# FACTORS INFLUENCING THE PREVALENCE OF TEENAGE PREGNANCY AMONG (15-19YEARS) IN NYANDO SUB COUNTY, KISUMU COUNTY, KENYA

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**A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF MANAGEMENT AND LEADERSHIP IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF ARTS IN DEVELOPMENT STUDIES PROJECT MANAGEMENT OPTION AT MANAGEMENT UNIVERSITY OF AFRICA.**

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## DECLARATION

This research project is my original work and has not been presented for the award at any other university or institution. No part of this research should be reproduced without the Author`s consent or that of the Management University of Africa

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This research project has been submitted for examination with my approval as the University Supervisor

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## DEDICATION

I dedicate this research work to my loving mother Mrs. Monica and my children Tyndale, Mwanaheri for the moral support during the period of struggle to attain this degree. Their contribution towards my success is invaluable.

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## ABSTRACT

Sub-Saharan Africa has one of the highest levels of teenage pregnancies in the world. In spite of that, there is paucity of research on causes of teenage pregnancies in African countries. Teenage pregnancies and the eventual dropping out of school has been and still is a major problem bedeviling the education sector in many parts of developing countries. This study investigates the influence of cultural factors, economic factors, peer group pressure and social media on teenage pregnancies among adolescent and young mothers seeking maternal and child health services in public hospital in Nyando Sub County. The study was hinged on two theories; Bronfrenbergs Ecological Development theory and Albert Banduras Social Learning Theory. The study employed descriptive survey research design. Target population were; Adolescent and Young mothers 1439, Clinicians 190 and MOH officers 10. The sample size was of 303 (n=303) from adolescent and young mothers and 57 (n=57) clinicians from 2 sub-counties public hospital and 1 public health center and 10 MOH officers that were selected to participate in the study. Stratified sampling and random sampling were used to pick the respondents. Questionnaires were used to collect data from Clinicians and the adolescent and young mothers while an interview guide was used to collect data from MOH officers at the Sub County head office. Data was analyzed qualitatively and quantitatively using SPSS version 21.0. The findings reveal that cultural beliefs strongly support early childbearing responsibilities for young women, with 80% of respondents in agreement. Extended family pressures enforcing traditional expectations on childbearing were noted by 70% of participants. Lack of educational access due to financial constraints was highlighted by 17% of respondents, while 30% felt that families struggle to provide reproductive health education. The perception of a direct link between economics and sexual risk behaviors was evident, with 47% affirming that unstable economic conditions foster risky sexual behaviors. The role of electronic media in sexual health awareness yielded mixed responses. While only 23% viewed the internet and social media as sources of helpful information about sexual health, 50% believed it glamorizes teenage pregnancy. Despite some positive perceptions, such as 90% acknowledging the potential of electronic media in disseminating sexual health information, concerns about glamorization persist.

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## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| **HC** | Health Center |
| **HCWs** | Health Care Workers |
| **HIV** | Human Immune-Deficiency Virus |
| **KNBS** | Kenya National Bureau of Statistics |
| **KNHCR** | Kenya National Human Rights Commission |
| **MOH** | Ministry of Health |
| **NGO** | Non-Governmental Organization |
| **PNC** | Post Natal Clinic |
| **SADHS** | South African Demographic and Health Survey |
| **SCH** | Sub-County Hospital |
| **SCHRIO** | Sub-County Health Record and Information Officer |
| **SNS** | Social Networking sites |
| **SRH** | Sexual and Reproductive Health |
| **STIs** | Sexually Transmitted Infections |
| **UNAIDS** | The Joint United Nations Program on HIV and AIDS |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations International Children's Emergency Fund |
| **WHO** | World Health Organization |

## OPERATIONAL DEFINITION OF TERMS

| | |
|---|---|
| **Culture** | refers to the substantive attitudes, beliefs, values and ways of life that members of an organization, or a subgroup within it, hold in common. |
| **Electronic media** | are media that use electronics or electromechanical means for the audience to access the content. |
| **Peer pressure** | is the act where an individual do something because she/ he want feel being accepted and valued by fellow friends. Actions that pleases your group friends. This influence can be positive or negative. |
| **Teenage or Adolescent** | is a person or individual between the age 13 and 19 years old (WHO). |
| **Teenage pregnancy** | or adolescent pregnancy is any conception of a female girls under the age of 20 years. |

# CHAPTER ONE

# INTRODUCTION

## 1.0 Introduction of the study

This chapter covers the background of the study, statement of the problem, research objectives, and research questions, significance of the study, and limitations of the study.

