

Financial Limitations and Economics of Survival - Predictors of Adolescent Pregnancies: Evidence from Teenage Boys and Girls in Luuka District, Uganda

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Abstract

The purpose of this article is to demonstrate evidence that adolescents, particularly girls, experience financial challenges. And such financial limitations are predictors for adolescent pregnancy. Through a case-control study design, research was conducted in Luuka district, Uganda, to examine predictors of adolescent pregnancy. Mixed methods were used to collect qualitative and quantitative data. This article is written from the qualitative data collected through key informant interviews, in-depth interviews, and focus group discussions with health practitioners, parents, community leaders, and adolescents. Findings show that due to financial limitations in the community and in their families, adolescent girls are affected at a personal level. Consequently, as a means to find a solution to their financial needs, some take on petty trade, others transactional sex as personal survival strategies. These adopted strategies instead expose them to greater vulnerability, making the financial circumstances a predictor for adolescent pregnancies.

Keywords: Adolescent Pregnancy, Luuka District, Livelihood challenges, Predictors of adolescent pregnancy, Sugarcane.

Introduction

The World Health Organization (WHO) defines adolescence as a period ranging from 10 to 19 years. It is the transition from childhood to adulthood, characterized by physical, psychological, emotional, and social changes [1-3]. It is such changes that influence social-economic as well as health-related needs among adolescents. Where the needs are not appropriately addressed, these become risk factors. When there are no opportunities for supporting adolescents, especially the girls, they are exposed to increased vulnerability in life and a number of health issues, such as adolescent pregnancies, could arise [4]. The world now has more young people than ever before – of the 7.2 billion people worldwide, over 3 billion are younger than 25 years, making up 42% of the world population.

Around 1.2 billion of these young people are adolescents aged between 10 and 19 years [5].

The world is obliged to give all the support to these adolescents so that they can grow to their full capacity, free from life hazards such as adolescent pregnancies. The Convention on the rights of the child demands that national governments protect children up to the time they reach adulthood [6]. Unfortunately, adolescent pregnancy continues to linger around as a global problem. In fact, it has been classified as one of the public health challenges [7-8]. It is estimated that about 16 million girls aged 15-19 years give birth each year. Two million of these births are from girls under 15, and more than 90% of these occur in low- and middle-income countries [9].

In fact, evidence abounds that every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and

approximately 12 million of them give birth [4, 10]. Sub-Saharan Africa has the highest prevalence of teenage pregnancy in the world [11]. The 10 highest-risk countries for teenage motherhood are still Niger, Liberia, Mali, Chad, Afghanistan, Malawi, Guinea, Mozambique, the Central African Republic, and Uganda [12].

A number of explanations have been made by scholars who have picked an interest in trying to illuminate the causes for the ever-escalating numbers of adolescent pregnancies. Some scholars have argued that adolescent pregnancies are more likely to occur in marginalized or vulnerable communities as a result of Poverty and lack of or limited access to resources and opportunities such as education and employment [11, 13]. This could explain why rates of adolescent pregnancies among the 15–19 year olds in the poorest regions are four times higher than in the high-income countries [14]. Others have argued that some cultures pose a more predisposing factor than others [15].

For example, in Africa, most cultures normalize adolescent pregnancies especially because of the cultural expectations that devalue the status of girls [16]. Some cultural practices also make it taboo to talk about or discuss sexuality issues. As a result, the adolescents have no information to guide them when they need to make important life decisions. There are some adolescents who may want to avoid pregnancies. However, they are not able to do so due to knowledge gaps. Many adolescent girls do not know where to obtain contraceptives and how to use them [17].

