

**TEENAGE PREGNANCY AND SCHOOL DROPOUT: A CASE OF RUBONGI  
SUBCOUNTY, TORORO DISTRICT**

**BY:**

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**DECLARATION**

I Nyafwono Lydia Omwoto (BU/UP/2022/0290) declare that this research report entitled 'Teenage Pregnancy and School Dropout: A Case of Rubongi Subcounty, Tororo District' is my original work and that it has never been submitted to any University or institution for any academic award.

Signature.....*Nyafwono*..... Date.....*30/9/2024*.....

**Nyafwono Lydia Omwoto**

**APPROVAL**

This is to certify that the research Report of Nyafwono Lydia Omwoto has been under my supervision and is now approved for submission to the Faculty of Science and Education for the award of Bachelor of Education (Primary)

Signed: .....  ..... Date: .....  .....

**Wesswa Nandokha Charles**

## **DEDICATION**

1. Doris Steinmuller-Nethi who paid my full tuition and encouraged me throughout my course.
2. Kock Judith who supported me in many ways including scholastic materials.
3. Onyango Bernard my first born who taught me how to Google notes from the phone and also endured being without me during my study at the same university Busitema and he is in his 2<sup>nd</sup> year doing Bachelors of Science in Computer Engineering.
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## **Table of contents**

Declaration	ii
Approval	iii
Abstract	vii

### **CHAPTER ONE**

#### **INTRODUCTION**

1.0 Introduction	1
1.1 Background to the study	1
1.1.1 Historical background	1
1.1.2 Theoretical background	5
1.1.3 Conceptual background	6
1.1.4 Contextual background	6
1.2 Statement of the Problem	7
1.3 Objectives of the study	8
1.3.1 General Objective	8
1.3.2 Specific Objective	8
1.4 Research questions	8
1.5 Scope of the study	8
1.5.1 Content scope	8
1.5.2 Geographical scope	9
1.6 Significance of the study	9
1.8 Conceptual framework	10

### **CHAPTER TWO**

#### **LITERATURE REVIEW**

2.0 Introduction	12
2.1 Theoretical review	12
2.2 Empirical review	13

2.2.1 Psychosocial support and dropout of pregnant girls from primary schools	13
2.2.2 School facilities and dropout of pregnant girls in primary schools	14
2.2.3 Peer relations and dropout of pregnant girls in primary schools	16
2.3 Summary	17

## CHAPTER THREE

### RESEARCH METHODOLOGY

3.0 Introduction	18
3.1 Research Design	18
3.2 Area of study	18
3.3 Target Population	19
3.4 Sample Size and sampling technique	19
3.5 Data Collection Method and Instruments	21
3.5.1 Data collection methods	21
3.5.1.1 Focus groups	21
3.5.1.2 Key informant interviews	21
3.5.1.3 In-depth interviews	21
3.5.2 Data collection instruments	22
3.6 Data Quality Control of Instruments	22
3.6.1 Validity	22
3.6.2 Reliability	23
3.7 Data collection procedure	23
3.8 Data Analysis	23
3.9 Ethical Considerations	24
3.10 Limitations and delimitations of the study	24

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction	25
4.1 Demographic information of respondents of the study	25
4.2 Presentation of findings	29
4.2.1 Psychosocial support and dropout of pregnant girls from primary schools	29
4.2.2 School facilities and dropout of pregnant girls in primary schools	32
4.2.3 Peer relations and dropout of pregnant girls in primary schools	35

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction	40
5.1 Summary of the findings	40
5.1.1 Psychosocial support and dropout of pregnant girls from primary schools	40
5.1.2 School facilities and dropout of pregnant girls in primary schools	40
5.1.3 Peer relations and dropout of pregnant girls in primary schools	41
5.2 Conclusion	41
5.3 Recommendations	41
5.4 Suggestions for further research	42
REFERENCES	43
Appendix I: Semi-structured in depth interview guide for pregnant girls	46
Appendix III: Focus group discussion guide for students in selected schools	48
Appendix IV: Questionnaire for teachers in primary schools	49
Appendix V: Questionnaire for pupils who study with pregnant girls in primary schools	52
Appendix VI: Permission letter to conduct research	55

## **List of Tables and Figures**

Fig 1: Conceptual framework

Table 3.1: Sample selection

Table 4.1: Demographic information of pregnant girls who participated in the study

Table 4.2: Demographic information of teachers

Table 4.3: Demographic information of other learners

Table 4.4: Demographic information of parents/caretakers of pregnant girls

Table 4.4: Existence of psychosocial support for pregnant girls in schools

Table 4.5: School facilities and dropout of pregnant girls from schools

Table 4.6: Peer relations and dropout of pregnant girls from schools

## **Abstract**

The study on the relationship between teenage pregnancy and school dropout was carried out in Tororo District in Eastern Region. The research was guided by three objectives which included; establishing whether lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools, finding out whether lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools and whether peer relations force pregnant girls to drop out in primary schools. The study sample included 4 pregnant girls who were still in school, 4 pregnant girls who had dropped out of school, 2 teachers who teach pregnant girls, 15 pupils who study with pregnant girls and 4 parents/caretakers of the pregnant girls. The researcher used interviews and Focus Group Discussion Guides to collect data from the respondents. The findings of the study revealed that the major cause of dropout among pregnant girls in primary schools was school facilities. Many schools have no designated rest areas for pregnant girls, toilets and bathrooms are not conducive and the schools themselves are located long distances from pregnant girls' homes which poses challenges for them to travel to and from school on a daily basis. Peer influence and psychosocial support were found to have limited relationship with dropout of pregnant girls. The researcher therefore recommended that the ministry of education and sports should instruct schools to create designated rest areas where pregnant students can take breaks as needed, school heads should ensure that bathroom facilities are adequately equipped to meet the needs of pregnant girls and parents and caretakers of pregnant girls should encourage their daughters to remain in school and finish their studies by giving them all the support they need to remain in school such as psychosocial, economic and moral support.

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Introduction**

This chapter presents the background to the study, statement of the problem, objectives of the study, research questions, scope, significance and definition of key concepts.

### **1.1 Background to the study**

The background of this study comprises the historical, theoretical, conceptual and contextual perspectives as explained in the sections that follow.

#### **1.1.1 Historical background**

The issue of school dropout has been a concern throughout history, and the reasons behind it have evolved over time. According to Ananga (2011), in agrarian and pre-industrial societies, formal education was often a luxury rather than a necessity and children were commonly engaged in family or community work from an early age, and the concept of compulsory education was limited. The Industrial Revolution brought about significant societal changes, including the need for a more educated and skilled workforce and this led to the advent of compulsory education in some regions so as to prepare individuals for industrial jobs. However, economic pressures led many families to prioritize immediate labour over education, contributing to dropout rates (Ananga, 2011).

According to Hunt (2008), in the early 20<sup>th</sup> Century, compulsory education laws became more widespread with an emphasis on primary education. Despite these laws, dropout rates persisted due to factors such as economic necessity, poor school conditions, and limited resources. The mid-20th century saw a global push for increased access to education, with an emphasis on universal primary education. Economic growth and societal changes encouraged more people to complete basic education (Hunt, 2008). However, even though social and cultural shifts influenced the value placed on education, dropout rates persisted, particularly among marginalized communities. Issues such as teenage pregnancy, poverty, inadequate resources, and societal pressures continued to contribute to school dropout rates and this encouraged many countries to implement education reforms in the late 20th and early 21st centuries, aiming to address dropout rates and improve educational outcomes (Imoro, 2009). These reforms often included efforts to make education more engaging, relevant, and accessible, as well as the provision of support services for at-risk students.

In many traditional societies, early marriage and childbearing were common practices, and teenage pregnancy was not necessarily stigmatized (Seamark, 2001). In agrarian communities, young girls were often expected to marry and bear children soon after puberty, as fertility and childbearing were essential for family survival and labour. Kirchengast (2012)

notes that during the 19th and early 20th centuries, industrialization, urbanization, and changing social norms led to shifts in family structures and attitudes towards teenage pregnancy. While early marriage and childbearing remained prevalent in some rural and conservative communities, industrialization and urbanization created new opportunities for education, employment, and delayed marriage among young women.

The mid-20th century saw significant changes in attitudes towards teenage pregnancy, driven in part by advances in healthcare, education, and women's rights (Kirchengast, 2012). The advent of contraception, including the birth control pill, provided young women with greater control over their reproductive choices and enabled them to delay childbearing and pursue educational and career goals. The sexual revolution of the 1960s and 1970s, coupled with changing social norms and increased access to contraception, led to a decline in the stigma surrounding premarital sex and teenage pregnancy. However, concerns about the negative consequences of early childbearing, including poverty, educational attainment, and health risks, began to emerge.

The 1980s and 1990s saw a resurgence of concern about teenage pregnancy in many Western countries, fuelled by rising rates of adolescent childbearing and heightened awareness of its social and economic impacts. According to Kirchengast (2012), efforts to address teenage pregnancy focused on promoting abstinence, contraceptive use, and comprehensive sex education. In the 21st century, teenage pregnancy rates have generally declined in many developed countries, attributed to increased access to contraception, comprehensive sex education, delayed sexual debut, and changing social norms. However, disparities persist, with higher rates of teenage pregnancy observed among marginalized and disadvantaged populations, including low-income communities and communities of colour.

