GSJ: Volume 12, Issue 2, February 2024, Online: ISSN 2320-9186

www.globalscientificjournal.com

Factors Associated with Teenage Pregnancy: A Case Study on the Dry Rice Market Community, Barnesville, Monrovia Liberia

Elaine S. Snorton, **Boffah Kollie Nyumah,** John S. Vallah

ABSTRACT

Adolescent pregnancy has long been a worldwide social and educational concern for developed, developing, and underdeveloped countries. Many countries continue to experience high incidences of teenage pregnancy despite the intervention strategies that have been put in place (Adebayo, 2014). As indicated by Vibeke (2016), in 2016, nearly 410,000 adolescents in West Africa conceived between the ages of 15 and 19. This teen birth rate remains higher than that of any other developing country. The teenage conception rate dropped to 39.1 births every 1,000 females, the lowest rate in recorded history, and a 37% decline from 61.8% births every 1,000 females in 2016 (Ventura et al., 2016). However, this research aimed to identify the factors associated with Teenage Pregnancy, through a case study on the Dry Rice Market Community, Barnesville, Monrovia Liberia. A quantitative research design was used in this study. A cross–sectional survey method was used to collect and analyze data from the field. Self-structured questionnaires were administered among teenage girls of the Dry Rice Market Community. A purposive sampling method was used to enroll participants in this study. Data was analyzed through Microsoft Excel spreadsheets in figures using tables for the distribution of data, and bar charts and pie charts for graphical presentations of data. The findings showed that most of the respondents were between the ages 15-17 years, which is represented by 43%. Most of the respondents were at the Elementary level, represented by 37%, and most of the respondents had not experienced sex education represented by (91%). Based on a careful examination of the research findings, the below counts as possible recommendations: There should be increasing awareness and education at all levels regarding Teenage Pregnancy, Strict policies need to be implemented by the Government and other stakeholders regarding Teenage Pregnancy to prevent this problem from escalating.

Keywords: Teenager, Pregnancy, Liberia

CHAPTER ONE

Overview of the Chapter

This chapter presents the background of the study, statement of the problem, objective of the study, research questions, significance of the study, scope of the study, and operational definition of variables and measurement.

Background of the Study

The pregnancy of a female before the age of 20 years is considered teen pregnancy (American Pregnancy Association, 2017). The problem of teenage pregnancy affects many individuals in adolescent households, as well as those in the community, school system, and government (Domenico, 2014). Over 800,000 teenagers become pregnant each year (National Campaign to Prevent Teenage Pregnancy, 2011). There has been a recent drop in teenage pregnancy rates. However, the rate of teenage pregnancy in West Africa is higher than in any other area (Guttmacher, 2012). Of these teenage pregnancies, over 80% are unplanned, and one-fourth end in abortions (Guttmacher, 2012). Studies have shown that when compared to teenagers in Canada and Europe, teenagers in Africa are less likely to use contraception (Miller et al., 2016). Studies have shown that teenage parents are widely regarded in negative terms. According to Kirby (2013), teenage parents are less likely to complete their education, leading to limited education and employment opportunities, greater financial difficulties, long-term poverty, and unstable marriages. Kirby also associated teen parents with single motherhood. Additionally, children of teen mothers have been characterized as having many challenges, such as increased chances of developing behavioral, emotional, and school problems; less supportive and unstable home environments; poor health outcomes; limited cognitive development; and greater chances of becoming teen parents themselves (Kirby, 2013; Turner et al., 2017). Further, the children of teen mothers are more prone to low birth weight and are at more serious risk of experiencing abuse (Maynard, 2016; Wolfe & Perozek, 2013).

A major concern that Liberia has a very high teenage pregnancy rate is very alarming. The graveness of the issue is that by the age of 19 years, 3 out of 5 girls are already mothers. This threatens the very core of Liberian society as many of these adolescent girls often fail to complete

their education. A typical adolescent in Liberia, like most parts of sub-Saharan Africa lacks knowledge about sexual and reproductive health, contraception and their attitude toward pregnancy will be far from the realities of its unforeseen consequences. Meeting the needs for sexual and reproductive health information and services of adolescents is key to preparing them for the future. It has been observed that the increasing number of illegal and unsafe abortions adds another horrific dimension to this complex situation. This situation has attracted the concern of many others. In Liberia, poverty, gender inequality, early sexual initiation, and sexual violence affect girls' and women's ability to make informed choices regarding their sexual reproductive health is a serious societal problem. Moreover, social taboos revolving the discussion around sexual matters and lack of access to information and services make the situation worse (Williams, 2016).

It has been observed that girls in many communities in Monrovia and other parts of Liberia are ubiquitously engaged in mummy and daddy business" or "man business," an avenue that is found as an economic means of survival (Ibid, 2014). However, it is from this background that the researcher was prompted to conduct this study, selecting the Dry Rice Market Community as the point and focus of the case study to investigate the causes and effects of teenage pregnancy in Liberia.

Statement of the Problem

Adolescent pregnancy has long been a worldwide social and educational concern for developed, developing, and underdeveloped countries. Many countries continue to experience high incidences of teenage pregnancy despite the intervention strategies that have been put in place (Adebayo, 2014). As indicated by Vibeke (2016), in 2016, nearly 410,000 adolescents in West Africa conceived between the ages of 15 and 19. This teen birth rate remains higher than that of any other developing country. The teenage conception rate dropped to 39.1 births every 1,000 females, the lowest rate in recorded history, and a 37% decline from 61.8% births every 1,000 females in 2016 (Ventura et al., 2016). As indicated by the National Campaign to Prevent Teenage Pregnancy (2017), more than 800,000 adolescents are affected by pregnancy each year. Liberia is one of the African Countries with the highest teenage pregnancy rates in the world. The rate of pregnancy among adolescent girls aged 15-19 in rural areas is almost double that in urban areas – 42% and 24% respectively (Ministry of Health, 2017). Female pregnant teenagers are susceptible to high risks of health hazards such as the inability to undergo normal or safe delivery which may result

in C-section surgery through the intervention of medical practitioners, abortion, mortality death, social degradation, ostracism, suffering and hardship, and shame that quite often lead to failure and reluctance to pursue educational goals (Kwiah, 2016). It has been observed that teenagers in the Dry Rice Market Community are more likely to experience teenage pregnancy, thus motivating the researcher to carry out this study there.

Objective of the Study

The objectives of this research included the following:

1. Identify the causes of teenage pregnancy among teenage girls in the Dry Rice Market Community.
2. Identify the factors contributing to teenage pregnancy in the Dry Rice Market Community.
3. Identify the effects of teenage pregnancy on the lives of teenage girls in the Dry Rice Market Community

Research Questions

The following questions are the ones that the researcher used to conduct the study:

1. What are the causes of teenage pregnancy among teenage girls in the Dry Rice Market Community?
2. What are the factors contributing to teenage pregnancy in the Dry Rice Market Community?
3. How does teenage pregnancy affect the lives of teenage girls in the Dry Rice Market Community?

