

A SITUATIONAL ANALYSIS OF TEENAGE PREGNANCY & TEEN MOTHERS IN RWANDA

CONDUCTED BY AJPRODHO JIJUKIRWA



**Association de la Jeunesse pour la Promotion
des Droits de l'Homme et le Développement
(AJPRODHO-JIJUKIRWA)**

IN PARTNERSHIP WITH THE LEGAL AID FORUM



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List of Abbreviations and Acronyms

12YBE	Twelve Year Basic Education
9YBE	Nine Year Basic Education
AIDS	Acquired Immune Deficiency Syndrome
CCCN	Christ Centered Counseling Network
DHS	Demographic and Health Survey
EICV	Enquête Intégrale sur les Conditions de Vie des Ménages(Integrated Household Living Enquête Intégrale sur les Conditions de Vie des ménages
FGD	Focus Group Discussion
GBV	Gender-based violence
GoR	Government of Rwanda
HIV	Human Immunodeficiency Virus
ICT	Information and communications technology
JADF	Joint Action Development Forum
LAF	Legal Aid Forum
MAJ	Maison d'Access a la Justice
MIGEPROF	Ministry of Gender and Family Promotion
NGO	Non-governmental organisation
NISR	National Institute of Statistics
RIB	Rwanda Investigation Bureau
SGBV	Sexual Gender Based Violence
TVET	Technical and Vocational Education and Training
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Executive summary

This study is undertaken in order to make a situational analysis of teenage pregnancy & teen mothers from Gatsibo in Eastern Province, Musanze and Rulindo in Northern Province, Muhanga in Southern Province and Rubavu Districts in Western Province. The study had the following specific objectives: to investigate the causes of teenage pregnancy, to analyse the effects of teenage pregnancy and to assess the access to justice needs of the teenage mothers. As far as geographic scope is concerned, the study was carried out in all the 4 Provinces of Rwanda; one District was purposively selected in each Province focusing on high rate of teenage pregnancy. In each of the selected District, two sectors, one rural and another urban were also sampled. Quantitative data about the issue of teenage pregnancy, its determinants and associated risks were collected using questionnaire which were distributed to 150 teen mothers who were randomly selected in collaboration with District officials. Qualitative data were collected through Focus Group Discussions (FDGs) and interviews with key informants and parents of teen mothers. Purposive or judgmental sampling was used to select participants in FDGs and Key Informants for Interviews (KIIs). Reviews of literatures were consulted from relevant documents, journals, conference proceedings and reports not only Vision 2020/50, but also NST1, Sector Policies and associated strategic plans and District Development Strategies (DDSs), EICV5, project Document reports, CEDAW report, Beijing Platform for Action Report, SDGs, Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003), Agenda 2030 for Sustainable Development Goals (SDGs) and the Africa Union Agenda 2063.

Findings from the study revealed that the leading cause of teenage pregnancy is defilement expressed by 49% followed by peer influence (33%) though other factors such as technology development, the quest and ring for material needs, lack of parenting and knowledge on sexual and reproductive health were presented. On the positive note, there has been significant improvements compared to studies conducted by CLADHO (2016) where the leading cause of teenage pregnancy was sexual violence (75%) followed by peer influence (49%). Findings revealed that the car and moto drivers constitute the biggest percentages of suspects (18%)

followed by security personnel (17%) and farmers (13%). Teachers and civil servants were also mentioned as suspects.

3% are teachers, hairdressers, people in construction and other occupations takes 12%. On a different note, school dropouts were presented as a leading consequence of teenage pregnancy (34%) followed by poverty (32%) and stigma (25%). Other effects presented include Homeless, domestic violence in marriage, health problems (premature birth, miscarriage/abortion, early marriages).

While the results presents relatively low percentages in terms of school dropouts compared to CLADHO (2016) which was at 54%, several studies have shown the association between school dropouts and unemployment, trauma, maternal mortality health complications of teen mothers and children such as stunting leading to inter-generational poverty.

In relation to access to justice, the study revealed that only 15% of suspects' cases were taken to courts and 85% were not. Teens often lack adequate levels of experience of dealing with public officials, educational background and ability to articulate needs and claims. In the case of adult suspects, teens are confused or their parents persuaded to prevent submission of their cases to courts. The main reasons of not taking cases to courts was financial support from the suspect (46%) followed by prospect to get married (17%) and emotional attachment (16%) to their male partners. The study recommends local leaders to design economic empowerment projects like promotion of vocational trainings (TVET) and saving groups would help to improve their livelihoods. Additionally, reproductive health campaigns during holidays should be organized in a way that attracts youth. This would be in form of music through artists, soccer, films and other entertainment forms to gain youth attentions and deliver reproductive health messages. Additionally, Schools should emphasize on providing reproductive health information to students sexual in different ways such as establishing reproductive health clubs for males and female youth, entertainment etc which attract student's attention and open discussions.

Policy makers should design programs which encourage sex talk between parents and children to be disseminated to community level while FBOs design different ways of communicating the effects of teenage pregnancy and how it would be prevented.

CHAPTER 1: GENERAL INTRODUCTION

Teenage pregnancy is a worldwide public health problem with unequal associated burden distribution across high and low income countries; it is estimated that 95% of births among adolescents occur in low- and middle-income countries (LMIC) (Kumar et al., 2018). Teenage pregnancy occurs in all societies, with considerable variation in magnitude and consequences among different countries and regions. In each case, a variety of complex socioeconomic factors are involved including poverty, communities and families acceptance of child marriage, culture behaviors, gender inequality, sexual violence, lack of education and information among others (Yadufashije, Sangano, & Samuel, 2017). Approximately 95 per cent of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before the age of 18 years. Globally 15 million women under the age of 20 give birth, representing up to one-fifth of all births. Maternal mortality ratios and rates: a tabulation of available information (WHO, 1991) and 529,000 women die due to pregnancy and child birth related complication every year (WHO, 2005). The overall pooled prevalence of adolescent pregnancy in Africa was 18.8% and 19.3% in the Sub-Saharan African region. The prevalence was highest in East Africa (21.5%) and lowest in Northern Africa (9.2%) (Kassa, Arowojolu, Odukogbe, & Yalew, 2018). Sub-Saharan Africa is believed to have the highest prevalence of teenage pregnancies in the world (Kumar, et al., 2018). In addition, in 2018, the estimated adolescent birth rate globally was 44 births per 1,000 girls aged 15 to 19; in West and Central Africa, this figure stood at 115 births, the highest regional rate in the world. Countries such as Central African Republic, Niger, Chad, Angola and Mali top the list of countries with highest adolescent birth rate (above 178). The study conducted by (Neal, Chandra-Mouli, & Chou, 2015) in East African Countries with the aim of describing a comprehensive analysis of adolescent first births using disaggregated data from Demographic and Household surveys (DHS) for three East African countries: Uganda, Kenya and Tanzania found that In all three countries, a significant proportion of women gave birth before age 16 (7%-12%).

It has been realized that teenage pregnancy is not a new incident observed to happen in Rwanda. Rising teenage pregnancies in Rwanda necessitate collective efforts. In general, fertility rate in Rwanda has reduced from 6.1 children per woman in 2005 to 4.2 children per woman in 2015 but the issue of adolescent fertility is still important on both health and social grounds (M. NISR,

2015). According to DHS5, one among three teenagers had already had sexual relationship before or at 20 years old. The same survey shows that 6.8% of girls aged between 15 and 19 years had already had sexual relationship when they were 15 years old. Teenage pregnancy was always contested by the community since it was compromising the ideal, reputation, and cultural values. Due to this fact, different organizations and institutions promoting human rights have played a role in influencing the worldview and creating a conducive environment for the acceptance and integration of teen mothers. Teenage pregnancy is not only a health issue, but also a human right and development issue. Pregnancy undermines a girl's ability to exercise her rights to education, health and autonomy. It also prevents her from realizing her potential and adversely impacts the baby (CLADHO, 2016) cited by (HATEGEKIMANA, 2018). In terms of legal framework, Rwanda has ratified various international and regional human rights instruments which are relevant to sexual and reproductive health rights such as the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the African Charter on Human and Peoples' Rights, Maputo protocol and the African Youth Charter (Bahati, 2013; Bekker, Dolzer, & Waibel, 2010; Sally Effie, 2015; Svanemyr, Scolaro, Chandra-Mouli, Blondeel, & Temmerman, 2013; Umozurike, 1983). Despite available legal frameworks, a research conducted by Haguruka (2018) revealed a considerable number of key challenges affecting teen mothers such as lack of awareness on rights and issues related to sexual and gender based violence and low level of knowledge in matters related to sexual and reproductive health were highlighted. As a youth Human Rights Organization, AJPRODHO sought to explore in depth the issues faced by teen mothers and the challenges related to teenage pregnancy in order to analyze its factors and its effects.

1.1. Background of AJPRODHO-JJUKIRWA

The Youth Association for Human Rights Promotion and Development (AJPRODHO-JJUKIRWA) is a non-governmental Organization, not for profit making, which was created in 1997. AJPRODHO works to improve the rights of disadvantaged youth, women and children in Rwanda through human rights promotion, protection, research, advocacy, economic empowerment and civil society strengthening. AJPRODHO's vision is a peaceful society where there is youth participation for social justice and decent living conditions for all whilst its

mission is to empower disadvantaged people for their rights and to advocate for socio-economic development.

The mission of AJPRODHO JIJUKIRWA is to empower youth to claim and respect Human Rights and advocate for socioeconomic betterment. To achieve its mission, particularly with regard to child protection and youth rights, AJPRODHO collaborated with the Legal Aid Forum under the Royal Netherlands Embassy funding and organized the study on the Situational Analysis of teenage pregnancy & teen mothers in 5 Districts of Rwanda which are GATSIBO, RULINDO, MUSANZE, MUHANGA AND RUBAVU districts. The goal of this study is to provide information on the incidence of teenage pregnancy in target districts, underlying causes of teenage pregnancy and social protection for teen mothers including access to justice issues of victims of teenage pregnancy. The study will provide an evidence-base analysis with which to conduct advocacy and legal aid services by government and civil society actors.

1.2 Problem statement

Teenage mothers and their children are at risk to a host of medical, social and economic challenges. Adolescent pregnancy is a significant cost to the mother and newborn child, and also to their family and the wider society. Despite measures taken by some sub-Saharan nations to tackle the issue of adolescent pregnancy, the phenomenon remains a public health concern that is widespread throughout the region. Currently, there are no specific studies conducted in Rwanda that examine the predictors of teenage pregnancy in the all districts of Rwanda. The objective of the present study is to systematically review predictors of teenage pregnancy status in 5 selected districts (Muhanga, Musanze, Gatsibo, Rulindo and Rubavu) to come up with access to legal framework by the teen mothers and close the knowledge gaps on socio economic factors that hinder the access to justice and their effect on economic development.

1.3 Specific objectives of the study

To achieve its human rights and access to justice program mission, particularly with regard to child protection and youth rights, which is one of its key areas of focus, AJPRODHO seeks

- 1) To investigate the causes of teenage pregnancy
- 2) To analyses the effects of teenage pregnancy
- 3) To assess the access to justice needs of the teenage mothers.

1.4 Research questions

Based on the specific objectives of the assignment, the following research questions were developed:

- 1) What are the factors associated with teenage pregnancy in Rwanda?
- 2) What are effects of teenage pregnancy?
- 3) To what extent do teen pregnant girls have access to justice in the targeted district of Rwanda?

Thus this study was undertaken by AJPRODHO JIUKIRWA to identify factors and effect associated to teenage pregnancy, and types of justice needed by teen mothers to achieve the expected outcomes as well as to provide the baseline situation on the above said areas of investigation and provide evidences for advocacy and legal aid services by government and civil society actors for the benefit of teen mothers in Rwanda in general and in targeted districts in particular.

