

Covid-19 Outbreak And Early Pregnancies Among School Going Children. A Case Study Of Kamuli District, Uganda

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Abstract

Prevalence of teenage pregnancy in Kamuli District was reported to be 35.8% in 2021, higher than the average rate for rural areas in Uganda estimated at 27%. The research used a cross sectional study that employed both quantitative and qualitative methods. Research administered questionnaires were given to 25 on school going teenagers in five randomly selected schools in Kamuli Municipal Council while oral observation and interviews were conducted on 35 participants that included 10 pregnant teenagers, 5 teenage mothers, 5 parents to such teenagers, 10 school administrators, and 5 religious and political leaders. The questionnaire turn-up was 23 and oral interviews were conducted on 27 participants. Microsoft excel and SPSS were used to analyze the data and that then after was presented in form of frequency tables. The study revealed that COVID-19 outbreak was the major key contributor to teenage pregnancy on school going children in Kamuli. It was clear that socio-cultural factors such as low literacy, cultural practices associated poor parenting, child marriages, school dropout and cultural changes combine with the poverty situation generated and perpetuated the problem. Political interference made it difficult to redress the problem. Girls who fell victims of teenage pregnancies end up facing stigma and discrimination and their access to education and career development was radically reduced. The study also showed that teenage pregnancy had a great effect on education and affected the girls' future and economic development of a country. The study further revealed that teenage pregnancy contributed to girls' poor performance in school and in final exams. The study showed that most underage mothers had terminated their education for fear of shame, stigmatization and ridicule from the school and school and being rated as ill-mannered children. They should be counselled by their parents, and guidance and counselling teachers to give them strength and hope of continuing with their education and getting brighter futures. Counselling will also help in their job skills and psychosocial development that will help them after schooling and life ahead. The researcher also observed that parental and community involvement in openly advising their children and not shy away, sensitization of parents to support (especially) the girl child, counselling of both parents and learners about effects of early pregnancy and the responsibilities that come with it, community care and responsibility to keep girls in school, and using the law to legally prosecute offenders could be the appropriate strategies for combating teenage pregnancy in Kamuli district.

Keywords: Covid-19, Outbreak, Early Pregnancies and School Going Children

Background of the Study:

Adolescent pregnancy is a critical societal problem that affects millions of young girls worldwide each year and undermines their health, education, and life opportunities (Vincent & Peter, 2023). According to the Uganda Demographic Health Survey (Jac & Kazaara, 2023), in Uganda, more than 25% of girls aged 15–19 have either given

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

birth live or are pregnant with their first child. This translates into more than 35,000 births per year among school-aged mothers aged 10-19, complicating efforts to promote girls' education (MoES, 2020).

The closure of educational institutions in 2020 due to the Covid-19 pandemic may have worsened the incidence of early teenage pregnancies. A study (Brighton, Deus, Kazaara, Nelson, Catherine, et al., 2023) in Budaka district linked increased rates of unprotected sex and teenage motherhood during lockdown with a lack of school supervision. Similar trends have been observed worldwide with reports of more than 1 million additional teenage pregnancies attributed to disruptions in sexual/reproductive health services by pandemics (John et al., 2023).

Kamuli District in Eastern Uganda has consistently recorded a high rate of teenage pregnancy above the national average, according to records from the District Health Office. Adolescent girls in Kamuli, located in the rural Busoga sub-region prone to cultural practices limiting the empowerment of girls and children, face multiple sexual health vulnerabilities (Aisha et al., 2023). The disruption to academic schedules and routines caused by the Covid-19 lockdown raises serious concerns about exacerbated social vulnerability. Recognizing the need for greater involvement of adolescent girls in their community, the Kamuli District Education Department partners with Plan Uganda and made it a priority to reach even more girls as this pandemic continued (Edgar & Moses, 2023). In Kamuli, Covid-19 has led to an increased rate of early pregnancy. In order to obtain basic necessities such as sanitary napkins, girls engaged in transactional sex with men who exploited their need for money (Shamim et al., 2023). Among other risk factors, early pregnancies contributed to the number of out-of-school girls in Kamuli District. Even before Covid-19, there were hundreds of adolescent girls out of school, and research suggested that the pandemic could add hundreds more (Victor et al., 2023). Thus, there is a need to evaluate the impact of the COVID-19 outbreak on early pregnancies among school-aged children in Kamuli District, particularly to determine the impact of COVID-19 on girls in Uganda and their access to future educational opportunities (Brighton, Deus, Kazaara, Nelson, Alex et al. , 2023).