Significance of the Study

This study will provide additional information to both governmental and educational authorities, health & and social workers including parents/guardians as well as female teenagers about the grave dilemmas and horrors that are associated with teenage pregnancy. Moreover, the study will expose the prevalence and factors contributing to teenage pregnancy in the Dry Rice Market Community. Nevertheless, the study will serve as a source of information for health and social workers including another end user of data relative to teenage pregnancy.

Scope of the Study

This study covers all the factors associated with teenage pregnancy in the Dry Rice Market Community, Barnesville Monrovia Liberia, and how it affects the lives of teenage girls.

Operational definition of variables and measurement

The following key terminologies defined below were used for the reader's ease of understanding:

Dry Rice Market is a community ideally located in the Barnesville area where the study is carried out.

Teenage- a person between the ages of 13 to 19 years who becomes sexually active. In the Barnesville area.

Teenage pregnancy- the state of immature or early pregnancy of teenage girls before they turn 20 years old in the Barnesville area.

Factors- a circumstance, fact, or influence that contributes to teenage pregnancy among teenage girls in Barnesville.

CHAPTER TWO

Overview of the Chapter

This chapter provides a review of related literature and studies having some significant bearing on the present study. This chapter also presents the theoretical framework used in the study.

Review of Literature:

Prevalence of Teen Pregnancy and Births in the Global Context

Teenage pregnancy rates vary between countries because of differences in levels of sexual activity, general sex education provided, and access to affordable contraceptive options. Worldwide, teenage pregnancy rates range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea (UNICEF, 2011, Treffers, 2013). A survey identifies only 21 countries with complete statistics on pregnancy and birth outcomes among adolescents (including live births, spontaneous abortions, and induced abortions) (Centers for Disease Control and Prevention, 2010).

Nevertheless, available data about birth shows great differences in the rates and prevalence of pregnancy between regions and countries. The average rate of teenage births ranges from the highest in Sub-Saharan Africa (143 per 1000 adolescent females), followed by the Americas (68), the Middle East and North Africa (56), and East and South Asia and the Pacific (56), to the lowest rates in Europe (25) (Sedgh, Finer, Bankole, & Eilers, 2015).

Regional comparisons, while useful in indicating broad geographical patterns, do not reveal the wide disparities in adolescent pregnancies between and within countries resulting from their socio-political and cultural contexts. For example, in Sub-Saharan Africa, adolescent birth rates are 45 per 1000 teenagers in Mauritius, and 229 in Guinea (Ibid, 2016). In the Americas, the rate is 24 per 1000 in Canada, and 133 in Nicaragua (Ibid, 2016). The Middle East and northern parts of Africa, the eastern and southern parts of Asia, and the Pacific regions have the same average rates, including highs of 115 and 122 in Bangladesh and Oman, respectively, a low of 4 in Japan, and 18

in Tunisia (Sedgh, Finer, Bankole, & Eilers, 2015). In Southeast Asia, rates of teen pregnancy vary as widely as approximately 88 in Laos, 64 in Timor Leste, and 22 in Singapore. Europe has the lowest average, with four in Switzerland and 43 in Romania (Teen Pregnancy and Policies and Programs for Teen Reproductive Health, 2014).

In general, these differences in adolescent birth rates are associated with broad measures of national economic well-being. Currently, upwards of 95% of all births to adolescents occur in low- and middle-income countries (Ibid, 2016). Worldwide there are striking similarities in the negative social, economic, and health outcomes associated with childbearing teens. Although adolescents account for about one-tenth of births internationally, they suffer almost one-fourth of the total incidence of poor health outcomes associated with pregnancy and childbirth (WHO, 2016).

Physical diseases such as anemia, malaria, HIV, and sexually transmitted diseases, as well as postpartum hemorrhaging, obstetric fistula, and the risk of maternal death, are all associated with childbearing youths. Additionally, young mothers are at heightened risk for mental health disorders such as depression in comparison to women who bear children at an older age (Sedgh, Finer, Bankole, Eilers, & Singh, 2015).

Younger women are also more likely to smoke and ingest alcohol during pregnancy, and thus to experience pre-term labor. Adolescent childbearing poses risks to their offspring, including an elevated risk of low birthweight and asphyxia (Ibid, 2016). Children of teen mothers are also at heightened risk for physical abuse and other conditions that carry long-term developmental consequences, as well as other health-related risks that can affect their overall well-being (Ibid, 2016).

Factors Contributing to Teenage Pregnancy in Africa

Thobeiane, Tsosledi Daniel (2017), conducted a case study in the Matjitjileng Village on the factors contributing to teenage pregnancy in South Africa. The outcome of the study shows that teenage pregnancy in South Africa is growing rapidly among school-going pupils, and it leads to school drop-out as teenage mothers must leave school to care for their babies. Teenage mothers add to the number of illiterate women. In Matjitjileng village, pregnancy among young people has reached pandemic heights. It seems lack of communication between parents and their children exacerbates the problem. The residents of this village still have the misconception that it is taboo to talk about sex with young people. This research investigated the causes and effects of teenage pregnancy in Matjitjileng Village, a sub-rural area situated in the Mogalakwena Municipality in the Waterberg District of Limpopo Province, South Africa. The study found that most of the teenagers fell pregnant at the age of 16 and 19 years. Almost all of them fall pregnant because of

a lack of parental guidance and role models in the village. Most of them were influenced by their peers who fell pregnant at an early age and were ignorant about contraceptives. The study suggested radical programs that are aimed at the reduction of teenage pregnancy and the holding of workshops that encourage abstinence and preventative measures against this scourge.

Social and Individual Factors

Many factors may serve to block positive lifestyle changes and behaviors. Socioeconomic status, education, attitude, culture, mental condition, and access to health care are all factors that affect both the risk and the rate of teenage pregnancy. Socioeconomic status refers to a person's economic and social situation as it relates to the individual's income, education, and occupation. Lower economic status and teenage pregnancy have carried negative connotations in African society. Previous research has shown that the characteristics of a community impact adolescent sexual behaviors, pregnancy, and birth rates. According to Coyle et al., (2014), teenage pregnancy rates and childbearing are related to factors such as level of employment, community income, opportunities for the future, community stressors, and crime rate. Additionally, young individuals living in these communities, with limited economic resources, high unemployment rates, poor schools, and high crime rates, are usually less motivated to avoid risky sexual behaviors. These youth engage in risky sexual behaviors, such as unprotected sex, which increases the risk and the rate of teenage pregnancy and the spread of sexually transmitted diseases (STDs). However, other studies have found that adolescents who lived in higher-quality neighborhoods in comparison to adolescents who lived in lower-quality neighborhoods, commonly referred to as the ghetto or subsidized housing, were more likely to use contraception when engaging in sexual behaviors (Coyle et al., 2014).