Teenage pregnancy is a global phenomenon affecting both developed and developing countries and is a complex reality of contemporary society (Lucker, 2010). According to World Health Organisation (WHO, 2011), approximately 16 million girls become pregnant annually worldwide and of these, about 5.5 million are in Sub Saharan Africa. Reports indicate that in the United States, teenage pregnancy and birth rates are high in comparison with other Western countries. The report, from the Centers for Disease Control and Prevention's National Centre for Health Statistics, showed the birth rate among 15- to 19-year-olds in 2022 was 13.5 per 1,000 females, a 3% drop from the rate of 13.9 per 1,000 in 2021 and a record low in the United States (CDC, 2021).

There is compelling, worldwide evidence that teenage pregnancy is a significant contributor to high school dropout rates. A population-based study carried out in Cameroon revealed that pregnancy is the second cause of school dropout in girls with 16.9% dropout rates, after financial problems (Sobngwi-Tambekou et al, 2022). Teens who become pregnant are less likely to complete high school or college and many are on a trajectory for these educational outcomes even before becoming pregnant. For those who manage to stay in school, pregnancy raises major obstacles to academic achievement and substantially exacerbates the challenge of completing school. The findings from Sobngwi-Tambekou et al (2022) clearly indicate how teenage pregnancy exacerbates school dropout rates for teenage girls. However, the findings cannot be generalised to Tororo district since schools were prepared to handle pregnant girls when schools were re-opening after the COVID-19 pandemic. Therefore, there is need to carry out a similar study in the area to establish whether teenage pregnancy correlates to high school dropout rates in Tororo district.

According to the National Bureau of Statistics (2014) of Kenya, pregnancy among adolescent girls is a complex and multidimensional social and public health issue. Data suggest approximately 1 in every 5 girls between 15 and 19 years is either pregnant or already a mother and this age-group accounts for 14% of all births in Kenya. Adolescent pregnancy is a key risk factor for school dropout, which is associated with lifelong social, economic, and health consequences, including higher maternal and infant health risks and HIV acquisition. Furthermore, over 60% of adolescent pregnancies are estimated to be unintended, of which 35% are estimated to end in abortion (KNBS, 2014). Research suggests pregnant adolescents may face social stigma, isolation, worsening poverty, and associated poor mental health outcomes thus escalating the rate of school dropout.

In Uganda, existing data also indicates increasing cases of teenage pregnancy among adolescent girls aged 10 to 19 years in educational institutions (UNFPA, 2021). The 2016 Uganda Demographic Health Survey shows that; one in five girls in Uganda begins sexual activity before age 15, while 64 per cent have sex before age 18; one in four adolescent women aged 15 to 19 are already pregnant with their first child and teenage pregnancy is higher in rural areas (27 per cent) than in urban areas (19 per cent). The 2020 national survey on violence revealed that over the last 45 years, more than half of the girls have experienced childhood sexual abuse, which may also explain the unchanging level of teenage pregnancy (UNICEF 2021). In 2020, there was marked increase in teenage pregnancy in 67 out of the 136 districts in Uganda (UNFPA 2021). The period between March and September 2020, when schools in Uganda were partly closed due to COVID-19 lockdown, registered a 36.6

percent increase in pregnancies among girls aged 10-14 years (UNICEF, 2021). The numbers of teenage pregnancy were highest in districts of Wakiso (10,439), Kampala (8,460), Kasese (7,319), Kamuli (6,535), Oyam (6,449) and 6,205 Mayuge (UNFPA 2021). The high rate of teenage pregnancy during school closures due to COVID-19 pandemic partly explains why many girls never reported back to school after reopening. Therefore, the researcher intends to establish the influence of teenage pregnancy on school dropout specifically focusing on whether the lack of psychosocial support, inappropriate school facilities and peer influence contribute to school dropout of pregnant girls.

### **1.1.2 Theoretical background**

This study was guided by the Liberal Feminist Theory conceptualized by Acker in 1987 (Grosser, and Tyler, 2021). This theory instructs governments to cater for actualization of the strategies for re-enrolling pregnant girls in school that would ensure equitable educational opportunities. These include provisioning of equal opportunities, socialization, reduced sexual stereotyping and discrimination. According to this theory, this basis upon which pregnant girls can experience opportunity and individual freedom of re-enrolling in school to enable them realise the fulfilment of their innate potential in society. Thus, the policy can only work effectively when governments institute other relevant arrangements for actualization of the strategies for re-enrolling pregnant girls in school. This theory relates to the study in that the study anticipates that the government's policy of enrolling pregnant girls in primary schools calls for the necessary provisions that will ensure for the actualisation of the policy in the schools. This means that arrangements that will enable pregnant girls to equitably study and access educational services equally like the others was put in place by the relevant stake holders in order for the policy help pregnant girls to successfully continue with education. However, the theory of Liberal feminism has its weaknesses. The theory tends to focus on individual rights, opportunities, and choices without adequately addressing broader structural factors that perpetuate gender inequality. Critics argue that Liberal feminism overlooks systemic issues such as patriarchy, institutional discrimination, and economic inequalities that constrain women's choices and opportunities.

### **1.1.3 Conceptual background**

The independent variable in this study was teenage pregnancy while the dependent variable was school dropout. Teenage pregnancy was conceptualised by psychosocial support, school facilities and peer relations while school dropout was conceptualised by academic performance, school attendance and student engagement.

According to the United Nations Children Fund (UNICEF, 2008), teenage pregnancy is defined as a pregnancy in girls within the ages of 13–19. In this study, teenage pregnancy will mean all girls who became pregnant while studying in primary school.

Dekkers and Claassen (2001) defines school dropout as a situation where a student leaves a school or a college before completing their academic programme. In this study, school dropout will mean primary school pupils who leave school before completing the seven years of the primary school cycle.

#### **1.1.4 Contextual background**

The study unearthed the challenges met by pregnant girls in Tororo district which compels them to drop out of school. According to Nakiwala(2022), on average 11.3% of the girls under the age of 15 and gave birth to their first baby and sexual activity in the district starts as early as at 10 years. Reports indicate that about 30% of the girls below 15 years became pregnant during the COVID-19 pandemic and many of them dropped out of school. Awareness of these challenges is expected to help teachers and all educational stakeholders to adopt strategies for teaching and handling pregnant girls in their schools, thus helping them to achieve their educational career goals. Pregnant girls who dropped out of primary schools may be motivated to resume their studies because the study will bring to light how their dissatisfactions can be handled. This was possible if all hindrances especially in schools are identified and worked upon.

#### **1.2 Statement of the Problem**

Uganda revoked restrictive policies and adopted laws and policies that allow pregnant girls to stay in school under certain conditions (Juuko, 2022). However, while it is no longer common to bar pregnant girls from continuing with their education, teenage pregnancy has remained the leading cause of the high dropout rate of girls in schools. In Tororo district, it is estimated that 30% of the girls who became pregnant and subsequently dropped out of school during the COVID-19 pandemic (Nakiwala, 2022). The government in a bid to reduce the high rate of dropout of pregnant girls in schools has trained teachers in skills of giving psychosocial support to these learners and instructed school heads to re-admit pregnant girls back in schools unconditionally. However, despite such efforts the rate of dropout of pregnant girls from school has remained high (Nakiwala, 2022) which leaves one wondering why the rate is still high despite such efforts.

Efforts to reduce the high dropout rates of pregnant girls from primary schools in Tororo district has yielded minimal results and there is inadequate information to explain why pregnant girls are still dropping out of school despite all efforts by the government and other

stakeholders to help them continue with education. The researcher therefore developed interest to carry a study to explore the relationship of teenage pregnancy with high dropout rates in Tororo district.

### **1.3 Objectives of the study**

#### **1.3.1 General Objective**

The general objective of the study was to establish the relationship between teenage pregnancy and the high rates of school dropout among girls in primary schools in Tororo district.

#### **1.3.2 Specific Objective**

The specific objectives of the study were to: -

- i. Establish whether lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district.
- ii. Find out whether lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district.
- iii. Find out the whether peer relations force pregnant girls to drop out in primary schools in Tororo district.

### **1.4 Research questions**

- i. Does lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district?
- ii. Does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?
- iii. Do peer relations force pregnant girls to drop out in primary schools in Tororo district?

### **1.5 Scope of the study**

#### **1.5.1 Content scope**

This study focused on the relationship between teenage pregnancy and school dropout. It specifically focused on whether lack of psychosocial support, inappropriate school facilities and peer relations contribute to dropout of pregnant girls in primary schools.

#### **1.5.2 Geographical scope**

The study was carried out in Rubongi subcounty in Tororo district which is located in Eastern Uganda in four government aided primary schools. This area was selected for the study because it is one of the most hit districts in the country where many primary school girls

become pregnant (Jjuuko, 2022). Some of these teenagers try to continue with their education but eventually drop out before completing primary seven but the causes of the problem are not yet documented.

