

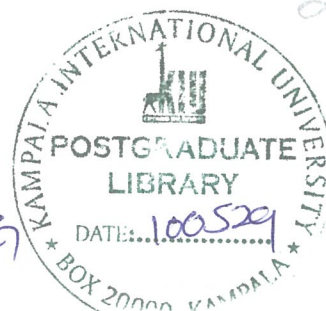
**A CRITICAL ANALYSIS OF THE SOCIO-ECONOMIC STATUS OF
TEENAGE MOTHERS IN NYENDO-SSENYANGE DIVISION;
MASAKA DISTRICT**

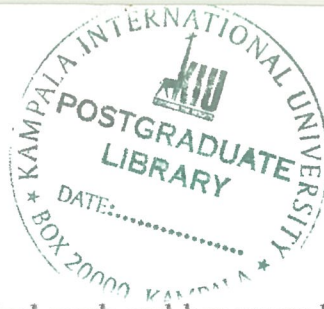
**A THESIS SUBMITTED TO THE SCHOOL OF POST GRADUATE STUDIES OF
KAMPALA INTERNATIONAL UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF MASTER OF ARTS DEVELOPMENT
ADMINISTRATION AND MANAGEMENT**

**BY
BAKYAITA GRACE
MADAM/8472/51/DU
NOVEMBER 2006**

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DECLARATION

I, Bakyaita Grace, hereby declare that this thesis is my original work and has never been presented to any other university or academic institution for academic assessment. Where works of other people have been used, acknowledgements have been duly made and in some cases quotations made.

Signature.....

Date.....

03 / 11 / 06

BAKYAITA GRACE

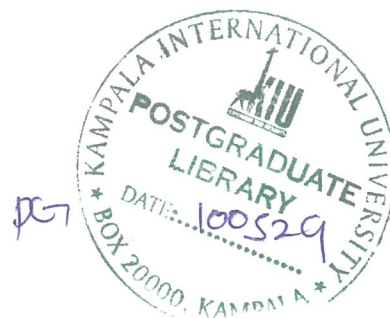
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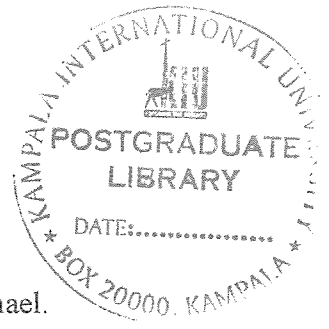
APPROVAL

This dissertation has been submitted for examination with the approval of my supervisor

Signed M. Mawa (Mawa) Date 3/11/06

Dr. Mawa Michael, PhD



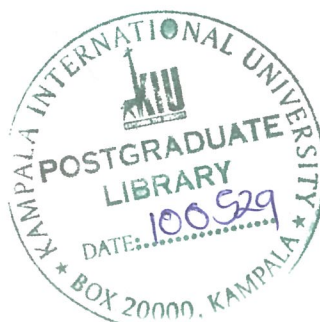


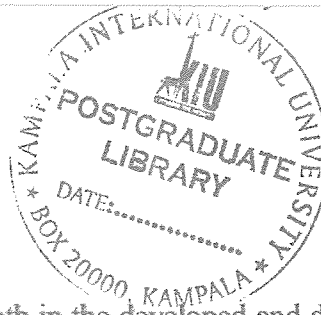
DEDICATION

This thesis is dedicated to the Bakyaita family, Josiah Kaweesi Ttendo and Rachael.

ACKNOWLEDGEMENTS

This study was made possible by efforts and encouragements from a number of people to who I say thank you. Special thanks go to Mr. Matovu J C, Ssemujju Jeremiah and Nsereko Deo who made sure I pursue a Postgraduate course. I thank my parents Mr. and Mrs. Bakyaite Sserwanga for their support. I am equally grateful to my supervisor Dr. Mawa Michael for his guidance, Mr. Kindi Fredrick of Makerere University Kampala Faculty of Gender Studies, Administration Faculty of Social Sciences of Kampala International University, Mr. Mukwaya Denny Nyanzi of Kampala International University and the Administration School of Post Graduate Studies of Kampala International University. Above all I thank God for without him nothing is possible. With God all things are possible.





ABSTRACT

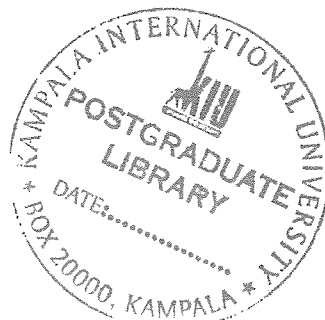
The phenomenon of teenage motherhood is on the rise both in the developed and developing world. Although teenage motherhood is a long standing problem it has taken a dramatic and disturbing turning the ;last ten years leading to increased child labour, prostitution and HIV/ AIDS rate. As a result of her acquired new role, the teenage mother is unable to attain a favorable socio-economic status. Her life is generally characterized by high levels of illiteracy, unemployment, poverty, poor health, food insecurity and involvement in the informal sector for sustainability.

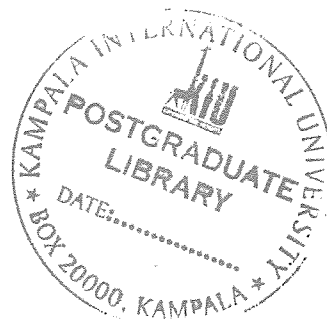
The study was carried out as a requirement for the partial fulfillment for the award of Master of Arts in Development Administration and Management of Kampala International University. The main objective of the study was to critically assess the socio-economic status of teenage mothers of Nyendo- Ssenyange division of Masaka district. Specifically to assess teenage mothers' accessibility to health facilities, to assess teenage mothers' accessibility to education facilities for their children, to assess their accessibility to food and to establish the nature of income generating activities engaged in by teenage mothers.

A lot of literature has been written on teenage motherhood and many argued that the consequences are generally negative associated with poverty and denial of access to necessary resources for a decent standard of living. The study employed a cross- sectional descriptive design with a triangulation of both qualitative and quantitative methods and analysis of the case study. The qualitative methods involved the use of in-depth interview with key informants, observation, documentary sources and a focused group discussion. The quantitative method involved the use of 156 questionnaires for teen mothers who were the key respondents for the study. Data analysis involved content analysis of qualitative data and coding quantitative data using the Statistical Package for Social Sciences.

The findings were that teen mothers' households have limited access to quality health services and education services. Their access to food qualitatively is low and they are generally employed in the informal sector. Teenage mothers' households are generally characterized by a low socio-economic status.

The recommendations include government policy geared towards reducing teen pregnancies, reduction of poverty levels, capacity building and improvement on service delivery on the part of the government. The parents should play their role in the lives of the teens and the teenagers should behave well and delay sexual activities for they are associated with several risks including death and HIV/AIDS. Improvement in accessibility to resources is necessary for sustainable development. Further research should be done after the recommendations to ascertain their usefulness as we strive to improve livelihoods of the masses.



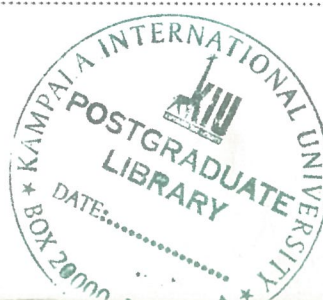


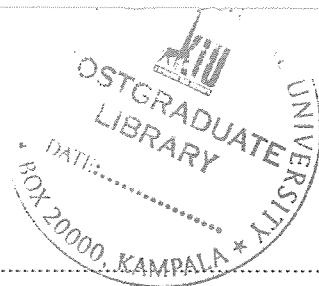
ACRONYMS

CPR	Contraceptive Prevalence Rate
CLASP	Center for Law and Social Policy
ICRW	International Center For Research On Women
PPASA	Planned Parenthood Association of South Africa
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
AIDS	Acquired Immune Deficiency Syndrome
UHRC	Uganda Human Rights Commission
UNCC	United Nations Council for Children
UBOS	Uganda Bureau of Statistics

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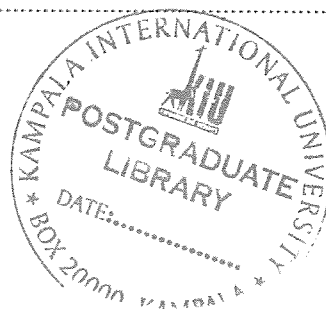
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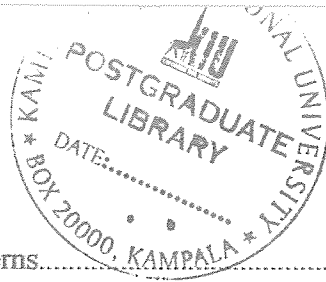




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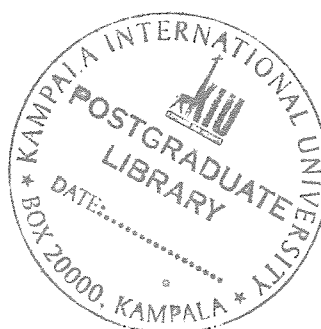
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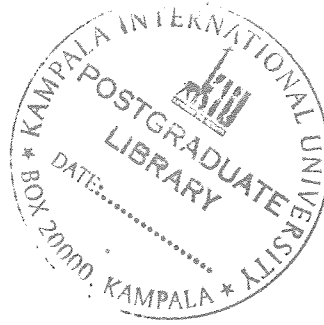
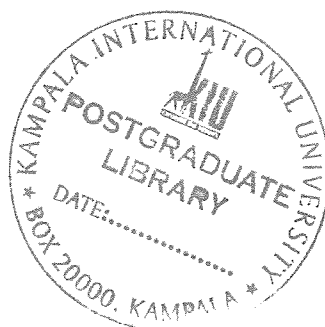


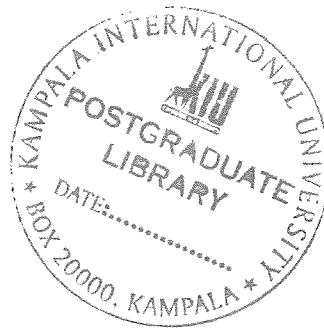
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CHAPTER 1 INTRODUCTION



1.1 Background to the study

According to a world census report at <http://www.census.gov> (30/November/2005) about 15 million babies are born to adolescent mothers each year. These are high-risk births from the perspective of the health of both the mother and child. They are also high cost births when the associated negative effects on the quality of life and role of women in society are considered. The proportion of teen child bearing varies by region. Africa has the largest proportion of teenagers giving birth at about 12 percent while Europe has the least of about 2 percent. About 8 in every 10 of these babies are born in developing countries of Asia, Africa and Latin America. And 13 percent of all children born in developing countries are born to teenage mothers.

According to the State of the World's Mothers report 2004, of these births, Sub-Saharan African countries tend to have the highest rates of early marriages and early motherhood. If the present trends continue, about 325 million births to adolescents will occur in the developing world over the next quarter of a century.

The extent to which specific adolescent reproductive behavior patterns are considered a problem varies from society to society. In some societies in Africa early marriage and child bearing are strongly supported. Although the number of births per 1000 women aged 15 to 19 has declined and will continue to fall during the coming 25 years the growing numbers of young women in sub Saharan Africa mean there will be a roughly 23 percent increase in teenage births in sub Saharan Africa during the 1995 -2020 period. At present about 24 percent of rural women in the developing world, begin child bearing in their teenage years compared to about 16 percent of urban women. This is because these people are not empowered with the necessary information that can help them reduce their level of fertility.

This relates directly to the lack of arrangements for health care and education facilities plus information dissemination mechanisms. This means the trend of urbanization will reduce

teenage / adolescent fertility in the next few years considering the fact that urban dwellers have access to information and can therefore make informed choices and decisions. (Save the children report, 2002)

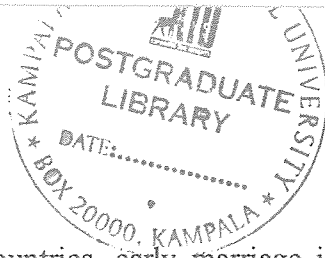
Given the tender age at which these girls produce, the infant and maternal mortality rates are so alarming. The State of the World's Mothers (2004) indicates that maternal and infant mortality rates are at alarmingly high rates, and when they do survive, their lives are often threatened by ill health, illiteracy, poverty and economic un-freedom. This is because these people lack the freedom to participate in labor market, which is one of the ways of keeping people in bondage and captivity. (Amartya Sen, 1999)

Babies born to teenage mothers also face tremendous risks as a CEDAW report of 2000 shows that their infant mortality rates are 30 per cent higher than those born to women who are in their 20s and 30s. This is because teenage mothers are physically immature, which increases their risk of suffering from obstetric complications. Teenage mothers are also more likely to give birth to infants who are premature or have low-birth-weight—conditions that reduce the resilience and stamina babies need to overcome infection or trauma early in life.

In addition, unmarried pregnant teenagers are less likely than older women to receive good prenatal care and skilled medical care at delivery, and to provide adequate care for their babies. Similarly, the Save the Children website indicates that in countries where large numbers of children have children, education levels are low, health indicators poor and poverty is a vicious cycle that is repeated generation after generation because teenage mothers are not employed gainfully their children can easily die of treatable diseases. The situation is worsened by absence of health facilities.

Yet, despite the increased risks, every year, some 82 million 10-to-17 year-old girls and young women get married, many by force. (State of the world's mothers report, 2004). Deprived of education and social opportunities and freedoms, the young bride enters adulthood with few skills and few opportunities to improve her situation. This reinforces low self-esteem, social isolation, and un-freedom and perpetuates a cycle of poverty and ill health.





Although uncommon in most developed countries, early marriage is still prevalent—and much of it still arranged—in developing countries around the world. According to the International Center for Research on Women's (ICRW) 2003 report, *Too Young to Wed: The Lives, Rights, and Health of Young Married Girls*, the practice is highest, overall, in West Africa and in South and Central Asia. Although rates vary considerably from country to country, in Bangladesh, Cameroon, Mali, Mozambique, Nicaragua and Uganda, more than half of today's 20–24-year-old women married before turning 18. In countries where early marriage is prevalent we realize that freedom and information are not enjoyed. If these people were empowered, they would decide other wise the failure of which leads them into forced marriages.

Several reasons have been enlisted to account for the phenomenon of teenage mothers. They range from socio-cultural with cultures that are binding, to economic which include the need for survival and political factors like the lack of civil liberties especially in war torn areas. Most societies and cultures view marriage as a normal and expected rite of passage—an inherent good associated with safety for all involved. But this is not always the case as noted by Amartya Sen (1999) that economic deprivation some times leads to people undertaking risks which even lead to death in some cases.

This is because many of these marriages end in divorce leading to single parent households. For example 23.1% of Uganda's households are female headed (UBOS Census Report, 2002). Sometimes teenagers die in the process of giving birth leaving orphans who have a price tag attached to them. The Census Report 2002 has indicated that 13.1% Uganda's children are orphans. Some times the children die in the process of giving birth which leaves the teenage mothers devastated with trauma and psychological unrest.

Indeed, in the United States, research indicates that marriage—although for reasons not entirely understood—does seem to bring with it a range of benefits for individuals, couples and, especially, children. The Center for Law and Social Policy (CLASP) argues that children who grow up in a low-conflict household with married biological parents, when compared with children who grow up in other types of households, are usually healthier,

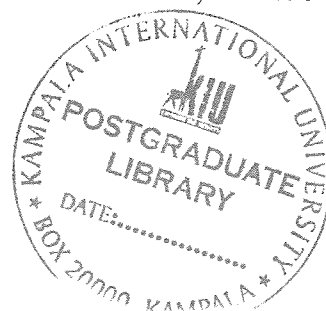
more likely to achieve high education levels and less likely to become parents themselves while still teenagers.

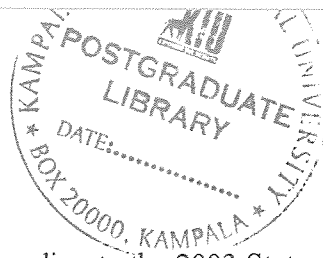
Peer pressure is also another cause of teenage motherhood in Africa. According to a research carried out by Planned Parenthood Association of South Africa [PPASA] and funded by the Gates Foundation in South Africa almost one in four teen mothers [19.8%] said that they had fallen pregnant because of "peer pressure", mainly from friends who had already had babies. This is because the information that flows to teens is wrong. If they were equipped with right information, they would make informed decisions about their sexuality and may be they would not become teen mothers.

Combatants in conflict/war-ridden areas, friends, and relatives are other causes, which expose young women to sexual violence through defilement and rape. Civil wars and conflict are synonymous with developing countries because of lack of civil and political liberties and the absence of democracy. Additionally, illiteracy, unemployment, lack of contraceptives use, poor family support, are among the major causes of teenage pregnancy.

The socio-economic survival of teenage mothers has been equally disappointing. Many of them have been school drop outs due to lack of fees, or pregnancy while at school, hence many of the teenage mothers tend to be unemployed because they lack the necessary skills to access the labor market. The pregnancy puts them into implicit and explicit bondage that denies them access to open labor market. Even when they engage themselves in agriculture they will not access product markets like all other producers and cultivators under the traditional arrangements and structures. Because of their age bracket they have little if any knowledge on childcare, which puts the life of the babies at risk. Teenage pregnancy has many repercussions including psychological stress, social alienation, health problems and further consequences of contracting Sexually Transmitted Diseases (STDs) and HIV/AIDS.

In Uganda, the situation is worse because forty nine percent of the total population is below 15 years and fifty-six percent of the total population is below 18 years, (2002 Population and Housing Census Report). Where as teenage pregnancy prevalence rate has dropped from 43 percent to 31 percent in the past few years due to increased use of condoms, reduction of





sexual partners and delay in sexual debut, according to the 2003 State of Uganda's Population Report in absolute terms, teenage mothers are many and are bound to increase as per the estimates of the Census report (2002)

However, in a society that has a high desire for children, childbearing and sexual activities start as early as 14 years, teenage motherhood is a serious problem. By the age of 15, 30 percent of women have had sexual intercourse and by 18, the proportion increases to 72 percent, according to the ICRW, 2003 report and CEDAW report 2000. The fertility rate, estimated at 6.9 percent, is attributed to low levels of education, low incomes and social status, early marriages, low contraceptive use, religious and cultural beliefs as well as the need for old-age security. Contraceptive use is as low as 23 percent and 50 percent of the population marries before the age of 18, the report says.

1.2 Statement of the problem

Uganda is said to have one of the highest teenage pregnancy rates in Africa of 43% and a majority of them are unwanted (UNFPA, *The State of World Population, Worlds Apart Worlds Together*, 2000.). It has been found that the majority of adolescents between 15 and 19 years are sexually active (68% for females and 75% for males) with a total fertility rate of 6.9 children per woman during her reproductive years and contraceptive prevalence rate (CPR) is at 15% (CEDAW report 2000) This situation particularly exposes young girls to early pregnancy, and hence many end up producing children in their teenage years. The State of the World's Mothers 2004 cites Uganda as one among other countries where 1 in 5 women aged 15 to 19 gives birth each year.

Characterized by economic incapacitation, illiteracy, unemployment, poor health, food insecurity etc, many teenage mothers' households tend to be poverty stricken; a situation which has pushed many in prostitution, informal sector, among others, in a bid to improve their children and their own (i.e., teenage mothers) livelihood. This study hence seeks to critically explore the socio-economic status of teenage mothers' households in Masaka Municipality Nyendo- Ssenyange Division.

1.3 Objectives of the study

1.3.1 Overall Objectives

The overall objective is to critically assess the socio- economic status of teenage mothers' household in Masaka municipality, Nyendo-Ssenyange Division.

1.3.2 Specific objectives

The research will be guided by the following objectives

To assess teenage mothers' accessibility to health facilities in the division

To assess teenage mothers' accessibility to education facilities for their children

To assess teenage mothers' accessibility to food

To establish the nature of income generating activities teenage mothers are engaged in.

1.4 Research questions

Do teenage mothers have access to health facilities in their location?

Do teenage mothers access education facilities for their children?

What is the level of accessibility to food for teenage mothers in the division?

What is the nature of income generating activities teenage mothers engage in?

1.5 Significance of the study

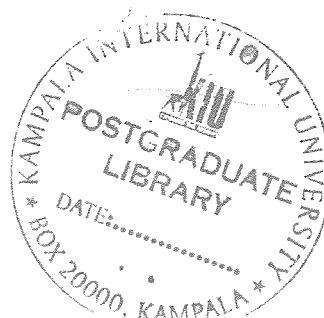
The study will benefit teenage mothers because its findings will help them understand their socio-economic status, which will be their starting point to change for the better.

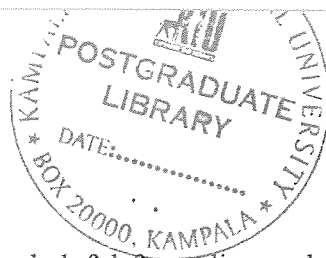
Community developers will also identify the potential of teenage mothers in community development.

Policy makers will also get an insight into the lives of teenage mothers and such will in turn influence policies in relation to teenage mothers.

The study will help young adolescents prevent teenage motherhood after highlighting the situation teenage mothers head for.

The study is significant for it will contribute to an understanding of the state of teenage mothers in Masaka in particular, and Uganda in general. In other words, it will provide data





regarding the state of teenage mothers, which will be helpful for policy makers as well as academics.

Policy makers as well as academicians can draw upon these findings to devise new approaches to the challenge of teenage mothers in Uganda.

The study will also be of use for future researchers to identify the undone part and therefore provide them with a basis for further research.

The research is a partial fulfillment of the award of a Masters Degree of Development Administration and management of Kampala International University.