## 1.1 Background of the study

Although adolescent fertility rates are falling on a global level, approximately 21 million girls under the age of 20 become pregnant and approximately 12million of them give birth each year (World Health Organization (WHO 2019). Two million of these girls are under the age of 15. Teenage pregnancy is a problem with far reaching effects. Teen pregnancy rate in the U.S is among the highest of other developed countries (World Health Organization (WHO), 2004).

In the United States, teen birth rates are five times higher than the teen birth rates of other Western nations (Gilbert, Jandial, Field, Bigelow, & Danielsen, 2004). U.S. teens are two and half times as likely to give birth as compared to teens in Canada, around four times as likely as teens in Germany or Norway, and almost 10 times as likely as teens in Switzerland (Melissa S Kearney et al., J Econ (2012) Perspectives Spring. The incidence of teen births in the U.S. is 41.9 out of 1000 female adolescents, and among females aged 15-19, 750,000, or 7%, became pregnant in 2006 (Guttmacher, 2010).

In the U.S, preventing teen pregnancy is generally considered a priority among policy makers and the public because of its high economic, social, and health costs for teen parents and their families. However, the continued trend of high teen pregnancy has been blamed on inappropriate sex education approaches. Many sex education programs in the United States teaches sexual health, ways to avoid sexually transmitted disease and caution young people not to have sex until they are married (Landry et al., 1999). However, most abstinence-only programs are not effective because they fail to delay the onset of

intercourse and often provide information that is medically inaccurate and potentially misleading (Kirby, 2007; Kohler et al., 2008; Lin & Santelli, 2008; Trenholm et al., 2007).

In China, unintended pregnancy is an emerging public health concern for teenagers, especially in coastal metropolitan areas, such as Shanghai and Hong Kong. For example, according to the Youth Sexuality Survey of the Family Planning Association of Hong Kong, the prevalence of premarital sex has increased from 35.1% in 1996 to 44% in 2006 among unmarried males, from 27.5% in 1996 to 31.0% among unmarried females aged 18 to 27 years (WHO, 2008). While the 45 countries that comprise Sub-Saharan Africa region (SSA) show steady economic growth, this progress is not reflected in the socioeconomic and health indicators for its young population. The Sub-Saharan Africa region accounts for the highest adolescent fertility rate at 119.7 compared to the global average of 58.1. Adolescents and young people in Sub-Saharan Africa (SSA) will constitute 19.6% (224,432,000) of the region's population by 2015(Lukale & Okande, 2012).

Teenage pregnancy in Sub-Saharan Africa has important social and economic outcomes, the most highly publicized of which stem from lost educational opportunities when pregnancy forces scores of young women to leave school. Ideally, an investigation of the consequences of adolescent childbearing and sexuality should cover a wide range of outcomes that affect not only the young mother and her child, but also other family members and society at large. Most unintended pregnancies experienced by adolescent women occur among those who are using no contraceptive method or a traditional one: 92% of those in Sub-Saharan Africa (UNFPA, 2003). The 2003 South African Demographic and Health Survey (SADHS) survey indicated that 42% of women had had a child by the age of 19 years and 42.2% in 2009 but declined to 38.9% in 2014. In a nationally representative household survey, Pettifor et al (2005) found that 15.5% of 15–19-year-old women reported having ever been pregnant (including pregnancies resulting in abortion, miscarriage and birth). According to Pettifor et al (2005), among the sexually active youths aged 15–19, 90% of the females and 73% of the males have had sex in the past 12 (twelve) months.

Unprotected sex and risky sexual behaviour of adolescents have often resulted in problems such as unwanted pregnancies and infection with sexually transmitted diseases such as Gonorrhea, Chlamydia and HIV/AIDS, Syphilis (Grant & Hallmark 2006; Zabin & Karungari 1998).