### **1.6 Significance of the study**

The study established the causes of school dropout of pregnant girls in primary schools. Administrators in primary schools, such as head teachers, district education officers, district inspectors of schools, and school management committees, will find these insights extremely valuable in assisting them in reducing the dropout rate. The findings of this study will encourage the aforementioned stakeholders to come up with appropriate measures to support the education of pregnant girls. Officials from the Ministry of Education and other decision-makers may develop wise guidelines and choices regarding how to encourage pregnant girls to continue with their studies.

The study unearthed the causes of dropout of pregnant girls in primary schools. Awareness of these issues is expected to help teachers to devise strategies for teaching and handling pregnant girls in their schools, thus helping them to achieve their educational career goals.

Pregnant girls in primary schools may be motivated to continue with their studies because the study will bring to light their dissatisfactions. This will be possible if all hindrances especially in schools are identified and worked upon.

Future scholars may use the report to identify potential areas for research or use it as a literature source for studies in a variety of fields that are comparable to this one.

Lastly, the study broadened the researcher's comprehension of the causes of dropout among pregnant girls in primary schools. Since the researcher is also engaged in the field of education, the research enlightened her on how to motivate pregnant girls to continue with education.

### **1.7 Definition of key concepts**

**Teenage pregnancy:** Teenage pregnancy refers to pregnancy occurring in young women, typically between the ages of 13 and 19 (Ochen, Chi and Lawoko, 2019).

**School dropout:** A situation where a student leaves school before completing their education, typically before obtaining any qualification (Nabugoomu, 2019).

**Psychosocial support:** A range of interventions and services aimed at promoting the psychological and social well-being of individuals who may be experiencing distress, trauma, or other mental health challenges (Mathebula, Runhare and Mafumo, 2022).

**Peer influence:** The impact that individuals of similar age or social status have on each other's attitudes, behaviours, and decision-making processes (Mathebula, Runhare and Mafumo, 2022).

**School facilities:** The physical infrastructure, amenities, and resources provided within educational institutions to support teaching, learning, and overall school operations (Mathebula, Runhare and Mafumo, 2022).

### 1.8 Limitations and delimitations of the study

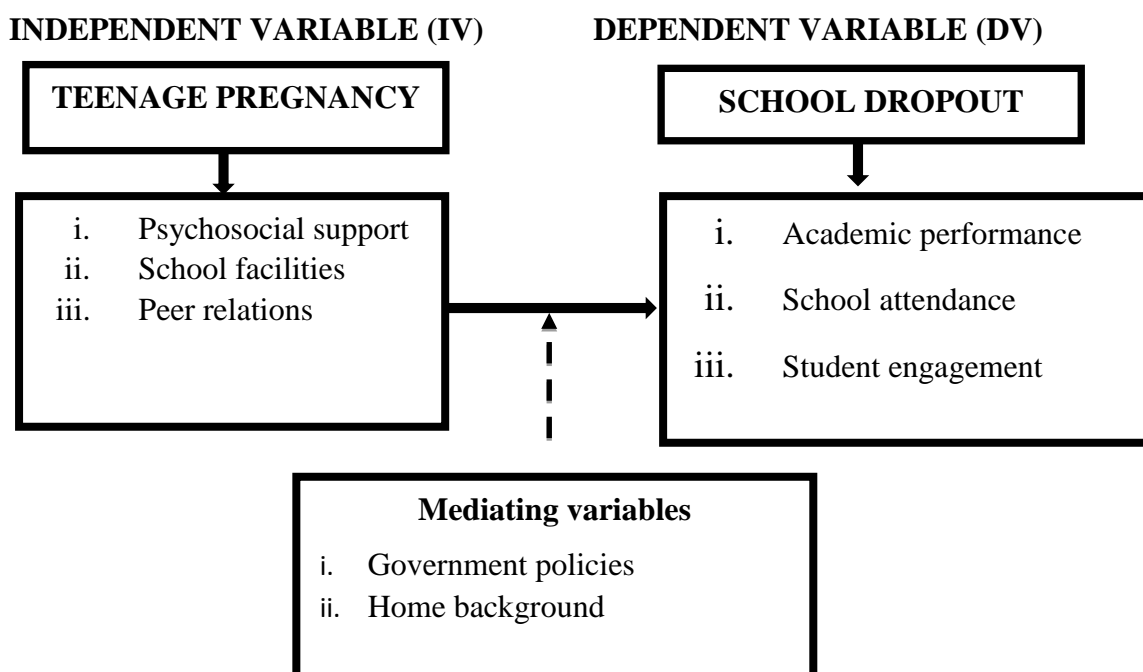
The problem of teenage pregnancy is a complex one. Some respondents especially pregnant girls feared to disclose important information to the researcher because of low self-esteem that they developed due to the experiences they undergo. This therefore created biases in the research findings. To minimize this, the researcher used her communication skills to create rapport with the respondents and assured them confidentiality of their information. This helped them to feel secure and encouraged them to open up to the researcher.

Finding pregnant girls-those in school and those who dropped out was challenging. To deal with this limitation, the researcher consulted with different people especially local council leaders, church leaders and school administrators who provided information on where to find these respondents.

### 1.8 Conceptual framework

The independent variable in this study was teenage pregnancy while the dependent variable was school dropout. The independent variable was conceptualised by financial support, psychosocial support, school facilities and peer relations. The concepts to explain the dependent variable was academic performance, school attendance and student engagement. The relationship between the IV and the DV is presented in Figure 1 below.

**Fig 1: Conceptual framework**



**Source: UNESCO report (2021)**

The conceptual framework above shows the inter relationship between independent and dependent variables. The independent variable which is teenage pregnancy was conceptualised by psychosocial support which includes counselling, peer support and life skills training, school facilities which include rest rooms, flexible classrooms and seats and peer relations such as anti-bullying policies, support networks, group activities and social inclusion. It is believed that these elements influence the concepts of the dependent variable of school dropout which is conceptualised by academic performance with elements like test and examination scores, school attendance such as flexible learning and alternative schedules and student engagement like supportive classroom environment and accessibility of learning resources. However, intervening variables of government policy and home background have been considered to be the major intermediate factors between independent and dependent variables.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Introduction**

This section covers the literature reviewed by the researcher that relates to teenage pregnancy and school dropout. The section presents the theoretical review and the empirical reviews based on the objectives of the study and the summary of the section.

### **2.1 Theoretical review**

The study was guided by the Liberal Feminist Theory conceptualized by Acker in 1987 (Grosser, and Tyler, 2021). The theory asserts that governments should cater for actualization of the strategies for re-enrolling pregnant girls in school so as to ensure equitable educational opportunities. These include provisioning of equal opportunities, socialization, reduced sexual stereotyping and discrimination. According to this theory, this basis upon which pregnant girls can experience opportunity and individual freedom of re-enrolling in school to enable them realise the fulfilment of their innate potential in society. Thus, the policy can only work effectively when governments institute other relevant arrangements for actualization of the strategies for re-enrolling pregnant girls in school.

This theory relates to the study in that the study anticipates that the government's policy of enrolling pregnant girls in primary schools calls for the necessary provisions that will ensure for the actualisation of the policy in the schools. This means that arrangements that will enable pregnant girls to equitably study and access educational services equally like the others was put in place by the relevant stake holders in order for the policy help pregnant girls to successfully continue with education.

However, the theory of Liberal feminism has its weaknesses. The theory tends to focus on individual rights, opportunities, and choices without adequately addressing broader structural factors that perpetuate gender inequality. Critics argue that Liberal feminism overlooks systemic issues such as patriarchy, institutional discrimination, and economic inequalities that constrain women's choices and opportunities.

This study addressed the gaps in the theory by examining system issues such as school facilities and institutional discrimination especially peer relations as well as psychosocial support for pregnant girls in primary schools.

## **2.2 Empirical review**

The empirical review follows the main themes of the research objectives. It focuses on the relationship of psychosocial support, school facilities and peer relations with school dropout of pregnant girls.

### **2.2.1 Psychosocial support and dropout of pregnant girls from primary schools**

The hostile social-cultural contexts in which pregnant girls find themselves affect their continuity with education (Nsalamba and Simpande. 2019; Wanyama and Simatwa, 2011). The communities in which pregnant girls come from have a greater impact on their schooling. Instead of encouraging them, they are treated as ‘other girls’ with low or no morals. Much of their time is spent on self-pity and condemning themselves for getting involved in acts which led to the pregnancy at the expense of academic work (Cherui and Rotumoi, 2019). They are loners and the majority of their initial friends look to them as old women. The hostile social-cultural environment forces pregnant girls to drop out of school. However, pregnant girls in Uganda live under different circumstances since teachers were trained in giving psychosocial support when faced with such cases. It is therefore not ideal to generalise such findings because questions arise; do pregnant girls in Tororo district face a hostile social-cultural environment that force them out of school? Therefore, there is need for a similar study to be carried out to establish whether findings by Cherui and Rutumoi (2019) apply to the Ugandan context.