CHAPTER 2: LITERATURE REVIEW

This topic provides a comprehensive review of previous research on the worldwide problem of teenage pregnancy, it'll look at causes and consequences on international, regional and level. It will depict the extent of teenage pregnancy issue based on the related surveys, scholarly articles, books, and other sources relevant to a particular area of research.

2.1 Problematic of teenage pregnancy and teen mothers

Adolescent pregnancies are a global problem occurring in high-, middle-, and low-income countries (Pradhan, Wynter, & Fisher, 2015). Globally, adolescent pregnancy is the second leading cause of mortality in the 15- to 19-year-old age group and is major public health concern (Chandra-Mouli, Armstrong, Amin, & Ferguson, 2015). An estimated 16 million girls aged between 15 and 19 give birth every year with over 90% of adolescent pregnancies estimated to occur in low- and middle-income countries, making up 11% of all births globally (Kirbas, Gulerman, & Daglar, 2016). Pregnancy undermines a girl's ability to exercise her rights to education, health and autonomy. Rates of adolescent pregnancy are increasing in developing countries, with higher occurrences of adverse maternal and perinatal outcomes. In 2018, The overall pooled prevalence of adolescent pregnancy in Africa was 18.8% and in the Sub-Saharan African region (Kassa, et al., 2018). The prevalence was highest in East Africa (21.5%) and lowest in Northern Africa (9.2%).

Several factors contribute to adolescent pregnancies and births. In many societies, girls are under pressure to marry and bear children early (Organization, 2014). Adolescents who may want to avoid pregnancies may not be able to do so due to knowledge gaps and misconceptions on where to obtain contraceptive methods and how to use them (Organization, 2018). Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents may lack the agency or autonomy to ensure the correct and consistent use of a contraceptive method. At least 10 million unintended pregnancies occur each year among

adolescent girls aged 15-19 years in developing regions (Darroch, Woog, Bankole, Ashford, & Points, 2016).

In Rwanda, despite all efforts, measures and actions put in place to fight teenage pregnancy, young Rwandan girls have also been affected by teen pregnancy, although to a lesser extent than other sub-Saharan countries. However, this is still a very challenge for girls especially in the pursuit of education and skills that increases success rates (CLADHO, 2016). Approximately 95 per cent of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before the age of 18. During the Youth Connect Africa Summit (08-10 October 2018) in Kigali, Sub-Saharan Africa is believed to have the highest prevalence of teenage pregnancies in the world (Patterson & Leaf), 2018. Adolescent girls with no education and those in the lowest wealth quintile tend to start childbearing earlier than others (NISR, 2016).

According to the report of Gender Monitoring Office (GMO, 2017), all districts the magnitude of adolescent mothers is big and that many cases go unreported. A study by the Overseas Development Institute illustrates that adolescent girls are highly concerned about pregnancy (Marcus, Page, Stephenson, & Walker, 2015). Interestingly, pregnancy appeared more in stories from urban girls compared to rural girls, and it was implied that urban girls were more likely to face an unwanted pregnancy than rural and in-school girls (NISR, 2016). Despite several campaigns organized by MINALOC and stakeholders, many teens' children are not yet registered in civil books. The various reasons invoked to this include lack of information by teen mothers on the rights of their children. The mobilization through media does not reach some categories of the population including teen mothers. Teen mothers also reported that shame/stigma and limited financial capacity also inhibit their active participation in child registration processes. Another issue faced by teen mothers as revealed by the existing literature is access to justice is another issue that need to be improved. According to GMO (2017) among the 699 teen mothers discussed with almost all of them never reported their cases to the Police or to any local government institution. The revealed reasons of non-reporting include the culture of silence resulting from stigma, negotiations between parents especially when the suspect is a family member or a neighbour.

2.2. Causes of teenage pregnancy

According to Christ Centered Counseling Network (CCCN, 2018), the following are the causes of teenage pregnancy: poverty, broken home, separation of couples, single parent, death, peer pressure or influence, lust, religious beliefs, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge, environmental influence, etc. In the study conducted by (CLADHO, 2016), the contributing factors that pushed girls to early pregnancy, it was revealed that most of the respondents get pregnant because of poverty among their families , this was followed by those who reported that they get pregnant because of not being satisfied with what they have, followed by those who reported carelessness of parents , the next was those who reported sexual violence as a factor for unwanted pregnancy and those who reported that poor knowledge on reproductive health as factor for unwanted pregnancy , and few number of the respondents reported disputes among families as a driver for unwanted pregnancies.

In line with information on reproductive health, the existing literature revealed that knowledge about sexual and reproductive health is vital for adolescent girls. Yet their need for such information remains unmet and they have partial and often inaccurate knowledge based on information they get from their peers and the radio (Abbott et al., 2014). Misinformation is particularly common in rural settings where girls are less likely to be in school.

Other determinants of early initiation of sexual intercourse, early marriage and childbearing were often attributed to the traditional customs and liberal attitudes that many of the different groups held towards pre-marital sex (Sychareun et al., 2018). Other factors of teenage pregnancy are linked with Socio-cultural norms. In fact, despite the general community acceptance of, and even encouragement of, pre-marital adolescent sex, socio-cultural norms prevented discussion of sex and reproduction. This contributed to young people's limited understanding of sexual health, as well as reluctance to discuss SRH with providers, concern about being asked sensitive questions and of physical examination, especially by a male doctor (Sychareun, et al., 2018).

2.3 Consequences and problems faced by teen mothers

One of the biggest effects of teenage pregnancy is the school dropout. According to GMO (2017) Teen mothers drop out of school due to pregnancy. Lack of family support to take care of the baby, poverty, stigma, violence of parent frustrated by the condition of their daughter and many other reasons keep the young mother out of school. The research by CCCN team found out that teenage pregnancy has an adverse effects and consequences on the individual or victim, family, and the society as a whole. The following are some of the effects or consequences: school dropout, fatherless children, street children, dependency burden spread of diseases, and family conflicts.

Adolescent pregnancy has an overall negative impact on young women's health, education and employment opportunities in Rwanda. Pregnant adolescents are at a high risk of health complications as they lack the biological maturity for reproduction, and they also lack experience in caring for new-born babies (GoR, 2012) cited by (Chandra-Mouli, Camacho, & Michaud, 2013). Adolescent girls therefore face a greater risk of dying from a pregnancy-related cause (Abbott, et al., 2014). The study carried out by CLADHO (2016), pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth. The study found that adolescent pregnancy adversely affects communities. Many girls who become pregnant have to leave school. The report done by Mark Bryan Schreiner, 2019 the Representative of UNFPA argued that the Rwanda during the Youth Connect Africa Summit (08-10 October 2018) in Kigali that *long-term implications for them as individuals, their families and communities when teenage pregnancy occurs, a girl's healthy development into adulthood is side swiped and her chances of achieving her full potential are placed at serious risk.*

A study carried out by (CLADHO, 2016) highlighted problems faced by teenagers after being pregnant where it was revealed that most of the respondents abandoned school due to teenage pregnancy, others reported that they are living in poverty, depression as a consequence of pregnancy, others said that they were scandalized after being pregnant, were discriminated and few reported that they were traumatized. Another effect is that early pregnancy is a high health risk for both mother and child. Some teen mothers have health problems including HIV and

sexually transmitted diseases and with no capacities to access health care facilities. They are also unable to afford health insurance for their children due to lack of financial means and many grand parents do not accept the responsibility to provide for health insurance to their grandchildren (GMO, 2017). The stigmatization and rejection by family is also a big issue faced by teen mothers. According to (GMO, 2017), stigmatization or even physical violence by family members especially brothers and surrounding community and the violence does not target only the young mothers but also sometimes affects their babies. Parents refuse to provide food, shelter, clothing, washing items etc. to young mothers.

2.4 Conceptual framework

A conceptual framework is a structure which the researcher believes can best explain the natural progression of the phenomenon to be studied (Osanloo & Grant, 2016). It is linked with the concepts, empirical research and important theories used in promoting and systemizing the knowledge espoused by the researcher. It is the researcher's explanation of how the research problem would be explored. The conceptual framework presents an integrated way of looking at a problem under study (Imenda, 2014). In a statistical perspective, the conceptual framework describes the relationship between the main concepts of a study.

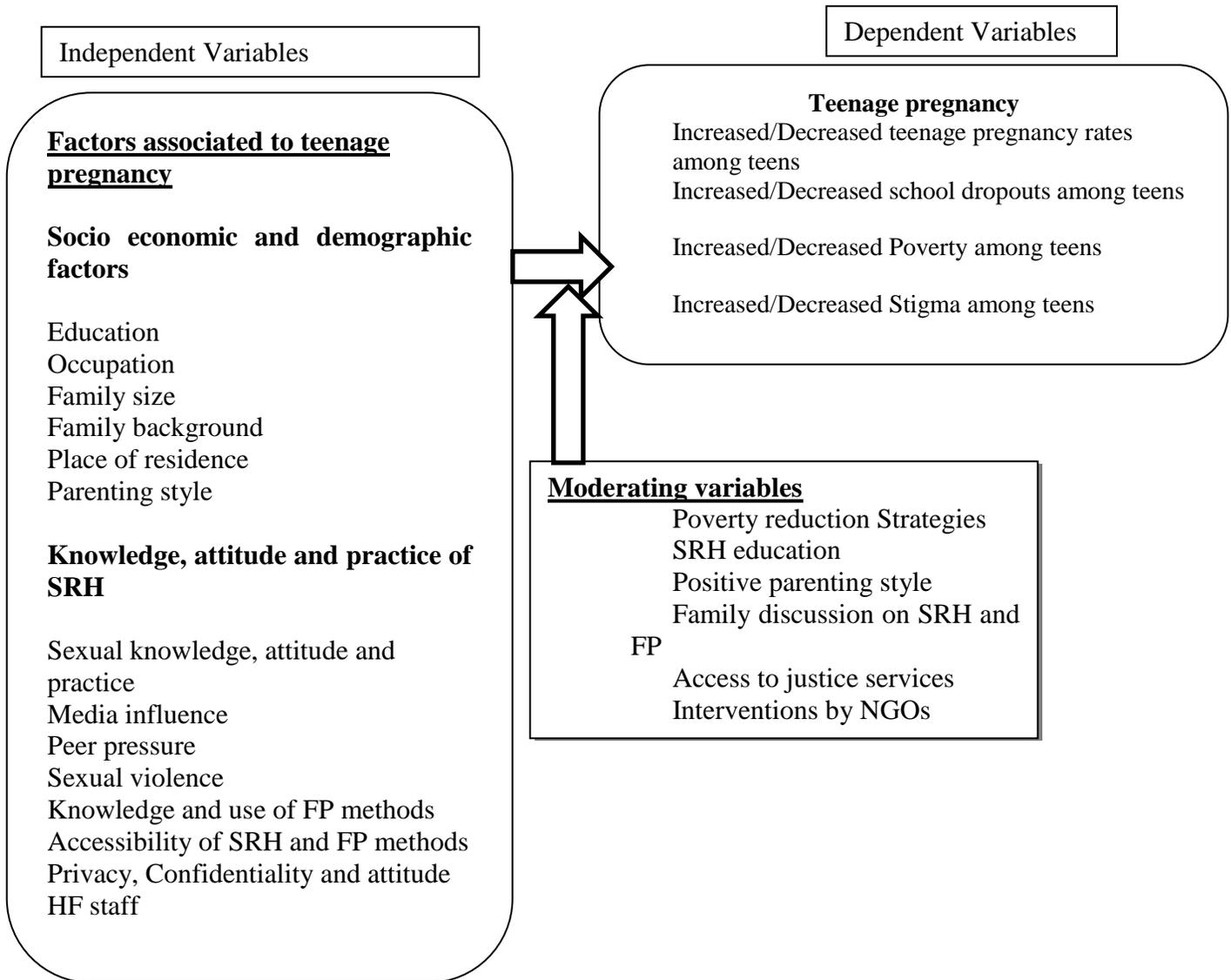


Figure 1: Conceptual framework of the study

Depended variables

The conceptual framework figure defines independent, dependent and the intervening variables. These variables are derived from the research topic under study titled “situational analysis of teenage pregnancy”. The dependent Variable in this case is the teenage pregnancy with its related effects like school dropout, poverty, family conflicts, and street children.

