



DETERMINATIONS OF PSYCHO-SOCIAL RISK FACTORS ASSOCIATED WITH ADOLESCENT PREGNANCY IN RONGAI SUB COUNTY, NAKURU COUNTY, KENYA

1 Dr. Daniel A. Otwor, 2 Prof. Bernard O. Abong'o, 3 Prof. Leo J. Ogallo

1 Lecturer, 2 Deputy Principal College of Health Sciences, 3 Dean of the Faculty of Agriculture and Technology
1 School of Nursing,
1 Great Lakes University of Kisumu, Kenya

Abstract : This study has been undertaken to investigate the psycho social factors of teenage pregnancy currently in Rongai Sub County, Kenya. In particular, the study determined psycho social factors associated with adolescent pregnancies in Rongai Sub County, Nakuru County, Kenya. Research in Kenya on the impact of psycho social adolescence shows that despite government efforts, little research and writing has been conducted on the topic. Therefore, this study sought to address this research gap by investigating the psycho social factors of teenage pregnancy in Kenya. The study adopted a descriptive cross-sectional study design. Using purposive sampling technique and a single population formula, a sample size of 411 adolescent girls between the ages of 15 and 19 were involved in this study. Primary data was obtained from the information in the questionnaires distributed to the pregnant adolescents and interview guides from the research assistants. The questionnaire was pilot tested on the five sub themes that helped to improve the instrument while exploratory factor analysis was used to extract factors with reliability value of 0.70. Factor loadings that were less than 0.70 were discarded. Data were collected using a modified, pre-tested structured questionnaire with a reliability coefficient of 0.74, adopted from the WHO standard tool (developed by John Cleland) designed to assess the psycho social impact of adolescent pregnancy. Cronbach's alpha coefficient was used to determine reliability during the pilot study. The Study employed a combination of descriptive and inferential statistics to establish the degree of association among the variables while Chi square and multinomial logic regression analysis was used to establish the relationship between the variables. The results were processed with the SPSS 25 version and were presented using tables and figures. Results were interpreted at a 95% confidence level. The findings of the study indicated there was a significant effect of the Psycho social variables on the adolescent pregnancy. The Study recommended effective implementation of teenage pregnancy legislation, rules policies and regulations to mitigate psycho social effects of pregnant adolescents in Kenya.

Key Words: Adolescent; Determinations; Pregnancy; Psycho social Factors

I. INTRODUCTION

The occurrence of adolescent pregnancy is a widespread occurrence that impacts nations around the globe, encompassing both developed and developing regions. According to a report by WHO (2014), an estimated 18 million girls aged 12 to 17 experience childbirth annually, with roughly two million of these births occurring among girls under the age of 15. Furthermore, it is worth noting that a significant majority of births among adolescents, approximately 90%, take place in nations classified as low- and middle-income. The occurrence of this phenomenon is more prevalent among socioeconomically disadvantaged, less educated, and geographically isolated communities in developing nations (World Health Organization, 2020).

According to a study conducted by Kefale, Yalew, Damtie, and Adane (2020), an estimated 19 million adolescent girls between the ages of 15 and 19 experience pregnancy and childbirth annually in underdeveloped nations. The pooled prevalence of teenage pregnancy in Africa was found to be 18.8%. Notably, sub-Saharan Africa contributes approximately 19.3% to the worldwide teenage pregnancy rate (Kassa, Arowojolu, Odukogbe & Yalew, 2018). There are multiple factors that contribute to the occurrence of teenage pregnancy. Adolescence is a challenging phase characterized by tumultuous experiences and heightened levels of psychological strain. This developmental stage is distinguished by a progressive sense of autonomy and significant alterations in biochemical, physical, and behavioral aspects.

The prevalence of teenage pregnancy in society can be ascribed to multiple causes, which have been extensively examined by numerous scholars. During the period of adolescence, it has been observed that adolescent females tend to partake in behaviors and activities that are deemed detrimental to their well-being. These behaviors include engaging in early and unsafe sexual practices, which can lead to severe repercussions such as the transmission of sexually transmitted illnesses and the occurrence of unintended teenage births (Centers for Disease Control and Prevention, 2021).