1.6 Scope of the study

The study will be conducted in Masaka district in Masaka municipality in the division of Nyendo-Ssenyange division. Other divisions of the municipality are not part of the study area. The study covers teenage mothers currently and those who had their first child as teenagers but are now out of the age bracket. The study will restrict itself to the socio-economic status and/or livelihood of teenage mothers in the division. This will consider their level of access to health facilities, education facilities for their children, food and the nature of their income generating activities.

1.7 Theoretical framework

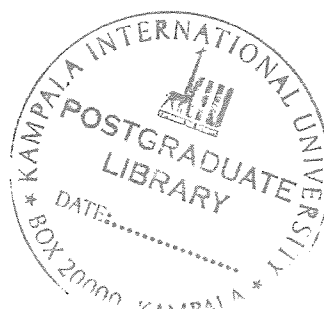
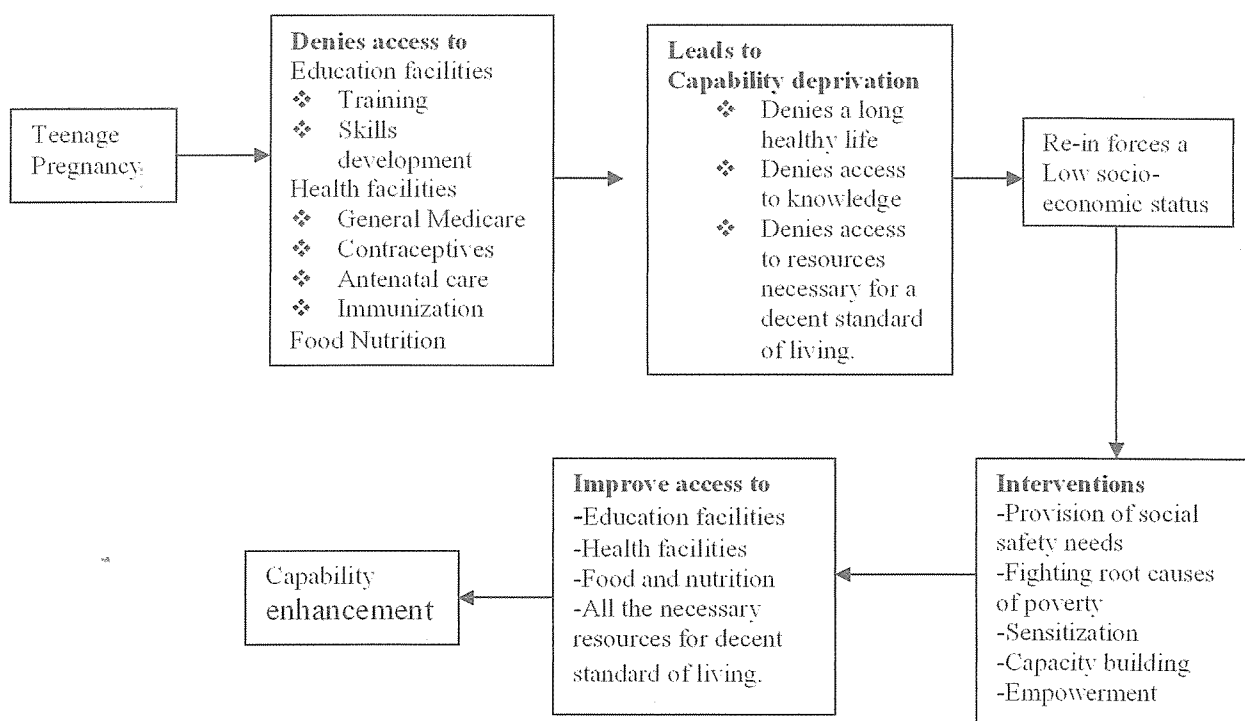
This study is going to use capability framework. This framework is based on the priority of human well-being, and aimed at ensuring and enlarging human choices which lead to equality of opportunities for all people in society and empowerment of people so that they participate in - and benefit from - the development process. The framework has been chosen on the assumption that enhancing teenage mothers' skills is necessary to empower them engage in productive activities. In most cases the background of teenage mothers is one, which does not offer them opportunity to access education and other services that enhance their human resource potential, and there from arises the need to enhance their capabilities.

This approach of Amartya Sen (1999) looks at development as the process of enlarging people's choices by expanding human functioning and capabilities. It represents a process as well as an end. At all levels of development, three essential capabilities are for people to live

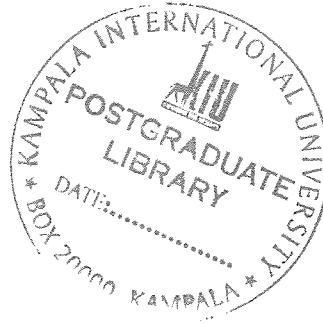
a long and healthy life, to be knowledgeable and have access to resources needed for a decent standard of living. The realm of human development extends further to include all that is needed to for being creative, productive and for enjoying self respect, empowerment and a sense of belonging to a community.

Teenage pregnancy denies the victim access to education facilities, health facilities, quality food and decent jobs. This is because they are forced out of school which denies them the necessary skills to join the labour market which negatively affects their socio-economic status. The concepts derived from the above are represented in the framework below.

1.8 Conceptual framework



CHAPTER 2 LITERATURE REVIEW



2.1 Introduction

Although teenage motherhood is a long-standing problem it has taken a dramatic and disturbing turn for the worse in the last ten years leading to increased child labour, prostitution and HIV/AIDS rate. Many writers have delved into the topic citing different causes, consequences and this chapter reviews that. This chapter reviews literature from textbooks as well as Internet sources related to the study. The literature is selected from a wide range of regions, since teen mothers is a phenomenon that characterize both developing and developed world, although much more common in the developing countries, particularly of sub-Saharan Africa. Given the dearth of teenage mothers' documentation in Uganda, most of the literature reviewed here is from other regions.

The chapter will analyze the general socio-economic status of teenage mothers in particular and women in general after all many of the women today had their first child as teenagers. This situation is a form of capability deprivation because it does not permit them high levels of educational attainment. The chapter will give an overview of the phenomenon analyze the general public opinion of teenage motherhood and the commonly held beliefs about teenage motherhood. The major themes include their level of accessibility to health facilities and education facilities. Others will include their level of accessibility to food and the economic activities that victims of teenage motherhood are engaged in. the review will also include the general causes and consequences of teenage motherhood which will lead to a critical analysis of the socio-economic status of teenage mothers.

2.2 Overview

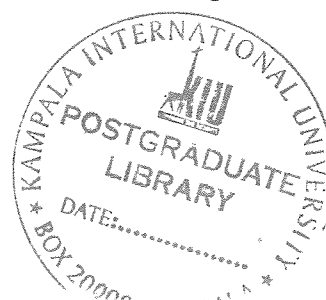
Adolescent mothers and their children in developing countries fare less in most social and economic outcomes of early childbearing, (Neguisse Taffa and Francis Obare, 2003). According to Demographic House Survey (2002) large proportions of teenager mothers lived in rural areas and were poorer, less educated and gave a history of no marriage. A larger percentage of home delivery was reported among teenage mothers. In Uganda, most factors

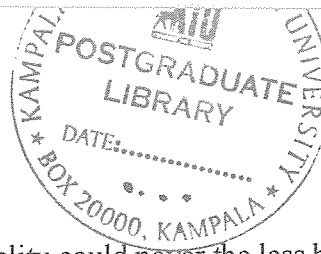
affecting child survival might be associated with the poor socio-economic achievements of teenage mothers than with their age at childbirth.

Teenage child bearing is associated with many adverse consequences for teen mothers, their families and children. Many of the negative consequences for teen mothers are due to the disadvantaged situations in which many of these girls already lived before having a teen birth. While the disadvantaged backgrounds of most teen mothers account for many of the burdens that the young women shoulder, having a baby during adolescence often restricts economic and educational opportunities and these disadvantages tend to be passed to the next generation. Children born to teen mothers are often worse off than children born to older women. They are at higher risk of poverty; low educational attainment, problem behavior, early sexual activity and becoming teen parents themselves. Marriage or more specifically the absence of marriage helps explain this cycle of disadvantage.

Many-family related factors affect how children fare and develop overtime and marriage is one of them. Research suggests that children do best when two parents who have a stable marriage raise them. Yet only 20 percent of teen births occur within marriage and the pregnancy itself is associated with a lower likelihood of marriage. Teen mothers are unlikely to marry the biological fathers of their children and those teenage mothers who wed often end up in unstable marriages. For their part the teen fathers are less likely to be involved in their children's lives and reduced paternal involvement is associated with lower childbearing. For all these reasons helping more women reach adulthood before they have children would go along way toward ensuring that more children grow up in stable married families. And considering the large body of research on the benefits of children in such families the link between reducing teen pregnancies and improving overall child welfare is very clear.

Most literature supports the notion that teenage childbearing is generally associated with higher risk of adverse reproductive outcomes. Hospital based studies employing less rigorous analytic methods mostly reveal that young maternal age alone is causally associated with poor obstetric outcome indicators such as antenatal care attendance, delivery by skilled personnel and peri-natal death. The independent effect of maternal age on the frequency of





pre-term delivery, low birth weight and neo-natal mortality could never the less be significant as age at first child birth falls below 16 years of age. Infant mortality determinants for Uganda, Kenya and Ethiopia were assessed against independent variables and only maternal age remained strongly associated with child survival among Ethiopian children, maternal age and place of delivery were very important in Kenya where as maternal educational attainment, antenatal care attendance, place of delivery and child sex remained as important determinants in Uganda, (Neguisse Taffa and Francis Obare, 2003).

2.3 Public opinion about teenage motherhood

Teen motherhood demands focused attention, for a number of reasons: the value of delaying sexual intercourse among younger teens, the difficulties of providing timely and appropriate contraceptive services and information, the financial and social difficulties of parenting before adulthood, and the potential experience of motherhood at these ages will have long-term consequences, (Larry Bumpass, 1995).

Despite these special issues surrounding the teenage years, we can neither understand nor successfully address teen pregnancy apart from the changes in family and fertility in the society. Teens cannot be insulated from this larger society, and as they grow older, they progressively become a part of it. Over two-thirds of teenage births occur to those in an older age group, 18- and 19-year-olds. Dating, sex, and contraceptive behavior are more similar between older teenagers and persons age 20-24 than between younger and older teens.

Finally, there is no singular "public opinion" on these family changes. The large age differences in attitudes about these issues have clear implications for the future. Attitudes about cohabitation and unmarried motherhood show age patterns similar to those for teenage sex: only one-fifth of persons aged 20-29 disapprove of sex among unmarried 18-year-olds, compared with almost four-fifths of persons over age 70. Larry Bumpass (1995) argues that these differences reflect changing attitudes over successive cohorts rather than the result of attitude change with increasing age. As the younger cohorts move through the age structure, it is clear that the "average" level of disapproval of recent changes in family behavior will continue to decline.

Other societies view teenage mother hood as acceptable in society especially those that encourage early marriages. Where a teenager is formally/legally married, the society's expectations are only fulfilled when she becomes a mother. In some societies, including a number in Africa and Asia, early marriage and childbearing are strongly supported. However, in cases where it is not acceptable teenage mothers are considered spoilt children and prostitutes. Young mothers often feel stigmatized and cut off from their families and from mature mothers in the community (UNCC, 1994). In the developed world however, governments have accepted that teenage mothers are increasing and have therefore put up welfare schemes to take care of their economic needs like in South Africa.

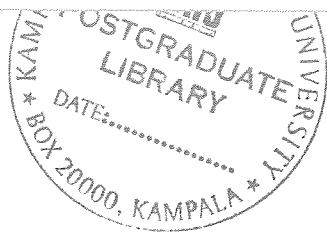
2.4 Commonly held beliefs about teenage childbearing

Among commonly held and often contradictory beliefs about teenage childbearing are the following. People have a belief that teenagers who become pregnant want to have babies, that virtually all teens are sexually active and that most births outside marriage are to teenagers. Then there are the beliefs about welfare: that it constitutes an important incentive for teenage pregnancies, and that most welfare recipients are teenager mothers.

A number of these beliefs are either wrong, or at least partially contradicted by the available evidence. Some of them are addressed for example; Larry Bumpass reviews the evidence concerning unmarried childbearing, Barbara Wolfe the evidence concerning welfare benefits and teenage pregnancy. Moore also adduces evidence that contradicts other commonly held assumptions. For instance: By their fifteenth birthdays, 18 percent of girls and 27 percent of boys have had sex. By age 17, the figures are 52 percent for girls and 58 percent for boys. However, children with highly educated parents are much less likely to have sex early in adolescence: by age 15, 10 percent of girls with a college-educated parent have had sex, compared with 26 percent of girls whose parent had not completed high school; for boys, the comparable proportions are 19 and 38 percent.

The birthrate among American teenagers is two to ten times higher than it is in similar nations. In 1992, for example, U.S. teens had 61 births per 1000 females. European nations, with much more generous benefits, have far lower teenage birthrates: the birthrate was six in





the Netherlands, 9 in France, 15 in Norway, and 32 in Great Britain. At 42 per 1000 females, the rate among non-Hispanic white teenagers in the U.S. is higher than in any comparable industrialized nation. In 1992, among mothers 19 or younger, 46.2 percent were non-Hispanic whites, 29.4 percent non-Hispanic blacks, and 21.5 percent Hispanic. Moreover, U.S. teenagers have a high abortion rate; the problem is the high pregnancy rates among teenagers in the United States, (Focus 17:1, 1995).

Among all pregnancies to teens aged 19 years and younger, only 14 percent end in intended births. Among married teens, one in four pregnancies ends in an intended birth; among the unmarried, only one in ten. Out of all births to unmarried women, only 30 percent are to teenagers and only about 5 percent of the women receiving welfare benefits are aged 19 or younger. Nevertheless, data from the Survey of Income and Program Participation suggest that about 55 percent of all recipients were teenagers when their first child was born.

2.5 Teenage childbearing and economic incentives

Teen child bearing is associated with economic incentives for example the existence of welfare benefits. More so, the economic situation of a teen is likely to influence either positively or negatively her childbirth. With or without welfare benefits teenage motherhood seems to be on the increase to be on the increase in both the developed and developing world.

2.5.1 Welfare benefits and teen births

The best empirical evidence on the determinants of teenage childbearing and of teenage non-marital births suggests that the generosity of welfare benefits has little or no effect on the probability of such a birth. This statement is based on studies that use current differences across states in welfare generosity and find that these are not related to increases or reductions in the number of births (or illegitimate births alone) to teenagers. A teenager is less likely to become a mother in a state with generous welfare benefits than in one with less generous benefits. We do not know, of course, what would happen if benefits were eliminated, because the existing empirical results apply to the current range of benefits.

2.5.2 Income factors

Labor market opportunities seem to play a role in determining the number of teenage births, in and out of wedlock. Female teenagers living in neighborhoods with higher unemployment rates are more likely to give birth; and teens that can expect greater personal income (primarily earnings) from delaying births are less likely to give birth.

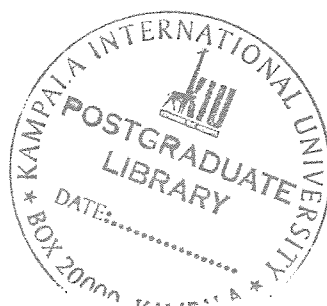
Teen out-of-wedlock births associated with welfare benefits receipt within two years of the birth may be of particular interest to policy makers, since these births seem the most likely of any teen births to be related to welfare generosity. However, when individual background characteristics are included, welfare receipt is statistically insignificant. Other available economic opportunities, however, are statistically related to whether the woman has welfare benefits-related out-of-wedlock birth while a teenager. In short, women with the least to lose are most likely to have children during their teen years. The estimated effects associated with this variable (as estimated effects associated with adult unemployment) suggest that increasing economic opportunities will tend to lower adolescent births.

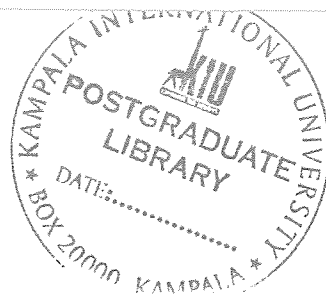
2.6 Accessibility to health facilities

Accessibility to health facilities by teenage mothers and women generally in the developing countries is very limited in general and in Uganda in particular. This is so because the infrastructure is missing and where it is available the economic system does not favor them. Many of them fail to access contraceptives and general medical care, which is responsible for the high rates of maternal and infant mortality which is a form of capability deprivation.

2.6.1 Antenatal care and safe motherhood

Although in Uganda the use of antenatal care services is high, professional assistance at delivery is less common. Two out of three births in Uganda take place at home and less than 40% are assisted by medically trained personnel (CEDAW 2000) According to the UDHS 1995 35% of births happen at a health facility while 64% happen at home. The report further states that trained personnel assist 38% of the deliveries with only 4% using medical doctors. This exposes young mothers to birth related complications and therefore affects their ability to live a long healthy life.





2.6.2 Access to contraceptives

Once married, adolescent women living in Africa, Asia, and Latin America begin their reproductive lives with relatively low reliance on contraception. And when they do use contraception to delay or limit their childbearing, they may use less efficient methods than do older women. Actual use of family planning is generally considered a function of motivation and access to family planning services, regardless of the age group involved. For teenage mothers the absence of a steady income denies them access to contraceptives.

The data extracted from DHS reports confirm the fact that access is related to use but is not a sufficient condition for use. Data presented indicate that the use of modern methods of family planning by adolescent women has risen in most, but not for all countries of the developing world during the past 10 to 15 years. At the same time, approximately 13 million teenage women living in developing countries have unmet need for family planning. In many Asian, African, and Latin American countries, 30 percent or more of married adolescent women wish to delay or limit childbearing but are not currently using contraception. Failure to use contraceptives leads to an increase in the family sizes which the teen mothers can not ably provide for which is a form of capability deprivation.

2.6.3 Access to general Medicare

In the developing world, access to general medical care is very limited because people do not have the capacity to pay for the services. The absence of free health facilities makes the situation hard especially with the introduction of cost sharing as a policy in many of these countries. It is argued that the leading cause of death and disability among women is childbirth in the absence of trained personnel and as a result young girls are losing their babies, losing their lives or living with painful disabilities which deprive them of the capabilities of living a long healthy life, (Save the Children report, 2000).

More so according to the World Bank report (1998) it is argued that every day more than 1600 women die from the complications of pregnancy because of failure to attend antenatal care. It is estimated that one in every 48 women in all developing countries and 1 in 16 in Africa are at risk. In addition, if a child survives birth, he is likely to face a short life of

illness and hunger. In 1998, 11 million children were estimated to have died unnecessarily from diseases as simple and treatable as diarrhea and for those children that survive little chance exist for education and opportunity to escape poverty.

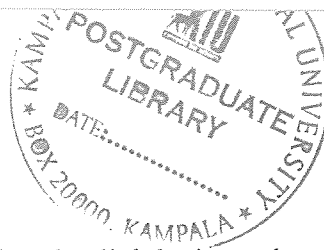
In Uganda, although the health-care budget has increased in recent years (accounting for 10.2% of the total government's total share of social services) the health services in the country are still inadequate both in quality and quantity to meet the serious health problems. Improving the nation's health care system is now a national priority, (CEDAW report 2000). This is because access to health facilities is a function of many factors including gender. The report further states that women are less able than men to use health services even when these are available.

Although the actual costs (including fees drugs transport and under the table charges) affect everyone women have less access to money than men. Lack of money for transport is often the reason why women do not seek health services or do not go for further treatment. In addition, women weigh the opportunity costs of time between performing their multiple roles and seeking health services. The reproductive value of women's time is overlooked and is increasingly being eroded because of their gender role as care givers. All this leads to capability deprivation as health is the most important form of functioning for human beings, (Amartya Sen, 1999).

2.7 Access to educational facilities

Educational attainment and poverty are intricately linked to early childbearing among adolescents. It is important to note that pregnancy occurs among all young women, regardless of socioeconomic status, geographic location race or ethnicity. Statistics show, however, that teen childbearing occurs disproportionately among low-income women. This implies that teen mothers in most cases have a history characterized by poverty such that teen pregnancy is a furtherance of the cycle of capability deprivation. The decision to carry a pregnancy to term and become a parent may be influenced by age, race, ethnicity, culture and religion as well as access to services.





Girls' education levels in Africa are very low with only slightly more than a quarter of girls (27%) are enrolled in secondary. In Kenya for example school dropout statistics indicate that 8000-10000 girls drop out of school every year due to pregnancy. There is a relationship between the number of years of schooling and income. The greater the amount of education a person has the better the positions she can obtain (Robert H Lauer et.al, 2002). While this is the case, the girl child is unable to attain high levels of education because the traditional female role (as the keeper of the home) contradicts our value of maximum education. The earlier that a woman has sexual experience, marries and becomes pregnant the lower her educational attainment is likely to be. Another part of the reason is that women are discriminated against in higher education. Affirmative action programs to equalize opportunities for women have had some effect but it is still possible to practice covertly what was done overtly.

The consequences of this low level of educational attainment deprive teenage mothers of their capabilities to live a decent standard of living. The consequences of not finishing high school are difficult to assess. One form of evaluation is an economic one. Money is just one measure of the impact of different levels of educational attainment. High school dropouts have higher unemployment rates than do persons with more education. They are less likely to get white-collar jobs that require skills. Thus, one's educational level will usually determine one's employment possibilities. Many jobs require a high degree even if specific skills learned in high school are not required for the job. Many employers expect employees to have high school degrees regardless of the job description, which puts the survival of teenage mothers in a job at stake.

