

KIBOGORA POLYTECHNIC

FACULTY OF HEALTH SCIENCE

DEPARTMENT OF GENERAL NURSING A0

**ASSESSMENT OF COMMUNITY AWARENESS ON IMPACT AND FACTORS
TO UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19
YEARS.**

Case study: Nyabidahe secondary school-Karongi district

Period: May 2022-July 2022

A Research Paper submitted in partial fulfillment of the requirements for the bachelor's degree with honor in general nursing.

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DECLARATION

Declaration by the Candidate

We, Esther NIYOMUKIZA and Eugene SINDAYIHEBA hereby declare that this is my own original work and not a duplication of any similar academic work. It has therefore not been submitted to any other institution of higher learning. All materials cited in this paper which are not my own have been duly acknowledged.

Signed.....

Date.....

Declaration by the Supervisor

I declare that this work has been submitted for examination with my approval as KP Supervisor

SUPERVISOR'S NAME.....

SIGNED.....

DATE.....

ABSTRACT

Teenage pregnancy is a global problem occurring in high, middle and low-income countries (ICPD, 2017). Many countries continue to experience a high incidence of teenage pregnancies even if they have some intervention strategies for underrating the issue (Walag et al., 2018). Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth.(Guttmacher Institute; 2016).

The purpose of this study was to assess community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years study at Nyabidahe secondary school, Karongi district.

The study was a descriptive cross-sectional study that used a simple random sampling method during data collection among teenagers between 15-19 years study at Nyabidahe secondary school.

Both economic factors and social factors were found as precursors to unwanted pregnancy among teenagers of 15-19 years. And out of 60 female teenagers who participate in our research, 40(66.7%) said that they didn't get adequate support from their family, 37(61.7%) have engaged in sexual intercourse whereas 35(58.3%) influenced by their boyfriends to do sex. And 40(66.7%) did not get easily reproductive health information whereas 29(48.3%) responded that their family obstacle them to access reproductive health information and secondary is religious at 35.0%. also 56(93.3%) said that teenager pregnancy is common in their community where they live, and the most impact of unwanted pregnancy among teenagers is school dropout at 25(41.7%) followed by health risk during and after child birth at 15(25%)

DEDICATION

We would like to dedicate this project to heavenly father who provide us a life and helped us so that to conduct our research. Also, our work is again dedicated to our family and parents who tried their best and gave us necessary things till now. Also, we dedicate this work to our lecturers who have provided us knowledge and skills so that we reach at this level and lastly, we cannot forget our colleges who work together with us in our program.

God bless them unconditionally.

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ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ARV: Antirétroviral

CLADHO : Collective des Ligues et Associations de Défense des Droits de home au Rwanda

DHS: Demographic health survey

HIV: Human Immunodeficiency Virus

ICF: International Coach Federation

KP: Kibogora polytechnic

NISR: National Institute of Statistics of Rwanda.

RDHS: Rwanda Demographic and Health Survey

RVF: Rift Valley fever

SPSS: Statistical Package for Social Sciences

UNICEF: United Nations Children's Fund

UPFA: United People's Freedom Alliance

WHO: world health organization

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CHAPTER ONE: GENERAL INTRODUCTION

1.0 INTRODUCTION

This chapter covers the background of the research study, statement of the problem, the purpose of the study, research questions, objectives of the study, significance of the study, limitations of the study, and as well as scope of the study.

1.1. BACKGROUND OF THE STUDY

Teenage pregnancy is known as juvenile pregnancy or adolescent pregnancy of a female less than the age of 20 (World Health Organization, 2004). Pregnancy can happen with sex after the beginning of ovulation, which can be before the primary feminine time frame around the age of 12 or 13 (Hillard, 2008).

About 16 million girls aged 15 to 19 years and two million girls under the age of 15 give birth every year. Worldwide, one in five girls has given birth by the age of 18. In the poorest regions of the world, this figure rises to over one in three girls. Adolescent fertility has become considerably more problematic today than in the past. According to the 2014 World Health Organization report, about 11% total births worldwide occurred among adolescent between 15 -19 years and about 95% of these teen young mothers were found in developed and developing countries. Also, worldwide evidence indicated 5.6 million of teenagers gave birth before the age of 15 while 36,4 million of teenage became pregnant under 18 year old Although the number of pregnancies teenage has declined considerably in most in developed countries, it remains high in low and middle income countries. (WHO, 2014)

In 2017, the birth rate among teenagers aged 15-19 years reduced considerably in the United States of America and reached a low adolescent fertility rate of 18.8 birth per 1,000 ,reduction of 7% from 2016 (Martin JA, 2018). In sub-Sahara countries, teenage pregnancy has increased drastically in most of countries. In 2013, the teenager births mothers account more than 50 % of all the birth in this region; predict number is 101 birth per 1000 teenagers aged between 15-19. The proportion on teen young mothers aged below 18 years has doubled in many African countries including Mozambique, Niger, Malawi, Uganda and Cameroon.

In Rwanda, evidence from the demography health survey of Rwanda 2014-2015 showed an increase in the prevalence of teenage pregnancy. The rate of teenage pregnancy increased from 4.1% in 2005 to 7.3% in 2014/14 (Survey, 2014). Minister of Gender and Family Promotion (MIGEPROF) reported that in 2016 the 17000 teenager women aged 15-19 years become pregnancy. The studies indicated that from 2013-2016 there were 818 adolescents become pregnancy in a sampling of all-district (National Institute of Statistics of Rwanda (NISR) [Rwanda] & International, 2016;) In 2014, the Gender monitoring officer

of Rwanda (GMO) investigated the magnitude of teenage pregnancy in all districts in Rwanda and found that this problem has reached alarming levels: in 2014 alone, about 522 schools going learners under 18 years old had given birth and dropped out of school. The number of unwanted pregnancy among young girls was alarming and very high in some districts such Karongi (Western Province), Gatsibo, Nyagatare and Kirehe (Eastern province) and Gasabo (Kigali city).

Some factors associated to teen pregnancy include limited educational and employment prospects, knowledge gaps and misconceptions on sexual and reproductive health, Health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, inability to access contraceptives because of knowledge, transportation, and financial constraints, sexual violence. (East, 1996)

Further, accumulating evidence indicates that reduced access to information on contraceptives and barriers to reproductive health services were associated with teenage pregnancy For instance, in Tanzania, young girls with incomplete information on reproductive health were more likely to become pregnant before the age of 19 (Nyakubega,2008) while in Kenya Were (2007) found that lack of access to education opportunities, sex education and information regarding contraceptives predisposed teen girls to pregnancies.