Surprisingly, despite such financial and cultural vulnerabilities, not all adolescent girls in these cultural and, or economically challenged environments end up with adolescent pregnancies. It is plausible that there could be a number of factors yet unknown that help such girls to make informed decisions and thus remain free from adolescent pregnancy. There are limited studies conducted to explore

and better explain factors that enable some adolescent girls to survive through financial risks that expose other girls to adolescent pregnancies. Parents and guardians in the homes where the girls come from could be a contributing factor. It is also plausible that the way mothers and fathers relate with the girls in the home could in some way or another be responsible for the results of whether the adolescent ends up as a case of adolescent pregnancy or not. In this current era where ICTs such as mobile phones are increasingly accessible, access to and use of such technologies is transforming the social environment in which adolescents are growing [18]. The way such is handled could translate into an adolescent pregnancy or not. A multitude of factors in society could result in cases of adolescent pregnancies or not. Indeed, the risk factors for teenage pregnancy are numerous [19]. And so are the consequences to an extent that WHO, has given as its contribution to meet the Millennium Development Goals, management of adolescent pregnancy as a priority [7].

Many of the goals are directly and negatively affected by the prevalence of adolescent pregnancy [6]. However, an increased understanding of the context-specific factors should go a long way to achieving effective management of adolescent pregnancy. Evidence will influence improved policy, programs, and practice. It is of critical importance to understand the context-specific drivers of adolescent pregnancy [14].

Thus, this paper reports qualitative findings on factors that influence adolescent pregnancy. It is drawn from a bigger Ph.D. research on enhancing understanding of adolescent pregnancy in Uganda, aimed at providing information important to provide the much-needed evidence that can influence policy and practice so as to successfully curb the vice of adolescent pregnancy in Luuka District in particular, and Uganda and the rest of the world at large.

Methods

Study Design

A research design is a comprehensive plan [20] that contains all the steps of the research process, including procedures for collecting, analyzing, interpreting, and reporting data in research studies [21, 22], so as to produce credible results. This study adopted a mixed-methods research approach and employed an

embedded design typology. This enabled the collection and analysis of qualitative and quantitative data sets separately, followed by the integrating of quantitative and qualitative data at interpretation and discussion [23, 24].

The qualitative approach was embedded to elicit the meaning, experiences, identifiers, and contexts associated with adolescents to add meaning to the predictors, see Figure 1.

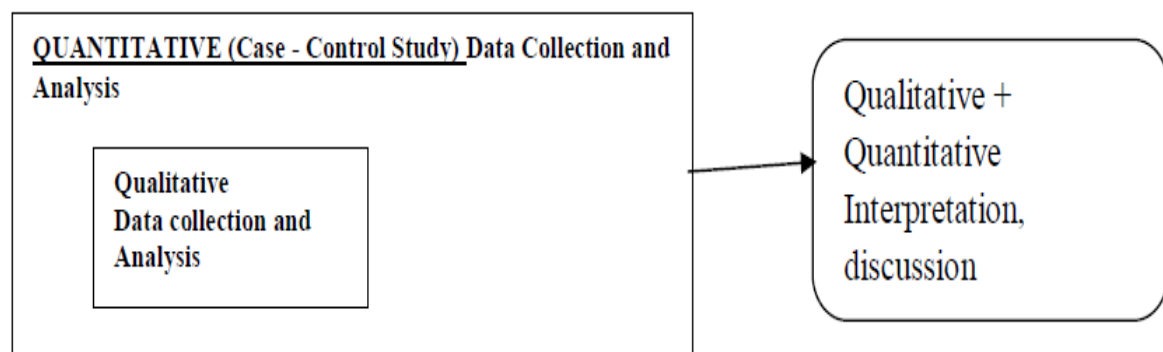


Figure 1. The Embedded Design Typology

Source: adopted and modified from https://us.sagepub.com/sites/default/files/upm-binaries/35066_Chapter3.pdf