Independent variables

Socio-economic Needs and lack of Parental support: The effects of general community disorganization and the influence of external values in the process of modernization has led to less effective supervision, control and concern by parents. Some girls conceive when they engage in sexual activity as a result of either a pressing socio-economic need or too much freedom of movement. Girls whose parents do not bother about their movement have more time for mischief and are more prone to engage in sexual activity and consequently fall victims of teenage pregnancy-. Parents are also required to provide for the material needs of their children as a display of their care and concern. Socio economic factors which will be included here are Education, Occupation, Family size, Family background, Place of residence, parenting style. All these factors have either positive or negative influence on the rate of teenage pregnancy.

Teenage Pregnancies are Associated with Lack of Information or Knowledge about Conception and Lack of Contraceptive Information and Use. Sexual Education “is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships, and identity” (Sex Education that Works,). This is the primary independent variable because I believe an informed, sexual educated person will be able to make better decisions to avoid teen pregnancy. Sexual education programs “encourage students to postpone sex until they are older, and promote safe-sex practices” (Reducing Teenage Pregnancy). Teenage Pregnancies are also related to Teenage Marriages. It is expected that most teenage marriages result from premarital pregnancies. Such marriages are arranged in order to avoid social disapproval and disgrace that could be an outcome of a premarital birth. Teenage marriages also influence teenage pregnancies by providing the socially sanctioned context for reproduction (marital union) where the young girls are exposed to variables such as ' 1 sexual intercourse and higher frequency of coitus which in turn encourage pregnancy. Knowledge, attitude and practice of SRH are relevant in this study since they influence the increase/decrease of teenage pregnancy rates. The researcher will focus on factors like Media influence Peer pressure, Sexual violence, Knowledge and use of FP methods, Accessibility of SRH and FP methods, Privacy, Confidentiality and attitude HF staff under this category.

Intervening variables

An intervening variable impacts the relationship between an independent and a dependent variable. Usually, the intervening variable is caused by the independent variable, and is itself a cause of the dependent variable. Moderating factors considered in this case are Poverty reduction Strategies, SRH education, Positive parenting style, Family discussion on SRH and FP, Access to justice services and Interventions by NGOs. In the nutshell, review literature has presented teenage pregnancy as a known issue internationally, regionally and on the national level. Governments and civil society organizations have established policies, strategies and measures to deal with the causes and effects of teenage pregnancy. Nevertheless, the cases of teenage pregnancy continue to occur in developing countries including Rwanda which was the reason to why the situational analysis of teenage pregnancy was conducted and also focused on Districts which were not part of previous studies. The next chapter will focus on the research design and approaches used on this research.

CHAPTER 3

METHODOLOGY

This section describes actions taken to investigate a research problem and the rationale for the application of specific procedures or techniques used to gather data. It also explains the process taken to analyze the collected. It overall enables the reader to critically understand a study's overall validity and reliability.

3.1 Research design and approach

Research design refers to the strategy specifying the approach to be used for gathering and analyzing data. It presents the procedures and techniques to be used for gathering information, the population to be studied and methods to be used in processing and analyzing data (Kothari, 2008). Looking at the research problem underpinning this study, the guiding research questions and objectives as well as its unit of analysis, the study at hand was analytical as it aimed at carrying out a situation analysis of teenage pregnancy and teen mothers in Rwanda. This study collected empirical evidence from the field by using both quantitative and qualitative data and information. The researcher discussed and analysed findings from primary and secondary information in close reference to the research guiding questions. The primary information were discussed in connection with explored findings from the literature available as to identify possible gaps, lessons learnt and design appropriate recommendations. In order to achieve the overall study objective, a research methodology was developed. This particular section presents a detailed description of the methodology that was followed for this study.

3.2 Mixed qualitative and quantitative approaches

This study combined inductive and deductive approaches, which involves the mixture of qualitative and quantitative approaches. The quantitative approach involved the generation of data in quantitative form, which was subjected to rigorous quantitative analysis. Qualitative research refers to an inquiry that explores social or human problems and the understanding of how things occur (Amaratunga, Baldry, Sarshar, & Newton, 2002). The researcher used qualitative approach by carrying out an assessment of opinions from key stakeholders. The stakeholders included but were not limited to; Vice mayor in charge of social affairs , Village leaders, Social Affairs Officer, Gender Officer, National Child Commission (NCC) officer,

National Youth Commission (NYC), National Women Council (NWC), Rwanda National Police (RNP), Rwanda Investigation Bureau (RIB), Maison d'Accès à la Justice (MAJ), Religious Leaders, etc...). Qualitative data were collected through interviews, FGD, and content analysis. Qualitative data were collected through semi-structured interviews, Focus Group Discussions (FGDs) and direct observation.

3.3 Target population and Sample size

The study was carried out in five districts of Rwanda as described above. In each district, 5 administrative sectors were selected and for the study 65 people were sampled in each sector which made a total of 325 persons who participated as respondents to questionnaire, members of Focus Group Discussion and, in depth interviews as key informants.

3.4 Selection of the sample

The choice of one District from each province was done purposively. We targeted the District with high rate of teenage pregnancy. In each of the 5 selected Districts, 2 sectors, one presenting rural features and another with urban features were purposively sampled, and we decide to systematically choose 65 people in each District. Among those, 50 were teen mothers purposively selected in collaboration with the District. For example, for those who got pregnant before 19 years of age in last 3 years, 5 were parents of teen mothers who were randomly selected. 10 were leaders who work with teen mothers directly or indirectly. They include JADF officers, MAJI, Vice mayors, Police, RIB, Executive secretaries, District gender officers and religious leaders.

3.5 Data collection tools

3.5.1 Questionnaire

The individual Questionnaires were developed and administered based on specific objectives of this study in order to gather quantitative information about the issue of teenage pregnancy, its determinants and associated risks. The questionnaires were distributed to 150 teen mothers. Among those, 15 teen mothers selected from each sector (One being rural and another urban in each District). Since the research was conducted from 5 Districts, all these teen mothers were from 10 sectors as summarized in the table 3.1.

Figure 2: Sample size and Sampling techniques

District	Sectors		Sampled teen mothers
	Urban	Rural	30
Gatsibo	Rwimbogo	Gitoki	30
Rulindo	Shyorongi	Mbogo	30
Musanze	Kimonyi	Busogo	30
Rubavu	Rugerero	Nyundo	30
Muhanga	Shyogwe	Rugendabari	30

3.5.2 Desk review for Secondary data

While primary data were collected through various methods including interview and focus group discussions, secondary data were collected through the desk review of relevant documents. To collect and analyze the secondary data, a desk review of various documents and reports were consulted. The following documents and reports were reviewed: Vision 2020/50, EDPRS, NST1, Sector Policies and associated strategic plans and District Development Strategies (DDSs), EICV 5, project Document reports, etc.

Also the team scrutinized policy and other forms of documents namely; CEDAW report, Beijing Platform for Action Report, He or She commitments, SDGs, Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003), Agenda 2030 for Sustainable Development Goals (SDGs) and the Africa Union Agenda 2063. From those secondary Sources, the brief findings was that teenage issues is a critical problem due to multiple causes among them family irresponsibility, poverty, broken home, separation of couples, single parent, death, peer pressure or influence on reproductive health, religious beliefs, rape and sexual abuse, alcoholism and drug abuse, lack of knowledge on reproductive, and environmental influence. What is resorting from this literature review on effects or consequences of teenage pregnancy is also related to school dropout, fatherless children, street children, dependency burden, increase of economic hardship, spread of diseases, abortion, and family conflicts. The desk review allowed the consultants to get data and information on social justice and human

rights promotion related domains. The desk review came up mainly with quantitative and qualitative data and information. A bibliography was kept updated during the assignment.

3.5.3 Individual Interviews

Individual interviews, undertaken on basis of the voluntary consent principle, offered valuable opportunities for interviewees to open up and provide researchers with sensitive/confidential information. Using an interview guide pre-agreed upon with other relevant stakeholders, researchers involved had direct face-to-face interactions with key informants. The following categories were selected to participate in in-depth interviews: Key informants interviews were conducted with 5 parents of teen mothers per District. In addition, the consultant met with other stakeholders (at least 10 per District) with the aim of capturing an in-depth insight about the assignment. The stakeholders included but were not limited to; Vice Mayor in charge of Social Affairs, Village leaders, Social Affairs Officers, Gender officer, NCC officer, NYC, NYW structures, Police, RIB, MAJ, Religious Leaders, etc...).

3.5.4 Focus Group Discussion

First hand data were also collected through FGDs in each of the targeted Districts. The FGDs are considered as opportunities to collect the information needed in order to update the situation analysis (including primary and secondary information), conduct interactive exchanges permitting to complete, refine and finalize the existing document. Our team facilitated FGDs with identified groups of Teen mothers. Five groups of 10 teen mothers were selected per District for FGD.

3.5.5 Observation checklist

The researcher elaborated the observation check list in order to be aware of the socio-economic conditions of teenage mothers. The consultants' team carried out observations during all visits. The observation focused on the opinions, knowledge and attitudes of Teen Mothers on their problems, their status, their behavior as well as their physical appearance. (Observation checklist is attached on this report).

3.6 Data processing and analysis

Qualitative data were first of all grouped according to various themes and sub-themes identified while quantitative data were processed using Statistical Package for Social Science (SPSS) software. Quantitative data were analyzed and presented by means of frequency, percentage and means.

3.6.1 Data quality control

In any scientific study, researchers need to ensure that data collection, organization, and analysis, as well as processes and outcomes of the study are trustworthy and believable. In this regard, a number of measures were taken to ensure that quality data were collected. First of all, much attention was paid to the measuring instrument (interview and FGD guide to ensure its validity and reliability). Inputs from participants during validation of inception report helped to correct and adjust the instruments. In addition, technical advices from the project team throughout the whole process helped to ensure that quality data are collected. Project team expertise and experience were vital in operationalizing concepts, fine-tuning the research methodology and data collection tools, as well as in data analysis. Furthermore, the use of Kinyarwanda during data collection enabled easy communication and thus, helped to gather quality data and information. Though the final report was written in English, the contents of both interviews and FDGs which were primarily in Kinyarwanda were duly translated in English for greater audience.

3.6.2 Ethical Considerations

To ensure that the ethical requirement of voluntary participation is respected, the interviewees and respondents were informed about the purpose of the study and then asked to voluntarily participate in the research. The most important ethical requirements, namely confidentiality, honesty, and the anonymity of participants were adhered to in this study.