There are numerous other circumstances, which are related to low educational attainment implying teenage motherhood deprives capabilities and capacities. Although these events are related to an incomplete high school education, they are products of a lifestyle, which often includes dropping out of school. Poverty, early marriage, high fertility, high rates of marital disruption, higher mortality rates and earlier death are all examples of variables related to low levels of educational attainment as capability deprivation.

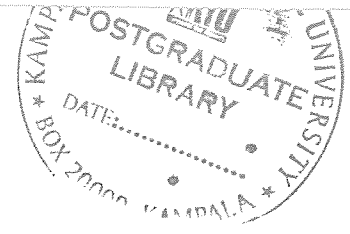
2.8 Accessibility to food

Uganda experiences food shortages in almost 50 percent of the country with every 4 to 5 starving owing to drought. There is a high prevalence of malnutrition especially among children and women of childbearing age. Over all 38 percent of the children below 3 years are stunted, 26 percent under weight and 5 percent wasted. (Prof. Bibangambah Jossey R, 2001). The World Bank report (1998) estimates that 150 million children under the age of 5 are gravely malnourished; another 260 million suffer from anemia or other vitamin or mineral deficiencies. This implies that accessibility to adequate food is really hampered by several reasons, which include the socio-economic status of individuals. The socio-economic status of teen mothers is generally low which affects their access to food. Inability to access food qualitatively is a form of capability deprivation.

Eight hundred million people in the developing world currently face food insecurity and the challenge of meeting their food and nutritional needs is likely to become greater in the years ahead. Teenage mothers are even in a worse position because their capabilities are deprived of them the first day of the pregnancy. Population growth, urbanization and the limited potential for increasing production through expansion of cultivated area, imply that for food needs to be met in the future, yields will have to increase. While that is the case, women farmers are faced with many constraints in their efforts to produce food for their families. The existence of weak land rights is one such constraint. In Sub Saharan Africa where females have primary responsibility for food production, they are generally restricted to user rights to land and then only with the consent of a male relative.

Women in general and teenage mothers in particular have limited access to common property resources especially in the rural areas where the livelihood of the family is dependent on these. Another constraint is lack of equipment and appropriate technology- in the sense that female farmers generally own fewer tools than men. Since farm capital contributes positively to yields, female farmers are likely to have lower yields than male farmers are. Moreover, new technology has often been inappropriate to women. The situation is further aggravated by the limited contact with agricultural extension, which further limits their access to food.





Because women have less education, fewer legal rights and less access to support services, female-headed households become entrenched in poverty. (Government report, 1994) Women also generally have little access to credit. Men usually hold property that is acceptable as collateral especially land, and financial institutions often deem the types of valuables held by women unacceptable. This relates to low levels of education especially in Sub Saharan Africa, which has implications on the rate at which new technologies are adopted.

Therefore, under investment in women education and teenage motherhood undermine the potential of some sections of the population to access food qualitatively and quantitatively. This puts teenage mothers' households at risk of malnutrition and other nutrition related diseases and therefore denies them the freedom to meet bodily requirements such as the ability to avoid starvation and undernourishment, (World Bank report, 1998).

2.8.1 Economic access to food

A household's access to food and food security depends greatly on its real income. This is a situation where everyone has physical and economic access to food or means for its procurement, (Uganda Human Rights Commission, 2004). In recent years, a growing number of studies have shown that improvements in household welfare depend not only on the level of household income but also on who earns that income. These studies find that women, relative to men, tend to spend their income disproportionately on food for the family, (Deepa Narayan, 2000). This has great implications for teenage mothers' households because they cannot get easily absorbed into the job market considering their level of education. Moreover, women's incomes are more strongly associated with improvements in children's health and nutritional status than are men's incomes. Therefore the inability for teen mothers to earn a stable income has a negative impact on the welfare of their households.

Women's decision to engage in income earning activities involve complex trade-offs and the ultimate effects of women's employment on household nutrition status depend on the specific setting. Sufficient evidence supports the argument that women's employment especially low-

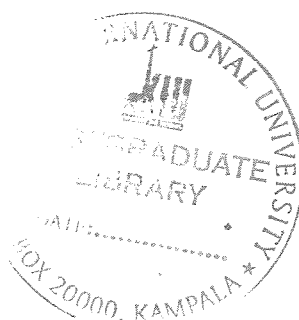
income household- typical of teenage mother's households- may be good not only for women's welfare but also for the rest of then household members like the children.

To maximize the positive effect that women's incomes have on household food and nutrition status, efforts must be made to increase women's ability to generate and control income. Women are often prevented from participating in more remunerative employment opportunities because of the constraints of home production. Strategies should be geared toward increasing women's productivity both in paid work and in domestic production, so women can increase their incomes without sacrificing additional time, their children's welfare or their own health and/ or nutrition status.

2.9 Economic activities of teenage mothers

In their desperation to keep the family together and to provide food for their children poor women have emerged in large numbers of the informal sector despite the risk and discrimination they face, (Deepa Narayan et.al, 2000). While men are likely to spend a significant portion of their income for personal use for instance drinking, gambling the women tend to devote virtually all of their income to the family for food, medical treatment, school fees and clothing for the children. Women are prepared to do jobs considered to demeaning by men to ensure that their children survive. In the Philippines for example to cope with periods of difficulty, in the low lands of Mindano women resort to vending, laundering, sewing and doing menial jobs. Women's participation in the informal sector ranges from 20 percent to 80 percent from country to country.

Women's workloads also have consequences for their children. It is estimated that in Uganda for example women's 15 to 18 hours of work per day result in a neglect of children due to time constraints and fatigue. In addition the younger generation and urban women are increasingly working outside of home with non-reduction in domestic chores, (Uganda 1998). Women who enter the labour force may find work in non-traditional or traditional occupations. Women are engaged in petty trade, migrant labor and to some extent in the sex trade as well as in traditional occupations such as domestic work and maid.





Informal activities in developing capitalist economies must be understood within the total pattern of unemployment in a given country. Whether temporarily or permanently informal activities are usually taken up when formal jobs are unavailable especially considering the fact that the levels of education attained are low and therefore lack the necessary skills for formal jobs. For women the dividing line between formal and informal jobs is tenuous, (Visvanathan, et.al, 2000).

In Uganda due to high levels of economic hardships prostitution could be on the increase but there is insufficient data on the practice. There is a distinct link between the practice and poverty as the majority of women who engage in prostitution do so for economic reasons. There are an increased number of women who are migrating from rural areas to urban centers in search of work but many lack the necessary skills and training to join the formal sector. The problem of raising the necessary capital to engage in other business enterprises could mean that they end up on the streets as prostitutes, (CEDAW report, 2000).

Women in the informal sector are not covered by social security and there is no law that establishes or outlines their rights as workers. On the contrary, the law frequently criminalizes their work in the informal sector. Hence women who carry out petty trade on streets are forbidden from engaging in this kind of work because it falls outside established state/ city regulations. Institutionalized exploitation of women's labor and abusive practices are widespread within traditional female occupations all of which are forms of capability deprivation.

2.10 General causes of teenage motherhood

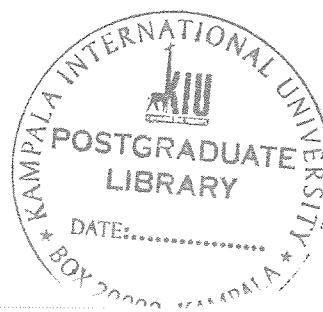
In his thorough review of the literature, Kirby identified more than 100 different causes associated with adolescent sexual activity, contraceptive use, pregnancy, and childbearing (Kirby 2001). Many are related to economic and social disadvantage, such as poverty as capability deprivation leading to low education, and membership in a minority group, family structure, residential instability, and unemployment, (Frost and Oslak, 1999). The mechanisms by which such causes might result in teen pregnancy and childbearing are less than clear. The pathways may be direct or indirect, and the strength of the connection may be

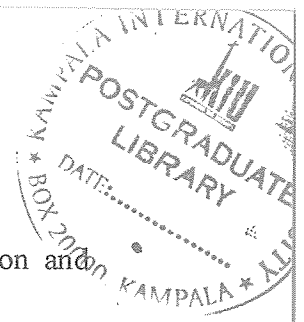
weak or strong. What is clear is that the causes of teen pregnancy and childbearing “are deeply rooted in the social fabric of our society” (National Adolescent Health Information Centre 1995), including family, friends, school, and community – in which he or she lives.

The International Center for Research on Women (ICRW) report identifies two main historical reasons for early marriage in developing countries. First, marrying off a daughter early ensures continuation of the family lineage in cultures where mortality rates due to absence of health facilities that can be accessed qualitatively, especially maternal and infant mortality rates, are high. Marrying a young woman “at or near puberty has been important for maximizing fertility in socially sanctioned unions.” Second, early marriage “secures critical social, economic, and political alliances for the family, clan, or lineage” ICRW says.

Poverty only exacerbates and perpetuates this vicious cycle. In countries ranging from Ethiopia to India to Malaysia, for example, parents view daughters as an economic burden that can be eased by marrying them off. Because these societies have brought up girls without enhancing their capability they are unable to realize the self as a free being to enjoy their rights and freedoms they end up in unwanted marriages. Dowries create additional incentives for parents to arrange for early marriages for their daughters, which further worsen the girl’s situation in as far as enjoying her rights, as a human being is concerned because thereafter she is treated as a property of the man. In such a case she becomes dependent on the man yet one is supposed to be an independent being but in dialog with the external environment man inclusive. In Bangladesh, for example, the price of the dowry increases with the age of the young woman. (Amartya Sen, 1999).

In addition, of course, persistent gender discrimination plays a critical role. With little or no right to self-determination, the fact remains that young women in poor countries have few options. “Getting married and bearing children,” notes ICRW, “are often the only means for young girls to secure identity and status in families and as adults in society,” even if limited. As noted above the causes of young mothers are quite many. The family surrounding an adolescent – parents, siblings, and other close relatives – exerts considerable influence over his or her sexual behavior. Many aspects of family life influence a teen’s decision to become sexually active, use contraception, or continue with a pregnancy.





Socioeconomic status, family structure, parental attitudes, and parent communication and support all play an important role in a teen's decision-making.

2.10.1 Socioeconomic Status and Family Structure:

Children of parents with low educational attainment, occupation and income are more likely to have sex at an early age, not use contraception consistently, and become pregnant or cause a pregnancy (Billy, Brewster et al. 1994; Moore, Morrison et al. 1995; Santelli, Lowry et al. 2000; Kirby 2001). The causes of this finding are unclear; however, it may be a result of parents of higher socioeconomic status placing a greater emphasis on and having more resources to support their children's long-term educational and career goals, efforts which would be restricted by early childbearing. This relates with Amartya Sen's *Development as Freedom*, (1999) where he argued that the more inclusive the reach of basic education and health care the more it is likely it is that even the potentially poor would have a better chance of overcoming the penury.

Teens that live with both parents are less likely to become sexually active because of the socio-economic advantages associated with it. They are more likely to use contraception because there is likely to be no gap in information flow, and less likely to become pregnant or cause a pregnancy than teens living with one or neither parent (Billy, Brewster et al. 1994; Moore, Morrison et al. 1995; Upchurch, Levy-Storms et al. 1998; Santelli, Lowry et al. 2000; Kirby 2001). Adolescents who are raised in large families tend to initiate sex earlier than their peers do. This may be a result of teen's imitating the sexual behavior of siblings or because parental attention is spread too thin when more children live in the home (Brindis and Jeremy 1988).

2.10.2 Values and Role Modeling;

The values and behavior demonstrated by family members regarding sexual risk-taking and early childbearing influence the teen's own attitudes and behavior. Parents with permissive attitudes about teen sex or premarital sex, or negative attitudes about contraception have children who are more likely to have unprotected sex and become pregnant (Jensen, de Gaston et al. 1994; Resnick, Bearman et al. 1997; Dittus and Jaccard 2000; Jaccard, Dittus et

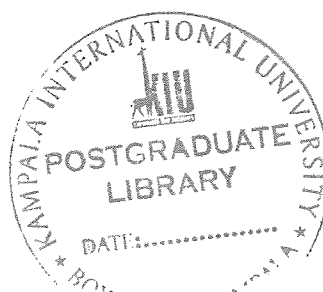
al. 2000). Teens look to their parents as role models and very often reproduce their behavior. Therefore, it is not surprising that teens are more likely to initiate sex and become pregnant if their parents are having sex outside of marriage, are cohabitating with a romantic or sexual partner, have had a child outside of marriage, or gave birth as an adolescent (Whit Beck, Simons et al. 1994; Kirby 2001).

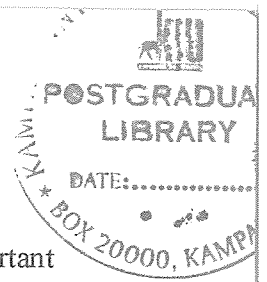
Similar influence is seen with siblings, particularly older siblings, who play a central role in the onset of sexual activity. Younger sisters of parenting teens, in particular, have higher rates of sexual activity, younger age of sexual initiation, and birth rates two to six times higher than girls with a different socioeconomic status (East and Kieman 2001). This disproportionate risk may result from attitudinal changes after watching an older sister become pregnant and raise a child. Early childbearing becomes a normative behavior, losing its stigma. Girls may see their older sisters gain attention from the family and adult status in the community through parenthood. Actually, in most African societies and cultures view marriage as a normal and expected rite of passage—an inherent good associated with safety for all involved.

Indeed, in the United States, research indicates that marriage—although for reasons not entirely understood—does seem to bring with it a range benefits for individuals, couples and, especially, children. Thus, it is not surprising that the younger sisters of teen mothers are more accepting of early non marital childbearing, perceive younger ages as appropriate for marriage and birth, are pessimistic about school and career, and have higher rates of school truancy (East 1996).

2.10.3 Parental Support and Communication;

Most parents disapprove of sexual activity among early adolescents, and make efforts to prevent it among their own children. This may be done through controlling opportunities for sex by restricting social activities, hours away from home at night, and friendship associations (Newcomer and Udry 1984). It is also accomplished through giving advice and imparting values that would lead their children to delay sexual activity and postpone parenthood. The kind of information that teenagers receive will have a direct influence on -





their behavior. Consistent parental values and support have been identified as important factors in delaying the initiation of sexual activity and reducing the risk of unintended pregnancies. Teens who are close to their parents, feel that they have parental support, and are closely supervised by their parents are less likely to be sexually active than their peers (Jensen, de Gaston et al. 1994; Resnick, Bearman et al. 1997; Dittus and Jaccard 2000; Jaccard, Dittus et al. 2000).

The studies about the effect of parent-teen communication on issues of sexual behavior and childbearing show mixed results. Many have indicated that children whose parents talk to them about these sensitive topics are more likely to make informed choices and therefore postpone sexual activity and, when they do become sexually active, are more likely to use contraception (Resnick, Bearman et al. 1997; Dittus and Jaccard 2000; Karofsky, Zeng et al. 2000; Blake, Simkin et al. 2001). Other studies have shown no effect (Kirby 2001). This is because these people have the right information for which they use to make value judgments in as far as sexual activity is concerned.

Participation in valuation debates in explicit or implicit forms is crucial in the exercise of one's rights and responsible social choice. Whether or not parent-child communication influences adolescent behavior may depend on mediating factors, including the frequency of the communications, the quality and nature of the exchanges, parental knowledge and beliefs about sex, parental comfort talking about sex, and the content and timing of the discussion (Whitaker, Miller et al. 1999; Jaccard, Dittus et al. 2000; Blake, Simkin et al. 2001).

Other research has suggested that the strength of the relationship between parent-child communication and sexual risk-taking by the teen may depend on the gender of the teen, gender of the parent, the closeness of their relationship, and the parent's values (Resnick, Bearman et al. 1997; Miller, Kotchick et al. 1998; Blake, Simkin et al. 2001). Mothers, for example, seem more likely to share information and their values regarding sexual activity with their daughters than their sons (Miller, Kotchick et al. 1998) which explains why teenage mothers' daughters have a high likelihood to become teenage mothers too.

2.10.4 Friends and Peer pressure:

Like siblings, friends are “socializing agents,” who set standards of conduct and serve as role models, thus shaping the development of sexual attitudes and norms, (East, Felice et al. 1993).

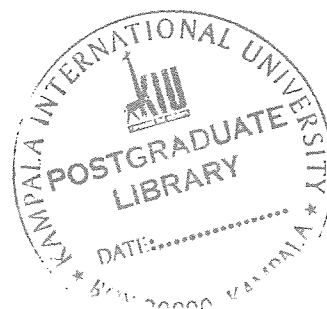
A study of minority adolescents found that the number of sexually active girlfriends was positively associated with permissive sexual attitudes, intentions for future sexual activity, and non-marital childbearing (East, Felice et al. 1993).

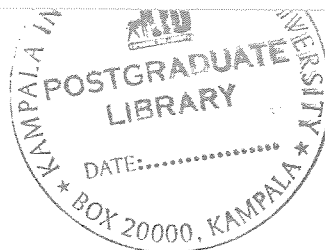
Other risk behaviors have an impact as well. When a teen’s friends are not attached to school, have poor grades, abuse drugs or engage in delinquent behaviors, there is a greater likelihood that the teen will become sexually active at an early age (East, Felice et al. 1993; Brewster 1994; Bearman, Buckner et al. 1999; Kirby 2001).

It is interesting to note that it is not only the actual behavior of peers, but the assumption of certain behaviors by peers, that influence adolescent sexual activity. The perception of normative sexual attitudes and behavior is closely associated to the teen’s own attitudes and behavior. When teens believe – correctly or not – that their peers are having sex, they are more likely to have sex. When teens believe their peers support contraceptive use, they are more likely to use contraception (Whitaker and Miller 2000; Kirby 2001). The effect of peer influence may depend on the teen’s other sources of information on sexual and reproductive health. According to a research carried out by Planned Parenthood Association of South Africa [PPASA] and funded by the Gates Foundation in South Africa almost one in four teen mothers [19.8%] said that they had fallen pregnant because of “peer pressure”, mainly from friends who had already had babies. Some 5.6% had become pregnant after being raped.

2.10.5 Sexual Beliefs and Skills:

The “psychosocial” antecedents of sex are more strongly related to sexual and contraceptive behaviours than most of the other antecedents (Kirby 2001). The idea that the individual adolescent’s own attitudes toward sex would impact his or her sexual behaviour is logical and well supported by socio-psychological theory.





Thus, it is not surprising that teens who have permissive attitudes about premarital sex, perceive personal and social benefits and few costs to having sex, and do not care if their friends know they are having sex, are more likely to become sexually active. Beliefs about the consequences of sexual activity also play a role in a teen's decision-making. Teens that have less concern about pregnancy and STDs are more likely to have sex. Similarly, among sexually active teens, those that do not think they are likely to become pregnant or cause their partner to become pregnant, do not believe a pregnancy would have negative consequences, and have negative attitudes toward contraception are less likely to use contraception regularly and effectively.

While the vast majority of teen pregnancies are unintended, there are a substantial minority that are not. It may not be that adolescents plan their pregnancies similar to an adult married couple beginning their family, but rather that they are ambivalent about the consequences of their own sexual behaviour. Ambivalence about pregnancy and childbearing has been found to be greater among teens from disadvantaged backgrounds and among those who have limited expectations for their futures. This is because their systems do not empower and allow them to enjoy a decent standard of living. For these girls, the benefits of childbearing – including maturity, love, responsibility, and the perception that it will lead to a better relationship with the baby's father – outweigh any possible risks (Frost and Oslak 1999). For ambivalent teens, the desire to avoid pregnancy is not strong enough to motivate action. Therefore, it is not surprising that teens that are ambivalent about pregnancy and childbearing are less motivated to use contraception and, accordingly, are more likely to become pregnant (Zabin, Astone et al. 1993; Kirby 2001). But even then, their economic situation does not permit them to buy the contraceptives.

2.11 Socio-economic consequences and Costs of Teen/Adolescent Childbearing

Introduction

The negative consequences of early childbearing on teen parents and their children have been well documented in the research literature. And yet, it is difficult to determine the extent to which these outcomes are caused by teen parenthood *per se*, or whether they are a result of pre-existing disadvantaged circumstances. Poverty “can be both the consequences and the

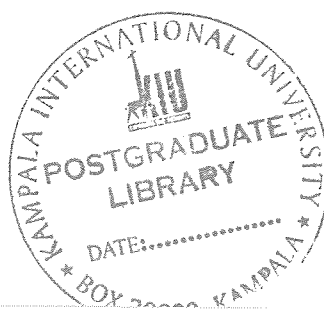
causes of teen pregnancy and childbearing” (Kirby 2001). Poor teens are more likely to become pregnant and have children, and teens that have children are more likely to be poor. This is because their levels of educational attainment is low and therefore lack the self- help skills thereby incapacitating their ability to earn an income and be free of income poverty besides the other forms of poverty. Because the education system is not inclusive of everyone their children are likely not to go to school or even when they do they are not likely to succeed which may also lead to them becoming teenage mothers too, (Amartya Sen, 1999).

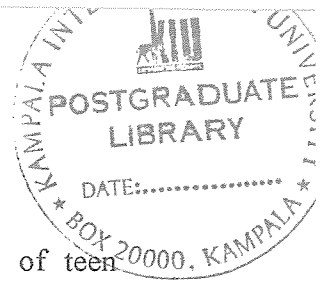
There is emerging consensus among researchers that the adverse outcomes of teen parents and their children are the result of myriad factors, including – but not limited to – adolescent childbearing (Nord, Moore et al. 1992; Hoffman, Foster et al. 1993; Klepinger, Lundberg et al. 1995).

