

To Analyze Factors That are Leading to an Increase of Teenage Pregnancies in Chongwe District: A Case Study of Kanakantapa Primary and Chongwe Basic School In Chongwe District, Lusaka.

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Abstract

Teen pregnancy is a growing epidemic in Zambian schools; girls are becoming pregnant at an alarming rate with a lot of the pregnancies unplanned. Teenage pregnancy is characterized by young girls with ages 13-19 years old. The growth on the numbers of teenage pregnancy has become an alarming situation in both community and national levels. Teenage pregnancy has many causes in which the government can't recognize the real reason behind this sudden growth.

This study aims at identifying social, economic and demographic factors associated with Adolescent pregnancy. Understanding risk factors for adolescent pregnancy provided an insight into the root causes of the problem and is also important for designing appropriate cost-effective reproductive health services for adolescent girls. The information generated by this study assisted

policy makers to design appropriate health services that will meet the needs of adolescent girls and address this problem.

The purpose of this study is to investigate factors that are leading to an increase in teenage pregnancies in Zambia narrowing the study to chongwe basic and chongwe secondary schools in Chongwe districts and find ways that will help reduce this occurrence. The paper did further discuss the strategies that can be put in place in order to alleviate poverty as well as an increase in teenage pregnancies. The study was undertaken in Chongwe district which is the capital city of Zambia.

The research was therefore, an assessment to meet the demands of our rising Teenage pregnancy. The study has the following objectives: first and foremost; is set to investigate cause of the increase of teenage pregnancies in Chongwe, its

impact and strategies; To find out the causes of teenage pregnancies at Chongwe basic and Kanakantapa primary school; To identify major sources of information regarding sexual behavior in relation to adolescent pregnancy; To find out the attitude of adolescents towards teenage pregnancies at Chongwe and Kanakantapa school; To determine the sexual behavior in pregnant and non-pregnant adolescents and identify their safe sex practices; To determine what can be done to reduce teenage pregnancies at Chongwe basic and Kanakantapa primary school. To answer to the objectives, the study employed a survey approach with simple random sampling method where qualitative as well as quantitative survey questionnaires were used to gather data, and entered into excel, then tabulated and analyzed using stata 11 and presented in percentages, frequencies, cross tabulation and correlation.

The sampling procedure which was used in the study to select the respondents was in a way that after the households are systematically randomly selected, the researcher was then decided that the total sample was 40 which was comprised of 15 students from each school and 4 teachers and 1 head teacher from each school. This sample was randomly only targeted girl school children and the teachers were also purposeful sampled as long as they teach pupils are 13-19 years old.

CHAPTER ONE

This chapter gives background to the present study. In addition, it presents the statement of the problem, purpose of the study, objectives, and research questions, hypothesis it will outline the research variables, the theoretical and conceptual frame work, and the purpose of the study so as to help the readers understand what the research proposal is all about. Definitions of concepts will be given in this section

Topic:

To analyze factors that are leading to an increase of teenage pregnancies in Chongwe District: A case study of Kanakantapa primary and Chongwe basic school in Chongwe District East of Lusaka.

INTRODUCTION AND BACK GROUND

The period of life between teenage years, and adulthood brings many transitions. Individuals seek to establish balance personally and socially. Multiple influences can hinder or help teenagers' ability to succeed. Unfortunately, for teenage parents, the balance of these influences tend to be more negative than positive. Some specific areas of concern in the lives of teen parents are both support factors and risk factors.

An estimated 25% of the world's population is made up of people between the ages of 10-24, most of who live in the developing world, according to a World Health Organization study (2007)

According to the UN report (2012) globally, the number of adolescents and young people is at an all-time high but that number might not increase much more in coming decades if global fertility continues to decline. In 2012, the world had 1.6 billion persons aged 12-24, of which 721 million

were teenagers aged 12-17 and 850 million were youth aged 18-24. It is estimated that both age groups will remain within narrow ranges during the rest of the century, varying between 721 million in 2015 and a peak of 762 million in 2030 in the case of teenagers, and between 835 million in 2020 and 884 million in 2065 in the case of youth.

According to United Nations (UN) (2008) a teenager, or teen, is a young person whose age falls within the range from 13–19. They are called teenagers because their age number ends with "teen".

Adolescence is defined by three categories Fielding (1981); early adolescence (10-13 years of age), middle adolescence (14-17) and late adolescence (18-22).

Adolescence describes the teenage years between 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier; during the preteen or "tween" years external appearance tend to naturally increase in importance for some time during a teen's journey toward adulthood.

In most homes today, we do not expect ten-year-olds to act like twenty-year-olds. In fact, our common-sense beliefs about adolescence are usually based chiefly in how we understand the biological aspects of adolescence, namely, puberty. Puberty is the biological beginning of adolescence, and begins at around 10 years of age for girls and 12 for boys in the U.S. (Russell, 1988)

Zambia Sexual Behavior Survey, (2009), defines Teen pregnancy as pregnancies in women under the age of 20

According to Save the Children, (2010) globally, males outnumber females among people aged 12-

24, with 106 males for every 100 females. The proportion of males is lowest in Africa and in Latin America and the Caribbean, at 102, and highest in Asia and the Pacific at 109. In developed countries the proportion of males among young people is 105. Currently, persons aged 12-24 still comprise a major share of the working-age population or looking for employment. That share is highest in Africa (43 per cent), followed by Asia and the Pacific and Latin America and the Caribbean (33 per cent in each) and by developed countries (23 per cent). By 2040, persons aged 12-24 are projected to constitute 27 per cent of the population aged 12-64 worldwide, with 35 per cent in Africa, 25 per cent in both Asia and the Pacific and Latin America and the Caribbean, and 23 per cent in developed countries.

According to the World Bank (2013) Teenagers account for important proportions of all births. In 2010, 12 per cent of the 135 million children born that year were born to women aged 15-19, and a further 32 per cent were born to women aged 20-24. In Africa and in Latin America and the Caribbean, 15 and 18 per cent, respectively, of all children were born to young mothers aged 15-19. In Asia and the Pacific and in Latin America and the Caribbean, 47 per cent of all children were born to women aged 15-20, and in Africa, the figure was 42 per cent. Globally about 14 million births each year are by adolescents Santelli (2010). There are an estimated 200 million pregnancies around the world each year and approximately 75 million of them are unwanted (UNFPA, 1997). These pregnancies contribute to maternal health problems in two ways: First, many pregnancies are unwanted for reasons that can threaten the woman's health or well-being and secondary, where women do not have access to safe abortion services, many unwanted

pregnancies are terminated using unsafe procedures that can lead to the woman's death or disability (UNFPA, 1997).

The highest rate of teenage pregnancy in the world is 143 per 1,000 girls aged 15–19 years in sub-Saharan Africa. Women in Africa in general, get pregnant much earlier ages than women elsewhere. In Nigeria, according to the Health and Demographic Survey in 1992, 47% of teenagers aged 20–24 were married before 15 and 87% before 18. 53% of those surveyed also had given birth to a child before the age of 18.

