

INFLUENCE OF POVERTY ON TEENAGE PREGNANCY AMONG SCHOOL GOING TEENAGERS IN KOROGOCHO SLUMS, NAIROBI COUNTY, KENYA

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DOI: <https://doi.org/10.5281/zenodo.10012794>

Published Date: 17-October-2023

Abstract: Teenage pregnancy is becoming a global catastrophe and a global threat. According to the Canadian International Development Agency, the average number of adolescents who become pregnant each year is greater than 16 million, and this number is continually rising. Pregnancy causes young women to drop out of school, which interrupts their education for a period. The situation is not different within Korogocho Slums in Nairobi County. This study assessed the influence of poverty on teenage pregnancy among school going teenagers in Korogocho slums in Nairobi County. The study was informed by Social Disorganization Theory and Intersectionality Theory. The study was guided by a descriptive survey design. The target population of the study involved 5 secondary schools within the slum, 10 social workers, 5 principals, 20 class teachers and 215 students were part of the sample used by the study. Student sample was achieved through stratified random sampling. Purposive sampling was employed for the social workers, class teachers and principals. Quantitative data was analyzed through descriptive statistics by percentages, means and standard deviation. Content and thematic approaches were utilized in analyzing qualitative data. The findings from the study revealed significant associations between poverty and teenage pregnancy. Poverty showed strong positive correlations ($r = 0.785$, $p < 0.05$), indicating their substantial impact on teenage pregnancies. The regression analysis further confirmed the influence of poverty on teenage pregnancies, with a positive coefficient of 0.304. These findings highlight the importance of addressing socio-economic disparities to effectively mitigate teenage pregnancies within the community. Accordingly, the study advocates for increased investments in education and healthcare infrastructure, the implementation of comprehensive sex education, and the provision of youth-friendly sexual health services as effective measures to address this issue. It stresses the necessity of collaborative efforts among stakeholders to reduce teenage pregnancies and improve the overall well-being of adolescents.

Keywords: Poverty, Teenage, Pregnancy, Slums, School Going, Kenya, Nairobi, Korogocho, Slums.

1. INTRODUCTION

Teenage pregnancy, a global concern, is intertwined with the pervasive issue of poverty, creating a cycle of hardship and challenges for young girls. According to the Canadian International Development Agency (CIDA, 2015), more than 16 million adolescents become pregnant each year, and this number continues to rise. For many young women, pregnancy becomes a disruptive force in their lives, causing them to abandon their education. However, this educational interruption is especially problematic when it occurs in impoverished communities where young girls often rely on their parents or guardians for financial support.

In Ethiopia, Habitu, Yalew, and Bisetegn (2018) identified the lack of contraceptive use and sex education as primary contributors to the surge in adolescent pregnancies. The vulnerability of girls from low-income families is exacerbated because their parents are often unable to provide for their basic needs, forcing them into exploitative relationships with older men. Sub-Saharan Africa faces a grim outlook for teenage pregnancy due to a mix of outmoded cultural norms, peer pressure, socioeconomic disparities, and a lack of parental guidance, as reported by the UN Populations Fund in 2014. Countries like Nigeria, Tanzania, the Democratic Republic of the Congo, Uganda, and Kenya top the list in terms of teen pregnancies. The transition rate from primary to secondary education in Kenya is projected to decrease, underscoring the urgency of addressing this issue (KDHS, 2014).

A joint study conducted by SID and KNBS in 2017 revealed the level of inequality in different Kenyan counties, with Trans-Nzoia County showing significant disparities. Within this county, Kwanza Constituency, characterized by a large rural population, low levels of education, and limited socioeconomic opportunities, stands out with high reported occurrences of adolescent pregnancy (SID and KNBS, 2017). Similar challenges persist in Korogocho Slums in Nairobi County, where despite an increase in the number of girls attending secondary school, their completion rates lag behind those of boys, primarily due to factors like poverty and inadequate healthcare services (KHRC/RHRA, 2019).

The impact of poverty on teenage pregnancy is substantial. Teenagers aged 15–19 accounted for 11% of all births worldwide in 2008, with approximately 95% of these births occurring in low- and middle-income countries. In Kenya, adolescent pregnancy contributes to roughly 9 percent of maternal mortality and is linked to high infant and child mortality rates. Younger mothers face elevated risks during pregnancy and childbirth and encounter social and economic challenges. They often face social isolation from relatives, teachers, and peers (WHO, 2019).