Adolescent pregnancy can give rise to adverse social and economic consequences for young women, as well as their families and communities (Sedgh, Finer, Bankole, et al., 2015). For instance, if an individual When an adolescent female falls pregnant, she is subjected to significant repercussions. Additionally, she inflicts suffering upon her family members. The girl's lack of attentiveness necessitates the intervention of her family members in order to assist her in managing the pregnancy. Consequently, this finally results in the imposition of excessive responsibilities on her family members. Unwed adolescent females who are pregnant may encounter social disapproval or ostracism from their parents and peers, and potential instances of aggression. Adolescent pregnancies are associated with a societal disapproval that leads to an increased likelihood of experiencing poverty, limited literacy, or worse educational achievements in subsequent years (Maliki, 2012). According to Clemmens' (2022) findings, adolescents who experienced a typical childbirth thereafter exhibit and disclose symptoms indicative of depression.

Increased exposure to risk factors for early sexual activity in adolescents is thought to contribute to the rising prevalence of psychological disorders in adolescent pregnancies. These risk factors include economic growth, globalization of markets, and urbanization. With more and more adolescent mothers entering the workforce, population-based research have focused heavily on the psychological consequences of teen pregnancies. Having a kid during adolescence brings countless difficulties, as evidenced by the expanding corpus of national and international literature on the topic. Despite government attempts, research in Kenya on the effects of psycho social adolescence has yielded scant written material. This study aims to do just that by analyzing the Psycho-social factors of teen pregnancies in the present-day setting of Rongai Sub County in Kenya.

1.1 NEED OF THE STUDY

The problem of teenage pregnancy is a prevalent problem in several countries covering both developed, developing and underdeveloped regions, with significant implications in the social and educational spheres. Despite the implementation of numerous intervention techniques, the prevalence of adolescent pregnancy remains a major problem in many countries. Annually, an estimated 21 million adolescent women between the ages of 15- and 19-years' experience childbirth worldwide, while approximately 3.9 million cases of unsafe abortion are performed. A substantial international and national literature has emerged in Kenya highlighting the widespread problem of teenage pregnancy, which is associated with a remarkable 18% motherhood rate. Approximately 20% of adolescent women ages 15 to 19 have either experienced childbirth or are currently pregnant with their first offspring. The rate of increase increases significantly with age, rising from 3% for girls aged 15 to a remarkable 40% for girls aged 19. This phenomenon makes Kenya to be one of the few African countries to record a significant increase in adolescent pregnancies. The scenario has differences across counties, with certain counties experiencing disproportionate impacts compared to others (UNFPA, 2022). This worrying situation necessitates the consideration of pregnancy prevention strategies prior to its occurrence, rather than only relying on re-entry measures. This study is grounded in the idea that teenage parenthood poses challenges for individuals in pursuing career aspirations and achieving personal objectives (Shuger, 2012). While previous studies conducted in various locations have highlighted the significance of teenage pregnancy in Kenya (Nyaga, 2010; Sifuna & Chege, 2006; Musonga, 2014), there is currently a dearth of research examining the psycho social factors associated with teenage pregnancy in this context. This study seeks to address this research gap by investigating the psychosocial factors of teenage pregnancy in Kenya. Hence, the objective of this study is to ascertain the psychological factors associated with adolescent pregnancy in Rongai Sub County, Nakuru County, Kenya.

II. LITERATURE REVIEW

2.1 Theoretical Framework

The present study is informed by the theory of reasoned action (TRA or TORA), a theoretical framework that seeks to explicate the relationship between attitudes and behaviors in human action (Fishbein & Ajzen, 2015). The primary purpose of its use is to forecast the conduct of individuals by analyzing their pre-existing behavioral and attitudinal intents. The primary determinant of an individual's decision to engage in a specific activity is the consequences that are anticipated based on their own expectations resulting from the performance of that conduct (Rogers et al., 2002).

In this particular study, the researchers opted to utilize reasoned action theory as a predictive framework for investigating the psychosocial factors of adolescent pregnancy in Rongai Sub County, Kenya.