Statement of the Problem

Adolescent pregnancy undermines the education and well-being of girls in Uganda, as it occurs in more than 25% of 15-19 year olds according to national surveys (Margaret & Kazaara, 2024). This already alarming situation threatens to worsen further due to the disruptions of Covid-19, which have reduced access to sexual/reproductive health services and education worldwide (Anthony et al., 2023). Studies link school closures during lockdowns to increased risky sexual behavior and unintended conception in places like Budaka District (Patrick, 2024).

Kamuli District in Eastern Uganda consistently records teenage pregnancy rates above the national average, despite prevailing cultural norms limiting girls' empowerment (MOGLSD, 2016). When schools closed due to COVID-19 in March 2020, the district had more than 9,000 girls enrolled in secondary education, according to the Ministry of Education (Mark et al., 2023). However, limited services and economic pressures forced many into relationships or marriage (The Independent, 2021). The number of confirmed cases and deaths from the coronavirus also surged from less than 500 to more than 2,500 in one year, according to the Ministry of Health.

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

The disruption of routine academic schedules and the suspension of learning left adolescents exposed to vulnerability (Nelson, 2024). According to district health office records, teenage motherhood in government health units escalated from an average of 27% before the lockdown after March 2020 to more than 35% in early 2021. This threatens to reverse gains from investments in girls' and children's education and empowerment. Socio-economic impacts are also of concern as teenage mothers in Uganda face higher health risks, social alienation and interrupted schooling limiting career opportunities (Victor et al., 2023). Their children still risk stunted development in most households, which are faced with additional financial burdens. While the full range of impacts remains unclear, this growing problem requires understanding and an evidence-based response (John et al., 2023). However, there is limited data on the causes of increased early pregnancies among adolescent schoolgirls in Kamuli in relation to the disruption of Covid-19. There is also a gap in assessing the associated multi-sectoral impacts on young mothers and their children (Oromo et al., 2023). This limits the design of mitigation measures to protect girls during health crises. This study therefore seeks to explore changes in the prevalence of early pregnancy, identify key contributing factors among disturbed adolescents, and design effective interventions.

Specific Objectives:

1. To identify the effects of COVID-19 outbreak on school going children in Kamuli district.
2. To find out the other causes of early pregnancies among school going children of primary and secondary schools in Kamuli district during the lockdown.
3. To establish the effects of early pregnancies on school going children in Kamuli district as a result of school closure due to COVID 19 outbreak.

Methodology

This study used a descriptive survey design as it allowed for an intensive descriptive analysis of the impact of the Covid-19 pandemic on early pregnancies among school children in Kamuli District. According to (L. A. Nafiu et al., 2012) a descriptive survey provides a large amount of information through fact-finding using questionnaires to collect data from a sample. The aim of the study was to understand the real situation regarding changes in the prevalence of early pregnancy after school closures due to the outbreak of the epidemic through interviews and questionnaires (L.A. Nafiu, 2012). This design was appropriate because it involved gathering views from school administrators, parents, and affected students to gain an in-depth understanding of their experiences during the disruption. Both qualitative and quantitative approaches were used from June to August 2022 (Rasheed et al., 2022). Quantitative data were first collected through a retrospective review of maternal health records from all government health facilities in the district to determine adolescent pregnancy rates before and during the pandemic period. A semi-structured questionnaire was then distributed to 60 respondents, including adolescents aged 15–18 years, religious and political leaders, school principals and parents selected using simple random sampling (L. Nafiu et al., 2013). This instrument was used to collect information on the key perceived drivers of increased early conception among disrupted students. In addition,

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

in-depth key informant interviews were conducted with 30 carefully selected participants using an interview guide. These engagements helped explore emerging issues in greater depth by allowing respondents to freely narrate their perspectives (Olanrewaju et al., 2021). For the purpose of the study, the target population included all school children aged 15-18 years, religious and political leaders, school administrators and parents residing in Kamuli District at the time. Sixty participants were involved in this study to influence the statistical accuracy of estimates and power of inference (L. A. Nafiu et al., 2017).

