

**THE RELATIONSHIP BETWEEN TEENAGE PREGNANCY AND
INCREASING LEVEL OF POVERTY IN RWANDA: A CASE OF KAYONZA
DISTRICT**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF
THE OPEN UNIVERSITY OF TANZANIA**

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania, a dissertation entitled: “**The Relationship Between Teenage Pregnancy and Increasing Level of Poverty in Rwanda: A Case of Kayonza District**” in partial fulfillment of the requirements for the degree of Master of Social Work of the Open University of Tanzania.

.....

Prof. Hossea Rwegoshora

(Supervisor)

.....

Date

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DECLARATION

I, **Shakila Gisa**, do hereby declare to the Senate of Open University of Tanzania that, this dissertation is my original work and that it has pronounced that this study is my original work and has not been presented and will not be presented to any other university for a similar award.

.....

Signature

.....

Date

DEDICATION

The realization of this work after years of hard work was not easy given my personal official responsibilities. First of all at Almighty Allah for all of this has been realized by HIS will. Secondly to my late uncle Prof. Dr. Jean Damascene Ndayambaje for his inspiration and encouragement, moral and technical support to me this dissertation is dedicated.

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Many thanks to the OUT staff, pregnant teens and teen girls of the age 13-19. I appreciate the parents of teens and District representative of Rwanda Investigation Board in Kayonza for their mutual collaboration that helped me to get needed data.

ABSTRACT

Teenage pregnancy affects the child's education since they tend to quit school in order to attend to the child hence affecting their future abilities to compete with their counterparts on the job market which may increase poverty in society. These create confusion between teenage pregnancy and increasing poverty in society because the observation done by the researcher showed that most teenage pregnancy are poverty and this pushes the researcher to examine the relationship between teenage pregnancy and increasing poverty in society with reference to Kayonza District located in Eastern Province of Rwanda. The specific objectives were to find out which cause teens pregnancy in Kayonza District by different age groups, examine the levels of understanding on sexual reproductive health among Kayonza residence, to examine the levels of poverty among different families and the number of teen pregnancy cases and to assess relationship between teenage pregnancy and increasing poverty in Kayonza District. Different methods and techniques are used on the field for collection and data is analyzed by SPSS for facilitating the researcher to make presentation and analysis of data. The techniques used in data collection were questionnaire, interview and documentary review in order to achieve the objectives of the study. The results indicate that there is a strong relationship between poverty in society and teenage pregnancy variables due to the fact that Pearson correlation is 0.214, which is positive; this indicates that changes in poverty in society are strongly correlated with changes in teenage pregnancy. There is a significant relationship between respondent's level of poverty in society and teenage pregnancy because the Sig. 2-tailed level is 0.023 and the relationship is a positive which means that as one variable goes up or down so will the other one. However, teenage pregnancy among young people increase the poverty in society due to the causes and consequences brought in the society which have impact in causing the poverty. During the research, one of strategies of avoiding teenage pregnancy is establishing umugoroba w'abana where young people should be educated reproductive health as there is Umugoroba w'ababyeyi where parents discussed on family issues. The researcher generally concluded that the objectives were achieved and the research questions generally were answered.

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LIST OF ABBREVIATION AND ACRONYMS

AFS	American Field Service
AIDS	Acquired Immune Deficiency Syndrome
CDC	Center of Disease Control and Prevention
DHS	District Health Statistics
GDP	Gross Domestic Products
Ha	Hectare
HIV	Human Immunodeficiency Virus
HQ	Headquarter
HSSIP	Health Sector Strategic and Investment Plan
IFAD	International Fund for Agricultural Development
MoH	Ministry of Health
NCHS	National Centre for Health Statistics
OUT	Open University of Tanzania
PAC	Post Abortion Care
RNP	Rwanda National Police
SPSS	Statistical Package for the Social Sciences
SRH	Sexual Reproductive Health
UBOS	Uganda Bureau Of Statistics
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund

US\$	United States Dollar
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In this study, the researcher examined the relationship between teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District taken as case study.

Teenage pregnancy is a difficult time for both the parents and the teen with numerous issues to be addressed such as consideration of options regarding the pregnancy as well as the importance of developing emotional, financial, social, academic and even medical supports for the teen. Although after talking with my mother about the pregnancy the immediate anxiety diminished, it was just the beginning of a long road to parenthood (Tamara Smith, 2012).

Globally, United Kingdom has one of the highest rates of teenage pregnancy in the developed world the overall trend in incidence is steadily downwards: the latest (provisional) figures show that in 2010, the under-18 conception rate for England and Wales was at its lowest since 1969, at 35.5 conceptions per 1,000 women in that age group. But despite this general picture, there are areas in England and Wales, which are failing to reduce the number of teenage pregnancies locally. This is concerning given that teenage pregnancy is widely associated with poor outcomes for both young parents and their children. Without a complete education or training, teenage mothers are more likely to be unemployed, to live in poverty and to depend on state benefits. Tensions between being a parent and being a teenager cause pressure on their mental

well-being, with the result that they are much more likely than older mothers to develop post-natal depression, which impacts on their pregnancy ability. Teenage mothers are also likely to experience conflict in their relationships with partners and with families. Their babies are more likely to be born prematurely and to suffer from ill health. In later years children born to teenage parents are more likely to have reduced educational attainment, emotional and behavioral problems, to be at risk of maltreatment or harm, to be economically inactive and to become teenage parents themselves (Judy C., 2011).

Every year, there are approximately 750,000 teen pregnancies and 400,000 teen births in the United States. Nearly 3 in 10 girls get pregnant at least once before age 20; higher rates are reported among youth of color. Subsequent births among teens aged 15-19 represent 18.7% of teen births. This rate is down from 19% in 2008, 19.3% in 2007, and 19.6% in 2006. By and large, teen parents want to do what is right for their children. Because they are teens, parents, and often low-income, they need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults. Unfortunately, the specialized service needs of pregnant and pregnancy teens are often overlooked in family and youth policies and practices (CDC & NCHS, 2009).

Evidence suggests that family environments constitute the basic ecology where children's behavior is manifested, learned, encouraged, and suppressed. Parents' roles in the family environment have primarily been to prepare children for adulthood through rules and discipline. During adolescence, however, the influence of peers also serves as an important socialization agent. Despite this new sphere of influence,

research has clearly demonstrated that pregnancy accounts for more variance in externalizing behaviors in adolescence than any other one factor be difficult for both parents and offspring; therefore, understanding the importance of maintaining high quality pregnancy is particularly essential. The influence of pregnancy during adolescence continues to affect behaviors into adulthood; therefore, this paper will review research that focuses on the influence of parents on their adolescent offspring. Although the relationship between parent and offspring is characterized as bidirectional and interactional, this paper will focus on the impact of pregnancy on adolescent outcomes (Donna H. H., 2014).

In our continent (Africa), adolescent fertility rates have fallen in the age between 15-19 years according to DHS surveys in 35 out of 40 countries since 2000. The range varies from an average decline of 16% in Eastern and Southern Africa, to 50% in North Africa/ West Asia /Europe. In what context do adolescents become pregnant? In developing countries, about 90% of births to adolescents occur within marriage. The proportion is close to 100% in Western Asia/Northern Africa, Central Asia, and South Central and South-Eastern Asia, while between 70-80% in South America and in sub-Saharan Africa About 75% of adolescent pregnancies are intended, ranging from 42% in Colombia to 93% in Egypt.

The pregnancies may be “intended” due to social and cultural norms, or because unmarried young women see it as their only means of establishing identity. Worldwide, births to unmarried adolescent mothers are far more likely to be unintended and those outside marriages are more likely to end in abortion. A small but significant percentage of adolescent pregnancies result from nonconsensual sex.

Recent studies of coerced first sex report rates between 10% and 45% of girls who first had sex before age 15. Age at first marriage is increasing in many countries, as are rates of contraceptive use among both married and unmarried adolescents. Educational levels for girls, which are closely associated with early childbearing, have also risen in most countries, and job opportunities have expanded, (WHO & HQ, 2008).

Nationally, Rwanda joined the rest of the world to celebrate the World Population day on 31st July, 2016 in Gatsibo District, Eastern Province. This year's World Population Day theme "Investing in teenage girls, calls for action to address the enormous challenges faced by teenage girls across the world. Pregnancy among teenage girls in Rwanda indicates an increase from 6.1 percent to 7.3 per cent according to the demographic and health survey 2014/2015, an issue that nobody should turn a blind eye to. This makes it urgent for everyone to play their role in reversing the trend to save the adolescent girls from possible effects, including dropping out of school, diseases, sometimes resulting to death. "The new development agenda calls on us to leave no one behind.

To reach those furthest behind, leaders and communities must focus on and stand up for the human rights of the most marginalized teenage girls, particularly those who are poor, out of school, exploited, or subjected to harmful practices, including child marriage. Marginalized girls are vulnerable to poor reproductive health and more likely to become mothers while still children themselves. They have a right to understand and control their own bodies and shape their own lives." Dr. Babatunde Osotimehin, UNFPA Executive Director in his statement to mark this year's World

Population Day, (<http://Rwanda.unfpa.org/en/news/investing-teenage-girls> visited on 02nd August 2018).

The poverty status of an individual is decided by the level of consumption possibilities, which are approximated by equivalent disposable income defined as disposable income corrected for household composition and size. There is no standard way of proceeding with analysis of an equivalent income measure. It is within the latter paradigm we find indications why social deprivation and poverty in a society may be the most important causes of high rates of teen pregnancies found in some of the wealthiest countries such as UK, Canada, New Zealand, and the United States. We find the highest levels of birth rates among teenagers and lowest rates of participation for 17-year-olds in public and private education among the OECD countries with the greatest income inequality (Mogens N., Christoffersen and Azhar Hussain M., 2008).

This study focused on the examination of the relationship between teenage pregnancy and poverty in Rwanda in order to clarify well teenage pregnancy and poverty where the previous researches did not show its relationship.

1.2 Problem Statement

By and large, teen parents want to do what is right for their children. Because they are teens, parents, and often low-income, they need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults. Unfortunately, the specialized service needs of pregnant and parenting teens are often overlooked in family and youth policies and practices (CDC & NCHS, 2009).

“Poverty is the root cause of pregnancies among teenagers. Poor girls are easily tempted by those who give them nice things and we, parents are the ones to blame. When you follow your children up and discuss with them sexual reproductive health issues, they will most certainly follow the right way,” said by Silvere Munzanire, a parent during the celebration of the World Population day on 31st July, 2016 in Gatsibo District, Eastern Province ((<http://rwanda.unfpa.org/en/news/investing-teenage-girls> visited on 02nd August 2018).

Therefore, Government of Rwanda fight against poverty for better living of the population, and also it has the policy of preventing teenage pregnancy among the teens. However, teenage mothers are more likely to suffer complications during pregnancy and less likely to treat them, exposing them to greater risk of complications during delivery and greater risk of dying for reasons related to childbearing some of the complications including low level of income and lack of basic needs which are characteristics of poverty. Teenage pregnancy affects the child’s education since they tend to quit school in order to attend to the child hence affecting their future abilities to compete with their counterparts on the job market which may increasing level of poverty in Rwanda.