3.6.3 Test of research hypothesis

The Chi Square statistic is commonly used for testing relationships between categorical variables. The null hypothesis of the Chi-Square test is that no relationship exists on the categorical variables in the population; they are independent. An example research question that

could be answered using a Chi-Square analysis would be: Is there a significant relationship between teenage mother and socio-economic variables from the targeted district? Calculating the Chi-Square statistic and comparing it against a critical value from the Chi-Square distribution allows the researcher to assess whether the observed cell counts are significantly different from the expected cell counts. The acceptance of Null hypothesis was tested at 5% level of significance and 95% confidence interval respectively.

$$Chi - square = \sum \frac{(f_o - f_e)}{f_e}$$

Where f_o = the observed frequency (the observed counts in the cells) and f_e = the expected frequency if NO relationship existed between the variables. As depicted in the formula, the Chi-Square statistic is based on the difference between what is actually observed in the data and what would be expected if there was truly no relationship between the variables. *Null Hypothesis (H0): There is no relationship between age of teen pregnancy and their level of education in the targeted districts of interventions*

This chapter has outlined and justified the research methodology implemented in this research and its validity. Because of the nature of the research, the author opted for the qualitative and quantitative approach. The key research tools were questionnaire which was applied to teen mothers supplemented by focus group discussions guide to teen mothers. Stakeholders like local leaders, police, parents of teen mothers were also taken through interviews. The participants were carefully targeted and recruited through purposive sampling technique. The results were analyzed using SPSS and key findings discussed in the next chapter.

CHAPTER 4

RESULTS AND DISCUSSIONS

4.0 Introduction

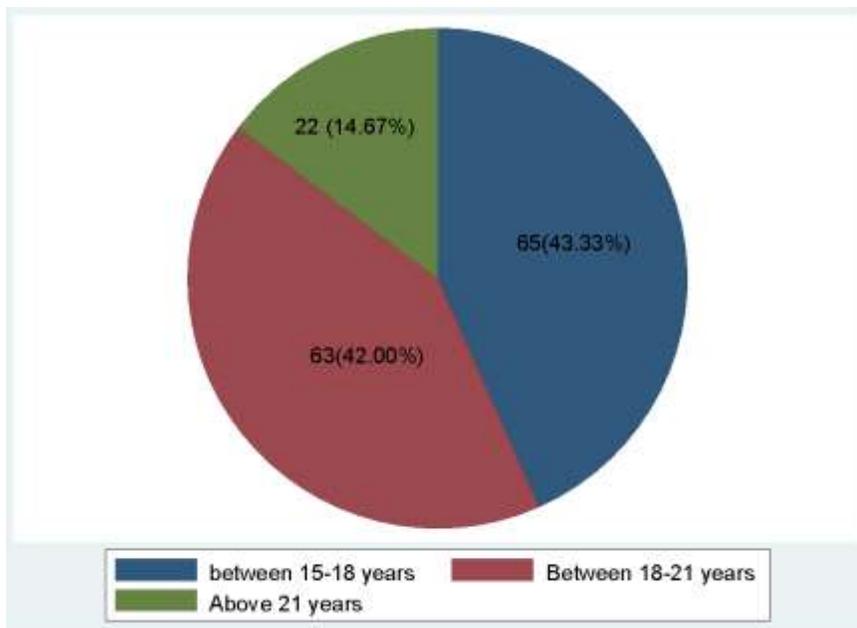
This chapter presents the main findings from the research based on specific objectives. It contains mainly the identification of the respondents' profile not limited to their age, but also to level of education, professional activity, family size and the important respondents' characteristics were identified and discussed. It covers also the presentation of findings based on specific objectives including the investigation of the challenges teenage mothers are facing to and their living conditions, the analysis of the factors and effect of teenage pregnancy and the assessment of the accessibility to justice needs by the teenage mothers.

4.1 Identification of respondents' profile

4.1.1 Age of respondents

The age indicator of the respondents was a necessary part of the research to determine which age group is more represented and to identify opinion according to different age groups. The following pie chart graph provides us with age distribution of respondents.

Chart 1: Age of respondents



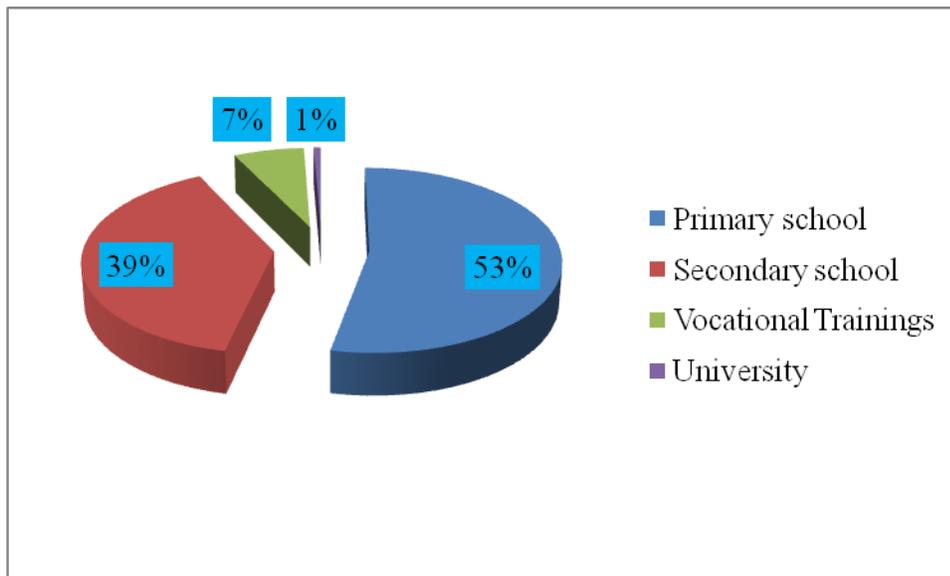
Source: AJPRODHO Survey, August-September 2019.

Summary of descriptive statistics showed that most of respondents with 43.33% are aged between 15-18 years followed by those with the age category of 18-21years represented by 42%, and there after the last but not the least age group was above 21 years with 14.67% of the total sample. Age is among the significant risk factors for teenage pregnancies. In many countries, adolescents become sexually active at a young age (Binagwaho et al., 2012; Chandra-Mouli, McCarraher, Phillips, Williamson, & Hainsworth, 2014) . The earlier adolescents start having sex, the more likely they are to have higher number of sexual partners when they became older (Frisco, 2008; O'Donnell, Myint-U, Duran, & Stueve, 2010). Combine that with their limited access to contraceptive and they are more likely to have frequent unprotected sex and associated health risks in Rwanda (Hakizimana, Logan, & Wong), during the period of 2015

4.1.2 Education background of teenagers from targeted districts

As far as education of teen mothers is concerned, the study revealed that majority of them become pregnant before they complete their Secondary school education. This is highlighted in the chart 2.

Chart 2: Education level of teen mothers



Source: AJPRODHO survey, August –September 2019

Findings from this study revealed that about 53% of teen mothers have attended primary school while 39% of total sampled respondents reached secondary school level and 7% have attended

vocational trainings like welding, tailoring, hair dressing. Finally, only 1% has attained university level. According to different views from key informants and FGDs, adolescents who do not attend school or who have only primary education level are more likely to become pregnant than those who attended schools. This result is similar to other studies in some other African countries (Ayele, 2013; Odimegwu & Mkwanaenzi, 2016; Rosenberg, 2015; Tilahun & Ayele, 2013). Although many studies have found such an association, a causal relationship cannot be definitively established. Some reasonable explanations include that women delay marriage when studying; they may also have improved access to sexual and reproductive health information when they are in schools and therefore be more likely to make informed decisions and less likely to get pregnant (UNFPA & UN-HABITAT, 2013). However, it could be that women who get pregnant before they reach secondary school are not able to complete their education because of pregnancy. Further research is needed to understand the sequencing. Regardless of whether education reduces teen pregnancy or teen pregnancy limits access to secondary education, one major benefit of education is that it gives teenagers access to information. Studies have shown the importance of providing teenagers with sexual and reproductive health information in preventing teen pregnancy (Stanger-Hall & Hall, 2011; Sychareun, et al., 2018)

4.1.3 Age of teen mothers and their education levels

Based on statistics of Rwanda about teenage mothers dated in survey of demographic and health survey of 2014/2015 conducted by Rwanda Demographic and Health Survey (RDHS), the summary of their report indicated that about 6.1 percent to 7.3 per cent of school girls got pregnant due to possible facts like adolescent stage and dropping out of school. Based on table 4.2, findings showed that, from age group of 15-18 years; the high prevalence of teenagers was recorded from Secondary school (91.53%) and only 30% of teenagers aged between 18-21 years were found in vocational training schools.

Figure 3: Age of teenage pregnancy and education levels

Education level	Age of teenage pregnancy		Total
	Between 15-18	Between 18-21	
Primary school	72	8	80
	90	10	100
Secondary school	54	5	59
	91.53	8.47	100
Vocational Trainings	7	3	10
	70	30	100
University	1	0	1
	100	0	100

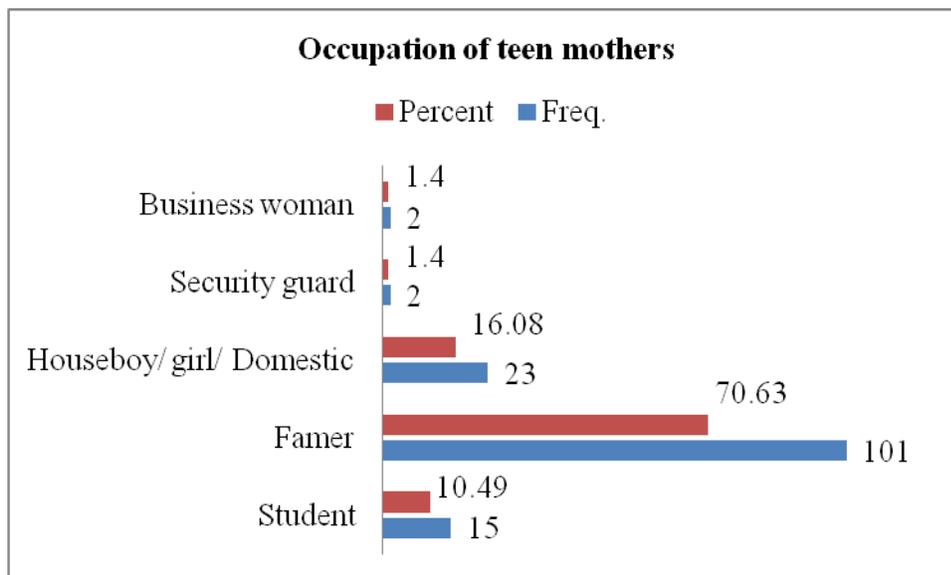
Source: AJPRODHO survey, August –September 2019

By chi-square test, the statistical findings concluded that about 91.5% based on significance level of 0.05, the survey results concluded most of teenage mothers are from secondary school while they are in the age of adolescent ranging from 15-18 years and the results are in line with the report of (Stavropoulou & Gupta-Archer, 2017) who confirmed that Only 7% of girls aged 15-19 report having had their first sex exposure by age 15years. Furthermore, the findings rely on the report of CLADHO, 2016 where defined, the adolescents are aged 10 to 18 which are still in the school age, officially defined at the country level for primary and secondary education. Unfortunately, many are either out of school or are enrolled in or attending school at levels that do not correspond to their ages. Thus, these findings are consistent with the reviewed literature of Plan International on education status of teen mothers where they revealed that approximately 90% of girls aged 15-19 in developing countries occur within early marriage and girls who have received minimal education are 5 times more likely to become a mother than those with higher levels of education (NDUHUYE, 2015; Ntawuyirushintege, 2016; Ruzibiza, 2020)

4.1.4 Occupation of teen mothers

The study findings revealed that majority of respondents are involved in informal activities as we can observe in the graph 4.3.