A sociological difference between teenage fertility in South Africa and other Sub-Saharan countries, however, is that in South Africa child-birth to teen-aged women tends to take place outside of marriage (Makiwane & Udjo, 2006). Both the 1998 and 2003 South Africa Demographic and Health Surveys (Department of Health 1999, 2004) showed that teenage pregnancy displays marked social patterning. Being a teenage mother was much more prevalent in rural areas (60% more likely), amongst women with lower educational attainment (a three-fold difference between completion of primary school and matric) and amongst African and Coloured women (a seven-fold difference between African and Coloured women, on the one hand, and White and Indian women, on the other). The incidence was much higher amongst 18- and 19-year-olds than those in the earlier teenage years. With 25 percent of adolescent girls becoming pregnant before the age of 19, Uganda has one of the highest rates of adolescent pregnancy in Sub-Saharan Africa.

The country's high adolescent pregnancy rate has two distinct implications. First and foremost, the risk of maternal death is higher in adolescents than in older women. A Uganda government survey on demography and health indicates that there is a higher morbidity and mortality rate among pregnant teenagers and their babies (Republic of Uganda, 2006).

According to a study by the Centre for the Study of Adolescence, a non-governmental organization that works on issues related to teenage reproductive health, an estimated 13,000 young Kenyan girls drop out of school annually as a result of pregnancy, and about 17 per cent of girls have had sex before the age of 15. The drop-outs occur in spite of a Return to School policy put in place by the Ministry of Education that allows girls to stay in school until third trimester, and resume their studies as soon as they are strong enough to do so post-delivery. Global citizen 2021 estimates that more than152,000 teenage girls

in Kenya became pregnant between March and May 2020 due to economic hardship during the country's nationwide COVID lock-down. (Kennedy School Review, 2021).

The Dholuo community who are resident in Nyando sub-county are undergoing tremendous changes related to socio-cultural norms related to sexual behaviour. In this cascade of opening up and embracing Western culture, the high value attached to women's premarital virginity has reduced or washed out, and the societal disapproval of premarital sex has weakened terribly. Wherefore, it has become more common place for teenagers in local schools to initiate intercourse prior to marriage and for never-married women to obtain an abortion. According to Melissa (2012), teenage pregnancy could lead to incomplete education, unemployment and other numerous emotional traumas. Early motherhood had been linked to psychological development effects of the child adversely. Beside psychological, physical and physiological risks cannot be ignored.

### 1.1.1 Cultural Factors

Cultural beliefs and norms play a crucial role in shaping behaviors and attitudes related to teenage pregnancy. In Nyando Sub-County, cultural practices that encourage early marriage often lead to teenage pregnancies, as girls may be pressured to conform to societal expectations regarding family and childbearing (Mogere, 2016). This cultural framework can significantly influence the life choices of adolescents, limiting their opportunities for education and economic empowerment while encouraging a cycle of early motherhood. The influence of extended family structures can also contribute to teenage pregnancies in Nyando Sub-County. Extended family systems may foster environments where young women have little autonomy in their reproductive choices (Opiyo, 2020). Consequently, adolescents may succumb to familial pressure, leading to early pregnancies. Addressing such cultural factors is essential for implementing effective interventions that promote healthy adolescent development and reduce teenage pregnancies in the region.

### 1.1.2 Economic Factors

Economic factors are pivotal in understanding the prevalence of teenage pregnancies in Nyando Sub-County. High levels of poverty often correlate with increased rates of teenage

pregnancies, as economic insecurity can lead families to marry off daughters at an early age due to resource scarcity or the belief that an early marriage will alleviate financial burdens (Ochieng, 2019). By marrying early, families may perceive they are helping to secure their daughters' futures, even if such decisions limit educational and personal development opportunities. Limited access to quality education is another major economic factor influencing teenage pregnancies. Many adolescents in Nyando Sub-County may have to drop out of school to contribute to their family's income, which often leads to increased risk-taking behaviors, including early sexual activity (Sossou et al., 2022). When education is not prioritized due to economic constraints, young people may lack essential knowledge about reproductive health and family planning, making them more susceptible to unintended pregnancies.

### 1.1.3 Electronic Media

The rise of electronic media has transformed the ways adolescents access information, including education about reproductive health. In Nyando Sub-County, the influence of social media, mobile phones, and online platforms is significant, often shaping teenagers' perceptions of sexuality, relationships, and pregnancy (Kahuma, 2020). While these media can provide valuable information, they can also expose young people to inappropriate content that may glamorize unprotected sex, leading to increased rates of teenage pregnancies. Moreover, electronic media can serve as a double-edged sword. It can facilitate the dissemination of knowledge about contraceptives and sexual health when utilized responsibly but can also spread misinformation (Muli et al., 2021). Many adolescents may struggle to differentiate credible sources from unreliable ones online, which can lead to harmful decisions regarding sexual behaviors.