Some studies show that socioeconomic status does not have a direct influence on teenage pregnancy. In a study by Brener et al., (2015), that examined The Association of Sexual Behaviors with Socioeconomic Status, Family Structure, and Race/Ethnicity and Adolescents, it was determined that lower socioeconomic status can be a risk factor associated with teenage pregnancy and sexually transmitted diseases. However, it is unclear about the impact of socioeconomic status on sexual behaviors. In this study, the authors used data from the Youth Risk Behavior Survey (YRBS) and the National Health Interview Survey (NHIS) to explore the link between adolescent sexual behaviors and family household demographics. The sexual behaviors that were examined were having ever had sexual intercourse, current sexual activity, the number of sexual partners,

and contraceptive use. The family demographics used to measure socioeconomic status were family household income, parent education level, family structure, and race and ethnicity. The finding showed that there were no real significant effects on sexual behavior and socioeconomic status. Brener et al., (2015) implied that adolescents from all socioeconomic statuses are susceptible to teenage pregnancy and sexually transmitted diseases. There are other influences not mentioned in the study on sexual behavior, such as the media, portrayal of sexual behavior, sex education programs, and access to healthcare. Therefore, to reduce teenage pregnancy and other adverse sexual behaviors, not only should health care be involved, but there also needs to be a collaboration with parents, communities, and schools (Borawski, Trapl, Lovegreen, Cola Bianchi, & Block, 2015).

Various studies have demonstrated a relationship between adolescent pregnancy and the negative social and financial consequences on the teen mother and her child. However, recent studies have found that it is unclear if there is a correlation between teenage pregnancy and socioeconomic status. Therefore, further in-depth research is needed to determine the effect of socioeconomic status, if any on teenage pregnancy.

Educational Factors

Education is an integral part of promoting positive lifestyle changes in adolescents, especially teenage pregnancy. For teenage pregnancy to be effectively addressed and prevented, the teenager must first be aware of the pregnancy prevention programs. This awareness involves education. Education on adolescent sexual behaviors and teenage pregnancy prevention should not just come from the school; it involves a collaboration of the home, community, and other healthcare and local organizations.

Sex education should begin at an early and continue, accordingly. However, sex education must be medically and scientifically accurate and age-appropriate. According to the CDC (2012), “6.2 % of adolescents nationwide report having sex before the age of 13, 43.8 % by the tenth grade, and 63.1 % by the twelfth grade.” Studies have shown that the most successful teenage pregnancy prevention programs were the ones that targeted younger adolescents who were not already sexually active (Kohler et al., 2016). There have been many discrepancies about the type of sex education programs that should be implemented in schools and other community organizations. Some parents have argued that comprehensive sex education programs encourage adolescents to

go out and engage in sexual activity, whereas other parents support comprehensive sex education programs.

According to Kohler et al., (2017), comprehensive sex education programs have been successful in postponing the initiation of early sexual activity and decreasing the number of partners and the incidence of sexual activity among sexually active youth. However, these sex education programs have been shown to promote safer sex practices and encourage adolescents to postpone sexual activity until they are older. Many abstinence-only sex education programs have been implemented. These programs encourage adolescents not to have sex until they are married. Kirby (2017) implied that most abstinence-only education programs have been proven to be ineffective because they "fail to delay the onset of intercourse and often provide information that is medically inaccurate and potentially misleading." Additionally, research has shown that more teens receive education on "how to say no to sex" than on contraceptive methods (Martinez, et al., 2010).

The Negative Impact of Teenage Pregnancy

A study conducted by Ria Saha (2017), conducted a study and found that teenage pregnancy is one of modern society's evils and is a rather alarming situation. According to the researcher, most countries, developed, and underdeveloped, consider teenage pregnancy a social stigma. And, it can have devastating effects on the teen's social life. The study further shows that the negativity, the social alienation, and the financial distress can wreak havoc in anyone's life, let alone that of a teen, who isn't yet mature or strong enough to face the world. The big question normally asked is how teenage pregnancy affects society. The researcher, who conducted the study addressed the sensitive issue of the impact of teenage pregnancy on society. According to the outcome of the study, generally, a society relies on moral beliefs, ethics, and human etiquette. And unfortunately, in our society, especially the African society, teenage pregnancy is viewed as taboo. Yet, society, as progressive as it wants to be, cannot embrace the concept of a pregnant teen mother (Ibid, 2016). The result of the study conducted by Ria & Saha (2017), shows that some of the negative effects of teenage pregnancy on society include illiteracy which means that teenagers, getting pregnant at an early age cannot pursue their higher education due to extra responsibility, which increases the rate of illiteracy in society. In that case, the education of the teen mother remains on hold during pregnancy, and some teens even decide to drop out of high school and find a job to supplement themselves. Moreover, teenagers who plan to attend college must bear taunts, acidic remarks, and arrogant discourses from their peers about their pregnancy and baby. In such circumstances, teenage moms decide to focus on the baby or plan to get married rather than pursue a higher education. This is often traumatic and disgusting. The study shows that most teenage pregnancies

end with education dropouts because of the fear of embarrassment, humiliation, and harassment from fellow friends and college mates. Statistics gathered from the study on teenagers reveal that only one-third of teenage moms can even acquire a high school diploma, and a few also get a college degree; loss of Government revenue especially in most developing nations. In some developing or developed countries, governments plan welfare schemes to take adequate care of teenage mothers and their dependent children. As the low-qualified mother cannot get a good job, she completely depends on such welfare schemes to overcome the impending financial distress. For instance, according to the study, in the United States, the annual expenses to fund teenage pregnancies cost around $7 billion. The government must spend money on public assistance, child health care, and foster care, to facilitate proper upbringing of the child. Teen mothers do not have to pay taxes, and the government must face a huge loss of revenue and social obligation, which a teenage mother must drastically face. A teenage mother must face several social obligations like trying to get a job and not getting a good one, and frustratingly not getting respect from friends and family members. The entire social life of the teenage mother gets ruined due to her early and unexpected pregnancy, and she must spend her life in emotional trauma; the lack of financial support is an obvious thing that a teenage mother who does not get proper financial support from her parents or friends must face a severe financial crunch. In such cases she faces extreme difficulty in buying basic items for her newborn baby such as clothing and baby care products; increased risk of destitution is a major negative effect of teenage pregnancy on society. For example, teenage pregnancy hinders the teenage mom from pursuing higher education and acquiring basic qualifications, the lack of which causes her to end up with a poorly paid job. In most cases, the biological father abandons the teen mom, and the baby becomes her sole responsibility. Hence, the mother ends up living in poverty and running the risk of imminent destitution. Teenage pregnancy increases the risk of spending the entire life in poverty for both the teen parents and the baby. As fewer teen moms attain proper educational degrees and qualifications, they cannot find suitable and well-paid jobs to improve their financial position. Teenage pregnancy is most of the time linked to the lower annual income of the mother. As a result, 80% of teen mothers must rely on social welfare schemes planned by the nation; medical complications are another negative effect on society and a very serious one, for instance, the outcome of the study shows that teenage pregnancy increases the risks of medical complications in both the mother and her baby. A lack of proper prenatal care often induces medical complications like high blood pressure, anemia, and premature birth of the baby. Although advisable, it isn't always possible for the teen mother to go for regular prenatal checkups, which