Furthermore, available literature indicates that teachers are usually seen as people who are supposed to support and motivate pregnant girls to stay in school (Chigona& Chetty, 2007). However, it was established that teachers stigmatize and discriminate pregnant girls in schools (Chigona& Chetty, 2007; Johnson & Smith, 2018; Maluli& Bali, 2014; Runhare&Vanderyar, 2012). A study conducted by Johnson and Smith (2018) examined the experiences of pregnant girls and found that many of them faced challenges such as stigma, discrimination, and a lack of support from teachers. A study carried out by Maluli and Bali (2014) in Tanzania established that teachers involve themselves in stigmatizing and discriminating pregnant girls in schools and this often makes the situation of these learners more complex. Teachers describe them as lazy, distracted, low performing and also at risk of contaminating their fellow female learners with bad behaviour (Chigona& Chetty, 2007; Maluli& Bali, 2014; Maluli, 2011; Runhare&Vanderyar, 2012 ;). Such mistreatment from the

teachers forces pregnant girls out of school. It cannot be asserted that teachers in schools in Uganda also stigmatize pregnant girls and that this is what forces them out of school especially because after the COVID-19 pandemic they were prepared to handle such cases. Therefore, this leaves a question; do teachers in Uganda engage in stigmatizing and discriminating pregnant girls in schools and yet they were given training in handling them? There is need to carry out this study to establish whether teachers still stigmatize pregnant girls in Uganda especially in Tororo district.

### **2.2.2 School facilities and dropout of pregnant girls in primary schools**

Inadequate sanitation facilities in schools massively affect pregnant girls' dropout because this inadequacy indicates that schools are not safe for such girls. Lizettee (2000) observes that though lack of facilities and poor hygiene affect both girls and boys, sanitation in schools has a strong negative impact on pregnant girls. In addition, Birdsall et al. (2005) argue that girls' privacy issue in schools is foremost a factor which forces pregnant girls to drop out from schools. In case schools lack appropriate accommodations for pregnant students, such as accessible bathrooms, designated rest areas, or facilities for nursing mothers, pregnant girls may feel uncomfortable or unsupported. This can lead to increased stress and anxiety, making it difficult for them to remain in school.

The school being the most important setting where actual teaching and learning occurs is identified as one such factor that influences drop out of pregnant girls. This is supported by a number of such studies (Ananga, 2011; Imoro, 2009; Barimah et al, 2005; Sottie et al, 2011). As for which factors of the school that were considered as causing drop out, Imoro(2009) uncovered school infrastructure as one of such causes. He noted that pregnant girls may experience physical discomfort due to inadequate seating, lack of air conditioning or heating, or other environmental factors that make it difficult to concentrate and participate in classroom activities. This can negatively impact their academic performance and motivation to stay in school. There is no study which has been carried out in Tororo district which has revealed that pregnant girls experience physical discomfort in schools. The researcher therefore finds it appropriate to carry out this study as questions such as; do pregnant girls in schools face physical discomfort such as sitting? This will only be answered if a study is carried out.

Some studies like those of Ananga (2011) and Sottie et al (2011) established that inappropriate school facilities can create logistical challenges for pregnant students, such as difficulty navigating stairs or long distances between classrooms. Lack of accessible transportation options or childcare services may also make it challenging for pregnant girls to

attend school regularly, leading to increased absenteeism and eventual dropout. Addressing these challenges requires comprehensive strategies that involve improving school facilities to accommodate the needs of pregnant students, promoting a supportive and inclusive school culture, providing access to healthcare and support services, and implementing policies that protect the rights and well-being of pregnant and parenting students. By creating environments that are welcoming, accessible, and supportive, schools can help pregnant girls stay engaged in their education and achieve their academic goals.

### **2.2.3 Peer relations and dropout of pregnant girls in primary schools**

Some studies have established that teenage pregnancy takes on a heavy toll on girls and contributes to failure to complete school by pregnant girls as they fail to cope with pressure (Niboye 2018; Phiri & Machira, 2019). A study by Phiri and Machira (2019) in Namibia on teenage pregnancy revealed that an overwhelming workload, lack of peer support and too many demands at once, contributed to a sense of frustration and panic that there was not enough time to complete their workloads. This infers that balancing the demands of pregnancy and school can cause many pregnant girls to feel fatigued and generally stressed thus forcing them to drop out of school. Important to note is that the study by Phiri and Machira was carried out in Namibia and therefore the findings cannot be generalised to the Ugandan context. In addition, it is not clear whether pregnant girls in Tororo lack peer support or are faced with too much workload because studies of the same kind in Uganda are scanty and this creates questions such as; do pregnant girls in primary schools in Tororo district lack peer support? Do such girls overwhelmed by responsibilities that they are forced to drop out of school?

Available literature indicates that within the school, pregnant girls are often stigmatized and discriminated by their fellow students (Canada, Ministry of Education, 1998; Maluli & Bali, 2014). A study done by the Canadian Ministry of education (1998) on the problems and choices of accommodating pregnant girls in schools established that, fellow learners use judgmental glances or mean remarks and some pregnant girls quit school because of this. Maluli and Bali (2014) in a study conducted in Bungoma County in western Kenya established that, pregnant girls are often stigmatized and discriminated by their fellow students leading to low self-esteem and confidence which culminates into dropping out of school. However, the environment in which pregnant girls in Uganda study in is quite different from that of Kenya. This is because when schools were about to be re-opened after COVID-19 closure, teachers were given training in how they can provide psychosocial support to pregnant girls in schools. Therefore, it is not appropriate to relate the situation of

pregnant girls in Kenya to the Ugandan context. This creates a question: is it true that in the Ugandan context pregnant girls are stigmatized and discriminated by teachers and fellow learners? Therefore, this leaves room for a similar study to be carried out basing on the current circumstances.

### **2.3 Summary**

The literature reviewed above shows that there is a significant relationship between teenage pregnancy and school dropout. Important areas which emerged from the literature were issues of stigmatization and discrimination of pregnant girls, a hostile social-cultural environment, heavy workload and lack of peer support. However, it should be noted that almost all the above studies were carried out before the Covid-19 era. This creates a very big gap because when schools in Uganda were reopening after the Covid-19 pandemic, teachers were given training on how they can provide psychosocial support to pregnant girls and therefore assuming that such girls dropout of school because of lack of psychosocial support in Uganda would be a mismatch. In addition, information regarding how teenage pregnancy affects access to education in Uganda and specifically in Tororo district is scanty and this therefore creates an information gap which can be filled by carrying out a study of the same kind.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.0 Introduction**

This chapter outlines the methods adopted to carry out the study about the causes of dropout of pregnant girls in primary schools in Tororo district. The chapter covers the description of research design, population, sampling, methods of data collection, validity and reliability, data analysis as well as ethical considerations.

### **3.1 Research Design**

A descriptive design was used to execute this study. Descriptive is a qualitative research method that is considered conclusive and is used to test specific hypotheses and describe characteristics or functions (Christensen et al, 2011). This design was used because the researcher was not able to manipulate the variables since the act of teenage pregnancy has already taken place and some pregnant teens have already dropped out of school. This research design was used to collect views and opinions from pregnant girls, teachers who handle pregnant girls in schools and learners who study with pregnant girls. Content analysis approach was used. This involves systematically analysing and interpreting the content of textual, visual materials to describe patterns, themes, or trends within the data. Content analysis was used to examine verbal responses from pregnant girls, their teachers, fellow learners and caretakers about how teenage pregnancy leads to dropout of girls in primary schools.

### **3.2 Area of study**

The study was carried out in Rubongi subcounty in Tororo district which is located in Eastern Uganda. It was majorly carried out in four primary schools which were all government aided.

### **3.3 Target Population**

The target population comprised of 40 pregnant girls, those in school and those who dropped out of school. These provided information as regards the causes of school dropout among pregnant teens. 15 teachers of pregnant girls also participated, given their role in teaching such learners. Finally, 150 classmates of pregnant girls and 40 caretakers or parents of pregnant girls were included in order to provide further insights into the challenges, enablers and suggestions for supporting the education of pregnant girls in primary schools in Uganda.

### 3.4 Sample Size and sampling technique

The researcher used purposive sampling and simple random sampling methods to select the respondents of the study. This was undertaken in consultation with community structures such as area local councils as well as religious leaders, who had information about pregnant girls who are in school and those who dropped out. The researcher discontinued sampling based on saturation, which is when there ceases to emerge any new information from the participants. Table 3.1 below shows the sample size of the study.

**Table 3.1: Sample selection**

<b>Population</b>	<b>Study population</b>	<b>Sample size</b>	<b>Sampling Technique</b>
Pregnant girls in schools	20	4	Convenience sampling
Pregnant girls who dropped out of school	20	4	Purposive
Teachers of pregnant girls	15	2	Purposive
Parents or caretakers of pregnant girls	40	4	Convenience sampling
Classmates of pregnant girls	150	15	Simple random
<b>Total</b>	<b>245</b>	<b>29</b>	

The researcher selected the above respondents to act as study sample because they were the appropriate people who had relevant information regarding teenage pregnancy and school dropout. This was because pregnant girls are the ones faced by the problem, teachers and caretakers are the ones who handle the pregnant girls at school and in the home respectively and their classmates study with them. This made the above respondents appropriate to act as a study sample.

### 3.5 Data Collection Method and Instruments

#### 3.5.1 Data collection methods

The researcher used the following methods to collect data.

### **3.5.1.1 Focus groups**

Focus groups are a qualitative research method used to gather insights, opinions, and perceptions from a diverse group of participants about a specific topic or issue of interest. The participants share common characteristics relevant to the research topic. The researcher used focus groups of classmates of pregnant girls in order to generate data about the relationship between teenage pregnancy and dropout of school. Four focus groups of ten classmates of pregnant girls were used in this study. Focus groups were used because they encourage participants to express their thoughts, experiences, and perspectives through group interaction and discussion.