Adolescents and youth now comprise the largest share of the Rwandan population and represent about 50% of the population The Government of Rwanda (GoR) in collaboration with its partners has implemented several interventions which aimed at curbing teenage pregnancies since the early 2000s. This initiative included the integration of adolescent and reproductive health service in all health Facilities as well as the establishment of youth-friendly centers in most of districts in Rwanda. One Stop centers were also put in place in different district hospitals to provide psychological support, prophylactic and contraceptive of emergence counseling and justice support to victims of rape and sexual violence A studies conducted by Gunawardena, documented impact of teenage pregnancies on Rwanda community, especially among those aged between 15-19 years old. Annoyingly, the research revealed that most consequences and problems faced by teenagers after getting pregnant are school dropout (50%), poverty (19%), depression (11%), and others including discrimination (5%). (Cladho, 2019).

1.2. PROBLEM STATEMENT

Teenage pregnancy is a global problem occurring in high, middle and low-income countries (ICPD, 2017). However, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. (Guttmacher Institute;2016). The increase in teenage pregnancy rates in Rwanda is worrisome, the data from NISR indicate that teenage pregnancy increased from 5.7% to 7.2% of the teen girls countrywide, and from 14% to nearly 21% among young girls aged 19 (Uwizeye *et al.*, 2020). In Rwanda teenage pregnancy is consistently higher in rural areas than in urban areas, (Uwizeye *et al.*, 2020). The western province presents the highest of teenage pregnancy in recent years, especially in Karongi district (GMO, 2014).

Factors contributing to teenage pregnancy included: lack of school fees, lack of parental care, communication and supervision, poverty, peer pressure, non-use of contraceptives, desire for a child, forced marriage, low educational level and need for dowries. The effects of pregnancy on the teenagers included: school drop-out, health risk during and after childbirth, divorce, rejection by parents, stigmatism, and, sometimes if the baby is unwanted, abortion. Worldwide, factors contributing to teenage pregnancy include: dowry payment, poverty, low educational status, poor quality, and access to, reproductive health services, peer pressure, tradition and culture. (UNICEF2; 2011)

Report from MOH 2016 showed that 17444 of teenage between 15-19 years old become pregnant and 15 % of them they had been raped. These issues put them at high risk of sexual and reproductive health problems Such as early marriage, unwanted pregnancies for teen, illegal abortion, school dropout, sexually transmissible infections, HIV and AIDS, and other life-threatening adolescent problems. Because the teenage pregnancy rates in Rwanda is worrisome, it pushes us to conduct our research in assessing community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years and our case study was Nyabidahe secondary school located in Karongi district as one of the district which had high prevalence of unwanted pregnancy among teenagers in western province.

1.3. PURPOSE OF THE STUDY

The purpose of the study is to assess the community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years study at Nyabidahe secondary school-Karongi district.

1.4. RESEARCH QUESTIONS.

1. What are the factors that leading to high prevalence of unwanted pregnancy among teenagers between 15-19 year study at Nyabidahe secondary school?
2. What is the level of awareness on impact of unwanted pregnancy among teenagers between 15-19 years study at Nyabidahe secondary school?

1.5 OBJECTIVES OF THE STUDY

1. To find out the factors that lead to high prevalence of unwanted pregnancy among teenager between 15-19 years study at Nyabidahe secondary school.
2. To evaluate the level of awareness on impact of unwanted pregnancy among teenager between 15-19 years study at Nyabidahe secondary school.

1.6 SIGNIFICANCE OF THE STUDY.

The findings of this research will be important for the different sectors like administration and management, nursing practices, education, and research

Health sector

The findings of this research will have a contribution to the health sectors where healthcare providers could use it for weighing the extent of the issue; it will also help them to know the cause of related factors of adolescent pregnancies and how to help the teenager in prevention of unwanted pregnancy by providing reproductive health information, use of contraceptive methods and other helpful advices to teenaagers

Education sector

As this study will take place in the education sector, the findings of this study will help the school to highlight different factors that can impede the opportunities of teenage in their studies to ensure their maximum opportunities and school performance, also help teachers to provide appropriate information related to safe protection from the unwanted pregnancy to their students. In addition, most students will have more information related to reproductive health so they will get their full protection from unwanted pregnancies.

Administration sector

The administrations have the responsibility of protecting their citizen from illness and promoting their well-being, in this way, the findings from this study will guide them to know the magnitude of adolescent

pregnancy and set the appropriate measures for fighting against adolescent pregnancy in the local area even in all over the country. Also, it will help them to know where to put much effort to ensure the wellbeing of the citizens.

Research sector

Above all, we all know that nursing science is dynamic; for this reason, this study will help other students and different researchers in their studies concerning teenage pregnancy. In summary at the end of the project, researchers will provide different recommendations to different levels of Administration including the Ministry of Education, Schools, parents, local leaders, and pastors to ensure awareness concerning adolescent pregnancy prevention. Moreover, the study will be used for further deductive research.

1.7 LIMITATIONS OF THE STUDY

The study will face the unexpected absence of some students because many students live so far away from the school facility so their full participation in the study will inhibit. The adolescent manners and behaviors are expected to delay answers and misinterpret questions included in the questionnaire and as well as skipping of the misunderstood questions by asking instead.

1.8 SCOPE OF THE STUDY

Nyabidahe Secondary school is located in Gacumba village, Kibuye cell, Bwishyura sector, Karongi district in Western province. The participants who participated in the study were female teenagers aged between 15-19 years who study at Nyabidahe secondary school. As for the time, the focus of this research is relative to 3months (May –July 2022).

CHAPTER: 2. LITERATURE REVIEW

2.0 INTRODUCTION

This chapter highlights the lessons drawn from existing pieces of literature on the factors associated with teenage pregnancy. To explore different empirical studies with similarities or divergence, various articles and Google scholar were used

2.1 DEFINITIONS OF KEY CONCEPTS

A Teenager is someone who is between thirteen and nineteen years (WHO, 2013).

Pregnancy: It refers to the time during which one or more offspring develops inside a woman (WHO, 2016), pregnancy is also defined as nine months for which a woman carries a developing embryo and fetus in her womb (WPP, 2012).

Factor: It refers to something which contributes to the results (ICPD, 2017). Explore means to go into or through for purposes of discovery or adventure (Honig, 2015).

Sexual health: It is defined as a state of wellbeing physical, emotional, mental and social

Wellbeing in relation to sexuality but it is not necessarily the absence of disability or morbidity and dysfunction. Sexual (WHO 2013)

2.2 LITERATURE RELATING TO THE FIRST OBJECTIVE FATCORS LEAD TO UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19 YEARS.