Some suggest that at least half of the poor outcomes are attributable to factors other than childbearing, and that these factors may have contributed to the teen becoming a parent (Maynard 1997). This question is an important one for policymakers; its answer affects whether public policies to reduce teen pregnancy and childbearing will, in fact, improve the life circumstances of teen mothers and their families. Because it appears like teenage motherhood is not the problem *per se* but a symptom of a problem. The root cause of the problem is the one, which should be addressed which according to the literature relates to the poverty levels of less developed countries. It is about providing people with the skills enhancing their capacity and capability through the provision of social services like education. This will expand their freedoms and provide them with alternatives among which to choose which will have an influence on the kind of decisions they make concerning sexual behavior for the case of teenage pregnancy and all other dimensions of life (Amartya Sen, 1999).

Consequences for the Mother

Teenage motherhood is associated with many negative consequences for the mother and the child. Teenage motherhood denies them access to high school education which is a gate way to the world of opportunities this of course has a negative effect on their functionings and





capabilities in life. The following section analyses the general consequences of teen childbearing, all of which indicate that teenage motherhood is a form of capability deprivation.

2.11.1 Future Childbearing:

Women who begin childbearing in their teen years have more children and have them over a shorter time span than those who wait until their twenties or later (Maynard 1997). A second pregnancy is more likely for teens living apart from their parents, being below secondary level, having dropped out of school, or growing up in a disadvantaged neighbourhood where early parenting gives adult status rather than lost opportunity. The values that a society has reason to treasure are also dependent on their level of education attainment and the information that flows to them, (Amartya Sen, 1999).

Having larger families and rapid succession of births has profound consequences for a teen mother. It increases her income needs to support her children and decreases the likelihood that she will have the resources to do so. Because teenage pregnancy deprives her of freedom and capabilities to live a decent standard of living The number of children born to a woman is a powerful predictor of whether she will complete high school, her earning potential, labor force participation which is dependent on one's skills, and poverty status which is dependent on one's income, as well as the development of her children (Nord, Moore et al. 1992; Stevens-Simon, Kelly et al. 1996).

2.11.2 Marriage and Single Parenthood:

Teen marriages are twice as likely to end in divorce as marriages in which the woman is at least 25 years old (National Campaign to Prevent Teen Pregnancy 2002). Consequently, teen mothers spend more years as single parents, and are more likely to be the sole providers for their children, than women who delay childbearing until adulthood (National Campaign to Prevent Teen Pregnancy 2002). According to the 2002 census report out of the total number of households in Uganda 23.1% are female headed.

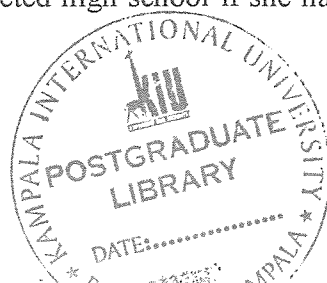
Teen marriage is also associated with lower educational attainment for the teen mother. Giving birth deprives her of her freedom to access education facilities, which has adverse impacts on her socio-economic status. Because there is a direct correlation between level of educational attainment and socio-economic status if the marriage dissolves, having less education places her at greater disadvantage in the labor market and in matters relating to property of the husband. While teen marriage has a strong short-term effect of reducing poverty, this effect diminishes over time due to the high probability that the marriage will end.

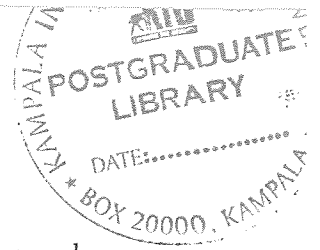
2.11.3 Educational Attainment:

Early childbearing substantially lowers the educational attainment of young women. Majorities of teen mothers drop out of school, making pregnancy the primary reason young women drop out early. In America, for instance, it reported that only 30% of teen mothers complete high school by age 30, compared to 76% of women who delay parenthood until age 21 or older (National Campaign to Prevent Teen Pregnancy 2002). Teen mothers are also less likely to attend college than women who delay childbearing. However, the proportion of young mothers who continue to attend school after childbirth has increased. Since 1958, the proportion of teen mothers who completed high school by age 30 has increased by 58%.

Young women with low levels of educational and economic attainment often experience restricted ability and motivation to regulate their fertility, resulting in higher rates of early pregnancy. The cycle is further perpetuated as young women who *are* in school are forced to discontinue their education when they become pregnant, greatly restricting their economic opportunities. Young women with higher levels of education are more likely to postpone marriage and childbearing. Education is positively associated with contraceptive use by increasing awareness, acceptability, and utilization of family planning services. Children of adolescent parents not only face an elevated risk of illness or death; they are also more likely to be abandoned, left to live on the street, and caught in a cycle of poverty which is a form of capability deprivation.

Whether the effect of early childbearing on educational attainment is causal or not is not fully known. It is not clear that the adolescent girl would have completed high school if she had





not given birth. The causes of school dropout – such as poor school performance – are also predictors of teen childbearing. Young women who become teen parents tend to have lower grade point averages, more school absences, and more difficulties with schoolwork – even before they become pregnant. Most studies that have controlled for family characteristics have concluded that early childbearing does reduce schooling below what it would have been had she delayed giving birth. What is clear is that the reduced educational attainment of teen mothers has an impact on workforce participation and subsequent earnings. In today's job market, the lack of academic qualification places young mothers at a substantial disadvantage economically. Because what people can achieve positively is influenced by economic opportunities, political liberties, social powers and enabling conditions of good health and basic education, which they miss, (Amartya Sen, 1999).

2.11.4 Labor Force Participation:

Teen mothers have different patterns of labor force participation than those who delay childbearing until adulthood. Women who give birth as teens are less likely to be employed when young, but are more likely to be working in their twenties than other mothers (Nord, Moore et al. 1992). This is a relationship between income and capability, which is greatly, affected by the age of the person, gender and social roles for example roles of a mother and also custom determined family obligations, location, insecurity and violence, (Amartya Sen, 1999).

Teen mothers also tend to have larger families, which has a strong negative effect on women's labor force participation. These mothers work as much as women who delay childbearing, but the earnings must provide for a larger number of children (Maynard 1997). The current labor market has made supporting a family challenging for young parents. Teen mothers have fewer years of education and less work experience prior to parenthood, which makes them less competitive job applicants (Nord, Moore et al. 1992). Their need for flexible working hours, jobs close to home, and affordable childcare are other obstacles to young mothers' progress in the labor market. With the new trend of strategic human resource management, companies find it hard to employ people with responsibilities because their level of absenteeism and labor turn over is higher than their counterparts.

Other research has shown that teen parents have lower career aspirations, lower occupational prestige, less satisfaction with their job and the progress of their career, and less time spent on the job compared to their peers – even after controlling for family structure, educational attainment and other factors.

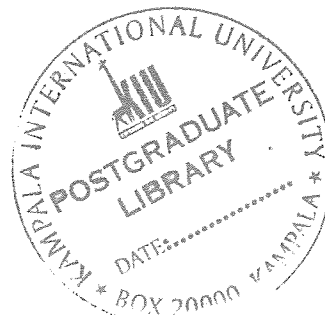
2.11.5 Poverty Status and Dependence syndrome:

Women who have their first child during adolescence are more likely to live in poverty than those who delayed childbearing until young adulthood. A majority of teen mothers live in poverty while in twenties and early thirties, compared to women who postpone childbearing. Studies done in America indicated that almost two-thirds of African American teen mothers, half of Hispanics, and one-quarter of whites are still living in poverty by their late twenties (Maynard 1997). The younger the teen mother was when she had her first child, the more likely it is that she will be living in poverty. The poverty rate is particularly high among the more than 60% of teen mothers who live on their own and are not employed. Even among teen mothers in the best circumstances – those who are employed, living with a spouse, or living with a relative – the poverty rate exceeds the national average (Maynard 1997).

This situation is similar and even worse for teen mothers living in sub-Saharan Africa. The absence of welfare system in countries of sub-Saharan Africa have made a majority of teen mothers to be dependent on relatives, friends, as well as engage in informal income generating activities including prostitutions. Accordingly, teen mothers are more likely to be living in poor, racially/socially segregated communities and reside in areas that are characterized by inferior housing, high crime, poor schools, and limited health services that is, slums (Maynard 1997). This situation further exposes them to STIs and with this AIDS scourge the situation is so alarming.

2.11.6 Health risks;

Young brides with older husbands are highly vulnerable to sexual violence and coercion—and to contracting HIV or other STDs—because they lack individual autonomy and power, as well as information, education and access to health care services. A woman in this



circumstance cannot insist on either abstinence or condom use. Even if she is monogamous, her partner may not be.

"Young married girls are more likely to be HIV-positive than their unmarried peers because they have sex more often, use condoms less often, are unable to refuse sex, and have partners who are more likely to be HIV-positive," concludes the ICRW report, citing research from Kenya and Zambia. Indeed, United Nations Secretary General Kofi Annan used the occasion of International Women's Day earlier the year (2005) to point out that because of the prevalence of early marriage and sexual violence, the widely hailed ABC approach to HIV prevention—abstinence, be faithful and use condoms—may be neither enough nor even the most important set of HIV prevention interventions for many women. This is an eye opener for policy makers because the problem is not marriage *per se* but the nature of marriage and the economic status of the teenage mother which is characterized by capability deprivation.

Early pregnancy and motherhood also pose serious health risks for young women. Early motherhood almost always follows early marriage, since producing children is still a primary purpose of marriage in many developing countries and a measure of a woman's worth. When the bride is not fully developed physiologically, however, pregnancy and childbearing often lead to death or serious disability.

In its recently released report, *Children Having Children: State of the World's Mothers 2004*, Save the Children puts it this way: "When significant percentages of girls are becoming pregnant very young—and as a result are losing their babies, losing their lives, or living with painful disabilities—the destabilizing effect on society as a whole is profound." Because developing countries especially sub Saharan Africa do not provide teenage mothers with the skills, enhance their capacities and capabilities, and provide alternatives and freedoms, their situation leaves a lot to be desired. The instrumental role of freedom concerns the way different kinds of rights, opportunities and entitlements contribute to the expansion of human freedom in general and thus development. Thus the absence of freedom leaves teenage household poverty stricken with no chance of their children attaining education. These people's chances of being independent citizens with an economic value to add to the development of the economy are minimal.

Conclusively, the causes and subsequent results of teen mothers indicate that teenage mothers' households are characterized by poverty, poor sanitation, poor health, mal-nourishment, low income; limited skills hence live in vicious cycle of poverty. This study hence, intends to add on the existing literature on the socio-economic status of teenage mothers in Uganda, and Masaka in particular. Since most studies about teen mothers have been done in developed countries, this study intends to fill the dearth of information/data about teen mothers in Africa, and Uganda in particular.

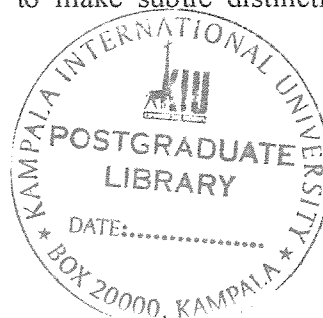
2.12 Solutions/ recommendations from different scholars

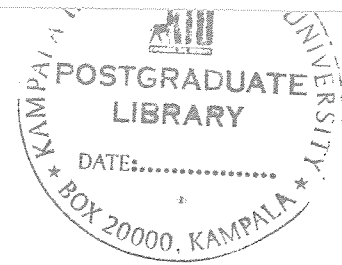
Other scholars have provided recommendations on how to reduce teen pregnancies and therefore break the cycle of capability deprivation and poverty. This section tries to analyze solutions that can be used to reduce the levels of teenage pregnancy as suggested by other scholars. These have been drawn from other parts of the world and the bottom line is to try and extend the age of first births from teens to early twenties when women are psychologically and physically ready for childbirth. It is assumed that delayed childbirth can enhance people's capacities and capabilities through education attainment and skills development which is a gate way to the competitive job market today. It is access to salaried jobs that will help teen mothers access the necessary resources for decent standard of living.

2.12.1 Sex and Relationship Education

One of the factors leading to high rates of teenage pregnancy is lack of knowledge. Some young people lack accurate knowledge about contraception, sexually transmitted infections, what to expect in a relationship and what it means to be a parent. There are a number of different settings in which this knowledge can be improved for example schools, both primary and secondary and in the home by parents, guardians and careers.

In informal settings such as detached youth work and in prisons and children's homes with children who may have missed schooling. Education is an agent of social change. Sex education classes were introduced in public schools in the developed world as a response to the soaring pregnancy rate among teenagers. Better-educated people tend to have access to factual information, more diverse opinions and the ability to make subtle distinctions in analysis, (Schaefer Richard T, 2003).





2.12.2 Contraceptive services

These services provide a range of options for both adults and young people and are available in range of settings, including family planning clinics, General Practitioner surgeries and pharmacies. Listed below are some of the services available in specialist young people's contraceptive services, free, confidential services designed for young people. Contraceptive supplies, e.g. condoms, Emergency contraception Pregnancy testing, advice and support Advice on range of sexual health matters including sexually transmitted infections, breast and testicular self-examination.

2.12.3 Family planning services

Availability of family planning seems to be associated with lower teen birth rates. The probability that a teenager will give birth, in or out of wedlock, is reduced in states with higher family planning expenditures, and the impacts are greater for African Americans. State-specific indicators of abortion accessibility and costs of contraceptive availability have demonstrated that they are important factors in reducing the probability of non-marital births. Among white adolescents, for example, one places the probability of out-of-wedlock birth increases by about 15 percent if a circumstance with an average level of restrictions on public funding of abortions where public funds for abortions are absent. A girl living in a state in which Medical-aid funds abortions is somewhat less likely to give birth as a teen. The estimated reduction ranges from 1.4 to 7 percent, and is somewhat larger for white teenagers.

2.12.4 Parental factors

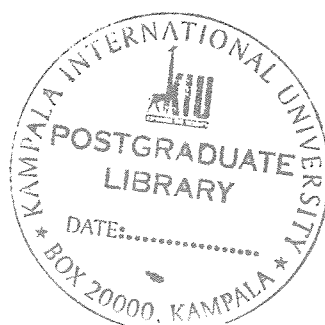
If all mothers were high school graduates, the probability that their daughters would experience a non-marital birth by age 18 would fall by one-half. Growing up in a household in which the parents separate or divorce is associated with a significant increase in the probability of such births. Household moves and the related school changes are associated with a much higher probability that a daughter will experience a teen non-marital birth: were such moves (among children aged 6-15) to be eliminated, the probability of having a non-marital birth as a teen would fall by 31 percent, or nearly one-third.

2.12.5 Government policies

As young adults, the children of teen mothers will tend to have less education, will be more likely to be economically inactive, will be more likely to have children when they are teens, and will be more likely to have children out of wedlock when they are teens. Girls who give birth as teenagers have, on average, family backgrounds and personal characteristics that are associated with lower attainments for their children. Yet even including these characteristics does not eliminate the estimated adverse effects upon children's "life chances" of having a teenaged mother. Hence, policies directed to postponing the age of first birth for these girls are expected to have substantial impact on the future achievement of their children.

Simulations suggest that, if mothers who gave birth before the age of 15 could be induced to postpone their first birth to age 22 or older, the probability that their children would graduate from high school would increase by about 14 percent. The probability that their children would be economically inactive would decrease by about 32 percent; the probability that their daughters would give birth before age 19 would decrease by about 39 percent; and the probability that their daughters would give birth out of wedlock before age 19 would decrease by about 38 percent.

In conclusion therefore, it should be part of government policy to reduce teenage motherhood because all the reviewed clarifies that the consequences are negative. Whether or not from the developed world, the consequences seem the same all of which indicate it is a form of capability deprivation. The situation is worse in the developing countries that have no social security safety nets. Teenage motherhood deprives victims of the ability to live a long and healthy life, to be knowledgeable and have access to resources needed for a decent standard of living.



CHAPTER 3

RESEARCH METHODOLOGY



3. Introduction

To critically assess the socio-economic status of teenage mothers in the study area the researcher undertook several methods of data collection. This chapter therefore presents the methodology used to gather and analyze information/ data. It describes the way data was collected where and what techniques were used to collect it and how it was analyzed.

3.1 Research design

This study adopted a cross-sectional case study design. According to Kumar Ranjit, (1999), this design is best suited to studies aimed at finding out the prevalence of a phenomenon, situation, problem, attitude, or issue by taking a cross section of the population. They are useful in obtaining an overall 'picture' as it stands at the time of the study. They are designed to study a phenomenon by taking a cross section of it at one time. Against such a background, a cross section of the population (teenage mothers) was used for the study. The study was descriptive; employing a triangulation of qualitative and quantitative methods of data collection and analysis of the case study. This was intended to data/ information on the socio-economic status of teenage mothers upon which findings, interpretations, summaries, conclusions and recommendations were made in the subsequent chapters. The design was based on the Sub themes of the study which included assessing the level of accessibility of teenage mothers to health facilities, education facilities, food and their background including the nature of their income generating activities.

The qualitative design involved in depth interviewing of key informants and focused group discussion and direct observation. This was because it was investigating the socio-economic status of teenage mothers and their capabilities. The quantitative section involved the use of closed ended questionnaires. This was because the responses in this section could not be collected by any other means.

3.2 Area and population of study

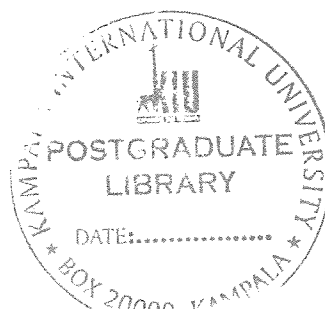
The study was conducted in Nyendo – Ssenyange division in Masaka district – Uganda. The division is known for having quite a number of teenage mothers in the district. The study was restricted to the status or economic well being of teenage mothers in the division. The main focus was on teenage mothers, although some members in the community were involved including various key informants as will be described in the sample design below. The population of the study consisted of 156 teenage mothers who were purposively selected as the main respondents. It also consisted of the LCI chairman, the secretary for women affairs and the probation officer as key informants.

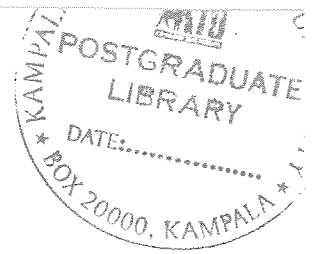
3.3 Sample selection and size

The ideal practice in a research is to obtain information from the entire population. This would be to ensure maximum coverage of the population concerned in the research. The study employed the purposive sampling method to come up with the respondents for the study. According to Williamson *et al* (1982), a major advantage of purposive sampling is that it is a way to ensure that the researcher gets information from respondents who are hard to locate and yet crucial to the study. And according to Stacey (1969), key selected informants (purposively selected respondents) know a great deal about the subject under study.

Against that background, purposive sampling was found appropriate for this study. This is because the selected key respondents were victims of teenage motherhood and were therefore in a better position to provide information on their socio-economic status. The key informants were chosen because they reside in the same area with the key respondents. The study sample was selected purposively for the key respondents and for the key informants for purposes of triangulation of data. This was to ensure that the body of knowledge or experiences and information sampled was adequate. This final sample displayed the heterogeneity of female experiences as they struggle for survival.

The main respondents of the study included 156 teenage mothers. The size of the sample was determined using the UBOS Census report (2002). According to that report Uganda has 126,377 teen mothers below 18 years.





The same reports that the total female population is 12,512,281. This implies that teenage mothers below 18 years are 1% of the female population.

I.e. $126,377/12,512,281 * 100 = 1\%$

Using the same percentage for the study area, 156 respondents were deemed enough for the study. The division under study has a total female population of 15,683 and 1% of which is 156.

That is; $15,683 * 1\% = 156$.

With the help of the chairman LC I teenage mothers were identified and questionnaires were administered.

One Focused Group Discussion was employed consisting of 10 teenage mothers, LCI chairman, the secretary for women affairs and the probation officer. In depth interviews were administered to the key informants who were selected purposively. The informants were approached and through a method of discussion between researcher and them, with the help of an interview guide (See Appendix C) the interview was conducted.

3.4 Data sources

Several data sources were employed by the researcher to gather information which was to be used in the subsequent chapters to draw conclusions on the socio-economic status of teenager mothers in the study area.

3.4.1 Primary data

The study mainly employed both qualitative and quantitative methods of investigation. The qualitative methods included in depth interviews, Focused Group Discussions, and direct observation. The quantitative methods involved closed ended questionnaires to collect primary data.

3.4.2 Secondary data

Another method was that of document analysis. This was done using available documents concerning teenage mothers and related issues. This information was obtained from books, journals, Internet reports and relevant district documentations.

3.5 Quantitative techniques

The quantitative tool used was a researcher made questionnaire and one hundred fifty six (156) questionnaires were administered to the key respondents. The key areas of interest were the respondents' socio-demographic background. This kind of data relates to quantitative information hence the use of close-ending questionnaires. The other section dealt with their current status in terms of access to education, health services and food, which provided them with options out of which to choose to facilitate data analysis.

The close-ended questionnaires in the quantitative section were used for teenage mothers who were the key respondents. The questionnaire was pre-tested in another location but with the same setting and a few issues were raised. The flow of the questions was reviewed while other questions were re-phrased. The question concerning teenage mothers having other children was particularly rephrased from did you become pregnant again to do you have other children? The question concerning the relationships they had with their husbands before becoming pregnant was rephrased to circumstances for one's pregnancy. Thereafter one hundred fifty six (156) questionnaires were administered to the key respondents

3.6 Qualitative techniques

Several qualitative techniques were employed in the study and these included in-depth interviews with key informants, direct observation, documentary sources and a focused group discussion.

3.6.1 In-depth interviews

The in depth interviews were carried out with the help of an interview guide that was an open-ending questionnaire. Probing was a supplementary way of getting data. The interviews involved personal interviews with key informants.



