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Effects of Adolescent Pregnancies in Narok South Constituency, Kenya

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Abstract:

Education is an important life process that plays a vital role in forming the foundation for a student's future better being, as it equips learners with basic knowledge, skills and attitudes that will enable him/her to cope well in life. This study examined the factors that lead to increased school dropout among high school students in Kirinyaga County, with the aim of suggesting the possible solutions thus promoting learner's retention among high schools. The objective of the study was to determine the factors leading to increased school dropout in Kirinyaga County. This study was undertaken in response to high school dropout rates and poor academic performance among the high school students in Kirinyaga County. In this study, questionnaires were used as data collecting instruments. Questionnaires were preferred because of their ability to ensure confidentiality to responses from respondents. A visit was done to 18 high schools, which are located in Kirinyaga, which will include both day and boarding. Questionnaires were issued randomly to ensure fairness. 18 principals and 108 teachers. The entire questionnaire was returned hence equivalent to 100%. Responses received from questionnaires was organized, tabulated and analyzed using frequencies and percentages. Data was analyzed by use of Statistical Package for Social Sciences (SPSS). Findings were presented using frequency tables. This study established that low socio-economic status, poor school performance, drug and substance abuse, peer pressure among others contribute to student dropout. Poverty leading to financial problems was also cited as a cause of school dropout. The study recommends that the government should take stern measures against traders who employ children to pave way for these children to go to school. Similar studies should be done in the other counties so as to find a long lasting solution to the problem. Rampant uncontrolled pregnancies are an impediment to education and progress among teenagers. I therefore conducted this research to find out the major causes of these pregnancies and what really prompts them. Although the problem of teenage pregnancies is well understood in quantitative terms, there is scanty of evidence on the qualitative aspects. It presented the conceptual framework, detailing the linkage between the depended and independed variables. Field work data collection was conducted using key informant interviews and case stories. Data analysis was undertaken using qualitative techniques such as trend analysis. To my finding, the key causes of teenage pregnancies were identified as cultural practices, poor parenting, poverty and inadequate sex and family planning education. Culture as a people's way of life is good. However, culture at times can lag behind with certain practices becoming repugnant to wellbeing, which in this case is about the education and career development of young girls. Particular practices came out as a root cause of teenage pregnancies in

Narok south constituency and these are intaleng'o or emanyata and emurata. These are celebrations in Maasai land which brings people together to late nights. Poverty as evidenced by scarcity of basic needs leads to cases of teenage pregnancies. Exchange of sex for food, clothing and even gifts has led to most of the affected young girls to become pregnant. Lack of literacy and knowledge on sexuality are associated with early and often unprotected sexual debut. Family planning education is weak across the county as reported by one health worker I interviewed. This study sought to identify the root causes of teenage pregnancies in Narok South constituency. From the analysis, it is clear that socio-cultural factors such as traditional dances and ceremonies, poor parenting and cultural changes combine with the poverty situation to generate and perpetuate the problem. Girls who fall victims of teenage pregnancies end up facing stigma and discrimination and their access to education and career development is radically reduced.

Introduction:

Adolescent pregnancies have been reported worldwide. According to World Health Organization (WHO), about 16 million girls aged between 15 and 19 years and about one million girls younger than 15 years give birth every year. Fifteen years ago, The United Nations International Children's Emergency Fund (UNICEF) reported that worldwide every fifth child is born by an adolescent mother and 80% of these teenage pregnancies occur in third-world countries. A study conducted in 24 countries in Africa showed that almost one-fifth (18.8%) adolescent get pregnant in Africa. A higher prevalence was observed in east Africa sub-region (21.5%). Adolescents from rural areas, ever married, whose mother or father were not educated, and had no parent to child communication on SRS issues were more likely to start childbearing at a younger age. In Kenya, as per recent Kenya demographic and health survey (2014), teenage pregnancies have become more rampant having 1 in every 4 girls affected. Studies on teenage sexual and reproductive health rights depict that teenage pregnancies pose a serious health, psychological and economic dangers to the girls including thwarting their reproductive health including child birth, schooling and career growth keeping them in vicious cycles of poverty. One common consequence of pregnancy for girls is the loss of educational opportunities: pregnant girls are often expelled or forced to leave school when the teachers and school administration learn about their pregnancy. Centre of the study of adolescents' reports that despite the fact that over