Many years ago adolescent pregnancy was considered normative, where different societies from different countries found adolescent childbearing as an advantage for family and even for the countries (UNICEF, 2012), but in now day some countries started to express the extreme increase of unwanted pregnancy among teenagers as big problem, for example, the western societies over the last century were having a high incidence rate of sexual intercourse among adolescents, unfortunately, the number of teenagers pregnancy became sharply increased (UNICEF, 2012).

In Rwanda, studies show a rapid increase over the past two decades despite the political achievements of women's empowerment, and efforts to curtail child sexual abuse. According to DHS 2019 teen pregnancies increased to 15,696, which translate to an average of 1,962 a month. Based on this, an estimated 23, 544 children were born to teen mothers in 2019. Among the different factors lead to unwanted pregnancy among teenager are mentioned bellow.

2.2.1 Lack of information about sexual and reproductive health and rights

It is still difficult for adolescents to get proper information about sexual and reproductive health from their families because some parents don't understand the importance of talking on reproductive health to their teen girls and some teachers feel uneasy by teaching sexual and reproductive health, this make them to unspeaking all required information needed to know about pregnancy, sex etc and finally the teenagers got into temptation of being pregnancy because of ignorance(Honing, 2015). Most studies conducted in developing countries report that adolescent girls often lack basic knowledge about reproductive and sexual health (*Chen XK et al*) 20.48% of the respondents had information on sex and reproductive health from their peers and, another 20.8% could not really identify their source of information on sex and reproductive health. 11.60% and 2.05% of the respondents learned of how to use contraceptives from friends and no defined sources

2.2.2 Inadequate access to services tailored to young people.

Young people require services that support their physiological, cognitive, emotional and social transition into adulthood. According to the World health Organization (WHO), Adolescent Friendly health services should aim to achieve at least one of three goals: (1) provide a supportive environment, (2) improve reproductive health knowledge, attitudes, skills and behaviors and (3) increase utilization of health and related services. (Amanda Mazur, 2018) It is not easy for adolescents to get access to those services because in their area there is no center which deliver those services. Even when young people like those who live in urban areas where they are able to access services, they may feel embarrassed, face stigma on sexual matters, or have concerns about judgmental providers, so there are lot of things need to be changed in this domain.

2.2.3 Sexual violence.

The study conducted by UNICEF found that 24 per cent of girls and 10 per cent of boys were victims of sexual violence. Children are most often abused by those they know: parents, neighbors, teachers or friends. (Rwanda, 2018) When children are victims of violence, the effects can extend beyond physical scars, but are also to likely to miss or abandon school, get pregnancy, or experience psychological distress which can lead to thoughts of suicide.

2.2.4 Gender power relations in partnerships

There were a variety of circumstances that could lead to sex; partner violence, reasons for involvement in a relationship and first sexual experience For partner violence; 19.80%, had their funds managed by their partners, 33.11% were forced by their partners into sex, 20.14% would be hit by their partners and 40.27% had their funds managed by their partners. 6.48%, 13.65% and 12.97% of respondents respectively got involved in a relationship to be provided with clothes, to be married and to have a good time. For the first sexual experience; 46.42% were persuaded either by a relation or boyfriend, 6.48% were raped, 21.84% were raped, 7.51% were willing and collaborated or 17.75% refused to disclose their

first sexual experience. This means that male partner is the one who decides what happen in a relationship. (DHS 2009)

2.2.5 Levels of education, cultural practices and economic factor.

Most students are unaware of sexual health and their families are economically depressed .The fears, beliefs and perceptions of sexual inactivity associated with contraceptive use may be attributed to the lack of knowledge and low levels of awareness. Reasons for non-contraceptive use include, religious and cultural beliefs, poor quality of services, including the negative attitude of service providers, fear of exposure of their bodies, having adults at the same services and inability to negotiate contraceptive use with sexual partners.

The low levels of education may lead to low paying jobs, causing early marriage and influencing non-contraceptive use, thereby increasing the prevalence of teenage pregnancy. Culture, amongst factors associated with unplanned teenage pregnancy, age at onset of menstruation, age at first sex, who they live with as well as the marital status of their parents. It was difficult to prove that culture is a factor.

2.3 LITERATURE RELATING TO THE SECOND OBJECTIVE IMPACT OF UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19 YERS

As reported by the World Health Organization, adolescent pregnancy is a major public health concern given its impact on the life of mothers and their family members. Unwanted pregnancy among teenagers have common impacts like: school dropout, Isolation and rejection by parents, Health risks, Poverty, Unsafe abortion, Depression/Suicide, Neglected in society, etc.

Finding in line with Visser and Roux (1996) found that many teenage mothers felt that their pregnancy upset their parents. Fathers tended to be angered by their daughter's pregnancies and in some cases this anger would even lead to physical abuse, rejection where they cashed their teenage daughters out of the house and this may cause her to drop from school, living in poverty, suicidal attempt and some of them do unsafe abortion which may lead to death.

According to WHO, it is found that Health risks associated with teenage pregnancy are multiple including Premature delivery: if labor takes place before the 37th week of pregnancy, it is considered premature labor, which can be very harmful for both mother and child. Most premature babies have a range of health problems that can last throughout their life. Hypertension during pregnancy: pregnant teens are at high risk of developing hypertension during pregnancy, which is commonly known as pre-eclampsia. Hypertension related to pregnancy can lead to swelling, release of proteins in urine and also high blood pressure. Birth

of low-weight baby: Teen mothers are more prone to give birth to babies with a low birth weight. As result, the baby can have serious health complications, including intestinal problems, undeveloped organs and many more. So, it is recommended to avoid teenage pregnancies but, unfortunately, if a teen is pregnant, the parents should take better care of her to avoid these particular health complications.

Teen mothers are less likely to complete their school. They are much more likely to not complete college. This puts them at a disadvantage when it comes time to find a good paying job. The evidence is clear. In the past two decades, the median income for college graduates has risen by 19%, while the median income for those who dropped out of high school has decreased by 28%. The analysis indicated a strong cause-effect relation between teenage pregnancy and school dropout, bolstered by economic vulnerability. (*Stud Fam Plan l. 2008*).

The significance of unsafe abortion is identified as a high risk of serious health problems, such as infection, hemorrhage, infertility, and mortality, and as a strain on emergency room services. The World Health Organization estimates that at least 33% of all women seeking hospital care for abortion complications are aged less than 20 years. 50 million abortions are estimated to be induced annually, of which 33% are illegal and almost 50% are performed outside the health care system.