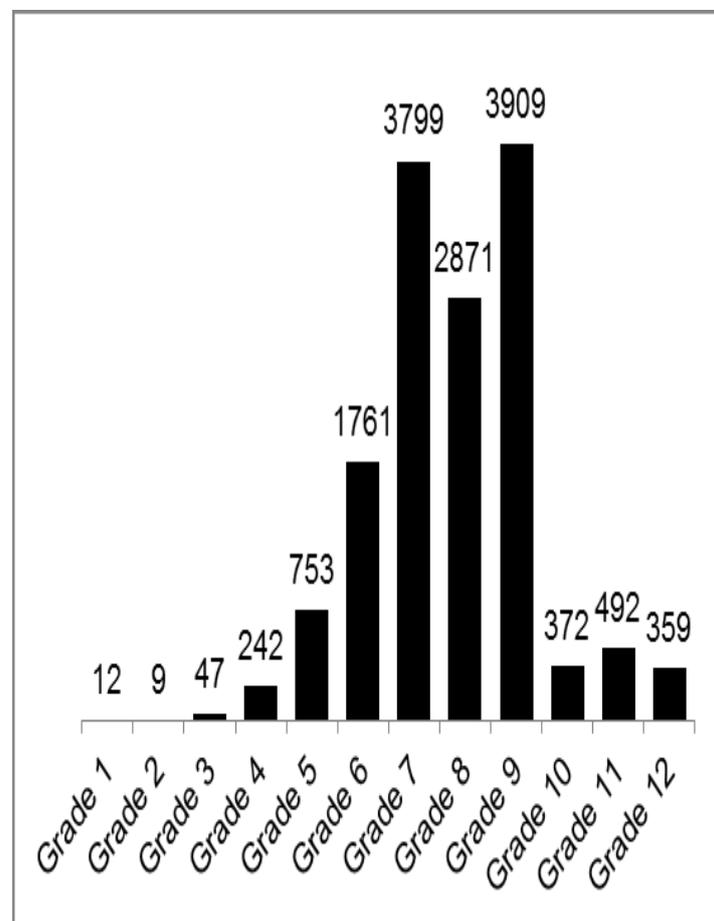
According to Siame (1999), each year, almost 750,000 girls aged 15–19 become pregnant. Two-thirds of all teen pregnancies occur among the oldest teens (18–19-year-olds). Of them, 82% are unplanned, accounting for about 20% of all unintended pregnancies annually. Of pregnancies among 15–19-year-olds girls in 2008, 59% ended in birth. The proportion of births that take place during teenage years is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa.

“The number of pregnancies among teenagers has been rising in Zambia over the past decade. In 2002 there were 3,663 teenage pregnancies among school going teenagers; in 2004, the number rose to 6,528; in 2007 the figure had risen further to 11,391 and to 13,634 in 2009. By 2010, it was reported that there were over 15,000 teenage pregnancies among school going teenagers in Zambia. The trend for 2011 remains high at 12,285 which is still a high rate. “(MOE 2012:7)

According to Sexual behavior survey (2003), despite the trend revealed by these statistics,

discussion of subjects such as sexual health, sexuality and HIV are still regarded as inappropriate in many areas of the country, especially in rural communities. Therefore, young people in Zambia do not get appropriate guidance on how to avoid pregnancy.

According to Zambia annual school census (2010), girls who fall pregnant in basic (primary) schools are more likely to drop out than girls in high (secondary) schools. More specifically, 2010 School Census data shows that school girl pregnancy in Grades 5 to 9 accounts for 88% of recorded pregnancies with highest figures among Grade 9 pupils (3,909), followed by grade 7 (3,799), grade 8 (2871), grade 6 (1,761), and grade 5 (753).



Teenage Pregnancies from Grade 1-12 (2010)

1.2 PROBLEM STATEMENT

Teen pregnancy is a growing epidemic in Zambian schools; girls are becoming pregnant at an alarming rate with a lot of the pregnancies unplanned. Teenage pregnancy is characterized by young girls with ages 13-19 years old. The growth on the numbers of teenage pregnancy has become an alarming situation in both community and national levels. Teenage pregnancy has many causes in which the government can't recognize the real reason behind this sudden growth.

Despite the extensive attention given to adolescent sexuality and teenage pregnancy in the past recent years many teenagers are still falling pregnant, Teenage pregnancy has become a national epidemic, partly because more and more teenagers who give birth decide to keep and raise their children for example 30 pupils from Choma secondary school were found pregnant in one term in 2011. School going girls when getting pregnant typically are involved in some form of school education and do depend on their parents and relatives at least to a certain degree.

There is a great cost to individuals, families and society when mere children have children of their own. Mwanakatwe (1974) indicated that teenage pregnancy is more common amongst young people who have been disadvantaged and have poor expectations of either their education or the job market in most cases the father of the baby in teenage pregnancy is of similar age and thus is also financially and emotionally unprepared to raise a baby. Many teenagers cannot see the long-term consequences of their actions at the moment ignorance about how one gets pregnant is responsible for many of the pregnancies.

In low and middle-income countries, almost 10% of girls become mothers by age 16 years, with the

highest rates in sub-Saharan Africa and south-central and south-eastern Asia. The proportion of women who become pregnant before age 15 years varies enormously even within regions in sub-Saharan Africa

According to Siame (2009), early marriage and adolescent pregnancy are the two main triggers of the high maternal mortality rate in the country. Over 30 percent of 15-19-year-old girls have already been pregnant or have had a child. Many girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities.

Despite of interventions and calls by various stakeholders to end teenage pregnancies, numbers have continued rising in many parts of the country, a situation that leaves the young victims vulnerable.

According to the MOE (2007) report, it is estimated that 28% of young females aged 15 to 19 years have begun child bearing, 22% have had a child, while 6% are pregnant with their first child. According to UNICEF Progress report (2008) for Children from, more than half of the mothers in sub-Saharan Africa give birth before the age of 20, compared with one third for Latin America and the Caribbean. The range of unplanned pregnancies among adolescent girls ranges from high to very high in some sub-Saharan countries where up to 50% of adolescent mothers reported that their pregnancies were unplanned.

1.3 PURPOSE OF THE STUDY

The purpose of this study is to analyze factors that are leading to an increase in teenage pregnancies in Zambia narrowing the study to Chongwe Basic and Kanakantapa schools in Chongwe districts and find ways that will help reduce this occurrence.

This study aims at identifying social, economic and demographic factors associated with Adolescent pregnancy. Understanding risk factors for adolescent pregnancy will provide an insight into the root causes of the problem and is also important for designing appropriate cost-effective reproductive health services for adolescent girls. The information generated by this study will assist policy makers to design appropriate health services that will meet the needs of adolescent girls and address this problem.

1.4 The Objectives of the study

1.4.1 General objective

To analyze the cause of the increase of teenage pregnancies in Chongwe

1.4.2 Specific objectives

To find out the causes of teenage pregnancies at Chongwe basic and Kanakantapa primary school.

To identify major sources of information regarding sexual behavior in relation to adolescent pregnancy.

To find out the attitude of adolescents towards teenage pregnancies at Chongwe and Kanakantapa school

To determine the sexual behavior in pregnant and non-pregnant adolescents and identify their safe sex practices.

To determine what can be done to reduce teenage pregnancies at Chongwe basic and Kanakantapa primary school

1.4.3 Research Questions

What are the factors that cause teenage pregnancies at chongwe and kanakatapa schools?

What information do teenagers have regarding sexual behaviour and teenage pregnancy?

What is the attitude of the adolescents towards teenage pregnancies?

What can be done to reduce teenage pregnancies at Chongwe and Kanakantapa schools?

How can adolescents that have suffered having teenage pregnancies be helped?

1.5 THEORETICAL FRAMEWORK

The Social Conflict theory claims human behavior in social contexts result from conflicts between compete groups. There will be conflict between two groups of people. This is a Marxist based theory. With teen pregnancy there can be conflict between the parents of the teens and the teens themselves. Parents and kids are always battling it out. Parents want obedience and control from their kids, while kids want freedom from their parents. Teen pregnancy can be a form of rebellion. A lot of parents kick their children out after finding out their child is pregnant, or refuse to help financially support the child. Some parents can even force their children into abortion and adoption, even against the will of the teenager which can lead to resentment and issues in that family.

In my opinion Social Conflict theory best fits in this research because it helps to give an explanation as to why this has been such a radical debate for a long time there's so many conflicts and strong opinions when it comes to this issue. Social Conflicts looks at the bigger picture and you can see two sides of an argument.

The theory also helps to understand why this topic is controversial. It also shines light on how society

has completely stereotyped pregnant teens in some ways. Not just between two specific groups but between individuals and different circumstances. This has been my explanation of the theory and the process of applying this theory to teen pregnancy.

