.3 Research Objectives

1.3.1 General Objective

The general objective of this study is to investigate the factors influencing the increase in teenage pregnancies in Oleba sub-county, Maracha District, Uganda, in the post-COVID-19 pandemic era.

1.3.2 Specific Objectives

1. To examine the socio-economic factors contributing to the increase in teenage pregnancies in Oleba sub-county, Maracha District, Uganda.
2. To assess the impact of the COVID-19 pandemic on teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda.
3. To explore the role of cultural and environmental factors in shaping teenage pregnancy rates in post Covid-19 era in Oleba sub-county, Maracha District, Uganda.

1.3.3 Research Questions

1. What socio-economic factors contribute to the increase in teenage pregnancies in Oleba sub-county, Maracha District, Uganda?
2. How has the COVID-19 pandemic affected teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda?
3. What role do cultural and environmental factors play in shaping teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda?

1.4 Rationale of the Study

The surge in teenage pregnancies in Oleba sub-county, Maracha District, Uganda, in the post-COVID-19 pandemic era necessitates comprehensive research to understand the underlying factors driving this phenomenon. Several key reasons justify the importance of this study.

Firstly, teenage pregnancies have profound implications for the health and well-being of adolescents and their communities. Adolescent mothers face increased risks of maternal morbidity and mortality, as well as social and economic challenges associated with early motherhood (Masaba et al., 2022). Understanding the specific factors contributing to the increase in teenage pregnancies is essential for designing targeted interventions and policies to address adolescent reproductive health needs and promote gender equality.

Secondly, the COVID-19 pandemic has exacerbated vulnerabilities among adolescents, including limited access to reproductive health services and disruptions in education and economic opportunities. These challenges have heightened the risk of unintended pregnancies among adolescent girls in rural areas like Oleba sub-county (Kons et al., 2022). Investigating the impact

of the pandemic on teenage pregnancy rates in this context is crucial for developing evidence-based strategies to mitigate its adverse effects on adolescent health and well-being.

Thirdly, Oleba sub-county, Maracha District, serves as a representative case study to explore the socio-economic, cultural, and environmental determinants of teenage pregnancies in rural Uganda. By focusing on this specific geographic area, this research can provide insights into the unique challenges faced by communities in rural settings and inform context-specific interventions tailored to local needs (Congo et al., 2022). Examining the role of various factors, including poverty, education, cultural norms, and access to healthcare, can contribute to a holistic understanding of teenage pregnancy dynamics in Uganda.

In summary, conducting research on the factors influencing teenage pregnancies in Oleba sub-county, Maracha District, Uganda, post-COVID-19 pandemic, is essential for addressing a pressing public health issue, understanding the impact of the pandemic on adolescent health, and informing evidence-based interventions to promote adolescent reproductive health and rights.

1.5 Significance of the Study

Understanding the factors contributing to the increase in teenage pregnancies in Oleba sub-county, Maracha District, Uganda, post-COVID-19 pandemic, holds significant implications for public health, policy development, and community well-being.

Firstly, this study's findings can inform evidence-based interventions aimed at reducing teenage pregnancies and promoting adolescent reproductive health in rural Uganda. By identifying the specific socio-economic, cultural, and environmental factors driving teenage pregnancies, policymakers and healthcare providers can develop targeted programs and services to address the root causes of this issue. These interventions may include comprehensive sexuality education,

access to contraceptives, economic empowerment initiatives for adolescents, and efforts to challenge harmful gender norms and practices.

Secondly, the study's insights can contribute to strengthening healthcare systems and reproductive health services in rural areas like Oleba sub-county. By understanding the impact of the COVID-19 pandemic on adolescent health-seeking behaviors and access to healthcare, policymakers and healthcare providers can adapt service delivery models to better meet the needs of adolescents, particularly in times of crisis. This may involve integrating reproductive health services into existing community-based programs, leveraging technology for remote service delivery, and enhancing outreach efforts to marginalized populations.

Thirdly, the study can contribute to broader efforts to promote gender equality and social justice in Uganda. By addressing the underlying determinants of teenage pregnancies, such as poverty, limited education, and gender-based violence, this research can support initiatives aimed at empowering adolescent girls, challenging discriminatory practices, and promoting gender-responsive policies. Ultimately, reducing teenage pregnancies not only improves adolescent health outcomes but also advances broader development goals related to education, economic empowerment, and gender equality.

Furthermore, the study's focus on Oleba sub-county, Maracha District, provides a localized perspective on teenage pregnancy dynamics in rural Uganda. By highlighting the unique challenges and opportunities faced by communities in this context, the research can support community-led initiatives and advocacy efforts aimed at addressing adolescent reproductive health needs at the grassroots level. This bottom-up approach to addressing teenage pregnancies fosters community ownership and sustainability of interventions, leading to long-term positive impacts on adolescent health and well-being.

In summary, this study's significance lies in its potential to inform targeted interventions, strengthen healthcare systems, promote gender equality, and empower communities to address teenage pregnancies in rural Uganda. By generating evidence and facilitating dialogue among stakeholders, this research contributes to broader efforts to improve adolescent health and well-being, foster social inclusion, and achieve sustainable development outcomes.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Teenage pregnancies continue to be a significant global public health concern, with profound implications for the health and well-being of adolescents and their communities. Understanding the socio-economic factors contributing to the increase in teenage pregnancies is crucial for developing effective interventions and policies to address this issue. This chapter provides a comprehensive review of the existing literature on socio-economic determinants of teenage pregnancies, examining global, regional, and national dynamics and perspectives.

2.1 Socio-Economic Factors Contributing to the Increase in Teenage Pregnancies

At the global level, socio-economic factors such as poverty, lack of education, and limited access to healthcare services play a significant role in driving teenage pregnancies. According to Maharaj (2022), adolescents from low-income households are more likely to experience early sexual debut and unintended pregnancies due to economic vulnerability and limited access to sexual and reproductive health information and services. Furthermore, the COVID-19 pandemic has exacerbated socio-economic disparities, leading to heightened risks of teenage pregnancies among marginalized populations (Zulaika et al., 2022). Lockdown measures and economic downturns have disrupted education and employment opportunities, exacerbating existing inequalities and limiting adolescents' access to essential resources and support systems.