Adolescents tend to delay seeking an abortion, lack knowledge on where to go for a safe procedure, and delay seeking help for complications. Peer advice may be limited or inadequate knowledge. Studies are cited that illustrate the impact of unsafe abortion on individuals and health care systems. Abortions may be desired due to fear of parental disapproval of the pregnancy, abandonment by the father, financial and emotional responsibilities of child rearing, expulsion from school, or inability to marry if the child is out of wedlock. Medical, legal, and social barriers may prevent women and girls from obtaining safe abortion.

CHAPTER III: METHODOLOGY

3.0 INTRODUCTION

This chapter is dealing with research methodology, it describes the research approach and design, target population, sampling procedures, sample size, research instruments, data collection, ethical issues, data analysis and reliability and validity measures.

3.1 RESEARCH APPROACH AND DESIGN

The study used a descriptive cross-sectional study design and a quantitative approach. The cross-sectional study involved looking at people who differ on one key characteristic at one specific point in time. (Polit and Beck, 2014).

3.2. TARGET POPULATION

The target population in a study are all female teenagers study at Nyabidahe secondary school whose age range between 15-19 years and are equal to 70 students.

3.3 SAMPLING PROCEDURES

The study used simple random sampling technique with equal chance of all female teenagers who study at Nyabidahe secondary school whose age range between 15-19 years. They were given papers written of even and odd numbers and each one was allowed to pick the one paper from the basket. Finally, those who picked paper with an odd number were assigned as participants of the study.

3.4 SAMPLE SIZE

The sample size was calculated using the formula of Taro Yamane, where the confidence interval is 95% and the margin error of 5% (Yamane,1967). $n = N / \{1 + N (e)^2\}$ whereby n is the sample, N the study population, and e is a constant equal to 0.05 (Tarleton State University, 2013).

By applying this formula, $n = 70 / \{1 + 70 (0.05)^2\}$ the study sample size was approximately 60 female teenager between 15-19 years.

3.5 RESEARCH INSTRUMENTS FOR DATA COLLECTION

This study is quantitative in data collection, self-administered questionnaires will be used. The questionnaires is composed of two sections, first section contains demographic data of respondents and the second section is made up by the questions related to factors that lead to unwanted pregnancy and its impact on teenagers. The tools that are needed are: Papers, Pens, Pencils, Erasers, Pencil sharper, Stepper machine, and Flash disk.

3.6 DATA COLLECTION AND PROCEDURES

The researchers have to translate the questionnaire from English into Kinyarwanda for a better and common understanding of participants and Data will be collected in the 4 days that the researchers and direction of Nyabidahe secondary school chose, the first 2 days, this is the time of requesting and obtaining the permission and the informed consents from the school authority and the collection of the questionnaires that will be used. Clear explanations, the objectives, the significance, and the inclusion criteria of the study will be given to the school authority and the participants of the study. In the two last days, the questionnaires will be distributed among the participants and the information will be collected by the researchers by considering the ethics of the nursing profession.

3.7 ETHICAL ISSUES

A. Permission

The study requires ethical approval from the research committee of Kibogora Polytechnic to conduct the study and as well as permission letter from the headmaster of Nyabidahe secondary school.

B. Consent and confidentiality

The participants will be explained that they have the right to withdraw from the study and it will be voluntary to accept to be a part of the study before signing consent forms. The research participant's anonymity and confidentiality will be assured by giving a code to each participant and using their codes instead of their names when filling out the questionnaire. Responses will be strictly confidential and the filled questionnaires will be kept in a locked filing cupboard in one of the researcher's rooms and the data in soft copy will be saved in separate password and computer files has to be accessed by only the researchers and research supervisor.

C. Beneficence and right to self-determination

The participants of the study will be explained that they have the right to self-determination and that the study is a part of academic requirement and data that will be obtained are for research purposes only and will be kept confidentially. The research purpose and its significance, nature of the questionnaire, and procedure to use when collecting data will be explained to them. The participants will be explained that it is voluntary to take part in the study with the right to withdraw or withhold information at any time

without any consequence. The researchers will be reassured that there is no potential risk from contribution and that everyone will have an equal chance to be selected for the study to meet the needed sample. In addition to that, the participants will be informed that there is no compensation in terms of money or any gifts associated with participation in the study.

3.8 DATA ANALYSIS

After data collection, immediately the information will be entered into the computer machine to be analyzed by using SPSS software and the data will be expressed in frequency and percentages.

3.9 RELIABILITY AND VALIDITY MEASURES

In our study validity will be ensured when organizing the items of the questionnaire against the research objectives. The questionnaire that will be used will be developed and approved to assess community awareness on impacts and factors to unwanted pregnancy among teenage between 15-19 years old who study at Nyabidahe secondary school and it will also be adapted to fit the Rwandan perspective and will be fairly easy to read to all participants as well as making sure of the consistency of the collected data.

To make sure of the reliability of the questionnaire a sample of participants with the same criteria as that of teenage from the central site will be given the questionnaire to pre-test and check the consistency and believed proper fulfillment as well as adaptation to the questionnaire.

In the data collection tool, we will avoid using complicated and confusing words and the questionnaire will possibly be translated from English to our mother language (Kinyarwanda) by the expert in English-Kinyarwanda with understandable words and the researchers will pre-test the questionnaire before conducting the main study.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND SUMMARY.

4.0 INTRODUCTION

This chapter presents and analyses the findings through data gathered in Nyabidahe secondary school. And the chapter focuses on the demographic characteristics of respondents, Economic and social factors associated with unwanted pregnancy among teenagers, as well as Sexuality and reproductive health. The presentation of the findings is done according to the study objectives and research questions formulated to guide this study. Data are presented and analyzed using frequency and percentages which were collected through means of questionnaires. And also, this chapter deals with the use of SPSS through data analysis. Furthermore, the respondents are female teenagers aged between 15 to 19 years old. Thus, to test the study objectives, data were analyzed in line with answers given according to the research objectives in which 60 students were used to fill the questionnaire in data collection, the whole questionnaire were filled at the rate of 100%.