Study Area and Context

The study was conducted in Luuka, one of the eleven districts in the Busoga region, Eastern Uganda. Luuka has seven (7) sub-counties with 26 health centres Twos, 10 health Centre, three, one Health Centre 4. The government health facility infrastructure is graded according to the level of health service delivery as follows: Health Centre 2s targeted population is 5,000 people and offers prevention, promotion, outpatient curative health services, and outreach care and emergency deliveries; Health center 3s targeted population is 20,000 and services provided are prevention, promotion, outpatient curative health services. Outreach care maternity in-patient health services and laboratory services; Health Centre 4s are at health sub-district, and the targeted population is 100,000, offering all the above plus emergency surgery and blood transfusion. There was no hospital in the district; therefore, health services were

provided at the health centers and the 4 private for-profit and 8 health facilities private for no profit units. The study randomly chose and worked in 2 sub-counties: one rural and the other urban to attract views from the urban and rural participants. Selection of the sub-counties was made after listing them in the respective categories. After the lists were generated, the researcher conducted a simple random selection from the papers bearing the sub-counties' names and placed them in a box. Papers with sub-county names were picked without replacement and the ones picked from either category were taken as the choice. It was then from the two selected sub-counties that study participants were recruited.

Study Population

The study population comprised of adolescents in Luuka District. The total population of Luuka at the time was 238,020 as per the 2014 national census. Out of these, the

total population for adolescent girls was 33,511 and 33,776 for boys.

Participant Recruitment

Although the study from which this paper is written collected both qualitative and quantitative data, this article is written from the qualitative strand, and so this section presents the sample size and qualitative sampling procedure used. Participants were purposively selected from the community and the health facilities. The qualitative sample was not predetermined, taking into account qualitative methods scholars' arguments that sample adequacy in qualitative inquiries pertains to the appropriateness of the sample composition and size [25].

Data Collection

Interviews were conducted until no new information was coming out from the participants. At this point of circulation, twenty (20) in-depth interviews had been conducted with different categories of people, including health providers, community and opinion leaders, district administrators (district health officer, village health team, district health team), civil society representatives, cultural leaders, religious leaders, health facility in-

charges, private practitioners and adolescent girls and boys.

In addition, to allow for group expressions and arguments to arise, two focus group discussions were conducted with adolescent males and females in each of the two sub-counties, one for each of the two age groups of 10 to 14 and 15 to 19 years. In total, sixteen (16) FGDs were conducted with adolescents.

The study also conducted a total of 8 FGDs with male and female adults from the two study sub-counties (2 with female and 2 with male parents). In each of the sub-counties, 4 FGDs were conducted. In addition, 2 focus group discussions were conducted with adolescent girls and boys aged 10 -14 years and those aged 15 – 19 years, from the two sub-counties. Thus, this sample size was considered adequate to provide the required information for this interrogation of an understanding of adolescent pregnancy in Luuka District. Care was taken to ensure that some cases and controls participated in the in-depth interviews. Further, to deepen our understanding of the adolescent pregnancy issue, 2 FGD for mothers and 2 FGD for fathers were conducted in each of the two study areas- the two sub-counties to explore further familial, behavioural, and socio-economic issues. (See Table 1 for sample breakdown).

Table 1. A Summary of Study Participants

Population category	Sample size	Sampling technique	Data collection method
Qualitative Sampling			
Women	4 FGD (2 from each sub county)	Purposive sampling	FGD
Men	4 FGD (2 from each sub county)	Purposive sampling	FGD
Adolescent boys	8 FGD (2 from each sub county and from the 2 age groups)	Purposive sampling	FGD
Adolescent girls	8 FGD (2 from each sub county and from the 2 age groups)	Purposive sampling	FGD
Adolescent girls	10-14	purposive	IDI 6 girls or until saturation
	15-19		

Data was collected over a period of 4 weeks, from 5th August to 20th September 2020. Interview guides were used during the key informant interviews, in-depth interviews, and focus group discussions. Observation were also conducted as another method of data collection while in the health facilities for assessment of adolescent-friendly services. Due to the Covid-19 pandemic, all precautions were taken to protect the participants and the researcher as per WHO guidelines and Uganda National Council for Science and Technology.

For validity and reliability, all data collection tools were pilot tested in Jinja, a district in the Eastern region but outside the actual study area of Luuka. Comments from the pilot were used to revise the guides to ensure that the questions were clear and fit for purpose.