Chart 3:Occupation of teen mothers



Source: AJPRODHO survey, August –September 2019

Findings represented in the Figure 4.3 show that about 70,63% of all sampled teen mothers were farmers and 16,08% are domestic workers while 10,49% are students. Only 1,4% are in small business for vegetables fruits distribution and security guard services. The figure shows that the majority of respondents are farmers This might be due to the fact that Many teenagers in Rwanda are unemployed and depend on their parents and their partners financially, so they mention farming as their daily occupation. During discussion, respondents pointed out that Lack of meaningful occupation or occupational role overload may have contribute to many teen mothers to engage in sexual activities which could thereafter affect their physical health at early age. This is the quote from one of teen mothers *“I was born in a family of 8 children. My parents were not capable of paying school fees and left school when I had reached in primary 5. Even since I left school, I started earning money from working as casual labor mostly doing farming. At 15, I fell in love with a guy who was 4 years older than me, he had promised to marry me that’s when I got pregnant”*

Further investigation is needed to understand the actual relationship between teenage pregnancies and their individual economic status. As priori indicated in conceptual framework that occupation will affect teenage pregnancy, the evidence from World Bank report, 2013

(Yakubu & Salisu, 2018) support our findings showed that *“Poverty and lack of opportunity are directly associated to teenage pregnancy and early motherhood, which can become impediments to women wanting to take full advantage of development opportunities”*,.

4.1.5 Family size of the respondents’ households

The number of the respondents’ households are presented in the table below which summarizes the number of other children/siblings of the respondent’s family.

Figure 4: Family size of the respondents’ households

<i>Family size of the households</i>	<i>Freq.</i>	<i>Percent</i>
1 child	0	0
2 children	12	8
3 children	16	11
4 children and above	113	75
Living alone	9	6
Total	150	100

Source: AJPRODHO Survey, August-September 2019.

The above table shows that the majority of respondents (75%) are from the family with 4 and above children which is above the average household of 4.3 according to NISR (2014). This is one of the factors that can lead to poverty/vulnerability of the family which is the cause of teenage pregnancy. Chinelo (2015) also mentions household size as one of the causes of teenage pregnancy.

4.1.6 Possession of parents by teen mothers

The following table analyses if the teenage mothers have both parents, one parents or are total orphans and the details are given below:

Figure 5: Identification of respondents according to parental ownership

Parental ownership	Both parents	Mother	Father	Total Orphan	Total
No	0.00	29	2	10	41
	0.00	70.73	4.88	24.39	100
	0.00	46.77	28.57	83.33	27.33
Yes	69	33	5	2	109
	63.3	30.28	4.59	1.83	100
	100	53.23	71.43	16.67	72.67
Total	69	62	7	12	150
	46	41.33	4.67	8	100
	100	100	100	100	100

Source: AJPRODHO Survey, August-September 2019.

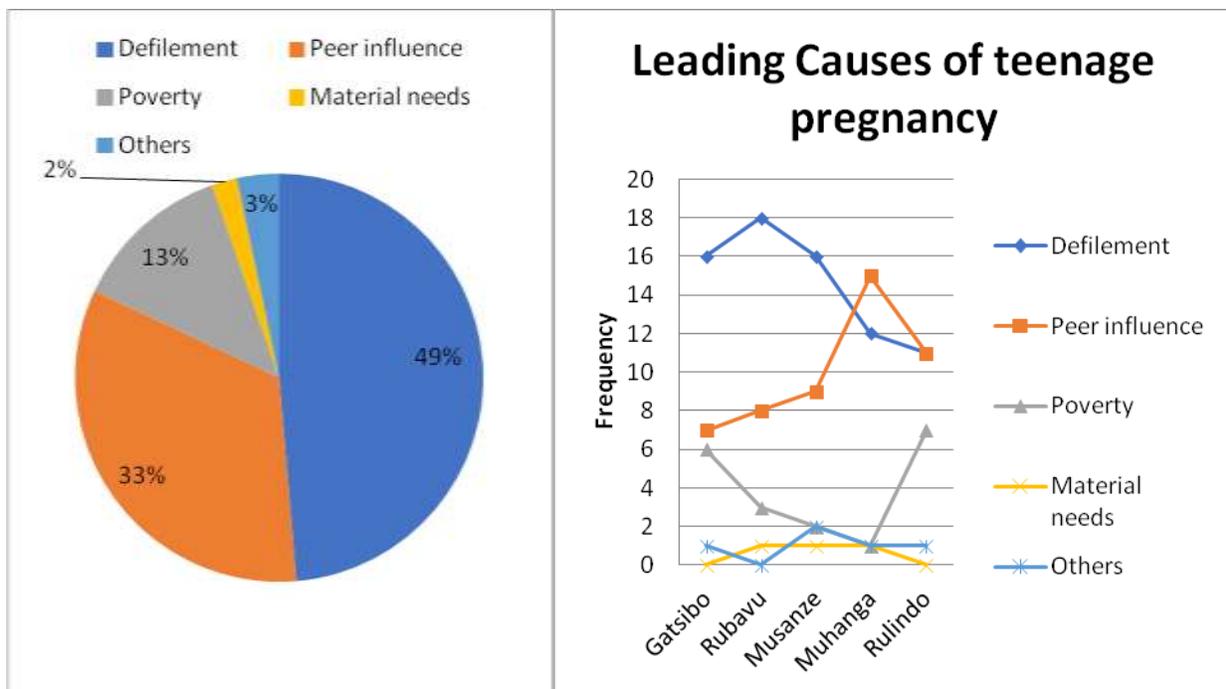
The table above pertained to parental possession by teen mothers from the five districts. Findings showed that only 46% of the sampled teenage mothers have both parents and 41.33% have only their mothers while 4.67% have their fathers and finally only 8% are totally orphan. During the FGD and interviews with key informants, respondents noted that teen girls with who do not live with their parents are more likely to get pregnant as they lack guidance from parents. The absence of parents is due to several reasons, either both parents died or they are absent at home due to many reasons. One of the respondents from Gatsibo District highlighted during interview when he said: *“When a teen does not receive clear information from parents about sexual and reproductive health, either because they forbid sex talk or because they are not around, teen girl will go to seek such information from friends which may lead to misinformation and pregnancy.”* The results are similar to (Helamo, Kusheta, Bancha, Habtu, & Yohannes, 2017) who described that teenagers from divorced or with one parent were more exposed to teenage pregnancy as compared to those who were from married parents. This might be due to lack of education and

guidance from parents. The study however contradicts with the research results as presented by (Miriti & Mutua, 2019) where they mentioned that teens from female headed households were less likely to be exposed to teenage pregnancy compared to teens from male headed households.

4.2 Leading Causes of teenage pregnancy

Findings show that the leading cause of teenage pregnancy is defilement expressed by 49% of the total sampled teenage mothers, followed by peer influence (33%). 2% of others represents Family conflicts, lack of sex information, lack of occupation, family size, lack of parental possession. During interviews, one of the parents explained that there are some girls without ambitions in life who do not have any dreams and who prefer to expose themselves to sexual acts thus resulting in pregnancies. On the other hand, carelessness of parents who do not consider as their responsibility the education of their daughter’s sexual and health reproduction. Some of them claim that their children are still too young to be taught such things while others consider the topics as taboos following their cultural beliefs and think that no one should talk about sex unless it’s time for to get married.

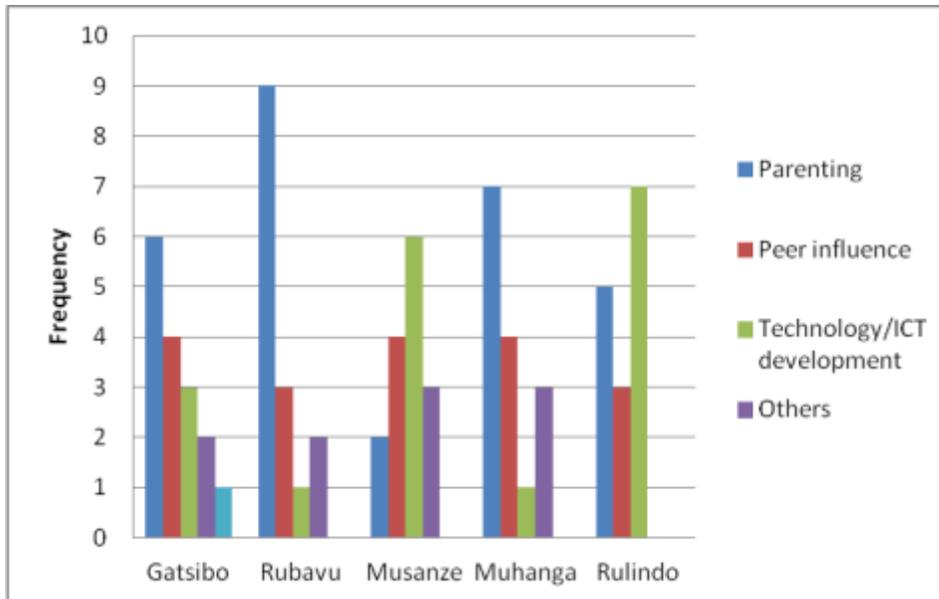
Chart 4: Leading causes of teenage pregnancy



Defilement in form of sexual exploitation was presented to be high across all Districts and highest in Rubavu District followed by Gatsibo and Musanze.

Key informants and parents were asked to outline 3 main causes of teenage pregnancy and the results are presented in the below chart.

Chart 5: Three main causes of teenage pregnancy- key informants



The key informants presented lack of sufficient parenting as the main cause followed by peer influence and technology. Other factors mentioned include family conflicts, drug use by teens,. In line with poverty as the cause of teenage pregnancy, the study shows when parents cannot find the needs for their daughters, rich gentlemen lured them with money and got them pregnant. This was highlighted by one of key informants from Gatsibo District when he confirmed: “Our *young daughters and sons sometimes have curiosity about sexuality, and because they do not use family planning, finally the girl becomes pregnant*”. One of the key informants from RIB ascertained: “Major causes include parents’ irresponsibility, girls’ *high desire of what they do not possess, desire of getting married before being mature, etc*”.

The findings are somehow similar to the ones presented by CLADHO (2016) where the leading cause of teenage pregnancy was sexual violence (75%) followed by teenagers who get pregnant from colleagues (49%) though there are slight reduction in percentage rates. The reduction might be caused by development of government strategies and measures to deal with teenage pregnancy issues.

Figure 6: Occupation of suspects

<i>Occupation of suspect/ partner</i>	Gatsi bo	Rubavu	Musanze	Muhanga	Rulindo	Fequency	Percentage
Farmer(Umuhinzi,Umworozi)	3	1	8	1	6	16	13%
Students	4	4	1	2	3	17	9%
Car and drivers motor driver	3	3	5	12	4	27	18%
Business men	2	9	6	1	0	18	12%
Security personnel (Soldiers, Police men, Dasso, Prison waiter)	11	6	1	6	2	26	17%
Casual workers	2	4	3	3	0	12	8%
Civil servants/ local leaders	1	2	3	2	3	11	7%
Teachers	0	0	2	0	3	5	3%
Hairdresser	1	1	0	3	4	9	6%
Construction	1	0	0	0	5	6	4%
Others	2	0	1	0	0	3	2%
Total	30	30	30	30	30	150	100%

Source: AJPRODHO Survey, August-September 2019.

Descriptive findings show that 13% of suspects are farmers, 18% are Car and drivers motor driver, 12% are business men and 17% security personnel (Soldiers, Police men, Dasso, RCS), 7% were from civil servants, 3% are teachers, hairdressers, people in construction and other occupations takes 12%. During the interview with teen mothers, one of them revealed this: I was impregnated by a married man, I know other two of my fellows who were impregnated by married men, 5 others were impregnated by their peers and other 1 was raped and they became pregnant.”

Car and motor driver cases were high in Muhanga District followed by Musanze Districts and these cases were reported in urban sectors. This may be associated with urbanization where a number of motor and car drivers are located in urban areas.