### 1.1.4 Peer Groups

Peer groups serve as a significant influence on the behavior and attitudes of adolescents regarding sexual health and relationships. In Nyando Sub-County, the dynamics within peer groups can either promote or mitigate the risk of teenage pregnancies (Nyangasi & Ogutu, 2018). Adolescents are more likely to engage in risky behaviors, including early sexual activity and experimentation, when their peers endorse such behavior. Therefore,

understanding how peer norms and values shape adolescents' decisions is crucial for developing effective interventions. The role of peer pressure cannot be understated in discussions surrounding teenage pregnancy. Adolescents are at a stage where they seek acceptance and validation from their peers, which can lead to conformity to group behaviors, even if those behaviors are detrimental (Mogere, 2016). In many cases, the strong desire to belong can push young people to engage in premature sexual activities, increasing the likelihood of unintended pregnancies. Recognizing this influence can assist in designing programs that focus on promoting positive peer interventions.

### 1.1.5 The prevalence of teenage pregnancy (aged 15 -19) in Nyando Sub-County

Teenage pregnancy is a critical public health issue that has far-reaching social, economic, and health implications for individuals and communities. In Nyando Sub-County, Kenya, teenage pregnancy rates have been a growing concern, prompting investigations into various factors contributing to this phenomenon. One significant aspect is the influence of cultural factors, as cultural beliefs, practices, and norms shape attitudes toward teenage sexuality and reproductive health. Research has shown that in many communities, cultural pressures and expectations can lead to early marriages and childbearing, often limiting educational and economic opportunities for young women (Akarro & Ringo, 2013). Understanding how cultural factors impact teenage pregnancy in Nyando Sub-County is vital for developing interventions that respect and navigate community values while promoting healthy practices.

## 1.2 Statement of the Problem

Teenage pregnancies constitute for 18% of all pregnancies in Kenya. This poses a health challenge in reduction of maternal mortalities, unsafe abortions and gender equity for this population. Maternal mortality among adolescent is twice as high compared to that of older woman in their 20’s (Kenya Policy Brief No. 31, June 2013). Adolescent and young people account 18% and 26% of the world population respectively. It is therefore, important to invest in the health of these group for economic and social development of a country. The highest adolescent pregnancy rates are in Africa that has also highest unmet need for contraception (Godia, Olenja, Hofman, & Broek, 2014). Many girls drop-out of school due

to early pregnancy or marriage resulting in lower education attainment, fewer skills and employment opportunities. One way of achieving the sustainable development goals is by reducing the number of teenage pregnancies as this should see many girls staying in school and thus the likelihood of escaping poverty. Seventeen per cent of women aged 15-19 years had in 2020 given birth to at least one child in Kisumu County with Nyando Sub-County recording 26% over the same period (Kisumu health information system) which is the number of those who received antenatal care. While only 2 percent of the teenagers were pregnant with the first child, nearly 2 percent were pregnant with the first child by age 15. The proportion that had begun childbearing by age rose from about 3 percent by age 15 to 47 percent by exact age 19. (Kenya DHIS 2021/2022), 12% of women aged 20-49 had sex before the age of 15 with many as early as 12 years.

## 1.3 Objectives of the study

### 1.3.1 General objective of the study

The main objective of this study will be to determine the factors influencing the prevalence of teenage pregnancy (aged 15 -19) in Nyando Sub-County.

### 1.3.2 Specific objectives

The specific objectives of the study are:

i. To establish the influence of cultural factors on teenage pregnancy in Nyando Sub-County.
ii. To determine the influence of economic factors on teenage pregnancy in Nyando Sub-County.
iii. To determine the influence of electronic media on teenage pregnancy in Nyando Sub-County.
iv. To establish the influence of peer groups on teenage pregnancy in Nyando Sub-County.

## 1.4 Research Questions

The study will be guided by the following research questions;

i. How do cultural factors influence teenage pregnancy in Nyando Sub- County?
ii. To what extent do economic factors influence teenage pregnancy in Nyando Sub-County?
iii. To what extent do electronic media influence teenage pregnancy in Nyando Sub-County?
iv. How do peer groups contribute to teenage pregnancy in Nyando Sub- County?