Data Management and Analysis

Analysis was thematically done following the Braun & Clarke [26]. Thus, all interviews from the FGDS, KII and in-depth were audio recorded and later transcribed verbatim. Some of the interviews that had been taken in *Lusoga*-a local dialect were translated to English. Two researchers independently listened to the recordings while reading the transcripts to ensure that they had a true record of the interviews. The researcher also maintained useful comments as observed from the field to enrich the analysis and ensure consistency. Thematic analysis was done, starting from the time of data collection, all through the process and themes were identified from the data. This was in agreement with the argument that in qualitative research, data analysis is continuous [27].

Research Clearance and Ethical Considerations

The study and all the tools were approved and cleared by Clarke International University Research Ethics Committee and, the Uganda National Council of Science and Technology: Ref No.HS859ES. In undertaking this project,

the general ethical guidelines, including obtaining informed consent and assent from the participants, was followed. The purpose of the study was explained to all study participants, and they were informed of their right to voluntarily participate in the study and the liberty to opt out should they feel uncomfortable to continue any time. They were also informed that there was no potential harm associated with participating in the study. The right to privacy and confidentiality of the participants as well as for the information obtained, was observed by removing all possible identifiers linking the participant to the interview records and use of pseudonyms for the quoted voices.

Results

Land Shortage is a Cocktail of Financial Constraints

Results revealed that a number of families in the Luuka District have a challenge of accessing land for livelihood. Many of them had adopted sugarcane growing. However, the demand for big acreage for sugarcane growing has contributed to a land shortage for food crops. It is now very common for families to only have small plots for the house in which they live. Further, following the adoption of plantation sugarcane growing, families that formally had land have since leased it to sugarcane growing. And because many households have leased or sold part of their land to sugarcane growers, they now live on small, congested plots of land. The proximity of different families becomes another issue in the community that exposes children, especially young girls to risky sexual behaviors that come with closeness in a poorly planned neighborhood. Shortage of land has led to another challenge of parents being away from home. Parents no longer have land to engage in farm work in gardens close to their homes. Thus leave these young girls and boys at home, in an environment characterized with houses close together. It was reported:

In this area people want putting their houses close to one another, so people just mix, hence increasing the risk of adolescent pregnancy in the neighborhood (Female, Maternity in Charge).

Results also revealed that due to land shortage, homes are food insecure. When the parents go out to fend, children are left at home with no food. Thus, they are forced to move around looking for what to eat. Sometimes, such children go without a hot meal for days. Such conditions of need compel adolescents to devise strategies to find what to eat, possibly exposing them to risky behavior at night. She may have slept on an empty stomach, and along there, she may find a man who will give her 2,000 shillings (approximately half a dollar) and will seduce her to engage in premature sex and hence get pregnant (RN, Mother, KI).

Unfortunately, even when people have adopted sugarcane growing and others leased their land, the prices for the crop have greatly gone down, negatively affecting the only commercial crop for the region. The low sugarcane prices complicate the land shortage issue. To make ends meet, parents sometimes are forced to engage their young children in petty trade in the community:

Here in Luuka, the cause of the problem is that the source of income is sugar cane, but now that the price offered for the crop is down, many families cannot realize a befitting income. This makes it difficult for them to meet their basic needs. Families are experiencing famine. The land they have is already occupied by sugarcane growers who rented it from them, and they have nowhere to grow the food to eat. Now to get what to eat is a big struggle. That is why the parents are even sending their children to sell pancakes in order to get some money to buy food. As a result, girls are tempted with petty gifted and pressured for sex. And for the mothers, instead of being home to look after the children and even go digging, they also end up selling pancakes and banana juice on the streets to get money for food (KC, Male, KI).

