



(RESEARCH ARTICLE)



The influence of cultural factors, on teenage pregnancies among public primary school pupils in Mpeefu Sub County

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Abstract

This study investigated the influence of cultural factors, on teenage pregnancies among public primary school pupils in Mpeefu Sub County. The study was hinged on two theories; Bronfrenbergs Ecological Development theory and Albert Banduras Social Learning Theory. The study employed descriptive survey research design. Target population form three and four pupils' 5,496, teachers 300 and 9 head teachers the sample size was of 359 (n=359) form three and four pupils and 90 (n=90) teachers, from 20 public primary schools and 9 Head teachers that were selected to participate in the study. Stratified sampling and random sampling were used to pick the respondents. Questionnaires were used to collect data from teachers and the pupils while an interview guide was used to collect data from head teachers in the Sub County. The study established that most parent /parents taking their children to the school are into business. The study also deduced that electronic media influences teenagers to have sex at an early age and those pupils are pressurized to have sex by their friends. This study recommends that efforts on educating people regarding teenage pregnancy should be focused on areas experiencing high levels of poverty. The government with the help of NGOs should also ensure that parents are well educated on the how and when to talk about sex with their children. The study established that parental communication on peer group pressure could reduce chances of teenage pregnancy.

Keywords; Culture; Factors; Teenage; Pregnancies; Public; Primary; Schools.

1. Introduction

Adolescent fertility rates are falling on a global level, approximately 18 million girls under the age of 20 give birth each year (World Health Organization [WHO], 2018). Two million of these girls are under the age of 15. Teenage pregnancy is a problem with far-reaching effects. Teen pregnancy rate in the U.S is among the highest of other developed countries (World Health Organization (WHO), 2018). U.S. teen birth rates are five times higher than the teen birth rates of other Western nations (Asimwe & Magunda 2017; Mwaba, Oke, 2020; A; Asimwe & Nabitake 2023). The incidence of teen births in the U.S. is 41.9 out of 1000 female adolescents, and among females aged 15-19, 750,000, or 7%, became pregnant in 2016 (Finer & Zolna, 2019). In the U.S, preventing teen pregnancy is generally considered a priority among policy makers and the public because of its high economic, social, and health costs for teen parents and their families. However, the continued trend of high teen pregnancy has been blamed on inappropriate sex education approaches. Many sex education programs in the United State caution young people to not have sex until they are married (Oke, 2020; Kayindu & Asimwe 2020). However, most abstinence-only programs are not effective because they fail to delay the onset of intercourse and often provide information that is medically inaccurate and potentially misleading (Mwaba, 2020; Mugenyi, Matagi, Kobusingye & Asimwe 2023).

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In Uganda, 8.9 million girls aged 10–19 are at risk of harmful practices, including child marriage despite the legal provisions under the 1995 Constitution of Uganda and the global community's pledge to end child marriage and other forms of violence against girls (UNFPA, UNICEF 2019; Oke, 2020; Mwaba, 2020). The practice of child marriage continues to affect nearly half of all girl-children in Uganda with districts in Busoga, Acholi, Bunyoro and Tooro regions having high levels of child marriages (UNFPA, 2019; Oke, 2020). The practice of child marriage was exacerbated by the two years of school closure as UNESCO (2021) projections show that school closure increased the risk of child marriage by 25 per cent per annum. Child marriage is one of the significant drivers of adolescent pregnancy. Ninety per cent of adolescent pregnancies occur to girls who are married before the age of 18 and who have little or no say in decisions about when or whether to become pregnant (UNFPA, 2020; Oke, 2020). Arranged marriages for adolescent girls without their consent are also common in Uganda especially in the rural areas (UNFPA, 2020; Oke, 2020).

2. Related literature

According to Adogu, Udigwe, and Ubaiala (2019), Oke (2020), culture comprises of the distinctive habits of a people in that it performs both a unifying and, more importantly, a directive role and that it involves the cultivation of a people towards a common end. The genus of culture can be derived from this: the distinctive habits of a given people. Studies in the U.S show that among the Hispanic immigrants, cultural values, attitudes and behaviours that influence sexual and contraceptive behaviour has shown that sexuality is often a taboo subject and that parental communication regarding sexuality is often lacking in Hispanic homes (Fraenkel & Wallen, 2018). At the same time, Hispanic culture supports early and high fertility, as well as the belief that early motherhood and continued education are incompatible. These cultural values may explain why Hispanic women desire marriage and children at a younger age than do blacks, Southeast Asians and whites. In addition, Mexican Americans are more likely than whites to believe that marriage affirms ones' womanhood (Apiku & Asiimwe 2023).