The observation done by the researcher showed that most teenage pregnancy are poor due to unplanned birth of children and these pushes the researcher to assess the relationship between teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District located in Eastern Province of Rwanda in order to make clear if there are relationship between poverty and teenage pregnancy. In this research, the clarification and the recommendations which can help Rwanda

government to implement the policy of preventing teenage pregnancy and avoid increasing level of poverty among Rwandan.

1.3 General Objective

The general objective of the study was to examine the relationship between teenage pregnancies and increasing level of poverty in Rwanda with reference to Kayonza District located in Eastern Province of Rwanda.

1.3.1 Specific Objective

The study was guided by the following specific objectives

- (i) Analyzing the levels of understanding on sexual reproductive health among Kayonza residence.
- (ii) To disclose the levels of poverty among different families and the number of teen pregnancy cases.
- (iii) To find out which cause teens pregnancy in Kayonza District by different age groups.
- (iv) To assess relationship between teenage pregnancy and increasing poverty in Kayonza District.

1.4 Research Questions

This study responded the following questions;

- (i) What are the levels of understanding on sexual reproductive health among Kayonza residence?
- (ii) What are the levels of poverty among different families and the number of teen pregnancy cases?
- (iii) Which cause teens pregnancy in Kayonza District by different age groups?

- (iv) Is there any relationship between teenage pregnancy and increasing level of poverty in Kayonza District?

1.5 The Significance of the Study

The study on the examination of the relationship between teenage pregnancies and increasing level of poverty in Rwanda is the way of disclosing the life of teen mothers in the society compared to the increasing poverty, which can impact whole society. The government of Rwanda will use this research in making decision for preventing teenage pregnancy in the society due to the findings obtained from Kayonza District.

The world society knew clearly how teenage pregnancy and increasing level of poverty in Rwanda are related. The Rwanda government will use this research paper to assess how teenage pregnancy influencing poverty in Rwandan society. The issues of malnutrition appeared in society caused by teenage pregnancy are clearly defined after this research. This study developed and filled the gaps appeared in the existing research by clearing teenage pregnancy and increasing of poverty in Rwanda.

The research helped the researcher to enhance the knowledge and the thinking capacities about the teenage pregnancy and increasing level of poverty in Rwanda and it will be used in fulfillment of academic award of Master's Degree at Open University of Tanzania (OUT). The information from this study will be used by other researchers in related information and also it will help students in their assignments when classified into library of Open University of Tanzania (OUT). It may be a reference of researchers who need information about teenage pregnancy and increasing poverty reduction in society.

1.6 Organization of the Study

This thesis was structured or divided into six chapters;

The first chapter is the introduction that contains the background of the study, problem statement of the study, objectives, research questions, time and scope of the study, significance of the study as well as organization of the study. The second chapter is literature review; it covers the definitions of the existing theories and key concept teenage pregnancy and increasing level of poverty in Rwanda. The third chapter is the research methodology; it discusses the methods, techniques and procedures that were used in data collection and processing. The chapter four covers the presentation, analysis and interpretation of finds of information gathered from respondents. Chapter five is discussion of findings where the results were summarized according to the objective of the study. Chapter six is conclusion and recommendation of findings analyzed based on objectives sated.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the views and the theories of other authors and writers said on the research subject (examination of the relationship between teenage pregnancy and increasing level of poverty in Rwanda) for better understanding the research. It is entitled as literature review where different theories and definition of key concepts are described.

2.2 Definition of Key Concepts

The key words defined are concerned with assessments of teenage pregnancy and increasing level of poverty in Rwanda.

2.2.1 Teenage

A teenager, or teen, means a person whose age falls within the range between 13 and 19 years old. The word “teenager” is another word for adolescent Brian Tomlinson, Hitomi M. (2017) state that the definition of teenagers in various dictionaries seen very similar.

2.2.2 Pregnancy

According to Oscar Z. P. (2011), pregnancy is the state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over the counter urine test and confirmed through a blood test, ultrasound, detection of fetal heartbeat or an x-ray.

2.2.3 Teenage Pregnancy

UNICEF (2008) reported that Teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant.

2.2.4 Poverty

Zongsheng C. & Yunbo Z. (2005) stated that poverty is a living state in which in a long period under certain environment people cannot get enough income to maintain a basic living standard which is necessary to meet physiological needs and is acceptable to society and culture. In this study, the poverty is level of life standard of teens pregnancy where the researcher evaluate the state of life, their income level, and their property level as she wants to assess the teenage pregnancy and increasing poverty in Rwanda.

2.3 Related Literature Review

In this subsection, the researcher focuses on the objectives of the study where she found what other researchers did in previous in order to see their focused in the researches done.

2.3.1 The Levels of Understanding on Sexual Reproductive Health

Currently, there are more than one billion adolescents 10-19 year, 70% of whom live in low income countries. It is, therefore, critical for countries to engage with this significant portion of the population and be able to address their health needs. Health

services need to move beyond adolescent pregnancy and HIV to address the full range of adolescents' health and development needs (UNFPA, 2003).

Adolescents develop more self-consciousness indicated in their self-assessment of how others see them. In many cases adolescents consider themselves grown up and mature enough to have sex yet they have inadequate knowledge about the consequences of unprotected sex. These consequences include unwanted pregnancy, complications of unsafe abortion, and sexually transmitted infections. In many cases, they do not reveal their reproductive health problems and tend not to use the healthcare services they actually need. This may be due to inadequate information, limited access to financial resources or negative attitudes of health workers (Nzioka C., 2001).

2.3.1.1 Awareness of Reproduction Health among Adolescents

Reproductive health of adolescents is dependent on several complex and often independent factors including social-cultural influences (such as family, peers and communities), and access to health services, education and employment opportunities. In Uganda abortion is legally restricted and post abortion care (PAC) services are provided by doctors, clinical officers and midwives in all facilities. The provision of PAC services is always limited by inadequate trained staff and lack of other resources (Vijay Grower O.A (2003).

Adolescents are quite explicit about what they want from health-care providers. They value their privacy and identity, and want to make decisions for themselves based on correct information. WHO stipulates a number of elements that stimulate adolescents

to seek healthcare. These elements include: confidentiality, provision of required information and services, accepting adolescents as they are, considering and respecting adolescents' opinions, allowing adolescents to make their own decisions, ensuring that adolescents feel welcome and comfortable, being non-judgmental, and provision of services at a time that adolescents are able to come. In Uganda, girls become sexually active earlier than boys (UBOS, 2012).

In 2011, the median age of first sexual relationship for women aged 25 to 49 years was 16.8 years compared with 18.6 years for men. Adolescents are frequently reluctant to seek health services for sexual and reproductive health. Included among the many barriers are judgmental health workers, lack of supplies, equipment, materials and private workspace, and a lack of training for and in understanding of adolescent reproductive needs. The main limiting factor is the translation of these policies into practice. Uganda has Adolescent Health Policy Guidelines and Service Standards, the National Minimum Healthcare Package which includes sexual reproductive health (SRH) and rights for adolescent, and the Health Sector Strategic and Investment Plan (HSSIP), MoH 2010. Recent studies done in the same district contend that there is a need to take a critical assessment of AFS in order to provide appropriate interventions. A survey on female adolescent sexuality in Kenyan schools revealed a high risk of early pregnancy and induced abortion and many had inadequate sexual and reproductive health knowledge (Warenius L., 2008).

2.3.1.2 Strategies for Reproductive Health Services

In spite of the conducive policy environment, the HSSIP, 2010-15 points out that the proportion of health facilities that are adolescent-friendly are only 10% but need to be

increased to 75% by 2015. Other targets include reducing adolescent pregnancy rate from 24% to 15% by 2015. The government of Uganda recognizes a need to strengthen adolescent sexual and reproductive health services. Some of the ways identified to achieve this would be to: avail updated information education and communication materials on adolescent health and development, integrate and implement adolescent sexual and reproductive health in school health programs, and increase the number of facilities providing adolescent friendly sexual and reproductive health services. Service providers should be trained and accessible, respect adolescent sexual and reproductive health rights and be non-judgmental. Besides, the facilities themselves should be conveniently located with adequate space to promote adolescent participation in service delivery with a comfortable environment that offers both visual and auditory privacy with gender sensitive sanitation facilities (MoH, 2012).

2.3.2 The Levels of Poverty among Different Families in Society

According to Instituto Nacional de Estadística (2009), poverty is general scarcity or dearth, or the state of one who lacks a certain amount of material possessions or money. Absolute poverty or destitution refers to the deprivation of basic human needs, which commonly includes food, water, sanitation, clothing, shelter, health care and education. Relative poverty is defined contextually as economic inequality in the location or society in which people live.

United Nations (2011) said that fundamentally, poverty is the inability of getting choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to or not having the land on which

to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living in marginal or fragile environments, without access to clean water or sanitation.

2.3.2.1 Poverty in Rwanda

IFAD (2011) said that Rwanda is a landlocked, resource-poor country. The population is about 9.7 million, and 87 per cent of Rwandans live in rural areas. Population density in the country is the highest in Africa, with about 370 persons/km². The annual demographic growth rate is 2.8 per cent, and the population is expected to increase to about 12 million by 2015.

The country is one of the poorest in Africa. Gross domestic product per capita was US\$464 in 2008, and Rwanda ranked 167th out of 182 countries in the 2009 United Nations Development Program's Human Development Index. Understanding the poverty, 11% of world population live in extreme poverty while for Rwanda 16% are extremely poor (EICV5-2015)

Poverty is said to exist when people lack the means to secure their basic needs. The identification of poor people first requires a determination of what constitutes basic needs (Food, Water, Shelter, Clothes, Health and Education). These may be defined as "those necessary for survival" or as broadly as "those reflecting the prevailing standard of living in the community.

The genocide of 1994, which led to the loss of about 1 million lives and the creation of some 800,000 refugees and displaced persons, had a devastating social and

economic effect on the country. It led to a change in the country's demographic structure: women today account for about 54 per cent of the Rwandan population, and many households are headed by women and orphans. Households headed by women (29 per cent of the total rural population), households headed by children, and households affected by HIV/AIDS are also affected by poverty or are at risk of falling into poverty. Close to 14 per cent of rural dwellers have become landless peasants who live in conditions of extreme poverty, and a large number of demobilized young soldiers have swollen the ranks of the unemployed (IFAD, 2011).

The Comprehensive Food Security and Vulnerability Analysis conducted in 2006 by the World Food Program, in close collaboration with the Rwanda National Institute of Statistics, indicated that 28 per cent of the rural population was food-insecure and 24 per cent was highly vulnerable to food insecurity. Although access to primary education has improved in rural areas (where the school enrolment rate is 77 per cent, against a rate of 87 per cent in urban areas), the enrolment rate in rural secondary schools is as low as 6 per cent, and dropout rates are higher than those in urban areas, particularly for girls (IFAD, 2011).

Agriculture is the backbone of the economy. It has contributed an average of about 36 per cent of total GDP between 2001 and 2008, and it employs more than 80 per cent of the population. But the sector is very fragile. Rough terrain, erosion and climatic hazards combine with geography and the lack of modern technology to create serious constraints to agricultural development.