Security organs: These included Army, Police, RSC and DASSO. Cases of security organs were high in Gatsibo followed by Muhanga and Rubavu. Most of cases in Gatsibo Districts were from Rwimbogo sector- which may be associated with the existence of Gabiro military training centre. In Muhanga District, most cases were reported in Shyogwe which is an urban area close to the District Prison. Farmers cases were High in Musanze and Rulindo Districts. Many mentioned that they were their neighbours who farming as their business

4.3 Leading Effects/consequences of teenage

Teen mothers were asked to name 3 main effects faced after pregnancy. The findings presented in the table above shows the main effect of teenage pregnancy is school dropouts (34%) followed by poverty (32%) and stigma (25%). Responses related to others include: Homeless, domestic violence in marriage, health problems (premature birth, miscarriage/abortion, early marriages.

Figure 7: Leading Effects of teenage pregnancy

	EFFECTS	Gatsibo	Rubavu	Musanze	Muhanga	Ruliando	FREQUENCY	%
	School dropout	11	6	15	9	10	51	34%
	Stigma	12	5	3	11	6	37	25%
	Poverty	4	14	9	9	12	48	32%
	Lack of interest in education	0	4	1	0	0	5	3%
	Family conflicts	2	0	0	0	1	3	2%
	Others	1	1	2	1	1	6	4%
	Total						150	

Some other researches revealed stigma as a major social consequence (Ndahindwa et al., 2014) which in turn leads to school dropouts and reduced zeal to go back to school after delivery. One teen mother from Gatsibo was quoted *“Going back to school is not due to lack of school materials or school fees, but it is a shame for us who got pregnant, at least one can rejoin professional school but, personally, I refused to go back to my school.* The results presented relatively low percentages in terms of school dropouts compared to the CLADHO (2016) which

was at 54%. In Uganda, a study conducted by Fred et al (2018) presented school dropouts at 46% while in Nigeria, a study conducted by Kate et al (2012) confirms school dropouts among teen mothers at a slightly greater percentage (60%). School dropouts are more likely not to get decent employment to support their children and therefore contributing to inter-generational poverty.

Figure 8: Occupation of teen mothers before and after pregnancy

Occupation	Before pregnancy	Percentage	After Pregnancy	Percentage2
Small businesses	1	1%	2	1%
Farmer	22	15%	101	67%
Student	107	71%	15	10%
Domestic works	9	6%	23	15%
Security	0	0%	2	1%
Others	11	7%	7	5%
TOTAL	150	100%	150	100%

Source: AJPRODHO Survey, August-September 2019.

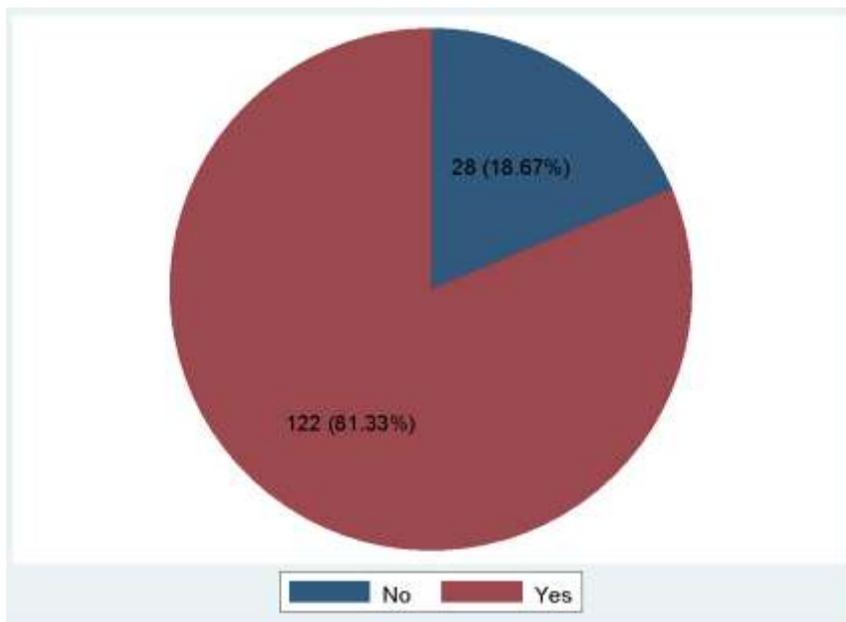
Most of teen mothers were students before pregnancy (71%) but most of them became farmers after pregnancy (67%). This may be associated with the fact that many teen mothers are unemployed and depend on their parents and partners financially, therefore mentioning farming as their occupation. The study results corroborate with the ones from Haguruka (2018) which shows that teen mothers face a serious challenge of studies and the certainty of their future. While 63% of them were in school when they got pregnant, only 5% were still students at the time of the study. A non-significant percentage of them had managed to complete secondary education. Others had abandoned the school in order to deal with the new status as mothers as well as connected struggles. This abandonment of school is an open gate to poverty since most of them are unskilled for any profession. In the same context, (Mangeli, Rayyani, Cheraghi, &

Tirgari, 2017) mentioned that after becoming a mother, teenagers have been unable to manage their time and their plans. Therefore, they did not find time to deal with other businesses. Many adolescents feel restricted when they encounter various responsibilities of motherhood. , They feel like they are imprisoned and become unable to fulfill self-desires. In other cases, teen mothers are restricted from spending for self-interests.

4.3.1 Percentage of teen mothers who keep living with their families after delivery

Respondents from the study area were asked questions related to their living place after delivery and the findings on this issue are represented in below on pie chart.

Chart 6: Teen mothers who keep living with their families after delivery



Source: AJPRODHO Survey, August-September 2019.

As shown in the above chart, about 81% of the teen mothers keep living with their families after they have given birth while 19% leave their families and live with their relatives or rent their own places. Those who do not live with their families do not do it willingly but they are forced to do so. Many of those who are obliged to leave their family either they are received by their relatives or they rent houses and they go to live alone. These study findings are in line with the findings revealed by Haguruka (2018) showing that teen mothers have challenge of social

integration. They are rejected by the community, abandoned on their own by their families as well as their male partners.

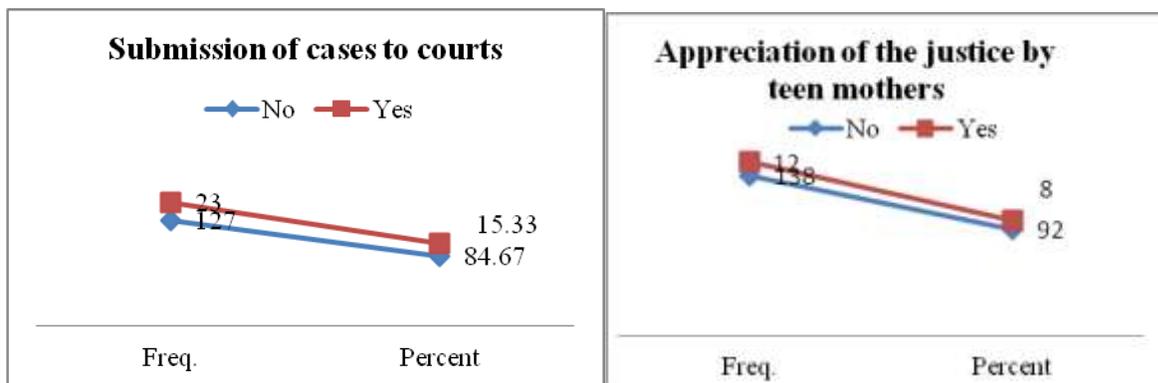
4.4 Access to justice for teen mothers and victims of teenage pregnancies

Over the last few decades, the concept of access to justice has evolved from a right to take legal action for violation of rights into a term that more broadly encompasses equitable and just remedies (Rights, 2006). Access to justice is “not only a fundamental right in itself, but it is an essential prerequisite for the protection and promotion of all other civil, cultural, economic, political and social rights. This section describes access to justice for teen mothers and how they appreciated the justice provided.

4.4.1 Submission of cases and appreciation of justice by teen mothers

The following figures presents number of teen mothers who submitted their cases to courts and those who appreciated the justice provided.

Linear charts 14: Justice given to teen mothers



Source: AJPRODHO Survey, August-September 2019.

The findings show that only 15% of suspects were taken to courts and 85% were not. Furthermore, the results indicate that only 8% of the teenage mothers appreciated courts’ decisions while 92% did not appreciate. During interview with key informants from RIB in Gatsibo District, teen mothers are not properly given justice due to a variety of factors including information hiding, unwillingness to go to courts, anonymous discussions between families, etc. With regard to access to justice, one of participants to FGDs had this to say: “*The one who made me pregnant was sentenced, but it was due to another girl who was sexually abused by him and*

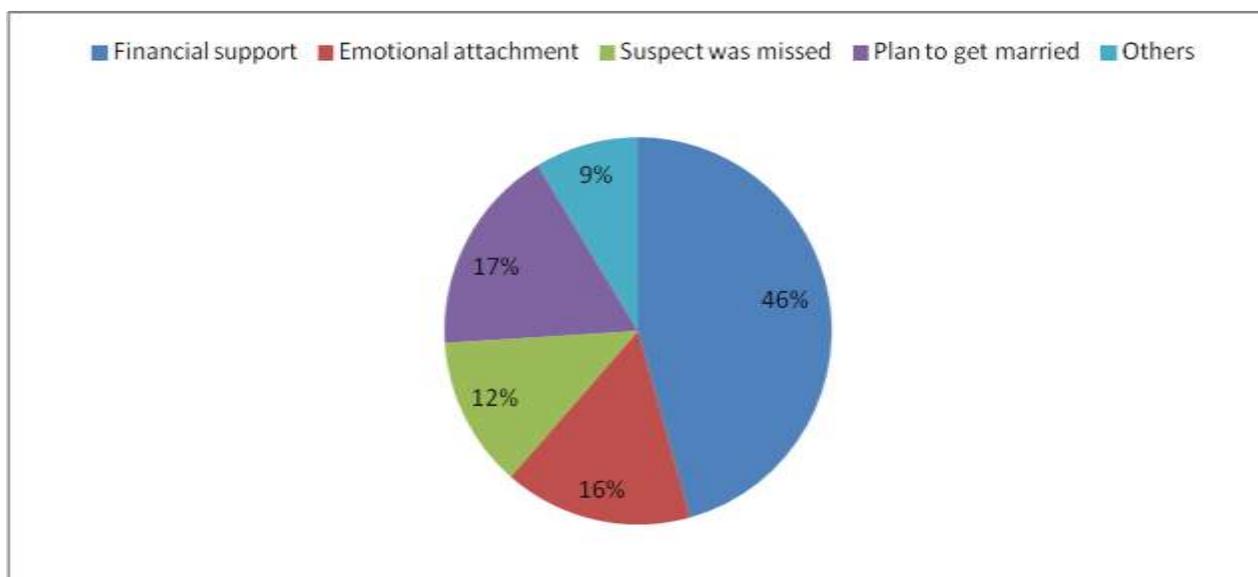
not me. Now, he is in prison.” Another teen mother added: “I did not submit my case in court, I wanted to pursue for my case but I failed because the suspect is far from where I live. He lives in Nyagatare while I remain in Gatsibo District. However, he recognized/accepted the child and I didn’t the benefit I’ll get if he’s sentenced. The family chased me out of the house. In fact, my mother has left my father and my father left me too. He even wanted to hurt me with a machete.”

Teens often lack adequate levels of experience of dealing with public officials, educational background and ability to articulate needs and claims. In the case of adult suspects, teens are confused or their parents persuaded to prevent submission of their cases to courts. Where poverty is a factor, teens are even less likely to approach the justice system to claim their rights: the stigma of poverty and the multidimensional deprivations suffered by the poor are enhanced by a teen’s dependent status.