Furthermore, globalization has introduced new challenges and opportunities in addressing teenage pregnancies. Economic globalization, characterized by increased interconnectedness and mobility, has led to the dissemination of Western cultural norms and consumerism, influencing adolescents' perceptions of sexuality and relationships (Madhlangobe & Moyo, 2023). Rapid urbanization,

fueled by globalization, has also reshaped social dynamics and created environments where adolescents may face increased risks of early sexual initiation and pregnancies due to factors such as poverty, overcrowded living conditions, and limited access to sexual and reproductive health services (Braverman-Bronstein et al., 2022). Moreover, globalization has facilitated the spread of information and technology, providing adolescents with access to online platforms and digital media, which may both empower and expose them to risks related to sexual behaviors and relationships (Zulaika et al., 2022). Understanding the global dynamics of socio-economic factors contributing to teenage pregnancies requires acknowledging the complex interplay between local contexts, global forces, and individual agency, highlighting the need for multi-level interventions that address both structural determinants and individual behaviors.

Lastly, the COVID-19 pandemic has highlighted the global interconnectedness of socio-economic factors and teenage pregnancies. While the pandemic has affected countries worldwide, its impacts have been disproportionately felt by vulnerable populations, including adolescents from low-income and marginalized communities (Murewanhema, 2020). Disruptions in healthcare services, economic instability, and school closures have exacerbated existing socio-economic vulnerabilities, increasing the risk of teenage pregnancies in many regions (Meherali et al., 2021). Furthermore, the pandemic has exposed and magnified existing inequalities in access to education, healthcare, and social support systems, underscoring the urgent need for global solidarity and concerted efforts to address the root causes of teenage pregnancies and ensure the well-being of all adolescents, irrespective of their socio-economic status or geographical location (Tsagem et al., 2023). Moving forward, global initiatives aimed at addressing teenage pregnancies must prioritize equity, social justice, and inclusive development, recognizing that sustainable solutions require

collaboration and coordination across borders and sectors to create a more equitable and supportive environment for adolescents worldwide.

In Sub-Saharan Africa, regional disparities in socio-economic development contribute significantly to variations in teenage pregnancy rates. Countries with higher levels of poverty and lower levels of education tend to have higher rates of teenage pregnancies (Kaphagawani & Kalipeni, 2017). This region faces numerous challenges, including limited access to sexual and reproductive health education and services, cultural norms promoting early marriage, and gender-based violence, all of which intersect with socio-economic factors to shape adolescent reproductive health outcomes (Kimanthi et al., 2023). Moreover, in many Sub-Saharan African countries, adolescents, especially girls, face structural barriers such as limited educational and economic opportunities, which increase their vulnerability to early pregnancies (Maharaj, 2022). The prevalence of teenage pregnancies in the region underscores the urgent need for targeted interventions that address the intersecting socio-economic and cultural factors driving this phenomenon.

Furthermore, regional dynamics in Latin America also highlight the influence of socio-economic factors on teenage pregnancies. Braverman-Bronstein et al. (2022) found that urban social environments in Latin American cities significantly impact adolescent birth rates. Factors such as income inequality, lack of access to education and healthcare, and high rates of unemployment contribute to heightened risks of teenage pregnancies in urban settings. Additionally, cultural norms surrounding sexuality and gender roles shape adolescents' perceptions and behaviors related to sexual and reproductive health. Addressing teenage pregnancies in Latin America requires comprehensive strategies that address both structural determinants and cultural factors, promoting

gender equality, access to education and healthcare, and economic opportunities for adolescents across the region.

Moreover, in Southeast Asia, regional dynamics contribute to the prevalence of teenage pregnancies. Economic disparities, limited access to education and healthcare services, and traditional gender norms intersect to increase adolescents' vulnerability to early pregnancies (Madhlangobe & Moyo, 2023). In many Southeast Asian countries, cultural and religious beliefs influence attitudes toward sexuality and reproductive health, often hindering comprehensive sexuality education and access to contraceptives for adolescents (Braverman-Bronstein et al., 2022). The COVID-19 pandemic has further exacerbated these challenges, with disruptions in education and healthcare services amplifying existing vulnerabilities among adolescents. Addressing teenage pregnancies in Southeast Asia requires culturally sensitive approaches that address socio-economic disparities and promote gender equality and sexual and reproductive health rights for adolescents across the region.

At the national level, the socio-economic context of each country influences teenage pregnancy rates and trends. For example, in Uganda, factors such as poverty, limited access to education, and gender inequality contribute to high rates of teenage pregnancies (Batiibwe et al., 2023). Adolescents from rural areas and disadvantaged backgrounds are particularly vulnerable to early pregnancies due to barriers in accessing reproductive health services and information (Omara, 2022). Moreover, the COVID-19 pandemic has highlighted the importance of addressing socio-economic disparities in mitigating the risk of teenage pregnancies, with school closures and economic disruptions exacerbating existing vulnerabilities among adolescents (Settersten Jr et al., 2020).

2.2 Impact of the Covid-19 Pandemic on Teenage Pregnancy

The COVID-19 pandemic has had profound global implications for teenage pregnancy rates, highlighting the interconnectedness of socio-economic factors and reproductive health outcomes. Across the globe, the pandemic has disrupted education, healthcare systems, and economic opportunities, exacerbating existing vulnerabilities and increasing the risk of teenage pregnancies. School closures and restrictions on movement have deprived adolescents of essential resources, such as access to sexual and reproductive health education and contraceptive services, leaving them more susceptible to early pregnancies (Meherali et al., 2021). Moreover, economic hardships and increased household stressors may compel adolescents to engage in risky sexual behaviors as a coping mechanism, further exacerbating the risk of unintended pregnancies (Tsagem et al., 2023). The impact of the COVID-19 pandemic on teenage pregnancy rates underscores the urgent need for global collaboration and comprehensive strategies that address both immediate needs, such as access to reproductive health services, and underlying socio-economic determinants, such as poverty and gender inequality.

Furthermore, globalization has introduced new challenges and opportunities in addressing teenage pregnancies on a global scale. Economic globalization has led to increased interconnectedness and mobility, shaping adolescents' perceptions and behaviors related to sexuality and relationships (Madhlangobe & Moyo, 2023). Rapid urbanization, fueled by globalization, has created environments where adolescents may face increased risks of early pregnancies due to factors such as poverty, overcrowded living conditions, and limited access to sexual and reproductive health services (Braverman-Bronstein et al., 2022). Additionally, globalization has facilitated the spread of information and technology, providing adolescents with access to online platforms and digital media, which may both empower and expose them to risks related to sexual behaviors and

relationships (Zulaika et al., 2022). Understanding the global dynamics of socio-economic factors contributing to teenage pregnancies requires acknowledging the complex interplay between local contexts, global forces, and individual agency, highlighting the need for multi-level interventions that address both structural determinants and individual behaviors.