Rural livelihoods are based on an agricultural production system that is characterized by small family farms of less than 1 hectare (ha), practicing mixed farming that

combines rain fed grain crops, traditional livestock-rearing and some vegetable production. Food crops account for 92 per cent of the cultivated area, and two thirds of food crops are earmarked for family consumption. A small number of farmers grow higher-value cash crops such as coffee and tea, which occupy 3 per cent and 1 per cent, respectively, of total cultivable land. The most vulnerable rural people are landless people and small-scale farmers who cultivate less than 0.2 ha (IFAD, 2011).

The rural enterprise sector offers alternative employment for a growing rural population living on increasingly scarce land. Microenterprises and small businesses have a role in construction, transport, trade and services, production of manufactured goods and processing of agricultural products, but this source of income remains largely untapped, (IFAD, 2011)

2.3.3 The Cause of Teens Pregnancy in Society by Different Age Groups

Nowadays, teenage pregnancy has become a growing concern and therefore various causes of teenage pregnancy has become crucial. Teenage pregnancy refers to pregnancy occurs in young girls, mostly in the range of age 13 to 17 years old. Low self-esteem is among the causes of teenage pregnancy. Children who are not shown love and affection from parents will seek it out with their peer group. Many adolescents report feeling pressured by their peers to have sex before they are married.

The transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. Complex teenage psychology can results an immature and irresponsible behavior, which in turn may be another cause of teenage pregnancy. Meanwhile, weak family

bonding fails to provide the emotional support that they need during their transitional term. This lack of attention and affection from the family cause depression and push them to look for love and attention from others especially from the opposite sex. It occurs roughly between the age of 13-17, this is a period in every person's life when all seems to be confused, when nothing is good in the eyes of the perceiving adolescent; when she is on "means" land. (Ogori A. F., 2013).

2.3.3.1 Determinants of Teenage Pregnancy

The determinants of pregnancy in adolescence are early sexual relations in conjunction with a poor sexual education. The research led by Udry (1984) apud Adams - Berzonsky, shows that there is a highly significant correlation between early age of mothers at first sexual intercourse and their daughters'. These tend to begin their sexual life before 14, with the risks connected to educational gaps.

Although both male and female adolescents have many reproductive health challenges, the female adolescents have additional burdens that are gender and sex specific. For example, in the year 2011, 24 percent of adolescents 13-19 years were already mothers or pregnant with their first child in Uganda. Even though adolescent pregnancy has been steadily declining (41% in 1995, 31% in 2000, 25% 2006 and 24% in 2011), it is still visibly high. Pregnancy among adolescents is important because it is associated with higher morbidity and mortality not only for the mother but also the child. It also has the psycho-social consequences that affect their wellbeing. In countries such as Ethiopia and Uganda, early marriage often fuels high incidence of complications from pregnancy and delivery. Moreover, a growing number of young people are becoming sexually active before marriage and as a

consequence the rate of unplanned pregnancies among this age group, particularly among those with unmet need for contraceptives increases. The damaging consequences of child bearing at a young age pose health threats to both the adolescent mother and infant. Adolescent sexual activity, within or outside of marriage, can lead to negative reproductive health outcomes (Alene GD, 2004). However, this study examines the relationship between teenage pregnancy and increasing level of poverty in Rwanda.

2.3.4 Relationship between Teenage Pregnancy and Poverty In Society

According to the Centers for Disease Control, in 2014, the birth rate for adolescent females (ages 15–19) reached a historic low at a rate of 24.2 per 1000. However, this still accounts for almost 250,000 babies born to this age group (Hamilton, 2017).

An Urban Institute report summarizing the evidence has found that teen childbearing is associated with long-term poverty, low educational attainment for both mother and children, and risks for children are increased health problems, incarceration, bearing a child as a teenager, and facing unemployment as a young adult. These risks are present even when controlling for poverty, neighborhood effects, and other socio-demographic risks that contribute to teenage pregnancy (Hoffman, S.D, 2008).

Mental health disorders are fairly common in adolescence with one in four or five teenagers suffering from a disorder, according to the National Comorbidity. Low social economic status is associated with the development of mental disorders in children and adolescents. Those living in poverty are more exposed to stressful circumstances such as crime, violence, availability of drugs, and lack of safe childcare, convenient transportation, quality health care, and adequate housing. A

review of the literature on neighborhood effects found evidence that living in a disadvantaged neighborhood had negative consequences for children's mental health functioning (Merikangas, 2010).

Moreover, a large-scale study of 2805 children found that those living in poor neighborhoods were more likely to have mental health problems. Over time, as children mature, the effects become more deleterious. For adolescents, impaired mental health, criminal behavior, early sexual activity, and teenage pregnancy are associated with living in poor neighborhoods. Other adverse childhood events, such as violence, abuse, neglect, parental substance use disorders, mental illness, or criminal behavior, are also associated with mental health disorders and adolescent pregnancy, as well as other problematic outcomes (Xue Y. (2005).

The health of pregnant teenagers who had an induced abortion was at the same level as teenagers giving birth to a child. On the other hand, the other background factors, e.g. family background, educational qualifications of parents, parental employment, poverty, and ethnic background differed significantly between the two groups. The teen mothers seem to be in a significantly more disadvantaged position compared to teenagers having an abortion. Teenagers whose mother was a teen mother were more frequently among pregnant teenagers giving birth to a child than among pregnant teenagers having an induced abortion (Mogens N., Christoffersen and Azhar Hussain M., 2008).

2.4 Conceptual Framework

The study on the teenage pregnancy and increasing level of poverty in Rwanda is done for making clear how teenage pregnancy is related to poverty in our society. For

more understanding, first of all the researcher discloses what author said about teenager, poverty and teenage pregnancy. A teenager has been defined as a person within the ages 13-19. And poverty is defined as income per capital less than or equal to one dollar per day in dollar adjusted for purchasing power. The teenage period is described as transitional years and is ones of mental and physical development, experimenting and taking risks. The riskiest of all teenage behaviour is that of sexual activity.

Teenage pregnancy is defined as a teenaged or underage girl, usually within the ages of 13-19, becoming pregnant. The term in everyday speech usually refers to women who have not reached legal adulthood, which varies across the world, who become pregnant (Yetunde F. O., 2004). The conceptual framework of this study is based on the variables of research subject where teenage pregnancy is independent variable and poverty in society is dependent variable. The following figure illustrates conceptual framework of the study:

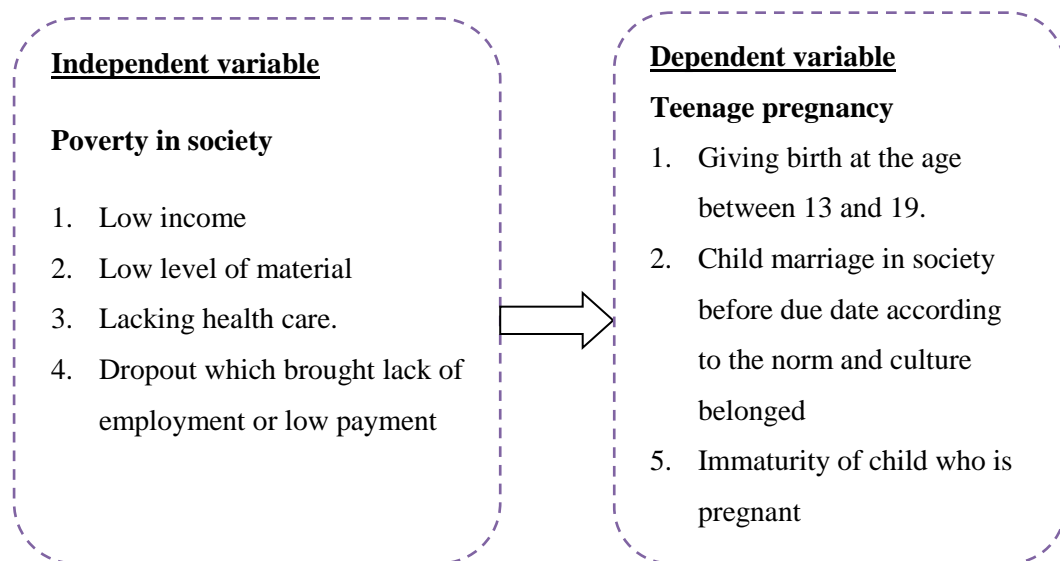


Figure 2.1: Conceptual Framework

Source: Researcher 2018

The theory on which study based is the teenage pregnancy and increasing level of poverty in Rwanda. As shown in the figure above, independent variable of this study is poverty which involved low income, low level of materials, lack of health care and dropout which brought lack of employment while dependent variable is teenage pregnancy which involved giving birth at the age between 13 and 19. Child marriage in society before due date according to the norm and culture belonged and immaturity of child who are pregnant.

In this study the researcher tested and analyzed how can poverty can influence teenage pregnancy in society in order to determine and provide recommendation that can help to prevent teenage pregnancy in Rwanda. Different theories are provided in this study for finding what others covered and to disclose the gaps to be filled.

The consequences of teenage pregnancy affect teenage mothers, fathers and child born on teen mothers without forgetting consequences on society. A teen mother is more likely to: drop out of school, have no or low qualifications, be unemployed or low-paid, live in poor housing conditions, suffer from depression which may result in suicide and live on welfare (UNICEF, 2008).

According to Aurora S. (2012), Girls who become teenage mothers remain single over a double period in the age range 14-30 than those that have a child after 20 and only 19% of them marry the father of their child. In the case of adolescents who got married, the probability that the relationship ends with a divorce is higher than for those who give birth after 20, according to the study. As single mothers, teenagers have a higher probability to abandon school. This actually results in fewer employment opportunities and thus lower income.

They are primarily medical; they are often premature, with a probability of 1.5 times for low birth weight, under 2.5 kg. As they grow, they are prone to disorders such as dyslexia and hyperactivity. Birth to a teenager has negative effects on the quality of care and feeding of the child because of the mother's material difficulties and lack of experience. Children born to adolescents are taken to the doctor 2 times more rarely than those born to more mature mothers. Teenage mothers spend 20% longer in hospital than women who have children later.

According to studies conducted by Moore and Greene in 1997, babies born to teenage mothers scored lower on cognitive tests in mathematics, reading and comprehension than children of non-adolescent mothers. According to the study, they have only 30% chance of becoming good students, maybe due to reduced cognitive stimulation at early ages and their poor feeding. Also, babies born to teenage mothers are at increased risk of school dropout, to flee from home or juvenile delinquency, being 2.7 times more likely to spend part of their lives in prison (Aurora S., 2012).

The child of a teen mother is more likely to: live in poverty, grow up without a father, become a victim of neglect or abuse, do less well at school, become involved in crime, abuse drugs and alcohol and eventually become a teenage parent and begin the cycle all over again (UNICEF, 2008).

2.5 Theoretical discussions

In Rwanda, Statistics from the Rwanda National Police (RNP) indicate that 1,433 and 284 cases of defilement and rape respectively were recorded in 2014 alone. These practices are regarded as immoral and are culturally, socially and legally unacceptable in Rwanda. Article 191 of the Penal Code punishes defilement with life imprisonment

(SEKANYANGE J. L., 2016). However, this was about the cases of raping which may cause the teens pregnancy but this study went deeply in order to identify the causes of the teens pregnancy in Rwanda especially in Kayonza District.