2.2 Conceptual Framework

According to Chakraborty (2009), the purpose of each piece of research should be to "operationalize" (or put into practice) a set of predetermined concepts or variables. It is the backbone of the study, providing shape and form and securing the logical arrangement of all its constituent parts (Mugenda & Mugenda, 2012). It demonstrates the researcher's understanding of the interconnections among the study's variables (KIM, 2009). The components of a conceptual framework are the independent, dependent, and moderating variables. This study's conceptual framework was formulated using the theoretical foundation and the variables that were measured. Independent variables were-demographic-variables(age,education-level,religion parental, marital, income, planned pregnancy)and psycho-social-variables (prenatal care,contraceptives, school-fees, knowledge of contraceptives, sexually abused)

III .RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. This includes Universe of the study, sample of the study,Data and Sources of Data, study's variables and analytical framework. The details are as follows;

3.1 Research Design and Philosophy

The research design utilized in this study was a descriptive cross-sectional design, aligned with a positivist philosophical viewpoint.

3.2 Population and Sample

This study used Purposeful sampling and single population proportion technique to get a sample size of 411 pregnant adolescents from the larger population under study in Rongai Sub County, Nakuru County.

The sample size of this study was obtained by using the formula for a single population proportion. Where $n = \frac{Z_{\alpha/2}^2 \times p(1-p)}{(W)^2}$ estimated Proportion of adolescent who are pregnant will be 50%, a level of significance 95%, a margin of error 5%, and non-response rate 10%. Where n= Initial sample size

Z= 1.96, the corresponding Z-score for the 95% CI P= Proportion= 50%

$$W = \text{Margin of error} = 5\% = 0.05 \quad n = \frac{(Z_{\alpha/2})^2 \times p(1-p)}{(W)^2} = \frac{(1.96)^2 \times 0.58(1-0.58)}{(0.05)^2}$$

$$\frac{3.8416 \times (0.58 \times 0.42)}{0.0025}$$

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Taking non-response rate 10% the final sample size required for this study will be 411.

3.3 Data and Sources of Data

The research employed questionnaires as the primary tool for data collection, comprising a combination of open-ended and closed-ended inquiries. The research was enhanced by the inclusion of interview guides. The method of hand delivery and collection of questionnaires were implemented. The responsibility of delivering the surveys was assigned to either the researcher or the research assistants, with the purpose of facilitating required clarifications and resolving any potential ambiguities. Upon delivery, the researcher or research assistants were allocated a 30-minute time frame for the respondents to provide their responses and select the surveys. Research assistants administered questionnaires and conducted interviews with the pregnant teenagers, collecting primary data who were attending antenatal clinic in different health facilities located in Rongai Sub County. Questionnaires were utilized as a means of facilitating data gathering. Exploratory factor analysis was performed to extract factors with a reliability value of 0.70, and pilot testing on the questionnaire's five sub themes helped to refine the instrument. Factor loadings that were less than 0.70 were discarded. Data were collected using a modified, pre-tested structured questionnaire with a reliability coefficient of 0.74, adopted from the WHO standard tool (developed by John Cleland) designed to assess the psycho social factors of adolescent pregnancy. Cronchbach's alpha coefficient was used to determine reliability during the pilot study.

3.4. Data Analysis

The present study employed the Ordinary Least Squares (OLS) regression model to examine the relationship between research variables, as described by many authors (Faraway, 2002; Cohen, West, & Aiken, 2003; Kline, 1998). The ordinary least squares (OLS) regression method is often preferred in academic research due to its capacity to ascertain the existence of a correlation between independent and dependent variables (Castillo, 2009). The outcomes derived from the use of ordinary least squares (OLS) regression analysis encompass several key components, namely an R-squared value, an F-statistic, and estimations of regression coefficients. Based on the findings of Lomax (2007) and Tabachnick, Barbara, and Fidell (2007), a high F-statistic is associated with the rejection of the null hypothesis, indicating a weak overall model fit. The employment of coefficients of determination (R) is commonly observed in statistical models aiming to predict future events by including pertinent associated data, as indicated by Everitt (2002), Nagelkerke (1992), and Glantz and Slinker (1990).

The ordinary least squares (OLS) method was selected as the preferred approach due to its characteristic of providing unbiased estimates for the unknown parameters in linear models. The least squares model is employed to estimate the values of the dependent variable by taking into account the values of the independent variables. In contrast, logistic regression is utilized to predict the probability or likelihood of the dependent variable assuming a particular value. Logistic regression is commonly utilized when the dependent variable Y exhibits a categorical scale and binary characteristics.