### **3.5.1.2 Key informant interviews**

Key-informant interviews are a qualitative research method used to gather in-depth information, insights, and perspectives from individuals who possess specialized knowledge, expertise, or experience related to a particular topic or issue of interest. This method was used to gather information from pregnant girls since they have special knowledge and experience on how pregnancy leads to dropout. These interviews were used because they allow the researcher to gather deep information from the respondents through probing.

### **3.5.1.3 In-depth interviews**

In-depth interviews are a qualitative research method used to gather detailed and rich insights into individuals' experiences, perspectives, and perceptions regarding a particular topic or issue of interest. In-depth interviews involve one-on-one interactions between the researcher and each participant. The researcher used this method to collect information from teachers and caretakers of pregnant girls because it allows for a deep exploration of the participant's thoughts, feelings, beliefs, and experiences in a private and confidential setting.

### **3.5.2 Data collection instruments**

While collecting data, three types of instruments were used. These were Focus Group Discussion guide, Key informant interview guide and an In-depth interview guide. The FGD guide (Appendix III) was used to collect data from classmates of pregnant girls, the semi-structured in-depth interview guide (Appendix I) was used to collect data from pregnant girls while the semi-structured interview guide was used to collect data from the teachers and caretakers of pregnant girls (see appendix II).

### **3.6 Data Quality Control of Instruments**

Validity and reliability of research instrument was measured as follows:

### 3.6.1 Validity

Validity refers to the extent to which an instrument measures what it is supposed to measure and whether it measures it accurately (Amin, 2005). The researcher discussed items in both the interview guide, Focus Group Discussion guide with colleagues and the research supervisor to access their structure, contents, clarity and consistence in relation to research questions.

The CVI was as follows.

$$\frac{\text{Number of experts rating the items as valid}}{\text{Total number of experts}} = \frac{7}{9}$$

$$\text{CVI} = \frac{7}{9} = 0.8$$

### 3.6.2 Reliability

Amin (2010) explains that reliability is the extent to which an instrument consistently measures whatever it is measuring. To ensure reliability, the researcher pre- tested the instruments in a pilot study. This was done to determine the clarity of the items. Thereafter, the researcher used test- retest technique to ascertain whether the instruments can obtain consistent results. The researcher administered the instruments to one group and after 2 weeks the same instruments were re-administered to the same group.

### 3.7 Data collection procedure

The researcher obtained a letter from the faculty of Science and Education at Busitema University. The letter was addressed to the heads of schools as well as community liaisons Local council chairpersons, introducing the researcher, providing some information about the project as well as seeking permission to conduct research in selected primary schools in Tororo district. The researcher provided information about the project to each category of respondents and sought for informed consent before recruiting them into the study. The research started with key informant interviews (teachers and caretakers of pregnant girls), in order to win the confidence of pregnant girls and their classmates. The in-depth interviews with pregnant girls followed and finally the FGDs with their classmates. Data was collected

at the convenience of the participants in terms of both time and location. Each interaction took not more than an hour, and was recorded following permission from the participants.

### **3.8 Data Analysis**

Data collected using interview and FGD guides was analysed qualitatively. Information collected was categorised and organised basing on patterns, repetitions and commonalities into different themes and sub themes using content analysis and quotations. Such data was interpreted through explanations of responses obtained from the field. Data was analysed using content analysis basing on the study variables and information was recorded and summarised.

### **3.9 Ethical Considerations**

Permission to conduct the study was sought from the host schools through contacting the head teachers who provided access to class teachers—the liaison persons between pupils in each class and the teachers as well as the administration. Participants were assured of confidentiality through use of pseudonyms. The purpose of the study was explicitly explained to facilitate informed consent. Informed consent was obtained from all participants and caregivers prior to performance of study.

## CHAPTER FOUR:

### PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

#### 4.0 Introduction

The study aimed at exploring the relationship between teenage pregnancy and school dropout. This chapter presents data collected from the respondents of the study. This chapter includes demographic information of the participants and the findings obtained from the field based on research questions. The chapter also comprises of analysis and interpretation of data based on the objectives of the study. Therefore, for the purpose of enhancing comprehensive understanding of the study and easy interpretation of findings by readers, participant's information is presented below.

#### 4.1 Demographic information of respondents of the study

The respondents who participated in the study included four pregnant girls in schools, four pregnant girls who dropped out of school, two teachers of pregnant girls, four parents/caretakers of pregnant girls and fifteen learners who study with pregnant girls. The demographic information of the respondents is presented in table 4.1, 4.2, 4.3 and 4.4 below.

**Table 4.1: Demographic information of pregnant girls who participated in the study**

Pregnant girl	Pseudonym	Age	Class	Custodian	Schooling status
1	Haja	14	P.7	Mother	In school
2	Tess	16	P.7	Father and mother	In school
3	Kobe	15	P.7	Father and mother	In school
4	Jane	14	P.6	Father and mother	In school
5	Mercy	17	P.7	Grandmother	Dropped out
6	Alice	16	P.6	Father and mother	Dropped out
7	Lucy	15	P.7	Grandmother	Dropped out
8	Alaso	16	P.6	Father and mother	Dropped out

The information in table 4.1 above indicates that the first respondent ‘Haja’ was; 14 years old, studying in primary seven class and was at the time living with her mother. The second pregnant girl whom I called ‘Tess’ was 16 years old and she was also in primary seven and lives with her father and mother. The third pregnant girl ‘Kobe’ who acted as a respondent was identified in primary seven class and was a 15-year-old living with both parents. The fourth pregnant girl ‘Jane’ was 14 years old and studying in primary six and was staying with her father and mother. The fifth pregnant girl ‘Mercy’ was 17 years old, dropped out of school when she was in primary seven and lived with her grandmother. The sixth pregnant girl was Alice who was 16 years old, dropped out of school in P.6 and was at the time of the study living with her father and mother. The seventh pregnant girl who participated in the study was Lucy, 15 years old who dropped out of school when she was in P.7 and was living with her grandmother. The last pregnant girl who participated in the study was Alaso, 16 years old and dropped out of school in P.6 and was currently living with her father and mother.

It can be realised from the demographic information obtained from the pregnant girls that only one was living with her mother. Two were living with their grandmothers while the five were living with both their parents father and mother. It can therefore be asserted that the family background played a great role in leading these girls to become pregnant at a young age.

**Table 4.2: Demographic information of teachers**

<b>Teacher of pregnant girl</b>	<b>Pseudonym</b>	<b>Gender</b>	<b>Other responsibilities</b>	<b>Years of experience</b>
1	Sifa	Female	Class teacher	10 years
2	Hope	Female	Senior woman teacher	Over 12 years

The information presented in table 4.2 indicates that one of the teacher respondents was a female with 10 years of teaching experience and was a class teacher. The second teacher respondent was also a female teacher with a teaching experience of over years and had additional responsibility of being a senior woman teacher in the school. The demographic information of the teachers who participated in the study tells us that they are all qualified teachers with a teaching experience of many years. This indicated that they were the rightful

people with information relating to teenage pregnancy and the high rates of school dropout among pregnant girls in primary schools.

**Table 4.3: Demographic information of other learners**

School	Pregnant girl studied with	Number of learners in FGD
A	Haja	05: 03 females & 02 males
B	Tess	05: 03 females & 02 males
C	Kobe	05: 03 females & 02 males

Table 4.3 shows the learners who participated in FGDs held in three school. 05 learners from school A who studied with pregnant girl ‘Haja’ were selected, 05 learners who studied with ‘Tess’ in primary seven were selected from school B and 05 learners who studied with ‘Kobe’ also in primary seven were selected from school C. In selecting learners who participated in FGDs, the researcher ensured that only those learners who studied with pregnant girls were included. This therefore meant that such learners had and provided relevant information regarding the relationship between teenage pregnancy and high rates of school dropout.

**Table 4.4: Demographic information of parents/caretakers of pregnant girls**

Parent/caretaker	Pregnant girl	Schooling status of pregnant girl
Mother	Tess	Still in school
Grandmother	Mercy	Dropped out of school
Mother	Alice	Dropped out of school
Mother	Alaso	Dropped out of school

Table 4.4 above covers the demographic information of the parents/caretakers of pregnant girls who participated in the study. The first one was a mother of ‘Tess’ who was still in school, the second was a grandmother of ‘Mercy’ who had dropped out of school, the third was a mother of ‘Alice’ who also dropped out of school and the fourth one was a mother to ‘Alaso’ who had also dropped out of school.

The demographic information of parents/caretakers indicate that these people were living

with pregnant girls and were therefore in position to express to the researcher the status of such girls in relation to school dropout.

## **4.2 Presentation of findings**

Data presentation follows the main themes in the research questions which were used to collect data and these are; psychosocial support and dropout of pregnant girls from primary schools, school facilities and dropout of pregnant girls in primary school and peer relations and dropout of pregnant girls in primary schools.

### **4.2.1 Psychosocial support and dropout of pregnant girls from primary schools**

Information that emerged for this objective is presented in two themes. It covers how teachers relate with pregnant girls in schools and support services schools extend to pregnant girls.