Teenage pregnancy may result from many factors such as rape and/or sexual assault, human trafficking with the aim of opening a sex industry, and cultural beliefs. Often young sexual assault victims stay silent to avoid social stigma and shame. With these factors an individual victim may be exposed to the risk of being infected with sexually transmitted infections (STIs) such as HIV and unplanned and unwanted pregnancies. Another reason is the peer pressure to become sexually active before one is comfortable. It has been found that the number of pregnancies among girls aged 15 and 19 years peaked in 2001 seven years after the transition to a democratic South Africa, but years after the child support grant was introduced, teenage pregnancies peaked (Tsoaledi D. T., 2015). These indicated the consequences of raping teens, which included unplanned and unwanted pregnancies and sexually transmitted infections; but the researcher carried out this study for comparing teenage pregnancy and increasing level of poverty in Rwanda.

Family's influence: closeness to the mother is related to delaying daughter's sexual intercourse and the use of contraceptive methods by sexually active adolescents of both genders. Most cases show that active surveillance, monitoring of children by parents is related to sexual behaviour of adolescents in that it would lower the risk of pregnancy. Community's influence: As concerning the community where girls grow, research revealed that high unemployment in the district is a consistent predictor of the likelihood of teenage parenthood (Aurora S., 2012).

Claudia L. and Joanne E. Cox (2012) stated that evaluating the effect of evidence-based teen pregnancy prevention interventions is important in order to frame national and state policies. Multiple interventions have been developed over the years to address teen pregnancy. The most effective teen programs that incorporate evidence based approaches can be placed into one of three categories: clinic-based interventions, school-based and school-linked interventions (community programs).

These interventions share common characteristics, including longer appointments and individual counseling, educational programs, confidential services, contraceptives (although, due to policy funding barriers, many of the interventions do not specify whether contraceptives or prescriptions were offered on site), free-cost or low-cost services, referrals and active outreach. However, other programs are less expensive and easy to implement. Nevertheless, due to funding restrictive policies, many did not measure their effects on teen pregnancy, although they reported significant positive effects on sexual behaviors, such as increased condom use, use of contraceptives and decreased number of partners.

According to UNICEF (2015), the following are strategies for preventing teenage pregnancy;

Best interests of the child: In all matters concerning children, the best interests of the child shall be the paramount consideration. In programming to end child marriage all stakeholders should ensure that all programs and interventions are designed and implemented in a manner that promotes the best interests of the child. **Survival and development:** Every child shall be entitled to the highest standards of living and shall be able to thrive in an enabling environment. Stakeholders should design and

implement programs premised on the approach where child marriage is seen as a threat to the young 'bride and her child's health given her premature physical condition for pregnancy and childbirth.

Protection: Children should be protected from all forms of abuse, violence and exploitation, including harmful practices. In design of programs and interventions to address child marriage all stakeholders should be aware that child marriage is often associated with violence, abuse and confinement; and integrate mitigating components. Building on positive peer approach and participation: Children shall be given the opportunity to voice and opinions in all matters that concern them depending on their age and maturity. Empowering adolescents - especially girls with increased voice contributes to enhancing their positive image in society and to creating an enabling environment for consulting with other children or adolescents.

Non-discrimination: Every child shall have the same rights independent of religion, gender, age, ethnicity and culture. Building on the positive social cultural norms: All programs aiming to prevent child marriage need to recognize the role of the negative and discriminatory socio-cultural beliefs, norms, and practices in causing and perpetuating child marriages; and integrate context specific positive social cultural norms in interventions to prevent end child marriage. Confidentiality and privacy: In all programming to end child marriage issues of confidentiality and privacy should be highlighted and/or promoted to ensure free and effective participation of the children in program activities.

A controversial strategy to prevent teen pregnancy includes programs with infant simulators targeting teens' perceptions of pregnancy and pregnancy using the model

of virtual infant pregnancy classes. Most of the studies have shown mixed results. A majority have small sample sizes and short follow-up intervals. Medicaid waivers for family planning have funded access to contraceptives and have been shown to decrease the incidence of unplanned pregnancy, especially in low-income women and teens.

The cost of one Medicaid-covered birth in the United States, including prenatal care, delivery, postpartum care and infant care for the first year of life, was \$12 613 in 2008. During the same year, the cost of contraception per client was \$257. During 2008, an estimated 1.9 billion dollars were spent in public funding for family planning programs. The investment resulted in 7 billion dollars of savings for Medicaid for the cost of unplanned pregnancies (Claudia L. and Joanne E. Cox, 2012).

Previous studies have failed to comprehensively investigate the effect of poverty on pregnancy amongst young females. Specifically, socio-economic status at individual and household levels has been formerly used. This variable is usually determined through acquired income yet income is prone to being misreported as well as under-reported for numerous reasons. Additionally, socio-economic status may not be the best measurement of poverty as it only depicts half of one's financial status. Therefore, it becomes necessary to test the effects of a number of possible poverty proxies on teenage pregnancy. This would also assist in the establishment of teenage pregnancies most appropriate and predictive variables indicative of poverty (Sibusiso M., 2016).

However, the researcher provided some of the policy of protecting teens against pregnancy in order to keep their life safe and their right in society. Our study focused

on the examination of relationship between teenage pregnancy and increasing level of poverty in society.

2.6 Research Gap

The views of other writers on level of understanding on sexual reproductive health reviewed in this chapter as stated by UNFPA (2003) where said that, it is, therefore, critical for countries to engage with this significant portion of the population and be able to address their health needs. Nzioka C. (2001) in his research stated that in many cases adolescents consider themselves grown up and mature enough to have sex yet they have inadequate knowledge about the consequences of unprotected sex. Vijay Grower O.A (2003) argued that the provision of post abortion care (PAC) services is always limited by inadequate trained staff and lack of other resources. UBOS (2012) reported that adolescents are quite explicit about what they want from health-care providers. They value their privacy and identity, and want to make decisions for themselves based on correct information. Warenius L. (2008), A survey on female adolescent sexuality in Kenyan schools revealed a high risk of early pregnancy and induced abortion and many had inadequate sexual and reproductive health knowledge. MoH, (2012), The government of Uganda recognizes a need to strengthen adolescent sexual and reproductive health services.

However, other researchers did not examine the level of understanding on sexual reproductive health in Rwanda where they stated how adolescent perceived health reproduction and that they might aware of reproductive in order to know themselves.

The literature about the levels of poverty among different families and the number of teen pregnancy cases founded by other researchers stated that poverty is general

scarcity or dearth, or the state of one who lacks a certain amount of material possessions or money (Instituto Nacional de Estadística, 2009). It means not having enough to feed and clothe a family, not having a school or clinic to go to or not having the land on which to grow one's food or a job to earn one's living, not having access to credit (United Nations, 2011). Rwanda is one of the poorest countries in Africa, and poverty is widespread throughout the country (IFAD, 2011). These did not satisfied the researcher due to the lack of poverty levels among different families in Rwanda as it was one of the purposes of this study.

The researcher found that other writers wrote differently about the things which cause teens pregnancy by different age groups where many adolescents report feeling pressured by their peers to have sex before they are married, (Ogori A. F., 2013). There is a highly significant correlation between early age of mothers at first sexual intercourse and their daughters'. These tend to begin their sexual life before 14, with the risks connected to educational gaps (Udry, 1984). A growing number of young people are becoming sexually active before marriage and as a consequence the rate of unplanned pregnancies among this age group, particularly among those with unmet need for contraceptives increases (Alene GD, 2004). In this study, perception about the causes of teenage pregnancy by different groups, were examined in order to fill what other researchers disclosed.

The theories and other researchers did different researches about teenage pregnancy as reviewed in the research of Tsoaledi. In 2015 where their findings revealed that the majority of respondents are having difficulties in coping with motherhood. It also revealed that teenage mothers get help from their mothers and from child support

grants to raise their children. The majority of the respondents were not able to provide for their children's needs. And the report of Sekanyange in (2016) which talk about unwanted pregnancy for under 18 years.

Briefly; other researchers did not deeply cover relationship between teenage pregnancy and level of poverty in society as shown in this subtitle of research gap; the researches done on each objective of this study were not deeply focused on them due to the lack of correlation between level of poverty and teenage pregnancy. This research was the response because it examined how teenage pregnancy affect or increase level of poverty in society due to the fact that teenage mothers are more likely to suffer complications during pregnancy and less likely to treat them, exposing them to greater risk of complications during delivery and greater risk of dying for reasons related to childbearing. Teenage pregnancy affects the child 's education since they tend to quit school in order to attend to the child hence affecting their future abilities to compete with their counterparts on the job market which may increasing level of poverty in Rwanda.

Furthermore, the researcher is interested in find out clearly the relationship between teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District located in Eastern Province of Rwanda. In this research, there were recommendations provided which can help in preventing teenage pregnancy and the life of teen after giving birth in order to educate the children in our society compared to the poverty, which appeared in the society.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This study was carried out at Kayonza District in order to gather information about teenage pregnancy and increasing level of poverty in Rwanda; it is necessary to show the techniques and methods that were used in collecting and analyzing data brought at Kayonza District.

3.2 Research Paradigm and Design

According to KivunjaC. & Bawa Kuyini A. (2017), a research paradigm inherently reflects the researcher's beliefs about the world that s/he lives in and wants to live in. It constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world. However, the researcher used and assessed beliefs and culture of Rwandan society especially in Kayonza District in order to achieve the objectives of the study.

Uwe F. (2009) stated that research design is a plan for collecting and analyzing evidence that will make it possible for the investigator to answer whatever questions he or she has posed. In this study, the data was collected on the field in respondents chosen according to the sample and sampling techniques. The way in which people live in society helped the research to compared the answers given with the reality. The researcher planned to collect data from Kayonza District about the relationship between teenage pregnancy and increasing level of poverty in Rwanda. Data was collected both primary and secondary source and the data was collected based on case

study approach (Kayonza District). And then after collecting them; the data was processed and analyzed in order to achieve the objective of the study.

3.3 The Choice of Study Area

The study area was chosen due to different reasons according to the objectives of this research. This study was carried out in Kayonza District located in Eastern Province of Rwanda due to the fact that it is the area that facilitates the researcher to get the information about the relationship between teenage pregnancy and increasing poverty in the society, this area did not require the researcher to spend much money in collecting data. The researcher has chosen Kayonza District as case study because there are otherwise 3,097 teenagers who were pregnant which can help the researcher to achieve the objectives of the study. The researcher can analyze the information concerned the level of poverty in Kayonza easily because she lived in Kayonza District.

3.4 Target Population

Lawrence M. F. (2010) said that study population is an integral part of posing the primary question. It is not enough to claim that an intervention is or is not effective without describing the types of participant on which the intervention was tested. The description requires specification of criteria for eligibility. In this study, the category of population involved in this study was teenage pregnancy and teens of the age of 13–19, the parents of teens, Kayonza District employees in charge of social development and District Representative of Rwanda Investigation Board in Kayonza.

According to population census and categorization of 2015, the total population targeted was 49,746 population including 3,096 teenage pregnancies from 2014 up to

2017 years, 44,113 teens, 2,523 parents of teens, 13 employees in charge of social development, and one District Representative of Rwanda Investigation Board in Kayonza. This population is chosen because it is them who know and have information about teenage pregnancy and poverty in society based on their situations in Kayonza District.