In the American context the importance of sex education for preventing teen pregnancy cannot be overemphasized. Oke (2020), Kanku and Mash (2020), Asiimwe and Nabitake (2023) have found that early and comprehensive sex education is correlated with less risky sexual behaviour among teens. Specifically, those who receive sex education in school at a young age report having sex less frequently than those who received sex education post-puberty (Ogori, Shitu & Yunisa 2018; Asiimwe & Magunda, 2017). There are two major types of sex education currently used in schools: abstinence only and comprehensive sex education. This section describes both types in relation to teenage pregnancy prevention. Currently, states are not required to provide sex education to teens (Mwaba, 2020).

However, in the U.S the federal government does decide which programs will receive federal funding, and after eight years of abstinence-only sex education being the only recipient of federal funds during the Bush administration, the Obama administration has made a change in policy only to provide funds to evidence-based sex education programs (Kanku & Mash, Oke, Kayindu & Asiimwe, 2020). Abstinence-only sex education teaches pupils that the only sure way to avoid unplanned pregnancy and sexually transmitted infections (STIs) is to abstain from sexual activity until marriage (Oke, 2020). Teens are not educated about contraception and condoms, and discussions of abortion are avoided (Mwaba, 2020). Pupils are taught refusal skills and discuss values, and they are also told that sex before marriage will likely result in negative consequences for themselves, their partners, and a baby if they were to get pregnant (Asiimwe & Nabitake, 2020).

Studies in the U.S have shown that teens who have taken a pledge to be abstinent until marriage are just as likely to become sexually active as teens who have not received abstinence-only sex education, and are less likely to use protection than their peers who have received comprehensive sex education (Pandy, Makiwine, Ranchod & Letsoado 2019). This is likely a result of the teens not learning the effectiveness of condoms and contraception (Kanku & Mash, Kayindu & Asiimwe, 2020). The other type of sex education is comprehensive sex education, which can be described as abstinence plus (Oke, 2020), where abstinence is promoted, but pupils are also educated about contraception and condoms. Pupils may have discussions about such topics as STIs, HIV, and abortion (Oke 2020). Comprehensive sex education recognizes that pupils may become sexually active at some point, and aims to equip teens with accurate knowledge about disease and pregnancy prevention options (Mwaba, 2020).

A study in Brazil shows that despite an acceptance of sex among Brazilian teenagers, the conversation about sex continues to be a taboo. Loiaz and Liang (2018) paradoxically, despite an environment of transformations in which sex gains a status among youth and adolescent as an acceptable behaviour, conversations about sexuality continue to be taboo in the family; contraception is not openly discussed in school, and sexual education is a highly controversial theme in Brazilian society. Teen and youth sexual relations have been modified, but these changes were not sufficient to alter the ways in which contraception can be discussed. Women are still considered to be the sole responsible for pregnancy, while men continue being absolved or omitted from their participation in the reproductive event.

Studies in Uganda show that there is a general reluctance on the part of adults particularly fathers to discuss sexual issues. Talking about sex is a taboo, Oke (2020), Loaiz and Liang (2018) explored the question of who provides young people with information about sex and found that mothers were significantly more likely to do so than fathers. Sex education both in schools and in the home is very inadequate in Uganda. Few adolescents receive comprehensive sex education, and often teachers do not have sufficient training or information (Fraenkel & Wallen, 2018; Mwaba, 2020).

Teachers are gatekeepers of knowledge and skills for the large majority of young people most that live in developing countries and attend school at least in their early years (Finer & Zolna, 2019). Religious and cultural taboos prevent open dialogue about premarital sex at home or in schools, despite the fact that such sexual activity is common. One study of urban slum dwellers in Nairobi found that mothers struggle to discuss sex and unintended pregnancy with their daughters because they feel embarrassed or shy. Because it is viewed as a taboo, even teachers have found it difficult to talk about sex with their adolescent learners leaving them to discover for themselves (Fraenkel & Wallen, 2018; Mwaba, 2020). Loaiz and Liang (2018) emphasized that to be able to provide counselling on sexuality matters, the giver needs to be able to differentiate what forms of sexual behaviour and beliefs are accepted to them at a personal level and differentiate this to what could be acceptable to their clients, or other people, in order to avoid unnecessary biases.