They were conducted in Luganda and English depending on the language that they would be comfortable and conversant with. This method was selected to enable the researcher supplement the information got from the questionnaires.

3.6.2 Direct observation

This method of data collection was used to ascertain the status of teenage mothers in the area. This is because the house in which one resides can give an idea on their socio-economic status. Their general appearance of the teen mothers and children including the clothes, hairstyles among others could give the researcher an idea of the respondent's status. The economic activities that they are engaged in could also be observed directly. The method was used because full and/or accurate information could not be elicited by questionnaires. This was used against an observation check list. Because of limitations of this method other methods of data collection were employed.

3.6.3 Documentary sources

Data was also collected using secondary sources. These included published books, reports, journals, magazines and Internet sources. This was to enable the researcher find out as much as possible on the socio-economic status of teenage mothers. Reports concerning teenage mothers in the area were also obtained from the probation officer and the LCI chairman for further validation of the collected data. It also helped to build an impression of the group to be studied and there by develop appropriate methods of investigation. It provided a database, which was to enable comparison with the respondents' interpretation of the phenomenon under study and attitude of other people involved in their lives.

3.6.4 Focused group discussion

One focused group discussion was used involving three key informants and ten (10) teenage mothers with the help of a topic guide (See Appendix E). The method employed the key informants because they were deemed necessary. They live in the same locality with the teenage mothers who were the main respondents of the study. The ten teenage mothers were to help confirm the data collected from the questionnaires. These were in position to give more information through the discussion as the researcher probed further. The Chairman was

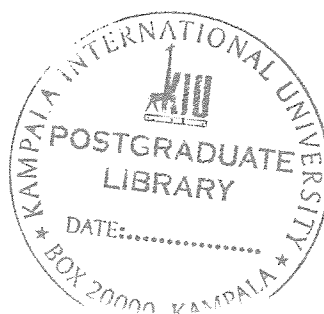
able to give information on what policy recommendations are necessary and what has been done so far.

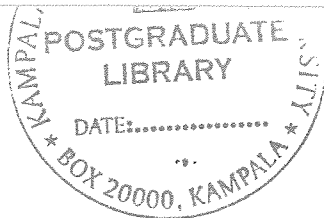
3.7 Data collection Procedure

The researcher obtained an introductory/ transmittal letter from Kampala International University School of Post Graduate Studies. The same sought for permission from the chairman to carryout the study in his area of jurisdiction. It also requested for his active participation in the study, as he was one of the key informants for the study. The same sought for co-operation from him and requested him to inform other informants about the study. Through the LCI chairman, other key informants were contacted for the interview and focused group discussion.

The researcher visited the key informants and introduced herself with a letter and explained the purpose of the study its objectives and explained the importance of the informants' responses. The researcher concluded by promising to keep all the information confidential. Once permission was granted an appointment was made and appreciation extended to the informants. The researcher liaised with the LCI chairman to identify teenage mothers and they were contacted for purposes of administering the questionnaires. The scope of the study in the field included all mothers who had their first born as teenagers. This is because while in the field it was practically impossible to accurately ascertain those that had not yet crossed to twenty.

The LC I chairman helped the researcher identify teenage mothers in the division and it these that were given the questionnaires. The researcher introduced herself to them individually and explained the purpose of the study. The researcher promised to treat the information provided with utmost confidentiality and for the study alone. They were given chance to fill the questionnaires which were retrieved at a later time. In the process of explaining the purpose of the study the observation schedule was filled. The questionnaires were retrieved later, which formed the basis of data analysis.





An appointment was fixed for the in-depth interview for the key informants and the focused group discussion. The secretary for women affairs was interviewed plus the probation officer for the district individually after which the date for the Focused Group Discussion was fixed. During the in depth interviews, the researcher recorded the responses of the interviewees that were later analyzed in the subsequent chapters some verbatim. The Focused Group Discussion was conducted with ten teenage mothers, the LC I chairman, the secretary for women and the probation officer. The Focused Group Discussion was carried out for one hour effectively to avoid loss of interest on the part of the discussants. They were put in an environment where they could easily participate with no fear and this was confirmed with the assurance that the information given was for this study alone and for the award of a Master's degree. The discussants were also informed that some of the information they give would be quoted verbatim but with no names to which they consented. Their responses were recorded on a tape recorder after which the researcher organized them according to the objectives. All the responses from the data collection were put together for analysis.

3.8 Data analysis

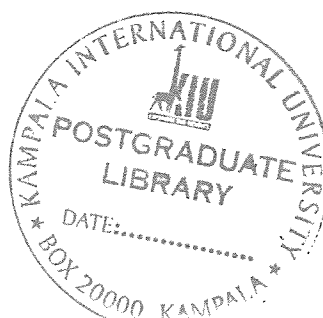
The researcher embarked on data processing and analysis in the field especially for qualitative data and after the field for the quantitative data. This involved summarizing the information collected from different informants and respondents in a manner that yields answers to the questions according to the contents of the questionnaires, interview guide, observation guides and Focused Group Discussion and document sources. Calculations were also made on the quantitative information and percentages were presented in tables using tally frequencies.

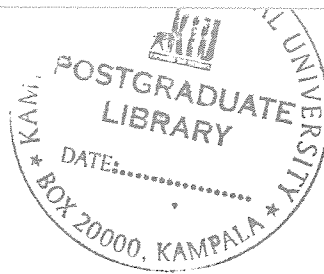
A descriptive analysis of data was done using the following approaches;

- Content analysis of the information obtained from literature review,
- Manual analysis of qualitative data from key informants which was thematically analyzed along major variables/concepts, and broad categories developed to differentiate and describe ideas expressed from generalizations, making summaries, direct/verbatim quotations and where appropriate make comparisons. The data was examined to determine the level of socio-economic status of teenage mothers.

- Quantitative data from questionnaires was coded and analyzed using the Statistical Package for Social Sciences (SPSS), where frequency tables were generated to illustrate the findings.

From the findings conclusions were drawn on the different themes of the study which included the level of accessibility to health facilities, education facilities, food and establishing the nature of the economic activities engaged in. At the end of it all conclusions were drawn to clarify whether or not teenage motherhood is a form of capability deprivation.





CHAPTER 4

DATA PRESENTATION INTERPRETATION AND ANALYSIS

4.1 Overview

To draw purposeful conclusions from the responses in the questionnaires and other sources of primary data, an analysis was made. Qualitative data was analyzed thematically while quantitative data was analyzed using SPSS to come up with frequencies percentages and diagrammatic expressions of the same. This chapter therefore presents how the data was analyzed to come up with conclusions on the socio-economic status of teenage mothers.

4.2 Age of first pregnancy.

The study delved into establishing the age at which victims of teenage motherhood became pregnant. This was necessary because teenage years were the target of the study. The table below reveals the ages of first pregnancy.

Table 1: Age of first pregnancy

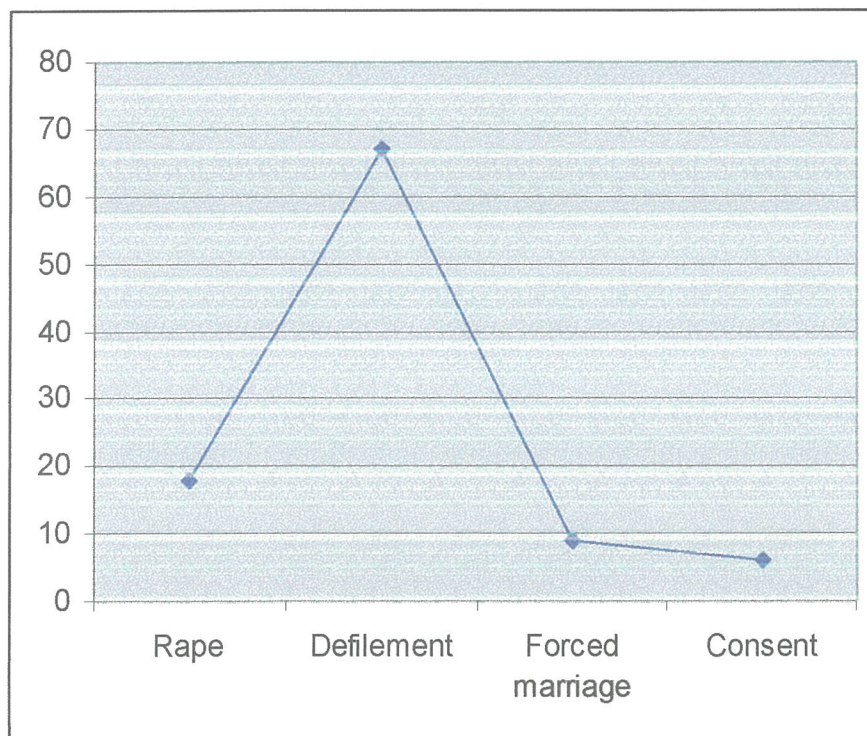
Age	Frequency	Percentage
15	19	12
16	05	03
17	42	27
18	53	34
19	37	24
Total	156	100

Most of the teenage mothers conceived at the age of eighteen constituting 34%. The youngest became pregnant at the age of 15 constituted 12%, age 16 constituting 3% while age 17 constituted 27% as Table 1 above reveals. All teen mothers conceived at a tender age before joining university or college. This implies that they were unable to gain the necessary skills to help them compete for jobs on the job market. This leads to deprivation of the capability to be knowledgeable and have access to the necessary resources for them to live a decent standard of living.

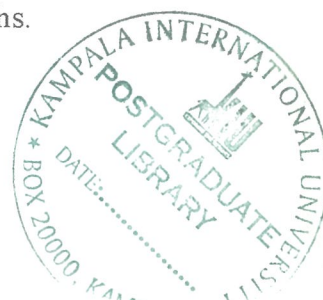
4.3 Circumstances for pregnancy

Teenage mothers became pregnant under different circumstances ranging from rape to forced marriages. The figure below indicates different circumstances and their level of prevalence.

Figure 1: Circumstances for pregnancy



Most of the respondents were defiled considering the fact that the Ugandan law has put the age of consent at 18 years of age. (The 1995 constitution of the republic of Uganda) This group constituted 67% of the respondents. Those that were raped constituted 18% forced marriage constituted 9% yet those who consented were 6% as the figure above reveals. This concurs with the ICRW report (2003) that more than half of today's 20-24 year old women married before turning or at 18 in many developing countries including Uganda. The same report argues that though uncommon in the developed world forced marriages and most of them arranged still exist in the developing world. Forced marriages deprive the victims the ability to live an independent life. Even those that claim to have had consent the interpretation made are that they were in a sexual relationship but with no intentions of becoming pregnant. These are the mothers that conceived at 19 years of age. Focus 17:1 (1995) also argues that only 14% of all teen pregnancies end in intended births.

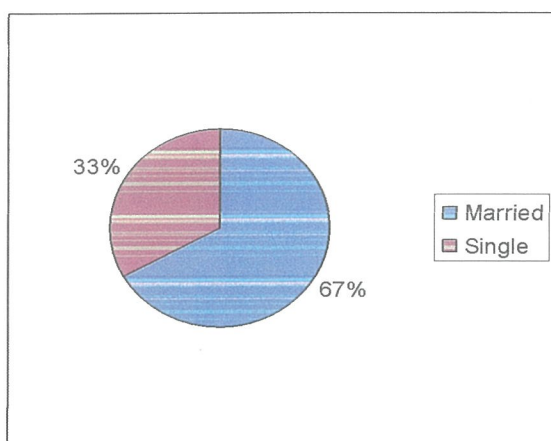


The general view is that they were not ready for motherhood as they were still too young to become mothers.

4.4 Marital status

Giving birth as a teenager does not automatically lead to a legal marriage. The figure below indicates the percentages of those who ended in a marriage and those that did not.

Figure 2: Marital status of respondents

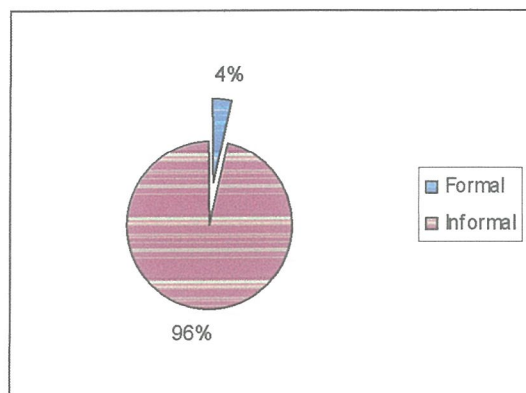


Most of the respondents got married after the birth of their first child constituting 67% and those who did not marry constituted 33% as Figure 2 above reveals. This concurs with the National Campaign to Prevent Teen Pregnancy (2000) report that teen pregnancies are likely not to end in a stable marriage. Failure to end in a stable marriage is a form of capability deprivation as it exposes them to risks of contracting STDs/STIs as they go into new relationships which deprive them of the ability to live a long healthy life.

4.5 Category of marriage

There are basically two categories of marriage in Uganda. The study went further to reveal the categories that the respondents belonged to. This was important as each category of marriage has its own implications on the status of the teen mother.

Figure 3: Category of marriage



Most of the marriages are informal constituting 96% which deprives them of marriage rights like inheritance and access to husband's property. This coupled with low education, fewer legal rights and unawareness of the legal framework pushes them further into capability deprivation. This implies that their access to the necessary resources for a decent standard of living. It was further revealed that the few formal marriages are part of the forced marriages.

4.6 Respondent's marriage partner.

Sometimes people get married to others who are not necessarily fathers or mothers to their first children. The table below indicates the responses to that variable.

Table 2: Respondents married to the fathers of teenage children

Response	Frequency	Percentage
Yes	67	64
No	37	36
Total	104	100

Not all the married respondents are married to the father of their teenage child. Those married to the fathers of their teenage child constituted 64% yet those married to other men constituted 36% as shown in Table 2 above. This is in line with the report of the National Campaign to Prevent Teen Pregnancy (2002) that argues that teen pregnancies are twice likely to end in divorce as marriages in which the woman is at least 25 years old.



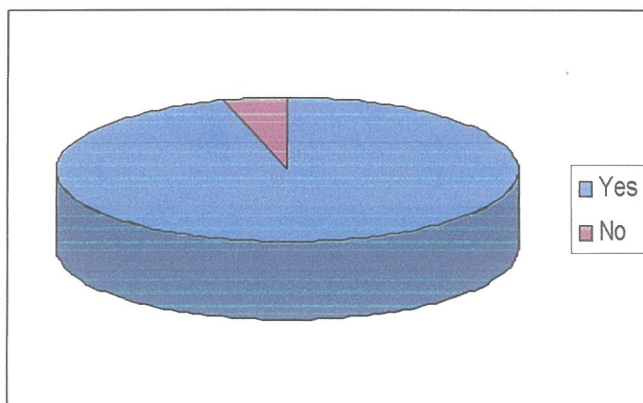
A marriage ending in divorce is a form of capability deprivation as teen mothers can not access the property of husbands to look after their children successfully. No wonder they were several cases in the district probation office of teen mothers reporting failure to support their own children and therefore calling for support from the office to force fathers to provide the necessities.

The unmarried respondents live with their relatives or alone with their children. Those respondents living with their relatives are deprived of the capability to live an independent life. It was revealed this category are unable to look after their children comfortably as was discussed with the district probation officer that there are several cases of young mothers coming to report child neglect.

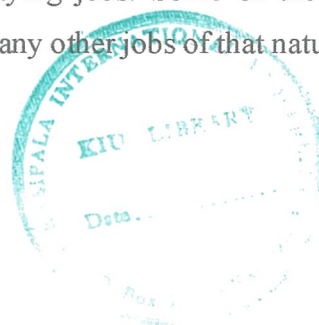
4.7 Status of respondents' husbands

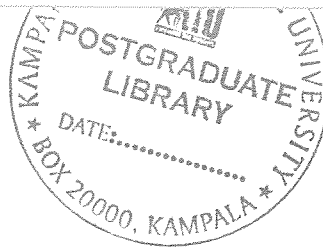
The status of one's marriage has a direct influence on the partner's status. The study revealed the status of the respondents' husbands which was also reflected in the teen mothers' households. The figure below indicates the responses to the variable concerning the husbands' access to jobs.

Figure 4: Access to jobs by husbands



It was revealed that 95% of those married have their husbands working yet 5% of the husbands are basically and functionally unemployed as Figure 4 above shows. The respondents' husbands that are working are in low paying jobs. Some of them are taxi drivers, mechanics, motorcycle riders (boda-boda) and many other jobs of that nature.





This was further confirmed during the focused group discussion where the participants concurred that most of these men are functionally unemployed. A husband having a low paying job is a form of capability deprivation as this affects negatively the level of access to enabling resources for a decent standard of living, health services and education services for their children.

Since most of the respondents were below 19 years of age they were teenagers when they gave birth and these constituted 95%. However some that were 19 when they conceived gave birth at the age of twenty and these constituted only 5%. But there was no significant difference between the two groups because the consequences are the same. This is because they became mothers before acquiring any skills that are necessary for them to compete for a job. This is because they are forced to discontinue their education which greatly restricts their economic opportunities and therefore earnings.

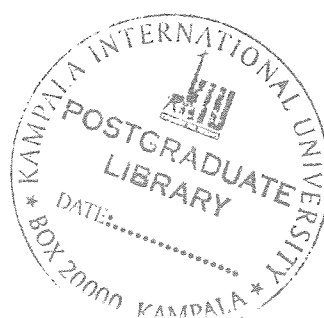
4.8 Ages of fathers to teenage children

As teenage mothers were of divergent ages when they became pregnant, likewise the perpetrators of teenage pregnancies were of different ages. The table below indicates the ages of the fathers to teenage mothers' children.

Table 3: Ages of fathers

Age	Frequency	Percentage
17	05	03
19	05	03
20	14	09
22	14	09
23	18	12
24	05	03
25	14	09
26	05	03
28	25	16
29	09	06
30	05	03
31	09	06
32	19	12
36	09	06
Total	156	100

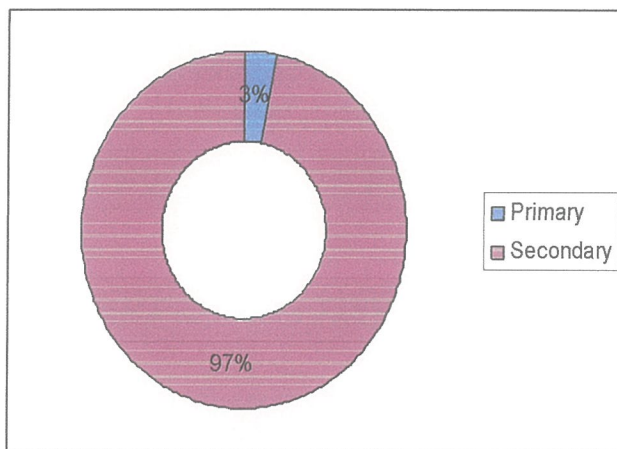
The respondents have husbands of divergent ages. The youngest group of fathers was below 20 and these constituted only 6% as the table above reveals. The largest category had youths in the age group of 20-30 years and this group constituted 70% of the respondents. The oldest group including men of thirty years and above constitutes only 24% of the respondents. As Amartya Sen (1999) argues that since one's economic attainment has a relationship with their age, the ages of the husbands clearly communicate the socio-economic status of their families. The fathers of the respondents' children are generally poor and this negatively affects the socio-economic status of teen mothers which leads to capability deprivation.



4.9 Educational attainment of the respondents

The level of educational attainment has a direct influence on one's socio-economic status. This is because access to a formal job is entirely dependent on skills acquired in school. The figure below has the different levels of education for the respondents.

Figure 5: Educational attainment of respondents



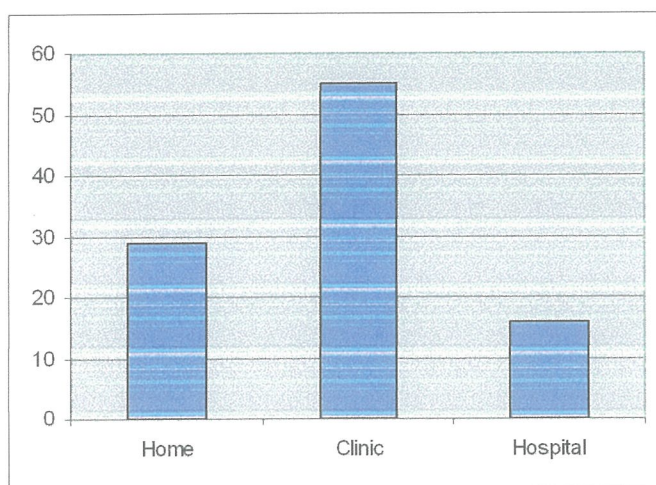
Most of the respondents were in secondary school when they became pregnant and these constitute 97% of the respondents. Yet 3% of the respondents were in primary when they became pregnant as Figure 5 above reveals. This concurs with the literature reviewed that early child bearing lowers the educational attainment of young women. Low levels of educational attainment are a form of capability deprivation as it deprives them of access to skills and resources. A majority of teen mothers drop out of school making pregnancy one of the major causes of school dropout

All the respondents did not report having gone back to school for further education. However in America it was reported that 30% of teen mothers complete high school by the age of 30 as opposed to 76% of women who delay child birth. The difference in this variable is likely to be as a result of the different levels of development and infrastructure denies teen mothers chance to continue with education which leads to capability deprivation. The provision of educational infrastructure will go a long way in enhancing teen mothers' capabilities and capacities in the Less Developed Countries.

4.10 Access to health services by the respondents

Respondents gave birth from different places including homes. There are several risks associated with the place of birth including gynecological disorders. The figure below indicates places where the respondents gave birth from.