increase the risk of medical conditions. Moreover, teen pregnancy increases the likelihood of medical complications in the baby, and he may suffer from low birth weight, blindness, deafness, and respiratory problems. It is followed by the emotional crisis which comes after getting the pregnancy at an early age. The teenage mother may suffer from a huge emotional crisis due to the lack of social support from the family. In that case, as it often turns out based on findings from the study, severe emotional and mental breakdowns tend to trigger the onset of evil behavior like suicide attempts or attempting to self-abort the baby. The teen mother experiences severe depression while facing negative feedback about the pregnancy from society. Such situations often lead to engaging in the use of substances. Despite this situation, quite often, teenage moms consider the use of substances as a good way to adjust to reality and soften the blow. Society can be cruel, and it often drives teen moms over the edge. It is not surprising that such women turn to the use of substances or drug abuse to quell the ongoing negativity. Studies conclude that teenage pregnancy directly affects teenage drug addiction rates (Bartlett, Davis, & Belyea, 2017). The study further shows that teenage mothers must face several consequences and work harder during their task of parenting with little or no experience, sometimes with support and one to talk to. The poor literacy rates and a lack of education make it harder to support the child. This is a bad reputation in a society. Society usually considers teenage pregnancy a social dilemma and young parents must face huge humiliation and negative remarks from people. Teenage pregnancy is viewed as a social stigma and teen parents must bear a bad reputation as society treats them as outcasts and strangers. This was responsible for the higher suicide rates in most societies. Teenage moms are more prone to committing suicide, as the humiliations and embarrassment, and the lack of social support can trigger depression, emotional stress, financial crisis, and societal alienation are some of the main contributing factors that trigger suicide among teen mothers. A good support system is extremely crucial for the young mother, to help rid her of suicidal thoughts. Ria & Saha (2017), again in the study, reveal some shocking facts about teenage pregnancy from the study. Some of the most alarming facts about teenage pregnancy are that most teenagers get pregnant due to unprotected sexual intercourse, which is due to a lack of maturity and a lack of personal responsibility, a lack of proper sex education, the stigmatizing of sex, and many other societal rules contribute directly or indirectly to teen pregnancy, etc. Teenagers need to gather information from a reliable source, and not just blindly follow the internet or Reddit on the issues of sexuality. Teenagers should speak to their physicians about sex and pregnancy (Ibid, 2016).

The findings of the study show that 40% of teenage mothers are unable to pursue higher education and cannot offer their children strong financial ground. For a teenage mother, it may take a

relatively longer period to attain a stable living, and the child must suffer the negative consequences. Most young fathers hesitate to commit to the teen mother and moms must raise the child alone. Taking responsibility for the child is a huge burden itself, and the teen mother must face several negative consequences like financial distress, no committed partner, lack of education or good job, and no permanent house. All these consequences of teenage pregnancy on society make life more difficult for the mother and her baby. Teenage parents often must face negative judgment from their family and friends and must face discrimination from society. It makes life more miserable for the teen, as she cannot handle society. Having a child at a young age does not stop either of the young parents from fulfilling their dreams or attaining success in life. However, things become more difficult because of the extra responsibility of taking care of the baby. Almost all teen pregnancies, around 80%, are unplanned and unexpected. A lack of sex education and contraception is the main reason for it. Over a quarter of pregnant teens choose abortion to get rid of their hardships and the social implications of teenage pregnancy on society. As compared to other developed nations, the United States has the highest rate of teenage pregnancy, parenthood, and abortion. Teenage pregnancy imposes several pregnancy complexities like anemia, hypertension, toxemia, premature delivery, and placenta Previa. One of the most effective measures to prevent teenage pregnancy amongst the young generation is through proper sex education and by promoting abstinence. As a responsible parent, you should try instilling moral or religious values in your teen. With proper guidance, it becomes easy for them to lead a successful life and not commit mistakes at their impressionable age. Society should guide teens down the right path, rather than passing negative remarks and discouraging them. There are some simple questions quite of ask whether we know of someone who had to go through a teenage pregnancy. Or how we do encourage our teenage girls to talk to us about sex and pregnancy? Or how do we educate your teen about teen pregnancy and how does it affect society? The researchers who conducted these studies caution us to be concerned about these questions at most (Ibid, 2016).

Medical Implications of Teenage Pregnancy

Studies conducted by the *U.S. Department of Health and Human Services* (2017), show that there have been nearly 250,000 babies born to teenage girls since 2014. According to the study, about 27 percent of these pregnancies were unplanned. Teenage pregnancy can change the course of a young mom's life. It puts her in a place where she's responsible not only for herself but also for another human being. Carrying a baby and becoming a mom not only creates physical change but also causes the woman to go through mental changes. The study further shows that young teenage mom faces added stress from sleepless nights, arranging childcare, making doctor's appointments,

and attempting to finish high school. Additionally, the study shows that while not all teenage mothers are affected greatly by mental and physical changes, many are. Teenage moms who experience mental health change need to seek professional help (Ibid, 2016).

Another research study was conducted, and findings were published in the Journal entitled, *Pediatrics (*2016), which studied more than 6,000 Canadian women ranging in age from adolescents to adults. In the study, the researchers found out that teenage girls ranging from 15 to 19 tend to experience postpartum depression at a rate that was twice as high as women aged 25 and older. Another study conducted by the Pediatrics (2017), reported that teenage mothers face significant levels of stress that can lead to increased mental health concerns. Accordingly, in addition to high rates of postpartum depression, teenage mothers have a higher rate of depression including a higher rate of suicidal ideation than their peers who aren't mothers. Teenage mothers are more likely to experience post-traumatic stress disorder (PTSD) than other, teenage women as well. This is so because teenage mothers are more likely to have gone through mental and/or physical abuse.

A study revealed additional information on the issue of the mental health condition of teenage mothers. It was noted that teenage moms tend to face several mental health conditions related to childbirth especially so when they are being new moms. Examples of these conditions include baby blue (the baby blues are when a woman experiences symptoms for one to two weeks after giving birth which include mood swings, anxiety, sadness, overwhelm, difficulty concentrating, trouble eating, and difficulty sleeping; another is depression because being a teenage mom is a risk factor for depression. It was discovered during the study if a mom has a baby before 37 weeks or experiences complications, depression risks can increase, and postpartum depression involves more severe and significant symptoms than baby blues. The study further reveals that teenage mothers are twice as likely to experience postpartum depression as their counterparts' adults. Women sometimes mistake postpartum depression for the baby blues. It was observed from the study that baby blues symptoms often go away after a few weeks, unlike depression symptoms. Notwithstanding, additional symptoms of postpartum depression such as having difficulty bonding with their babies, overwhelming fatigue, feeling worthless, anxiety, panic attacks, thinking of harming themselves or the baby, and difficulty enjoying previous activities. In this case, teenage mothers who experience these effects after giving birth are advised to seek available medical help (Barcelos, 2014).