4.4.2 Underlying causes of not taking suspects to courts

The study tried to capture underlying causes of not taking to courts suspected responsible for teen pregnancies and answers are provided in the pie chart below.

Chart 7: Underlying cause of not taking cases to courts



Source: AJPRODHO Survey, August-September 2019.

The findings presented in figure above indicate that the main reasons of not taking suspects to courts was financial support from the suspect(46%) followed by the mutual agreement to get

married (17%). Emotional attachment (16%) and missed suspects (12%) was also raised as the reason to not consulting legal authorities. The category of others (9%) included those who mentioned poverty, lack of evidence and family mistreatment. In addition, there some parents who are persuaded by suspects and hinder or convince the teen to not take the suspect to court through promising them that if taken him to court, nobody will support her financially after delivery. One of interviewed teen mother told us this *“I decided not to take him to court because he promised to financially support my child. If had decided to take him to court, I would have lost everything.”* These findings are not different from those revealed by Haguruka (2018) in line with the disclosure of the male partner. In fact, Haguruka found that given the seriousness and the heaviness of the provision of punishment in the law, teen mothers and their male partners work together to hide the identity of the father of their children. They rather choose to negotiate in anonymity in order to avoid the risk missing even the few expectation of support from these fathers due to imprisonment.

Results revealed that there is strong prevalence at 59.32% of teenage pregnancy mothers who did not accuse suspects due to manipulation of teen’s parents(by providing financial support to parents of the victim), there are also blackmail and threats (verbal violence) expressed by 40.68% of teen mothers. This said, the study found out that no case of manipulated parents have been cited as an underlying cause of not taking to court suspected responsible of teen pregnancies. This information correlate with what have been revealed during FGD where key informants confirmed that many families prefer not to take to court the suspects of teen pregnancies because they want to hide what happened to their daughters and prefer to solve the issue amicably.

4.4.2 What is needed to improve access justice for teen mothers

The table 9 below provides some suggestions formulated by teen mothers that can contribute to improve their access to justice.

Figure 9: Needs of improvement for teen mothers’ access to justice

<i>Action to be taken</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum.</i>
Take suspects to courts	23	15.33	15.33
Financial support by suspects	95	63.33	78.67
Marriage with suspect	21	14	92.67
Take child to his/her father	11	7.33	100
Total	150	100	
<i>Other support needed by teen mothers to build self-confidence</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum.</i>
Payment of school fees	58	38.67	38.67
Take care of child	92	61.33	100
Total	150	100	

Source: AJPRODHO Survey, August-September 2019.

Findings from field survey showed that about 63.3% prefer to receive financial support from suspects and 15% of the teen mothers would take them to courts while 14% would go for marriage with responsible of pregnancies and only 7.3% would prefer that their children live with respective fathers. Findings also revealed that about 61.3% would prefer to be supported with childcare and only 38.7% would need payments of school fees by respective fathers. With regard to kind of support needed by teen mothers, one of respondents from Muhanga District expressed the following: *If I can find someone that supports me to take care of my child, I would like to go back to school for vocational trainings. That would enable me to be able to care for my child.* Majority of teen mothers were unanimous to affirm that one of the best solutions would be to make them go back to school especially by pursuing vocational trainings. This would help them to be able to initiate small income generation activities. During interview, another teen mother from Rubavu District suggested that: *“There is a need to approach our parents and our families so as to help them understand the problems we are confronted with so that they may not continue to mistreat.”* Education of teen mothers on reproductive health is also an important aspect on prevention of teenage pregnancy.

4.4.5 Civil registration and acceptance of child by suspect

The question here was to know whether teen mothers register their children and alleged father recognize the children. Table above pertained to child registration to the sector database and child acceptance by alleged fathers in the selected five districts of Rwanda. Based on findings from the field survey, results revealed that about 69% of children were registered to sector registries while 31% did not. Furthermore, results also showed that 54% of the alleged father accept their children while 46% did not.

Chart 8:Rate of children registered and those who are accepted by suspects

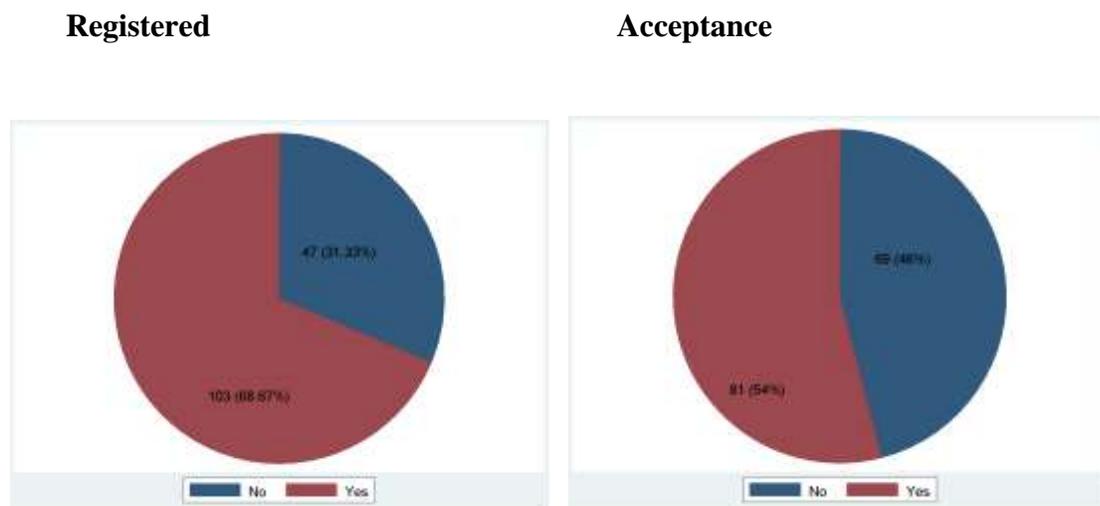


Figure16:

The results shows improvement in child registration compared to the ones presented by Haguruka (2018) which revealed that only 73% of them had their children registered; only 26% had their male partners who accepted to register their children. In the same context, CLADHO (2016) revealed that majority of children born from teen pregnancies (95%) were not registered and only 5% were! The 2020 findings present significant improvement. The 2020 findings show that there has been significant improvement. This is due notably to sensitization and advocacy in favor of teen mothers and child registration. The revision of the persons and family law, N°32/2016 of 28/08/2016 article 100, paragraph one of the law governing persons and family which allows every child to be registered by child's parents or guardians. If they are not available, any person who has witnessed the birth of the child can make a declaration of birth. The amendment of this law may have greatly contributed to this improvement. Some of the teen

mothers registered their children even though their father did not recognize them. During the FGD and interviews with teen mothers, in line with child registration, one of the respondents from Musanze District stated: *“I have two children, for the first one, I don’t know if his father registered him, though he confirms that he has done it, I don’t have no evidence; the second one is registered under my name because his father is in prison”*. As stated by key informants, most of suspected fathers/partners are not willing to recognize/accept their children because they do not want to take responsibility to care for them.

This chapter presented the major findings after an analysis of primary data including quantitative and qualitative results. The educational level of teen mothers was quite low (53% of teens had attended primary school and 39 % secondary school) which directly defines limited information on sexual and reproductive health. Most of teen mothers were either orphans or had one parent which would be connected to little or no education received from their parent’s hence limited understanding on their body changes. Defilement and sex between peers were mentioned as leading causes of teenage pregnancy. Most of suspects are from the community and drivers (Moto and taxi) followed by security organs especially military, police and RCS. A greater number of sampled teen mothers reported to be farmers as their occupation. This is due to the fact that many teenagers in Rwanda are unemployed and depend on their parents and their partners financially, so they mention farming as their daily occupation but in real sense it’s supporting parents in the farming activities. School dropouts, Poverty and stigma were a leading consequences after pregnancy due to rejection by parents, lack of family and partner support many to mention but a few. There are huge gaps when it goes to access to justice, most of suspects confuse or persuade teens and teen’s parents to prevent submission of cases to courts. This is done by promising to marry them or provision of financial support though after delivery, many of teen mothers reported to no longer get support from them. The next chapter will put final conclusion drawn from objectives and recommendations to different partners and stakeholders engaged gender equality, legal access and access to justice by teen mothers in Rwanda and this study closes with suggestions for subsequent steps that should be taken in Rwanda covering all thirty district of the country.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Teen pregnancy is a critical condition influenced by different factors. Adolescent pregnancy is also a major contributor to an intergenerational cycle of poverty and poor health outcomes. Whatever the reason; teenage pregnancy is a health issue and a cause for concern in Rwanda. The main objective of this study was to make a situational analysis of teenage pregnancy & teen mothers in Gatsibo, Rulindo, Musanze, Muhanga and Rubavu Districts. We collected quantitative information about teenage pregnancy phenomenon, tried to capture its determinants, and associated risks. Information was collected using questionnaires that were distributed to 150 teen mothers. Qualitative data was collected through FGDs, interviews with key informants as well as observation technique, while secondary data was collected through various documents such as the Vision 2020/50, NST1, Sector Policies and associated strategic plans and District Development Strategies (DDSs), EICV 5, project document reports, etc and Agenda 2030 for Sustainable Development Goals (SDGs) and the Africa Union Agenda 2063.

Findings from this study revealed that the major causes of teen pregnancy phenomenon are multiple. They include defilement, peer influence (curiosity) poverty, lack of parents' guidance, lack of knowledge on sexual and reproductive health, etc. Qualitative data indicate that other causes of teenage pregnancies exist and include among others youth delinquency, family conflicts, materialism *or* greed of material goods such as mobile phones, money, clothes, etc), bad surroundings, drug abuse among male and female youth, pornographic films, temptations from adult persons, the desire for some girls to do sexual relationship before they are married, etc. It was shown through this research that suspects of such pregnancies include businessmen, drivers, security organs, farmers, civil servants, many to mention but a few. Majority of them do not have any family relationship with victims. In most cases, the latter don't accuse suspects responsible of pregnancies: some of them are corrupted as they received financial or material support from suspects or in other case, their parents were given money by suspected responsible of teen pregnancy. Thus, they retained themselves from revealing what happened. Another reason provided was the expectation to get married by the suspect. Moreover, when teen mothers expect to receive financial or material support from the suspect; they find it beneficial to not take

such cases to courts due to harsh punishments expected. Other consequences revealed during qualitative data collection include the following: lack of self-confidence, vulnerability of families, lack of means to take care of children, transmissible diseases, hate from their family, diminished chance of getting legally married, etc.

The study recommends that schools should put much emphasize on sexual and reproductive health and consider it as an important issue at primary and secondary school levels. In the same vain, parents have to change their mindset about reproduction and sexual relationship and have candid discussions with their children about sex.

5.2 Recommendations

Based on the study findings and the challenges expressed by respondents and key informants, the following recommendations are formulated either by the stakeholders, key informants or by the researchers:

5.2.1 Recommendations to local leaders

To build strategies of economically empower adolescents (Girls) from poor families because poverty has been cited among major factors influencing teen pregnancy phenomenon. For teen mothers, projects like promotion of vocational trainings (TVET) and saving groups would help to improve their livelihoods.

Community mobilization should be strengthened, especially through community assemblies (inteko z'abaturage) and parents' evening (umugoroba w'ababyeyi) for the prevention of teen pregnancies. This would emphasize on encouraging sex discussions between parents and children.

Districts should organize reproductive health campaigns during holidays in a way that is youth-centric / attracts youth. This would be in form of music through artists, soccer, films and other entertainment forms to gain youth attentions. Districts should particularly use Youth Friendly Centers and youth corners in health centers to enhance Adolescent Sexual and Reproductive Health Rights (ASRHR) services delivery.