1.6 Variables

The dependent variable that is going to be measured is pregnancy

The Independent variables are the factors that are going to be measured and these include:

Demographic characteristic: The characteristic that that will be under study is age

Contraceptive methods: Knowledge and use of contraceptives.

Sexual behavior: Age at first intercourse, rewards for sex, sex education, type of sexual partner and reasons for having sex.

Mass media: Print media, radio messages, and television messages. Peer influence. Attitude towards pregnancy

1.7 Limitations

According to Beins et.al (2003), limitations are factors which a researcher foresees as restrictions, problems and such other elements which might affect the attainment of the objectivity and validity of the research findings. In this study, the major limitation might be the sample size; this is because it might fail to make full representation of the whole targeted population. However, it is hoped that after the study the results will help to make generalizations that will be helpful in future.

1.8 Operational definitions

Teenager: A teenager is an individual in the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not fully matured (South African Concise Oxford Dictionary 2005). In the report, a teenager is a female person aged between 13 – 19 years.

Pregnancy: Pregnancy is the state in which a fetus develops in the uterus of a woman of childbearing age, during the period from conception to birth (South African Concise Oxford Dictionary 2005). In the context of this study, pregnancy refers to a period of gestation when a woman aged between 13-19 years has conceived an unplanned fetus in her uterus. Teenage pregnancy: Is Pregnancy in human females under the age of 20 at the time that the pregnancy ends School: will refer to both primary and secondary school.

CHAPTER TWO

This chapter reviews literature relevant to the present study. It has attempted to explain and give account of some case studies that have been undertaken globally, regionally and nationally on the topic under research. It also reviews some of the researches carried out in the same field.

LITERATURE REVIEW

The problem for the society with teenage pregnancies is that teenagers are believed not to be ready emotionally and financially to raise their children even though they are indeed physiologically capable of producing offspring. According to Sanders (2008) Teenage girls when getting pregnant typically are involved in some form of school education and do depend on their parents and relatives at least to a certain degree. In

most cases the father of the baby in teenage pregnancy is of similar age and thus is also financially and emotionally unprepared to raise a baby. Dependence on his parents is also the fact. The greatest concern in teenage pregnancy is seen when the mother was below the age of consent when the child was conceived while the father was clearly above the age of consent.

2.1 Global perspective

According to Kirby (1999), in the United States of America (USA), 40% of all girls became pregnant before their twentieth birthday, and one out of every five went on to become a teen-mother. Most early child bearing occurred outside of marriage (76%) and most out of wedlock child bearing started in the teenage years Sanders (2008). Other studies indicated that 10% of all 15 to 19-year-old females became pregnant each year and almost 890,000 became pregnant every year. As a result of this high pregnancy rate, teen birth rate was about 5.3% and was much higher than other western industrialized countries; e.g. 0.6% in the Netherlands, 0.9% in Denmark, 1.3% in Sweden, 2.3% in Austria and 3.2% in Great Britain. Teenage pregnancy is important because of its association with higher morbidity and mortality for both mother and child. In addition, teenage pregnancy has been associated with termination of education of mothers, which itself has a spiral effect on the socio-economic status of the individual and hence the child (MOE1995).

A study was undertaken by WHO in 1995 in Cook Islands to determine the factors contributing to the low utilization by adolescents of Government and NGO family planning clinics or community-based services that have been available in Rarotonga, the goal of this study was to determine the factors contributing to the low utilization by adolescents of Government and

NGO family planning clinics or community-based services that have been available in Rarotonga, Cook Islands.

It was exploratory qualitative study with focus group discussions, in-depth interviews and observations were undertaken. This was accompanied by a quantitative element involving a school-based survey of students to determine their knowledge and attitudes towards teenage pregnancy as well as utilization of health services. The respondents comprised both males and females, 15-19 years of age, and health care providers.

Major results found that a higher percentage of students were knowledgeable about family planning, where to go for services and the factors associated with teenage pregnancy. However, very few used contraception. Participants in the study stated that to increase utilization of Sexual Reproductive Health (SRH) services by young people there was need for a separate youth friendly clinic in communities close to them which had hours convenient for youth.

According UN (2004), the importance of teen pregnancy prevention continues because, despite the substantial drop in teen pregnancy in the US since 1991, as of 2004, the US has manifested the highest teen pregnancy rate and teen birth rates among developed countries. The USA rate has been two to six times higher than Western Europe. This prevalence has prevailed even though sexual activity rates are similar or higher among Western European teenagers than among teenagers in the United States. An array of social costs is imposed on American society due to teen pregnancy. These negative societal impacts require public expenditures for social programs or cause social harms such as crime. Teen pregnancy is a major health concern in the American school

system. According to the Sexual behavior survey (2009), the birth rate among female adolescents increased 3 percent in the year 2006, after decades of decline. The incidence of adolescent pregnancy in United States is higher than the majority of other industrialized Western nations, with 39.1 births per 1000 teens in 2009. According to Pazol, (2011), this is worrisome to the American society because teen births are associated with poor behavioral, educational, and fiscal outcomes for the teens and their children affected by adolescent pregnancy.

Sexual behavior survey (2005), further argues that due to the high birth rate and frequency fluctuations in teen pregnancy, policy makers must renew their focus on adjusting the sexual health education courses in the public high schools nationwide to better suit student needs.

2.2 Sub Saharan perspective

Unwanted adolescent pregnancy and childbearing and the associated consequences pose a serious public health concern and contribute to rapid population growth in Africa. According to a survey carried out In Uganda. 10% of births to 15-19-year-old mothers were not wanted at all and 23% were mistimed. Complications of pregnancy, abortion and childbirth are the leading causes of disability and death among women between ages 15 and 19 in Uganda.

Aside from health consequences, teenage pregnancy results in school abandonment and lost career opportunities. Until recently, adolescents who got pregnant in Uganda were prevented by their parents and school system from going back to school. Because of universal primary education (UPE) instituted by the government and new attention being paid to the rights of female adolescents. Therefore, adolescents who get

pregnant are now allowed to go back to school after delivery.

Uganda still leads in countries with highest teenage pregnancy rate in Africa compared to Niger 1992 (36%), Central Africa Republic 1995 (36%), Tanzania 1992 (29%) and Kenya 1993 (21%).

Many variables are associated with adolescent pregnancies, including community and peer influences, socioeconomic status, perception of peer risk activity level, strength of family relationships, and parental education (Blum & Mmari, 2006, Santelli & Melnikas, 2010). In Kirby's reflection over the past 20 years in adolescent fertility research, perception has been found to be a strong predictor of adolescent sexual behavior (Kirby, 1999). As a result, teen perception of pregnancy is an important concept for focus.

In Southern African teenage pregnancy, occurring in girls aged 10 –19 years, remains a serious health and social problem and has been associated with numerous risk factors evident in the young people's family, peer, school, and neighborhood contexts.

According to Grant (2006), in a survey which was carried out in South Africa to assess the prevalence of adolescent pregnancy and associated factors in the South African context, as part of a population-based household survey which formed part of an evaluation of the impact of love Life, South Africa's national HIV prevention campaign for young people.

A cross-sectional population-based household survey was conducted using a multi-stage stratified cluster sampling approach. The total sample included 3123 participants, aged 13 – 19 years, 54.6% men and 45.4% women, from four of nine provinces in South Africa (Eastern Cape,

Gauteng, KwaZulu-Natal and Mpumalanga). A random sample of 12VPs was selected from each of the 583 using a systematic sampling approach. A. In each household all eligible household members were invited to participate and interviewed. The survey included persons of ages 13 to 18 years living in South African households of the four (out of nine) selected provinces, KwaZulu-Natal, Mpumalanga, Eastern Cape and Gauteng Province, providing an urban-rural representation of South Africa.