The data that was gathered was subjected to component scoring in order to generate continuous scale scores, which were subsequently utilized for inferential analysis. The least squares regression model was deemed the most suitable approach for fitting the data. The ordinary least squares (OLS) regression model is predicated on the assumption that the error term exhibits characteristics of white noise. This implies that the error term adheres to a normal distribution, displays homoscedasticity (i.e., constant variance), and lacks automatic correlation. When the error term exhibits heteroscedasticity or autocorrelation, the ordinary least squares (OLS) estimation method becomes biased and unsuitable. The researcher employed ordinary least squares (OLS) regression and conducted a hypothesis test to determine if the fitted model satisfied the assumptions of white noise. Generalized least squares (GLS) is employed when the error term exhibits non-constant variance or auto-correlation. GLS is particularly effective for modeling data with colored noise. A multiple regression analysis was employed to assess the linear associations among several psychosocial outcomes in the context of teenage pregnancy. The researchers employed the model to determine the variables that either influenced the response or were deemed insignificant (Anderson, Sweeny, & Williams, 2007).

The data that was gathered was inputted into the software Epidata, and subsequent analysis by variables was conducted using the Statistical Package for Social Sciences (SPSS) version 25 for the Windows operating system. Descriptive statistics were utilized to calculate the measures of central tendency (means), dispersion (ranges, standard deviations), and variability (variances). Analytical statistical methods were utilized to conduct tests of statistical significance, employing techniques such as the Chi-Square test, regression analysis, and correlation analysis to examine the link between variables. The findings were displayed through the utilization of tables, graphs, and diagrams

3.5.1 Dissemination of findings

The findings of the research study were presented to the Department of Health in Rongai Sub County & Nakuru County. The findings will be published in Peer reviewed Journals as well as presented to Ministry of Health in seminars and conferences in conjunction with the Department of Research and programs.

3.5.2 Ethical Considerations

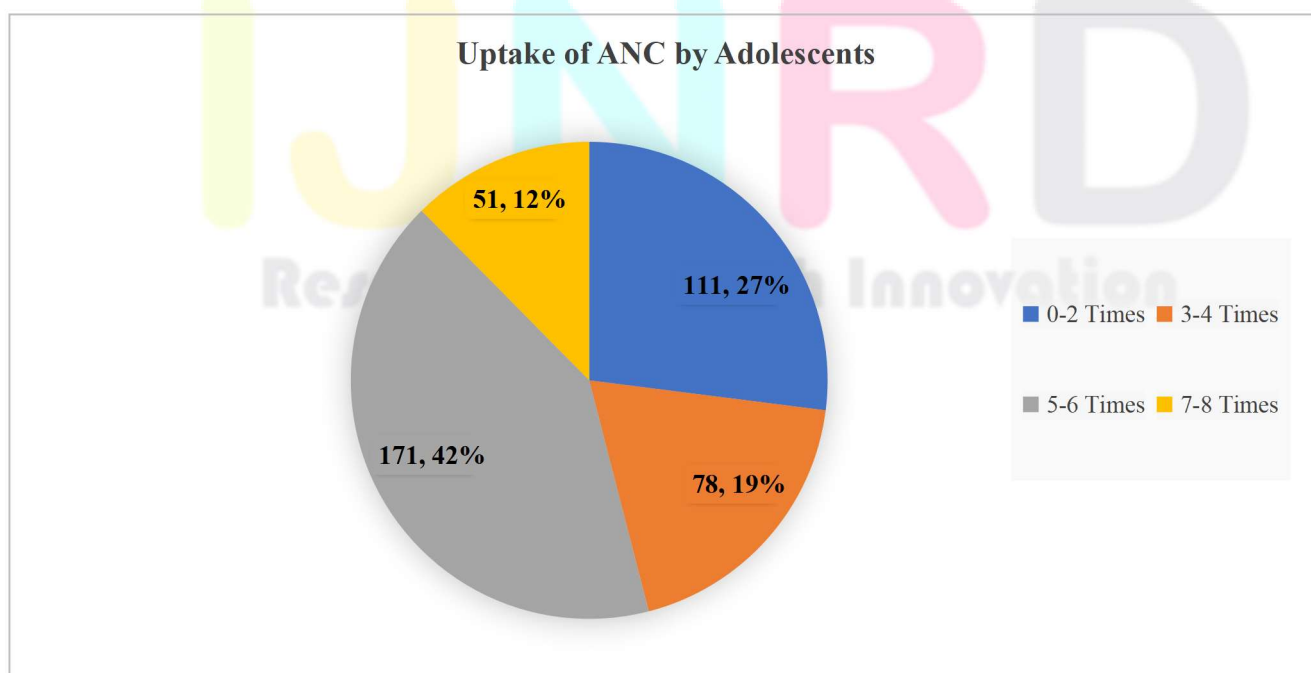
The study commenced after obtaining necessary approval from the School of Postgraduate Studies and the Graduate Research Ethics Committee (GREC) of the Great Lakes University of Kisumu. After the protocol was approved by the Graduate Research Ethics Committee (GREC), it was subsequently submitted to the National Commission for Science, Technology and Innovation (NACOSTI) to obtain research approval to conduct the study in Rongai Sub County. Given the sensitive nature of the research, an informed consent form was provided to those individuals who readily agreed to participate in the study. The further facts were explained to the individual people and they were given the opportunity to make a decision between participation and non-participation. The researcher explained the aims and objectives of the study to all participants and gave them the opportunity to obtain any necessary explanations. Participants received notification that all data collected was kept anonymous and confidential to ensure that no personal identifiers were included in the research documentation. The study allowed participants to verbally consent to their participation. People who agreed to take part in the study received no money.