4.1 PRESENTATION OF THE FINDING AND INTERPRETATION

4.1.1. SOCIAL-DEMOGRAPHIC DATA INFORMATION

VARIABLES	VALUE	Frequency(N)	Percent (%)
Choose your age range	15-17	23	38.3
	18-19	37	61.7
Place of residence	Urban	21	35.0
	Rural	39	65.0
Indicate your religion	Muslim	7	11.7
	Protestant	13	21.7
	Catholic	40	66.7
Have your Parents attended school?	Yes	25	41.7
	No	35	58.3
If yes what is the level of education .	Primary	32	53.3
	Secondary	20	33.3
	university	8	13.3
What is Marital status of parents?	Widow	28	46.7
	Legal married	10	16.7
	Illegal married	22	36.7

Table 4.1.1 social demographic data of respondents

Majority of respondents were aged 18 up to 19 with rate 61.7% (37) and others was between 15-17 with percentage of 38.3%(23). Majority of participant living in rural area at rate of 65.0%(39) and some of them living in urban area with 35.0%(21). Majority of them are catholic and protestant with 66.7% (40) and 21.7 % (13), Muslim had low percentage at rate of 11.7%(7). The result presented indicate that the parents doesn't attend formal education at rate of 58.3%(58) the remaining participants they parents attends formal education at rate of 41.7%(25) through them most of them at least Primary education level ,was 53.3%(n=32) ,while secondary education level was 33.3%(n=20)and university was 13.3%(n=8). The result continue to showed us that the respondents the marital status for their parents, majority of them are widower and followed by illegal married, with 46.7%(28),36.7%(22) respectively, the legal married had occupy the least percentage at rate of 16.7%(10)

4.1.2 ECONOMIC FACTORS ASSOCIATED WITH UNWANTED PREGNANCY

Variables	Values	Frequency	Percentage
What is your father/ Guardian's occupational status?	Unemployed	30	50.0
	Employed	10	16.7
	Self employed	20	33.3
What is your mother /Guardian's occupational status?	Unemployed	35	58.3
	Employed	4	6.7
	Self employed	21	35.0
Do your parents offer adequate support at home and/ or school?	Yes	20	33.3
	No	40	66.7
Do you get any financial support from your boyfriend/girlfriend?	Yes	50	83.3
	No	10	16.7
If yes, do you depend on that support?	Yes	39	65.0
	No	21	35.0

Table 4.1.2 Economic factors associated with unwanted pregnancy.

The above table, illustrate that the majority of the respondents their father was unemployed at rate of 50 % (n=30) and followed by fathers who are self-employed at rate of 33.3%(20), the least percentage was occupied by fathers who was employed with percentage Of 16.7 % (n=10), the mothers occupation of the respondents the research continue to show that majority of respondents mothers was unemployed at 58.3%(n=35), followed by mothers who are self-employed with 35.0%(n=21), the mothers who are employed with 6.7%(4). Among the respondents many of them had disagree or they didn't get any kind of adequate support at home or school at rate of 66.7%(40) and other respondents

they agree they get adequate support from parents at home or school at frequency of with 33.3%(20) The study had continue to show that many participants had get financial support from their boyfriend or girlfriends with percentage of 83.3 %(n=50) and other respondents they didn't get any support from their boyfriend or girlfriends at rate of 16.7% (n=10) and they respond that they didn't depend on that support at rate of 34%(n=21) and others respondents they said that they depend on that support at 65%(n=39).

4.1.3 SOCIAL FACTORS ASSOCIATED WITH UNWANTED PREGNANCY

Variables	Values	Frequency	Percent
Whom do you live with?	Both parents	9	15.0
	Father only	14	23.3
	Mother only	21	35.0
	Guardian/adoptive parents	16	26.7
Do you engage in sex	Yes	37	61.7
	No	23	38.3
What led you to have sexual intercourse?	Self-desire	25	41.7
	Curiosity	5	8.3
	Peer pressure	10	16.7
	Pressure of partner	20	33.3
Do you drink alcohol?	Yes	45	75.0
	No	15	25.0
If yes, who has influenced you?	Peers	20	33.3
	Your boyfriend	35	58.3
	Your parents	5	8.3
Do you easily access reproductive health information?	Yes	20	33.3
	No	40	66.7
If the answer is no, what seems to obstacle?	Parents	29	48.3
	Religion	21	35.0
	Not enough health service	10	16.7
If the answer is yes, how do you get sexual reproductive health information?	From radio/television	5	8.3
	From school	9	15.0
	From parents	8	13.3
	From peers	25	41.7
	From religion	3	5.0
	From health facility	10	16.7

When is a girl or woman likely to get pregnant?	14 days before menstruation	15	25.0
	During menstruation	17	28.3
	14 days after menstruation	10	16.7
	During menstruation	18	30.0
Do you use any contraceptives methods?	Yes	10	16.7
	No	50	83.3
Indicate the contraceptive method you know?	Pills	7	11.7
	Condom	40	66.7
	Injections	4	6.7
	Implants	7	11.7
	IUD	2	3.3
What do you think is associated with unwanted pregnancy among teenagers between 15-19years?	Lack of parental care	5	8.5
	Lack of reproductive information	10	16.9
	Desire of child	3	5.1
	Poverty	20	33.9
	Peer pressure	12	20.3
	Drug/alcohol	9	15.3

Table 4.1.3. Social factors associated with unwanted pregnancy.

The above table indicated that many participants were live with their mother only with 35.0 % (n=21) as the highest percentage compare to others items, followed by respondents who their live with their guardian or adoptive parents 26.7 % (n=16), and followed by respondents who lives with their father only 23.3% (n=14), and least participants was found in participants who lives with both parents at rate of 15.0%(n=9). The research continued to show that the person we live with can be a factors associated with unwanted pregnancy, among the participants during analysis had showed that most participants we live with mothers only at rate of 35 % (n=21) ,and followed by respondent who live with adoption at 26.7%(16),and followed by respondent who live fathers at 23,3%(n=14). The majority of the participants engage in sex at rate 61.7 % (n=37) and others doesn't engage in sex at percentage of 38.3(n=23), majority of them have the factors that led to the sexual intercourse among the responding, but most of them self-desire it's occupy the highest percentage at rate of 41.7%(25), followed pressure of the partners 33.3(n=20), and followed by peer pressure with 16.7%(n=10), least was curiosity of sexual intercourse which occupy 8.3%(n=5).majority of the respondent was drink an alcohol at rate of 75%(n=45), and others doesn't consume alcohol at percentage of 25%(n=15), and almost of them are influenced by her boyfriends at percentage of 58.3%(n=35) and followed by peers with rate of 33.3%(n=20),and the last was parents at rate of 8.3(n=5).

The research continued to show that participants doesn't easily access reproductive health information at 66.7 % (n=40), and other respondents they access reproductive health information at percentage of 33.3 % (n=20) .the majority of the respondents had shown that the most obstacle was parents with 48.3(n=29) and the second was religion with 35.0%(n=21) and the last obstacle to access reproductive health information Was not enough health service 16.7%(n=10).and those who said that they easily access reproductive health information, the most areas they access health information are from peers at 41.7%(n=25),and followed by health facility was 16.7%(n=10), followed by school with 15%(n=9) , and others areas they access information was from radio, television 8.3%(n=3), and the last areas they access health information was religion with 5%(n=3). Research continue to show that the time girls get pregnancy, the majority of the participants respond that was anytime at rate of 30.0%(n=18),and followed by participants who respond on 14 days after menstruation 28.3%(n=17),and followed by 14 days before menstruation at 25.0%(n=15),the last time girls get pregnancy was during menstruation at rate of 16.7%(n=10).

