



(RESEARCH ARTICLE)



Effects of teenage pregnancy among female learners: A case of selected secondary schools in Kapiri Mposhi district of central province, Zambia

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Abstract

Teenage pregnancy is when a woman under the age of 20 gets pregnant. It usually refers to teens between the ages of 15-19. Teen pregnancy or adolescent pregnancy is the pregnancy of girls aged 10-19 years, leading to many maternal and neonatal adverse effects. These pregnancies have been a global concern for many decades and yet are still prevailing. Pregnancy can occur with sexual intercourse after the start of ovulation, which can happen before the first menstrual period (menarche). In healthy, well-nourished girls, the first period usually takes place between the ages of 13 to 16. It was for this reason that the study was conducted to analyze the effects of teenage pregnancy among female learners in Kapiri Mposhi district of Central Province in Zambia at some selected secondary schools. The study adopted a mixed methods approach which is a combination of quantitative and qualitative data. The sample involved a total of 110 respondents which included; two (2) health workers, from Kapiri General hospital, three (3) head teachers, twelve (12) teachers and ninety-three (93) learners. The respondents were obtained through purposive and simple random sampling. Data was obtained through interviews and questionnaires from the selected secondary schools. Data analysis consisted of content analysis of the interview responses and item analysis of the questionnaire responses; the data gathered were analyzed according to the themes of the study and the order of the research objectives. Data generated from the questionnaires were analyzed manually using the Statistical Package for Social Sciences (version 26) and Microsoft Excel (version 16) to come up with frequency tables, pie charts and bar graphs. The findings indicated that due to teenage pregnancies, there was high levels of school drop-out rates on female learners. Also, the study revealed that poverty, lack of education, lack of information about sexual and reproductive health, child marriages, sexual violence and drug abuse among others, resulted into teenage pregnancies in Kapiri Mposhi district.

Keywords: Adolescent; Education; Learners; Sexual Intercourse; Social Economic Factors; Teen Pregnancy

1. Introduction

Teenage pregnancy is defined as teenage girl, usually within the ages of 13 to 19 years becoming pregnant (UNICEF, 2001). Teenage pregnancy, also known as adolescent pregnancy, is pregnancy in a female adolescent under the age of 20. This includes those who are legally considered adults in their country. The WHO defines adolescence as the period between the ages of 10 and 19 years. Pregnant teenagers face many of the same pregnancy-related issues as older women. There are additional concerns for those under the age of 15 as they are less likely to be physically developed to sustain a healthy pregnancy or to give birth. For girls aged 15–19, risks are associated more with socioeconomic factors than with the biological effects of age. Risks of low birth weight, premature labor, anemia, and pre-eclampsia are not connected to biological age by the time a girl is 16, as they are not observed in births to older teens after controlling for other risk factors, such as access to high-quality prenatal care. The majority of child marriages are a consequence of teenage pregnancies. Several children are getting pregnant before they reach the legal age of majority, which is 18 years in Zambia. Studies have also shown that the majority of women who are currently married, and those that are getting married are doing so before they reach the age of 18 years (Captain, 2011). There are some consequences associated

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with child marriages, chief among them domestic violence. There is also a growing concern about pregnancies and sexually transmitted infections among pupils. These pupils are abandoning school, and getting married earlier before they reach the stage of puberty.