The influence of poverty on teenage pregnancy is particularly concerning in slum areas, where inadequate economic opportunities, limited access to quality education, and substandard healthcare facilities perpetuate a cycle of disadvantage. Although measures have been taken to address teenage pregnancy, it remains a prevalent issue among school-going teenagers in these impoverished communities. Further research is necessary to fully comprehend the intricate relationship between poverty and teenage pregnancy and to develop effective interventions that can break this cycle of disadvantage (Okigbo et al., 2015; Stephenson et al., 2017).

General Objective

The study aimed at establishing the role of poverty in influencing teenage pregnancy among school going teenagers in Korogocho slums, Nairobi County, Kenya

Social Disorganization Theory

One theoretical framework that can be applied to understand the socio-cultural factors influencing teenage pregnancy in Korogocho slums is Social Disorganization Theory. This theory suggests that the social structure and organization of a community can contribute to the occurrence of social problems, including teenage pregnancies. In the case of Korogocho slums, factors such as poverty can create an environment that increases the risk of teenage pregnancies. (Faris, 1955) According to Social Disorganization Theory, when a community lacks social cohesion, collective efficacy, and effective social control mechanisms, deviant behaviours such as early sexual activity and unprotected sex can become more prevalent. In Korogocho slums, the socio-cultural factors such as limited economic opportunities, inadequate educational resources, and the absence of supportive social networks may contribute to an environment where teenage pregnancies are more likely to occur. The lack of social integration and the breakdown of traditional social institutions may further exacerbate the vulnerability of school-going teenagers to engage in risky sexual behaviours.

Intersectionality Theory

Another relevant theoretical perspective is Intersectionality Theory, which highlights the interconnectedness of various social identities and how they interact to shape individuals' experiences and outcomes. In the context of teenage pregnancies in Korogocho slums, this theory emphasizes the intersection of socio-economic status, gender, and geographical location (Cabardo, 2013).

Intersectionality Theory suggests that the sociocultural factors influencing teenage pregnancies are not isolated but interconnected. For example, the combination of poverty, gender inequality, and living in a marginalized slum community can compound the risk of teenage pregnancies. Girls from disadvantaged backgrounds may face unique challenges,

including limited educational opportunities, early marriage practices, and cultural expectations regarding gender roles, which can increase their vulnerability to teenage pregnancies. Furthermore, Intersectionality Theory recognizes that the experiences and risks associated with teenage pregnancies may vary across different subgroups within the slum community (Cabardo, 2013).

2. LITERATURE REVIEW

Empirical Review and Research Question

Poverty has a considerable impact on the prevalence of teen pregnancy. Amin et al. (2018) discovered that economic disadvantage, as defined by factors such as unemployment and poor income, increases the chance of adolescent pregnancy. Due to a lack of financial means, access to education, healthcare, and contraception is limited, resulting in greater incidence of unwanted pregnancies. Furthermore, in economically deprived regions, social and cultural norms may prolong early marriages and traditional gender roles, increasing the chance of adolescent pregnancy (Boonstra, 2011).

Geronimus et al. (2017) conducted research that highlights the concept of "weathering" among disadvantaged populations, where chronic exposure to social and economic stressors, including poverty, accelerates biological aging and increases the likelihood of early childbearing among teenage girls. This shows that poverty has biological consequences for reproductive health in addition to affecting people's socioeconomic conditions.

Furthermore, research has found a link between adolescent pregnancy and educational attainment. Poverty is both a result and a cause of a lack of access to quality education, contributing to a cycle of disadvantage. According to Kalamar et al. (2017), adolescent births frequently result in school dropout, restricting chances for future economic stability and perpetuating the poverty cycle for both the young mother and her child.

In a study conducted in Sub-Saharan Africa by Shah et al. (2016), it was discovered that poverty, coupled with other socioeconomic determinants such as poor healthcare facilities and gender inequality, contributes to the region's high incidence of teenage pregnancies. Similarly, Shahabuddin et al. (2017) discovered that poverty, as evaluated by factors such as low income and bad living circumstances, was strongly connected with an increased risk of adolescent pregnancies in Bangladesh.