Districts must take different measures to address the issue, including strengthening sexual and reproductive health education for youth in and out of schools, mentoring parents through Umugoroba w'Ababyeyi.

5.2.2 Recommendations to schools

School teachers must play a key role in preventing and finding solutions to problems of teenage pregnancy by putting much emphasize on explaining to school students sexual and reproductive health through clubs, music etc which attract students attention and work closely with parents through Parents & Teachers Associations/ Committees on joint measures as well with individual parents on case by case risky sexual behavior of the young population especially adolescents/ teenagers.

5.2.3 Recommendations to the Ministry of Education

Studies found that educational programs aimed at reducing sexual risk behaviors and prevention of pregnancy among young people can effectively reduce the pregnancy rates among teenagers. For this to be achieved, the following must be done:

The study recommends that emphasis should be given to the prevention of adolescent pregnancy through improvement of contraceptive access, adolescent-friendly health services, and sexuality education. On this piece, discussions between GoR and religious leaders should be enacted specifically to design appropriate implementation strategy since there is a big number of schools owned by religious leaders who at the moment stand on only abstinence.

The Ministry of Education has a well-developed training curriculum. It's recommended to train teachers on the ASRHR education delivery model so as to have sessions which are harmonized across schools.

5.2.4 Recommendations to policy makers

Policy makers should find out if the concerned government policies and programs are responsive to pertaining ASRHR and teenage pregnancy issues in the country, and where necessary conduct policy and programming reforms. Government should for instance ensure that existing or new

programs keep girls/ teens busy in schools and have access to reproductive health information and materials. In the same way the study recommends that government designs programs which encourage sex talk between parents and children disseminated at the community level.

5.2.5 Recommendation to Faith Based Organizations (FBOs)

The Government of Rwanda through the Rwanda Governance Board (RGB) should discuss with FBOs on designing appropriate effective ways of Adolescent Sexual and Reproductive Health communication to their members (families and youth) and on issues of teenage.

REFERENCES

Abbott, P., Rwirahira, J., Mugisha, R., Mutesi, L., Tuyishime, C., & Vuningoma, L. (2014). Lifestyle and sexual and reproductive health in Rwanda: Findings from a Purposive Qualitative Study: IPAR-Rwanda, Kigali.

- Amaratunga, D., Baldry, D., Sarshar, M., & Newton, R. (2002). Quantitative and qualitative research in the built environment: application of “mixed” research approach. *Work study*.
- Ayele, W. (2013). Differentials of early teenage pregnancy in Ethiopia, 2000, and 2005. *Maryland, USA: ICF international*.
- Bahati, V. (2013). *Rwanda's international Human Rights obligations regarding the right to education for children with disabilities*. University of Pretoria.
- Bekker, P. H., Dolzer, R., & Waibel, M. (2010). *Making transnational law work in the global economy: Essays in Honour of Detlev Vagts*: Cambridge University Press.
- Binagwaho, A., Fuller, A., Kerry, V., Dougherty, S., Agbonyitor, M., Wagner, C., . . . Farmer, P. (2012). Adolescents and the right to health: eliminating age-related barriers to HIV/AIDS services in Rwanda. *AIDS care, 24*(7), 936-942.
- Chandra-Mouli, V., Camacho, A. V., & Michaud, P.-A. (2013). WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. *Journal of adolescent health, 52*(5), 517-522.
- Chandra-Mouli, V., McCarraher, D. R., Phillips, S. J., Williamson, N. E., & Hainsworth, G. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive health, 11*(1), 1.
- Chandra-Mouli, V., Armstrong, A., Amin, A., & Ferguson, J. (2015). A pressing need to respond to the needs and sexual and reproductive health problems of adolescent girls living with HIV in low-and middle-income countries. *Journal of the international AIDS society, 18*, 20297.
- Darroch, J. E., Woog, V., Bankole, A., Ashford, L. S., & Points, K. (2016). Costs and benefits of meeting the contraceptive needs of adolescents. *Guttmacher Institute*.
- Frisco, M. L. (2008). Adolescents' sexual behavior and academic attainment. *Sociology of Education, 81*(3), 284-311.
- Gunawardena, N., Fantaye, A. W., & Yaya, S. (2019). Predictors of pregnancy among young people in sub-Saharan Africa: a systematic review and narrative synthesis. *BMJ global health, 4*(3), e001499.
- Hakizimana, D., Logan, J., & Wong, R. Risk Factors for Pregnancies Among Females Age 15 to 19 in Rwanda: A Secondary Data Analysis of the 2014/2015 Rwanda Demographic and Health Survey (RDHS).

- HATEGEKIMANA, J. N. (2018). *UNWANTED PREGNANCY AND ADOLESCENT GIRLS EDUCATION IN SECONDARY SCHOOLS A CASE OF MASAKA SECTOR, KICUKIRO DISTRICT-RWANDA*. Mount Kenya University.
- Helamo, D., Kusheta, S., Banacha, B., Habtu, Y., & Yohannes, S. (2017). Utilization and factors affecting adolescents and youth friendly reproductive health services among secondary school students in Hadiya Zone, Southern Nations, Nationalities and Peoples Region, Ethiopia. *Int J Pub Heal Safe.*, 2(141), 2.
- Imenda, S. (2014). Is there a conceptual difference between theoretical and conceptual frameworks? *Journal of Social Sciences*, 38(2), 185-195.
- Kassa, G. M., Arowojolu, A., Odukogbe, A., & Yalew, A. W. (2018). Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. *Reproductive health*, 15(1), 195.
- Kirbas, A., Gulerman, H. C., & Daglar, K. (2016). Pregnancy in adolescence: is it an obstetrical risk? *Journal of pediatric and adolescent gynecology*, 29(4), 367-371.
- Kothari, C. (2008). Research methodology: Methods and techniques,(pp. 1-56). *New Delhi: New Age International (P) Limited, Publishers (ISBN 10: 81-224-1522-9)*.
- Kumar, M., Huang, K.-Y., Othieno, C., Wamalwa, D., Madeghe, B., Osok, J., . . . McKay, M. M. (2018). Adolescent pregnancy and challenges in Kenyan context: Perspectives from multiple community stakeholders. *Global Social Welfare*, 5(1), 11-27.
- Mangeli, M., Rayyani, M., Cheraghi, M. A., & Tirgari, B. (2017). Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: a qualitative study. *Journal of family & reproductive health*, 11(3), 165.
- Marcus, R., Page, E., Stephenson, J., & Walker, D. (2015). New knowledge on children and young people: A Synthesis of Evidence from the ESRC-DFID Joint Fund for Poverty Alleviation Research.
- Mawere, M., & Mubaya, T. R. (2017). *The African Conundrum: Rethinking the Trajectories of Historical, Cultural, Philosophical and Developmental Experiences of: Langaa RPCIG*.
- Miriti, J. M., & Mutua, M. N. (2019). TEENAGE PREGNANCIES AND GIRLS EDUCATION CAPABILITIES IN NZAMBANI WARD KITUI COUNTY IN KENYA: SCHOOL AND COMMUNITY PERSPECTIVE. *International Journal of Gender Studies*, 4(1), 59-84.

- Ndahindwa, V., Kamanzi, C., Semakula, M., Abalikumwe, F., Hedt-Gauthier, B., & Thomson, D. R. (2014). Determinants of fertility in Rwanda in the context of a fertility transition: a secondary analysis of the 2010 Demographic and Health Survey. *Reproductive health, 11*(1), 87.
- NDUHUYE, F. (2015). *Assessment of risk factors associated with teenage pregnancy among young women Between 15-19 Years in RWANDA: RDHS Analysis 2014-2015*. UNIVERSITY OF RWANDA.
- Neal, S. E., Chandra-Mouli, V., & Chou, D. (2015). Adolescent first births in East Africa: disaggregating characteristics, trends and determinants. *Reproductive health, 12*(1), 13.
- NISR. (2016). Poverty Trend Analysis Report 2010/11-2013/14: National Institute of Statistics of Rwanda Kigali.
- NISR, M. (2015). Rwanda Demographic and Health Survey, 2014-15. *Key indicators*.
- Ntawuyirushintege, S. (2016). *Factors associated with teenage pregnancy in eastern province. analysis of RDHS 2014-2015*. University of Rwanda.
- O'Donnell, L., Myint-U, A., Duran, R., & Stueve, A. (2010). Especially for daughters: parent education to address alcohol and sex-related risk taking among urban young adolescent girls. *Health promotion practice, 11*(3_suppl), 70S-78S.
- Odimegwu, C., & Mkwanzizi, S. (2016). Factors associated with teen pregnancy in sub-Saharan Africa: a multi-country cross-sectional study. *African Journal of Reproductive Health, 20*(3), 94-107.
- Organization, W. H. (2014). Adolescent pregnancy: adolescence is a time of opportunity during which a range of actions can be taken to set the stage for healthy adulthood: fact sheet: World Health Organization.
- Organization, W. H. (2018). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. 2011. *Geneva: WHO, 195*.
- Osanloo, A., & Grant, C. (2016). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house”. *Administrative issues journal: connecting education, practice, and research, 4*(2), 7.
- Patterson, T. L., & Leaf, P. J. Section I: Oral Sessions. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 84*(6).

- Pradhan, R., Wynter, K., & Fisher, J. (2015). Factors associated with pregnancy among adolescents in low-income and lower middle-income countries: a systematic review. *J Epidemiol Community Health*, 69(9), 918-924.
- Rights, U. N. O. o. t. H. C. f. H. (2006). *Frequently asked questions on a human rights-based approach to development cooperation*: United Nations Publications.
- Rosenberg, M. (2015). *Society and the adolescent self-image*: Princeton university press.
- Ruzibiza, Y. (2020). 'They are a shame to the community...' stigma, school attendance, solitude and resilience among pregnant teenagers and teenage mothers in Mahama refugee camp, Rwanda. *Global Public Health*, 1-12.
- Sally Effie, O. (2015). Why does female genital mutilation persist? Examining the failed criminalization strategies in Africa and Canada.
- Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: Why we need comprehensive sex education in the US. *PLoS One*, 6(10).
- Stavropoulou, M., & Gupta-Archer, N. (2017). December 2017.
- Svanemyr, J., Scolaro, E., Chandra-Mouli, V., Blondeel, K., & Temmerman, M. (2013). The contribution of laws to change the practice of child marriage in Africa. *Inter-Parliamentarian Union, Geneva*.
- Sychareun, V., Vongxay, V., Houaboun, S., Thammavongsa, V., Phummavongsa, P., Chaleunvong, K., & Durham, J. (2018). Determinants of adolescent pregnancy and access to reproductive and sexual health services for married and unmarried adolescents in rural Lao PDR: a qualitative study. *BMC pregnancy and childbirth*, 18(1), 219.
- Tilahun, M., & Ayele, G. (2013). Factors associated with age at first sexual initiation among youths in Gamo Gofa, south west Ethiopia: a cross sectional study. *BMC public health*, 13(1), 622.
- Umzurike, U. O. (1983). The African Charter on human and peoples' rights. *American Journal of International Law*, 77(4), 902-912.
- UNFPA, U., & UN-HABITAT, I. (2013). Population dynamics in the post-2015 development agenda: Report of the global thematic consultation on population dynamics. *United Nations*. URL <http://www.worldwewant2015.org/file/313464/download/340868>.

Yadufashije, D., Sangano, G. B., & Samuel, R. (2017). The Study of Factors Influencing Teenagers Pregnancy in Africa. *International Journal of Interdisciplinary Innovative Research & Development (IJIIRD)*, ISSN.

Yakubu, I., & Salisu, W. J. (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive health*, 15(1), 15.