Figure 6: Places of birth



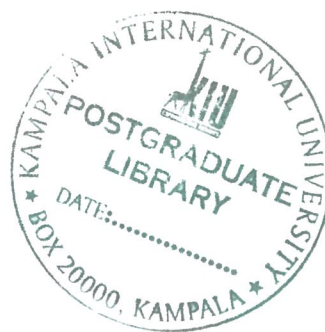
The respondents revealed that most of them gave birth from clinics and these constituted 55% of the total number. A section constituting 29% of the respondents gave birth from home yet 16% were able to go to hospitals as the figure above reveals. This is inline with the World Bank report of 1998, which argued that every day more than 1600 women die from complications of pregnancy because of failure to attend antenatal care. This also concurs with the Save the Children report that argued that the leading cause of death and disability among women is childbirth in the absence of trained personnel. This can further be attributed to the fact all the fathers to teenage children are functionally unemployed and cannot therefore afford hospital bills; which is a constellation of factors leading to capability deprivation.

4.11 Quality of health services

The quality of health services one receives is dependent on their economic ability. The respondents were attended to by different service providers; which has an implication on their socio-economic status. See the table below with frequencies.

Table 4: Birth attendants

Attendants	Frequency	Percentage
TBAs	45	29
Qualified nurse	91	58
Medical Doctor	20	13
Total	156	100

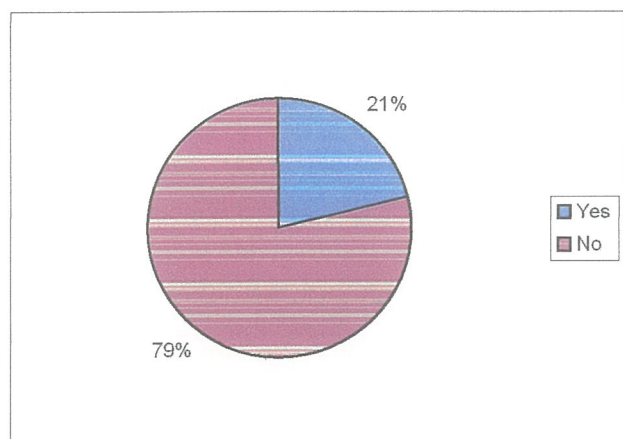


A qualified nurse attended to some respondents constituting 58% when they gave birth. A small section constituting 13% was attended to by a doctor yet 29% were attended to traditional birth attendants (TBAs) as Table 4 shows. This presents a very big risk to the lives of the mothers estimated at one in every 48 women in developing countries and 1 in 6 in Africa. This is in line with the census report at <http://www.census.gov> (November 2005) that reveals that these are risk births from the perspective of the health of both the mother and child which puts their lives at risks of complications and even death. This has implications of further training of TBAs to reduce the risks.

4.12 Family size

The size of the family also has an influence on the socio-economic status. The study delved into finding out whether or not respondents had other children. The responses are indicated in the figure below.

Figure 7: Respondents' other children



Most of the respondents have one child; the one they had when teenagers and these constituted 79% as shown in Figure 7 above. A small section of the respondents constituting 21% had other children in relation to what was also argued by Maynard (1997) that women who begin childbearing in their teen years have more children and over a short time in relation to those who wait until their twenties. However the low rate of childbirth can be attributed to an increase in the use of contraceptives and the fact that some of them are single. Most of the respondents had children whose ages range from seven to as low as a few months.

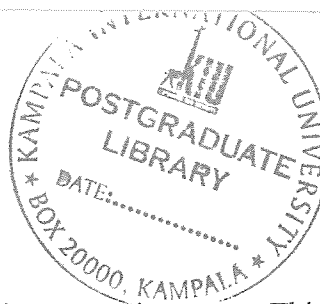
4.13 Number of children

On average the respondents have between two children. The respondents who had other children claimed to have spaced them properly with a difference of two years however the LC chairman and the secretary for women and other participants of the FGD were of a different view that some of them are not spacing the children properly like they claimed. However government efforts towards family planning may have had an impact on the rate of birth for these young mothers. On average all teenage mothers with more than one child claimed to have had another pregnancy after one year and beyond. Teen mothers having two children against their low levels of income lead to capability deprivation as they can not ably provide for their children.

4.14 Society's response to teenage motherhood

All respondents said that society's attitude towards them was really negative. They gave responses that ranged from chasing from home to self-imposed exile. Some reached the extent of saying that even today, long after giving birth; none of their relatives know where they reside. From the FGD it was further revealed that the teen mothers are looked at as spoilt children and prostitutes. This concurred with UNCC (1994) report that young mothers feel stigmatized and cut off from their families and from mature mothers in the community which is a form of capability deprivation as they can not contribute to and gain from the development process of their community.





4.15 Employment status of respondents

One's employment status directly affects his/her socio-economic status. This is greatly determined by access to jobs on the market. The table below has responses from the questionnaires.

Table 5: Access to jobs by respondents

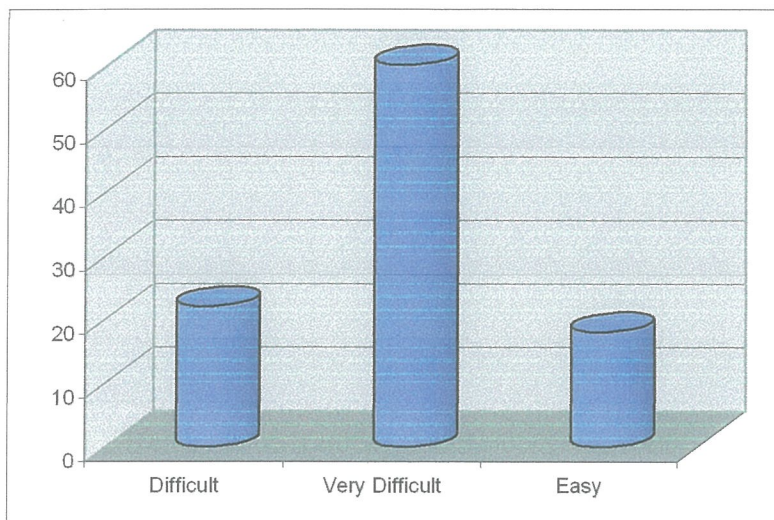
Employment	Frequency	Percentage
Yes	105	67
No	51	33
Total	156	100

Some of the respondents are employed and these constituted 67% while 33% of them are unemployed as Table 5 above reveals. This is because most of them (97%) were in ordinary level when they became pregnant yet all of them reported not having continued with education thereafter. Their level of educational attainment does not permit them to access the job market as 97% of the respondents were in secondary school yet 3% were in primary school. Employers require a certificate even if the skills learned in school are not required for the job; their inability to access jobs is a form of capability deprivation. This is because employment has other advantages outside the salary including improving their social agency, (Amartya Sen, 1999).

4.16 Absorption into the job market

Getting absorbed into the job market is sometimes not easy especially for people who lack necessary skills. The respondents were asked to respond on how the situation is like when it comes to getting jobs. Below are their responses.

Figure 8: Absorption into the job market



The respondents argued that it is not easy for them to get jobs on the job market. To that 60% admitted that it is very difficult for them to get a job. And partly this explains why some of them have totally failed to get a job constituting 33% of the respondents. Yet 22% of the respondents said it was difficult for them to get a job while 18% said it was easy for them to get a job as Figure 8 above reveals. Conclusively, 82% said it is difficult for them to get a job. This is because teen mothers have fewer years of education and no or less experience prior to parent hood, which makes them less competitive job applicants, (Nord, Moore et al 1992). The fewer years of education denies them access to knowledge and skills which are necessary for a job. Without a job they are left helpless dependants; this deprives them of the capability to access the necessary resources for a decent standard of living which leads to capability deprivation.

4.17 Nature of jobs of respondents

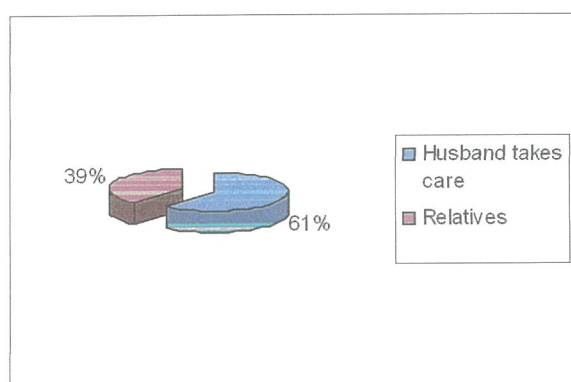
The teen mothers who are employed are generally in low jobs. This was in agreement with the information collected in FGD that some of them are unemployed and those that are employed are in informal jobs like market vending, sale of vegetables, charcoal and such other jobs. This was also observable in the field as the attached Appendix E shows. This was in line with Deepa Narayan et.al (2000) who argued that in their desperation to keep the family together and to provide food for their children poor women have emerged in large

numbers in the informal sector despite the risks they face. They are employed in income generating activities that are not recognized by the law and are therefore subjected to exploitation and violation of labor rights. This exposes them to risks lowering their socio-economic status.

4.18 Source of living for the unemployed

In the developing countries where there are no state benefits, life is very hard for the unemployed. The figure below indicates the source of living for the unemployed respondents

Figure 9: Source of living



Most of the respondents that do not work are depending on their husbands as their source of living and these constitute 61% of the respondents. And relatives look after the other 39% as revealed in Figure 9 above. This concurs with the research done in America by Maynard (1997) that indicated that teen mothers are dependants and are poverty stricken. During the FGD and interview with the LC officials it was revealed that those who are not employed are facing a lot of problems as the husbands are some times not in position to provide necessities. The chairman said sometimes children are dropped at his house after the fathers have failed to provide for them. The probation office also had cases where fathers are forced to sign agreements to provide for their children. One being a dependant alone is a form of capability deprivation as they can not make an independent and informed decision. Failure of teen mothers to live an independent life free of income poverty and perhaps all the other forms of poverty constitute capability deprivation which eventually lowers their socio-economic status.

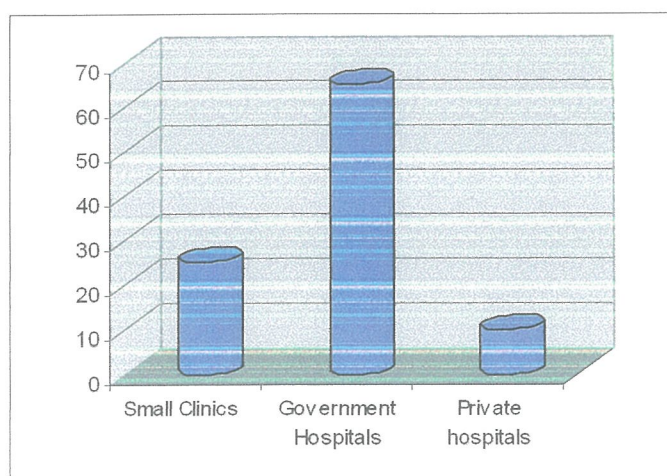
4.19 Labour force participation patterns

Those who are employed have different patterns of labour force participation as they have family obligations to attend to for example in cases where the children are sick. This is because they cannot afford to pay for caretakers at home. All those employed agreed to have missed work in the previous month due to binding obligations. Yet the days they fail to work due to obligations at home are not paid for. This is because there is a relationship between the nature of work, income and capability, which is greatly, affected by the age of the person, gender and social roles for example roles of a mother and custom determined family obligations, (Amartya Sen, 1999). More so women in the informal sector are not covered by social security and there is no law that outlines their rights as workers which is a form of capability deprivation, (CEDAW report, 2000).

4.20 Assessment on the level of accessibility to quality health facilities/ services

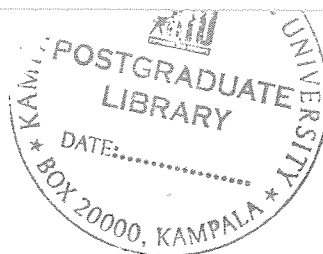
The level of accessibility to health facilities is determined by many attributes. In this case the study examined the variable in relation to small clinics, government hospitals and private hospitals. Below are the responses in Figure 10.

Table Figure 10: Category of health facilities



Most of the respondents, when members of their households are sick attend government hospitals and these constituted 65% of the respondents. Those that attend small clinics were 25% and private hospitals were 10% as the figure above reveals.





This implies that 90% of the respondents can not afford private hospitals yet government hospitals in Uganda are known for providing poor quality services and in most cases are unable to stock the necessary drugs. Those who attend small clinics are even in great danger because unqualified staffs sometimes operate these clinics.

During the Focused Group Discussion (FGD) it was revealed that many of these teen mothers actually attend small clinics and at worst common shops where a few drugs are sold but with no proper prescriptions. Inability to access quality health facilities and services constitute a form of capability deprivation as they can not live a long healthy life. Any combination of functionings for a human being are only possible when they are alive, (Amartya Sen, 1999).

4.21 Payment of hospital bills

The economic ability to pay hospital bills influences the kind of healthy facility one attends. The following section reveals the level of ease of payment of hospital bills by the respondents.

Table 6: Level of ease of payment of hospital bills

Payment of hospital bills	Frequency	Percentage
Not Easy	93	60
Easy	55	35
Very Easy	08	05
Total	156	100

Even when they attend small clinics and government hospitals 60% of the respondents said it was not easy for them to clear hospital bills. Yet 35% said it was easy for them to pay the bills as revealed by Table 6 above. During the FGD it was revealed that these are those teen mothers who are engaged in some job and at the same time have a husband who works. Only 5% said it was very easy for them to clear their bills. But this was divergent from the FGD members and LC officials who said they were always handling cases of failure to pay bills.

The finding in relation to objective one is that the level of teenage mothers' accessibility to health facilities is low. This is in terms of quality of treatment given and who gives it. This is because all the sources of data- primary and secondary- reveal that they do not attend hospitals and when they do, they never consult with doctors. The best they can do is to consult a nurse and in some cases some of the so-called nurses are not trained. Therefore accessibility qualitatively and quantitatively is low. This constitutes a form of capability deprivation because it denies them the ability to enjoy the most important capability – that is to live a long healthy life thereby lowering their socio-economic status.

4.22 Assessment on the level of accessibility to education facilities

The education system is not inclusive of all. The study revealed that some teenage mothers have children in schools while others are not. The table below has the responses.

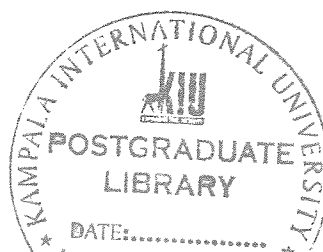
Table 7: Children's access to schools

Response	Frequency	Percentage
Yes	86	55
No	70	45
Total	156	100

Slightly more than half constituting 55% of the total number of respondents had their children going to school. Yet 45% have children that do not go to school as Table 7 above reveals. This is because some had very young children below the school going age of four (4) yet there are those who cannot afford school fees; which constitutes a form of capability of capability deprivation they were born into. Amartya Sen (1999) argues that the level of educational attainment for a mother directly affects the educational attainment for their children; a form of capability deprivation which is passed on to the next generation thereby lowering their socio-economic status.

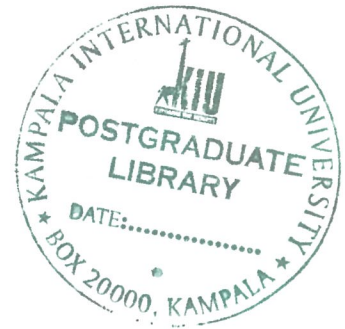
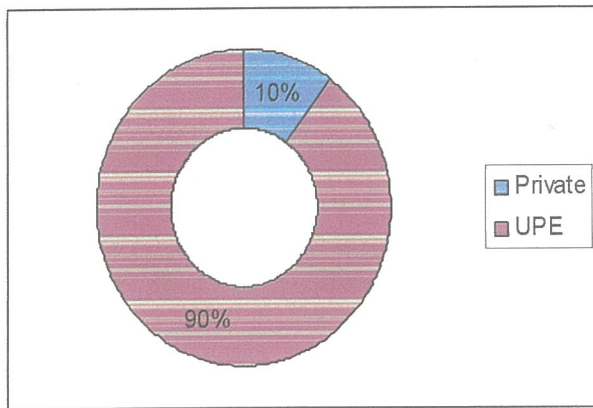
4.23 Category of schools

The Uganda government has provided primary education under the UPE scheme. The scheme has failed in some scores forcing some parents to take their children to private



schools. Below are the responses of the study as per the category of school that their children go to.

Figure 11: Category of schools



The teen mothers who had their children going to school, UPE constituted 90% and 10% constituted the private schools as revealed by Figure 11 above. In the FGD it was revealed that not all children in the school going age bracket go to school and this was estimated at 40%. The category that goes to private schools, it was revealed go to cheap schools where quality is compromised.

4.24 Payment of school fees

Payment of school fees is done by different people. In some cases the fathers pay and these find it easy yet there are cases where the children's maternal relatives pay. The table below has the responses of whether or not it is easy to pay school fees.

Table 8: Response to ease of payment of tuition fees

Response	Frequency	Percentage
Yes	58	67
No	28	33
Total	86	100

The fathers especially for married teen mothers cater for the children attending school. The single mothers do the payments or sometimes maternal relatives. Those parents that have their children in school especially the Universal Primary Education (UPE) schools said it was

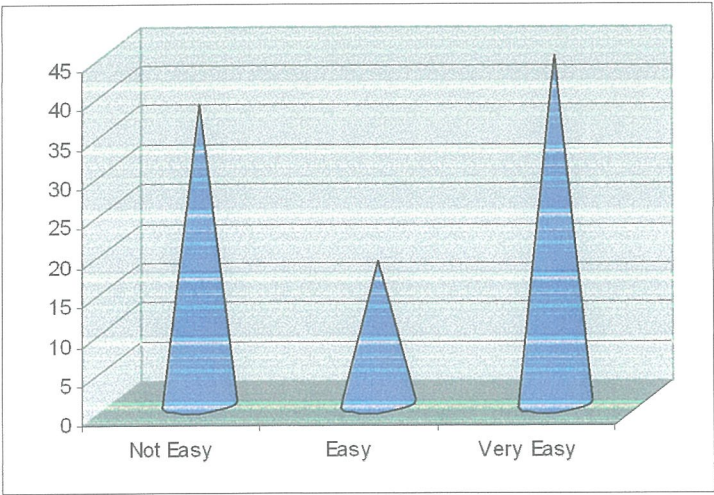
easy for them to clear fees and these constituted 67% of the respondents. As the table reveals 33% argued that it was not easy for them to pay tuition fees for their children.

The ease with which they pay school fees is attributed to the fact that UPE schools pay very little money as compared to private schools. Those that find it hard to pay school fees either have their children in private schools or are basically unemployed. Some of the respondents find it extremely hard to cater for their children especially those whose source of living is dependent on relatives which is a form of capability deprivation. This will further the cycle of capability deprivation as children in such circumstances have very limited chances of completing the education cycle and be knowledgeable and gain skills to open for them the job market.

4.25 Ease of payment of school fees

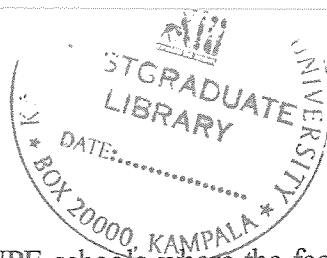
The economic ability to pay school fees influences the category of schools children attend. The following section reveals the level of ease of payment of school fees by the respondents.

Figure 12: Level of ease of payment of school fees



Parents that had children in school revealed that it was not easy for them to clear tuition fees and these constituted 38% of the respondents. Yet 18% revealed that it was easy for them to clear their fees and 44 % said it was very easy as revealed in figure 12 above.





It was because many of the children are going to UPE schools where the fees are very low but of course with low standards of education. This is because in such schools the number of students is overwhelmingly high with a teacher pupil ratio stretching to 1:300. The other sources of data revealed that a certain percentage of these children estimated at 40% do not go to school.

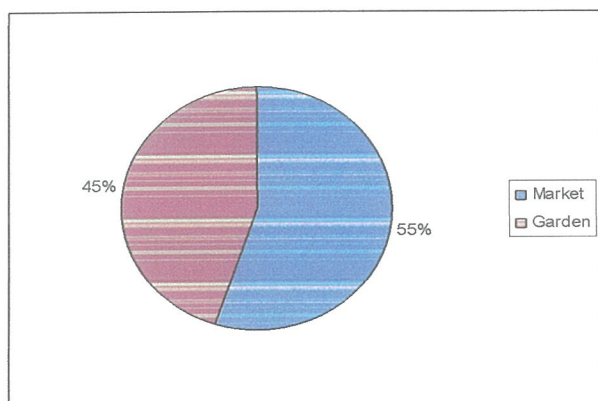
Yet considering the nature of income generating activities for the parents, chances for these children to complete the cycle of education to university are very minimal. This is because there is a relationship between the number of years of schooling and income. (Lauer H Robert, *et.al* 2002.). Parents having spent fewer years in school have translated into very low incomes, such that taking then children through the education cycle to break the cycle of capability deprivation is very hard.

Other authors have also revealed that the low levels of education for the mother greatly affect the level of educational attainment for the children. Bumpass Larry (1995) argues that children of teen mothers are less likely to attend high school. Simulations suggest that if mothers who gave birth as teens could be induced to postpone their first birth to the twenties, the probability that their children would increase by 14%. In conclusion therefore the research revealed that children of teenage mothers have lower chances of accessing quality education facilities up to university. The level of accessibility to quality education services for teenage mothers' households is low. This will eventually deprive the children the capability of being knowledgeable and therefore access to the necessary resources for a decent standard of living – all of which lower the socio-economic status of teenage mothers' households.