According to UNFPA (2002) pregnancy in a girl aged 10 and 19 years is adolescent or teenage pregnancy. Recently, Janz (2000) posited that teenage pregnancy refers to pregnancy that occurs in young girls, mostly in the range age of 13-17 years old. Several studies have shown that the majority of those affected are between the ages of 13 to 19 years. Dancil (2002) states that adolescence marks the onset of sexual maturity. At this stage, the girl child develops an interest in sexuality and is a victim of man who normally have an interest in breaking their virginity. The transition from childhood to teenage may cause unstable emotions to some teenagers, and this may cause complex teenage psychology break on teenagers. To this end, teenagers in particular those in rural communities need some protection. If a teenager is affected at this stage, it may mean a sorrowful life for her. As alluded to by Glanze (2007), pregnancy in very young women is generally considered to be a very high risk event, because teenage girls are physically and psychologically immature for reproduction. These young women are not yet ready to be mothers, both psychologically and physically. Mutombo & Mwenda (2010) further explain that medically, teenage pregnancy maternal and prenatal health is of particular concern among teens who are pregnant or parenting. In some studies, it has been observed that there is a high incidence rate of premature birth and that low birth weight is higher among adolescent mothers. Pek (2004) Teenage pregnancy is more common in developing countries like Zambia and also associated with numerous social issues, poverty, low education levels, and the lack of, awareness about sex and pregnancy prevention. It is of great concern because it has well known negative health consequences for both mothers and children's. For example, teenage mothers are at great risk of maternity mortality than older women (U.S Bureau of census, 1995). In Zambia, teenage childbearing usually brings a sudden halt to young women's formal education and few girls find ways to continue education after giving birth but the majority do not.

Teenage pregnancies are related to social issues, including lower educational levels and poverty. Teenage pregnancy in developed countries is usually outside of marriage and is often associated with a social stigma. Rimer & Lewis (2002) says that teenage pregnancy in developing countries often occurs within marriage and half are planned. However, in these societies, early pregnancy may combine with malnutrition and poor health care to cause medical problems. When used in combination, educational interventions and access to birth control can reduce unintended teenage pregnancies. In 2015, about 47 females per 1,000 had children well under the age of 20. From 2015 to 2021, an estimated 14 percent of adolescent girls and young women globally reported giving birth before age 18. Rates have historically been higher in Africa and lower in Asia. In the developing world about 2.5 million females under the age of 16 and 16 million females 15 to 19 years old have children each year. Another 3.9 million have abortions. It is more common in rural than urban areas. Worldwide, complications related to pregnancy are the most common cause of death among females 15 to 19 years old. In 2021, 13.3 million babies, or about 10 percent of the total worldwide, were born to mothers under 20 years old.

Furthermore, in sub-Saharan Africa, the most central problems facing young people relate to sexuality and reproduction. The combination of poverty and conflict further compound the situation. In Zambia about 33.8 percent of teenage pregnancy was recorded in 2006 (Zagat, 2012). In 2007, a reduction of three percent of teenage pregnancy was recorded probably as a result of various interventions that were put in place by various stakeholders. In 2006 and 2007 the percentage of teenage pregnancy rose by one percent higher than 2007 now. This rise can probably be accredited to the introduction of the re-entry policy. However, teenage fertility reduced further in 2007, showing that the effect of the policy was temporary and was outweighed by reproductive health interventions. Nevertheless, a rate of 28 percent recorded in 2009 was still high. According to oxford advanced learner's dictionary a teenage is the years of a person's life when they are between 13 and 19 years old. Teenage pregnancy remains an important and complex issue around the world (Nowanga & Martin, 2017). In low and middle- income countries about 16 million girls aged between 15 and 19 years and 1 million girls under 15 years give birth each year (World Health Organization, 2014). In South Africa, the 2014 General Household Survey revealed that the prevalence of teenage pregnancy increased progressively by age: 0.8%, 1.9%, 4.2%, 4.8%, 9.6% and 11.9% for age groups 14, 15, 16, 17, 18 and 19 years respectively. The health and social consequences of teenage pregnancy are serious and wide ranging. Pregnancy and child birth complications are the second leading cause of death among 15 to 19-year-old women globally (WHO, 2014). Teenage girls account for 14% of the estimated 20 million unsafe abortions performed globally each year, which results in 68 000 deaths (UNICEF, 2001). Teenage pregnancy has been viewed as a social problem that has implications for the development and empowerment of women (Samina, 2017). Seitz (2016) noted that teenage pregnancy is not just an issue of reproductive health and young women's bodies but, rather one in its causes and consequences that is rooted in women's gendered social environment.' Despite the progressive legislation in Zambia allowing young women to return to school post-pregnancy only around a third actually re-enter the schooling system.