## 1.5 Significance of the study

Teenage pregnancy continues to be a significant challenge in developing countries like Kenya, with serious health implications among adolescents. Although the global adolescent fertility rate has decreased from 64.5 births per 1,000 girls in the early 2000s to 42.5 births per 1,000 girls in 2021, Africa's adolescent birth rate remains high at 98.02 births per 1,000 women, with Kenya reporting 71.98 births per 1,000 women in 2020. Each year in Kenya, an estimated 21 million teenage pregnancies occur, with around 12 million resulting in births and approximately 3.1 million unsafe abortions, which contribute to maternal mortality and morbidity. Nearly half of these pregnancies are unintended, indicating a pressing need for effective interventions to address this issue. Understanding disparities in demographic and socioeconomic factors is vital for informing policy development. The findings of this study aim to provide valuable insights to the Kisumu County Government and the Ministry of Health, guiding them in formulating effective policies to combat teenage pregnancy and supporting gender equity initiatives. Furthermore, the study aspires to assist public health officials in making informed decisions and prompt further research on the impact of teenage pregnancy in the region, ultimately contributing to the achievement of Kenya's Vision 2030 regarding girls' rights.

## 1.6 Scope of the study

Delimitations are employed to reduce the study's overall scope (Creswell & Plano, 2007). The study is restricted to public hospitals within the Nyando sub-county. Due to time and

financial constraints the study will be conducted targeting samples of Adolescent - young mothers, Clinicians, in the selected hospital facilities and MOH officers. The study excluded all other cadres working in these facilities like Health Record Officers, Medical Laboratory officers, Security among others as they may not provide relevant information to the topic. The study examined the factors influencing the prevalence of teenage pregnancy in Kenya.

### 1.7 Chapter Summary

This section of the document is entailed introductory literature on the teenage pregnancy. It begins with a summary of the research topic and then on to the research's objectives and the open-ended research questions. Then the review of the justification of the study to identify the individuals it would benefit; the study's scope is then divulged. This chapter reviewed earlier literature writings in this field of study.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

Information presented in this chapter provides both theoretical and intellectual background to the study and will lead to a conceptual framework on which this research is based.

## 2.1 Theoretical Literature Review

### 2.1.1 Bronfenbrenner ecological system theory

Bronfenbrenner adapted ecological systems theory from the physical sciences to human social factors determine your way of thinking, the emotions you feel and your likes and dislikes. Bronfenbrenner discussed the different system levels as: Macro system Level contains the cultural/ social economic status (SES) that has been found to be a significant factor to teenage pregnancy and child bearing (Abrahamse, et al., 1988; Barnett, et al, 1991; Hason, et al., 1987; Mayfield-Brown, 1989). In Nyando, adolescent school going girls from economically poor families are susceptible to early sexual activity which results to teenage pregnancy and sexually transmitted infections. At the Mesosystem level, different aspects of peer influence that have been examined in literature include peer educational goals (Hanson et al., 1987) peer involvement (Yamaguchi and Kandel, 1987), pressure from sexual partners, and liberal sexual attitudes of peers (Shah & Zelnik 1981). Evans found liberal sexual attitudes among friends to be associated with pregnancy and parenting, whereas Shah and Zelnik discovered that females with views on sexuality closer to those of their friends rather than those of their parents were more likely to experience premature pregnancy. In addition, teenagers experiencing family problems might be more at risk for influence by a negative peer group (Yamaguchi & Kandel 1987).

At this level, the other influential factor to teenage pregnancy is education; with grade level been the most important aspect to be discussed (Ralph, et al., 1984). Other aspects under study are; conduct problems (Abrahamse et al., 1998) and attitudes towards hospital (Landry, Bertrand, Cherry & Rice, 1986). Studies also indicate that poor academic performance and the relationship with the hospital setting, the greater the risk for premature pregnancy (Abrahamse et al., 1998; Hanson et al., 1987; Ralph et al., 1984). Applied to the family structure, the theory refers to the manner in which contexts beyond the family may help shape adolescent functioning through their influence on the family (Bronfenbrenner, 1986). Parents serve as the principal link between environmental settings and adolescent functioning and the other contextual factors which influence adolescent functioning.