During the research there is participants who accept to use contraceptive methods at rate 16.7% (n=10) and there is others respondents who do not use any methods of contraceptive they rate 83.3 % (n=50).the contraceptive methods the respondents know, majority of them they know condom at 66.7 % (n=40), followed by participants who know pills and implants with 11.7%(n=7) , followed by participants who know injection at 6.7%(n=4), and the last participants was known IUD at 3.3%(2), the research shown that there is associated with unwanted pregnancy among teenagers between 15-19years the most factor was poverty which encounter 33.3%(n= 20),followed by peer pressure with 20.3%(n=12) ,others was to lack health reproductive information with 16.9(n=10), others factors was drug/alcohol 15.3(n=9),and lack of parental care with 8.5(n=5),and the last factors desire of the child at5.1%

4.1.4 IMPACTS ASSOCIATED WITH UNWANTED PREGNANCY

Variables	Values	Frequency	Percent
Do you think teenage pregnancy is risky?	Yes	55	91.7
	No	5	8.3
Do unwanted pregnancies among teenager commonly occur in your community?	Yes	56	93.3
	No	4	6.7
What do you think are the impacts of unwanted pregnancy among teenager?	School dropout	25	41.7
	Isolation and rejection by parents	2	3.3

	Health risks during and after childbirth	15	25.0
	Poverty	6	10.0
	Stigmatism	7	11.7
	Unsafe abortion	1	1.7
	Depression	1	1.7
	Suicide	1	1.7
	Neglected in society	2	3.3

Table 4.1.4 Impacts associated with unwanted pregnancy

The above table had shown the impact of unwanted pregnancy among teenage between 15-19 years whereas majority of the participants had accepted that teenage pregnancy is risky at rate of 91.7 % (n=55) and 8.3% (n=5) doesn't accept that teenage pregnancy is risky, the respondents had accept that unwanted pregnancy among teenager commonly occur in their community at rate of 93.3% (n=56) and remaining had not seen unwanted pregnancy among teenager and doesn't occurs in their community at rate of 6.7% (n=4). and majority of the respondents had shown that school dropout is the most impact of unwanted pregnancy among teenager with 41.7%, followed by health risk during and after child birth with 25% (n=15), followed with stigmatism with rate of 11.7% (n=7), poverty during our study is another impact that affect unwanted teenage pregnancy at rate of 10% (n=6), neglected in society and isolation and rejection by the parents had the same percentage of 3.3% (n=2)

4.1.5. ASSOCIATION BETWEEN SOCIAL DEMOGRAPHIC AND IMPACT OF UNWANTED PREGNANCY

	Test used	Age	Location	Religious /faith?	Parents attended formal education	level of education	Marital status of parents	P-VALUE
What is your age	Pearson Correlation Sig. (2-tailed) N	1 .931** 60	.931** .000 60	.823** .000 60	.933** .000 60	.665** .000 60	.782** .000 60	.071** .000 60
where your location	Pearson Correlation Sig. (2-tailed) N	.931** .000 60	1 .000 60	.884** .000 60	.868** .000 60	.619** .000 60	.728** .000 60	.066** .000 60
What is your religious/faith?	Pearson Correlation Sig. (2-tailed) N	.823** .000 60	.884** .000 60	1 .000 60	.768** .000 60	.547** .000 60	.644** .000 60	.058** .000 60
Have your parents attended formal education?	Pearson Correlation Sig. (2-tailed) N	.933** .000 60	.868** .000 60	.768** .000 60	1 .000 60	.712** .000 60	.838** .000 60	.076** .000 60

If yes what is the level of education?	Pearson Correlation	.665**	.619**	.547**	.712**	1	.867**	.089**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000
	N	60	60	60	60	60	60	60
What is Marital status of parents?	Pearson Correlation	.782**	.728**	.644**	.838**	.867**	1	.084**
	Sig. (2-tailed)	.000	.000	.000	.000	.000		.000
	N	60	60	60	60	60	60	60
What do you think are the impacts of unwanted pregnancy among teenager?	Pearson Correlation	.711**	.662**	.585**	.762**	.892**	.845**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	
	N	60	60	60	60	60	60	60

** . Correlation is significant at the 0.01 level (2-tailed).

There is statistical significant between social demographic and the impact of unwanted pregnancy among teenager with the p- value =0.01 is statistically significant because is less than 0.05

Table 4.1.5.show Bivariate correlation between Socio-demographic characteristic and impact of unwanted teenage pregnancy.

4.1.6 CORRELATION BETWEEN FACTORS ASSOCIATED WITH UNWANTED PREGNANCY AND THE IMPACT OF TEENAGE PREGNANCIES

	Test used							P value
What is your father's/Guardian's occupational status?	Pearson Correlation Sig. (2-tailed) N	1 .944** .000 60	1 .944** .000 60	1 .657** .000 60	1 .581** .000 60	1 .702** .000 60	1 .657** .000 60	1 .850** .000 60
What is your mother's/Guardian's occupational status?	Pearson Correlation Sig. (2-tailed) N	.944** .000 60	1 .944** .000 60	1 .578** .000 60	1 .588** .000 60	1 .642** .000 60	1 .578** .000 60	1 .809** .000 60
Do your parents offer adequate support at home and/ or school?	Pearson Correlation Sig. (2-tailed) N	.657** .000 60	.578** .000 60	1 .316* .014 60	1 .891** .000 60	1 1.000** .000 60	1 .638** .000 60	1 .638** .000 60
Do you get any financial support from your	Pearson Correlation	.581**	.588**	.316*	1	.564**	.316*	.764**

boyfriend/girlfriend?	Sig. (2-tailed)	.000	.000	.014		.000	.014	.000
	N	60	60	60	60	60	60	60
If yes, who has influenced you?	Pearson Correlation	.702**	.642**	.891**	.564**	1	.891**	.839**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.000
	N	60	60	60	60	60	60	60
Do you easily access reproductive health information?	Pearson Correlation	.657**	.578**	1.000**	.316*	.891**	1	.638**
	Sig. (2-tailed)	.000	.000	.000	.014	.000		.000
	N	60	60	60	60	60	60	60
What do you think are the impacts of unwanted pregnancy among teenager?	Pearson Correlation	.850**	.809**	.638**	.764**	.839**	.638**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	
	N	60	60	60	60	60	60	60