3.4.1 Sample Size

The sample size of this study was calculated with the formula of Cochran, W. G.

(2009):

$$n = \frac{N}{1 + N * (e)^2}$$

n= sample size

N= total population 49,732

e= the desired margin which is equal to 0.1

$$\text{sample size} = \frac{49,732}{1 + 49,732 * (0.1)^2} = 99.79 \approx 100 \text{ persons}$$

Therefore, the sample size is 114 persons means 100 persons from teens, teenage pregnancies and their parents and 14 employees of Kayonza District mentioned early. The researcher used cross multiplication in order to dispatch 100 persons sampled into teens, teenage pregnancies and parents as follows;

$$\text{The population sampled from teens was } \frac{44,113 * 100}{49,732} = 44 \text{ persons}$$

$$\text{The sample size from teenage pregnancy was } \frac{3,026 * 100}{49,732} = 31 \text{ persons}$$

The sample size from parents of teens and teenage pregnancy was $\frac{2,523,4111}{49,732} = 25$ persons.

3.4.2 Sampling Procedures

During this study; the researcher draw sample size for choosing the respondents who participate in this research. The researcher used the formula of Cochran, W. G. (2009) for calculating sample size of population who represented whole population. Purposive, universal and random sampling techniques were used in selecting the sample size where purposive sampling technique was used in selecting parents of teens where the researcher selected the respondents among parents of teens based on those who had teens pregnant. Universal sampling technique was used in selecting employees in charge of social development and District Representative of Rwanda Investigation Board in Kayonza; here all employees mentioned were selected as whole because they worked in different area of Kayonza District, which facilitated the researcher to know different beliefs of the participants.

Finally, random sampling technique was used for selecting teenage pregnancies and teens of Kayonza District because all teenage pregnancies and teens had full information about the relationship between teenage pregnancy and increasing level of poverty in society.

3.4.3 Sampling Selection Techniques

In this study, the researcher used purposive, universal and random sampling techniques in selecting sample size from the whole population as explained below.

- (i) Purposive sampling technique is described by Jane R. & Jane L. (2003) as a key feature of which is that sample criteria are prescribed. In this study purposive sampling technique was used in selecting 25 parents of teens and 31 teenage pregnancies because there are some parents who have testimony and many teens and teenage pregnancies which can help the researcher to achieve the objectives of the study. The reasons why they were selected purposively.
- (ii) Universal sampling technique is sampling technique based on whole population meaning that all population of the study do participate in research. In this study, all 13 employees in charge of social development, one District Representative of Rwanda Investigation Board in Kayonza were taken as whole to participate in this study because to interact with them it was not cost too much due to their small number.
- (iii) A simple random sample is a subset of individuals (a sample) chosen from a larger set (a population). Each individual is chosen randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process, and each subset of k individuals has the same probability of being chosen for the sample as any other subset of k individuals (Yates 2008). For this study, random sampling technique is used for selecting teens and teenage pregnancies due to the fact that all teens and teenage pregnancies had the information needed for achieving the research objectives. The researcher announced meeting with teens and teenage pregnancies and then the first 44 teens and 31 teenage pregnancies from Kayonza District were selected in order to answer the research questions and fill questionnaire.

3.5 Data Collection Methods

The data was collected in both primary source where the researcher went to the field (Kayonza District) for gathering information and secondary source where the researcher reviewed the documents, which can give information about the subject.

3.5.1 Primary Source Data

Hans Georg G. & Florian F. (2007) stated that the primary data is data that is collected especially for the testing of the hypotheses of the study. The primary source of data required the researcher to interact with the population concerned the study in order to investigate the subject or objectives of the study. In this study the researcher gathered information from Kayonza District about the relationship between teenage pregnancy and increasing level of poverty in Rwanda. The researcher interacted with the teens, teenage pregnancy, parents of teens and employees as categorized early for the targeted population.

3.5.2 Secondary Source Data

Hans Georg G. & Florian F. (2007) also stated that secondary data is data that has been gathered previously to the study with other intentions, and which is recycled to test a given set of hypotheses. In this study; the researcher reviewed different documents such as books written on teenage pregnancy and poverty, reports of Kayonza District talk about teenage pregnancy and poverty, journals and electronic source which provided related information to teenage pregnancy and increasing level of poverty in Rwanda. These helped the researcher to think big in order to make a good analysis.

3.6 Data Collection Techniques

The data collection techniques used in collecting data were questionnaire informal discussions with groups in interviews in order to get both qualitative and quantitative data. Finally; documentary technique was used where data have been obtained from different books, reports and published and unpublished materials.

3.6.1 Questionnaire Technique

According to David S. (2006), the term questionnaire is used here to signify the use of questions to elicit responses in self-completion (by electronic or postal means), face to face (survey interviews) and telephone formats in order to generate data that is quantified in a case by variable data matrix.

The researcher prepared a list of questions according to the objectives of the study and then distributed to the respondents who knew how read and write for filling. The questionnaires were close-ended and open ended. Therefore, it is much easier to code and analyze; and often can be coded from the questionnaire, saving time and money. Further, the respondents were often clear about the meaning of the question and could often tell the answer for what was demanded. This technique was used to 100 respondents (teens, teenage pregnancy and parents sampled).

3.6.2 Interviews Technique

According to Christine M. (2010), an interview is a conversation with a deliberate purpose that the participants accept. An interview resembles a conversation in a many ways. Both involve verbal and nonverbal communication between people during which they exchange ideas, attitudes and feelings.

The researcher prepared interview guides, which directed the conversation. For better organization of the interview exercise, the researcher made appointments with the respondents in order to have access to them. The researcher then prepared a separate schedule, which would later facilitate the coding process. 14 respondents from employees in charge of social development, and District Representative of Rwanda Investigation Board in Kayonza were interviewed during this study.

3.6.3 Documentary Technique

The researcher used documentary in gathering information through books written on teenage pregnancy and poverty, reports of Kayonza District talk about teenage pregnancy and poverty, journals and electronic source which provided related information to the relationship between teenage pregnancy and increasing level of poverty in Rwanda.

3.7 Data Presentation

The data was presented by using statistical table that includes frequency of respondents according to their choice together with its percentages. Those data were collected from Kayonza District.

3.8 Data processing

French & Carl (1996) stated that data processing is broadly the collection and manipulation of items of data to produce meaningful information. In this sense; it can be considered a subset of information processing, "the change (processing) of information in any manner detectable by an observer. The researcher used editing and classifying methods in processing data about examining the relationship between teenage pregnancy and increasing level of poverty in society.

3.8.1 Editing Method

In processing data brought from Kayonza District, the researcher used the method of editing where she corrected errors made in answering questions by adding or subtracting the words in order to make the information more understandable.

3.8.2 Classification Method

After editing, the method of classification was used for classifying the same responses gotten and then the tabulation method was used where the tables, which summarize the results, were used. This means that the data obtained was classified according the answers of the respondents for more being understandable.

3.9 Data Analysis Methods

Data analysis is a process for obtaining raw data and converting it into information useful for decision-making by users. Data is collected and analyzed to answer questions, test hypotheses or disprove theories (Judd, 1989). Data analysis techniques include univariate analysis (such as analysis of single-variable distributions), bivariate analysis, and more generally, multivariate analysis. Multivariate analysis, broadly speaking, refers to all statistical methods that simultaneously analyze multiple measurements on each individual or object under investigation. In this study, the researcher used SPSS analysis where frequency and percentage of Kayonza District respondents sampled are demonstrated in tables. And the correlation analysis was done in order to analyze the relationship between the variables of the research subject.

3.10 Ethical Issues

Ethical concerns are crucial when planning, conducting and evaluating a research. According to Neuman (2012), social science research should have a clear moral and

professional obligation to behave in an ethical manner in all times and that researcher must balance two values: The pursuit of knowledge and the right of research participants.

Regarding this study, from the beginning researcher considered ethics by creating a topic, which would not be issue to the ethics of the population under study. Also questionnaires were set in manner that ethics should be considered. The data collection process regarded so much the organization procedures. All responses from teenage by questionnaires and information obtained from all techniques remained confidential to the best level a researcher could achieve.

3.11 Validity and Reliability of the Study

According to Flick (2011) reliability is the extent to which the test or procedures produces similar results under constant conditions in all occasions. Validity tells whether an item measures or describes what it is supposed to measure or describe. There is a close connection between reliability and validity. If a thing is reliable it has also validity.

Regarding this study used teenage girls in general, teenage pregnant, parents of teenage girls, and local authorities as the population of the study in order to ensure its validity. Also in order to ensure validity of the study, administered questionnaires were used so that respondent could be free to provide responses that would give valid data. In addition to that, SPSS was also used to validity process data of the study to get valid results.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 Introduction

This chapter focuses on presentation, analysis and interpretation of data collected from Kayonza District about the relationship between teenage pregnancy and increasing level of poverty in Rwanda. This study had four objectives which were (i) to assess the levels of understanding on sexual reproductive health among Kayonza residence, (ii) to disclose the levels of poverty among different families and the number of teen pregnancy cases (iii) to find out which cause teens pregnancy in Kayonza District by different age groups and (iv) to assess relationship between teenage pregnancy and increasing poverty in Kayonza District. The researcher used different methods for gathering information about those objectives where questionnaire, interviews and documentary were used on the field. SPSS was used in presenting data on histogram and data was analyzed by editing and classification methods.

4.2 Analysis of Teenage Pregnancy and Increasing Level of Poverty in Rwanda

The researcher assessed the relationship between teenage pregnancy and increasing level of poverty in Rwanda according to the objectives of the study and data collected from Kayonza District in different sectors composed this District was presented in the table and analyzed.

4.2.1 Levels of Understanding on Sexual Reproductive Health among Kayonza Residence

The levels of understanding on sexual reproductive health among Kayonza residence are indicated by people who interacted by researcher during collecting information

about the teenage pregnancy and increasing level of poverty in Rwanda. The results obtained are illustrated in the Figure 4.1 according to the views of respondents who interacted with researcher.