Table 1: Showing Number of participants in the Study;

Stake Holder	No. of Respondents	
School going children	Girls	Boys
	15	10
Pregnant School going Children	10	
Young Mothers	05	
Parents	05	
School Administrators	10	
Religious and Political Officials	05	
Total	60 Respondents	

The study participants were randomly selected with the guidance of the randomly selected school administrators that participated in this study. The area and the schools were randomly selected because of the past record of teenage pregnancies in Kamuli Municipality hence sufficiency of study population as required to make any research meaningful to the community and the state (Jallow et al., 2021). The Sub County had several educational institutions but the selected schools and participants mentioned above were selected at random to act as the sample, representing the rest of the schools and population in the region. Stratified Sampling and simple random sampling techniques were used in selecting schools from the zones, day and boarding girls and boys mixed schools (Lu et al., 2013).

The data was collected using questionnaires that were anticipated to be effective and good research instruments for this study. The questionnaires were constructed to address the objectives of the study. These questionnaires were preferred by the respondents because respondents would give honest answers since they were remaining unidentified and would have sufficient time to think out without pressure (A & Ahmed, 2019). The student used both open and closed ended questions to capture both qualitative and quantitative data. The respondents were treated equally to bring down biases resulting from personal characteristics. Data collected was analyzed qualitatively and quantitatively (Jallow et al., 2021). Questionnaires were scrutinized for accuracy, then coded and entered in computer using Statistical Package for Social Scientist (SPSS) (Nelson et al., 2022). Quantitative data was analyzed through descriptive statistics such as percentages and frequencies. Qualitative data was mainly consisted of responses from interviews and open-ended

questions in the formulated questionnaires (Jallow et al., 2022). Data was then put into various categories according to themes of the study. Such categories comprised recurring concepts, perspectives and words.

RESULTS

Table 2: showing Respondents’ Responses on the effects of COVID-19 Outbreak on school going children.

Statement	Response					
	Agree	%	Not Sure	%	Disagree	%
COVID-19 Outbreak contributed to closure of schools in Kamuli	23	100	00	00	00	00
During the lockdown, girls were spending more time with men than they were while in school.	13	57	03	13	07	30
During the lock down as a result of COVID-19 Outbreak, school on going children engaged in risky sexual behaviors.	20	87	01	4	02	9
COVID-19 Outbreak contributed to early pregnancies among school on going children in Kamuli district: COVID-19 outbreak has effects on school going children?	23	100	00	00	00	00

Table 1, reveals that 100% of the school on going children that participated in the study agreed that COVID-19 Outbreak contributed to closure of schools in Kamuli, as it was evident in the entire Uganda. As a scholar, I commend and supported the Government’s response to mitigate the spread of the Covid-19 pandemic (Oromo et al., 2023). Timely measures such as restricting movement and gatherings so far helped to limit the number of cases in Uganda. At the same time, the current context was exacerbating wider challenges for the most vulnerable members of society. In our work with communities throughout Uganda I already observed a significant increase in protection risks for children, adolescents and youth during the Covid-19 outbreak, and these worsened as the situation went on. While children were not considered to be most at risk of contracting Covid-19, they were extremely vulnerable to the ‘secondary’ social and economic impacts. These impacts affected children for the rest of their lives as justified by the 57% that agreed that d the participants’ response when asked during lockdown, girls were spending more time with men than they were while in school and such behaviors resulted to rise in teenage level/or rate as evidenced by the 100% respondents that during the lock down as a result of COVID-19 Outbreak, school on going children engaged in risky sexual behaviors that resulted to their teenage early pregnancies (Abdi et al., 2020).

Other effects of Covid-19 Outbreak On School Going Children;

The study further identified other effects of Covid-19 Outbreak On School Going Children through the interviews that were held with Young Mothers, pregnant children parents, school administrators, religious and political officials. These were the other effects that were identified by the study;

Received: 08.07.2024 Accepted: 13.07.2024 Published on: 30.07.2024

Reduced access to Support and Services:

Many of the core support structures for children were closed. Schools which normally provided a vital protection role as well as education were shut since late March 2019 and may remain closed for a sustained period. 15 million children were out of school as reported by a school administrator. A religious leader also revealed that Specialized protection facilities such as Child Friendly Spaces were also closed, while restrictions on movement limited the outreach of case workers and para-social workers. The virus spread further, and family support systems were undermined as many caregivers become sick and incapacitated, leaving children to fend for themselves.