IV. RESULTS AND DISCUSSION

4.1 Social Demographic characteristics of Respondents

A total of 411 respondents (response rate 100%) had participated in this study. Of 411 respondents, Majority of the respondents were 18 years old with a percentage of 33.6% (138) followed by those who were 17 years 24.8% (102), 16 years 21.7% (89) and the minority being those who were 19 years old 10.2% (42) followed closely by 15 years old 9.7% (40). Considering their educational background, those in secondary school had the highest number 85.2% (350), primary 7.3% (30), college 6.1% (25) and those in Universities being the least with 1.5% (6). Christians were 94.89% (390) having the highest number while the Muslims were 5.11% (21). 94.89% of the respondents' parents were alive, 5.1% (21) of the respondents were not alive, also 96.84% (398) of the adolescent girls were not married while 3.2% (13) were married. Majority of the respondents had no source of income 96.11% (395) while 3.89% (16) having a source of income. Unplanned pregnancy were the highest with at 97.32% (400) compared to the planned pregnancy 2.7% (11). Considering the gestation period, most girls were in the first trimester (48.66%), then second trimester (36.5%) and the third trimester having the least number (14.84%). Regarding the Uptake of ANC among pregnant adolescents, the results indicated it was low with only 19 % (19/411) who were able to meet the UN recommended uptake of at least 8 times in the entire period. A larger proportion of 42% (171/411) had only between 5-6 times uptake of ANC services as shown in figure.4.1

Figure4. 1: Uptake of ANC by Adolescents



However, the largest number among the adolescents who met the recommended threshold of ANC, (47) 11.4% were aged 18 years, (48) 11.7% were in secondary school and (51) 12.4% had no income as shown in Table 4.3 .

Table 4. 3: Demographic Characteristics of Pregnant Adolescents

Variable		Adolescents' Uptake of ANC				Total
		O-2 Times	3-4 Times	5-6 Times	7-8 Times	
Age	15 Years	(39) 9.5%	(1) 0.2%	(0) 0.0%	(0) 0.0%	(40) 9.7%
	16 Years	(57) 13.9%	(29) 7.1%	(2) 0.5%	(1) 0.2%	(89) 21.7%
	17 Years	(6) 1.5%	(30) 7.3%	(66) 16.1%	(0) 0.0%	(102) 24.8%
	18 Years	(3) 0.7%	(11) 2.7%	(77) 18.7%	(47) 11.4%	(138) 33.6%
	19 Years	(6) 1.5%	(7) 1.7%	(26) 6.3%	(3) 0.7%	(42) 10.2%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Education	Primary	(29) 7.1%	(1) 0.2%	(0) 0.0%	(0) 0.0%	(30) 7.3%
	Secondary	(79) 19.2%	(75) 18.2%	(148) 36.0%	(48) 11.7%	(350) 85.2%
	College	(3) 0.7%	(2) 0.5%	(17) 4.1%	(3) 0.7%	(25) 6.1%
	University	(0) 0.0%	(0) 0.0%	(6) 1.5%	(0) 0.0%	(6) 1.5%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Religion	Christian	(111) 27.0%	(76) 18.5%	(155) 37.7%	(48) 11.7%	(390) 94.9%
	Muslim	(0) 0.0%	(1) 0.5%	(16) 3.9%	(3) 0.7%	(21) 5.1%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Parent	Yes	(111) 27.0%	(76) 18.5%	(155) 37.7%	(48) 11.7%	(390) 94.9%
	No	(0) 0.0%	(1) 0.5%	(16) 3.9%	(3) 0.7%	(21) 5.1%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Marital	Yes	(0) 0.0%	(1) 0.5%	(8) 1.9%	(3) 0.7%	(13) 3.2%
	No	(111) 27.0%	(76) 18.5%	(163) 39.7%	(48) 11.7%	(398) 96.8%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Income	Yes	(16) 3.9%	(0) 0.0%	(0) 0.0%	(0) 0.0%	(16) 3.9%
	No	(95) 23.1%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(395) 96.1%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%
Planned Pregnancy	Yes	(11) 2.7%	(0) 0.0%	(0) 0.0%	(0) 0.0%	(11) 2.7%
	No	(100) 24.3%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(400) 97.3%
	Total	(111) 27.0%	(78) 19.0%	(171) 41.6%	(51) 12.4%	(411) 100.0%