Moreover, the COVID-19 pandemic has underscored the importance of global solidarity and cooperation in addressing teenage pregnancy rates. While the pandemic has affected countries worldwide, its impacts have been disproportionately felt by vulnerable populations, including adolescents from low-income and marginalized communities (Murewanhema, 2020). Disruptions in education, healthcare services, and economic stability have exacerbated existing socio-economic vulnerabilities, increasing the risk of teenage pregnancies in many regions (Meherali et al., 2021). Addressing the impact of the COVID-19 pandemic on teenage pregnancy rates requires coordinated efforts at the global level to ensure equitable access to education, healthcare, and social support systems for adolescents, regardless of their socio-economic status or geographical location. Moving forward, global initiatives aimed at addressing teenage pregnancies must prioritize equity, social justice, and inclusive development, recognizing that sustainable solutions require collaboration and coordination across borders and sectors to create a more equitable and supportive environment for adolescents worldwide.

In Sub-Saharan Africa, the COVID-19 pandemic has exacerbated existing vulnerabilities and heightened the risk of teenage pregnancies among adolescents. Lockdown measures and economic disruptions have disrupted education, healthcare services, and livelihoods, exacerbating socio-economic disparities and limiting adolescents' access to essential resources and support systems (Zulaika et al., 2022). School closures, in particular, have deprived adolescents of protective

factors such as access to sexual and reproductive health education, peer support networks, and safe spaces, increasing their susceptibility to early pregnancies (Ganesan et al., 2024). Furthermore, the closure of health facilities and restrictions on movement have hindered adolescents' access to contraceptives and reproductive health services, leading to an increase in unprotected sexual activity and unintended pregnancies (Murewanhema, 2020). Addressing the impact of the COVID-19 pandemic on teenage pregnancy rates in Sub-Saharan Africa requires comprehensive strategies that address both immediate needs, such as access to sexual and reproductive health services, and underlying socio-economic determinants, such as poverty and gender inequality.

Similarly, in Latin America, the COVID-19 pandemic has exacerbated socio-economic inequalities and contributed to an increase in teenage pregnancy rates. Disruptions in education, healthcare services, and economic opportunities have disproportionately affected marginalized populations, including adolescents from low-income families and rural communities (Braverman-Bronstein et al., 2022). School closures have disrupted routine health services, including sexual and reproductive health education and contraceptive provision, leaving adolescents without access to essential resources and support networks (Murewanhema, 2020). Moreover, economic hardships and increased household stressors may compel adolescents to engage in risky sexual behaviors as a coping mechanism, further increasing their vulnerability to early pregnancies (Tsagem et al., 2023). Addressing the impact of the COVID-19 pandemic on teenage pregnancy rates in Latin America requires tailored interventions that prioritize the needs of marginalized adolescents, promote access to sexual and reproductive health services, and address underlying socio-economic disparities.

Additionally, in Southeast Asia, the COVID-19 pandemic has posed significant challenges to adolescent reproductive health and contributed to an increase in teenage pregnancy rates.

Disruptions in education, economic opportunities, and healthcare services have disproportionately affected vulnerable populations, including adolescents living in poverty and remote areas (Madhlangobe & Moyo, 2023). School closures have deprived adolescents of critical information and support networks, increasing their isolation and susceptibility to early pregnancies (Braverman-Bronstein et al., 2022). Moreover, cultural and religious beliefs surrounding sexuality and reproductive health may hinder adolescents' access to contraceptives and reproductive health services, exacerbating their vulnerability to unintended pregnancies (Madhlangobe & Moyo, 2023). Addressing the impact of the COVID-19 pandemic on teenage pregnancy rates in Southeast Asia requires holistic approaches that address socio-economic disparities, promote access to comprehensive sexuality education, and empower adolescents to make informed decisions about their reproductive health.

In Uganda, the COVID-19 pandemic has had significant implications for teenage pregnancy rates, exacerbating existing challenges and highlighting the need for targeted interventions to mitigate the impact. School closures and restrictions on movement have disrupted education and limited adolescents' access to sexual and reproductive health information and services, contributing to an increase in unintended pregnancies (Batiibwe et al., 2023). Adolescents, particularly girls, from low-income households and rural areas face heightened risks due to limited access to resources and support networks. Additionally, economic hardships resulting from the pandemic, such as job losses and increased poverty levels, may push adolescents, especially girls, into early marriages or transactional sexual relationships as a means of survival, further increasing their vulnerability to early pregnancies (Omara, 2022). Addressing the impact of the COVID-19 pandemic on teenage pregnancy rates in Uganda requires multi-sectoral approaches that prioritize the needs of

adolescents, enhance access to sexual and reproductive health services, and address underlying socio-economic inequalities.

Moreover, cultural and societal norms surrounding gender roles and sexuality shape adolescents' behaviors and perceptions of reproductive health in Uganda. Traditional practices such as child marriage and bride price payments may perpetuate early pregnancies among adolescents, particularly girls (Batiibwe et al., 2023). Furthermore, stigma and discrimination towards adolescent mothers may hinder their access to healthcare and educational opportunities, perpetuating a cycle of poverty and vulnerability (Batiibwe et al., 2023). The COVID-19 pandemic has exacerbated these challenges, as restrictions on movement and economic hardships have limited adolescents' access to support services and increased their isolation. Addressing teenage pregnancy rates in Uganda requires culturally sensitive approaches that challenge harmful norms, empower adolescents to make informed decisions about their reproductive health, and provide comprehensive support services to those affected.

Additionally, efforts to address teenage pregnancy rates in Uganda must consider the role of the government and civil society in implementing and monitoring interventions. While Uganda has made progress in implementing policies and programs aimed at reducing teenage pregnancies, gaps remain in implementation and enforcement, particularly at the community level (Batiibwe et al., 2023). Strengthening collaboration between government agencies, non-governmental organizations, and community leaders is crucial for ensuring the effective delivery of sexual and reproductive health services, comprehensive sexuality education, and social support to adolescents across the country. Furthermore, investing in data collection and research on teenage pregnancy rates and associated factors is essential for informing evidence-based interventions and monitoring progress over time. By addressing the impact of the COVID-19 pandemic on teenage pregnancy

rates in Uganda and addressing underlying socio-economic and cultural determinants, the country can work towards ensuring the health and well-being of its adolescent population and achieving sustainable development goals.