1.1. Statement of the Problem

TPs have continued to rise amongst secondary school going girls and keep adding negatively to 40% increased school dropouts. The practice has disadvantaged approximately 65% of girls who become mothers at a young age in a number of ways. Besides, the practice has hindered 70% of mother girls to attain high education as some girls lose tenacity and drive for school due to split attention such as attending to the baby and school work at the same. This has causes 64% of girls to perform poorly in schools (UNPFAR, 2007). In addition, a number of studies have shown 63% of teenage girls drop out of school as a result of pregnancies. Teenage pregnancies according Smith (2000) have contributed negatively to infant mortality rate because young Mothers are yet fully grown for a health delivery and in the rural areas lack easy access to primary health care, which exacerbate pregnancy related complications among others. On the other hand, the Government of the Republic of Zambia, introduced a Re-Entry Policy (REP) but it's not clear the numbers of girls who return to school because the number is still low. Thornhill (2012) argue that 81% of girls who fall pregnant become psychologically disturbed and eventually lose interest in school. Besides, due to teenage pregnancies, there is 61% of poverty rise among women because some girls dropped out of school, lose interest and opted to marry. This is why this unique study sought to analyze the effects of teenage pregnancy among female learners in Kapiri Mposhi district of Central province in Zambia.

1.2. The Purpose of the Study

The purpose of this study was to analyze the effects of teenage pregnancy among female learners at the selected secondary schools in Kapiri Mposhi district of Central province in Zambia.

1.3. Research Objectives

The objectives of the study were to:

- Investigate factors influencing female learners to teenage pregnancies at the selected secondary schools in Kapiri Mposhi district of Central province, Zambia.
- Determine the effects of teenage pregnancy among female learners at the selected secondary schools in Kapiri Mposhi district of Central province, Zambia.

1.4. Theoretical Framework

The study adopted the Social Learning Theory, which is a theory of learning process and social behavior (Bandura, 1977). The teenage pregnancies common amongst secondary school female learners has much to do with what they learn from friends both at school and home. Besides, what they from the society has a major bearing in their lives. The increased teenage pregnancy incidences amongst secondary school female learners, points to who do they associates with and what social behaviour is passed onto the girls. Furthermore, the theory underscores and proposes that new behaviors can be acquired by observing and imitating others. The aforementioned is true amongst secondary school girl who have adopted a western dress code observed in the society. This traces where promiscuous behaviour emanates from in school going girls. The theory further states the that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. The cognitive behaviour that has had much influence on the girls today as there is continuous dwindled dress code (Michael, 2010). Zambia has continued to witness poor dressing standards among the women folk that has negatively contributed to rape cases and teenage pregnancies among others. The society has an upper hand in influencing the behaviour of school girls. In addition to that, teenage pregnancies are associated with social issues that include lower educational levels and poverty (CSO, 2013). In developed countries, teenage pregnancy is usually outside the marriage and is often associated with a social stigma but in developing countries occurs within marriage and half are planned. However, in these societies, early pregnancy may be combined with malnutrition and poor health care that causes medical problems most of the time. When used in combination, educational interventions and access to birth control can reduce unintended teenage pregnancies (Smith, 2000).

1.5. Significance of the Study

It is hoped that the findings of this study and recommendations would be an eye opener to parents in order to help them lessen the high rates of teenage pregnancies among young girls in secondary schools. The findings would also help school authorities, policy makers, the community and the country at large including the government of Zambia to come out with proper policy strategies to overcome the problem of teen pregnancy. The research findings also added new knowledge on the existing one concerning teen pregnancies among female learners in secondary schools.

2. Material and methods

2.1. Study Design

The study adopted a mixed methods approach, combining quantitative and qualitative data. Exploratory and descriptive designs were as well considered appropriate as they also allowed for more flexible strategies of data collection in order to answer the research questions. The study incorporated both qualitative and quantitative aspects of research. The study was aimed at collecting information from respondents on the effect of teenage pregnancy among female learners in secondary schools in Kapiri Mposhi district of Central Province, Zambia.