Among female youth 19.2% said that they had an adolescent pregnancy, while 5.8% of male youth indicated that they had impregnated a girl when they were an adolescent (12–19 years), 16.2% of the women indicated that they ever had an unwanted pregnancy and 6.7% had ever terminated a pregnancy. Adolescent pregnancy was found to be high in this sample of South African youth leading to find a way of preventing these pregnancies.

2.3 Zambian Perspective

For many young Zambian women, particularly in the rural, more traditional settings, motherhood was the only identity that they felt they can ever have, and this is certainly the perception of most parents.

According to the CSO (2011) there were 13,634 pregnancies in basic schools and 5,517 readmissions in 2009, meaning 8,117 dropped out of school. In secondary schools, 2009 had 1,863 pregnancies and 1,162 readmissions. It is clear that, overall, the numbers of teenage pregnancies in schools have been increasing despite the efforts being put in place to curb the occurrence although this could mean we have more cases being recorded than before and not necessarily that more young people are getting pregnant.

Ministry of Education Educational Statistical

Bulletin (2009), states that an overall, 28% of women aged 15-19 have begun childbearing; 22% have a child and 6% are pregnant with their first child. A larger proportion of teenagers in rural areas (33%) have begun childbearing compared with teenagers in urban areas (20%). A comparison of the provinces shows that Western has the largest proportion (44%) of teenagers who have started childbearing, while Copperbelt (20%) and Lusaka (21%) have the lowest proportion.

Teenage pregnancy has militated against the educational success of girls in the Zambian society. Recent research in Zambia has found that by the age of 18 years more than thirty percent (31.5%) of teenage girls have given birth at least once.

Despite the extensive attention given to adolescent sexuality and teenage pregnancy in the past two decades, many teenagers are still falling pregnant at a rampant rate thus affecting the provision of quality education. There is a great cost to individuals, families and society when mere children have children of their own. According to Paxman (2012:4) who strongly says that in Zambia sixty one percent (61%) of the uneducated adult population are women. Zambia, as many other developing countries, faces (teenage) pregnancy as a major hindrance to the educational success of women. School girls who fall pregnant are less likely to complete their high school education and according to Grant and Hallman (2006:19) their chances of tertiary education are also greatly reduced.

Falling pregnant while still at school or at an educational institution generates a set of problems for which the teenager has to find a solution Changach (2012), She has to decide if she carries the unborn baby to full term or to have an abortion. Should she decide to carry the unborn baby to full term, her studies are obviously going

to be interrupted and she would immediately be placed in a disadvantaged position, especially when having to keep her own baby. The poor academic performance leads to poor employment and financial prospects, which in turn may have detrimental effects on all the other aspects of the life of the mother and her baby Paxman(2000), in arguing with Changach (2012), who says that either way whether the teenager chooses to keep the baby or abort there are serious consequences.

CHAPTER THREE

METHODOLOGY

This chapter presents a discussion on different methodologies which will be used in the study. It explains research instruments used for data collection and the process of data analysis.

3.1 RESEARCH DESIGN

According to Bless and Higson Smith (1995) a research design involves the planning of any scientific research from the first step to the last one. It is a programme designed to guide the researcher in collecting, analyzing and interpreting observed facts. In order to investigate the factors that is causing the increase in teenage pregnancies.

This research used a mixed method design. It used exploratory research because it endeavored to search for new knowledge in this location. According to Boye (2001) an exploratory research tries to carry out a social enquiry, thereby making the researcher to discover new knowledge.

3.2 TARGET POPULATION

The study population was consisted of adolescents or teenagers in the age group from 10-17 years in Chongwe and Kanakantapa schools in Chongwe district. A structured questionnaire was used to

find out the factors that lead to the increase of teenage pregnancy in this area. Key informants were the teachers.

3.3 RESEARCH SITE

Chongwe District is located in Lusaka Province of Zambia and is one of the four districts in the Province. The others are: Luangwa, Lusaka and Kafue Districts. It covers a total surface area of approximately 10 500 Square Kilometers. Chongwe district is located about 45 kilometers east of Lusaka City.

According to CSO (2011), the current district population is estimated at 191, 039. The population is sparsely populated across the district, with higher concentrations at district center and in farming areas. While the growth and fertility rates are high, the population, especially the productive age group, is severely threatened with HIV /AIDS. In recent years hunger due to failure of crops has exerted its toll on the productivity of the population. To the larger extent economic activities in Chongwe district are closely linked to agriculture relying rain-fed crops. Persistent adverse weather conditions over years and animal diseases have had a double blow for district economic activities. Kanakantapa and Chongwe Basic School are both found in Chongwe district and are the main schools that children go to for school.

3.4 SAMPLE SIZE

Harris et. al. (1998) defines sampling as a process of selecting units from a population of interest so that by studying the sample, a researcher may fairly generalize the results to the population from which they were chosen. According to Bernard (1977) a sample is a subset of the population. The sample must have properties which make it representative of the whole.

In this study the total sample was 200 which

comprised of 190 students from each school and 8 teachers and 2 head teachers from each school.

This sample was randomly only targeted girl at school children and the teachers were also purposefully sampled as long as they teach pupils are 13-19 years old. The sample was randomly sampled and least there were representation from all grades. This type of sampling is time and cost effective, easy to detect errors and displays a higher degree of representation and reduces biasness.

3.5 DATA COLLECTION

Data will be collected using a questionnaire and an interview guide which will be strictly confidential. No name will be required to be written on both the questionnaire and the interview guide because the study involves personal, intimate and sensitive questions. Respondents will be encouraged to respond to the questions freely. An introduction and then an explanation of the purpose of the interview will be printed on each questionnaire and explained to the respondents.

3.5.1 Questionnaire

The main data collection tool was the questionnaire and used on the main target group in this study who were the female pupils. The questionnaire was easy to administer because it helped the researcher to elaborate the questions to ensure the respondents understood the questions. Closed and open-ended questions were used so that different views were obtained from the respondents.

3.5.2 Interview guide

The interview guide was used on the teachers and the head teachers who were purposefully sampled.

3.8 PROCEDURE FOR DATA COLLECTION

Data collection was done in 3 weeks the questionnaire and the interview guide were filled on behalf of the respondents and got responses by marking the questionnaires. Each interview took about 30 minutes to 1 hour so that the respondents are not bored. The researcher carried a recorder to record the interviews so that if anything was missed it could be entered in the questionnaire for accuracy. A pretest of questionnaires was done to atleast five respondents to gauge its friendliness, consistency, coherence and check for any limitations.

3.7 DATA PROCESSING AND ANALYSIS

Data processing

This stage will consist of four activities;

1. Editing: This process consisted of scrutinizing and examining the already administered questionnaires for completeness, accuracy and internal consistency by the researcher. It will also allow certain aspects of the questionnaire to facilitate analysis.
2. Coding: This is a process of assigning codes for the open-ended parts of the questionnaire. A complete coding manual was developed and used on the questionnaire.
3. Data entry: The data entry was done using Excel
4. Data cleaning: This was used to remove the errors which were detected during data entry. After completing the above exercise, suitable questionnaire records will be imported into SPSS for analysis.

DATA SOURCE AND DESCRIPTION

This research employed a doctrinal method to discuss the factors that are leading to an increase of teenage pregnancies in Chongwe District. This study employed purposive sampling, which is a non-probability sampling method in the selection of the documents that were analyzed. The study had a sample of 200 participants sampled purposefully based on them being female and being between the age of 13 and 19 in Kanakantapa and Chongwe basic schools

These questionnaires were based on population and health issues relevant to Zambia. From the data set, the variables used for this analysis included; age, grade, region, place of residence and sex. The cross-sectional survey data available for the study did not allow for an analysis of change, but it does provide some assessment of the main factors associated with teenage pregnancy in Zambia. In this study, data analysis was done using the 2007 Zambia Demographic Health Survey. The study used Statistical Package for Social Scientists (SPSS) 16.0 to generate frequencies, cross tabulations and binary logistic regression. Cross tabulation was used to examine the association of each socio-demographic and socio-economic variable on the prevalence of teenage pregnancy.