a decade ago the government of Kenya designed policies to protect a pregnant girl to continue her education, 13,000 girls leave school every year due to pregnancy. The Kenya bureau of statistics has done a research showing 1 in every 4 girls aged 15-19 years in Narok have delivered a child. This high prevalence is only comparable to Nyanza which is explained by three core factors:

- High literacy level, this makes most girls to be limited to contraceptives. A study done in (2015) shows that there are still prevailing myths about contraceptives where even those girls who know about them fear consequences such as "condoms go all the way up into the stomach and don't come out."
- Cultural practices such as circumcision ceremonies, "Eunoto" "intaleng'o" ceremonies where girls have no parental presence making them susceptible to early sexual debut.

These are mainly core factors which guide the study to research more and find out how they can be monitored and be done in a manner to minimize these cases. Narok South Constituency has a youthful population with people below age 15 making up half (50%) of the total population. This is mainly because many more children are added to the population than people dying. This youthful population has implications on the county's health and development agenda as it puts increasing demands on provision of services including health and education. One of the main areas of concern in Kenya is the sexual and reproductive health (SRH) of adolescents and the

extent to which their SRH needs are met. About 1 in 4 (24%) people in Narok South Constituency is an adolescent aged 10-19. According to the same research, pregnant girls quote the stigma of pregnancy and discrimination by teachers and peers as the main reasons that force them out of school.

General Objective

To find out the effects of teenage pregnancies among adolescent girls between 15-19 years in Narok South Constituency.

Specific Objectives:

1. To find out what cultural or religious values and norms shape the attitude of teenagers in Narok South constituency on sex issues?
2. To find out which socio-cultural factors can be associated with the root causes of teenage pregnancies in Narok?
3. To find out what behaviors are associated with adolescent pregnancies in Narok South Constituency?

Materials and Methods

Study design: This project research is both qualitative and quantitative as it involves both numerical values and numbers and also aims at understanding the behavior of the subjects. It also aims at answering the questions how and why. Analysis of data which is in form of numbers is carried out and included in the area.

Study Setting: Narok South Constituency is a constituency in Narok county located on the southern part of Narok, bordering the republic of Tanzania, bomet county, Kilgoris constituency to the west. It is mainly inhabited by the Maasai and covers a geographical area of sq. km (Approx.) 4,959.20

Study population: The targeted population was about 600 adolescent girls across Narok South Constituency. These are adolescent girls who are between 15-19 years or those who are married while teenagers and fit the brackets of my study. This population is manageable to analyze and

interpret considering the funding too and the vast area to be covered.

Inclusion Criteria: The inclusion criteria are characteristics a prospective subject has to possess to be included in a study. In my research any teenager girl aged 15-19 years was eligible for the study. All teenagers from Narok South constituency were also eligible for the study. All these teenagers had to be pregnant, had given birth or married at an early stage and is willing to take part in the study.

Exclusion criteria: This criterion was applicable when one was not from the constituency, or is aged above 25 years of age. Some exclusion also applied to those who didn't have reliable information.

Data collection methods: Field work data collection using focus group discussions and/or key informant interviews and case stories were undertaken within Narok South Constituency. Focus group discussions constitute a method that brings together 6-12 research participants of similar characteristics. In this case, the research targets teenage mothers or those who are pregnant and have finished (usually dropped) out of secondary school owing to their pregnancy and are willing to take part in the study. A set of questions were used to stimulate the discussion with them on their journey to the current situation. Key informant interviews refer to a method that seeks to elicit information from leaders and opinion makers within a research set up. In this case, the targets for this method include education and health officials at the county level and religious leaders. Case stories are examples of outstanding experiences of research subjects, which spell out how a particular research participant has come along from one point to the other. Given that qualitative research is phenomenological, case stories helped to deeply capture the experiences of the teenage girls based on empathic listening and understanding. Questionnaires were also used in areas where individuals were unwilling to take part in FGDs due to one reason or the other.