### 2.1.2 Banduras (1977) Social Cognitive Learning Theory

Banduras (1977) Social Cognitive Learning theory identifies 3 main processes involved in learning: direct experience, indirect or vicarious experience from observing others (modeling), and the storing and processing of complex information through cognitive operations. His social cognitive learning theory focuses on the interplay between self, cognition, and environment and provides a framework for predicting and changing human behavior. This theory suggests that behaviors are learned and influenced by social context; the media and more so television, Facebook (social media) are seen as an increasingly influential agent of socialization that produces its effects through teenagers' propensity to learn by imitation. According to Bandura's (1977) social cognitive learning theory, psychological functioning is best understood in terms of a continuous reciprocal interaction among behavioural, cognitive and environmental influences.

The theory primarily emphasizes the role of observational learning in behavioural acquisition and assert that most of the behaviour that people exhibit is anchored on vicarious basis by observing other people's behaviour and its consequences from them. In applying Social Cognitive Learning Theory to adolescent pregnancy, a major component would be modeling: adolescents imitate behavior from others in their environment through observational learning. Health promoters and counselors often must assist adolescents in recognizing that different, sometimes conflicting, social norms may well exist within their

community or environment. The messages they receive about sexual behavior from the media, from their peers, or from family members, religious leaders, and others, will almost inevitably be different to some extent. By providing adolescents with an enhanced awareness on the influence of other significant individuals in their lives, as well as giving knowledge and negotiation skills about abstinence and contraceptive use, the lesser the chances of an unplanned pregnancy.

## 2.2 Empirical Literature Review

### 2.2.1 Cultural Factors

Teenage pregnancy is an important issue due to the potential adverse impact on the mother and the child's health and to the large negative individual and social consequences that result from the curtailment of the girl's education and societal loss of human resources. In an analysis of teenage girls in rural western Kenya, 23.3% had a history of pregnancy. This is similar to the 2014 KDHS results that reported 25% of Kenyan women age 25–49 had given birth by age 18 years (Kenya National Bureau of Statistics, 2015). Nearly three-quarters of the teen girls surveyed reporting a pregnancy in the last 12 months indicated that the pregnancy was unwanted. Human immunodeficiency virus is a serious risk for this group (Amornkul et al., 2009; Mdodo et al., 2016). Among sexually active teenage girls, 3.5% reported testing positive for HIV.

According to Goodman (2009), culture comprises of the distinctive habits of a people in that it performs both a unifying and, more importantly, a directive role and that it involves the cultivation of a people towards a common end. The genus of culture can be derived from this: the distinctive habits of a given people. Studies in the U.S show that among the Hispanic immigrants, cultural values, attitudes and behaviours that influence sexual and contraceptive behaviour has shown that sexuality is often a taboo subject and that parental communication regarding sexuality is often lacking in Hispanic homes (Meneses et al., 2006). At the same time, Hispanic culture supports early and high fertility, as well as the belief that early motherhood and continued education are incompatible. These cultural values may explain why Hispanic women desire marriage and children at a younger age

than do blacks, Southeast Asians and whites. In addition, Mexican Americans are more likely than whites to believe that marriage affirms one's womanhood (Driscoll et al., 2001).

In the American context the importance of sex education for preventing teen pregnancy cannot be overemphasized. Somers and Surmann (2005) have found that early and comprehensive sex education is correlated with less risky sexual behaviour among teens. Specifically, those who receive sex education in school at a young age report having sex less frequently than those who received sex education post-puberty (Somers & Surmann, 2005). Studies in the U.S have shown that teens who have taken a pledge to be abstinent until marriage are just as likely to become sexually active as teens who have not received abstinence-only sex education, and are less likely to use protection than their peers who have received comprehensive sex education (Thomas, 2009). This is likely a result of the teens not learning the effectiveness of condoms and contraception (Collins et al., 2002).

A study in Brazil shows that despite an acceptance of sex among Brazilian teenagers, the conversation about sex continues to be a taboo. Cabral, (2003) paradoxically, despite an environment of transformations in which sex gains a status among youth and adolescent as an acceptable behaviour, conversations about sexuality continue to be taboo in the family; contraception is not openly discussed in school, and sexual education is a highly controversial theme in Brazilian society. Teen and youth sexual relations have been modified, but these changes were not sufficient to alter the ways in which contraception can be discussed.