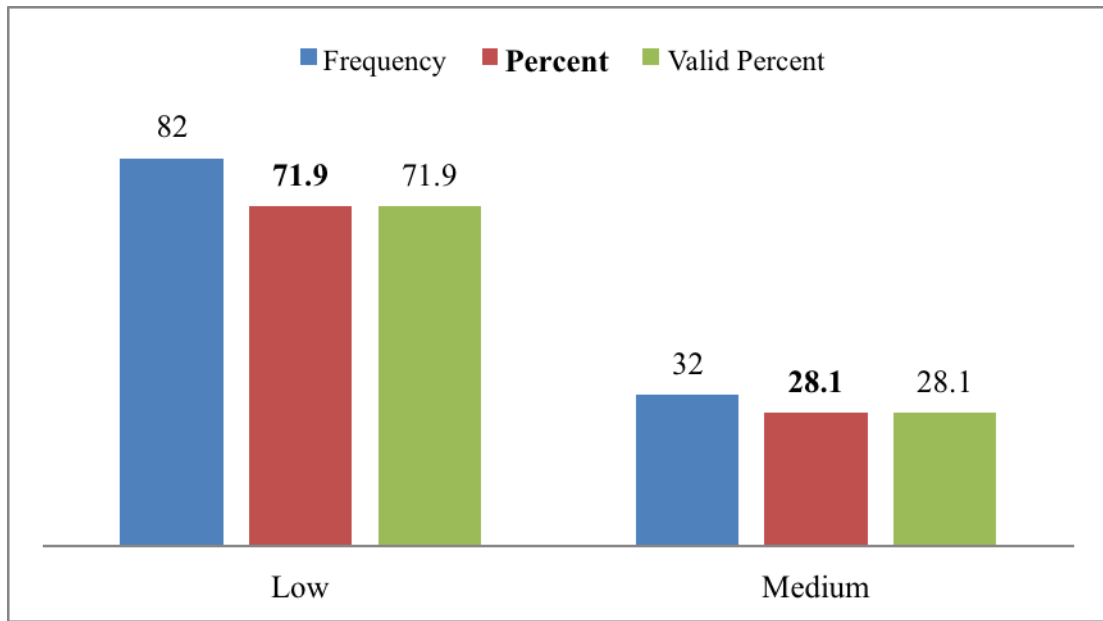


Figure 4.1: The Level of Understanding Sexual Reproductive Health among Kayonza Residence

Source: Primary data (December, 2018)

The Figure 4.1 shows that many teens (71.9%) did not understand sexual reproductive health while 28.1% of respondents did have medium understanding sexual reproductive health. This indicates that teens did not study sexual reproductive health as confirmed by teens and where teens did sexual relations at the beginning of their teenagers.

However, as stated by Nzioka C., (2001) in his research entitled as “Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya” in many cases adolescents consider themselves grown up and mature enough to have sex yet they have inadequate knowledge about the

consequences of unprotected sex. The finding brought at Kayonza District that the teens did not know sexual reproductive health.

4.2.2 Levels of Poverty among Different Families and the Number of Teen

Pregnancy Cases

The information brought from Kayonza about the levels of poverty among different families are measured according to the ubudehe categories schemes in which families belonged in Rwandan society. First of all, the respondents are asked to give the causes of poverty in their families as presented in the Figure 4.2.

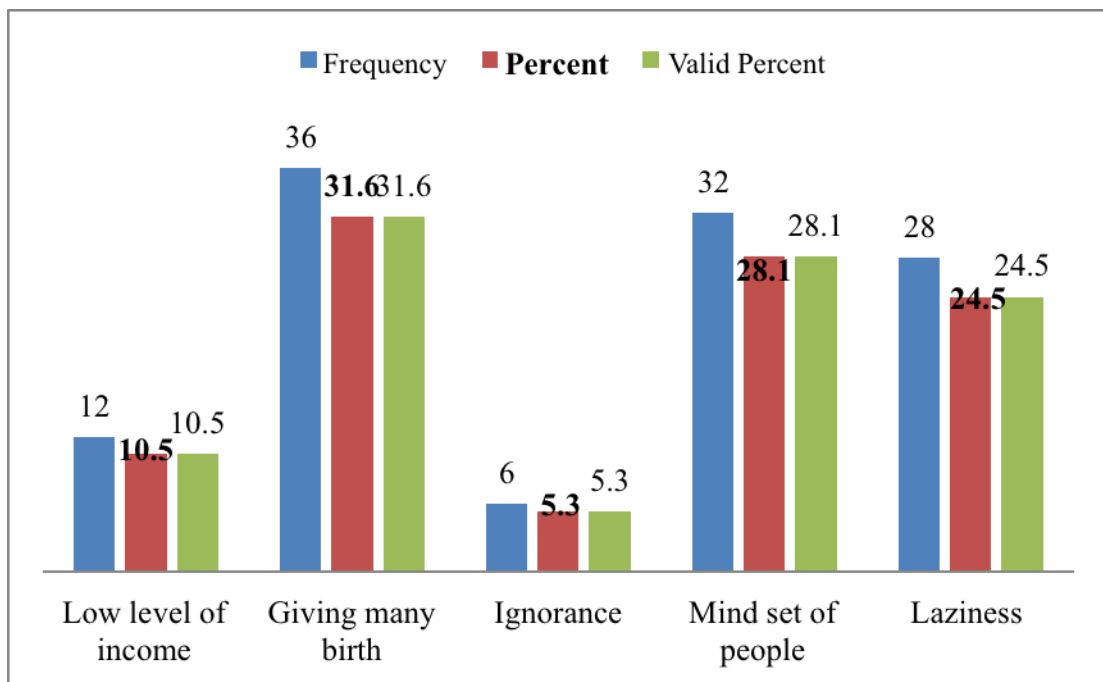


Figure 4.2: The Cause Poverty in Society

Source: Primary Data (2018)

As summarized in the above Figure 4.2; the causes of poverty in society are low level of income, giving many birth, ignorance, mind set of people and laziness respectively as identified by 10.5%, 31.6%, 5.3%, 28.1% and 24.5% too of respondents

respectively. The respondents based on these causes to describe the poverty in society among different families in Kayonza District even abroad.

As report by United Nations in 2011, fundamentally, poverty is the inability of getting choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to or not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living in marginal or fragile environments, without access to clean water or sanitation.

However, poverty is caused by many things like low level of income, giving many births, ignorance, mind set of people and laziness as illustrated by respondents in this study. These are complementary with what poverty meant as report by United Nation in 2011. The levels of poverty among different families in Kayonza District according to the views of respondents are illustrated in the following Table 4.1.

Table 4.1: The Levels of Poverty among Different Families

	Frequency	Percent	Valid Percent	Cumulative Percent
High	56	49.1	49.1	49.1
Medium	38	33.3	33.3	82.5
Low	20	17.5	17.5	100.0
Total	114	100.0	100.0	

Source: Primary data (December, 2018)

The results indicate that level of respondents among different families belonged teens are highly poor with 49.1% of respondents who confirmed this while 33.3% of respondents indicated that they belonged in medium level of poverty and finally 17.5% of respondents did have low level of poverty.

These imply that most families were belonged in first and second categories of ubudehe schemes as previously indicated in the causes of teenage pregnancies that poverty is one of the causes because teens are not satisfied with the basic needs. In addition, some poor gave many births, which can cause teens to be unsatisfied with the necessary things and also can cause these to engage in prostitution.

The report reviewed in Kayonza District showed that there many teen pregnancy cases where in the district of Kayonza we found 3,096 teenage pregnancies from 2014 up to 2017 years, some of the pregnant was caused by raped and ignorance of teens who were engaged in sex relations. People who were raped teens were punished with life imprisonment while others are still searched in order to be arrested (Kayonza District Report 2017).

4.2.3 Causes of Teens Pregnancy in Kayonza District

Based on the information collected from Kayonza District about the causes of teens pregnancy; the results are summarized in the following Figure 4.3.

As illustrated in the Figure 4.3, the results indicate that 8.8%, 14.9%, 29.8%, 8.8% and 37.7% of respondents respectively answered that the causes teenage pregnancies in Kayonza District by different age groups are lack of school fees and materials,

influence of group of people, violation, raped and poverty (lack of food, low level of understanding for parents, basic needs like clothes and other necessity). This implies that teenage pregnancies are caused by different circumstances due to different standard of living of teens in the society.

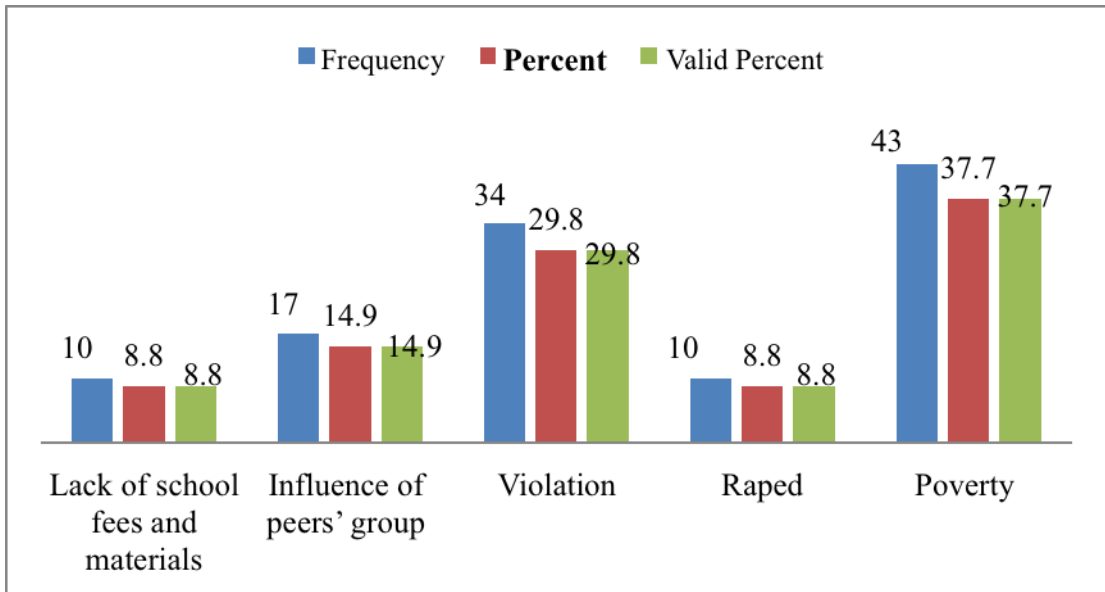


Figure 4.3: The Causes of Teenage Pregnancies in Kayonza District by Different Age Groups

Source: Primary data (December, 2018)

As illustrated in the Figure 4.3, the results indicate that 8.8%, 14.9%, 29.8%, 8.8% and 37.7% of respondents respectively answered that the causes teenage pregnancies in Kayonza District by different age groups are lack of school fees and materials, influence of group of people, violation, raped and poverty (lack of food, low level of understanding for parents, basic needs like clothes and other necessity). This implies that teenage pregnancies are caused by different circumstances due to different standard of living of teens in the society.

In the study of Ogori A. F., in 2013 stated that low self-esteem, children who are not shown love and affection from parents will seek it out with their peer group, many

adolescents report feeling pressured by their peers to have sex before they are married. The transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. However, in Kayonza District, the researcher found that lack of school fees and materials, influence of group of people, violation, raped and poverty are the causes of teenage pregnancy.

4.2.4 Relationship between Teenage Pregnancy and Increasing Level of Poverty in Koyanza District

Correlation analysis is used for testing the relationship between teenage pregnancies and increasing poverty in Koyanza District. The following table presents the analysis of data collected from Kayonza District based on the variables where teenage pregnancy is independent and increasing level of poverty in Rwanda is dependent.

Table 4.2: Correlations Analysis of Poverty in Society and Teenage Pregnancy

		Poverty in society	Teenage pregnancy
Poverty in society	Pearson Correlation	1	.214*
	Sig. (2-tailed)		.023
	N	114	114
Teenage pregnancy	Pearson Correlation	.214*	1
	Sig. (2-tailed)	.023	
	N	114	114

Source: Primary data (December, 2018)

As observed in this table above, the variables taken into account are independent and independent where poverty in society is independent variable while teenage pregnancy is the dependent variable. The results showed that Pearson's correlation is

more than 0.05 and less than 1 for teenage pregnancy; this means that there is a strong relationship between poverty in society and teenage pregnancy. This means that changes in poverty in society are strongly correlated with changes in teenage pregnancy. Based on the theories of Ann Lehman (2013) that stated that a positive correlation indicates that values for one variable increase values for the second variable increase; for example to our Pearson correlation is positive.