Poverty, Challenges of Provisioning and Living Arrangements

This study showed that alternative sources of income for many people in this community were very few, following the lost value of sugarcane, the major source of livelihood in the region. For a very long time now, commercial sugarcane growing had been the mainstay for nearly all households in Luuka District. However, in the last five years now, the prices for the sugarcane has greatly gone down, and so families had no reliable income:

The sugarcane nowadays has no value. Yes, because you find that a farmer is told that one hectare of sugarcane is bought at 70,000/= shillings (approximately 20 USD), gross, but after two years of waiting for the sugarcane to mature. The farmer doesn't benefit anymore from sugarcane growing. Poverty has increased in homes. Income from sugarcane cannot sustain homes for a month (Male, KI).

According to the study results, it was estimated that up to eight, out of ten households were affected by the reduced sugarcane prices. This poor economic status has made economic provisioning in homes difficult. This makes the children more vulnerable to external exploitation. One of the young girls who was six months pregnant at the time of the study confirmed this:

I become an easy sexual target after I was deceived into accepting food offers and money from a neighbor's son.

A boy from the neighborhood, (a school dropout) earned some money from the casual work he engaged in and used it to deceive the unsuspecting young girl. Due to the resultant and widespread poor economic status of most parents, many could not afford to provide for the needs of their children. Some parents, because of Poverty, had been turned into 'carnivals that feed on their own children by asking the girls to take unbecoming decisions of looking for men to give them money. In that way, the girls become a source of income. With money from men, the girls support their parents

to buy basics. Study participants shared that even girl children as young as 9 to 13 years were sometimes sent out by their parents to go to the market hoping that some men would give them money. This is a great risk to the girl. It is also clear that while some parents intentionally send their daughters to the market in the hope that men will use them and give them some money, for others, it is not intentional, and [when you] send your daughter to the market to start selling things there. She gets tempted while there she socializes with many people, and some of the men tempt her to get involved in premature sex since she wants money and they are giving it to her, it becomes a temptation [difficult to overcome] and hence will get pregnant at an early age (KC, Male, KI).

Likewise, the girls find themselves in a vulnerable position where they look forward to receiving gifts and money from men because their parents cannot provide for their needs. Such economic distress affects the girl children more than the boys particularly because of the recurrent biological needs caused by the need for menstrual management materials. When girls fail to get support from their parents, they devise other means for provision. The general lack of requirements makes the adolescent girls susceptible to men that entice them with the offer of things they otherwise need in their lives but cannot afford. They cannot even get such requirements from their parents at home:

And the other cause is the existing Poverty in families, and there is away it exposes children to engage in premature sex since they can't afford some necessities even at home" (KC, Male, KI).

Yes, Poverty, even us the parents, we don't have money to buy food, so you cannot ask me for money to buy pads. Of course, I will not be able to provide" (FM, Maternity in charge).

Further, because the parents know that they are not able to provide for all their children's' needs, they ignore when the girls come home with gifts from men.

Sometimes she [a mother/parent] doesn't even ask about it [the new item the girl has, not provided by the parent]. She just looks at you because she is not providing for you sometimes, she even sends you there. We also have seen girls who even take some [money received from men] to their mothers" (Female FGD, 10-14 years).

Some parents also take loans from men and promise to repay by offering their daughter as a wife to the man. The poor economic status in the homes explains why girls from such homes are more vulnerable to risky behaviors and fall victims of unfavorable decisions that result into early pregnancies. this issue of girl children getting pregnant is happening mainly to poor homes that have nothing and therefore are not able to help themselves and their daughters (Male KI).

Older men are willing to pay a little more money for a relationship with an underage girl. To these young girls in the villages, even one thousand shillings (less than a dollar) is such a big temptation. The older men pay more than what the younger boys offer. The gift to the unsuspecting girls between five thousand shillings to ten thousand shillings (approximately two to four dollars) for accepting to be in a relationship with them. To the young girls, this amount of money is far better than what the young boys offer. The girls intimated that; with ten thousand shillings they are able to buy many things:

But you will be able to buy and eat chapatti (bread) if you have five thousand (5000/=) and you will be able to buy shoes, sandals that cost 3000/= or even shoes that cost between 6000/= 45000/=.