A binary logistic regression model was used to predict the influence of socio-demographic and socio-economic factors on teenage pregnancy.

ETHICAL CONSIDERATION

The researcher first explained to the respondents the purpose of the study, and both the pupils and

teachers of confidentiality and obtained verbal informed consent were gotten. Respondents were told of their freedom to pull out of the study at the time they felt like not continuing.

The following were not only considered but were enforced with regard to ethics as far as subjects are concerned;

Obtained informed written consent.

Total confidentiality of all the information gathered

No risk of trauma or injury to the subjects.

Use of the gathered information for academic purposes and disseminating to relevant lawful stakeholders only.

Summary

Teenage pregnancies have continued to be on the rise around the world, in Africa and most of all in Zambian schools. It is therefore important that this research is under taken more importantly in the rural Chongwe so that we investigate factors that have made teen pregnancies to be in the rise and maybe find ways in which they can be reduced as well as help the teens that have been victims not to fall into the trap again.

CHAPTER FOUR

RESEARCH FINDINGS

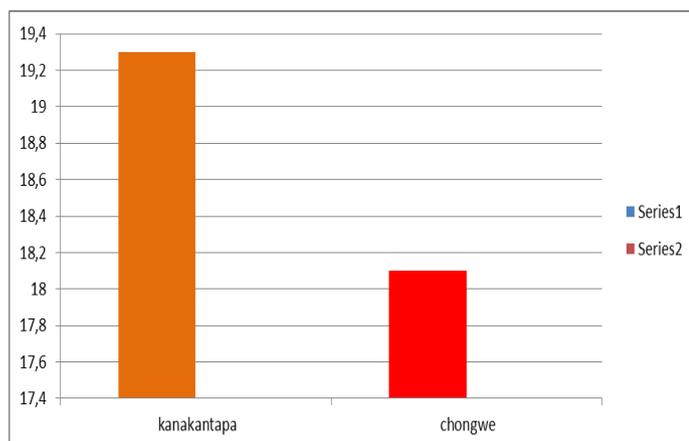
In order to analyze the socio-demographic and socio-economic associated with teenage pregnancy in Chongwe, the following were employed; descriptive analysis was used to inspect the frequency distributions of the various factors, cross tabulation analysis was employed to examine the association of the independent variables and teenage pregnancy and logistic

regression was used to determine the impact of the independent variables on the dependent variable. Frequencies were done in order to find out the number of study population and their percentages in each category of the variables with regard to the dependent variable (teenage pregnancy).

Teenagers who never used contraceptives were 78.1 percent while teenagers who used contraceptives were 21.9 percent. The proportions of teenagers residing in the semi urban (chongwe) and rural areas (kanakantapa) are almost equal, 48.4 percent and 51.6 percent respectively.

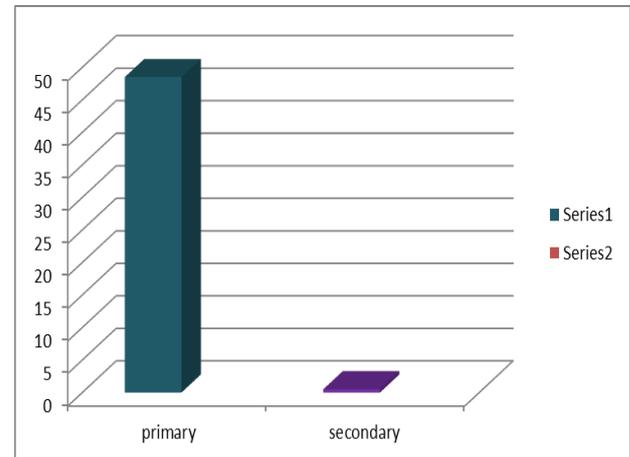
However, teenagers from kanakantapa school were the majority with 19.3 percent, followed by teenager from chongwe basic areas with 18.1 percent.

Percentages of Teenagers from Kanakantapa and Chongwe basic school



Teenagers with primary level of education were the majority with 48.5 percent while teenagers with higher level of education were 0.5 percent.

Percentages of Teenagers from Kanakantapa and Chongwe basic school



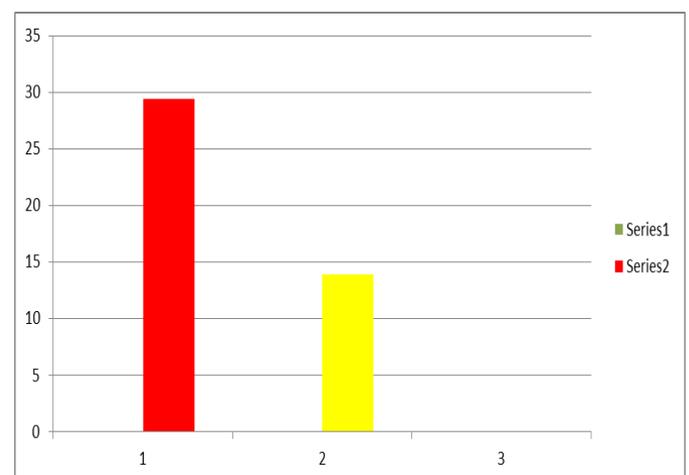
The highest percentage of teenagers was from the medium cost households with 29.4 % while the lowest was 13.9 % from poorest households.

Participants' age

13 to 15 years

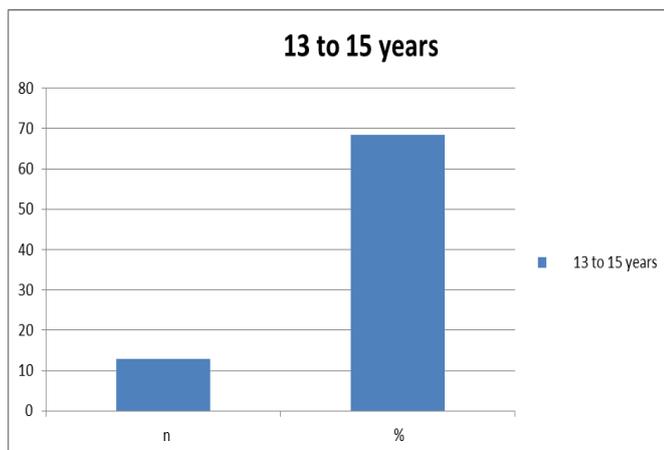
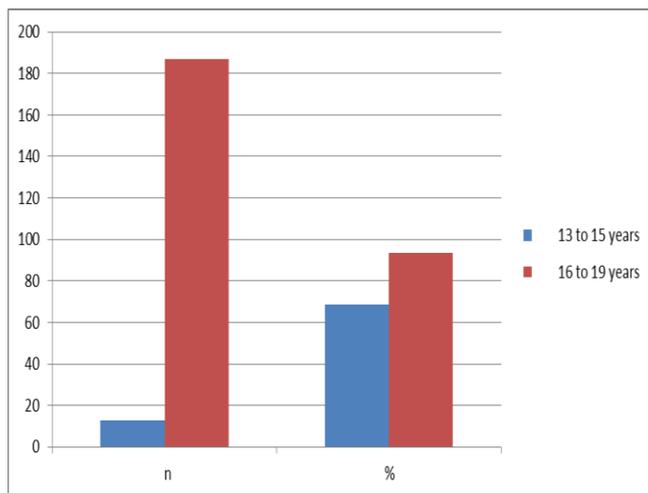
16 to 19 years

Percentages of Teenagers of Households



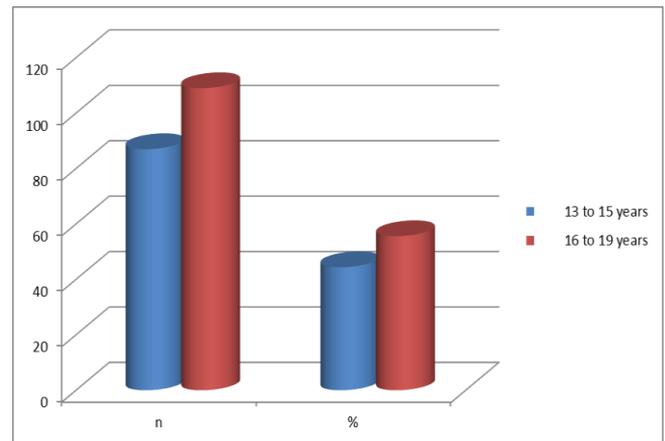
Multivariate Results

All independent variables were put in a binary logistic regression model to assess the extent of individual variable effects on the dependent variable whilst controlling for other variables. The logistic regression model predicts the likelihood of a teenager being pregnant in a certain category with reference to another category (reference category) of the same variable.