A political Official/or participant revealed that - It was harder than ever for children to report and get a response to violence, abuse and other protection issues during the pandemic outbreak. Children were afraid and had few places to turn. Restrictions on public gatherings and movement meant that normal community reporting, NGO activities and referral pathways were limited. Police was redeployed to enforce the curfew and Covid-19 prevention measures. In many areas, the Directorate of Public Prosecutions and the Family and Children's Court were not functioning, delaying access to justice and arraignment of suspects in court. In Buganza (a parish in Kitayujwa Sub-county Kamuli district) for example, men suspected of defiling children reportedly had to be released on bail back into the community after 48 hours. The national "Sauti 116" toll-free child helpline, which is rightly heralded as a global example, had to stop for several weeks due to high demand and lack of capacity. It is now functioning again but has been at reduced capacity (from 08:00 to 17:00 six days a week instead of 24/7).

"Adolescent boys have resorted to breaking into houses to steal food for survival, and girls are at risk of being defiled."

– respondent, Religious Leader in Nakiwuulo Trading center-Kamuli

Restrictions on movement meant that some vulnerable children were unable to access critical services. Under current rules, *boda-boda* motorcycles were not allowed to carry passengers and private vehicles in border districts as a must had to have waivers from the Resident District Commissioners (RDCs) to move. While such restrictions were necessary to contain the virus, there were reports of cases where children died as they were unable to reach medical treatment. In West Nile four children died in one night from food poisoning as they could not reach health clinics. Similar child deaths were reported in Kamuli and other districts, while several pregnant women died when they were unable to get transport approval in time. The Government took steps to ease these restrictions for pregnant women, but this was not always followed. On 8th May 2020, a pregnant woman being taken to hospital by motorcycle was shot dead by a Local Defence Unit member, (Monitor Paper, 8th/May/2020). There was continued challenges getting treatment for sick children, especially in rural areas and border districts.

Pushed into Danger: A Rise in Poverty and Hunger

Many households were pushed into extreme poverty and hunger. Parents who had lost income were increasingly unable to feed their families. Assessments by one participant show that many children were surviving on just one meal a day

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

or less. School going children who engaged in small-scale trades such as food vendors, hairdressers and welders during weekends were particularly affected as these had all closed. At the same time the price of basic food risen. These economic impacts continued to be felt for a long time even after prevention measures were eased.

“Covid-19 period made us handicapped. Youth/or children who are bread winners in child headed families like myself, were no longer able to provide even basic needs like food to our families. This sparked big misunderstandings and domestic violence.” – one of a young mother participant reported at Butende Parish-Kamuli district

As a result, children were increasingly forced into hazardous and exploitative work to support their families. In the study, 100% of young mothers, parents, pregnant children, school administrators, religious and political Official respondents reported an increase in children working since lockdown began. In many parts of the country there was an increase in girls drawn into commercial sexual exploitation, trading sex for money, food and even materials such as sanitary towels. In Karamoja, girls were increasingly going to work in artisan mines boring and sieving for gold and fetching water for other workers while boys were spending days looking after cattle, (Monitor Paper, 20th/May/2020). A respondent reported that other young children were observed in Kamuli selling alcohol, firewood and other items, or digging and planting to try and make ends meet.

Child marriage was also an increasing concern as a way of coping with financial hardship. Adolescent girls were being married in exchange for dowry or bride price – especially in the rural areas of Kamuli where rates of child marriage are already extremely high. In just one week, Kamuli Central Police station recorded 25 new child marriage cases.

At the same time, adolescents were struggling to access sexual and reproductive health information, which they would normally get at school. Restrictions on movement also affected access to services such as family planning, especially in rural areas. This likely to lead to an increase in the birth of unwanted children and consequently abandonment, unsafe abortions, street children and violence against children.

“At that time I wanted to use contraceptives-pills. But the nearest health centre is 15kms away and the only way to get there was by motorcycle which was not allowed. I prayed to God I don’t get pregnant but the prayer was not successful.” –a pregnant teenager in Nawansaso Trading center-Kamuli district.