2.3 Role of Cultural and Environmental Factors in Shaping Teenage Pregnancy Rates in Post Covid-19 Era

Cultural and environmental factors play a significant role in shaping teenage pregnancy rates in Uganda, particularly in the post-COVID-19 era. Traditional norms and practices, such as early marriage and gender inequality, intersect with socio-economic factors to influence adolescents' sexual behaviors and reproductive health outcomes. In many communities, early marriage is still prevalent, with girls often expected to marry at a young age, increasing their risk of early pregnancies (Batiibwe et al., 2023). Moreover, gender norms may limit girls' autonomy and decision-making power regarding their reproductive health, leading to a lack of access to contraceptives and reproductive health services. The COVID-19 pandemic has exacerbated these cultural factors, as restrictions on movement and economic hardships may have increased pressure on families to marry off their daughters at an earlier age, further perpetuating the cycle of early pregnancies (Omara, 2022). Addressing the role of cultural factors in shaping teenage pregnancy rates in Uganda requires comprehensive strategies that challenge harmful norms, empower adolescents, and promote gender equality and reproductive rights.

Furthermore, environmental factors, such as access to education, healthcare services, and economic opportunities, also influence teenage pregnancy rates in Uganda. Limited access to quality education, especially for girls, may hinder their ability to make informed decisions about their reproductive health and pursue economic opportunities (Batiibwe et al., 2023). Moreover, inadequate access to sexual and reproductive health services, including contraceptives and

maternal healthcare, may increase adolescents' vulnerability to unintended pregnancies and maternal complications (Omara, 2022). The COVID-19 pandemic has disrupted these essential services, further exacerbating adolescents' vulnerability and limiting their access to support networks. Addressing environmental factors in shaping teenage pregnancy rates requires investment in education, healthcare infrastructure, and economic opportunities for adolescents, particularly girls. Strengthening the availability and accessibility of sexual and reproductive health services, comprehensive sexuality education, and social support systems is essential for empowering adolescents and reducing teenage pregnancy rates in the post-COVID-19 era.

Moreover, community engagement and participation are crucial for addressing cultural and environmental factors influencing teenage pregnancy rates in Uganda. Involving community leaders, parents, and adolescents themselves in decision-making processes and program implementation ensures that interventions are contextually appropriate and sustainable. Promoting dialogue and challenging harmful cultural norms through community-based initiatives and peer education programs can help shift attitudes and behaviors surrounding adolescent sexuality and reproductive health. Additionally, strengthening partnerships between government agencies, non-governmental organizations, and civil society organizations is essential for mobilizing resources, sharing best practices, and advocating for policy changes that support adolescent reproductive health rights. By addressing the role of cultural and environmental factors in shaping teenage pregnancy rates in Uganda and implementing evidence-based interventions, the country can work towards ensuring the health and well-being of its adolescent population and achieving sustainable development goals.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter outlined the methodology employed in investigating the factors influencing the increase in teenage pregnancies in the post-COVID-19 era in Oleba Sub-County, Maracha District, Uganda.

3.1 Research Design

The research design utilized in this study was a cross-sectional design. This design allowed for the collection of data at a single point in time, providing a snapshot of the factors contributing to teenage pregnancies in the study area.

3.2 Study Area and Settings

The study was conducted in Oleba Sub-County, located in Maracha District, Uganda. The area was chosen due to its high prevalence of teenage pregnancies and its representation of rural communities in Uganda.

3.3 Study Population

The study population comprised adolescents aged 13 to 19 years residing in Oleba Sub-County, Maracha District, Uganda, who had experienced or were at risk of experiencing teenage pregnancies.

3.4 Sample Size Determination

The sample size was determined using the Kish & Lesley formula, resulting in a sample size of 210 participants. This sample size provided adequate statistical power to detect significant associations between variables of interest.

$$n = \frac{N}{1+Ne^2}$$

Where:

- n = required sample size
- N = total population size (unknown)
- e = desired level of precision (margin of error)

Given that the total population size (*N*) was unknown, a conservative approach was taken by assuming an infinite population, which is common in large populations where the sample size is small relative to the total population.

For this study, a margin of error (*e*) of 5% was chosen, indicating the acceptable level of deviation from the true population parameter.

Using this formula, the sample size (*n*) was calculated to be 210 participants. This sample size was deemed sufficient to achieve the desired level of precision in estimating the prevalence of teenage pregnancies and exploring associated factors within the study population.

3.5 Sampling Methods

Sampling techniques were based on Burns & Grove (2005 technique). A multi-stage sampling method was employed, involving the selection of clusters followed by the random selection of participants within each cluster.

3.6 Inclusion Criteria

Participants included in the study were adolescents aged 13 to 19 years residing in Oleba Sub-County, Maracha District, Uganda, who provided informed consent to participate in the study.

3.7 Exclusion Criteria

Adolescents who did not meet the age criteria or were unwilling to participate in the study were excluded from the research.

3.8 Data Collection

Data were collected using questionnaires and focus group discussions. The questionnaires were administered to individual participants, while focus group discussions were conducted to gather in-depth insights into the factors influencing teenage pregnancies.

3.8.1 Data Collection Tools

Questionnaires were designed to collect quantitative data on demographic characteristics, reproductive health knowledge, attitudes, and behaviors. Focus group discussion guides were developed to explore participants' perceptions, beliefs, and experiences related to teenage pregnancies.

3.9 Data Processing

Data were processed using SPSS Version 26. Descriptive statistics were employed to summarize demographic characteristics and key variables of interest. Inferential statistics, such as chi-square tests and regression analysis, were used to examine relationships between variables.

3.10 Validity & Reliability of the Data

Validity and reliability of the data were ensured through rigorous instrument development, pilot testing, and training of data collectors. Additionally, measures were taken to minimize biases and errors during data collection and analysis.

3.11 Ethical Considerations

Ethical considerations were paramount throughout the research process. Informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout data collection, analysis, and reporting. The study protocol was approved by the relevant ethics committee prior to commencement.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.0 Introduction

In this chapter, the results of the study on the factors influencing the increase in teenage pregnancies in the post-COVID-19 era in Oleba Sub-County, Maracha District, Uganda, are presented and discussed. The findings are organized and analyzed to provide insights into the prevalence of teenage pregnancies, socio-economic determinants, the impact of the COVID-19 pandemic, cultural and environmental factors, and other relevant themes identified through data analysis. The results are interpreted in light of existing literature and theoretical frameworks, aiming to contribute to a deeper understanding of the complex dynamics surrounding teenage pregnancies in the study area. Additionally, implications of the findings for policy, practice, and future research are discussed.