*. Correlation is significant at the 0.05 level

4.2 SUMMARY OF FINDINGS

The study involved 60 female teenagers in the age range between 15 to 19 years old, it is indeed shown that teenagers face many factors that lead to unwanted pregnancy. Some of the social factors associated with unwanted pregnancy in which 40(66.7%) do not get access to reproductive health information and 50(83.3%) didn't use any contraceptive methods. 37(61.7%) had sexual intercourse experience, most of them did sex by self-desire at 25(41.7%) followed by 20(33.3%) forced by their partner. The majority of the respondents drank alcohol at 45(75.0%) where most of them had been influenced by their boyfriend at rate 35(58.3%) followed by peer pressure at 20(33.3%). With regard to economic factors associated with unwanted pregnancy, 30(50.0%) had unemployed fathers and those with unemployed mothers were 35(58.3%) which might be the precursors to the unintended pregnancy in relation to the lack of basic needs/ adequate support at home or school where 40(66.7%) said that they didn't get enough support from their family, 50(83.3%) get financial support from their boyfriend and became dependent on it at rate of 39(65.0%)

It is shown that unwanted pregnancy had many impacts in their lives where 55(91.7%) agreed that teenager pregnancy is risky and 56(93.3%) said that unwanted pregnancy is common in their society where they live. And, school dropout is the most common at rate of 25(41.7%) followed by different health risks during and after childbirth at 15(25.0%), stigmatism 7(11.7%), poverty at rate of 6(10.0%), neglected in society 2(3.3%) and unsafe abortion, depression, suicide at a rate of 1.7%

CHAPTER FIVE: GENERAL CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter highlights the general conclusion and recommendations to different people. Unwanted pregnancy among teenagers is global problem. Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. (Guttmacher Institute;2016). The increase in teenage pregnancy rates in Rwanda is worrisome, the data from NISR indicate that teenage pregnancy increased from 5.7% to 7.2% of the teen girls countrywide, and from 14% to nearly 21% among young girls aged 19 (Uwizeye *et al.*, 2020) and this the reason which push us to conduct research on this problem where our topic was assessment of community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years study at Nyabidahe secondary school located in Karongi district. The study used a descriptive cross-sectional study design and a quantitative approach

5.1 CONCLUSIONS

As conclusion, teenager pregnancies are a global problem which affects the long-life of young generation. This study revealed they agreed and knew the impact of unwanted pregnancy where school dropout is the most common at rate of 25(41.7%) followed by different health risks during and after childbirth at 15(25.0%) and there were many economic and social factors predispose teens to unwanted pregnancy among them include lack of basic needs/ adequate support at home or school from their family at rate of 40(66.7%), they didn't get access to reproductive health information at 40(66.7%) and 50(83.3%) didn't use any contraceptive methods. And 29(48.3%) said that they parents was the obstacle to them to get that reproductive health followed by religion at 21(35.0%).

5.2 RECOMMENDATIONS

To address the impact and factors to unwanted teenage pregnancy identified in this study, there is a need to develop variety of programs which require multidisciplinary implementing teams, including government agencies, communities and parents. Therefore the following recommendations are suggested

1. To the government agencies

The establishment of special and regular teacher - training programs on SRH provided by health professionals, to equip teachers with practical and sufficient information and skills about SRH to counsel students, from primary to secondary schools. The teaching of sexuality should be made compulsory in all schools from primary to secondary schools to help teens understand earlier their physiological make up.

To develop guidelines with specific key messages regarding reproductive health issues for parents, to give them sufficient information and skills about SRH and facilitate the establishment of parent-child communication because in a family is the best place where a teenager can get safe and helpful information about sexual health

Healthcare providers should undergo training in the provision of youth friendly services, especially by creating supportive environments, to ensure confidentiality in all areas of adolescent health issues.

2. To the church

The use of contraceptives should not be considered as immorality to any of church members, especially for young adolescents, and constitute a reason for harassment and exclusion in church's activities. At church they should provide advices to teenagers about prevention of unwanted pregnancy it will be helpful to them.

3. To the parents

Be responsible for holistic care of adolescent young girls, as well as being able to discuss the usual life of sexual and reproductive health. Both parents should be to live the real-life sexual patterns not as norms of the culture but as the health's sake of the future and present generation. In every life, either poor or rich parents should be able to teach children to be happy and satisfied with any single step situation of life. But more importantly parents should try to offer every possible need to the children

Parents should take their responsibility for the education of children, reserving a regular time to them, for discussing on variety of topics including ASRH, controlling their conducts and relationships. Especially all the time parents should try to be good models for their children.

4. Ministry of health:

The ministry of health should provide the educative guidelines intended to teach on sexual and reproductive health among young generation. Ensure successful assessment on needs and conflicts elimination among families that may chase young girls to school dropout and facing early sexual intercourse life. It should also support contraceptive methods and teaching among young generation and as well as the protocol teachings on sexually disease prevention. Healthcare providers should undergo training in the provision of youth friendly services, especially by creating supportive environments, to ensure confidentiality in all areas of adolescent health issues

5.3 SUGGESTIONS FOR FURTHER STUDY

This study aimed to assessment of community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years study at Nyabidahe secondary school located in Karongi district. it is prominent that young girls face unintended pregnancy. We encourage other researchers to invest in doing many research on this problem of unwanted pregnancies among teenagers because it is alarming globally and had effect in their life as well as in the society whom they live. And also, the researchers should find out the year-to-year prevalence of unwanted pregnancy among young generation and how to fight it.

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APPENDIX I: INFORMED CONSENT

KIBOGORA POLYTECHNIC UNIVERSITY

SCHOOL OF HEALTH SCIENCES

DEPARTMENT OF NURSING

ASSESSMENT OF COMMUNITY AWARENESS ON IMPACT AND FACTORS TO UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19 YEARS Informed consent form

Introduction and purpose

Our names are NIYOMUKIZA Esther & SINDAYIHEBA Eugene, a 5th year student in nursing at Kibogora Polytechnic University. We are conducting a study on **assessment of community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19 years**, Your participation in this study will be helpful.

Procedures

If you agree to participate in this study, you will be given a questionnaire which you will be asked to answer.

Risks

There are no known risks or harm that may result from taking part in this study.

Compensation: No monetary or material benefit will be given to the subjects for participating in this study.

Confidentiality: All of your answers will be kept confidential. Your name and any other personal information about you will never appear in any reports or publications about this study. Your answers will only be used for research purposes only.