Unequal gender relations within adolescent relationships are highly associated with sexual violence which influences teenage pregnancy. In a Ugandan study, Holt et al (2018) noted that health care workers (HCWs) found that gender dynamics in relationships also played a factor in determining young women risk of STIs and unplanned for pregnancy. Power relations between men and women take multiple forms, but in Uganda they are commonly manifested as and imposed through sexual violence and assault. Also in Uganda in his study, Mwaba (2020) found that, 60% of pregnant teenagers were beaten more than ten times by their male partners during their sexual activity.

Gendered attitudes, behaviours, and gender power inequalities in intimate relationships impact on risky sexual behaviour, which consequently exposes boys and men and their partners to the risk of HIV infection, other sexually transmitted infections (STIs) and to unwanted pregnancies. Gender power inequities exemplified in men's frequent dominance in community and family decisions, impact on Sex and Reproductive Health (Kanku & Mash, Kayindu & Asiimwe, 2020). Still in Uganda, Mwaba, 2020 emphasizes that the culture of submission to male partners often led to unprotected sex resulting to STIs, HIV and unintended teenage pregnancy.

Oke (2020) definitions of femininity that idealize women as passive and sexually ignorant/innocent reinforce existing power imbalances in women's relations with men. It is these power imbalances that contribute to adolescent pregnancy that has a disproportionate and negative impact on girls (Mwaba, 2020). The power imbalances are expressed in sexual relationships and confer on men the ability to influence and/or determine women's SRH choices, including utilisation of health care services and use of modern contraceptives including condoms (Kanku & Mash, Kayindu & Asiimwe, 2020).

Power balances at home and at school within adolescent relationships determines the level of sexual risks and consequences such as HIV and STIs and early age conception. Several studies have found that women's household power has effects on general contraceptive use Adogu, Udigwe, and Ubaiala (2019), and that forced sexual initiation, physical violence, and unwillingness to confront an unfaithful partner are strongly associated with teenage pregnancy (Mwaba, 2020). Moreover, the placing of importance on female fertility by the African culture also has immense influence on teenage pregnancy. The cultural importance of female fertility has also been cited as a primary reason for non-use of contraceptives and unprotected sex and for persistent high pregnancy rates among Ugandan *adolescents* (Kanku & Mash, Kayindu & Asiimwe, 2020). With regard to male adolescents, Finer and Zolna in their work also suggest that for young Zulu men, early fatherhood is a welcome affirmation of masculine maturity and strength. This finding has been echoed in studies undertaken in Uganda and Ghana (Maba, 2020; Oke, 2020; Mayen, Asiimwe, Mugenyi & Asiimwe 2023, Apiku & Asiimwe, 2023), indicating that by early adolescence, boys have begun to view fatherhood as a marker of man- hood and sexual prowess.

In terms of family structure, the absence of the biological father from the home as a major risk factor for both early sexual activity and teenage pregnancy (Mwaba, 2020).. Children who display externalizing behavioural problems early in life are at elevated risk for a variety of negative psychosocial outcomes in adolescence, including early sexual activity and teenage pregnancy (Mwaba, 2020). Associations between family breakdown (operationalized as parental separation, parental abuse, and father absence) and early sexual/reproductive onset have also been documented (Mwaba, 2020). Daughters of teenage mothers to be significantly more likely than young women whose mothers delayed parenting until adulthood to experience a teenage birth. Many studies have shown that girls raised in single-mother households are at increased risk of teenage pregnancy. Indeed, a disadvantaged home environment, being a single parent and mothers limited education does explain the association between mothers and daughters young ages

at first birth. The risk of pregnancy was even higher for those living in a stepfamily than for those living in a one-parent family (Mwaba, 2020).