Age lost virginity
13 to 15 years

16 to 19 years



Has knowledge about
contraceptives and uses

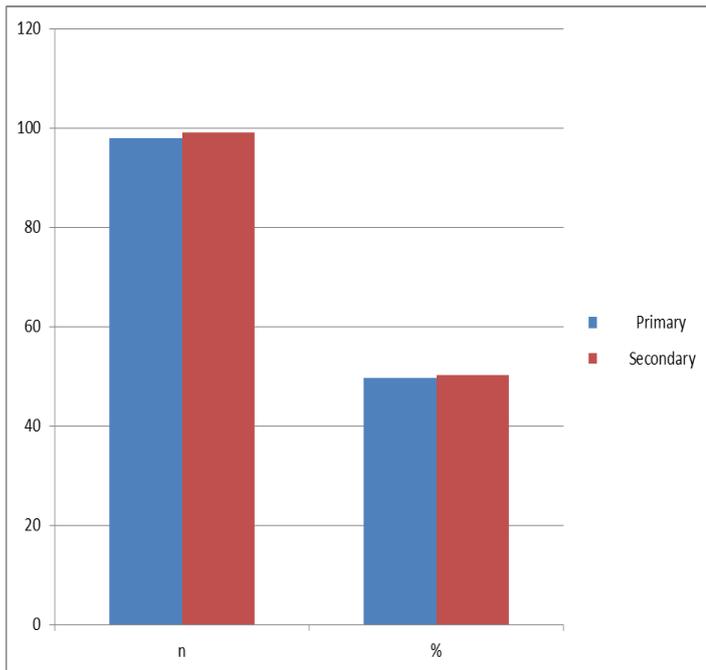
No

Yes

Highest education Level

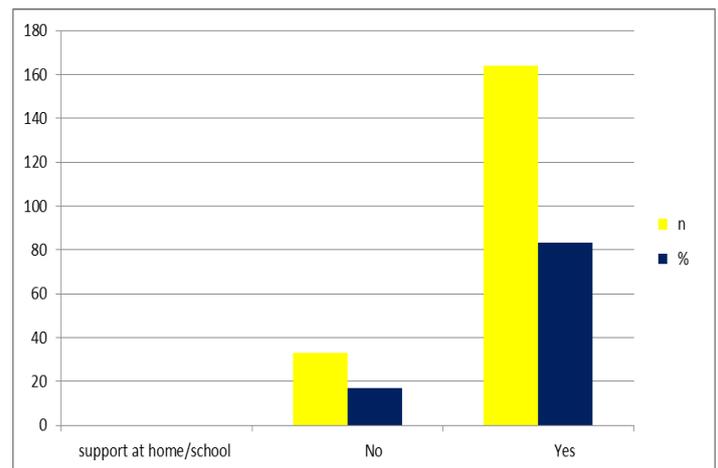
Primary

Secondary



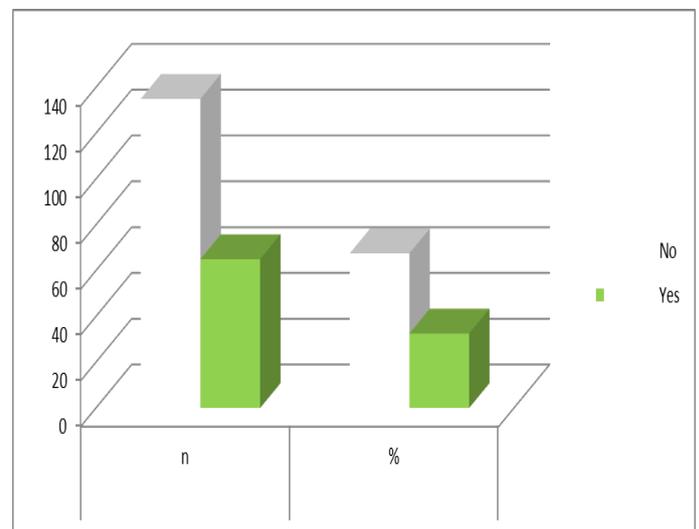
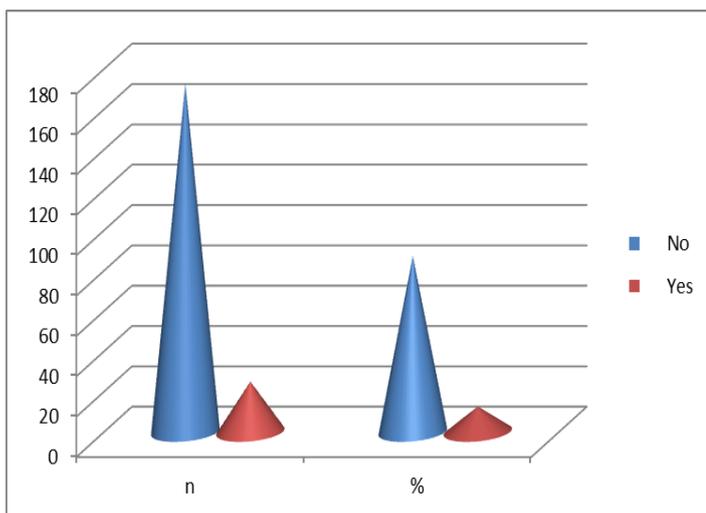
adequate support Compared to teenagers who had strict parents, there was a statistically significant difference who had strict parents (55.4%) among cases which was higher compared with 44.6% who did not have strict parents. The odds that teenagers who had strict parents/guardians would get pregnant were 60% more likely compared to those without.