Scared at Home: An Increase in Violence and Abuse

The uncertainty and prolonged periods confined to small homes led to an increasingly stressful environment. This exposed children, especially girls, to increased risk of domestic abuse. In the study, 80% of the key informant respondents reported that parents were using violence to restrain children from straying too far from the home, including spanking and slapping. Children were also witnessing more arguments and fighting amongst parents, which could have enormous psychological impacts on the children. The Busoga sub-region reportedly registered more than 400 cases of domestic violence in the early weeks of the lockdown.

There was an increase in sexual and gender-based violence (SGBV). In the study, 90% of the interviewed respondents said they observed an increase in acts of sexual violence against children by peers, caregivers and community members. In Kamuli, a 50% increase in SGBV cases were reported since the start of the lockdown, (Kamuli Central Police, 2020). The situation also had negative impacts on children’s mental health and wellbeing. According to the respondents, 57% of caregivers were afraid their children become stressed and almost a quarter (22%) fear their children became depressed during the Covid-19 outbreak. This impact potentially lasted long after the lockdown. Child protection teams witnessed an increase in substance abuse among adolescents turning to alcohol and drugs to try and cope in this stressful time.

A rise in teenage pregnancy. A UN study of the Ebola outbreak in Sierra Leone found that teenage pregnancy increased by 65% due to the socio-economic conditions, a trend that replicated in Kamuli during Covid-19. In the study, 40% of caregivers said they expected an increase in teenage pregnancy during lockdown. The interviews with young mothers and pregnant children Uganda showed they were worried about being caught and potentially beaten by security forces around curfew time, so were they spending the nights with friends who could engage them in risky sexual behaviors that resulted into them having pregnancies.

Uninformed: A Lack of Information for Children.

Children were scared and struggled to access the information they needed. There was a lot of information being sent to the public, but most of it was not age-appropriate and understandable, especially for younger children; and children did not have many opportunities to ask questions and receive assurance. Children with special needs and disabilities were often left out. Many of the most vulnerable children could not access much of the information that was out there. For example, just 6.6% of rural households have internet access in Kamuli district and even radio is limited in some rural areas.

The prevalence of online information exposed children to other new risks. For those children who could access the internet, many were spending more time than ever before at home on laptops and phones. This led to increased risk of online child sexual exploitation- something that most Ugandan children are ill-informed about. Around the world, there were reports of online tutorials being hacked, children being unknowingly recorded online and heightened risk of grooming during the outbreak.

The other factors that caused early pregnancies on school going children during the COVID-19 outbreak?

Table 3; school on going children’s responses on the causes of teenage pregnancy.

Factor	Agree	%	Not Sure	%	Disagree	%
Low Literacy	12	56	10	43	01	04
Cultural Practices	22	96	00	00	01	04

Poverty	17	74	03	13	03	13
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The study aimed at finding out the other key factors that could have contributed to teenage pregnancies on school going children during COVID-19 outbreak, where the table above shows low literacy, cultural practices and poverty as the key factors that school on going children linked to teenage pregnancy. According to table 3 above, 56% of the school going children that participated in the study agreed that low literacy caused their fellow children to have teenage pregnancies during COVID-19 outbreak, 43% were not sure that low literacy caused teenage pregnancy among school going children and 4% disagreed that low literacy could cause teenage pregnancies among school on going children. Negative attitudes/or beliefs and myths towards contraceptives among people in the rural settings hinder young girls and boys from using them. The lockdown made the girls have limited exposure to contraceptives while as even those girls who had access to such contraceptives and knew about them feared to use them. 96% of the school on going children that participated in the study agreed that cultural practices associated with poor parental guidance caused teenage pregnancies among their colleagues during the pandemic outbreak. On the other hand, there was no child that was not sure and 4% disagreed. Parenting attitude and skills have significant impact on the lives of children as displayed by the social learning theories and attachment theory. It is often considered that lack of parental love and domestic abuse, made their underage girls to look for love from their male counterparts contributing to early sexual behaviors leading to early pregnancies. Additionally, it is good to consider another factor of the relationship between teenage pregnancy and poverty as 74% of the school going children respondents agreed that it contributed to teenage pregnancies during the pandemic outbreak and on the other hand 13% were not sure and 13% disagreed. Incidences of early child hood marriages were on a rise as poverty caused by the pandemic forced families to marry off their daughters to help alleviate financial burdens. In Uganda, at least 128 school age girls were married off in Kyegegwa, Rakai, Kamira Sub-county, Luweero District, and Kamuli district alone. In addition to early marriage, many girls and boys also entered into the workforce at a young age to help provide for their families. In some communities, girls and boys were forced to take on much of the domestic work at home, keeping them from seeing their friends and joining community-building activities. When schools reopened, many of these children did not go back. Poverty also drove young girls to work as sex entertainers to earn a living were therefore easily lured into accepting payments either in cash or kind (food, clothing, electronics, etc.) for sex without protection leading to pregnancies. The study also gave opportunity to such children to give their own opinions on the other could be key factors that contributed to teenage pregnancies among school on going children, and their responses were as in table 8 below.