Voluntary Participation

Participation in this study is completely voluntary. You are free not to participate in this project, you may end your participation at any time for any reason, and you may choose not to answer any question, this will not affect your relationship with your leaders at any level of organization nor the researcher.

Questions

If you have any questions or correspondence about the study, the researchers can be contacted on: 0788547143 Eugene S., 0789300313 Esther N.

Consent

I.....Consent /accept to participate in this research project entitled: “**ASSESSMENT OF COMMUNITY AWARENESS ON IMPACT AND FACTORS TO UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19 YEARS at Nyabidahe secondary school**”conducted by students of Kibogora Polytechnic University. I have been explained the study in detail and its purpose. I understand that the information I will provide will be kept confidential, it will be used only for the purpose of the current study. I also understand that I have the right to withdraw from this study at any time and ask for clarification if there is any difficult. My participation is voluntary and no force has been used and I will not encounter any risk as related to this project. No rewards or payment will be provided for participation.

Participants signature-----

Date -----

Researcher’s signature -----

Date -----

APPENDIX II: QUESTIONNAIRE

RESEARCH QUESTIONNAIRE

This questionnaire for assessment of community awareness on impact and factors to unwanted pregnancy among teenagers between 15-19years who study at Nyabidahe secondary school is composed of three parts: part I which is the demographic identification, part II is made by questions related to awareness on factors associated to unwanted pregnancy and part III questions show the impact of unwanted pregnancy among teenagers aged 15-19years. You are requested to respond every question in part I,II and III.

PART I: DEMOGRAPHIC DATA

1. Choose your age range.

A.15-17

B.18-19

2. Residence area

A. Urban

B. Rural

3. Indicate your religious/faith

A. Muslim

B. Protestant

C. Catholic

4. a. Have your parents attended formal education?

A. Yes

B. No

b. If yes what is the level of education?

A. Primary school

B. secondary school

C. University

5. Marital status of parents

A. widow

B. legal married

C. illegal married

Part II. A. Economic factors associated with unwanted pregnancy

6. What is your father's/Guardian's occupational status?

A. Unemployed

B. Employed

C. Self employed

7. What is your mother's/Guardian's occupational status?

A. Unemployed

B. Employed

C. Self employed

8. Do your parents offer adequate support at home and/ or school?

A. Yes

B. No

9. a. Do you get any financial support from your boyfriend/girlfriend?

A. Yes

B. No

b. If yes, do you depend on that support?

A. Yes

B. No

Part II. B. Social factors associated with unwanted pregnancy

10. Whom do you live with?

- A. Both parents
- B. Father only
- C. Mother only
- E. Guardian/adoptive parents

11. a. Do you engage in sex?

- A. yes
- B. No

b. What led you to have sexual intercourse?

- A. Self-desire
- B. Curiosity
- C. Peer pressure
- D. Pressure of partner
- E. Money

12.a. Do you drink alcohol?

- A. Yes
- B. No

b. If yes, who has influenced you?

- A. Peers
- B. Your boyfriend
- C. Your parents

13. a. Do you easily access reproductive health information?

- A. Yes
- B. No

b. If the answer is no, what seems to obstacle?

- A. Your parents
- B. Your religion
- C. No enough health service

c. If the answer is yes, how do you get sexual reproductive and health information?

- A. From radio/television
- B. From school
- C. From parents
- D. From peers
- E. From religion
- F. From health facility

14. When is a girl or woman likely to get pregnant?

- A. 14 Days before menstruation
- B. 14 after menstruation
- C. During menstruation
- D. anytime

15. a. Do you use any contraceptives methods?

- A. Yes
- B. No

b. Indicate the contraceptive method you know.....?

- A. Pills
- B. Condom
- C. Injections
- D. implants

E. IUD

16. What do you think is associated with unwanted pregnancy among teenagers between 15-19years?

A. lack of parental care

B. lack of health reproductive information

C. desire for child

D. poverty

E. peer pressure

F. Drug/alcohol /

Part III. Impacts of unwanted pregnancy among teenagers between 15-19years

17. Do you think teenage pregnancy is risky?

A. yes

B. No

18. Do unwanted pregnancy among teenager commonly occur in your community?

A. yes

B. No

19. What do you think are the impacts of unwanted pregnancy among teenager?

A. school dropout

B. isolation and rejection by parents

C. health risks during and after childbirth

D. poverty

E. stigmatism

F. unsafe abortion

G. depression

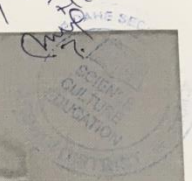
H. suicide

I. neglected in society

Thank you for your participation

APPENDIX3: KP ETHICAL APPROVAL

Received
on 18/7/2022
By NCUB/10
Folien



KIBOGORA POLYTECHNIC

Granted Accreditation and Legal Personality by The Ministerial Order N° 7/2015 Official Gazette N° 03 of 19/01/2015
P.O.Box: 50 Nyamathaka-Rwanda Teli (+255)78371284 E-mail: info@kpo.ac.tz Website: www.kpo.ac.tz

August 18th, 2022

To: Director of Nyabindahe Secondary School

Dear Sir,

Subject: Request for data collection

We would like to submit this request for data collection at Nyabindahe secondary school for the completion of Bachelor degree dissertation of Miss Esther NIYOMUKIZA No. 1900405 and Mr Eugene SINDAYIHEBA Reg. No: 1900389. The above mentioned are bonafide students of Kibogora Polytechnic pursuing Bachelor of General Nursing with Honors Program. They will need to conduct interviews with students who study at Nyabindahe secondary school in the purpose to assess awareness on impact and factors to unwanted pregnancy among teenagers. The study title is "ASSESSMENT OF COMMUNITY AWARESNESS ON IMPACT AND FACTORS TO UNWANTED PREGNANCY AMONG TEENEGERS BETWEEN 15-19 YEAR."

Kibogora Polytechnic pledges to ensure that all provided information will be confidential and used in the strict academic purpose.

Any assistance rendered to the candidates will be highly appreciated. Please do not hesitate to contact me in case you need to do so.

Sincerely,

Dr Eléazar NDABARORA
Dean of Health Sciences Faculty, KP
Email: eleazarndaba@gmail.com
Tel: 0785371340.



APPENDIX 4: LIST OF RESPONDENTS

KIBOGORA POLYTECHNIC
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF GENERAL NURSING A0



RESEARCH PROJECT

TOPIC: ASSESSMENT OF COMMUNITY AWARENESS ON IMPACT AND FACTORS
TO UNWANTED PREGNANCY AMONG TEENAGERS BETWEEN 15-19 YEARS.

Case study: Nyabinda secondary school- Karongi district

ATTENDANCE LISTE OF PARTICIPANTS

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