4.2 Psycho-Social Factors Associated with Adolescent Pregnancy

The study analysis revealed a significant relationship between two psycho social factors and adolescent pregnancy. Majority of the adolescent pregnancy cases were due to lack school fees. Among 0-2 times ANC up takers, the prevalence was 25% and 19% for 4-5 times up takers who strongly agreed that lack of school fees contribute to adolescent pregnancy as observed in Figure 4.4.

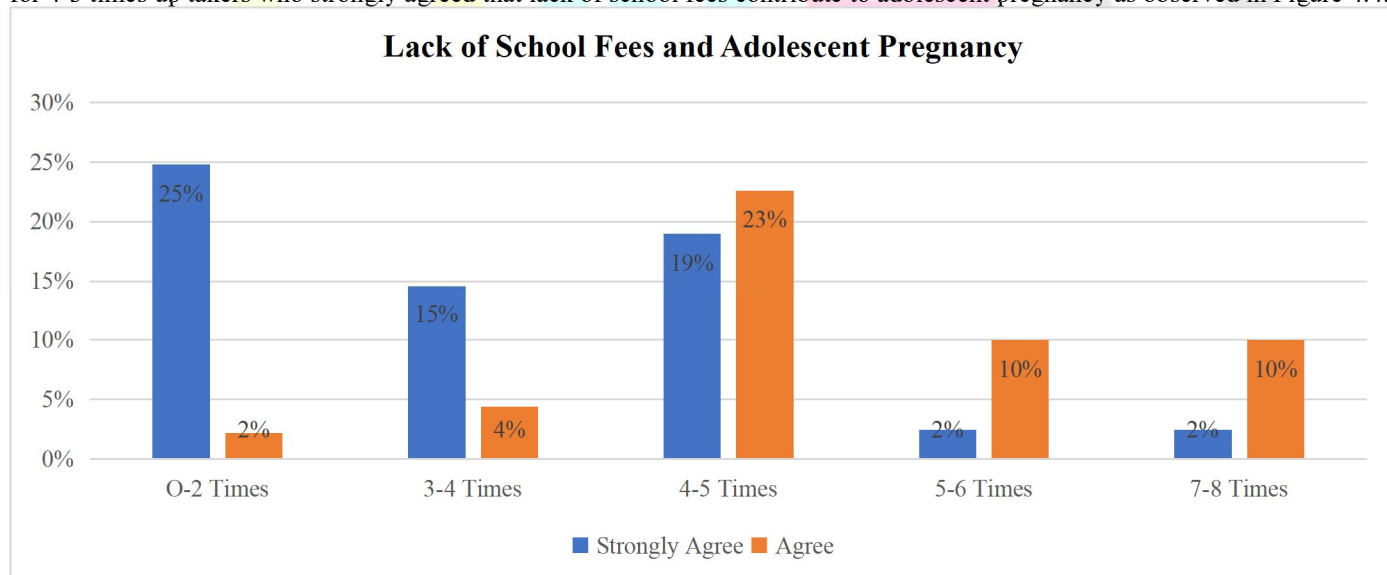


Figure4. 2.: Lack of School Fees and Adolescent Pregnancy

Among 5-6 times users of ANC services, majority (42%) just agreed to the fact that sexual abuse was a contributing factor to their pregnancies. For 0-2 times and 3-4 times users, 15% and 19% of them also agreed that sexual abuse is the cause of adolescent pregnancies. See Figure 4.5.