The researcher can conclude that there is a strong relationship between poverty in society and teenage pregnancy variables due to the fact that Pearson correlation is 0.214, which is positive; this indicates that changes in poverty in society are strongly correlated with changes in teenage pregnancy. After analyzing correlation between poverty in society and teenage pregnancy, the strategies for preventing teenage pregnancy and the strategies for preventing poverty in society as indicated by respondents.

In the research of Mogens N., Christoffersen and Azhar Hussain M. in 2008; they said that health of pregnant teenagers who had an induced abortion was at the same level as teenagers giving birth to a child. On the other hand, the other background factors, e.g. family background, educational qualifications of parents, parental employment, poverty, and ethnic background differed significantly between the two groups.

However, these showed that there is relationship between teenage pregnancy and increasing the level of poverty where family background (means children born on teens may become poor due to their background) may increase poverty in society as the correlation analysis proved them.

Therefore, as published by National Itorero Commission (NIC) in Rwanda (November, 2018) for the guidance of trainer of trainee for peer group for community education (Ingamba of intore on Village Itorero); there are some strategies which can be adopted in order to prevent teenage pregnancy like strategies of promoting Ingamba in Itorero especially teenagers group (Indirirarugamba) where teen children will be trained on good behavior, Rwandan moral values, works, sustainability of existing things, innovation and creativity, histories of Rwanda, hygiene and teens must avoid pre-sexual relations, drugs, and outside culture.

As reported by IFAD in 2011; The rural enterprise sector offers alternative employment for a growing rural population living on increasingly scarce land. Microenterprises and small businesses have a role in construction, transport, trade and services, production of manufactured goods and processing of agricultural products, but this source of income remains largely untapped. Based on this, the data collected at Kayonza District might be complementing and improving the existing literature.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

Teenage mothers are more likely to suffer complications during pregnancy and less likely to treat them, exposing them to greater risk of complications during delivery and greater risk of dying for reasons related to childbearing some of the complications including low level of income and lack of basic needs which are characteristics of poverty. Teenage pregnancy affects the child's education since they tend to quit school in order to attend to the child hence affecting their future abilities to compete with their counterparts on the job market which may increasing level of poverty in Rwanda.

The observation done by the researcher showed that most teenage pregnancy are poor and these pushes the researcher to assess the relationship between teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District located in Eastern Province of Rwanda in order to eliminate this confusion among the readers. In this research, the clarification and the recommendations which can help Rwanda government to implement the policy of preventing teenage pregnancy and avoid increasing level of poverty in Rwanda.

The specific objectives were (i) to assess the levels of understanding on sexual reproductive health among Kayonza residence, (ii) to disclose the levels of poverty among different families and the number of teen pregnancy cases (iii) to find out which cause teens pregnancy in Kayonza District by different age groups and (iv) to

assess relationship between teenage pregnancy and increasing poverty in Kayonza District.

Different methods and techniques (questionnaire, interviews and documentary) are used on the field for data collection and data is analyzing by SPSS for facilitating the researcher to make presentation and analysis of data by editing and classification methods.

5.2 Findings

In this research, the following results are obtained based on the specific objectives of the study; Based on the information collected from Kayonza District about the causes of teens pregnancy; the results indicate that 8.8%, 14.9%, 29.8%, 8.8% too and 37.7% of respondents respectively answered that the causes teenage pregnancies in Kayonza District by different age groups are lack of school fees and materials, influence of group of people, violation, raped and poverty. These cause brought the following consequences as disclosed by respondents where the results show that 23.7%, 25.4%, 21.1%, 9.6% and 20.2% of respondents respectively disclosed that drop out, rejection by parents, go in street, poverty and malnutrition are the consequences faced in society when teens gotten pregnant.

Concerning the levels of understanding on sexual reproductive health among Kayonza residence; the data shows that many teens (71.9%) did not understand sexual reproductive health while 28.1% of respondents did have medium understanding sexual reproductive health.

About the levels of poverty among different families are measured according to the ubudehe categories schemes in which families belonged in Rwandan society. The causes of poverty in society are low level of income, giving many birth, ignorance, mind set of people and lack of jobs respectively as identified by 10.5%, 31.6%, 5.3%, 26.3% and 26.3% too of respondents respectively.

The results indicate that level of respondents among different families belonged teens are highly poor with 49.1% of respondents who confirmed this while 33.3% of respondents indicated that they belonged in medium level of poverty and finally 17.5% of respondents did have low level of poverty. These imply that most families were belonged in first and second categories of ubudehe schemes as previously indicated in the causes of teenage pregnancies that poverty is one of the causes because teens are not satisfied with the basic needs.

The results also showed that there many teen pregnancy cases where in the district of Kayonza we found 3,096 teenage pregnancies from 2014 up to 2017 years, some of the pregnant was caused by raped and ignorance of teens who were engaged in sex relations. People who were raped teens were punished with life imprisonment while others are still searched in order to be arrested.

For the relationship between teenage pregnancy and increasing poverty in Kayonza District; the results indicate that there is a strong relationship between poverty in society and teenage pregnancy variables due to the fact that Pearson correlation is 0.214 which is positive; this indicates that changes in poverty in society are strongly correlated with changes in teenage pregnancy.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Introduction

This chapter presents the general conclusion of the study; remember that the research topic was to assess the relationship between teenage pregnancy and increasing level of poverty in Rwanda. The researcher based on the fact that the government of Rwanda fight against poverty for better living of the population, and also it has the policy of preventing teenage pregnancy among the teens.

6.2 Conclusion

Teenage pregnancy among young people increase the poverty in society due to the causes and consequences brought in the society which have a big impact in the level of poverty. When teens are pregnant do not get the necessity of their life and they started suffering and stragglng with the life, which cause many of them to increase the level of the poverty. During this research, one of strategies of avoiding teenage pregnancy is establishing evening children's meeting (umugoroba w'abana) where young people should be educated reproductive health as there is evening parent's meeting (Umugoroba w'ababyeyi) where parents discussed on family issues. The researcher concluded that the objectives were achieved and the research questions generally were answered.

6.3 The Recommendations

Teenage pregnancy and poverty in society are the issues that have broken the social development in the society; however, the following recommendation should be

provided: The government of Rwanda should empower young people for job creation and educate young people reproduction health.

The parents should discuss with young people on reproduction health, the teens (girls) should use family planning and the strategies of promoting peer groups (Ingamba in Itorero) especially, Teenager groups (Indirirarugamba) should be emphasized where teen children will be trained on good behavior, Rwandan moral values, works, sustainability of existing things, innovation and creativity, histories of Rwanda, hygiene and teens must avoid pre-sexual relations, drugs, and outside culture. The government of Rwanda should establish Umugoroba w'abana where young people learning Rwandan culture and reproductive. The parents of teen mothers should not leave them in order to create love and give care among children in order to avoid undeveloped of children brain in order to prevent the poverty cycle as mentioned below in the Figure 6.1.

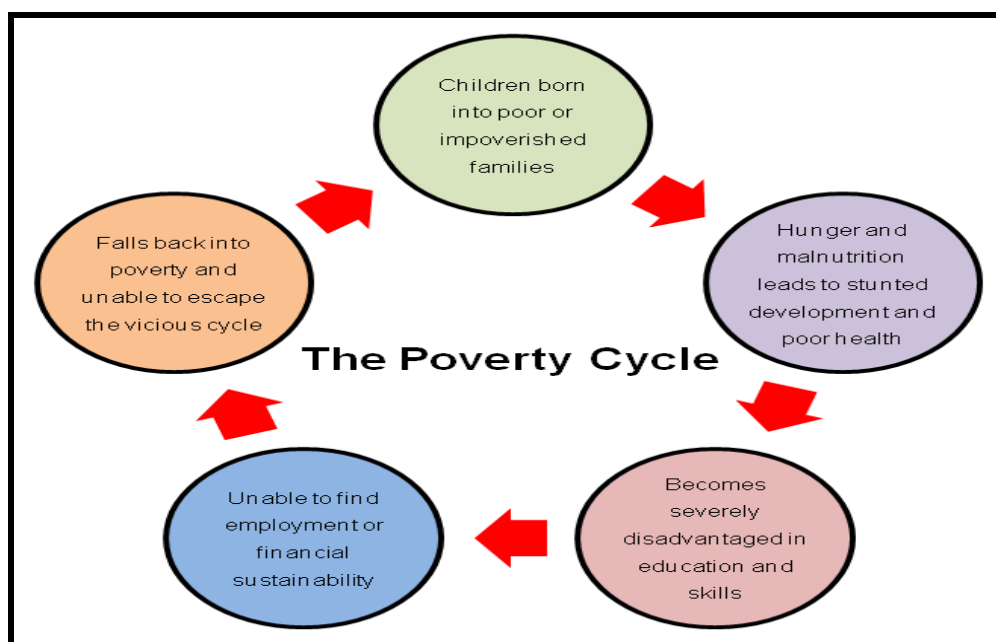


Figure 6.1: Poverty Cycle

Government of Rwanda in partnership with other stakeholders is recommended to set all programs and projects aiming to break the poverty cycle in families especially household of teen mothers because if nothing is done teenage pregnancy could be not only the cause of poverty but also inter-generation transmission of poverty.

Parents are recommended to help teen mothers to come back to school because education is often referred to as the great equalizer, and that's because education can open the door to jobs and other resources and skills that a family needs to not just survive, but thrive. The figure below shows how poverty cycle broken.