Table 4: Other key factors that contributed to teenage pregnancies on school going children

Factor	f	%
Peer Pressure	23	100
Love seeking	21	91

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

Media	17	74
Loss of moral for going back to school due to the long lock down (school dropout)	23	100
Poverty	27	100

Other key factors that were found out by the study through interviews to could have contributed to teenage pregnancies among school on going children were;

Factor	f	%
Rapid transition	15	56
Moral decadency	12	44
Lack of sex education	27	100
Cultural and religious beliefs and practices	27	100
Mishandling adolescent stage	27	100
Media	22	81
Peer Pressure	27	100
Love seeking	25	93
Loss of moral for going back to school due to the long lock down (school dropout)	25	93
Poverty	27	100

Source: Field Data 2022, Results showed that many factors led to early teenage pregnancy in Kamuli district during the pandemic outbreak. However, the degree or the rate of increase vary for different factors as shown in the table above. Findings have shown that mishandling the adolescent stage (100%) in schools and at home during the pandemic resulted into increasing early pregnancy among school on going children. Here an adolescent fail to cope up with the ongoing pressures in his body and the presence of a pervasive community gives them an upper hand leading to early pregnancy. Moral decadency (44%) among the youth was also on a rapid increase in secondary school on going children in Kamuli district. This attributed to mass media and the so called modernization country wide. Young mothers and pregnant school going children especially in secondary schools reported that they 'wanted to cope with the changing society; this was increased by lack of sex education (100%) from both parents and teachers hence leading to early

pregnancies in Kamuli district. Rapid transition representing (56%) and cultural and religious teaching and beliefs representing (100%) also contributed to occurrence of early pregnancy in Kamuli district.

It was also revealed that peer pressure by 100% of the 27 participants interviewed (Young mothers, pregnant school children, parents, school administrators, and religious and political Officials) contributed to early teenage pregnancy on school going children in Kamuli district. Another factor that was reported was Loss of moral for going back to school due to the long lock down (school dropout)-93% and the manner in which it pushed young girls into sexual behaviors. As it was reported by the religious and political officials that participated in this study that dropping out of school also contributes to teenage pregnancy. Therefore, girls who had lost moral for education had higher chances of engaging in early sexual behaviors thereby leading to early teenage pregnancy. Nonetheless, girls who become pregnant had higher chances of dropping out of school.

Finally, Poverty (100%) drives the sexual exploitation of adolescent girls as a means of economic survival for the family or the individual. Poverty-stricken parents turned to exploitative means of reducing burden on household finances or supplementing it. Sexual exploitation of girls either perpetrated by boys of their own age or, more often, by adults in the community was frequently seen as the only option for survival in various communities in Kamuli. Girls who were in school were also at risk of sexual exploitation by their peers and even teachers in order to afford costs of their education, such as school fees, transportation, textbooks and meals.

The effects of early pregnancy on school going children during this COVID-19 outbreak.

Table 5: Responses on the effects of teenage pregnancy on school going children.