Parents or guardians to the adolescent girls normally set priorities in the home, which usually include ensuring the family has access to food, school matters such as payment of school fees and purchase of scholastic materials. The desire to have nice things to eat or nice dresses to adorn so that they can be seen to look smart and fit in the class of their peers

without looking out of place and therefore be embarrassed is a weak point in their lives. Unfortunately, sometimes some parents or guardians are not in a position to provide for the girls the ever-growing list of items they desire. Obviously, there are a number of competing demands that the parents have to spend their little and hard-earned money on. They sometimes have to take care of the sickness among other daily requirements. Yet as stated by one female key informant, some girls have pressing pressure from their peers:

Another thing is peer pressure/peer groups, and these have done more harm than good to influence many girls into making wrong decisions and choices in life (Female KI, Kiyunga).

Boys during an FGD confirmed that the need and love for money that young girls have as they search for ways to access what they admire such as: shoes, dresses, Vaseline, and more, exposes them to risks. In exchange for the money, they are tempted into sex, resulting into pregnancy.

The girls are getting pregnant because of the situations that they are living in. The girls admire a lot which causes them to get pregnant at an early age. They love money so much that they go out with old men like Boda Boda men if a girl has admired something and she goes out with such a man the result is pregnancy (Male FGD, 15-19 years).

Agency at Personal Level is a Positive Factor against Early Pregnancy

Amidst the financial hurdles mentioned, this study found that there were some girls who acted wisely and resisted gifts and money from men. Such girls were able to escape calculations and traps from men. One of their strategies was to stay at home all the time, avoiding public places, which enabled them to escape the male gaze. They opted to be patient and wait for their parents to provide instead of looking for alternative options from men or better still, they found economically rewarding

activities, when possible, to earn their own and decent income from casual jobs. Results from the interviews also revealed that much as some young boys and scheming men with immoral tendencies were on the rampage, some girls were much aware of the temptations they flashed around and the ill that could follow, should they fall for the temptations. These 'wise' girls protected themselves by wielding a number of weapons, including ignoring the men when they were called names through clapping. They instead abused such men, as reported by one young participant:

"When they call me, I just abuse him; I refuse to go to him, or I can report him to daddy or mummy (Remmy, 15 years).

Findings further revealed that girls who keep at home as much as was possible and who are supported by their parents to access what they might need, including what they admire to have, such as good dresses and eats, will be able to resist and overcome temptations from boys and men.

Some of the girls admire drinking a bottle of soda but now, like me if my mother buys me chapatti mixed with beans (kikomando) and I eat then I will not have an appetite of going to boys so they buy for me what my mother will have bought for me and I eat so I won't be tempted (Control, 15 years, In-depth).

Participants also revealed that the financial distress in most homes affects leaving arrangements such as sleeping. Parents end up sharing room with their growing children and this is the beginning of curiosity into adult stuff. The curiosity that killed the cat now results into exposure and risk of adolescent pregnancy as the children try out what they see or hear adults do. Also, because of shared sleeping arrangements, when the mother travels, some men, particularly stepfathers, take advantage of the situation to force the girls into sexual affairs that result into adolescent pregnancy, as one girl shared.

we sleep in the leaving room; we do not have a bedroom as children but when the mother is

not around father attempts to rape. But if you are in our room or in another house, then he can't attack you. We can lock the door. There is no way he will open his house and come to ours. Sometimes you can even make an alarm" (Female FGD, 10 -14 years).

Discussion

Based on the above research findings, this article shares evidence to the fact that the financial status of the family and the transferred financial needs and inadequacies in the home affect the children, especially the girls. Well, as the adolescent boys can more easily find alternative livelihood options on sugarcane plantations and sugarcane transporting trucks, the adolescent girls are left out.

Land shortage seen from the small plots of land owned by a number of families means that parents have to find income-generating opportunities elsewhere since they cannot earn a living from tilling the small plots. They leave home and the children are left all by themselves most of the time.