The study further discovered another level of risk factor that is a serious concern for the mental health of teenage mothers. According to the study, teenage mothers are more likely to fall into

demographic categories that make the risk of mental illness higher. These risks include having parents with low education levels, a history of child abuse, limited social networks, living in chaotic and unstable environments, and living in low-income communities. In addition to these factors, teenage mothers are likely to experience significant levels of stress that can increase the risk for mental health disorders. However, some factors can reduce the likelihood that teenage mothers will have psychiatric issues. However, the study found out that if a teenage mother has a supportive relationship with her mother and/or the baby's father, her chances of risk are reduced. While teenage pregnancy can have a significant effect on a young mother's mental health, it impacts other aspects of her life too. It's important to consider these factors as well (Ibid, 2016).

On the other hand, a study conducted by the American Journal of Epidemiology (2018), found out that teenage parents don't often complete higher education. What happens is that they often have more restricted economic opportunities than older or adult parents. However, there is an indication in rare cases that some teenage mothers with a high determination tend to have high school diplomas by age 22 in most developing countries. The study shows that only 10% of teenage mothers typically complete a two –or four-year degree program in colleges or universities. While there are certainly some exceptions, high school completion and higher education are typically associated with a greater ability to earn more income over time (Ibid, 2016).

Moreover, a study conducted (2017), shows that teenage mothers tend to have the poorest health of all categories of women studied, including women who engage in unprotected sex. Teenage mothers may neglect their physical while caring for their babies. They may also not have access to or know about healthy foods and eating. Moreover, they are likely to be obese. Still, according to the National Institute of Health (2017), there's a higher risk of the following in teenage pregnancy such as pre-eclampsia, anemia, contracting STDs (sexually transmitted diseases), premature delivery, and delivery of low birth weight, etc. These situations tend to have a negative and serious impact on the child's health and life. According to another study conducted by the U.S. Department of Health & Human Services (2016), children born to adolescent parents face greater challenges throughout their lives. These challenges include getting less education and worse behavioral and physical health outcomes (Allen, 2014). It has been observed that there are effects on children born to teenage mothers such as greater risks for lower birth weight and infant mortality, less prepared to enter kindergarten, reliance more heavily on publicly funded health care, or more likely to be incarcerated at some time and especially during adolescence, are more likely to drop out of high school and are more likely to be unemployed as a young adult. The study

shows that these effects can create a perpetual cycle for teenage mothers, their children, and their children's children (Akers, Schwarz, Borrero, & Corbie-Smith, 2010).

Theoretical Framework

Social cognitive theory will be used in this research. Social cognitive theory addresses the sociocultural determinants as well as the personal determinants of behaviors (Bandura, 2014). According to Bandura, an effective way to manage health promotion involves changing actions within social frameworks that have unfavorable impacts on health as opposed to changing the propensities of individuals. For individuals to avoid certain behaviors, such as teenage pregnancy, exposure to positive environments is needed. Positive environments produce healthier and more positive behaviors.

CHAPTER THREE

Overview of the Chapter

This chapter provides information on the research design, research methods and materials, target population, sampling method, method of data collection, method of data analysis, and ethical considerations.

Research Design

The researcher used a quantitative research design to gather information on the factors contributing to teenage pregnancy in the Dry Rice Market Community, Barnesville Monrovia Liberia.

Methods and Materials

A cross-sectional survey method was used to collect data from the community using self-prepare Questionnaires to find the factors contributing to teenage pregnancy in the Dry Rice Market Community, Barnesville Monrovia Liberia.

Target Population

The target population for this study was collected among teenagers who have experienced teenage pregnancy in the Dry Rice market Community, Barnesville Monrovia Liberia, and were present during the study period.

Sampling Method

The purposive sampling method was used to enroll participants in this research.

Sample size.

The sample size of this research was selected from teenagers aged, 15-19 years from the total population of Dry Rice Market Community, Barnesville Estate Monrovia Liberia.

Method of Data Collection

The method of data collection in this study was a cross-sectional survey method and a self-prepared questionnaire that was distributed among literate teenagers.

Method of Data Analysis

Data was analyzed through Microsoft Excel spreadsheets in figures using tables for the distribution of data, and bar charts and pie charts for graphical presentations of data. The data analysis method procedures are those steps that are involved in the gathering of data, organizing, and tabulation of the data to come up with an informed decision.

Ethical Consideration

The researcher obtained an authorized letter from the Dean, of the Columbia Union Conference College of Health and Sciences, Adventist University of West Africa, which was presented to the community chairperson of the Dry Rice Market Community for the study approval. Privacy and confidentiality were taken into consideration. The ethical consideration was straightly adhered to in the conduct of this study. The rights, freedom, and views of the participants in the study were respected during the interaction. All interactions with the respondents and responses are kept confidential.

CHAPTER FOUR

Overview of the Chapter

This chapter presents the data presentation, data analysis, findings, and interpretation of the collected data. They are presented in text lines and tabular forms.

Data Presentation

The data collected from respondents are presented in tables using frequencies and percentages as follows:

SECTION A: SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

In this section, data collected on gender, age range, marital status, and the religious background of the respondents are analyzed.

The age range of the respondents

Table 1: Age range of the respondents

Variable	Frequency	Percentage (%)
13- 14 years	34	16%
15- 17 years	91	43%
18-19 years	87	41%
Total	**212**	**100%**

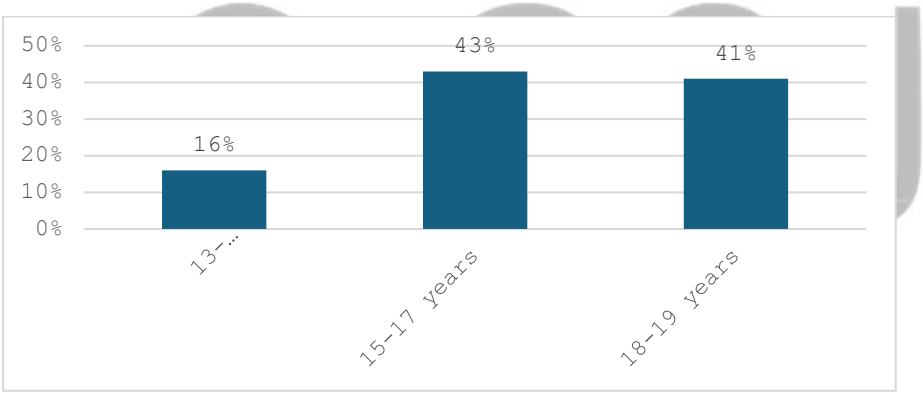

Figure 1: Age range of the respondents

The above indicates that respondents between the age range 13- 14 years were 34 (16%) 15- 17 years were 91 (43%), while 18-19 years were 87 (41%).