Received adequate support at home/school



Peer Pressure

Close friends have influence on participant

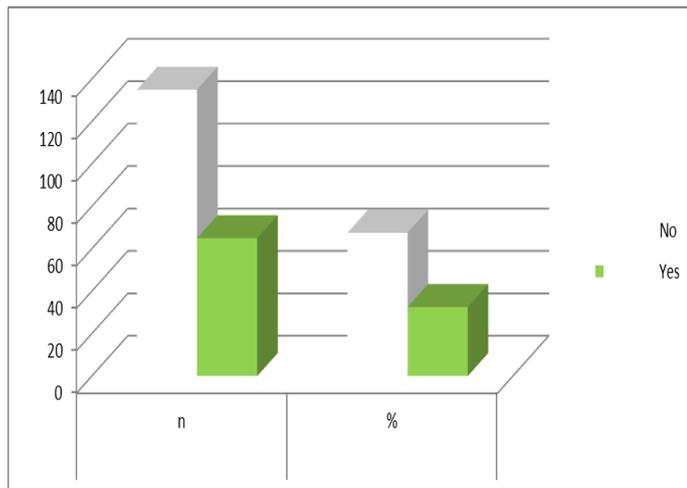


Peer Pressure

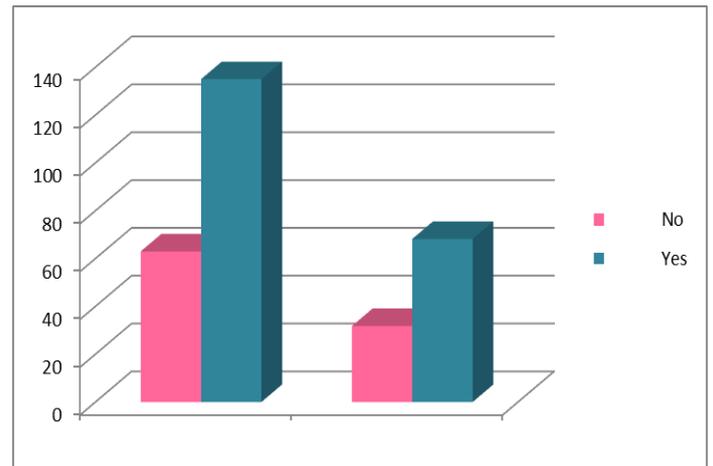
SOCIO-DEMOGRAPHIC AND ECONOMIC FACTORS

Table 1(b), Socio-demographic and economic factors shows that participants who did not receive adequate support at home/school were almost 3 times more likely to be pregnant compared with participants who received

Close friends have influence on participant



Yes

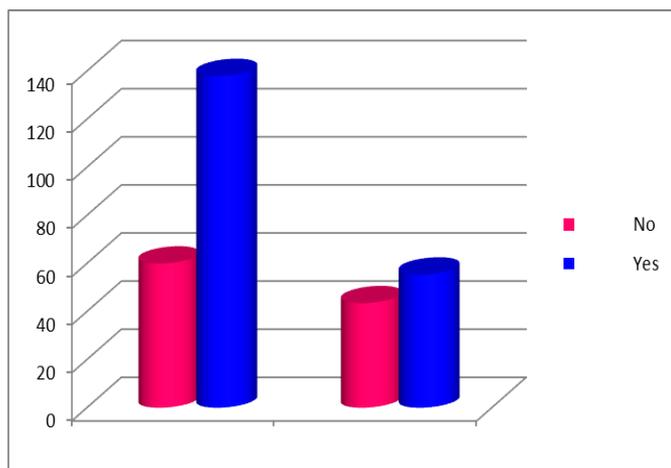


Parenting Factors

Grew up with both parents

No

Yes



Positive influence from parents

No

CHAPTER FIVE

DISCUSSION

The research was therefore, an assessment to meet the demands of our rising Teenage pregnancy. The study had the following objectives: first and foremost; is set to investigate cause of the increase of teenage pregnancies in Chongwe, its impact and strategies; To find out the causes of teenage pregnancies at Chongwe basic and Kanakantapa primary school; To identify major sources of information regarding sexual behavior in relation to adolescent pregnancy; To find out the attitude of adolescents towards teenage pregnancies at Chongwe and Kanakantapa school; To determine the sexual behavior in pregnant and non-pregnant adolescents and identify their safe sex practices; To determine what can be done to reduce teenage pregnancies at Chongwe basic and kanakantapa primary school.

Teenage pregnancy rates documented for Ghana, Ethiopia, Uganda, Tanzania and Malawi were 14 % 16 %, 19.2 %, 19.6 % and 25.3 % respectively (Alemayehu et al, 2010). Similarly, the Zambian rate is quite high when compared to teenage pregnancy rates in other African countries. When both socio-demographic and socio-economic variables were regressed for teenage pregnancy,

socio-demographic variables (age, marital status, support from parents and use of contraceptives and locality of residence). The results obtained clearly showed that age had a significant and strong effect on teenage pregnancy. This is due to the fact that, during this is a period teenager explore their bodies. This is similar to the situation in South Asian countries though severe as there are higher proportions of teenage pregnancies in this region due to common practice of early marriage and social expectation to have a child soon after marriage. Evidence further indicates that nearly 60 % of all girls are married by the age of 18 years and one fourth is married by the age of 15 years in South Asia (Stone et al, 2003).

CHAPTER SIX

CONCLUSIONS

From the findings, teenagers from an urban were less likely to become pregnant relative to teenagers from a rural area. The chances of a teenager from poorest and poorer households becoming pregnant were about 2 times higher than a teenager from a richest household respectively. The chances of a teenager from middle and richer households becoming pregnant were about 2times higher than a teenager from a richest household respectively. The chances of a teenager with no education and primary level becoming pregnant were about 2 times and 1.4 times higher than a teenager with secondary level respectively. Most of the socio-economic factors had been suppressed by demographic factors because the socio-economic factors operated through the socio-demographic factors. They are inter-linked and have direct impact in causing teenage pregnancies.

Pregnancy is the leading cause of death for young women aged 15-19 worldwide with complications of childbirth and unsafe abortion being the major

risk factors (WHO, 2007). This study has examined selected factors associated with teenage pregnancy in Zambia using data obtained in the 2007 Zambia Demographic Health Survey. The study also revealed that there were a significant proportion of teenagers who got pregnant among the teenagers aged 19, married/formerly married

and non-contraceptive users. Generally, socio-demographic factors strongly influence teenage pregnancy in Zambia and associated with teenage pregnancy due to the fact that they affect fertility directly. It was also observed parental care plays pivotal role in ensuring that teenagers futures are secured, the more the parents are strict the less the teenagers are exposed to getting pregnant.

6.1 RECOMMENDATIONS

Some of the recommendations that were brought up are to ensure that those teenagers who fall pregnant should be given another opportunity to return to school. They should be encouraged to engage in skills development so that they are able to look after the new born baby and further be beneficial to their families at large.

Teenagers who had no positive support from home were likely to get pregnant

Teenagers who were raised by a single parent had a high likely hood of getting a teenage pregnancy

Teenagers who came from less income homes

Teenagers who started engaging in sexual activities early had a likely hood of getting a teenage pregnancy.

Peer pressure also had a significant impact on the ability of a teenager to get pregnant.

The knowledge about contraceptives also has an impact for a teenager to get pregnant.

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I am a Post graduate student from the Information and Communication University (ICU) Zambia, conducting a research report on the living conditions: poverty and under employment in Zambia: impact, strategic solutions: This study is purely meant for the academic purposes and therefore all responses will be treated as confidential.

You have been picked randomly via the use of probability sampling techniques to participate in this research project and your full participation will be highly appreciated.

Therefore, it is my sincere assurance that the findings generated in this study will be handled with the highest level of confidentiality and for this academic exercise only.

Please respond to the following questions as truthfully as possible. Where there are options provided, select the appropriate response by putting a tick [✓] in the box of your choice.

D. ACHIEVE UNIVERSAL PRIMARY EDUCATION

- How many members of the household are in formal education?
1.Primary
2.Secondary
- In which grade is/are members of the household receiving formal education
1.Primary
2.Secondary
- Names of schools. State

APPENDICES

QUESTIONNAIRE FOR HOUSEHOLDS

4. Number of members of household by sex in

1. Females in primary
2. Males in primary
3. Females in secondary
4. Males in secondary

5. Reasons for not completing primary/secondary school

1. Lack of school fees
2. Pregnancy/marriage
3. Lack of interest
4. Any other

6. How many members of the household are currently attending adult literacy classes

7. How many members of the household have completed adult literacy classes

8. How many members of the household have attended adult literacy classes but have not completed

9. Reasons for not completing the adult literacy class. State.

E. PROMOTE GENDER EQUALITY

1. Does the household have any women who are working? 1. Yes

2. No

2. Number of female members of the household who are working

3. What is their occupation? State

4. What is the average income of the females who are working? 1. Zk100-299

2. Zk300-Zk499

3. Zk500-Zk999

4. Zk1,000-Zk2,500

5. Zk2,500 and above

5. level of education 1. Primary

2. Secondary

3. Tertiary

6. Are there any female members of your household actively involved in politics?

1. Yes

2. No

8. What position do they hold? State

.....