In the absence of their parents, the girls fall victims to crafty men who promise gifts and money. Because the economic status of the parents, is characterized by limited access to land, limited livelihood options and Poverty, all households' members are affected. Confirming the argument that family characteristics determine the risk for teenage pregnancy [28]. The need to look for survival strategies at family and sometimes individual level becomes apparent and as such, such a context of dare need is a negative factor that increases the risk of teenage pregnancy [29]. Because, when the children assess the home's economic situation, all they see is that the homes are in need. They read that their parents will not be in a position to meet their needs. So, the girls end up accepting the offers because somehow, they must get the basics of life. This study findings are in agreement that rarely is it the choice of an adolescent girl to fall for decisions that expose them to adolescent pregnancy [14]. In

the midst of no opportunities, they are left with no choice but to engage in illicit trade where they exchange sexual favors for the required monthly items. This finding also confirms what Manzi and others found out in the study conducted in Kibuku, another district in Eastern Uganda. In their study, participants said that one of the factors associated with teenage pregnancy is Poverty. That once parents fail to provide basic needs to their children, the children will devise strategies to have their needs met [8]. Indeed, the household financial stand is significant in the puzzle of adolescent pregnancy. Such poor families are not likely to afford basics, including education, and are also very unlikely to have parent-child close relationships [14].

In this study, it was also evident that the extent of Poverty had eaten deep into the morals of society, to the extent that some parents found their children's bodies as an economic survival option, and they send them out to engage in petty trade well, knowing that craft men will disguise as buyers and so make more sells. Continuous pressure from such men and persuasion with gifts and money puts in the hand of the adolescent money to share with their parents back at home. The parents then look on when girls go out to actively look for money from men. They forget that the gifts also extend the risk of a pregnancy close. By accepting the gifts, parents are not building a positive personality in their children to behave responsibly. However, the parents were not fully to blame simply because the poor economic status they live in makes it hard for them to do otherwise. This study found that some parents have no livelihood options close to home. Some because their land has been rented out to sugarcane growers, others because the prices for the sugarcane enterprises they are involved in has drastically reduced. As an alternative strategy, therefore, such parents move out to other areas. They leave their children all by themselves most of the time. Obviously with, limited provisioning and

guidance can be blamed on financial challenges. This corroborates the view that when parents have a connection, are attached to and have a bond with their children, then the chances of these children involving themselves in deviant behavior is reduced or totally eliminated [30].

The few adolescent girls able to escape from the poverty-related risks that turn other girls to victims of adolescent pregnancy fit into the family capacity to control their decisions [31]. This study found that such girls endure peer and sexual pressures; they also choose to patiently wait till such a time when their parents will find means to address their needs, rather than accept quick favors from men, in confirmation of the argument in social control theory that places high ties to family to diminish one's propensity for deviant behavior [32, 33].

Conclusion

Poverty is a major predictor for adolescent pregnancy in Luuka district. True, a number of factors contribute to the prevalence of teenage pregnancy. However, it is Poverty, seen through a number of faces that compounds all the negative factors that make adolescent girls even more vulnerable. Due to Poverty, members in the community fail to use their land and so rent it out to sugarcane growers. They become landless with no income. The shortage of land also affects space for growing food crops. Families are not able to purchase food stuffs. The resultant state of food insecurity for many homes becomes a push factor for outward migration, sometimes for both parents. Since the fall of prices for sugarcane, the previously lucrative economic enterprise and now a paper lion confirms a situation of very minimal options from which to earn. The move out of the community separates families and broken family relationships, exposing adolescents to a life of no parental guidance or supervision.

There is a great need for programs to support families with income generation so that parents can be in a position to better meet the needs of their children. Further, adolescent girls and boys should be empowered with information about keeping safe and skills to earn a living in dignity and free from sexual coercion.

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Conflict of Interest

The researchers have no conflict of interest to declare.

Notes on Contributors

Samuel Kabwigu is an obstetrician and gynecologist with enormous expertise in male involvement in reproductive health. Samuel is passionate about male involvement and has explored barriers of male participation in family planning. As an Investigator on several NIH-funded grants has established strong ties with communities with effective networks useful in recruiting and tracking study participants and managing collaborations.

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