Young mothers lack of emphasis on their children's schooling also contributes to a daughters' greater likelihood of teenage childbearing. Single parent families and more so female head families have children prone to conduct disorder and more so girls who have no role model to look up to. These girls are prone to early sexual initiation and its associated risks. Girls with conduct disorder are also at greater risk of teenage pregnancies (Mwaba, 2020). Overall, adolescents who live with both parents, who report communication with their parents about sex and who perceive high levels of parental monitoring are accordingly less likely to report high levels of sexual risk-taking.

3. Methodology

In this study, the researcher used a descriptive survey design. In here, information is collected by interviewing or administering a questionnaire to a sample of individuals. Therefore, the researcher used both questionnaires and interview schedules to collect data. The researcher used both qualitative and quantitative research methods. Qualitative technique was used to analyse descriptive data while quantitative technique was used to analyse statistical data from questionnaire in form of frequency counts and percentages. Qualitative method was used on information from interviews while quantitative method was used on data from questionnaires. However, this research is more of quantitative than qualitative.

4. Results and discussion

Table 1 Teachers level of agreement with statements on culture and teenage pregnancy

Statement	Mean	Std. Deviation
The kinds of job parents do significantly influence chances of their girls becoming teenage mothers.	4.7164	0.59813
Girls from poor families are at higher risk of becoming pregnant than girls from rich families	4.5373	0.70342
The level of education of parents does not lead to teenage pregnancy	4.5821	0.65480
Girls from poor families have an opportunity of going back to school even after dropping out due to pregnancy.	4.5522	0.65790

On the cultural factors on teenage pregnancy, majority of the respondents indicated that to a very great extent, the kinds of job parents do significantly influence chances of their girls becoming teenage mothers as shown by a mean score of 4.7164, girls from poor families are at higher risk of becoming pregnant than girls from rich families to a very a great extent as shown by a mean score of 4.5373, the level of education of parents does not lead to teenage pregnancy to a very a great extent as shown by a mean score of 4.5821, and girls from poor families have an opportunity of going back to school even after dropping out due to pregnancy as shown by a mean score of 4.5222.

Table 2 Pupils' level of agreement with statements on cultural factors and teenage pregnancy

Statement	Mean	Std. Deviation
Failure to talk about sex by parents does not influence pregnancy	4.1023	0.86365
The marital status of parents contributes to teenage pregnancy	3.8384	0.79098
The position of women and girls in society does not pregnancy	4.0348	0.96032
Teachers can freely talk about sex to students irrespective contribute	3.6530	0.96033
To teenage pregnancy of their cultural backgrounds.	4.0724	0.72936
Girls should not deny boys sex even if it puts them at risk of pregnant because it is a sign of manhood.	3.9272	0.86244

From the results, the pupils agreed that with a mean score of 4.1023 that failure to talk about sex by parents does not influence teenage pregnancy. Further, the pupils agreed with a mean score of 4.0724 that girls should not deny boys sex even if it puts them at risk of been pregnant because it is a sign of manhood. Additionally, the pupils agreed with a mean of 4.0348 that the position of women and girls in society does not contribute to teenage pregnancy. Also, the pupils agreed with a mean of 3.9272 that it is girls' responsibility only to take care of the contraception to avoid pregnancy. Additionally, the pupils agreed with a mean score of 3.8384 that the marital status of parents contributes to teenage pregnancy. Lastly the pupils agreed with a mean of 3.6530 that teachers can freely talk about sex to pupils irrespective of their cultural backgrounds.

It was clear that the education officials encourage parents through schools to talk to their teenage children about sex although the parents see it as the teachers' responsibility and some as a taboo to talk to their children about sex. The interviewees added that some parents say it is shameful while others feel it is against traditional beliefs.

5. Conclusions

From the findings, the study concludes that cultural factors influence teenage pregnancy in public primary schools in Mpeefu Sub-county. The study found that parental communication about sex reduces chances of the girls becoming pregnant. The study further deduced that early marriage leads to teenage pregnancy among their peers and that girls be held solely responsible in the event of pregnancy.

Recommendations

The study established that parents taking their children to the school did not talk to them about sex and that parents do not support the return to school of teenage pregnant girls. This study therefore recommends that parents should take the initiative of talking to their children about sex. The government with the help of NGOs should also ensure that they, the parents are well educated on the how and when to talk about sex with their children.

Compliance with ethical considerations

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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