Tools for data collection: Tools for informant interviews, case stories with/of teenage mothers, congregation youth, focus group discussion, education and health officers, religious leaders and other factors were developed following the desk review. The tools for data collection were reviewed by my supervisor.

Sampling considerations: Sampling is non-probabilistic as it is purposive in nature as well as snow balling. Participants to the study were recruited on the basis of the following:

- Girls between 14 and 19 years of age.
- Willingness to participate in the study
- Pregnant or having given birth at separate sessions as they have different experiences
- Those in high school and those who left within the last year due to pregnancy.

Data analysis: Data analysis was undertaken using qualitative techniques such as trend analysis, themes, and sub-theme identifications as well as analysis of assumptions regarding teenage pregnancies, their main causes and experiences. Descriptive analysis was also conducted and use of graphs to present findings.

Ethical considerations:

Approval to conduct the study was given by Kirinyaga University. High standards of confidentiality in upholding the dignity of the participants was observed. A signed consent was given by the participants.

Results:

Out of the 600 study population only 580 responses came back. Others were uncooperative while some houses were empty at the time we visited. We conducted an analysis of the various dummies and their frequencies using logit model regression and found out that most affected teenagers are those from rural areas, those who come from poorest families and those with primary education.

Table 1: Descriptive statistics of respondents

		Frequency	percentage (%)
1st birth aged 15-19	yes	336	58
	No	244	42
Contraceptive use	not using	319	55
	Using	261	45
Place of residence	urban	87	15
	Rural	493	85
Marital status	never married	16	2.73
	Married	515	88.79
	Living with partner	7	1.21
	Divorced	19	3.36
Wealth Index	Separated	23	3.91
	poorest	343	59.1
	Poorer	49	8.5
	Middle	66	11.4
	Richer	84	14.5
	Richest	38	6.5

As per the respondents who were females on the research, it is evident that most (58%) of the respondents gave birth aged between 15 to 19 years. Majority of them (55%) do not use contraceptives. It is clear that most of the victims come from the rural parts of Narok south subcounty. As evident, a large number (88.79%) are married off after their first pregnancy and most of them (59.1%) come from the poorest families in the region.

The study sought to establish how the sample was distributed by gender. The results of the respondents are presented in Table 2..

Table 2: Descriptive Statistics for region and Education Level

		Frequency	percentage
Education level	no education	151	26
	Primary	325	56
	Secondary	81	14
	Higher	23	4
Religion	catholic	70	12
	Protestant	441	76
	Muslim	23	4
	No religion	46	8

A majority (56%) of those who took part in the study had completed primary education. While (26%) of them had no education. Those who had secondary education 14%. Most respondents were Christians at 88% with protestants being 76% followed by Catholics at 12%. Respondents with no religion accounted for 8% while Muslims were accounting for 4%. Only 18% of the respondents

had post-secondary education among who only 4% had higher education

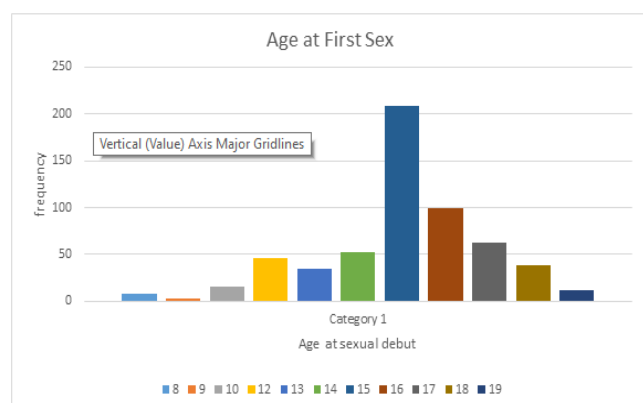
Distribution of respondents by experience:

The length of time spent in any institution leads to the development, understanding and experiences of the factors contributing to students' dropout. The study sought to establish the length of service of principals and teachers with the aim of establishing variances in factors contributing to dropout rates in secondary schools in Kirinyaga County. Table 3 below shows the findings.