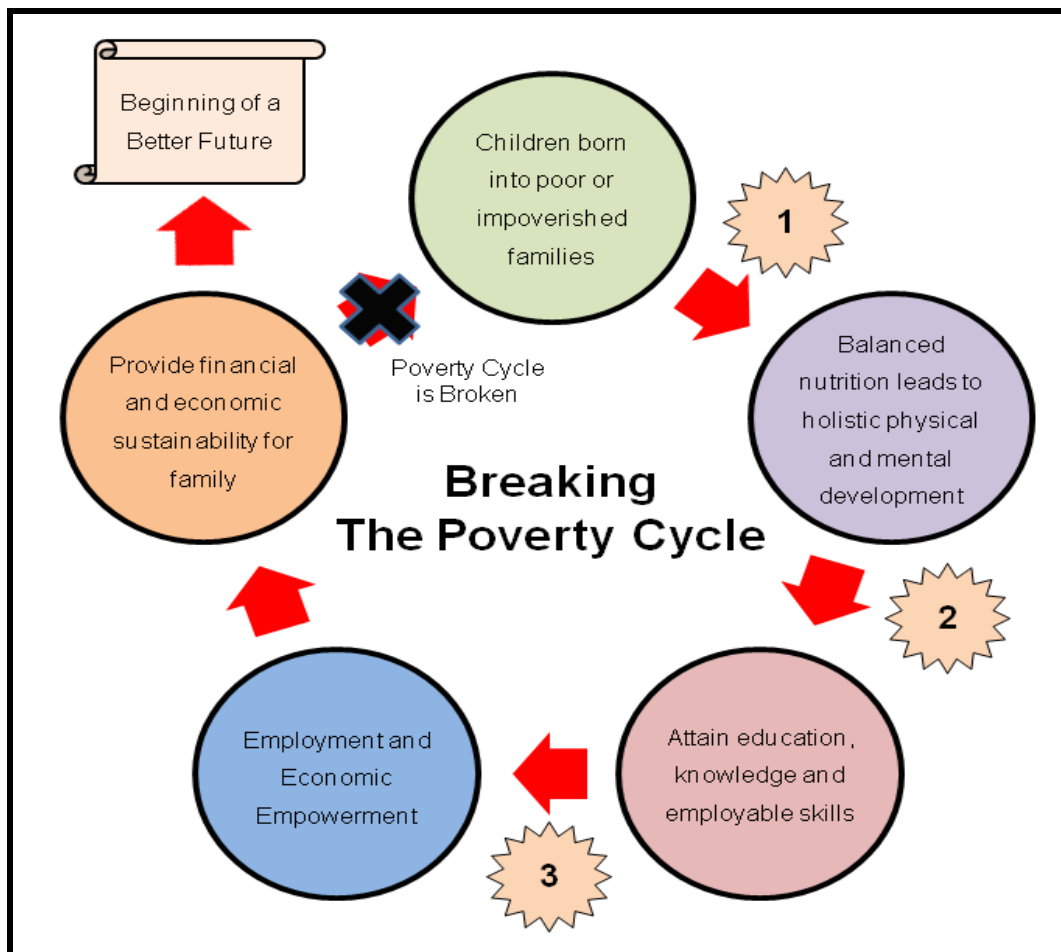


Figure 6.2: Breaking the Poverty Cycle

The government of Rwanda should apply the following strategies; creating jobs, training on entrepreneurship, creating tontine, association and cooperatives and cooperation between family members as strategies for preventing increasing level of poverty in Rwanda.

6.4 Suggestion for Further Researches

The researcher suggests that as examination of the relationship between teenage pregnancy and increasing level of poverty in Rwanda are assessed; other researches should focus on the following topics:

- (i) The impact of sugar daddy in increasing pregnancy in youths
- (ii) The impact of drugs and alcohol in increasing pregnancy in youths
- (iii) The assessment of relationship between teenage pregnancy and social development in society.

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APPENDICES

GISA Shakila

Open University of Tanzania

Faculty of Arts and Social Sciences

Department of Sociology and Social Work

MSc of Social Work

Tel: 0788 4092 71

Date 30th July 2018

To: The Mayor of Kayonza District

REF: Requesting permission of doing research

Dear Sir,

I humbly request permission of doing research and accessing data in your District of Kayonza.

In actually, I am doing Master in Open University of Tanzania in Faculty of Arts and Social Sciences, Department of Sociology And Social Work, MSc of Social Work; as part of academic requirement, I have taken a thesis on research project entitled “**The teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District chosen as case study.** For the success of this research, I kindly

request you the assistance by allowing me the permission of asking the questions in the district you administrate. The questions are addressed to the teens, teenage pregnancy and parents who live in Kayonza District and employees in charge of social development and District Representative of Rwanda Investigation Board in Kayonza. The selection as a respondent has been done randomly, purposively and universally and the information they give will be handled with utmost care and secrecy.

Thank you for your kind cooperation.

.....

GISA Shakila

Questions addressed to teens

Introductory letter

I am doing Master in Open University of Tanzania in Faculty of Arts and Social Sciences, Department of Sociology And Social Work, MSc of Social Work; as part of academic requirement, I have taken a thesis on research project entitled “**The teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District chosen as case study.**

For the success of this research, I kindly request you the assistance by answering these questions in a way you feel correct. The questions in this questionnaire are entirely for academic research purposes and under no condition would the information you give be communicated to any other person or organization. Your selection as a respondent has been done randomly and the information you give will be handled with utmost care and secrecy.

Thank you for your kind cooperation and contribution.

.....

Researcher

GISA Shakila

Questions

Instructions: From the questions given below, fill in the space provided or make a tick against your option (in the case of the space provided is not enough, use the back space).

Thank you in advance.

Part one: identification of respondent

1. Age.....

2. Ubudehe category.....

3. Educational level

a) Illiteracy b) Primary school c) Secondary school

b) Other specify

Part two: Profile of data

4. Do you know teenage pregnancy?

a) Yes b) No

If yes, what are the cause of teenage pregnancies in Koyanza District by different age groups?

a) Lack of school fees b) Influence of group of people c) Violation d) Raped
e) Poverty f) others, please specify.....

5. What are the consequences faced when pregnant?

a) Drop out b) Rejection by parents c) Go in street
d) Getting married immediately e) Poverty f) Malnutrition
g) Others please specify.....

6. Have you studied sexual reproductive health?

a) Yes c) No

If yes, how do you understand sexual reproductive health among Kayonza residence?.....

7. Have you done sex?

a) Yes c) No

If yes, at which age?

8. What does cause poverty in society?

a) Low level of income c) Giving many birth d) Ignorance
e) Mind set of people f) Lack of jobs g) Others please specify.....

9. What are the levels of poverty among different families?

a) High b)Medium c) Low

10. How many teen pregnancy cases do you know in your area?.....

11. Is there any relationship between teenage pregnancy and poverty in Koyanza District?

a) Yes c) No

If yes, what are relationship between teenage pregnancy and poverty?
.....
.....

Thank you for your contribution

.....

GISA Shakila

Questions addressed to teenage pregnancy

Introductory letter

I am doing Master in Open University of Tanzania in Faculty of Arts and Social Sciences, Department of Sociology And Social Work; MSc of Social Work as part of academic requirement; I have taken a thesis on research project entitled “**The teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District chosen as case study.**

For the success of this research, I kindly request you the assistance by answering these questions in a way you feel correct. The questions in this questionnaire are entirely for academic research purposes and under no condition would the information you give be communicated to any other person or organization. Your selection as a respondent has been done randomly and the information you give will be handled with utmost care and secrecy.

Thank you for your kind cooperation and contribution.

.....

Researcher

GISA Shakila

Questions

Instructions: From the questions given below, fill in the space provided or make a tick against your option (in the case of the space provided is not enough, use the back space).

Thank you in advance.

Part one: identification of respondent

1. Age.....

2. Ubudehe category

3. Educational level

a) Illiteracy b) Primary school c) Secondary school

d) Other specify

Part two: Profile of data

4. How ages have you when you are pregnant?

.....

5. How do your parents perceive your pregnancy?

.....

6. Have you received any assistance during your pregnancy?

a) Yes b) No

If yes, explain how do you use support given?

.....

5. What are the causes of your pregnant?

a) Lack of school fees b) Influence of group iolation

d) Raped e) Poverty others please

specify.....

6. What are the consequences faced when pregnant?

a) Drop out b) Rejection by parents c) Go in street

d) Getting married immediately f) Poverty g) Malnutrition

h) Others please specify.....

7. Have you studied sexual reproductive health?

a) Yes b) No

If yes, How do you understand sexual reproductive health among Kayonza residence?

.....

8. At which age do you do the first sex?

9. Have you done sex with family relative?

a) Yes b) No

If yes who is among these listed

a) Dad b) Brother c) Uncle d) ers.....

.....

10. Do you care about your children?

a) Yes b) No

If yes how do you care about your children?

.....

1. Have you consulted police for arresting persons who make pregnant?

a) Yes b) No

If yes which punishment given

How do you think about increasing of poverty in society?

.....

2. Does pregnant caused by poverty?

a) Yes b) No

If yes, how does it cause teenage pregnancy?

a) Low income b) Lack of health care c) Low level of material

d) Dropout school e) Others please specify.....

3. What are the levels of poverty among different families?

a) High b) Medium c) Low

4. How many teen pregnancy cases do you know in your area?

.....

5. Does your family have capacity of providing what you need?

a) Yes b) No

If yes, which contribution has in the pregnancy of your child?

.....
.....

6. What are the relationships between teenage pregnancy and increasing level of poverty in Kayonza District?

.....
.....

7. Which problems do face during pregnancy your child?

.....
.....

8. What can be done for preventing teenage pregnancy?

.....
.....

9. How can prevent increasing level of poverty in Rwanda?

.....
.....

Thank you for your contribution

.....

GISA Shakila

Questions addressed to parents of teens and teenage pregnancy

Introductory letter

I am doing Master in Open University of Tanzania in Faculty of Arts and Social Sciences, Department of Sociology And Social Work, MSc of Social Work; as part of academic requirement, I have taken a thesis on research project entitled “**The teenage pregnancy and increasing level of poverty in Rwanda with reference to Kayonza District chosen as case study.**”

For the success of this research, I kindly request you the assistance by answering these questions in a way you feel correct. The questions in this questionnaire are entirely for academic research purposes and under no condition would the information you give be communicated to any other person or organization. Your selection as a respondent has been done purposively and the information you give will be handled with utmost care and secrecy.

Thank you for your kind cooperation and contribution.

.....

Researcher

GISA Shakila

Questions

Instructions: From the questions given below, fill in the space provided or make a tick against your option (in the case of the space provided is not enough, use the back space).

Thank you in advance.

Part one: identification of respondent

1. Age.....

2. Ubudehe category.....

3. Educational level

a) Illiteracy b) Primary school c) Secondary school

d) Other specify.....

Part two: Profile of data

1. Does teenage pregnancy appear in the area you live?

a) Yes b) No

If yes which cause teens pregnancy in Koyanza District by different age groups?

.....

2. Do your children study sexual reproductive health?

a) Yes b) No

1. What are the levels of understanding on sexual reproductive health among Kayonza residence?
.....

2. What are the causes of poverty in the society?
.....

3. What are the levels of poverty among different families?
.....

4. How many number of teen pregnancy cases you know in Kayonza District?
.....

5. Is there any relationship between teenage pregnancy and increasing level of poverty in Koyanza District?

a) Yes b) No

If yes, what are the relationship between teenage pregnancy and increasing level of poverty level in Koyanza District?

.....
.....

Thank you for your contribution

.....

GISA Shakila

Interview guides for employees in charge of social affairs

1. Age.....
2. Sex.....
3. Marital status.....
4. Educational level.....
5. The cause teen’s pregnancy in Koyanza District by different age groups.
6. The levels of understanding on sexual reproductive health among Kayonza residence
7. The levels of poverty among different families and the number of teen pregnancy cases.
8. Relationship between teenage pregnancy and poverty in Koyanza District

Thanks!

Interview guides for District representative of RIB in Kayonza

1. Causes of teenage pregnancy in Koyanza District
2. The levels of understanding on sexual reproductive health among Kayonza residence
3. The punishments for persons who make pregnant girls
4. Consequences of teenage pregnancy
5. The levels of poverty among different families and the number of teen pregnancy cases
6. The statistics of arrested persons who make pregnant girls from 2014 up to 2017
7. Strategies for preventing teenage pregnancy
8. Strategies for preventing increasing poverty in society
9. The role of family of teen mothers in pregnancy children.
10. The relationship between teenage pregnancy and increasing poverty in Koyanza District

Thanks!