Statement	Agree	%	Not Sure	%	Disagree	%
School dropout	23	100	00	00	00	00
Poor grades/or performance in class	19	83	00	00	04	17
Poverty/or economic hardships	23	100	00	00	00	00
Increased illiteracy among young people	17	74	06	26	00	00
Forced Early marriages	16	70	05	22	02	09
Generation gap between students' parents	15	65	03	13	05	22

Table 5 above reveals that 100% of the school going children agreed that teenage pregnancy contributed to most of the school going children to drop out of school. 83% agreed that teenage pregnancy result to poor grades/or performances in class, and 17% disagreed with it. 100% agreed that teenage pregnancy contribute to poverty/or economic hardships among teenage mothers. 74% agreed that teenage pregnancy lead to increased illiteracy among young people due to school dropout, and on the other hand 26% were not sure with this argument that teenage lead to increased illiteracy

among young people. 70% agreed that teenage pregnancy led to forced early marriages, 22% were not sure whether it was true, and 9% disagreed that teenage pregnancy led to forced early marriages among school going children. 65% agreed that teenage pregnancy led to a generation gap between parents and their children, 13% were not sure with this statement and 22% disagreed with it that such a generation can be caused by the parents' behavior.

Table 6: Other effects of teenage pregnancy

The study also established other effects of teenage pregnancy from the interviews that were held by the other category of respondents (young mothers, pregnant school children, school administrators, religious and political leaders).

Effect Established	f	%
School dropout	27	100
Miscarriage/abortion and death of neonates	27	100
Vaginal tears and obstructed labor	13	48
Poor grades/or performances in school	27	100
Child suffrage	12	44
Lack of moral ethics and values	09	33
Loss of future plans	27	100
Poverty	27	100

According to the responses, the most immediate issue related to teenage pregnancy during the pandemic was dropping out of school permanently. There was a looming fear that these survivors were not to go back to school even with the issuance of the new guidelines of re-entry of school dropouts owing to teenage pregnancy in Kamuli district. 100% of the interviewed participants reported that dropping out of school due to teenage pregnancy was at a high rate. School dropouts are more likely not to get decent employment to support their children and therefore contributing to inter-generational poverty as 100% revealed by the participants. This agrees with another study that showed that a greater percentage (60%) among the respondents stated that teenage pregnancy could lead to school dropout, (Naibirizi, 2014). *"I was impregnated, this has destroyed my future plans and my parents can no longer pay for my school fees because they do not trust that I will not get impregnated again,"* – a pregnant child/participant, who is facing a pregnancy at just 16 years old. Now, she finds herself out of school and afraid for her future.

Miscarriage/abortion and death of neonates were major health related effects as revealed by 100% participants respectively. Children born to teenagers are more likely to be underweight as compared to those born to mothers above 20 years. Furthermore, some teenage mothers that participated in the study reported having premature birth and obstructed labor. These findings correlate with what the Kamuli main hospital Doctor in Charge reported when approached to analysis this data that medical issues such as pregnancy and childbirth complications; severe bleeding, infections due to antenatal and post-natal complications as well as the high risk of contracting HIV and other STDs,

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

fetal mortality and maternal death as adolescents are twice as highly susceptible to death during pregnancy than women over 18 years. Abortions were most times due to pressure from the boyfriends or husbands of the pregnant teenager, fear of parent's response to the pregnancy and also because of improved and easy methods of terminating the pregnancy without much adverse effects. Studies also indicated that most of the teenagers preferred abortion in case of an accidental pregnancy. Similar results were reported in a cross-sectional study in Naguru Teenage Information and Health Centre in Kampala Uganda (Nawakholi, 2020).

The other effects revealed were Poor grades/or performances in school (100%) due to pregnancy associated problems, child suffrage (44%) due to vaginal tears and obstructed labor as reported by 48% participants because pelvic bones of such girls were not yet grown enough to allow vaginal delivery of a normal sized baby and thus there was increased incidence of Caesarean section due to obstructed labor. Worse still, children born to very young mothers, surveys have indicated are at increased risk of sickness and death while teenage mothers will more likely experience adverse pregnancy outcomes. Young Mothers were also more constrained in their ability to pursue educational opportunities than young women who delayed childbearing. Lack of moral ethics and values as reported by 33% and loss of future plans (100%) due to school dropout and forced early marriages. Consequently, child marriages became inevitable in Kamuli district. One participant (young mother) in Butende parish narrated how the father told her that he cannot pay school fees for a mother, and as thus, she had resorted to getting married to another man before she was 18 as the one who got her pregnant disappeared.

Table 7: School going children's responses on how to combat teenage pregnancies.