Interview findings indicated mixed feelings psychosocial support of pregnant girls in primary school. Some respondents said that such support is extended to pregnant girls while others said they are not well supported. One of the teachers who indicated that pregnant girls are given psychosocial support indicated as follows;

*“We were given training on how to support pregnant girls. I normally talk to her and encourage her to feel free. I tell her that it was a mistake but now you’re back at school. So, it is good you are back, let’s concentrate. I try as much as possible to give her support. I always ask her Are you picking? She says I pick sometimes not. So, I tell her whenever you don’t understand what I’ve taught have time and come to me. So sometimes she comes during free time and we pass through what I have taught”*  
(Hope- Senior Woman teacher).

Another teacher who participated in the study confirmed the existing psychosocial support for pregnant girls by indicating as follows;

*“For us it is just to encourage them, just feel free when you are here at school. Don’t feel like it’s a punishment, love education because it is your first priority. So we try to talk to them in that form and then where we cannot reach we ask the Senior Woman teacher to handle that part. Because at times it is not good most especially those girls for everybody to talk to them. They mostly listen to the Senior Woman because again when you overshare with them it’s like you’re taking over the department of the Senior woman and she will say now you see that one is encroaching my department”*  
(Sifa - Class teacher).

The pregnant girls in school also attested to the psychosocial support they receive in school. One of the pregnant girls who participated in interviews said as follows;

*“The teachers do not say any bad things to me. They always encourage me to put in much effort in education and show other learners that I can perform better academically. They have been very supportive. When they are teaching, they always want to make sure that I have understood”* (Kobe - Pregnant girl in school).

Data emerging from Focus Group Discussions with learners who study with pregnant girls also revealed that the teachers try as much as possible to give psychosocial support to pregnant girls in school. It was established through these discussions that the teachers prohibit other learners from gossiping about pregnant girls. In case a pupil is caught mistreating a pregnant girl or gossiping about her, he or she is punished by the teachers.

In addition to the above, the respondents who participated in FGDs revealed that some teachers even give pregnant girls financial and material support. In one of the schools the respondents asserted that there was a teacher who helps the pregnant girl with scholastic materials especially books and pens and that she also helps her with other requirements like money to buy necessities.

The interview findings from the teachers also indicated that some teachers give financial and material support to the pregnant girls. This was asserted by one senior woman teacher who participated in the study as follows;

*“We try as much as possible to be supportive to this girl. About fees, the head teacher knows more because when I look at her column, she has not made it to the level of the rest but she has never been disturbed in class. There was even one time when I asked the teachers to let her study I will discuss with the mother. So as if there is some allowance the head teacher gives her”* (Hope - Senior Woman teacher).

The researcher went ahead to collect data using questionnaires to establish whether psychosocial support for pregnant girls existed in schools. The findings presented in the table below were secured from two teachers and 15 learners.

**Table 4.4: Existence of psychosocial support for pregnant girls in schools**

Psychosocial support	Frequency (Yes/No)		Percentage (Yes/No)		Total percentage
	Yes	No	Yes	No	
Pregnant girls get counselling	15	02	88%	12%	100%

from teachers					
Teachers offer coping strategies to pregnant girls	12	05	71%	29%	100%
Pregnant girls engage in social support networks	10	07	59%	41%	100%

Table 4.4 above presents the findings from the respondents about the existence of psychosocial support for pregnant girls in schools. 88% (15) of the respondents indicated that pregnant girls in school get counselling from teachers against 12% (02), 71% (12) agreed that teachers offer coping strategies for pregnant girls against 29% (05) and 59% (10) agreed that pregnant girls in school engage in social support networks against 41% (07).

According to the findings obtained in relation to the first objective of the study, it can be vividly asserted that there exists psychosocial support in schools to encourage pregnant girls to remain in school and complete their studies. The findings revealed that most teachers try to cultivate a warm relationship with pregnant girls, they give them guidance and counselling, offer them coping strategies, encourage them to engage in social support networks and others give them material and financial support. Therefore, psychosocial support does not account for the dropout of pregnant girls in schools.

The above findings therefore differ from the literature which was reviewed from Chigona and Chetty (2007); Johnson & Smith (2018) and Maluli & Bali (2014) who established that teachers stigmatize and discriminate pregnant girls in schools, Smith (2018) who found that many of the pregnant girls faced challenges such as stigma, discrimination, and a lack of support from teachers, Maluli and Bali (2014) who established that teachers involve themselves in stigmatizing and discriminating pregnant girls in schools and Chigona & Chetty (2007) who asserted that teachers describe pregnant girls as lazy, distracted, low performing and also at risk of contaminating their fellow female learners with bad behaviour.

#### **4.2.2 School facilities and dropout of pregnant girls in primary schools**

It was established that many schools lacked designated rest areas where pregnant girls can take breaks and manage fatigue. Without access to these facilities, pregnant girls found it difficult to sustain the physical demands of attending school. This made it nearly impossible for pregnant girls to continue with their education. One of the pregnant girls who dropped out of school had this to say;

*“I used to feel very tired while at school and there was no room for me to rest in. all*

*the classes were occupied by the learners at all times. One time I vomited in class in the afternoon because I was feeling dizzy. All the learners murmured at me and the teacher told me to get out of the class. I did not even bother to clean the class, I just went home and since that time I stopped going to school. May be I will go back after giving birth to the baby". (Alaso-Pregnant girl who dropped out of school).*

The lack of rest rooms for pregnant girls in schools was also supported by another pregnant girl who was still in school. She indicated as follows;

*"The problem here at school is I don't have where to rest from. All the time we are learning in class and the teacher cannot allow you to go in the dormitory to rest. When I feel very tired, I just get out of the classroom and sit under a tree so that I can get fresh air". (Tess-Pregnant girl in school).*

In addition to the above, it was established that schools where the study was carried out that they lacked appropriate bathroom facilities and this also contributed to the dropout rate among pregnant girls. Schools lacked sufficient bathroom amenities for pregnant students, such as private stalls, hygiene supplies and accessible toilets. The absence of these facilities lead to discomfort and an overall stressful environment which discourages pregnant girls from attending school regularly. One of the pregnant girls who dropped out of school said as follows;

*"In the school where I was studying, the toilets and bathrooms are always dirty, and I was afraid that they can make me sick and I get a miscarriage. So to protect myself from getting sick, I had to leave school because if you get sick, no one will give you money for treatment. So I saw it was best for me to stay at home. Even I explained to my grandmother and she supported my decision". (Lucy-Pregnant girl who dropped out of school).*

In response to the lack of appropriate bathrooms for pregnant girls in schools as a cause of dropout of pregnant girls, one of the caretakers had this to say;

*"My granddaughter told me that at school the toilets and urinals were always too dirty for her to use. She told me that she would sometimes use the nearby bush to ease herself. It reached a time when she would refuse to go to school. I tried to force her to stay in school but she refused. With this old age I could do nothing so that is how she dropped out of school". (Grandmother of Mercy- Pregnant girl who dropped out of school).*

The study also established that the long distances travelled by pregnant girls from home to

school also forced pregnant girls to drop out of school. It was established that most schools are located about 6-10 kilometres from the homes of the pregnant girls. One parent of a pregnant girl who dropped out of school because of long distance said as follows;

*“My daughter used to travel a long distance to go to school and in the evening also travel back home. This journey always made her very tired and some days she would refuse to go to school and tell me mummy, I feel exhausted. I also saw that the journey was too much for her and since I didn’t have money for transport, I supported her when she said she was leaving school completely, maybe she will go back after giving birth, God knows”.* (Mother of Jane-Pregnant girl).

In response to whether school facilities contribute to dropout of pregnant girls from primary schools, 02 teachers and 15 pupils filled questionnaires and their responses are presented in table 4.5 below.

**Table 4.5: School facilities and dropout of pregnant girls from schools**

School facility	Frequency (Yes/No)		Percentage (Yes/No)		Total percentage
	School provide accommodation to pregnant girls	12	05	71%	
Pregnant girls do not experience any physical discomfort in school	09	08	53%	47%	100%
There are special facilities for pregnant girls in school	06	11	35%	65%	100%

The findings presented in the above table are views of teachers and pupils about school facilities as a cause of dropout of pregnant girls obtained using questionnaires. 71% (12) of the respondents asserted that schools provide accommodation to pregnant girls while 29% (05) refuted it, 53% (08) agreed that pregnant girls do not experience any physical discomfort in the school while 47% (08) disagreed and 35% (06) agreed that there are special facilities for pregnant girls in schools while 65% (11) said there are no such special facilities.

Basing on the findings obtained from the respondents as presented above, it can be asserted that the inadequacy of school facilities plays a critical role in encouraging pregnant girls to drop out of school. The absence of designated rest areas, appropriate bathroom amenities and

long distances creates a hostile and impractical environment for pregnant girls. These shortcomings make it challenging for them to manage their physical health and maintain consistent school attendance. Consequently, the lack of essential facilities in schools encourage many pregnant girls to leave school.