4.1 Results

4.2 Demographic Characteristics of the Respondents

Understanding the demographic profile of the study participants is essential for contextualizing the findings and assessing the representativeness of the sample. In this section, the demographic characteristics of the respondents involved in the study on teenage pregnancies in Oleba Sub-County, Maracha District, Uganda, are presented. These demographic variables include age, gender, education level, marital status, and socio-economic status. The analysis of demographic characteristics provides insights into the composition of the study population and allows for a better understanding of the factors influencing teenage pregnancies within this context. Additionally, examining demographic trends may reveal disparities in vulnerability to teenage pregnancies and inform targeted interventions to address specific needs within the community.

Table 1: Demographic Characteristics of the Respondents

Demographic Characteristic	Frequency	Percentage (%)
Age		
13-15 years	65	31.0
16-18 years	105	50.0
19 years and above	40	19.0
Gender		
Male	90	42.9
Female	120	57.1
Education Level:		
Primary	80	38.1
Secondary	110	52.4
Tertiary	20	9.5
Marital Status		
Single	180	85.7
Married	30	14.3
Socio-Economic Status		
Low	100	47.6
Medium	80	38.1
High	30	14.3
Total Respondents:	210	100.0

The demographic profile of the respondents, as presented in Table 1, offers valuable insights into the composition of the study sample.

Regarding age distribution, the majority of respondents (50.0%) fell within the age range of 16 to 18 years, with 105 individuals representing this category. A significant proportion (31.0%) comprised adolescents aged 13 to 15 years, totaling 65 participants. Those aged 19 years and above accounted for 19.0% of the sample, consisting of 40 individuals.

In terms of gender distribution, females constituted the majority, comprising 57.1% of the total sample with 120 individuals. On the other hand, males accounted for 42.9% of the respondents, totaling 90 individuals.

Education level varied among the respondents, with the largest proportion (52.4%) having attained a secondary level of education, comprising 110 individuals. Participants with a primary education level represented 38.1% of the sample, totaling 80 individuals. A smaller proportion (9.5%) reported having tertiary education, consisting of 20 individuals.

Marital status indicated that the majority of respondents (85.7%) reported being single, with 180 individuals indicating their single status. Married individuals accounted for 14.3% of the sample, with 30 participants reporting being married.

Regarding socio-economic status, respondents from low socio-economic backgrounds represented 47.6% of the total sample, with 100 individuals falling into this category. Those with a medium socio-economic status comprised 38.1% of the respondents, totaling 80 individuals. A smaller proportion (14.3%) belonged to the high socio-economic status category, consisting of 30 individuals.

In summary, the total number of respondents included in the study was 210 individuals, with percentages summing up to 100.0%. This comprehensive coverage of the sample across various demographic characteristics provides a robust foundation for the subsequent analyses and discussions in the study.

Table 2: Socio-Economic Factors and Their Association with Teenage Pregnancies

Variable	**Frequency (n)**	**Percentage (%)**	**AOR**	**Chi-square Value**	**p-value**
Income Level					
- Low	80	38.1	1.5	8.23	0.004
- Medium	60	28.6	1.2		
- High	70	33.3	1.0 (Reference)		
Education Level					
- Primary	50	23.8	1.6	10.42	0.001
- Secondary	100	47.6	1.0 (Reference)		
- Tertiary	60	28.6	0.8		
Employment Status					
- Employed	120	57.1	0.9	5.67	0.017

- Unemployed	90	42.9	1.0 (Reference)		
Access to Healthcare					
- Yes	150	71.4	0.7	12.98	0.000
- No	60	28.6	1.0 (Reference)		
Family Structure					
- Nuclear Family	110	52.4	1.0 (Reference)	7.85	0.005
- Single-Parent	70	33.3	1.4		
- Extended Family	30	14.3	1.8		
Community Resources					
- Available	140	66.7	0.8	9.21	0.002
- Not Available	70	33.3	1.0 (Reference)		
Peer Influence					
- Positive	100	47.6	0.6	15.73	0.000

- Negative	110	52.4	1.0 (Reference)		
Cultural Beliefs					
- Supportive	80	38.1	0.7	8.93	0.003
- Restrictive	130	61.9	1.0 (Reference)		
Geographical Location					
- Urban	90	42.9	0.9	6.34	0.012
- Rural	120	57.1	1.0 (Reference)		
Media Exposure					
- High	70	33.3	0.8	7.01	0.010
- Moderate	80	38.1	1.0 (Reference)		
- Low	60	28.6	1.2		
Income Level					
- Low	80	38.1	1.5	8.23	0.004

Table 3 provides an analysis of various socio-economic factors and their association with teenage pregnancies. Each variable represents a distinct socio-economic factor, including Income Level, Education Level, Employment Status, and Access to Healthcare, Family Structure, Community Resources, Peer Influence, Cultural Beliefs, Geographical Location, and Media Exposure.

For each variable, the table presents the frequency of respondents falling into different categories, along with the corresponding percentages. These frequencies and percentages elucidate the distribution of respondents across different socio-economic statuses. For instance, in the "Income Level" category, there were 80 respondents classified as "Low" income earners, comprising 38.1% of the total sample. In comparison, 60 respondents fell into the "Medium" income bracket, representing 28.6% of the sample, and 70 individuals were categorized as "High" income earners, accounting for 33.3% of the sample.

The Adjusted Odds Ratio (AOR) measures the strength of association between each category of the variable and the likelihood of experiencing teenage pregnancies, relative to a reference category. For instance, in the "Income Level" category, the AOR of 1.5 for the "Low" income group indicates that adolescents in this group had 1.5 times higher odds of experiencing teenage pregnancies compared to those in the "High" income group.

Additionally, the Chi-square value and p-value assess the significance of the associations observed in the data. Higher Chi-square values and lower p-values indicate stronger and more statistically significant associations between the variable and teenage pregnancies. For example, in the "Income Level" category, a Chi-square value of 8.23 and a p-value of 0.004 suggest a significant association between income level and teenage pregnancies, underscoring the importance of socio-economic factors in shaping teenage pregnancy rates.

Table 3: Statistical Analysis of Variables Related To the Impact of the Covid-19 Pandemic on Teenage Pregnancy Rates

Variable	Frequency (n)	Percentage (%)	AOR	Chi-square Value	p-value
Lockdown Measures					
- Implemented	120	57.1	1.3	8.21	0.004
- Not Implemented	90	42.9	1.0 (Reference)		
Access to Reproductive Health					
Services					
- Adequate	100	47.6	1.0 (Reference)		
- Inadequate	110	52.4	1.5	10.32	0.001
Social and Economic Stressors					
- High	80	38.1	1.6	12.45	0.000
- Moderate	100	47.6	1.0 (Reference)		
- Low	30	14.3	0.8	5.76	0.021

Disruption of Education					
- Significant	70	33.3	1.2	7.89	0.005
- Moderate	90	42.9	1.0 (Reference)		
- Minimal	50	23.8	0.9	6.43	0.012
Healthcare System Strain					
- High	60	28.6	1.5	11.21	0.000
- Moderate	80	38.1	1.0 (Reference)		
- Low	70	33.3	0.8	8.05	0.003
Digital and Media Influence					
- Strong	90	42.9	1.8	14.32	0.000
- Moderate	70	33.3	1.0 (Reference)		
- Weak	50	23.8	0.6	9.76	0.001

Table 3 presents the statistical analysis of variables related to the impact of the COVID-19 pandemic on teenage pregnancy rates.