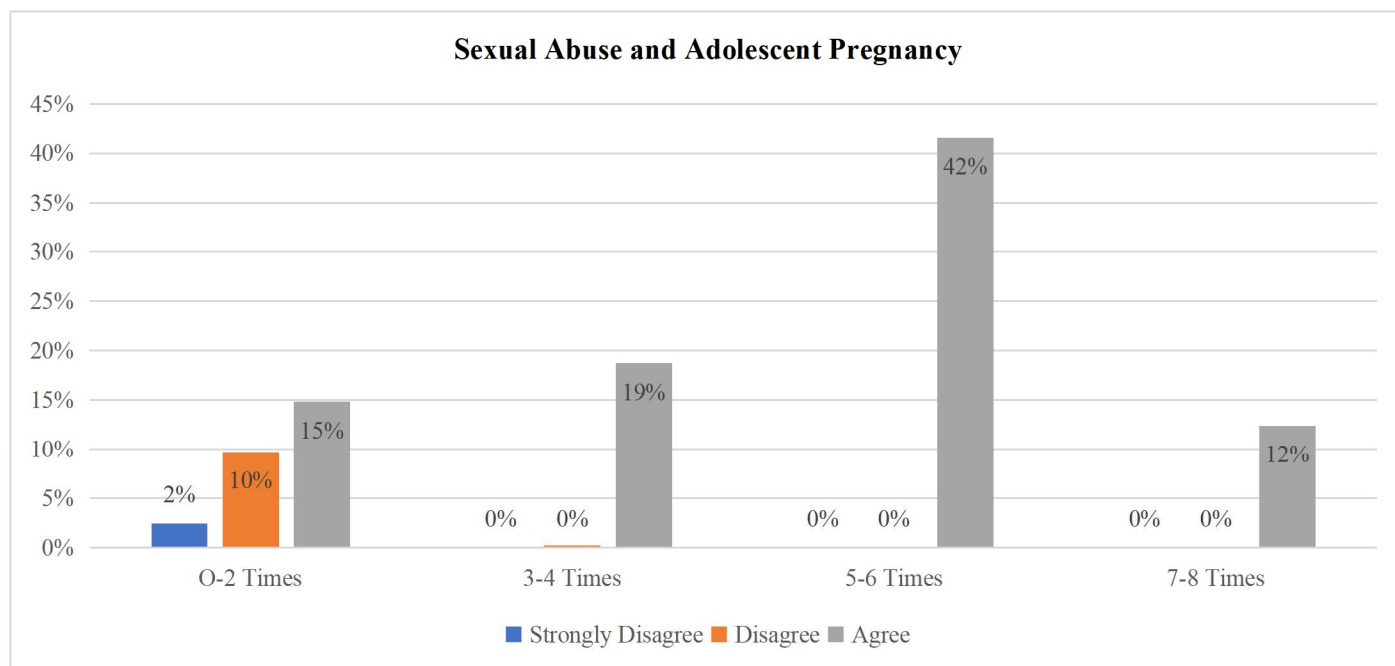


Figure4. 3: Sexual Abuse and Adolescent Pregnancy

Sexual abuse ($\chi^2 = 91.332, p = .000$) and lack of school fees ($\chi^2 = 86.755, p = .000$) had strong association with adolescent pregnancy. Lack of parental care also showed some degree of linkage with adolescent pregnancy ($\chi^2 = 19.532, p = .076$) at 10% level of significance as shown by the regression result in Table 4.5.