2.2. Research Site

The research was conducted in in Kapiri Mposhi district of Central Province in Zambia at some selected secondary schools from which respondents were also sampled.

2.3. Population, Sample and Sampling Procedure

The population for the study comprised of two (2) health workers, head teachers, teachers and pupils at the selected secondary schools. The target population was 1100. The sample size involved a total of 110 respondents which included two (2) health workers from Kapiri Mposhi General Hospital, three (3) head teachers, one from each selected school. Twelve (12) teachers, four from each selected school and ninety-three (93) learners, thirty-one (31) from each selected school. The study employed both purposive and simple random sampling on different participants from the selected secondary schools. Simple random sampling was used on the teachers and learners, this is because there were too many to participate, hence simple random selection of was preferred. On the other hand, purposive sampling was used on the health workers and head teachers for convenient purposes.

2.4. Data Analysis

Data were analyzed qualitatively as the semi structured interviews schedules were used as data collection instruments. Thematic approach was used, where data analysis started with categorizing the research themes from the semi structured interviews schedules. Data generated from the questionnaires was analyzed manually using the Statistical Package for Social Sciences (version 26) and Microsoft Excel (version 16) to come up with frequency tables, pie charts and bar graphs.

2.5. Ethical Issues

Permission from DEBS office for Kapiri Mposhi district was sought in carrying out this study and the researcher avoided pressuring respondents to take part in the research. Alternatively, permission consents, assents were obtained from respondents involved in the research and the research topic was strategically selected to ensure that there was no harm whatsoever to the research respondents. Anonymity was assured since the participants' names were not to be written or mentioned in the study. Besides, the participants were given privacy during interviews and data was not availed to any authorized person. also, the participants were informed in advance that they had the right to decline participation in the study from onset or withdraw at any time if need be. Interviews were not conducted on one-to-one basis; instead, participants were grouped and identified using their titles. An informed consent was sought before collecting information from the informants and guaranteed them with security of the information they provided. Furthermore, the main objective of gathering such information was made clear to the respondents.

3. Results and discussion

The following findings and discussions were presented according to set research objectives:

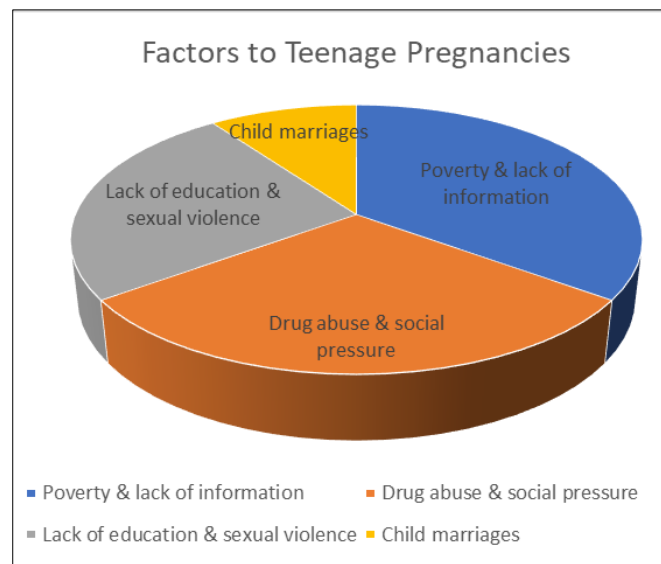
3.1. Factors Influencing Female Learners into Teenage Pregnancies

Table 1 below represented the respondents' responses on the factors influencing female learners into teenage pregnancies. 35% (head teachers) of the respondents cited poverty and lack of information about sexual and reproductive health and rights as leading factors. 30% (teachers) of the respondents pointed out drug abuse, family, community and social pressure to marry as other factors. 25% (learners) of the respondents cited lack of education/school drop-out and sexual violence as factors. To TPs. 10% (health workers) of the respondents cited inadequate access to services tailored to young people and child marriages as other factors leading girls into TPs.