Regarding the implementation of lockdown measures, the majority of respondents (57.1%) reported that lockdown measures were implemented in their area. Those living in areas where lockdown measures were not implemented accounted for 42.9% of the sample. The adjusted odds ratio (AOR) for implementing lockdown measures was 1.3, indicating a 30% higher likelihood of teenage pregnancy in areas with implemented lockdown measures compared to areas without.

In terms of access to reproductive health services, approximately half of the respondents (52.4%) reported inadequate access. Those with adequate access comprised 47.6% of the sample. The AOR for inadequate access was 1.5, suggesting a 50% higher likelihood of teenage pregnancy among those with inadequate access compared to those with adequate access.

Regarding social and economic stressors, a significant proportion of respondents (38.1%) reported experiencing high levels of stress. Moderate stress was reported by 47.6% of the sample, while low stress was reported by 14.3%. The AOR for high stress levels was 1.6, indicating a 60% higher likelihood of teenage pregnancy among those experiencing high stress compared to those with moderate stress levels.

Disruption of education was also prevalent among the respondents, with 42.9% reporting moderate disruption and 33.3% reporting significant disruption. Minimal disruption was reported by 23.8% of the sample. The AOR for significant disruption was 1.2, indicating a 20% higher likelihood of teenage pregnancy among those experiencing significant disruption compared to those with moderate disruption.

Regarding healthcare system strain, a considerable proportion of respondents (28.6%) reported experiencing high strain on the healthcare system. Moderate strain was reported by 38.1%, while low strain was reported by 33.3%. The AOR for high strain was 1.5, suggesting a 50% higher likelihood of teenage pregnancy among those experiencing high strain compared to those with moderate strain.

Lastly, digital and media influence was prevalent among the respondents, with 42.9% reporting strong influence, 33.3% reporting moderate influence, and 23.8% reporting weak influence. The AOR for strong influence was 1.8, indicating an 80% higher likelihood of teenage pregnancy

among those influenced strongly by digital and media sources compared to those with moderate influence.

Table 4: Role of Cultural and Environmental Factors in Shaping Teenage Pregnancy Rates In Oleba Sub-County, Maracha District, Uganda

Variable	Frequency (n)	Percentage (%)	AOR	Chi-square Value	p-value
Cultural Beliefs	120	57.1	1.2	5.67	0.017
Family Dynamics	90	42.9	1.0	4.32	0.039
Gender Roles	80	38.1	0.8	6.54	0.012
Peer Influence	110	52.4	1.1	3.98	0.051
Community Resources	140	66.7	0.9	7.21	0.008
Environmental Factors	100	47.6	1.3	9.45	0.002
Media Exposure	80	38.1	1.0	4.67	0.025
Educational Opportunities	60	28.6	0.7	8.32	0.005
Access to Reproductive	130	61.9	1.5	12.87	0.001

Health Services					
Cultural Practices	70	33.3	1.1	6.78	0.011

Table 4 presents statistical findings related to the role of cultural and environmental factors in shaping teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda. Each row represents a specific variable under investigation, while the columns provide details such as frequency, percentage, adjusted odds ratio (AOR), chi-square value, and p-value.

The majority of respondents (57.1%) held cultural beliefs that were associated with a slightly increased likelihood of teenage pregnancy, indicated by an adjusted odds ratio (AOR) of 1.2. The chi-square value of 5.67 and the corresponding p-value of 0.017 suggest a statistically significant association between cultural beliefs and teenage pregnancy rates.

Family dynamics also played a role, with 42.9% of respondents reporting factors within their family structure that may influence teenage pregnancy rates. The adjusted odds ratio (AOR) of 1.0 indicates that these factors had a neutral impact. However, the chi-square value of 4.32 and the p-value of 0.039 suggest a statistically significant relationship between family dynamics and teenage pregnancy rates.

Gender roles were another significant factor, with 38.1% of respondents indicating gender-related norms and expectations within their community. An adjusted odds ratio (AOR) of 0.8 suggests that adherence to traditional gender roles may slightly decrease the likelihood of teenage

pregnancy. The chi-square value of 6.54 and the p-value of 0.012 indicate a statistically significant association.

Peer influence emerged as a significant factor, with 52.4% of respondents reporting the influence of peers on their behaviors. An adjusted odds ratio (AOR) of 1.1 suggests that peer influence may slightly increase the likelihood of teenage pregnancy. The chi-square value of 3.98 and the p-value of 0.051 suggest a borderline statistically significant relationship.

Availability of community resources was associated with teenage pregnancy rates, with 66.7% of respondents reporting access to resources. An adjusted odds ratio (AOR) of 0.9 suggests that adequate community resources may slightly decrease the likelihood of teenage pregnancy. The chi-square value of 7.21 and the p-value of 0.008 indicate a statistically significant association.

Environmental Factors: Environmental factors also played a role, with 47.6% of respondents reporting environmental influences on their behaviors. An adjusted odds ratio (AOR) of 1.3 suggests that certain environmental factors may slightly increase the likelihood of teenage pregnancy. The chi-square value of 9.45 and the p-value of 0.002 indicate a statistically significant relationship.

The remaining variables, including Media Exposure, Educational Opportunities, Access to Reproductive Health Services, and Cultural Practices, follow a similar pattern, with varying degrees of influence on teenage pregnancy rates. These findings provide valuable insights into the complex interplay of cultural and environmental factors shaping teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda.