4.26 Assessment on the accessibility to food

Accessibility to food is important in a household as it equally affects excellence in other fields of life for example academic excellence and health. The study revealed two major sources of food for the respondents that is the market and garden. The figure below indicates the percentages there of.

Figure 13: Source of food

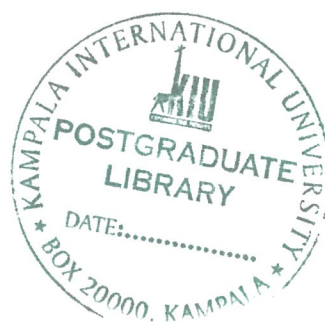
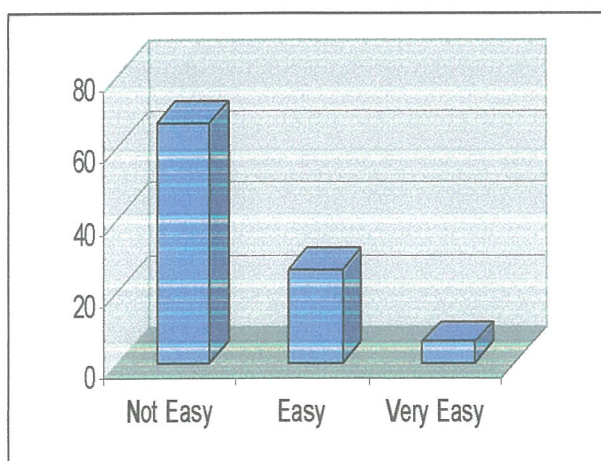


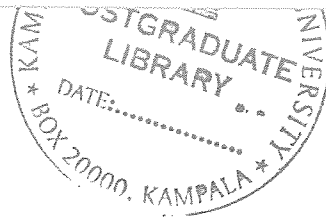
The research further revealed that 55% of teenage mothers access food from the market and 45% from the garden. Accessing food from the market is hard for the teen mothers' households considering the nature of income generating activities they are involved. This has implications on the level of accessibility to land for purposes of growing food for the family.

4.27 Economic accessibility to food

Access to food like all other resources is also dependent on the level of income. The ease with which one accesses food from the market will influence the health status of the household. The figure below indicates the responses.

Figure 14: Ease of access to food





The category that gets their food from the market revealed that it was not very easy for them to keep buying food considering their income levels. This is because a household's access to food and food security depends greatly on its real income which in this case is almost non-existent which leads to capability deprivation. A small section constituting 27% felt it was easy for them to access food using their upkeep because they had not slept on empty stomachs in the previous month. Yet 6% said it was very easy for them to get food for their families especially those who had a job that was paying them some small money enough to cater for households needs but with no savings. This concurred with information from the probation office where teen mothers go to report lack of food for their families.

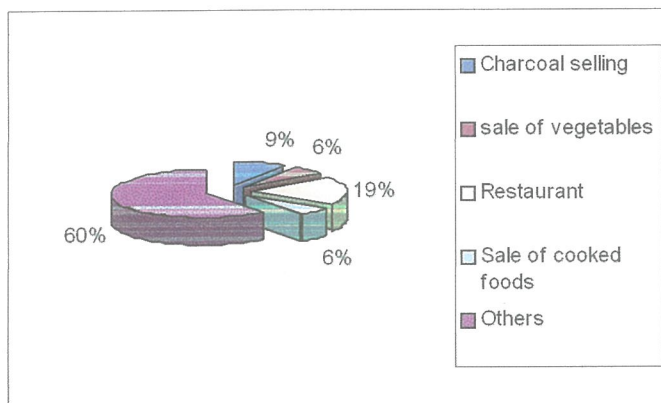
The FGD and the key informants also revealed that food was a serious problem for these young families. The observation of the children and their general appearance also threw so information on the level of accessibility to food. Some revealed accessibility to food quantitatively but not qualitatively, as some appeared malnourished. Inability to access food qualitatively and quantitatively is a form of capability deprivation as it denies them the freedom of being able to meet bodily requirements such as the ability to avoid starvation and undernourishment, (Amartya Sen, 1999).

This was in line with the World Bank report, 1998 and Prof. Bibangambah Jossy R, (2001) that there is a high prevalence of malnutrition especially among children and women of childbearing age. Over all 38% of children below 3 years are stunted, 26% underweight and 5% wasted with 50% of the country experiencing food shortages with every 4 to 5 starving owing to drought, (Prof Bibangambah Jossy R, 2001). In conclusion therefore the level of accessibility to food qualitatively and quantitatively is low among the teenage mothers' households which is a form of capability deprivation passed on to children as this greatly affects negatively their academic performance and therefore skills development.

4.28 Nature of economic activities of teenage mothers

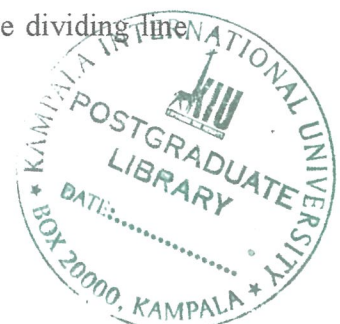
The nature of income generating activity directly influences all the necessary resources for decent standard of living. This is because the level of income available to a household is entirely dependent on the income earned. Below are the income-generating activities that the teenage mothers are engaged in.

Figure 15: Nature of income generating activity



Teenage mothers are engaged in many activities that ranged from charcoal selling to tending bars. Those engaged in charcoal selling constituted 9% of the respondents. The sale of vegetables like tomatoes, greens and others constituted 6% of the respondents. Those working in restaurants constituted 19% yet those engaged in the sale of cooked foods in the market constituted 6% respectively. The category “others” included jobs like shop attendants, bar and lodge tenders, prostitution among others and these constituted 60% of the respondents. Those not married were mainly engaged in prostitution on the argument that their level of income is very low in relation to their financial obligations. This was in line with Deepa Narayan *et al*, (2000) of the *Voices of the Poor* series, where it is argued that women are willing to do any job to ensure the survival of their children.

All teen mothers according to the research are involved in informal sector jobs. This is because they can not access a formal job due to lack of skills as their level of educational attainment is generally low, (97% secondary and 3 % primary). To them the dividing line between a formal and informal job is tenuous, (Visvananathan, et.al, 2000).



The inability to access a formal job is a form of capability deprivation as it negatively affects accessibility to other capabilities like access to the necessary resources for a decent standard of living including health.

4.29 An assessment of the general socio-economic status of teenage mothers

The general socio-economic status of the respondents was further assessed basing on the observation done in the field.

Table 9: Type of residence

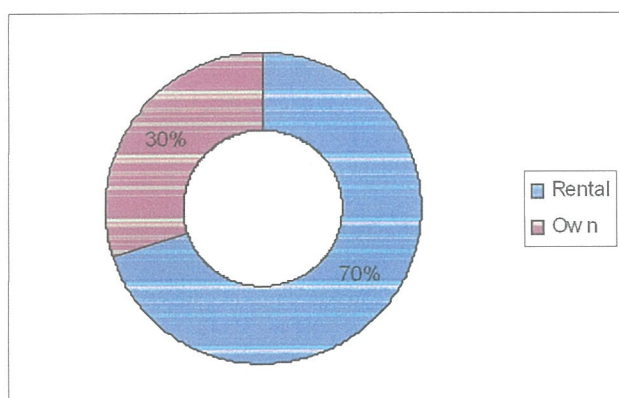
Type of house	Frequency	Percentage
Permanent house	105	67
Semi-permanent	32	21
Temporary	19	12
Total	156	100

Most of the respondents reside in permanent houses and these constituted 67% of the total respondents. A small section constituting 21% resides in semi-permanent houses while 12% reside in temporary houses - which is a form of capability deprivation.

4.30 Ownership of house

Ownership of houses is limited equally by the level of savings which is in turn affected by the level of income. The figure below indicates the percentages to that.

Figure 16: Ownership of house



Most of the respondents constituting 70% reside in rented houses because they cannot afford to build their own houses. Only 30% of the respondents reside in their husbands' houses implying teenage motherhood is a form of capability deprivation. This implies their level of accessibility to enabling resources necessary for construction of a decent residence is generally low which translates into a low socio-economic status.

4.31 Surrounding environment

Equally one's status determines the residence in either a slum or built up area. Below are the frequencies of the respondents pertaining to the surrounding environment.

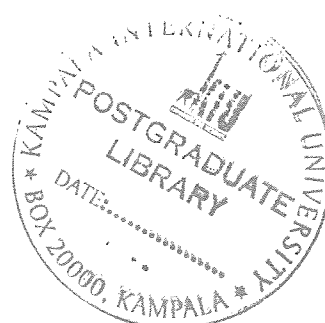
Table 10: Surrounding environment

Environment	Frequency	Percentage
Slums	70	45
Built up area	86	55
Total	156	100

The surrounding environment for the households in some cases is slum-like- which is a form of capability deprivation and this constituted 45% of the respondents. Only 55% of the respondents are living in a relatively good environment as the table above reveals.

4.32 General appearance of teenage mothers

One's socio-economic status directly influences their general appearance of the family members. The figure below has the ratings for the teen mothers in the study area.



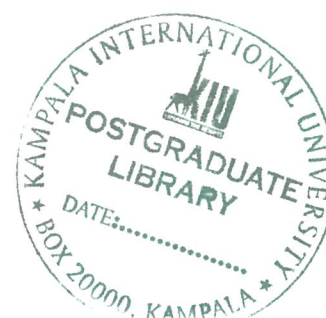
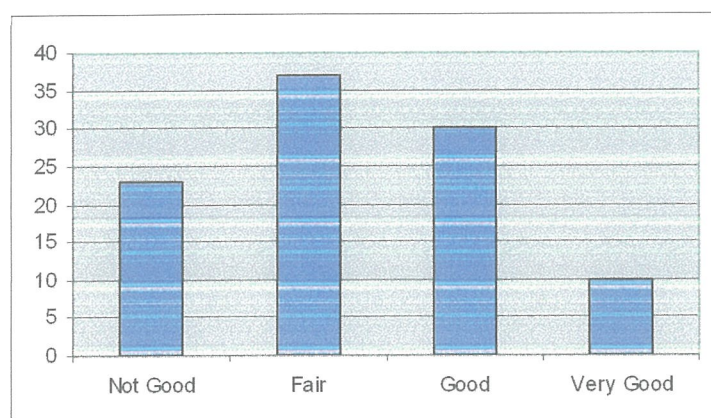


Figure 17: General appearance of teen mothers



The general appearance of the mothers and the children is disappointing with most of lying in the category of not good and fair. Slightly more than half constituting 60% of respondents do not look good, 30% look good and it is only 10% that fared well as figure 17 above reveals. This implies that the general appearance of teenage mothers is not good - which is a form of capability deprivation.

4.33 General appearance of children

The appearance of the parents is sometimes reflected among the children. The table below reflects the general appearance of the children of the respondents.

Table 11: The general appearance of the children

Appearance of children	Frequency	Percentage
Fair	80	51
Good	58	34
Very Good	23	15
Total	156	100

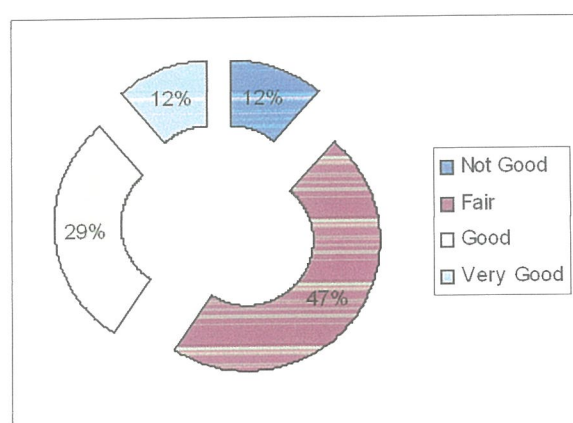
The general appearance of the children is equally disappointing considering the Table 11 above reveals. Almost half of the children 51% of the children observed are just fair yet some were below fair and appeared malnourished. Malnourishment is a form of capability deprivation as it negatively affects the immunity of the children and their level of academic

performance and therefore skills development. The table above reveals that 34% looked good and it is only 15% that looked very healthy.

4.34 Hygiene conditions

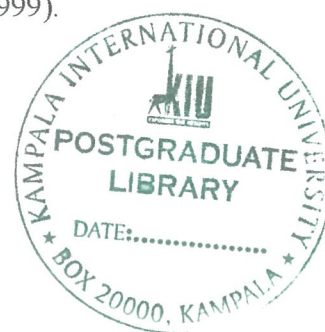
The hygiene conditions of one's place of residence also depend on their socio-economic status as cleaning the environment some times requires services of fumigators. More so one's education level can also impact their level of cleanliness as they are aware of the problems associated with living in a dirty environment. The figure below has the percentages for the ratings of the researcher in terms of cleanliness.

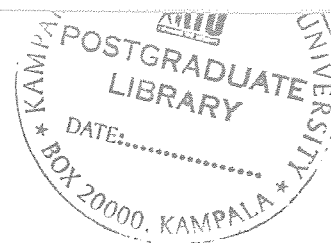
Figure 18: Hygiene conditions of the surroundings



The hygiene conditions of these households are equally disappointing. Slightly below half constituting 48% of the households were fair yet 12% were not good as Figure 18 above shows. This was the case especially for those residing in slums. This implies that 60% of the households have poor hygiene conditions. Only 28% of the households had satisfying conditions and its only 12% that very good hygiene conditions. This exposes these households to diarrheas which negatively affects their health.

From the above findings it is evident that teenage motherhood is a form of capability deprivation as it lowers the victims' socio-economic status. The most important capabilities people have reason to value are ability to live a healthy life, being knowledgeable and access to resources necessary to live a decent standard of living, (Amartya Sen, 1999).





Teenage mothers' accessibility to quality health services is very low as per the research findings implying their ability to live a long healthy life is greatly hampered. Teenage pregnancy being one of the leading causes of school dropout denies them ability to be knowledgeable which is passed on to their children turning into capability deprivation cycle. This is because the chances that their children will attain high levels of education are very low. This is further hampered by the fact that teen mothers are functionally unemployed. The socio-economic status as per the research is very low and this further hampers their accessibility to the necessary resources needed for a decent standard of living.

4.35 Limitations of the study.

The researcher was faced with a number of problems during the study;

Usually people tend to lie about their incomes when interviewed depending on their expectations and therefore respondents were not straight.

The respondents had filled related questionnaires before which made them reluctant to give the right information.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The phenomenon of teenage motherhood is wide spread affecting both the developed world and the developing world and the consequences are negative. In all cases the socio-economic status of teenage mothers is low in relation to their counterparts who delayed child birth to their twenties. In 1997 Maynard carried out a research in America and found out that teen mothers' households are characterized by poverty and dependency syndrome. This research has also highlighted the consequences of teenage motherhood in Nyendo -Ssenyange division Masaka district. Therefore this chapter summarizes the general causes of teenage motherhood in the area of study, the background of teen mothers and general consequences. The findings of the research are discusses upon which recommendations will be based.

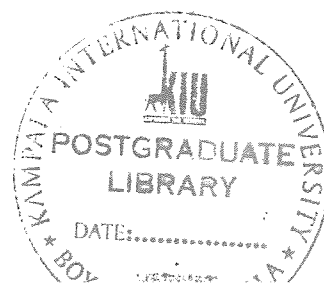
SUMMARY

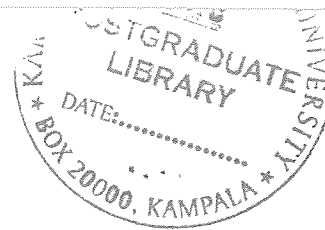
5.2 General causes

From the research findings, the general causes of teenage motherhood include the environment in which one resides, the family background of these people, which was generally poor. Most of them have parents who are functionally illiterate which concurs with the literature; that children of parents with low education and income are more likely to have sex at an early age, not use contraceptives consistently, and become pregnant.(Billy, Brewster et .al 1994, Moore, Morrison, et al 1995, Santelli, Lowry et.al 2000 and Kirby 2001). It was revealed that teenage mothers have backgrounds that are characterized by poverty, which is one of the causes of teen pregnancies. Teen parents are born into poverty and therefore teen pregnancy only exacerbates and perpetuates a low socio-economic status as they are unable to be knowledgeable and access resources necessary for one to live a decent standard of living. Poverty is both a cause and consequence of teen pregnancies.

5.3 Background

The general background revealed that some of the teenage mothers had dropped out of school due to school fees and those in schools were in poor schools. No wonder even those who





claimed to have gone up to senior four could not express themselves and their level of self-esteem seemed low. Like Amartya Sen (1999) suggests that a person should be able to live an independent life and appear in public without shame. Their inability to express themselves implies a capability deprived. Having dropped out of school a tender age with no skills denies them access to a decent job which reinforces a low socio-economic status.

More so the values that people have are entirely dependent on their status, (Amartya Sen, 1999). Because of their status they had sexual relationships with people of a low status such as taxi drivers, mechanics and motorcycle (bodaboda) riders. The status of the husbands is equally disappointing because their level of educational attainment is equally low. This has denied them a job which greatly affects access to the necessary resources for a decent standard of living. This hampers the access to education facilities for the children; which is passed on to other generations.

Most of the teenage mothers stay in slums with only 67% occupying permanent houses with 21% and 12% for semi permanent and temporary respectively. The percentage of those in slums was 45% according to the observation schedule used. But still those in the built places did not reveal any significant differences between them and their counterparts in slums. This is because both have a socio-economic status that is generally low.

5.4 General consequences

The consequences of teenage motherhood in the study area revealed poor status, risks of HIV/AIDS, gynecological disorders and abandonment by relatives and husbands. The common problems faced include wife battering by the husbands, abandonment by husbands and rejection by society. Some of them were refused to work by the husbands and failure of the husbands to provide for them. The worst to them was the loss of interest by the husbands, which has made them fail to formalize the marriages. All these reinforce a low socio-economic status as they affect the lives of teenage mothers negatively physically, socially, emotionally, economically, and psychologically.

5.5 Accessibility to health facilities

It was further revealed that their level of accessibility to health facilities is low with many of them attending small clinics with no ability to access trained personnel. They access health facilities quantitatively and not qualitatively. This deprives them of the most important capability according to Amartya Sen (1999) which is the ability to live a long and healthy life. This is because any combination of functionings for a human being is only possible when they are alive. They include the basic freedom of being able to meet bodily requirements such as the ability to avoid starvation and undernourishment or to escape preventable morbidity or premature mortality.

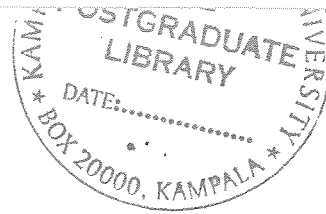
5.6 Accessibility to education facilities

The level of accessibility to education facilities qualitatively and quantitatively is low. Most of them have children below the school going age but those in the school going age go to UPE schools and 40% were estimated to constitute those that do not go to school (Focused Group Discussion). Even those that are in school are receiving poor quality education and have little chances of attaining college or university education. This is because the level of educational attainment for the parents directly affects the incomes, which are a necessity for children's education. The teen mothers lack an income and assets to attain basic necessities for their children including education. The failure of the children to attain a higher level of education will reinforce a constellation of forces leading to further capability deprivation, as they will have missed the opportunities offered by high education like skills development.

5.7 Accessibility to food

The economic and physical accessibility to food is low. Food security in these households is at stake. Many of the teenage mothers do not have enough food for their households as revealed by observation of the general appearance of children and the mothers. The general appearance of the mothers revealed that 60% was fair, and 35% good and only 10% very good. The children revealed that 51% were just fair. Some of the children appeared malnourished which affects negatively education performance and skills development. Teen mothers' households lack the freedom of being able to meet bodily requirements such as the ability to avoid starvation and undernourishment. More so inability to feed the children





qualitatively and quantitatively, will affect their educational attainment negatively which will reinforce a low socio-economic status as they will not be in position to acquire the necessary skills needed for a formal job.

5.8 Nature of income generating activities

It was further revealed that some of them are unemployed yet those employed are in the informal sector. The job one takes up is entirely dependent on their level of educational attainment yet teenage motherhood is one of the major causes of school drop out. Their failure to continue with education after giving birth made them miss the enabling opportunities given by schooling, which include the skills, necessary for a white-collar job. To them the dividing line between formal and informal jobs is tenuous. This deprives them of the capability to access the resources necessary for a decent standard of living. More so the failure to get a salaried job affects negatively affects their access to quality health services which deprives them of the ability to live a long healthy life. More so failure to get a job deprives them of their social agency making it hard for them to contribute to or gain from the development of the community.

5.9 The socioeconomic status

Their socio-economic status is generally low with most of them living as dependents on husbands or relatives. A few of them that are not dependants are working but still unable to fend for their families, the reason they have been forced into prostitution. Their socio-economic status is one characterized by all forms of deprivation. They are poverty stricken and most of them are dependents which deprives them of the ability to lead an independent but in dialogue with the environment. It also implies they cannot access the necessary resources to live a decent standard of living. This low socio-economic status implies they are low incomes earners. The low incomes translate into limited access to health facilities, education facilities for the children and mothers themselves. This further implies limited access to food as they can neither own their own land nor buy adequate food qualitatively and quantitatively. Inability to combine their functionings for their survival due to teen pregnancy implies teen motherhood is a form of capability deprivation and reinforces a low socio-economic status.