Table 1 Factors to Teenage Pregnancies

Respondents	Factors of TPs	Percentage
Head teachers	Poverty & lack of information	35%
Teachers	Drug abuse & social pressure	30%
Learners	Lack of education & sexual violence	25%
Health workers	Child marriages	10%
Total		100%

Source: Author, 2023



Source: Author, 2023

Figure 1 Factors to Teenage Pregnancies

In addition to the stated factors, it can also be made clear that there are other factors apart from the factors depicted from the findings of this study that lead to teenage pregnancy and dropouts among girls in secondary schools. These emanate from the perspective that students enter college with different personal and family experiences and with various levels of academic characteristics and skills (Christine, 2016). Pupils (Girls) characteristics prior to attending secondary school affect the level of commitment and involvement to the school. Prior characteristics include family background, individual attributes, and adolescent experiences. Family background addresses socioeconomic status and parental educational level. Individual characteristics include academic ability, race, and gender. Pupils' school experiences identified high school academic achievement. Students likely to continue and succeed in school have positive encounters within their academic and social environment. The academic and social success of youth comes from the ability to share ideas with peers and the faculty, and to feel a sense of connection between their academic pursuit and that particular school. From the literature of this study, Cooper & Schindler (2008) further adds that in developed countries, teenage pregnancies are usually outside the marriage and is often associated with a social stigma but in developing countries occurs within marriage and half are planned. However, in these societies, early pregnancy may be combined with malnutrition and poor health care that causes medical problems most of the time. When used in combination, educational interventions and access to birth control can reduce unintended teenage pregnancies. The other factor that came out from respondents was drug abuse. It is true that drug abuse affects most of the teenage girls in that they lead them to premature and unplanned sex in secondary schools that in turn see them into dropping out of school due to pregnancy.

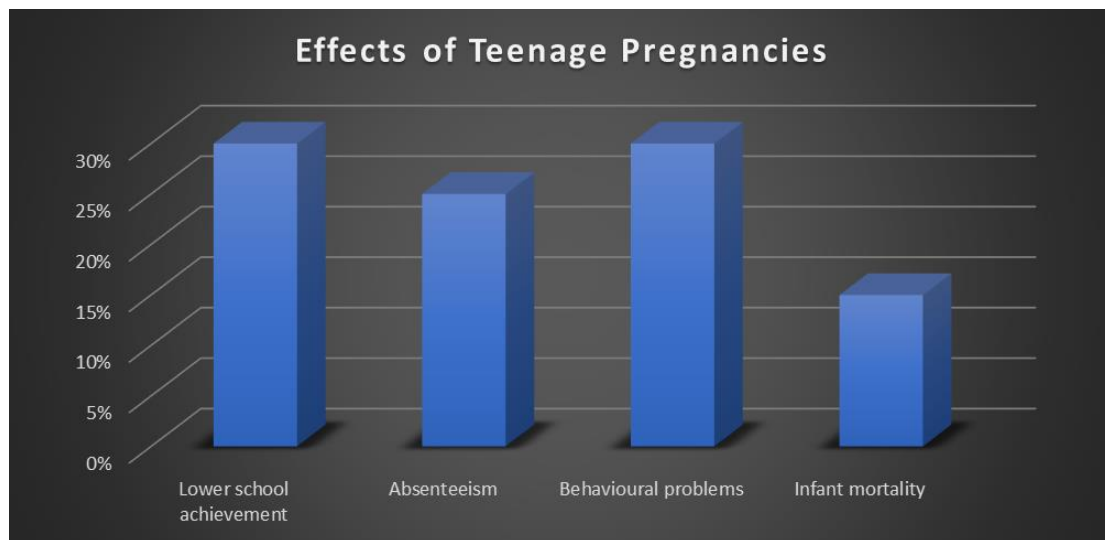
3.2. Effects of Teenage Pregnancies Among Female Learners

Table 2 below represented the respondents’ responses on the effects of teenage pregnancies among female learners in secondary schools. 30% (head teachers) of the respondents stated lower school achievement and that dropping out school is high. 25% (teachers) of the respondents pointed out that absenteeism and unemployment were other effects of TPs. 30% (learners) of the respondents cited behavioural problems and low levels of emotional support from the community. 15% (health workers) of the respondents mentioned infant mortality and lack of skills to help them learn effectively in school.