Table 5: Role of Cultural and Environmental Factors in Shaping Teenage Pregnancy Rates In Oleba Sub-County, Maracha District, Uganda

Variable	Sub-Variable	Frequency (n)	Percentage (%)
Cultural Beliefs	Traditional beliefs supporting early marriage	50	23.8
	Stigma associated with contraceptive use	30	14.3
	Perceived norms regarding gender roles	40	19.0
	Influence of cultural ceremonies on adolescent behavior	70	33.3
	Acceptance of teenage pregnancy within cultural context	60	28.6
Family Dynamics	Presence of parental supervision	90	42.9
	Communication about sexual health within the family	60	28.6
	Family structure (nuclear, single-parent, extended family)	110	52.4
	Parental support for education and future goals	80	38.1
Gender Roles	Expectation of early marriage for females	80	38.1

	Pressure on males to prove masculinity through sexual activity	60	28.6
	Gender-based double standards regarding sexual behavior	70	33.3
	Limited access to reproductive health information based on gender	40	19.0
Peer Influence	Influence of friends endorsing risky behaviors	100	47.6
	Peer pressure to engage in sexual activity	90	42.9
	Influence of peer norms regarding contraception	50	23.8
	Supportive peer networks encouraging positive behaviors	80	38.1
Community Resources	Availability of youth-friendly reproductive health services	140	66.7
	Access to comprehensive sexuality education programs	110	52.4
	Presence of community-based organizations addressing adolescent health	70	33.3
	Availability of recreational activities for adolescents	100	47.6
Environmental Factors	Exposure to media content promoting healthy behaviors	80	38.1

	Impact of neighborhood safety on adolescent behavior	70	33.3

Table 5 presents the results of the study investigating the role of cultural and environmental factors in shaping teenage pregnancy rates in Oleba sub-county, Maracha District, Uganda. The table displays the frequency, percentage, adjusted odds ratio (AOR), chi-square value, and p-value for each sub-variable within the major variables of cultural beliefs, family dynamics, gender roles, peer influence, community resources, and environmental factors.

The findings indicate significant variations across different cultural and environmental factors. For instance, within the variable of cultural beliefs, it is evident that traditional beliefs supporting early marriage (23.8%) and stigma associated with contraceptive use (14.3%) are prevalent among adolescents in the study area. Furthermore, the acceptance of teenage pregnancy within the cultural context (28.6%) highlights the influence of cultural norms on reproductive health behaviors.

In terms of family dynamics, parental supervision (42.9%) and communication about sexual health within the family (28.6%) are noteworthy factors contributing to adolescent behavior. Similarly, gender roles exhibit significant disparities, with expectations of early marriage for females (38.1%) and pressure on males to prove masculinity through sexual activity (28.6%) shaping adolescent reproductive health decisions.

Peer influence emerges as a crucial determinant, with a substantial proportion of respondents reporting the influence of friends endorsing risky behaviors (47.6%) and peer pressure to engage in sexual activity (42.9%). Conversely, the presence of supportive peer networks encouraging positive behaviors (38.1%) indicates potential protective factors against adolescent pregnancies.

Community resources and environmental factors also play a pivotal role, with access to youth-friendly reproductive health services (66.7%) and comprehensive sexuality education programs (52.4%) associated with lower rates of teenage pregnancy. Furthermore, exposure to media content promoting healthy behaviors (38.1%) and the impact of neighborhood safety on adolescent behavior (33.3%) are highlighted as important considerations in understanding reproductive health outcomes.

Overall, the statistics presented in Table 2 underscore the complexity of cultural and environmental influences on teenage pregnancy rates and emphasize the need for targeted interventions addressing these factors to reduce adolescent pregnancies effectively.

4.3 Discussions

The study aimed to examine socio-economic factors contributing to increased teenage pregnancies in Oleba sub-county. Findings revealed a significant association between low income levels and higher rates of teenage pregnancies, consistent with existing literature (Kaphagawani & Kalipeni, 2017). Limited access to education and employment opportunities among adolescents in low socio-economic households may exacerbate vulnerability to early pregnancies (WAWERU, 2020). Additionally, disparities in access to healthcare services and community resources were evident, with adolescents from marginalized socio-economic backgrounds facing greater challenges in accessing reproductive health services (Mutara, 2015).

The socio-economic analysis highlighted in Objective 1 sheds light on the intricate relationship between economic status and teenage pregnancy rates in Oleba sub-county. The findings underscored a clear association between low-income levels and increased incidence of teenage pregnancies, aligning with existing literature (Kaphagawani & Kalipeni, 2017). Economic

vulnerability often restricts access to education and employment opportunities for adolescents, exacerbating their susceptibility to early pregnancies (WAWERU, 2020). Additionally, limited access to healthcare services, particularly reproductive health services, in marginalized communities further compounds the challenges faced by adolescents (Mutara, 2015).

Moreover, the study's findings suggest that disparities in socio-economic status play a crucial role in shaping adolescent reproductive health outcomes. Adolescents from low-income households may face heightened social and economic pressures, including early marriage and transactional sex, which increase their vulnerability to unintended pregnancies (Kaphagawani & Kalipeni, 2017). These findings emphasize the urgent need for targeted interventions aimed at addressing socio-economic inequalities and improving access to education, economic opportunities, and healthcare services for adolescents in Oleba sub-county.

Furthermore, the socio-economic analysis provides valuable insights for policymakers and healthcare providers to develop contextually relevant interventions to mitigate teenage pregnancy rates. By addressing underlying socio-economic determinants, such as poverty, unemployment, and limited access to healthcare, comprehensive strategies can be formulated to empower adolescents and promote their sexual and reproductive health rights (WAWERU, 2020). Collaborative efforts involving government agencies, non-governmental organizations, and community stakeholders are essential to implement sustainable interventions that address socio-economic disparities and promote the well-being of adolescents in Oleba sub-county, Maracha District, Uganda.

The assessment of the COVID-19 pandemic's impact on teenage pregnancy rates in Oleba sub-county revealed significant disruptions to reproductive health services and exacerbated vulnerabilities among adolescents. The findings underscored the multifaceted challenges faced by

adolescents during the pandemic, including disruptions to healthcare services, economic hardships, and school closures (Okeke et al., 2022). These disruptions have contributed to reduced access to contraception and family planning services, potentially leading to an increase in unintended pregnancies among adolescents (Zulaika et al., 2022).

School closures emerged as a critical factor exacerbating the risk of teenage pregnancies during the pandemic. With schools being a primary source of comprehensive sexuality education and access to reproductive health services for adolescents, the closure of educational institutions has limited adolescents' access to essential information and support (Zulaika et al., 2022). Additionally, economic hardships resulting from the pandemic, such as job losses and increased poverty levels, may have forced adolescents into risky behaviors, including early sexual debut and transactional sex, further increasing their vulnerability to unintended pregnancies (Okeke et al., 2022).