The above findings support the literature which was reviewed from Lizettee (2000) who observes that though lack of facilities and poor hygiene affect both girls and boys, sanitation in schools has a strong negative impact on pregnant girls, Birdsall et al. (2005) who argue that girls' privacy issue in schools is foremost a factor which forces pregnant girls to drop out from schools and Imoro (2009) who noted that pregnant girls may experience physical discomfort due to inadequate seating, lack of air conditioning or heating, or other environmental factors that make it difficult to concentrate and participate in classroom activities which negatively impact their academic performance and motivation to stay in school.

#### **4.2.3 Peer relations and dropout of pregnant girls in primary schools**

The third objective of the study aimed at establishing whether peer relations contribute to dropout of pregnant girls in primary schools. Data which was obtained through Focus Group Discussions revealed that there are some minor cases where learners stigmatize pregnant girls in school. It was revealed that there still exist learners who backbite and rumourmonger about pregnant girls, some former friends have abandoned them fearing that they will be labelled to also have same behaviours like the pregnant girls while others refuse to even share seats with such girls.

However, it should be noted that the cases of mistreatment of the pregnant girls by fellow learners through backbiting, rumourmongering, being abandoned by former friends and refusal to share same seats were very minimal. Most data collected revealed that fellow learners often portray good relationships towards pregnant girls in schools. Learners who participated in Focus Group Discussions asserted that they support pregnant girls academically and socially as described in their own words below.

*“When it comes to class work, some things are difficult for her (pregnant girl). We try as much as possible to help her by discussing questions and even giving her notes to write in case she was absent during lessons. Because of different challenges that she goes through, she absents from school sometimes and this affects her academic performance. So as a way of supporting her, we include her in our discussions and*

*she participates actively” (Learner-FGD).*

Furthermore, other learners especially girls attested to giving moral support to the pregnant girls during Focus Group Discussions as follows.

*“We encourage her to be strong in the choice she made of coming back to school. I always tell her that you made the right decision, you should focus on the future and finish your studies, get a good job and look after your baby. She often takes my advice and I feel good that she is my friend” (Female learner in FGD).*

The moral and academic support extended towards pregnant girls by other learners was also reflected in the data which was collected from the pregnant girls themselves. One of them had this to say.

*“My fellow learners don’t say bad thing about me. I have never heard any. When I ask them for help, they help me. When they have extra things like food they share with me. I don’t get any trouble with the learners” (Tess- Pregnant girl in school).*

Data from interviews with the teachers also indicated that teachers endeavour to create a positive relationship between pregnant girls with fellow learners. It was established from the respondents that they put in place measures to safeguard the wellbeing of the pregnant girls such as encouraging cooperation, punishing learners who mistreat pregnant girls and counselling the learners on how they should relate with pregnant girls. Such measures help to cultivate a positive relationship between pregnant girls and other learners in the school.

In line with data from interviews with the teachers, is the assertions obtained from learners who study with pregnant girls through Focus Group Discussions. These learners indicated that they are guided and counselled on how to relate with pregnant girls and that those who fail to adhere to teachers’ warnings are punished. The learners asserted as follows;

*“.the teachers told us not to mistreat her because she is our sister. So we cannot discriminate against her. If they find you gossiping about her or backbiting about her, you are finished. With us, we advise her not to take thoughts from home and bring them to school that’s what we tell her” (Learners in FGD).*

Furthermore, the researcher through the use of questionnaires obtained information from the respondents on whether peer relations contribute to dropout of pregnant girls from primary schools. The findings obtained are presented in the table below.

**Table 4.6: Peer relations and dropout of pregnant girls from schools**

Peer relation	Frequency (Yes/No)		Percentage (Yes/No)		Total percentage
Pregnant girls socialise well with other learners	10	07	59%	41%	100%
Fellow learners assist pregnant girls in academics	11	06	65%	35%	100%
Other learners give emotional support to pregnant girls	10	07	59%	41%	100%

Presented in table 4.6 are the findings obtained from the respondents in relation to whether peer relations contribute to the dropout of pregnant girls from primary schools. It can be realised that 59% (10) of the respondents agreed that pregnant girls socialise well with other learners in school while 41% (07) indicated that they don't, 65% (11) said fellow learners assist pregnant girls in academics while 35% indicated that they don't and 59% (10) agreed that other learners give emotional support to pregnant girls while 41% (07) denied this.

It can be asserted that there exists a positive peer relationship between pregnant girls and fellow learners in schools. The findings obtained showed that fellow learners give academic support to pregnant girls, they collaborate with them in everyday school life and others endeavour to give moral support to these girls. It was also established that to foster positive relationship between other learners and pregnant girls, teachers guide and counsel the learners on how they should relate with pregnant girls and also give punishments to those who mistreat pregnant girls as a deterrent measure.

The findings relating to whether peer relations contribute to dropout of pregnant girls from primary schools differ from the literature that was reviewed. For example, Maluli and Bali, (2014) indicated that within the school, pregnant girls are often stigmatized and discriminated by their fellow students and that some learners use judgmental glances or mean remarks and some pregnant girls quit school.

## **CHAPTER FIVE:**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This study was carried out to establish the relationship between teenage pregnancy and the high rate of school dropout. Chapter five presents the summary of the findings, conclusion, recommendations and areas for further research.

#### **5.1 Summary of the findings**

The summary of the findings is presented under the major themes of the objectives which guided the study.

##### **5.1.1 Psychosocial support and dropout of pregnant girls from primary schools**

The findings to whether psychosocial support contributes to dropout of pregnant girls revealed that this does not account for the problem. The findings revealed that there exists psychosocial support in schools to encourage pregnant girls to remain in school and complete their studies. It was established that most teachers try to cultivate a warm relationship with pregnant girls, they give such girls psychosocial support and others give them material and financial support.

##### **5.1.2 School facilities and dropout of pregnant girls in primary schools**

School facilities were established to be the major cause of school dropout of the pregnant girls. The findings of the study indicated that the absence of designated rest areas, appropriate bathroom amenities and long distances creates a hostile and impractical environment for pregnant girls. These shortcomings make it challenging for them to manage their physical health and maintain consistent school attendance consequently, encouraging many pregnant girls to drop out of school.

### **5.1.3 Peer relations and dropout of pregnant girls in primary schools**

In relation to whether peer relations contribute to drop out of pregnant girls from primary schools, it was established that this does not account for problem. The findings emerging for the third objective indicated that fellow learners give academic support to pregnant girls, they collaborate with them in everyday school life and others endeavour to give moral support to these girls. It was also established that to foster positive relationship between other learners and pregnant girls, teachers guide and counsel the learners on how they should relate with pregnant girls and also punish those who mistreat pregnant girls as a deterrent measure.

### **5.2 Conclusion**

Basing on the findings obtained from the study, it can be concluded that the major cause of dropout among pregnant girls in primary schools is school facilities. Many schools have no designated rest areas for pregnant girls, toilets and bathrooms are not conducive and the schools themselves are located long distances from pregnant girls' homes which poses challenges for them to travel to and from the school on a daily basis. The state of school facilities becomes a challenge for pregnant girls to manage their physical health and maintain consistent school attendance consequently, encouraging many pregnant girls to drop out of school.

### **5.3 Recommendations**

The researcher forwards the following recommendations in relation to teenage pregnancy and school dropout.

The ministry of education and sports should instruct schools to create designated rest areas where pregnant students can take breaks as needed. These areas should be equipped with comfortable seating, privacy and quiet environments to help manage fatigue and stress. If this is done, the rate of school dropout among pregnant girls will reduce.

School heads should ensure that bathroom facilities are adequately equipped to meet the needs of pregnant girls. This should include providing private stalls, sufficient hygiene supplies and easily accessible toilets to accommodate more frequent bathroom breaks and maintain hygiene standards. If these are implemented, pregnant girls will be encouraged to remain in school.

Lastly, parents and caretakers of pregnant girls should encourage their daughters to remain in school and finish their studies. They should ensure that the pregnant girls are given all the support they need to remain in school such as psychosocial, economic and moral support.

#### **5.4 Suggestions for further research**

During the process of carrying out this study, it came to the knowledge of the researcher that many pregnant girls who drop out of school do so because of home related factors. Therefore, the researcher recommends that other researchers should carry out a study to establish the impact of the home environment on the education of pregnant girls in primary schools.

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## APPENDIX I

### INTERVIEW GUIDE FOR PREGNANT GIRLS

#### Introduction

My name is Nyafwono Lydia Omwoto, a student at Busitema University. This interview will focus on the causes of dropout from school among pregnant girls. First, I will ask you to answer some background questions and then questions regarding causes of dropout. I request you to be as open and honest as possible because your responses will be very useful and all your responses were kept very confidential. The interview will take not more than 1 hour.

#### Demographic information

Age	Class	Custodian	Mother alive	Father alive
<b>Research question</b>		<b>Interview questions</b>		
<b>1. How does lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district?</b>		i) How has becoming pregnant changed your life? ii) Do you get counselling from teachers or caretakers? iii) Are you engaged in any social support networks? iv) Have you been given strategies to cope with pregnancy? v) Do you get emotional support from teachers or caretakers?		
<b>2. How does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?</b>		i) Does the school provide accommodation to pregnant girls? ii) Do you experience any physical discomfort in school? iii) Are there special facilities for pregnant girls in school?		
<b>3. How does peer relations force pregnant girls to drop out in primary schools in Tororo district?</b>		i. Do you socialise well with other learners? ii. Do fellow learners assist you in academics? iii. Do you get any emotional support from peers? iv. Do some peers stigmatize or discriminate you?		
<b>4 How can pregnant girls be supported to remain in school and attain better education?</b>		i. How would you want to be supported to continue with your education? ii. What facilities do you think the school should put in place to support your education?		