The religious background of the respondents

Table 2: Religious background of the respondents

Variable	Frequency	Percentage (%)
Christian	159	75%
Muslim	42	20%
Traditional relation	11	5%

Total	**212**	**100%**

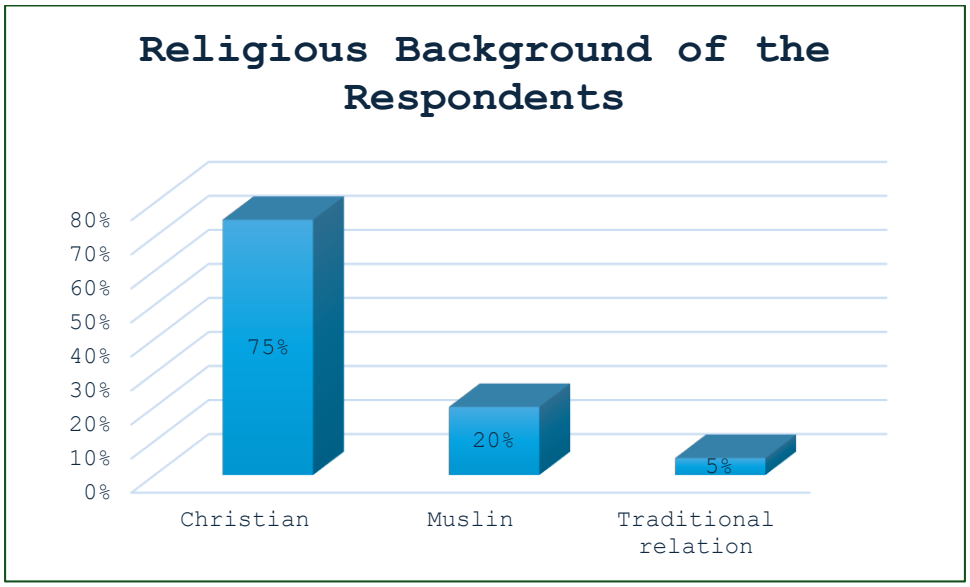

Figure 2: Religious background of the respondents

The above table and figure indicate that 159 (75%) of the respondents were Christians, 42 (20%) of the respondents were Muslims, and 11 (5%) of the respondents were from Traditional relations.

The education status of the respondents

Table 3: Education status of the respondents

Variable	**Frequency**	**Percentage (%)**
Elementary [1st grade to 6th grade]	79	37%
Junior high [7th grade to 9th grade]	63	30%
Senior high [10th grade to 12th grade]	41	19%
Higher education	29	14%
Total	**212**	**100%**

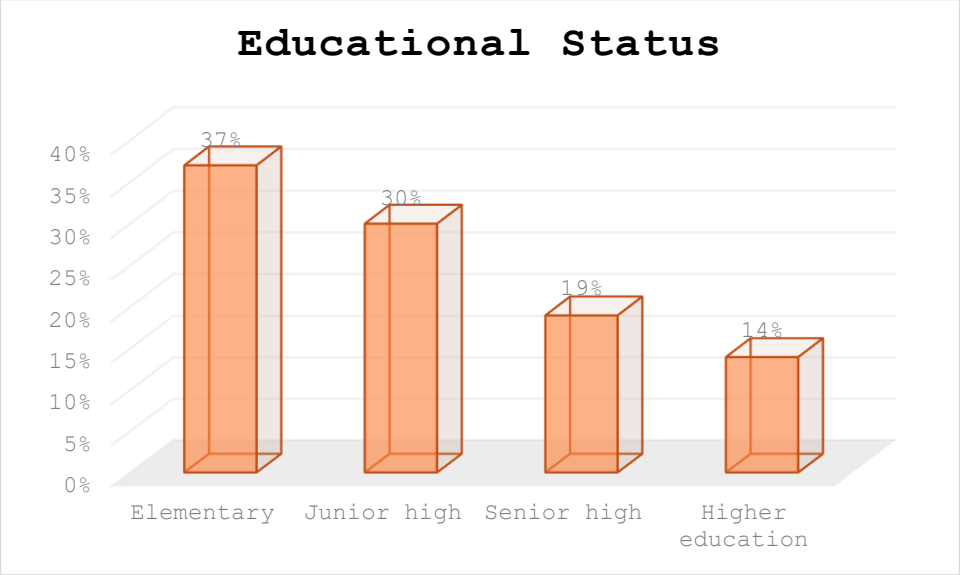

Figure 3: Education status of the respondents

The above table and figure indicate that the respondents' educational status that was at the Elementary level was 79 (37%), Junior high level was 63 (30%), Senior high level was 41(19%) while those that had Higher education were 29 (14%).

SECTION B: PREVALENCE AND FACTORS CONTRIBUTING TEENAGE PREGNANCY

Pregnancy status

Table 4: Pregnancy status

Variables	Frequency	Percentage (%)
Pregnant	35	17%
Parenting	112	53%
Pregnant in the past	65	30%
Total	**212**	**100%**

Table 4 indicates that 35 (17%) of the respondents were pregnant, 112 (53%) of the respondents were parenting, and 65 (30%) of the respondents had been pregnant in the past.

Sex education

Table 5: Sex education

Variable	Frequency	Percentage (%)
Yes	20	9%
No	192	91%
Total	**212**	**100%**

Table 5 indicates that 192 (91%) of the respondents have not experienced sex education, while 20 (9%) of the respondents have experienced sex education.

Parental guidance

Table 6: Parental guidance

Variables	Frequency	Percentage (%)
No	98	46%
Yes	114	54%
Total	**212**	**100%**

Table 6 indicates that 98(46%) of the respondents were not at the result of Parental guidance, and 114(54%) were at the result of Parental guidance.

Financial support from parents or guardians

Table 7: Financial support from parents or guardians

Variables	Frequency	Percentage (%)
Yes	131	62%
No	81	38%
Total	**212**	**100%**

Table 7 indicates that 131 (62%) of the respondents were the result of financial support from parents or guardians, while 81(38%) were not the result of financial support from parents or guardians.

Peer pressure

Table 8: Pear pressure

Variables	Frequency	Percentage (%)
Yes	156	74%
No	56	26%
Total	**212**	**100%**

Table 8 indicates that 156(74%) of the respondents said Yes, while 56 (26%) said No.

SECTION C: NEGATIVE IMPACTS OF TEENAGE PREGNANCY AMONG TEENAGERS.

Health impacts

Table 9: Health impacts

Variables	Frequency	Percentage (%)
Sexually transmitted diseases or infections	105	50%
Experience premature delivery	43	20%
Experience any mental health conditions	64	30%
Total	**212**	**100%**

Table 9 indicates that 105 (50%) of the respondents suffer from Sexually transmitted diseases or infections 43(20%), Experience premature delivery, and 64(30%) Experience one or more mental health conditions.

Face the humiliation of discrimination from society

Table 10: Face humiliation of discrimination from the society

Variables	Frequency	Percentage (%)
Yes	28	13%
No	184	87%
Total	**212**	**100%**

Table 10 indicates that 28 (13%) of the respondents said Yes, while 184(87%) of the respondents said No.