Furthermore, worldwide comparisons emphasize the influence of poverty on adolescent pregnancy. According to the United Nations Population Fund (UNFPA), poor countries such as Niger and Bangladesh have a larger proportion of adolescent moms than wealthy countries such as Switzerland and Japan. There are significant differences in teenage pregnancy rates among countries based on socioeconomic class. In the United States, for example, higher rates of adolescent pregnancy are observed among disadvantaged areas, where poverty rates are higher (Casey et al., 2017).

According to a study conducted by FAWE Uganda in 2011, the lack of basic necessities exposes females to the danger of adolescent pregnancy. In situations where girls face extreme poverty and lack access to basic necessities such as food, shelter, and education, they may resort to engaging in transactional sex as a means to survive. The study suggests that these vulnerable and disadvantaged girls, lacking agency and resources, may feel compelled to exchange sex for money or material goods. This form of survival sex increases their risk of unintended pregnancies and exposes them to various health and social challenges. The findings highlight the urgent need to address poverty and ensure the provision of basic necessities to prevent the exploitation and vulnerability of girls, ultimately reducing the incidence of teenage pregnancies (FAWE Uganda, 2011).

To summarize, poverty is a crucial factor influencing adolescent pregnancy. Economic disadvantage restricts access to education, healthcare, and contraception, perpetuating the poverty cycle and increasing the chance of childbirth at a young age. The research cites the complicated connection between poverty, social determinants, and adolescent pregnancy, emphasizing the need for comprehensive treatments that target both socioeconomic and individual-level issues.

Research Question

What is the role of poverty in influencing teenage pregnancy among school-going teenagers in Korogocho slums, Nairobi County, Kenya?

3. RESEARCH METHODS

The study employed a mixed-method approach, incorporating both quantitative and qualitative data collection methods, as outlined by Babbie (2016), to ensure comprehensive utilization of information in this research study. This study was conducted in Korogocho slum. The area of study was Korogocho Slum, The target population included 5 principals, 20 class teachers, 463 girls from form one to form four and 10 social workers. The schools were selected for this study due to their convenient accessibility and the presence of a homogeneous study population. All the participants, comprising both students and teachers, principals and social workers were located in the same vicinity, making it easier to gather data from them. Furthermore, they had been studying and teaching in the same location for an extended period of time, which aligns well with the chosen research design.

Stratified sampling was used for this study. Stratified sampling is a method for sampling from a population whereby the population is divided into subgroups and units are selected from the subgroups (Frey & Freeman, 2012). In the study, the population of students was divided according to their schools.

The first part of this study involved selecting Schools within Korogocho Slums. This method allowed for systematic sampling at several phases, ensuring that the sample is representative of the greater population while taking into account the county's distinct characteristics (Oladipo, 2015). First, purposive sampling was used as the researcher had the purpose of collecting data from 10 social workers, 5 principals, and 20 class teachers. Thereafter, a simple random sampling was conducted to select respondents who participated in the study. This ensured that those purposively sampled had an equal chance to participate in the study. Yamane's formula is a widely used method to determine the sample size for a research study when the target population is known. It is particularly applicable when the population size (N) is relatively small (less than 10,000). (Yamane,1967. Yamane's formula is given by:

$$n = N / (1 + N * e^2)$$

Where:

n represents the required sample size.

N is the population size.

e is the desired level of precision or margin of error. It is typically expressed as a decimal.

Using Yamane's formula with a population size (N) of 463

$$n = 463 / (1 + 463 * 0.05^2)$$

$$n = 463 / (1 + 463 * 0.0025)$$

$$n = 463 / (1 + 1.1575)$$

$$n = 463 / 2.1575$$

$$n \approx 214.82$$

Therefore, the corrected sample size was approximately 215.

Sampling Table

School Strata	Population	Representative Sample size
Golden Bridge Academy	86	40
Alliance Vision Education Centre	28	13
Genesis Shepherd Secondary School	140	65
St. Mary's Keris Secondary School	59	28
Glory Korogocho Secondary School	150	69
Social Workers	10	10
Principals	5	5
Class Teacher	20	20
Total	498	250

The researcher utilized a mixed-method approach, employing both a structured questionnaire and a structured interview schedule to gather primary quantitative and qualitative data, respectively.