Statement	Agree	%	Not Sure	%	Disagree	%
Re-opening of Schools	23	100	0	00	00	00
Sex Education	19	83	03	13	01	04

School going children when asked whether the above would help at combating teenage pregnancy on school going children during the pandemic outbreak. 100% agreed that school re-opening was the most effective strategy for combating teenage pregnancy on school going children. 19% agreed with the argument that sex education provision through different aspects could combat the problem on school going children. Sex education could enable such adolescent girls and boys have access to relevant information on contraceptives, how to manage stress among others.

Conclusion:

This qualitative study sought to assess the effects of COVID-19 outbreak on teenage pregnancies among school going children in Kamuli District. From the analysis, it is clear that COVID-19 outbreak together with socio-cultural factors such as traditional dances, poor parenting and cultural changes combined with the poverty situation to generate and perpetuate the problem. Political interference makes it difficult to redress the problem. Girls who fall victims of teenage pregnancies end up facing stigma and discrimination and their access to education and career development is radically reduced. Knowledge about Sex and Reproductive Health, must be passed on to the teenagers both at school and at

Received: 08.07.2024

Accepted: 13.07.2024

Published on: 30.07.2024

home by parents and teachers. Since factors associated to teenage pregnancy are poverty, pornography and negligence of the parents and most of the teenage mothers dropped out due to teenage pregnancy in addition to suffering complications like obstructed labor, miscarriages and giving birth to underweight children. It is therefore recommended to encourage parents and schools to adopt a culture of discussing sexual and reproductive health, advocating for abstinence and where necessary, contraception be made open and accepted without stigma.

Recommendations:

Recognize child protection and Mental Health & Psychosocial Support (MHPSS) as essential lifesaving activities. We welcome the Government's commitment so far to ensure humanitarian access and to exempt some essential or lifesaving activities from movement restrictions. We urge the Government to ensure that child protection activities – including alternative care, case management and monitoring, out-of-school education and MHPSS are permitted and supported to continue. Child protection professionals should be granted exemptions and enabled through district local government to monitor, report and refer children and women at risk – including in border areas where restrictions will last longer.

Ensure Information, Education and Communication (IEC) materials on Covid-19 are accessible to all children and youth. These should be translated into local languages (including those spoken by refugees), gender-sensitive and suitable for children with disabilities such as sight or hearing challenges. Messages should also be targeted and contextualized for adolescents, including on the risk of early marriage and information on family planning. Government broadcasts should include messaging on child protection risks, referral pathways and mitigation.

Enforce laws and prosecute all cases of violence against children and domestic abuse. Covid-19 cannot distract from the rule of law and a culture of impunity must not be allowed to develop. The Government should ensure that courts, GBV units and the Police Child and Family Protection Units (CFPUs) should be fully resourced and functioning. We strongly welcome the step to establish the national GBV helpline. Similarly, para-social workers should be fully empowered to move freely in order to support the victims of violence and abuse, including being provided with relevant permits, PPE and transport.

Recommendations to international donors:

Ensure adequate funding – which is flexible and adaptable to changes in context – for child protection activities and staff such as case workers, para-social workers, community protection officers and MHPSS staff. These essential workers can carry out case management and monitoring of vulnerable households, as well as play a role in disseminating IEC materials. They are also critical for ensuring reporting and accountability to affected communities. Some areas are particularly in need – there is a serious shortage of case workers in the refugee response, with an average of one case worker for every 99 cases, four times the global humanitarian standard.

Ensure that all Covid-19 response funding includes measures for children. In an emergency child are often neglected. All funding streams and sectors – such as healthcare, Risk Communication and Community Engagement (RCCE), WASH – should include specific plans to meet children’s needs.

Support the Sauti 116 national child helpline to continue operating and resume full capacity. Funding should urgently be provided for additional staffing and phone capacity to ensure it can operate 24 hours a day, seven days a week.

Support child-friendly government-led Risk Communication and Community Engagement (RCCE) campaigns. Accurate and age-appropriate information is key to prevention. Campaigns should include child-friendly inclusive messaging distributed through creative ways such as music, drama and illustrations, as well as child-focused local radio and TV productions. Campaigns are also needed to counter the widespread rumors, misinformation and fake news, which quickly spreads online and in communities and threatens children’s lives if not addressed.

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Accepted: 13.07.2024

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