4.2 Research Findings

Demographic Characteristics of Respondent

4.2 Research Findings

Demographic Characteristics of Respondent

Age distribution of respondents

According to the findings in Table One, 91 (43%) of the respondents were between the age range 15-17 years, 87 (41%) of the respondents were between the age range 18-19 years, 34 (16%) of the respondents were between the age range 13-14 years. The findings indicate that most of the respondents were between the age range of 15-17 years, which is represented by 43%.

The religious background of the respondents

According to the findings in Table three 159 (75%) of the respondents were Christians, 42 (20%) of the respondents were Muslims, while 11 (5%) of the respondents were from Traditional relation. The findings show that most of the respondents were Christian, represented by 75%.

The education status of the respondents

According to the findings in Table five the respondent's educational status that was at the Elementary level was 79 (37%), Junior high level was 63 (30%), Senior high level was 41(19%) while those that had Higher education were 29 (14%). The findings show that most of the respondents were at the Elementary level, represented by 37%.

SECTION B: PREVALENCE AND FACTORS CONTRIBUTING TEENAGE PREGNANCY

Pregnancy status

According to Findings 5, 35 (17%) of the respondents were pregnant, 112 (53%) of the respondents were parenting, and 65 (30%) of the respondents have been pregnant in the past. The findings show that the majority, 53% of the respondents are teenage parents.

Sex education

According to the findings 6, 192 (91%) of the respondents have not experienced sex education, while 20 (9%) of the respondents have experienced sex education. The findings show that the majority (91%) of the respondents have not experienced sex education.

Parental guidance

According to the findings 7, 98(46%) of the respondents were not at the result of Parental guidance, while 114(54%) were at the result of Parental guidance. The findings show that the majority (54%) was the result of Parental guidance.

Financial support from parents or guardians

According to the findings in Table 8, 131 (62%) of the respondents were at the lack of financial support from parents or guardians, while 81(38%) was not the result of financial support from parents or guardians. The findings show that the majority (62%) of the respondents were at the lack of financial support from parents or guardians.

Peer pressure

According to the findings in Table 9, 156 (74%) of the respondents said Yes, while 56 (26%) said No. The findings show that the majority (74%) of the respondents were the result of peer pressure.

SECTION C: NEGATIVE IMPACTS OF TEENAGE PREGNANCY AMONG TEENAGERS.

Health impacts

According to the findings in Table 10, 105 (50%) of the respondents suffer from Sexually transmitted diseases or infections. 43(20%) Experience premature delivery, while 64(30%) experienced one or more mental health conditions. The findings show that the majority (50%) of the respondents suffer from Sexually transmitted diseases or infections.

Face the humiliation of discrimination from society

According to the findings in Table 11, 28 (13%) of the respondents said Yes, while 184(87%) of the respondents said No. The findings show that the majority (87%) of the respondents said face the humiliation of discrimination from society.

CHAPTER FIVE

Overview of the Chapter

This section presents the comparison of findings with related literature, implications of the findings, strengths of the study, limitations of the study, summary and conclusion, recommendations, and references.

Comparison of findings with related literature

Pregnancy status

In Southeast Asia, rates of teen pregnancy vary as widely as approximately 88 in Laos, 64 in Timor Lester, and 22 in Singapore. Europe has the lowest average, with four in Switzerland and 43 in Romania (Teen Pregnancy and Policies and Programs for Teen Reproductive Health, 2014). In Sub-Saharan Africa, adolescent birth rates are 45 per 1000 teenagers in Mauritius, and 229 in Guinea (Ibid, 2016). In the Americas, the rate is 24 per 1000 in Canada and 133 in Nicaragua (Ibid, 2016). Findings from the current study show that the majority, 30% of the respondents have been pregnant; however, the findings are in support of the findings done by Ibid (2016).

Sex education

Education on adolescent sexual behaviors and teenage pregnancy prevention should not just come from the school; it involves a collaboration of the home, community, and other healthcare and local organizations. Sex education should begin at an early age and continue, accordingly. However, sex education must be medically and scientifically accurate and age-appropriate. According to the CDC (2012), “6.2 % of adolescents nationwide report having sex

before the age of 13, 43.8 % by the tenth grade, and 63.1 % by the twelfth grade." Studies have shown that the most successful teenage pregnancy prevention programs were the ones that targeted younger adolescents who were not already sexually active (Kohler et al., 2016). Findings from the current study show that the majority (91%) of the respondents have not experienced sex education.

Parental guidance

The study found that most 75% of the teenagers fell pregnant at the age of 16 and 19 years. Almost all of them fall pregnant because of a lack of parental guidance and role models in the village.

Peer pressure

Most of them were influenced by their peers who fell pregnant at an early age and were ignorant about contraceptives. The study suggested radical programs that are aimed at the reduction of teenage pregnancy and the holding of workshops that encourage abstinence and preventative measures against this scourge.

Financial support

Various studies have demonstrated a relationship between adolescent pregnancy and the negative social and financial consequences on the teen mother and her child. However, recent studies have found that it is unclear if there is a correlation between teenage pregnancy and socioeconomic status. Therefore, further in-depth research is needed to determine the effect of socioeconomic status, if any on teenage pregnancy.

Health impacts

Physical diseases such as anemia, malaria, HIV, and sexually transmitted diseases, as well as postpartum hemorrhaging, obstetric fistula, and the risk of maternal death, are all associated with childbearing youths. Additionally, young mothers are at heightened risk for mental health disorders such as depression in comparison to women who bear children at an older age (Sedgh, Finer, Bankole, Eilers, & Singh, 2015).

Face humiliation or discrimination in the society

Society usually considers teenage pregnancy a social dilemma and young parents must face huge humiliation and negative remarks from people. Teenage pregnancy is viewed as a social stigma and teen parents must bear a bad reputation as society treats them as outcasts and strangers. This responsible for the higher suicide rates in most societies; Teenage moms are more prone to committing suicide, as the humiliation embarrassment, and the lack of social support can trigger depression, emotional stress, financial crisis, and societal alienation are some of the main contributing factors that trigger suicide among teen mothers.

5.2 Implications of the Findings

The findings suggest that Teenage Pregnancy has assumed public health importance. The findings support the need for decision-makers or the County Health Team to set adequate and suitable strategies, to carry on effective awareness to educate teenagers on those risk factors associated with Teenage Pregnancy.

Strengths of the Study

This study was fully able to identify Factors Associated with Teenage Pregnancy with a Case Study in the Dry Rice Market Community, Barnesville, Monrovia Liberia.

Limitations of the study

The limitations of this study were as follows:

1. Time constraint was a major factor; considering the time set for the submission of the research work, the researcher couldn't extend the study to a wider coverage.

2. The researcher encountered the issue of finance to print and transport in gathering basic information needed for the research.

Summary and Conclusion

Teenage pregnancy has been investigated in both individuals and a broader social context. An understanding of both the social context in which early pregnancy happens and the individual characteristics of the at-risk adolescent would provide an integrated deeper understanding of the problem. The circumstances of the participants in the study support the view that early parenthood can hurt adolescent mothers' development.