Table 3: Frequency for age of sex Debut

Age at first sex	Frequency	percentage
8	8	1.3
9	3	0.6
10	15	2.6
12	46	8
13	35	6
14	52	9
15	209	36
16	100	17.3
17	62	10.6
18	38	6.6
19	12	2

It was astonishing to find out that 8 which is (1.3%) of the respondents had had sex debut at 8 years, while 368 (66.5%) had their sex debut when they were between 8 years and 15 years. Those who had their sexual intercourse between 16 years and 19 years of age were 212 (33.5%)



The figures show that the highest number of respondents had sexual debut when aged 15 years followed by those at 16 years and those who had sexual debut at 17 years with a frequency of 100 and 62 respectively. The data shows that the ages

14 to 18 are when most teenagers first have sex with a combined frequency of 458 but started sex early at 8 years.

TABLE 5: Frequency of age when married

Age when married	Frequency	Percentage (%)
10	12	2
11	8	1.3
12	19	3.3
13	16	2.7
14	46	8
15	58	10
16	116	20
17	154	26.7
18	54	9.3
19	39	6.7
20	19	3.3
21	39	6.7

The lowest age when one is expected to be married was at 8 years (1.3%) while the highest age at marriage was 17 years (26.7%). Also noted, there were 39 (6.7%) married at 19 years and 58 (10%) who were married at 20 and 21 years of age.

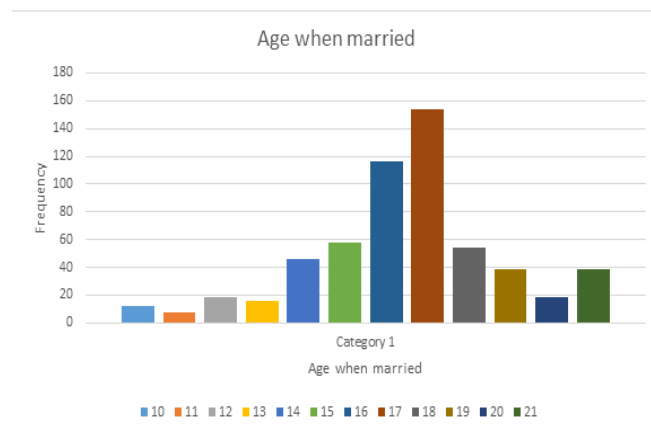


Figure 2: Age when Married:

A majority of those who took part in the survey had their first union while teenagers aged 17 as evident from the frequency of 154 followed by those at 16 and 15 years with frequencies of 116 and 58 respectively.

Discussion:

The study found out that the age of a teenager and the age when married have a significant effect on a teenage pregnancy. These findings are similar to those of Rutaremwa (2013) and NDHS (2013).

The findings can be attributed to the fact that age increase number of teenagers starting having sexual relationships also increase as shown by Oringanje et al., (2017). Also, age brings maturity, knowledge, experience and self-assuredness. The ability to navigate challenges, confront problems expected or unforeseen is less in teenagers when compared to adults. Consequently, teenagers are less likely to think through tough times, make informed choices and utilize effective coping approaches. Reproductive related choices and those in engaging in sex either for pleasure or for money are some of choices teenagers encounter. Given teenagers are less likely to make the right choices they will most probably make decisions that increase their chances of becoming pregnant. Place of residence had a significant effect on teenage pregnancy. This is similar to the finding of Regmi(2010c) and Mugisha and Hagembe (2003). This can be explained by socioeconomic disparities between rural and urban areas. Arguably, those in urban set up have increased access to social amenities and health facilities where they will acquire health reproductive related information. This information can be used in seeking contraceptives and other pregnancy prevention measures. In addition, those in rural areas are likely to have cultures of early marriage hence increasing probability of teenage pregnancy. The findings showed that contraceptive use has a significant effect on teenage pregnancy. These findings are similar to those of Francoeur (2004) and Hoffman-Wanderer et al. (2013). The significance of contraceptive use can be explained by the increased chances of being pregnant between those who use and those who have not embraced any method of contraceptives. If used effectively, contraceptive significantly reduce the chances of being pregnant. As such those who do not use any form of contraceptives have a higher exposure to becoming pregnant when compared to those who use at least one method of contraceptives. Evidently from the results, age at sexual debut significantly affects teenage pregnancy. This finding is similar to those of Azevedo et al. (2012) and Baumgartner et al.,