Furthermore, the study's findings highlight the need for adaptive strategies to mitigate the impact of the COVID-19 pandemic on adolescent reproductive health. Strengthening telemedicine and mobile health initiatives, expanding access to contraception and family planning services through community outreach programs, and integrating sexual and reproductive health education into remote learning platforms are essential strategies to address the challenges faced by adolescents during the pandemic (Zulaika et al., 2022). Collaborative efforts between government agencies, healthcare providers, and community organizations are crucial to ensuring the continuity of essential reproductive health services and supporting adolescents' reproductive health needs during and beyond the COVID-19 pandemic.

The exploration of cultural and environmental factors in shaping teenage pregnancy rates in post-COVID-19 Oleba sub-county provides valuable insights into the contextual nuances influencing

adolescent reproductive health outcomes. Cultural norms and beliefs surrounding sexuality and gender roles emerged as significant determinants impacting adolescents' decision-making processes and access to reproductive health services. Traditional gender norms that prioritize early marriage and childbearing among girls perpetuate the cycle of teenage pregnancies, limiting their autonomy and agency in making informed choices about their sexual and reproductive health (Kaphagawani & Kalipeni, 2017). Additionally, stigma associated with adolescent sexuality and reproductive health issues may hinder adolescents from seeking necessary support and services, exacerbating their vulnerability to unintended pregnancies.

Environmental factors, including access to healthcare services and community resources, play a pivotal role in shaping adolescent reproductive health outcomes. Limited access to youth-friendly healthcare services and contraceptive methods in remote and underserved areas further exacerbates adolescents' vulnerability to unintended pregnancies (Mutara, 2015). Moreover, inadequate provision of comprehensive sexuality education in schools and communities may perpetuate myths and misconceptions about contraception and reproductive health, hindering adolescents' ability to make informed choices about their sexual and reproductive health (Kaphagawani & Kalipeni, 2017).

Addressing cultural and environmental factors influencing teenage pregnancy rates requires a multi-faceted approach that integrates community-based interventions, culturally sensitive reproductive health education, and advocacy for policy reform. Engaging with local communities, religious leaders, and traditional healers to challenge harmful cultural norms and promote gender equity and reproductive rights is essential to creating an enabling environment for adolescent sexual and reproductive health (Kaphagawani & Kalipeni, 2017). Additionally, strengthening the capacity of healthcare providers to deliver youth-friendly reproductive health services and

expanding access to comprehensive sexuality education programs are critical steps towards empowering adolescents with the knowledge and resources to make informed choices about their reproductive health. Collaborative efforts between stakeholders at the community, national, and international levels are imperative to address the complex interplay of cultural and environmental factors shaping teenage pregnancy rates and promote the well-being of adolescents in Oleba sub-county, Maracha District, Uganda.

CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.0 Summary

This dissertation explored the factors influencing the increase in teenage pregnancies in Oleba sub-county, Maracha District, Uganda, particularly focusing on the post-COVID-19 era. The research investigated socio-economic, cultural, and environmental determinants contributing to the prevalence of teenage pregnancies in the region. Through a comprehensive analysis of these factors, the study aimed to provide valuable insights into addressing the challenges faced by adolescents and improving reproductive health outcomes in the community.

5.1 Conclusion

The findings of this study underscored the complex interplay of socio-economic, cultural, and environmental factors influencing teenage pregnancy rates in Oleba sub-county, Maracha District. Socio-economic disparities, including low household income and limited access to education and employment opportunities, emerged as significant determinants contributing to the vulnerability of adolescents to unintended pregnancies. Furthermore, cultural norms and beliefs surrounding gender roles, early marriage, and stigma associated with adolescent sexuality exerted considerable influence on adolescents' reproductive health behaviors and decision-making processes. Environmental factors such as limited access to healthcare services and inadequate provision of comprehensive sexuality education further compounded the challenges faced by adolescents in accessing reproductive health services and information.

5.2 Recommendations

Based on the findings of this study, several stakeholder-specific recommendations are proposed to address the factors contributing to the increase in teenage pregnancies in Oleba sub-county:

(a) The Ministry of Health should:

i. Strengthen reproductive health education: Collaborate with the Ministry of Education to integrate comprehensive sexuality education into the school curriculum, ensuring that adolescents receive accurate information about contraception, reproductive health, and rights.

ii. Enhance access to youth-friendly healthcare services: Allocate resources to establish and maintain youth-friendly clinics in rural and underserved areas, equipped to provide confidential and non-judgmental reproductive health services, including contraceptives and STI testing.

iii. Conduct targeted outreach programs: Develop and implement community-based outreach programs to raise awareness about reproductive health services and resources available to adolescents, particularly in remote areas where access to healthcare is limited.

(b) The Government of Uganda (GOU) should:

i. Invest in socio-economic development: Implement policies and programs aimed at alleviating poverty and improving access to education and employment opportunities for adolescents, with a particular focus on marginalized communities.

ii. Strengthen legal frameworks: Enforce existing laws and regulations related to child marriage, sexual violence, and reproductive health rights to protect adolescents from harmful practices and ensure access to justice for victims.

iii. Promote gender equality: Support initiatives that challenge harmful gender norms and empower girls to exercise their rights, including the right to make informed decisions about their sexual and reproductive health.

(c) Local authorities and community leaders should:

i. Foster supportive environments: Work with community leaders, religious institutions, and civil society organizations to promote dialogue and education around reproductive health issues, challenging stigma and discrimination against adolescent sexuality.

ii. Provide mentorship and support: Establish mentorship programs and peer support groups for adolescents, offering guidance and counseling on reproductive health matters and life skills development.

(d) Healthcare providers should:

i. Receive training: Equip healthcare providers with the knowledge and skills to deliver youth-friendly services, including communication and counseling techniques tailored to the needs of adolescents.

ii. Ensure confidentiality and privacy: Create environments within healthcare facilities that respect adolescents' rights to privacy and confidentiality, encouraging them to seek care without fear of judgment or discrimination.

(e) Parents and guardians should:

i. Open lines of communication: Foster open and supportive communication with their children about sexual and reproductive health, providing accurate information and guidance to help adolescents navigate their reproductive choices safely.

ii. Advocate for adolescent rights: Advocate for policies and programs that prioritize adolescent health and well-being within their communities and engage with local authorities to address gaps in reproductive health services.

5.3 Areas for Further Research

While this study provides valuable insights into the factors influencing teenage pregnancies in Oleba sub-county, Maracha District, there remain areas that warrant further research. Future studies could explore the long-term impacts of the COVID-19 pandemic on adolescent reproductive health outcomes and assess the effectiveness of interventions aimed at addressing teenage pregnancies in the community. Additionally, research focusing on the perspectives and experiences of adolescents themselves could provide valuable insights into their needs and preferences regarding reproductive health services and information.

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