Table 2 Effects of Teenage Pregnancies Among Female Learners

Respondents	Effects of TPs	Percentage
Head teachers	Lower school achievement	30%
Teachers	Absenteeism	25%
Learners	Behavioural problems	30%
Health workers	Infant mortality	15%
Total		100%

Source: Author, 2023



Source: Author, 2023

Figure 2 Effects of Teenage Pregnancies Among Female Learners

From the findings, it is clear that the period of life between teenage years, and adulthood brings many transitions. Individuals seek to establish balance personally and socially. Multiple influences such as unprotected sex that in turn leads to unplanned pregnancy can hinder teenagers’ ability to succeed. On the other hand, for teenage parents, the balance of these influences tends to be more negative than positive as it was observed in Kapiri that a number of girls dropout of school in large numbers every year. Some specific areas of concern in the lives of teen dropouts are both support factors and risk factors. The support factors for teen girls may involve positive influences that increase the likelihood of high school graduation. For students who are not given the appropriate support, the risk factors such as school dropout may greatly increase. It seems likely that the positive balance of personal, social, and family factors will enable teen parents to succeed despite the huge responsibility of having a child. School factors that contribute towards adolescent pregnancy are early and persistent antisocial behavior, academic failure beginning from primary school, and lack of commitment to school. Pupils from Lukanda, Matilyo and Kapiri secondary with antisocial or problematic behaviors are more likely to continue these patterns well into adolescence; therefore, increasing the risk of pregnancy and dropout. Academic failure may be caused by poor test scores and low scores on standardized tests. Teen parenthood may present multiple problems for teens struggling academically, personal, and socially. For teens that struggle,

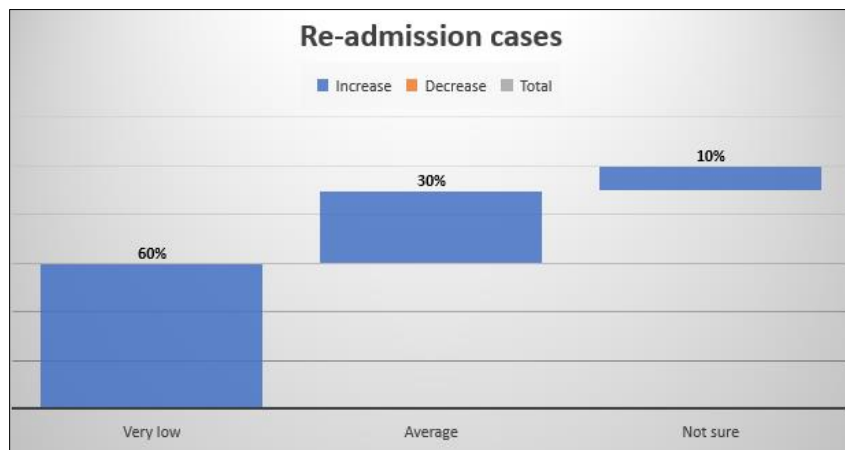
dropping out of school may have the most detrimental effect. In addition to teen pregnancy, dropping out of school is associated with delinquency, school misbehavior, aggressiveness, impulsiveness and poverty (Daniel, 2000).