Reliability Results

Variables	Cronbach Alpha	Number of Items
Poverty	0.738	5

The findings indicate that the Poverty variable had a Cronbach alpha of 0.738, Cronbach alpha value exceeded the acceptable threshold of 0.7, it indicates that the research instrument used in this study was reliable, and no amendments were necessary. Therefore, based on these results, the researcher can confidently state that the variable demonstrated acceptable levels of internal consistency, which further strengthens the reliability of the research instrument.

Analysis and Findings

Age of the Respondents

13 -15 Years	75	41%
16 – 20 Years	108	59%
Total	183	100%

The data presented in the table provides valuable insights into the age distribution of the respondents in the study on teenage pregnancies. 75 respondents fell within the age range of "13 - 15 Years," making up 41 % of the total sample. The second age group, "16 - 20 Years," comprised 108 respondents, constituting 59 % of the total sample.

Type of School they attended

Girls Day	73	40%
Mixed Day	110	60%
Total	183	100%

Source: Research Data, (2023)

The table provides essential information about the type of school attended by the respondents in the study on teenage pregnancies. The table categorizes participants into two groups: "Girls Day" and "Mixed Day," and presents the corresponding frequencies and percentages for each group. From the data presented in the table, it is evident that the study included a total of 183 respondents. Out of these, 73 respondents attended "Girls Day" schools, representing approximately 40 % of the total sample. The second group, "Mixed Day," consisted of 110 respondents, making up about 60 % of the total sample.

Poverty and Teenage Pregnancies

In this section, the primary objective was to investigate the influence of poverty on teenage pregnancy among school-going teenagers in Korogocho slums in Nairobi County. To gain a comprehensive understanding of how poverty was perceived in relation to teenage pregnancy, a Likert scale was utilized. This scale allowed respondents to express their levels of agreement or disagreement with specific statements, thereby providing valuable insights into their views on the impact of poverty on this critical issue.

1-Strongly Disagree [SD]; 2-Disagree [D]; 3-Neutral [N]; 4-Agree [A]; 5-Strongly Agree. [SA]..

Poverty

	SD	D	N	A	SA	Mean	Std. Dev.
Paying school fees is a big challenge for my parents/ guardians	4%	2%	5%	41%	48%	4.21	.879
Meeting basic needs is a challenge both at school and at home	4%	6%	5%	41%	44%	4.19	.939
My family members have menial jobs	4%	2%	5%	41%	48%	4.21	.879
There is a high number of unemployed family members in my household	4%	6%	5%	41%	44%	4.19	.939
I have experienced difficulties accessing healthcare or medical services due to financial reasons.	4%	2%	7%	39%	48%	4.20	1.002
Overall Mean						4.2	

According to the data in the Table above, respondents perceive severe financial constraints associated with poverty. The high mean values (all around 4.2) indicate that the participants generally encounter financial challenges with school fees, basic needs, and healthcare services. These findings are consistent with previous studies on poverty and its impact on numerous elements of people's life. Numerous studies have shown that poverty has a negative impact on education, health, and overall well-being. For example, research has shown that financial constraints can impede access to high-quality education, as families struggle to pay school fees and other related costs. This can result in increased dropout rates and less educational chances for teenagers, continuing the poverty cycle. Furthermore, poverty frequently results in insufficient access to basic requirements such as food, shelter, and clothing. Lack of sufficient nutrition and living conditions can have a significant impact on physical and mental health, perhaps leading to health problems in adolescents. (Duncan et al., 2014; Lubienski, 2000).

Poverty has been demonstrated in studies to have a major impact on teenage educational outcomes. Financial restrictions, as seen by high mean responses for items such as "Paying school fees is a big challenge for my parents/guardians" and "My family members have menial jobs," can limit access to quality education (Duncan et al., 2014). Adolescents from low-income families may struggle to enrol or stay in school, have limited access to educational resources, and face challenges in pursuing higher education (Duncan et al., 2014; Lubienski, 2000). As a result, individuals may earn lesser academic accomplishments and have fewer options for future employment opportunities.