## APPENDIX II

### INTERVIEW GUIDE FOR KEY INFORMANTS (TEACHERS AND CARETAKERS)

#### Introduction

My name is Nyafwono Lydia Omwoto, a student at Busitema University. This interview will focus on the causes of school dropout among pregnant girls. First, I will ask you to answer some background questions and then questions regarding causes of their dropout. I request you to be as open and honest as possible because your responses will be very useful in improving access to education by pregnant girls and all your responses were kept very confidential. The interview will take not more than 1 hour.

#### Demographic information

Sex	Age	School/village	Occupation	Education level	Teaching experience

Research question	Interview questions
<b>1. How does lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district?</b>	<ul style="list-style-type: none"><li>i. How has becoming pregnant changed your girl child?</li><li>ii. Do pregnant girls get counselling from teachers or caretakers?</li><li>iii. Do pregnant girls engage in any social support networks?</li><li>iv. Do you offer coping strategies to pregnant girls?</li><li>v. Do you offer emotional support to pregnant girls?</li></ul>
<b>2. How does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?</b>	<ul style="list-style-type: none"><li>i) Does the school provide accommodation to pregnant girls?</li><li>ii) Do pregnant girls experience any physical discomfort in school?</li><li>iii) Are there special facilities for pregnant girls in school?</li></ul>
<b>3. How does peer relations force pregnant girls to drop out in primary schools in Tororo district?</b>	<ul style="list-style-type: none"><li>i. Do pregnant girls socialise well with other learners?</li><li>ii. Do fellow learners assist pregnant girls in academics?</li><li>iii. Do other learners give any emotional support to pregnant girls?</li></ul>

	iv. Do some peers stigmatize or discriminate pregnant girls?
<b>4 How can pregnant girls be supported to remain in school and attain better education?</b>	<i>i.</i> How can pregnant girls be supported to continue with their education? <i>ii.</i> What facilities do you think the school should put in place to support the education of pregnant girls?

## APPENDIX III

### FOCUS GROUP DISCUSSION GUIDE FOR STUDENTS IN SELECTED SCHOOLS

#### Introduction

My name is Nyafwono Lydia Omwoto, a student at Busitema University. I am carrying out research on the causes of dropout among pregnant girls in schools. There are a few basic rules which will guide us in our discussion today and they are as follows:

- i) Everyone is expected to be an active participant.
- ii) There is no 'right' or 'wrong' answer.
- iii) Speak freely but remember not to interrupt others while they are talking.
- iv) I was taking notes for reporting purposes only.
- v) Your names are not required in this discussion for confidential purposes.
- vi) All feedback today will remain confidential. In order to maintain confidentiality, I just ask that anything that is said during our session is not repeated outside of our discussion.

Research question	Discussion questions
<b>1. How does lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district?</b>	<ol style="list-style-type: none"><li>i) How has becoming pregnant change the girl child?</li><li>ii) Do pregnant girls get counselling from teachers or caretakers?</li><li>iii) Do pregnant girls engage in any social support networks?</li><li>iv) Do you offer coping strategies to pregnant girls?</li><li>v) Do you offer emotional support to pregnant girls?</li></ol>
<b>2. How does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?</b>	<ol style="list-style-type: none"><li>i) Does the school provide accommodation to pregnant girls?</li><li>ii) Do pregnant girls experience any physical discomfort in school?</li><li>iii) Are there special facilities for pregnant girls in school?</li></ol>
<b>3. How does peer relations force pregnant girls to drop out in primary schools in</b>	<ol style="list-style-type: none"><li>a) Do pregnant girls socialise well with other learners?</li><li>b) Do fellow learners assist pregnant girls in academics?</li><li>c) Do other learners give any emotional support to pregnant girls?</li></ol>

<b>Tororo district?</b>	d) Do some peers stigmatize or discriminate pregnant girls?
<b>4 How can pregnant girls be supported to remain in school and attain better education?</b>	<i>i)</i> How can pregnant girls be supported to continue with their education? <b>ii)</b> What facilities do you think the school should put in place to support the education of pregnant girls?

## APPENDIX IV

### QUESTIONNAIRE FOR TEACHERS IN PRIMARY SCHOOLS

#### Introduction

My name is Nyafwono Lydia Omwoto, a student at Busitema University. This questionnaire has been given to you to collect information on the causes of school dropout among pregnant girls. I request you to be as open and honest as possible because your responses will be very useful in improving access to education by pregnant girls and all your responses will be kept very confidential.

#### Acceptance form

I \_\_\_\_\_ attest that I agree to participate in this research being carried out by Nyafwono Lydia Omwoto and I will answer this questionnaire diligently.

#### Demographic information

**Sex:** \_\_\_\_\_

**Age bracket:** Below 20 [ ], 21-25 [ ], 26-30 [ ], 31-35 [ ], 56-60 [ ], 61 and above [ ]

**School:** \_\_\_\_\_

**Education level:** Grade III [ ], Grade v [ ], Graduate [ ], Post Graduate [ ]

**Teaching experience:** Below 5 years [ ], 6-10 years [ ], 11-15 years [ ], 16-20 Years [ ], 21 and above [ ]

#### Section one: Psychosocial support and drop out of pregnant girls

i. Do pregnant girls get counselling from teachers?

Yes  No

ii. Do you offer coping strategies to pregnant girls?

Yes  No

iii. Do you offer guidance and counselling to pregnant girls?

Yes  No

iv. Do pregnant girls engage in any social support networks?

Yes  No

v. How does lack of psychosocial support contribute to high dropout rate of pregnant girls from primary schools in Tororo district?

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**Section two: School facilities and dropout of pregnant girls**

i. Does the school provide accommodation to pregnant girls?

Yes  No

ii. Do pregnant girls experience any physical discomfort in school?

Yes  No

iii. Are there special facilities for pregnant girls in school?

Yes  No

iv. How does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?

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**Section three: Peer relations and dropout of pregnant girls**

i. Do pregnant girls socialise well with other learners?

Yes  No

ii. Do fellow learners assist pregnant girls in academics?

Yes  No

iii. Do other learners give any emotional support to pregnant girls?

Yes  No

iv. Do some peers stigmatize pregnant girls?

Yes  No

i. Do some peers discriminate pregnant girls?

ii. How does the relationship between other learners and pregnant girls force pregnant girls to drop out in primary schools in Tororo district?

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**Section four: Way forward**

i. Suggest how pregnant girls can be supported to continue with their education?

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ii. What facilities do you think the school should put in place to support the education of pregnant girls?

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## APPENDIX V

### QUESTIONNAIRE FOR PUPILS WHO STUDY WITH PREGNANT GIRLS IN PRIMARY SCHOOLS

#### **Introduction**

My name is Nyafwono Lydia Omwoto, a student of Busitema University. I am carrying out research on the causes of dropout among pregnant girls in schools. I request you to fill this questionnaire and be as open and honest as possible because your answers will be very useful in improving access to education by pregnant girls and all your responses will be kept very confidential.

#### **Consent Form**

I \_\_\_\_\_ attest that I agree to participate in this research being carried out by Nyafwono Lydia Omwoto and I will answer this questionnaire diligently.

#### **Demographic information**

**Sex:** Male [ ], Female [ ]

**Age:** 10-13 [ ] 14-16 [ ] 17 and above [ ]

**School:** \_\_\_\_\_

**Class:** P.4 [ ] P.5 [ ] P.6 [ ] P.4 [ ]

#### **Section one: Psychosocial support and drop out of pregnant girls**

vi. Do pregnant girls get counselling from teachers in this school?

Yes  No

vii. Do teachers offer advice to pregnant girls?

Yes  No

viii. Do teachers offer guidance and counselling to pregnant girls?

Yes  No

ix. Do pregnant girls engage in any social support activities?

Yes  No

x. How does lack of guidance and counselling contribute to high dropout rate of pregnant girls from primary schools in Tororo district?

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**Section two: School facilities and dropout of pregnant girls**

v. Does the school provide accommodation to pregnant girls?

Yes  No

vi. Do pregnant girls experience any physical problems in school?

Yes  No

vii. Are there special facilities for pregnant girls in this school?

Yes  No

viii. How does lack of appropriate school facilities contribute to dropout of pregnant girls in primary schools in Tororo district?

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**Section three: Peer relations and dropout of pregnant girls**

iii. Do pregnant girls socialise well with you and other learners?

Yes  No

iv. Do you assist pregnant girls in academics?

Yes  No

v. Do you give guidance and counselling to pregnant girls?

Yes  No

vi. Do some learners discriminate pregnant girls?

Yes  No

vii. How does the relationship of learners with pregnant girls force pregnant girls to drop out in primary schools in Tororo district?

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**Section four: Way forward**

iii. How can pregnant girls be supported to continue with their education?

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iv. What facilities do you think the school should put in place to support the education of pregnant girls?

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**END**

## **Appendix VI**

### **Introduction letter to conduct research**