Table 3 Levels of School Drop-outs in Kapiri Mposhi District Due to Teenage Pregnancy According to Head Teachers

Responses	Frequency	Percentage
Very High	40	50%
Average	30	37%
Not sure	10	13%
Total	80	100%

Source: Author, 2023

In most Zambian schools, teenage pregnancies are the major causes of school drop outs among girls and Kapiri secondary schools are not exceptional. The majority of respondents indicated that it is to a very high extent to which teenage pregnancies contribute to school dropouts among girls because these respondents were victims of dropping out of the education system due to pregnancies and further interaction showed that the pregnancies did not lead into marriages. The respondents that indicated that teenage pregnancy averagely leads to school dropouts among girls were pupils who were still in school and they did not seem to be very familiar with the concept of teenage pregnancy. The 10 male respondents indicated that they were not sure and further interview showed that they did not have interest in love affairs and they did not pay attention to pregnancy matters in school.



Source: Author, 2023

Figure 3 Head teachers’ responses on girls get re-admission after pregnancy

When it comes to the re-admission of girls to the education system after giving birth, the Zambian government has put in place an education policy called “Re-entry Policy” meant to re-admit girls to the education system after giving birth. The re-entry policy launched in 1997 advocates that girls who drop out of school due to pregnancy should be readmitted after giving birth (CSO, 2014). The aim of this policy is to implement measures that will help prevent the exclusion of young mothers from furthering their education. In the event of a girl being forced out of school due to pregnancy, the Ministry of Education has provided policy guidelines to assist schools and other stakeholders such as parents and guardians to ensure that the girl is enabled to complete her education. Contrary to the policy, the views of head teachers from selected schools in Kapiri Mposhi indicated that only a small number of girls get back to school after giving birth and the majority stays away despite the schools being read to re-admit them. This was observed in that when respondents were asked about the extent to which girls get re-admitted after pregnancy. Girls do not get back to school because once they are home raising a child the family remains the most important primary institution of authority, guidance and socialization. Bruce (2001) says the knowledge, attitudes and practices within the family are critical to decisions concerning the education of both boys and girls. Poverty in a household contributes to disparities in educational opportunities between girls and boys (Becker, 2009). In traditional Zambian context boys are favored over girls, this is because educational decisions by the family take into account perceived future utilities and benefits of educating a man or woman. A man’s value lies in his being perceived as the future potential breadwinner while the woman’s value lies in her being perceived as a caregiver. Culturally, the girl as a caregiver-in-training is expected to

undertake activities that contribute to the productive needs of a family much earlier compared to the boy. This early cultural role assignment significantly affects all other activities that a girl may be engaged in including the quantity and quality of time a girl spends in doing schoolwork. If a girl falls pregnant, she is no longer perceived as schoolgirl but as a wife.

4. Conclusion

The UNICEF study highlighted the connection between alcohol and risky sexual behaviour. The study found that 15-24 year olds consume alcohol on a regular basis, and start drinking fairly early (at the age of 15). One-fifth of this age group uses alcohol daily or up to six times week. Furthermore, almost 27% had participated in sexual activities while under the influence of alcohol. Alcohol increases the probability of having taken one or more sexual risks which could lead to HIV (and thus also to pregnancy) more than threefold. Also, from the findings of this study, it was concluded that the national policy “Re-entry policy” that is in place to help girls get re-admitted to the education system after giving birth is not known by the majority girls in secondary schools. Therefore, there is a need to conduct intensive sensitizations in schools about the re-entry policy in order to make it known to the pupils so that they find means of getting back to school after giving birth.

Recommendations

The following are actions that should be taken on the basis of the findings of this study:

- The Ministry of education should intensify sensitizations on girls’ right to education.
- The government should sponsor sensitization programs on the re-entry policy and make it known to all communities.
- The Ministry of Education should make Reproductive Health Programs a priority in all secondary schools.
- The school administrators should emphasize to parents and communities on the importance of child support, especially to teen mothers.

Compliance with ethical standards

Statement of ethical approval

If studies involve use of animal/human subject, authors must give appropriate statement of ethical approval. If not applicable then mention ‘The present research work does not contain any studies performed on animals/humans subjects by any of the authors’.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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Author's short biography



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