The link between poverty and limited access to healthcare services is well established. Financial constraints can prevent people from obtaining prompt medical attention or following through on prescribed treatments, thereby increasing health problems and decreasing overall well-being. The findings "Meeting basic needs is a challenge both at school and at home" and "I have experienced difficulties accessing healthcare or medical services due to financial reasons" are consistent with previous studies indicating that poverty might limit access to important resources. Food insecurity, insufficient housing, and restricted access to competent healthcare services are common among adolescents growing up in impoverished households (Duffield & Lovell, 2008; Gregg & Gennetian, 2011). These factors can have a negative impact on both physical and mental health, leading to greater health disparities and an increased risk of chronic health disorders among low-income adolescents (Braveman et al., 2014; Chen & Paterson, 2006).

Poverty emerged as a significant factor contributing to the prevalence of teenage pregnancies. Interviewees noted that poverty led to challenges in paying school fees, meeting basic needs, and accessing healthcare services. Consequently, teenagers face difficulties in accessing comprehensive sex education and sexual health services, increasing their vulnerability to teenage pregnancies. Ganchimeg et al. (2013) conducted a multicounty study on the impact of poverty on maternal and child health outcomes, including teenage pregnancies. The study found that adolescents from low-income backgrounds were more likely to experience early pregnancies due to limited access to education, healthcare, and resources.

The close alignment of the mean values for all items in the table above underlines the pervasiveness of poverty in all facets of respondents' life. Overall, the findings in the table above highlight the considerable obstacles that poverty poses in the lives of teenagers. These findings emphasize the need for focused actions and policies to alleviate poverty and its implications, notably in the areas of education, basic necessities, and healthcare. Understanding the specific obstacles that adolescents confront as a result of poverty allows policymakers to devise effective policies to mitigate its impacts and provide a more supportive environment for vulnerable populations.

Correlations Coefficient

		Poverty	Teenage Pregnancy
Poverty	Pearson Correlation	1	
	Sig. (2-tailed)		
Teenage Pregnancy	Pearson Correlation	.785**	1
	Sig. (2-tailed)	.000	

** . Correlation is significant at 0.01 level (2-tailed)

A substantial association exists between Poverty and Teenage Pregnancy, according to the correlation study ($r = 0.785$, $p < 0.05$). Pearson's correlation coefficient was greater than 0.5, indicating that there was a strong association between the two variables. The strong correlation coefficient indicated that poverty plays a crucial role in influencing the prevalence of teenage pregnancies. Adolescents from low-income backgrounds faced challenges in paying school fees, meeting basic needs, and accessing healthcare services. These difficulties hindered their access to comprehensive sex education and sexual health services, increasing their vulnerability to early pregnancies. This aligns with previous research showing that poverty is a significant risk factor for teenage pregnancies (Ganchimeg et al., 2013).

4. CONCLUSION

The investigation into the influence of poverty on teenage pregnancy rates among school-going teenagers in Korogocho slums, Nairobi County, Kenya, yielded significant insights. The study revealed that adolescents from low-income backgrounds faced formidable challenges in accessing essential resources such as education and healthcare. These limitations heightened their vulnerability to early pregnancies. Financial constraints affected their ability to stay in school, leading to potential dropouts, reduced awareness of sexual health, and limited access to contraceptives. Poverty's pervasive influence highlighted the need for targeted interventions that addressed the socio-economic disparities and provided comprehensive support to adolescents from economically disadvantaged backgrounds. By investing in educational opportunities and creating accessible healthcare services tailored to the needs of low-income communities, policymakers and stakeholders can work towards breaking the cycle of poverty-related teenage pregnancies and promoting positive reproductive health outcomes among school-going teenagers in Korogocho slums.

ACKNOWLEDGEMENT

Author Contributions: Conceptualization, methodology, formal analysis, investigation, resources, writing—original draft preparation, and writing by Salma Nanjira Musa Mkanga; review and editing by Salma Nanjira Musa Mkanga, Prof David Gichuhi, and Dr Alice Omondi; Supervision by Prof David Gichuhi, and Dr Alice Omondi . All authors have read and agreed to the published version of the manuscript.

Institutional Review Board Statement: Ethical review and approval were obtained for this study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy.

Conflicts of Interest: The authors declare no conflict of interest.

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