(2017). The findings imply that those who have their sexual debut early have higher chances of becoming pregnant as teenagers when compared to those who defer their first sex experience. This shows that age at sexual debut and teenage pregnancy are indirectly proportional. Similarly, the findings of the study are in agreement with Xie et al., (2011) that early sexual debut increases the number of times one will possibly have sex as a teenager. On the other hand, those who delay sexual debut closer to 19 reduce chances of becoming pregnant as teenagers. The findings show that poorest and middle categories of wealth index have significant effect on teenage pregnancy. However, there are dissimilar effects of different categories. This shows that wealth index has a significant effect on the chances of teenager becoming pregnant. This is similar to the findings of Willan (2013), and Akella and Jordan (2015). This can be explained by the fact that poor families cannot afford essential needs such as education, food, health care, shelter and clothing. As such given that they live in a community where early marriages are encouraged, families which struggle to provide basic needs will likely marry off their teenage daughters to reduce the burden and get dowry to cater for the needs of other siblings. Arguably, teenagers from poorer families are likely to seek money and other benefits in exchange for sex. This consequently increase their chances of getting pregnant. On the other hand, teenagers from wealthy families will likely have the means to complete education and are less likely to get married while teenagers. They are also less likely to trade fiscal benefits for sex. The study also shows that a teenager with primary education is more likely to become pregnant than a teenager with no education while one with higher education is less likely to become pregnant than a teenager with no education. This shows that level of education has a significant effect on probability of teenage pregnancy. This can be explained by the fact that education empowers teenagers to make choices including use of contraceptives. Narok is inhabited mainly by the Maasai tribe which is one of the

communities that practices early marriages. However, it is feasible that when one continues with education to higher levels, they are less likely to be forced into early marriages particularly in their teens. As such education is likely to reduce one's chances of getting married early consequently having children while still a teenager.

Conclusion:

The results show that age of teenager, contraceptive use, age when married, place of residence, sexual debut, catholic, poorer, middle, married, separated, primary education, and higher education has a significant effect on teenage pregnancy. Conversely, richest, protestant, secondary education, divorced and widowed do not have a significant effect on teenage pregnancy. Age of teenager directly affects ability to make right decisions including those that increase exposure to getting pregnant. Being rich or poor affects the ability of one to complete school and affordability of essential needs which increase chances of completing higher education levels and reduce chances of early marriages. This reduce the possibility of a teenager becoming pregnant. Having primary education and secondary education which are levels of education affects the probability of teenage pregnancy. An increase in education reduces the chances of teenage pregnancy. In the same vein place of residence significantly affects teenage pregnancy. The probability of teenage pregnancy varies with marital status. This is because being married is directly related to having sex more often and the chances of becoming pregnant is high as a matrimonial expectation. Age at sexual debut also plays a major role in teenage pregnancy. Delayed sexual debut reduces chances of becoming pregnant as a teen. As such age at sexual debut and age when married are indirectly proportional to chances of teenage pregnancy.

Recommendation:

The government (county or national) and policy makers should take into consideration the

variations in urban and rural places of residence when formulating measures to curb teenage pregnancy. The government and stakeholders should strengthen policies and enhance initiatives to educate more girls and reduce early marriages. By considering this all factors efficacy will be increased in all aspects.

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