Table4. 5: Association between Psychosocial Factors and Adolescent Pregnancy

Variable	Chi-Square	Df	Sig.
Intercept	.000	0	.
Lack of parental care	19.532	12	.076
No contraceptives	.000	0	.
Lack of school fees	86.755	3	.000
No knowledge contraceptives	.954	3	.812
No knowledge of use contraceptives	1.017	3	.797
Sexually abused	91.332	6	.000

V DISCUSSION

5.1 Psycho-Social Factors Associated with Adolescent Pregnancy

The study findings indicate that most individuals who expressed a high level of agreement with the statement that they are not utilizing contraceptive methods, experienced unplanned pregnancies, whilst with those who indicated agreement also reporting non-use of contraceptives. This study were congruent with Ull(2020) findings which alluded that it was worth noting that adolescent females encounter several obstacles when attempting to obtain contraception. These challenges encompass legal and policy restrictions that limit the accessibility of contraceptive methods depending on factors such as age or marital status. In the majority of circumstances, adolescent females may encounter challenges in declining non-consensual sexual activity or resisting coerced sexual encounters, often resulting in instances of unprotected intercourse. A total of 78.43% of the participants experienced unexpected pregnancies, while 21.57% reported having planned pregnancies. The statistical analysis revealed a significant association between pregnancy planning and the observed proportions ($p\text{-value} = 0.000 < 0.05$). This findings concurred with Kefale, Yalew, Damtie, and Adane (2020) study which was conducted in Ethiopia to examine the factors contributing to teenage pregnancy, specifically focusing on both individual and community-level influences. The findings indicated that insufficient or limited educational attainment, marital status, and economic disadvantage were significant factors associated with the occurrence of adolescent pregnancy. The findings of this study further attested that a significant proportion of pregnant teenage girls who experienced a shortage of school fees had pregnancies that were unplanned, whereas a small percentage of them had pregnancies that were planned ($p\text{-value} = 0.000 < 0.05$). This study corroborated the findings of the Centers for Disease Control (2019), which suggested that financial difficulties are experienced by a significant number of adolescent moms and have an impact on their offspring. Teen moms experience lower educational attainment, resulting in reduced lifetime income. Additionally, approximately one in four teen mothers rely on welfare programs. Therefore, a significant number of children will be unable to break free from the perpetuation of poverty. In a separate investigation conducted by Rangiah (2012), it was determined that poverty was recognized by researchers as a significant factor contributing to the occurrence of teenage pregnancies. It has been suggested that schoolgirls from economically disadvantaged backgrounds may partake in unprotected sexual activities with the intention of becoming pregnant, in the hopes of receiving financial support from the father or child grant program, as a means to improve their socioeconomic circumstances. This highlights the potential influence of poverty as a significant factor in shaping decisions regarding contraceptive usage. The exchange of material goods for sexual favors contributes to the involvement of teens, particularly schoolgirls, in dysfunctional relationships characterized by

repeated sexual encounters, often with older individuals such as males and educators. Within these interpersonal connections, the ability to engage in discussions and reach agreements regarding sexual safety is restricted, leading to an elevated likelihood of unintended pregnancies.

Based on the available data, it is apparent that those who acknowledged their lack of information regarding the availability of contraceptives experienced unplanned pregnancies at a rate of 100%. Conversely, among those who possessed knowledge about where to obtain contraceptives, 15.38% experienced unplanned pregnancies, while 84.62% reported planned pregnancies. This observed difference is statistically significant, as indicated by a p-value of 0.000, which is less than the predetermined significance level of 0.05. All respondents who acknowledged having inadequate knowledge of right contraceptive usage experienced unplanned pregnancies, whereas 78.43% of those who claimed to possess information on correct contraceptive usage had unplanned pregnancies. Additionally, 21.57% of this group reported having planned pregnancies. The statistical analysis revealed a significant association between knowledge of correct contraceptive usage and pregnancy planning ($p\text{-value} = 0.000 < 0.05$). This finding is consistent with the study conducted by Tsai and Wong (2003), in which they identified several risk variables that were associated with teenage pregnancy. The factors contributing to schoolgirl pregnancies include engaging in unsafe sexual activity, inadequate utilization of contraception, having multiple sexual partners, substance abuse, experiencing deprivation, exhibiting insufficient attendance and poor academic performance at school, and occasionally dropping out of school. Additionally, low family income or being part of a single-parent family, as well as inadequate school-based sexuality education, can also be associated with the occurrence of schoolgirl pregnancies.

In conclusion, the analysis of the study indicated a statistically significant correlation between two psycho social factors and the occurrence of adolescent pregnancy. The study further revealed that a significant proportion of cases of adolescent pregnancy can be attributed to the absence of financial resources for school fees, instances of sexual abuse, and inadequate parental care.

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