Recommendations

Based on the findings from this study, the following are hereby recommended:

1. There should be increasing awareness and education at all levels regarding Teenage Pregnancy.
2. Strict policies need to be implemented by the Government and other stakeholders on Teenage Pregnancy to prevent this problem from escalating.

3. Further research should be carried out, probably on a larger scale on this global phenomenon as it is a problem that should not be ignored.

References

Adebayo, O. (2014). *Factors Associated with Teenage Pregnancy and Fertility in Nigeria.* Ibadan. Social Sector Group, Nigerian Institute of Social and Economic Research.

American Pregnancy Association, (2017) *Teenage Pregnancy:* Consequences, Causes and Policy Recommendations.

Aurora, S. (2012). *Teenage pregnancy. Factors. Options. Consequences.* University of Bucharest, Romania. International Conference of Scientific Paper A fases.

Brink, HI. (2016). *Fundamentals of research methodology for health care professionals* (2nd Ed). Cape Town: Juta.

Brooker, C. (2016). *Churchill Livingstone's Dictionary of Nursing.* (19th Ed). Elsevier: Saunders.

Buss, G. (2015). *How to write a literature review,* (2nd Ed). New York: John Wiley and Sons, Inc.

Casley (2015). *Research design and Data collection methods* (3rd Ed). Melbourne. TX Publishers.

Creswell, W.J. (1998). *Research design: Qualitative, quantities and mixed methods approach* (2nd Ed.) London, Thousand Oaks: Sage Publications.

Deardorff, J. et al. (2015, December 1). *Early Puberty and Teenage Pregnancy*: The Influence of Alcohol Use. Pediatrics. Vol. 116 No. 6. pp. 1451 -1456.

Domenico, D. (2017) *Teenage Pregnancies in America*. Boston. University Press.

Domenico. D. M & Jones K. H (2017). Adolescent pregnancy in America*:* Causes and responses, a *journal for vocational special needs education*, volume 30.

Drummond, K. (2013). *Research methods for therapists*. London: Thorne Publishers.

Frisancho et al. (2015), development and nutritional determinants of pregnancy outcome among teenagers, *American Journal of Physical Anthropology* 66:247-261.

Heaven, PCL. (2011). *Contemporary teenager*: a social psychological approach. Melbourne: MacMillan Education.

Ikramullah. E. et al. (2009) *Parent's matters*: The role of parents in teens decisions about sex. Connecticut Avenue, NW Washington DC.

Khoza, LB. (2014). Teenage‟ knowledge, beliefs, and experiences regarding sexual practices. Health SA Gesondheid.

Kothari C.R. (2015). *Research Methodology***,** (2nd Ed). New Age International (P) Ltd, India.

Kothari, C. (2013). *Research Methodology*: *Methods and Techniques*. New Age International (P) Ltd, New Delhi.

Makundi, E. (2010). *Factors Contributing to High Rate of Teenage Pregnancy in Mtwara, Tanzania.* Muhimbili University of Health Allied Sciences.

Malahlela, M. (2012). *The Effects of Teenage Pregnancy on the Behaviour of Learners at Secondary Schools in the Mankweng Area,* Limpopo. University of South Africa.

Margareth, N. (2017). *Factors Contributing to High Adolescent Pregnancy Rate in Kinondoni Municipality,* Dar-es-Salaam, Tanzania. University of South Africa.

Marlow et. al, (2011). *Teenage Pregnancies in Sub-Saharan Africa*. (2nd Ed). Guinea Bissau. University of Bissau.

Maureen, G. (2017) *Determinants of Teenage Pregnancies in Busia District*. Kenya. Nekesa Publishers.

Mchuruza, P. (2013). Social, economic, and cultural factors associated with pregnancy among teenage girls in Magu District, Mwanza.

Miller, BC. (2012). Family influences teenage sexual and contraceptive behavior. *Journal of Sex Responsibility* 39(1):22-26.

Mmari, V, Mchumvu, Y, Silberschmidt, M & Rasch, V. (2010). *Teenage girls with illegally induced abortion in Dar-es-Salaam:* The discrepancy between sexual behavior and lack of access to contraception. Reproductive Health Matters 8(15):52-59.

Monica, S. (2008) *Teenage Pregnancies in Argentina*. Buenos Aires. Olex Publishers.

Mwaba, K. (2015). *Perceptions of teenage pregnancy among Tanzanian youths.* Mbinga.

Nkhumo, L. (2009). *Factors Contributing to Teenage Pregnancy at Mpolokang.* South Africa. University of Limpopo.

Nyakubega, M. (2010) *Factors Associated with Teenage Pregnancies in Tanga.* Tanga District. Upendo Publishers.

Ogori, A. (2013). *The Cause and Effect of Teenage Pregnancy:* Case of Kontagora Local Government Area in Nigeria State, Northern Part of Nigeria. Niger State.

School of Vocational Education.

Opeyemi, L. (2010) *Social and Economic Influences of Teenage Pregnancies in Africa*.

Lagos: Olade Publishers.

Orodho, J. A. (2014). *Essentials of Educational and Social Science, Research methods.* Nairobi: Masala Publishers.

Patra S. F Singh. R.K (2013) *levels, trends, determinants, and consequences of teenage pregnancy in India.* International Institute or Population Sciences Mumbai.

Peter, P. (2017). *Women's health in Southern Tanzania*. Dares salaam. Maktaba Publishers.

Phipps, M.G., Rose, C., Wasira, S., Micheal, A. & Bill, Z., (2018). „Age group differences among pregnant teenage sexual behavior, health habits, and contraceptive use, *Journal of Pediatrics and Teenage Gynecology*.

Tanzania.

Primary Health Care Report. (2013). *Teenage dropouts in schools due to pregnancy*. Tunduru

Stephen, H. (2014) *Social Determinants of Teenage Pregnancies.* Aberdeen Scotland. Ray Publishers.

Sutay, F. (2010) *Factors Contributing to Teenage Pregnancies in Morocco, Egypt, and Turkey*. Rabat: TX publishers.

Sutay, Y. (2010). *Changes in Adolescent Childbearing in Morocco, Egypt, and Turkey.* United States Agency for International Development.

Tanzania Demographic Health Survey, (2004). Pregnancy rates per 1,000 females aged 15-19 years in Tanzania. Dar es Salaam.

Tebogo et al. (2012) *Factors Contributing to Teenage Pregnancies.* Capricon, Limpopo District. Nthembi Publishers.

Thobejane (2015), factors contributing to teenage pregnancy in South Africa: The case of Matjitjileng village, J Sociology Soc. Anth 6(2): 273-277.

Tobias, F. (2011). *Data analysis methods. Research methods and designs.* Retrieved March 23, 2015, from the Website: Dissertationhelpuk.co.uk.

Vibeke, M. (2011). *"Information on Teenagers Sexuality in East Africa.* Gauteng: South Africa. Pretoria University.