F. REDUCE TEENAGE PREGNANCIES

1. How does Teenage pregnancy affect the community of chongwe?

2. Do you think Teenage Pregnancy affects the individuals level of education?

3. What are the effects of Teenagers being Pregnant in chongwe ?

4. How long have you been residing in chongwe ?

5. Have you ever witness teenage pregnancy in chongwe community?

6. What do you think can cause the teenage pregnancy rate to rise in the Grove Community?

7. Who do you think is most likely responsible for the causes of teen sex which can result in teenage pregnancy?

Parents- Due to lack of supervision and affection

Friends- Peer pressure

Teenagers Themselves- Due to carelessness and desire for sexual activity Other, kindly state.....
.....

8. What's the consequence of having so many teen pregnancies in chongwe community?

G. REDUCE CHILD MORTALITY

1. Has any member of the household passed away during the past one month below the age of: 1. 5

2. 5-10

3. 10-18

2. What was the cause of death? State.

3. During the past one month, has any member of households lost a child during birth?

1. Yes

2. No

4. Has any member of the household been immunized in the past one month? 1. Yes

2.No

5. At what age was last immunization? 1. 0- 3months

2. 3-6months

3. 6-12month

4. 1-3 years

5. 3-5years

6. 5and above

6. What immunization was received? State

7.If no, give reasons or not immunizing

H. IMPROVING MATERNAL HEALTH

1. Are there any members of the household with children? 1=Yes

2=No

2. What was their age at first pregnancy?

3. What was their age at first sexual encounter?

4. Did member receive antenatal care? 1= Yes

2=No

5. In what month of pregnancy did they attend their first antenatal check up

6. During birth, did the member receive assistance from a trained health practitioner? 1. Yes

2. No

7. If not, who assisted in the birth?

8. Has any member of your household passed away during child birth in the past one month?

1. Yes

2. No

9. Have members of the house hold received information about birth control/contraceptives?

1. Yes

2. no

10. From who/where did they receive this information?

11. How regularly do you receive birth control?

12. Age at which one first received birth control

13. Method of natural birth control used

14. Age at which one learned of natural birth control.

15. Age at which one first employed natural birth control

I. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

1. Has any member of the household suffered from the following diseases in the last 6 months?

1.Malaria

2.Dysentery

3.Cholera

4.Diarrhea

5.Tuberculosis

2. Age of the patient(s)

3. Was the case reported to the local health centre/post? a. Yesb. No

4. What medication was received or used to treat this disease(s)?

5. Are you aware of any cholera centers within the area? c. Yesd. No

6. What methods have been used to prevent the reoccurrence of this disease? 1. Better hygiene?

2. Boiling water?

3.Sleeping under a mosquito net

4. Spraying of mosquitoes?

9. Has any member of the household had an HIV test in the last 6 months?a. Yesb. No

10. Age of the person who recently tested.

11. Sex of the person who recently tested?
a. Female

b. Male

12. What were the results? a.
Negative

b. Positive

13. Was counseling and treatment provided
a. Yesb. No

14. What preventive measures are being undertaken 1. Abstinence

2. Regular VCT

3. Correct and consistent use of condoms

4. Being faithful to one partner

15. Have you received any literature on HIV, cholera, dysentery, diarrhea prevention? a.
Yesb. No

16. Has any member, in the last 6 months, passed away from

1. Malaria
2. Dysentery
3. Cholera
4. Diarrhea

17. Have there been any health campaigns in the last

- a. 6 Months
- b. 3 months
- c. 1 month

18. Have any shallow wells/boreholes been buried in your area?

- a. Yes
- b. No

19. Have you received any soap, chlorine from government institutions/ NGOs in the last?

1. Last 6 months
2. Last 3 months
3. Last month

20. Have government institutions chlorinated wells or boreholes in the area?

- a. Yes
- b. No

21. Does each member of your household have a mosquito net?

- a. Yes
- b. No

J. ENSURE ENVIRONMENTAL SUSTAINABILITY

1. What is your source of water?

1. Borehole
2. Stream/river
3. Tap water
4. Well

2. Do you treat your water? 1. Yes

2. No

3. How is your water treated? 1. Boiling

2. Filter systems e.g life straw

3. Chlorine

4. Other

4. What is your source of Energy? 1. Hydro-Electricity

2. Solar

c. Charcoal

d. Fire wood

5. Are you aware of any pollution that has occurred to your source of water? 1. Yes

2. No

6. Method of garbage disposal

1. Pit

2. Burning

3. Collected by cbo's

4. Dumping into drainage

5. Road side dumping

7. Is the house you are occupying 1. Rented or

2. Owned

1. Do you engage in any agricultural activities? 1. Poultry

2. Planting

2. What form of fertilizer do you use? 1. Compost manure

2. Fertilizers(chemical)

2.No

3. How many bags of chemical fertilizers do you use?

5. Are you aware of any research carried out?

1. Yes

4. Do you rotate your crops 1. Yes

2.No

2. No

6. Are you aware of the results of this research i.e were they published? 1.yes

5. What is the size of the land on which you farm?

2.No

7. Were there any projects implemented to implement the results/ or mitigate the results?

1. Yes

K. COMMUNITY DEVELOPMENT

1. Have any of the following projects been implemented in your community by the government or NGO?

2.No

1. Road works

8. What is the most prominent business in the area?

2. Drainage works

9. What is the most prominent industry in the area?

3. Construction of toilets

10. What mineral resources are found in the area?

4. Construction of schools

11. What mining activities take place in the area?

5. Construction of Hospitals/Clinic

6. Construction of bridges

7. Donations to vulnerable/orphaned

8. Assistance to senior citizens

9. Water reticulation

Name of respondent:

2.What is the name of the implementing organization /institution

Signature:

3. Was there any agreement signed between the gov't/NGO and the community for the community to maintain projects? 1. Yes

Date:

2.No

Name of Interviewer:

4. Has any agency/ institution conducted skills training within the community? 1. Yes

Signature:

Date:

INTERVIEW GUIDE

QUESTIONNAIRE FOR STAFF

I am a Post graduate student from the Information and Communication University (ICU) Zambia, conducting a research report on the living conditions: poverty and under employment in Zambia: impact, strategic solutions: This study is purely meant for the academic purposes and therefore all responses will be treated as confidential.

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Therefore, it is my sincere assurance that the findings generated in this study will be handled with the highest level of confidentiality and for this academic exercise only.

Please respond to the following questions as truthfully as possible. Where there are options provided, select the appropriate response by putting a tick [√] in the box of your choice.

Thank you for your time.

PART 1: General Information

Province: _____

District: _____

Position: _____

PART 2: Questions based on study

1. What are the factors that cause teenage pregnancies at chongwe and kanakatapa schools?.....
2. What information do teenagers have regarding sexual behavior and teenage pregnancy?
3. What is the attitude of the adolescents towards teenage pregnancies?.....
4. What can be done to reduce teenage pregnancies at chongwe and kanakantapa schools?.....
5. How can adolescents that have suffered having teenage pregnancies be helped?.....
6. How does Teenage pregnancy affect the community of chongwe?.....
7. Do you think Teenage Pregnancy affects the individual's level of education.....
8. What are the effects of Teenagers being Pregnant in chongwe.....

Name of respondent:

Signature:

Date:

Name of Interviewer:

Signature:

Date:

LIST OF TABLES

Teenage Pregnancies from Grade 1-12 (2010)

LIST OF FIGURES

ACRONYMS

AIDS Syndrome	Acquired Immunodeficiency
HIV	Human Immunodeficiency Virus
STI	Sexually Transmitted Infection
USA	United States of America
UN	United Nations
WHO	World Health Organization
ZDHS Survey	Zambia Demographic Health