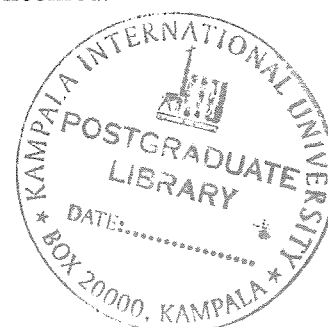
5.10 Conclusion

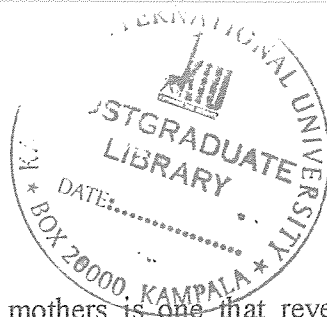
From the above analysis one concludes that teenage motherhood is a form of capability deprivation which reinforces a low social economic status. According to the capability approach on which the study was based, looks at the entire system of providing ability to realize “the self” as a free being enjoying his rights and freedoms. Capacity building empowers the individual mind to analyze issues. When one is empowered she/he shifts from being a dependent being on the external world and becomes an independent being but in dialog with the external environment using his capacities and capabilities. One is supposed to live as persons of value who can contribute to the economic development of their communities of which the respondents cannot. Teen mothers living their lives as dependents on others for survival is a form of capability deprivation. Their health status is at risk yet their children are not expected to do much in terms of breaking the deprivation cycle they were born into as chances of attaining a high level of education are very low except if government policy changes in their favour.

The children are not qualitatively fed which affects negatively their level of academic performance and are therefore more likely not to finish high school education. This calls for enhancement of these teen mothers’ capacities and capabilities so that they can live a meaningful life and be able to educate their children to a level necessary for them to live a satisfying life and gain adequate skills for life.

5.11 Recommendations

To break this cycle of capability deprivation and enhance teenage mothers’ socio-economic status, there is need for government to come up and devise means to reduce teen pregnancies. The parents too have a role to play and the teens themselves should realize that sexual activities at a tender age are risky for them. It is only after them realizing that their behavior will change. The community and the non governmental organizations and community based organizations have an important role in as far as capability enhancement is concerned.





5.12 Government

Since the background of teenage mothers is one that reveals cases of poverty, the best solution is to fight the root causes of poverty. If the root causes of poverty are tackled, the parents will have enough money to educate their children and access resources. More so research has shown that children of poor parents are twice likely to give birth as compared to rich parents. More so, if the government provides an enabling environment, then parents would be in a better position to access resources. Simulations suggest that if parents are in a better economic position, then chances of reducing teen pregnancies are very high. For example parents in rural areas sometimes have an extra produce that can be sold to enhance then capacities of their children but the infrastructure is missing. The government should provide economic infrastructure necessary to fuel small scale trade for example the provision of roads that can facilitate trade. The government should utilize monetary policies that increase the velocity of money to give parents a disposable income enough to cater for their children's education. This will involve reduction of prices of the basic necessities of life which will leave people in a better position to break the cycle of poverty.

The government can also target rural development because lack of opportunities there leads to rural urban migration. The research area was sub-urban and one of the major problems faced was unplanned settlement by teen parents. It was revealed that teen mothers migrate from rural areas to urban areas in search for economic opportunities. But because they lack the necessary skills to get a job, rural urban migration has been associated with unemployment, which has led to an increase in prostitution. Though they are no records for prostitution (CEDAW report, 2000), the practice is on the increase. To avert this trend, rural development should be enhanced. Rural development will involve the provision of basic services to the people so that they cease to be push factors. The provision of quality health services and education services will reduce rural urban migration and avert slum development in the sub- urban areas.

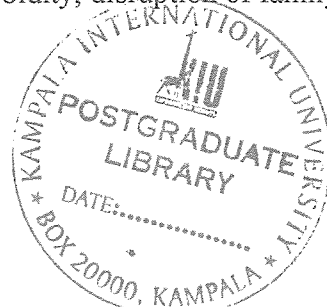
Government policy should be geared towards reduction of teenage pregnancy. The provision of sex education on the education syllabus will reduce teen pregnancies. As per rthe literature, it was revealed that some teens become pregnant because of lack of information.

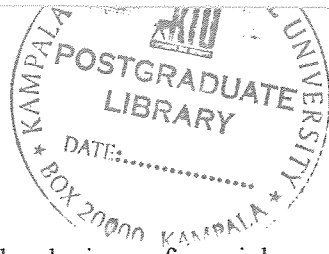
For one to make an informed decision they need all the necessary information. If sex education is taught at a tender age, teens will know the consequences of early sexual activity which will help them control their sex life at a tender age. The provision contraceptive service free and accessible to the teens is likely to reduce teen pregnancies. Research has shown that approximately 13 million teenage women living in developing countries have an unmet need for family planning. By implication the provision of such services and easing their accessibility will go along way in reducing teen pregnancies. This can be done by stocking the available health facilities at the grass roots with trained personnel to offer professional guidance to the sexually active teens.

More so pregnant teenagers should be left to attend school before and after birth. It has been revealed that teenage pregnancy is one of the major causes of school drop outs in the country. The researcher therefore feels that letting pregnant teens attend classes before and after birth will help them gain important skills. More there is need for a change in the education provided for teen mothers. They should be provided with self help skills and literacy and numeracy classes so that they do not become functionally illiterate. The self help skills should include simple financial management skills and home management to reduce preventable morbidity and mortality.

Capacity building is another recommendation that can be adopted by the government. This will involve empowerment of the people through sensitization. Some people just lack the information therefore letting the information flow to the masses will offer them alternatives. This can be done through radio programs and organized workshops and seminars that target teen mothers at the grass root level. Empowerment will improve skills and their agency in society. These will help them access the services provided by the government. Functional adult literacy is one case of programs that should be enhanced. The provision of self-help skills to teen mothers will go a long way in enhancing their capabilities. This is because their lack of skills makes them less competent job applicants. Provision of such skills will help them access the job market, which will improve their socio-economic status.

Besides, unemployment has many far reaching effects like psychological harm, loss of work motivation, skill and self confidence, increase in ailments and morbidity, disruption of family





relations and social life hardening of social exclusion and accentuation of gender asymmetries all of which are forms of deprivation. Therefore enlarging their employability is necessary for any positive change in their status. This should be accompanied by the provision of low interest loans to teen mothers so that they can start up small sustainable businesses which will help them earn a decent standard of living. This will also involve the training of local people to run the loan scheme so that teen mothers are not excluded because social exclusion is a cause of some forms of poverty.

Lastly governments should become people oriented through respect of human rights. This makes governments feel the obligation to improve service delivery. The research has revealed that, because of their status, teenage mothers use government services like health services and education services. Because these are expensive due to cost sharing, then improving people's economic access to them is a pre-requisite. More so, since most people use these services, government should improve service delivery so that the risks associated with poor services are reduced. There is need for availing health services near to the people in terms of time distance and real distance. It was revealed that sometimes women do not attend antenatal care because the services are far either in terms of time required to reach them or because of the opportunity cost fore gone to attend for the expecting mothers. Availing them near the masses involves improvement in the transport infrastructure.

More so, this will involve strengthening of the existing services thereby making them accessible. This will involve recruitment of the necessary staff at the local health facilities so that birth risks are reduced to the minimum. Primary health care including immunization and family planning should be improved and made accessible to all to prevent unnecessary morbidity and mortality.

Among the services that should be enhanced is Universal Primary Education and secondary education with a change in the syllabus to fit the needs of the country. The education system should be changed in such a way that if one dropped out of the system before attaining university education, then they have the basic skills of numeracy and literacy to begin with. More so government efforts towards the elimination of severe malnutrition should be

enhanced further. Malnutrition wastes children and reduces their competence in academics. There should equality in access to the basic necessities of life so that children of the poor can also compete on merit to avoid poverty that results from social exclusion.

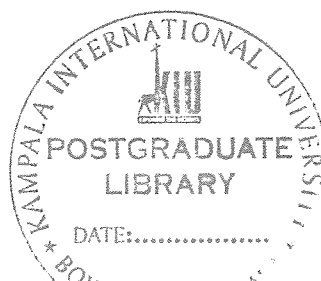
5.13 Parents

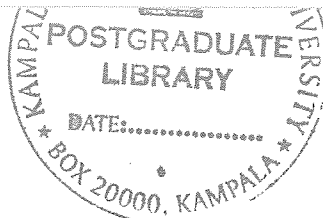
The parents should play their role in as far as communicating to their children is concerned. The advantages associated with parental communication are so numerous such that it would reduce teen pregnancies. These will include among others delayed sexual activity as most parents disapprove of sexual activity among adolescents. Parents should communicate to their adolescent children about the dangers of premarital sex so that teens will make an informed choice on whether or not to start sexual activities. The communication should be done on calm basis and frequently as the teen advances in age. The content of talk and timing of the discussion should be geared towards fear of initiating sexual activities. This will reduce peer pressure as has been considered one of the causes of teen pregnancies.

More so, parents should change the attitudes towards their pregnant teenagers. The negative attitude towards them is one of the causes they ran away from home. The change of attitude will involve accepting them after their “mistake” and taking them back to school to continue with their studies. Teen mothers in the study area did not continue with studies, which has led to a low socio-economic status. Teen mothers should be given chance to continue with studies, which will improve their human resource potential, and their agency and therefore the capacities and capabilities.

5.14 Community members

Community members should be trained to learn to live with these teen parents. It was revealed that the society’s attitude towards teen mothers is negative which affects them psychologically. If the community accepts teen mothers, they will then be able to contribute to and gain from the development process of their communities. Fighting this stigmatization from the community members will give teen mothers a sense of belonging which will lift their levels of self esteem. This is necessary because teen mothers can not be insulated from the larger society; as they grow older they progressively become part of it. Therefore the





community members should be called upon to learn to live with these people; this eventually improves their agency in society.

5.15 Non governmental organizations/ community based organizations

Organizations should come up and take care of these vulnerable members of the society. Organizations can involve teen mothers in skills development like tailoring, knitting, cookery among others. These practical skills will help teen mothers access a job that can improve their access resources necessary for a decent standard of living. More so, this will empower them and improve their position at home and at the community level. Some organizations can get involved in training of teen mothers with financial management skills so that when they access loans they can successfully run businesses.

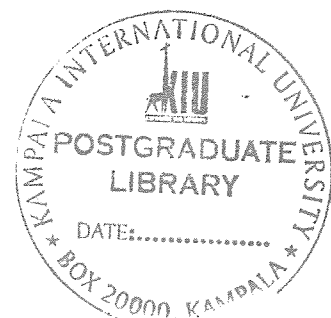
5.16 Teenagers

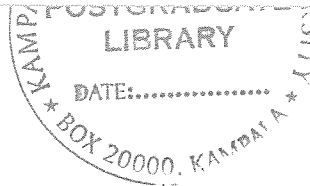
The world is not coming to an end: and therefore behave yourself. The teenagers are advised to delay sexual activities because besides the pregnancy, they are associated with STI/STDs like HIV/AIDS. The teenagers are advised to behave responsibly for they are the future leaders. The change of behavior for the teenagers is very important without which the above may not yield results. The youth are important to society for they are the ones to develop our country in future: For God and my country.

Further research can be undertaken to ascertain the effectiveness of the recommendations of this study. Yet more can be done on the role of men as the perpetrators of teenage pregnancy and what can be done to involve them in the prevention struggle.

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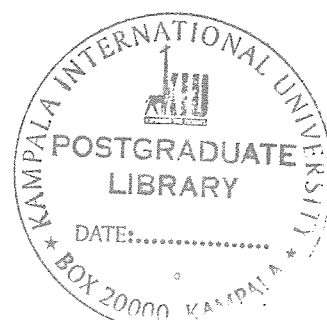
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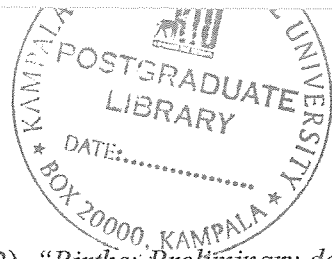
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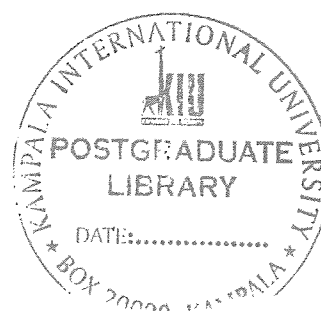
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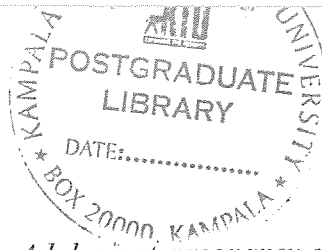
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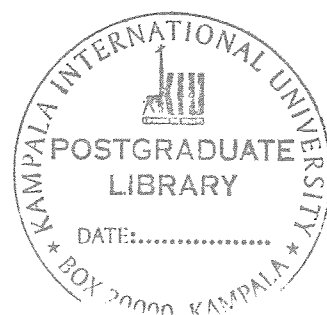
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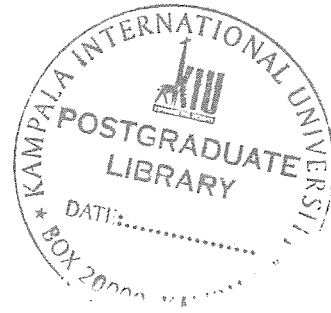
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APPENDIX A
TRANSMITTAL LETTER

Kampala International University
School of Post Graduate Studies
P.O Box 20000
Kampala.



Chairperson LC1,

Dear sir/ madam,

Transmittal letter

My name is Bakyaitha Grace currently pursuing a Master of Arts degree in Development Administration and Management at Kampala International University. I am carrying out a research titled Teenage Motherhood is a form of capability deprivation: a critical analysis of the socio-economic status of teenage mothers in Nyendo-Ssenyange division in Masaka municipality Masaka district as part of the fulfillment for the award of that degree.

The purpose of this letter therefore is to seek for permission to carry out my study in your area and use teenage mothers as key respondents. The same seeks for information concerning teenage mothers from you, the chairperson for Women Affairs LCI, chairperson LCII and the District Probation officer of the area.

All information provided will be used for academic purposes and will be treated with utmost confidentiality.

Looking forward to a positive response

Yours truly,

BAKYAITA GRACE

APPENDIX B

QUESTIONNAIRE

I am Bakyaite Grace a Masters student of Kampala International University located in Kampala currently pursuing a Master of Arts degree in Development Administration and Management. I am carrying out a research on socio-economic status of teenage mothers as part of the fulfillment for the award of the degree. I therefore kindly request you to fill out the questionnaire; any information given will be treated with utmost Confidentiality, Thank you very much.

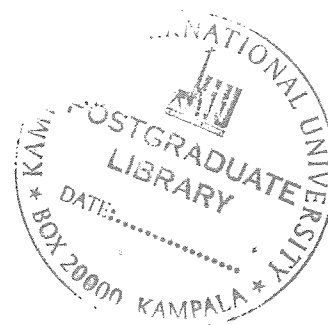
Part 1

Instructions

Tick the appropriate box or fill in the gaps provided.

- 1 Are you a teenage mother?.....
- 2 At what age did you conceive?.....
- 3 What were the circumstances for your pregnancy?
Rape ☐
Defilement ☐
Forced marriage ☐
Other (specify).....
- 4 Marital status of respondent
Married ☐
Single ☐
If married,
5 It is formal or informal?.....
- 6 Are you married to the father of your child?.....
- 7 Do you stay with your husband?
Yes ☐
No ☐
If no,
8 Who do you live with?





- Alone with my child/children ☐
- With my relatives ☐
- With my husband's relatives ☐
- 9 Does your husband work?.....
- 10 What is the nature of your husband's job?
.....
- When you gave birth,
- 11 What was your age?.....
- 12 What was the age of the father of your child?.....
- 13 In which class were you?.....
- 14 Did you continue studying?.....
- 15 Where did you give birth from?
Home ☐
Clinic ☐
Hospital ☐
- 17 Who attended to you?
Traditional birth attendant ☐
Qualified nurse ☐
Medical Doctor ☐
- 18 Do you have other children?
Yes ☐
No ☐
If yes,
- 19 How long did it take you to get another baby?
Before 6 months ☐
After 6 months ☐
1 year/beyond ☐
- 20 How many children do you have?
- 21 Are they from the same father?.....

- 22 What are their ages?
 1st born.....
 2nd born.....
 3rd born.....
- 23 What is society's attitude towards you?.....
- 24 What level of education did you attain?

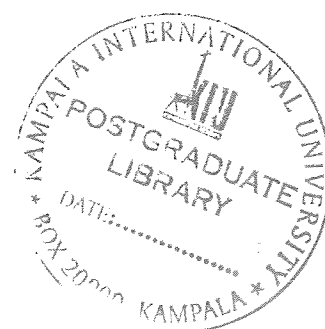
Tick where appropriate

- Pre-Primary ☐
 Mid primary ☐
 Primary seven ☐
 Ordinary level ☐
 Advanced level ☐

Part 2

- 25 Are you employed?
 Yes ☐
 No ☐
 If No for 25, go to question 28
- 26 How do you find getting absorbed into the job market?
 Difficult ☐
 Very difficult ☐
 Easy ☐
- 27 What is the nature of your job? _____
- 28 What is your source of living?
 Husband takes care ☐
 Relatives ☐
 Agriculture ☐
 Others (specify) _____

If yes for 25,



Easy

Very easy ☐

34 Do your children go to school?

Yes ☐

No ☐

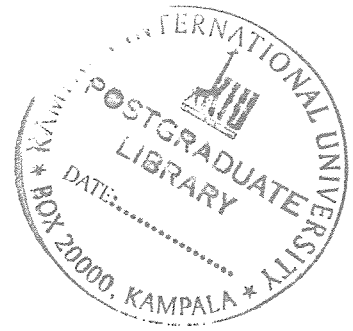
If yes

35 Which category if schools do they attend?

Private ☐

UPE ☐

36 Who pays for them? _____



29 Do you often miss work due to family obligations?

Yes ☐

No ☐

30 How often?

Once a week ☐

Twice a week ☐

Other (specify)

When members of your household are sick,

31 Do you easily access health facilities?

Yes ☐

No ☐

If yes

32 Which category of health facilities?

Government Hospitals ☐

Private hospitals ☐

Small clinics ☐

33 How easy do you find it to clear hospital bills?

Not easy ☐



37 Do you find it easy to clear tuition/ school fees?

Yes ☐

No ☐

If yes



38 How easy do you find it?

Not easy ☐

Easy ☐

Very easy ☐

39 How do you access food?

Market ☐

Garden ☐

Other (specify)

40 If from the market, how easy do you find this?

Not easy ☐

Easy ☐

Very easy ☐

APPENDIX C
INTERVIEW SCHEDULE FOR KEY INFORMANTS

I am Bakyaite Grace a Masters student of Kampala International University located in Kampala currently pursuing a Master of Arts degree in Development Administration and Management. I am carrying out a research on socio-economic status of teenage mothers as part of the fulfillment for the award of the degree. I therefore kindly request you to provide assistance; any information given will be treated with utmost Confidentiality Thank you very much.

Name of respondent (optional).....

Position of responsibility held.....

What programs do you have for teenage mothers with in the area?

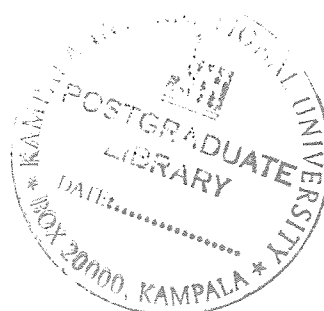
What are the common problems raised by teenage mothers?

What interventions do you have in place in relation to their problems?

In which areas do they mainly reside?

How does society view teenage mothers?

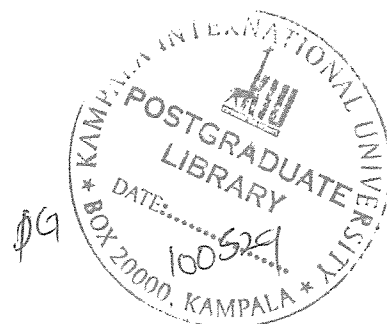
What is their general socio-economic status?



APPENDIX D

OBSERVATION GUIDE FOR THE RESEARCHER

- 1 Type of house
 - Permanent house ☐
 - Semi-permanent ☐
 - Temporary ☐
- 2 Ownership of house.....
- 3 Surrounding environment
 - Slum ☐
 - Built up area ☐
- 4 Economic activity engaged in
 - Charcoal selling ☐
 - Sale of vegetables ☐
 - Restaurant ☐
 - Sale of cooked foods ☐
 - Others (specify _____)
- 5 The general appearance of the mother
- 6 The general appearance of the children
- 7 Hygiene conditions of the surroundings



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APPENDIX E

QUESTIONS FOR THE FOCUSED GROUP DISCUSSION

Introduction by the present members

The chairman introduces the topic and explains the purpose of the discussion and calls on participants to be free as they discuss as all information was to be treated with utmost confidentiality.

- 1 What are the common causes of teenage motherhood in this area?
- 2 What is the general background of teenage mothers?
- 3 What is the status of the husbands of these teen mothers?
- 4 What category of houses do they occupy generally?
- 5 What are the consequences of teenage motherhood generally?
- 6 What are the common problems faced by teenage mothers?
- 7 Which kind of health facilities do they attend?
- 8 Do their children go to school?
- 9 What kind of schools do they go to generally?
- 10 How do they access food for their households?
- 11 Are they generally employed?
- 12 Which kind of jobs do they mainly take up?
- 13 What is society's perception of teenage mothers?
- 14 What do you think can be done to enhance the capabilities of teenage mothers?
- 15 Are there any programmes that are in this area directed towards helping teenage mothers?
- 16 What advice would you give to those who are not yet teenage mothers?