Women are still considered to be the sole responsible for pregnancy, while men continue being absolved or omitted from their participation in the reproductive event. Njega (2015) study on the influence of parent-adolescent communication on sexual and Reproductive Behaviour of adolescent in Kenya, showed that there is a general reluctance on the part of adults particularly fathers to discuss sexual issues. Talking about sex is a taboo. Kiragu et al (1996) explored the question of who provides young people with information about sex and found that mothers were significantly more likely to do so than fathers. Sex education both in schools and in the home is very inadequate in Kenya. Few adolescents receive comprehensive sex education, and often teachers do not have sufficient training or

information. Teachers are gatekeepers of knowledge and skills for the large majority of young people most that live in developing countries and attend school at least in their early years (Tijuana et al, 2004). Religious and cultural taboos prevent open dialogue about premarital sex at home or in schools, despite the fact that such sexual activity is common. Kabiru et al (2020) study of urban slum dwellers in Nairobi found that mothers struggle to discuss sex and unintended pregnancy with their daughters because they feel embarrassed or shy.

Because it is viewed as a taboo, even teachers have found it difficult to talk about sex with their adolescent learners leaving them to discover for themselves (K.N.H.C.R 2013). Long et al (2003) emphasized that to be able to provide counseling on sexuality matters, the giver needs to be able to differentiate what forms of sexual behaviour and beliefs are accepted to them at a personal level and differentiate this to what could be acceptable to their clients, or other people, in order to avoid unnecessary biases. Unequal gender relations within adolescent relationships are highly associated with sexual violence which influences teenage pregnancy. In a South African study, Holt et al (2012) noted that health care workers (HCWs) found that gender dynamics in relationships also played a factor in determining young women's risk of STIs and unplanned for pregnancy.

Power relations between men and women take multiple forms, but in South Africa they are commonly manifested as and imposed through sexual violence and assault. Also in South Africa in his study, Jewkes (1997) found that, 60% of pregnant teenagers were beaten more than ten times by their male partners during their sexual activity. Gendered attitudes, behaviours, and gender power inequalities in intimate relationships impact on risky sexual behaviour, which consequently exposes boys and men and their partners to the risk of HIV infection, other sexually transmitted infections (STIs) and to unwanted pregnancies. Gender power inequities exemplified in men's frequent dominance in community and family decisions, impact on Sex and Reproductive Health (SRH) (UNAIDS, 2009; Gilbert & Walker, 2002; Foreit, 2001). Still in South Africa, Holt et al., 2012 emphasizes that the culture of submission to male partners often led to unprotected sex resulting to STIs, HIV and unintended teenage pregnancy.

Gupta (2000) definitions of femininity that idealize women as passive and sexually ignorant/innocent reinforce existing power imbalances in women's relations with men. It is these power imbalances that contribute to adolescent pregnancy that has a disproportionate and negative impact on girls (Varga, 2003). The power imbalances are expressed in sexual relationships and confer on men the ability to influence and/or determine women's services of reproductive health (SRH) choices, including utilization of health care services and use of modern contraceptives including condoms Masitsa et al., (2019) Power balances at home and at school within adolescent relationships determines the level of sexual risks and consequences such as HIV and STIs and early age conception. Several studies have found that women's household power has effects on general contraceptive use (Gage,1995; Hindin, 2000; Hogan et al, 1999; Laban & Gwako, 1997) and that forced sexual initiation, physical violence, and unwillingness to confront an unfaithful partner are strongly associated with teenage pregnancy (Jewkes et al, 2001).

Moreover, the placing of importance on female fertility by the African culture also has immense influence on teenage pregnancy. The cultural importance of female fertility has also been cited as a primary reason for nonuse of contraceptives and unprotected sex and for persistent high pregnancy rates among South African adolescents (Ndinda et al (2017); Sedlander, 2021; Wood et al, Namasivayam, 2022). With regard to male adolescents, Preston- Whytes work also suggests that for young Zulu men, early fatherhood is a welcome affirmation of masculine maturity and strength. This finding has been echoed in studies undertaken in Kenya and Ghana (Nzioka 2001; Ampofo 2001), indicating that by early adolescence, boys have begun to view fatherhood as a marker of man- hood and sexual prowess.

In terms of family structure, the absence of the biological father from the home as a major risk factor for both early sexual activity and teenage pregnancy (Ellis, 2003; Mendle et al., 2015; Guardia et al., 2014; Glenn, 2018; Yang, 2010; Durham, 2003). Children who display externalizing behavioural problems early in life are at elevated risk for a variety of negative psychosocial outcomes in adolescence, including early sexual activity and teenage pregnancy (Dickson, & Silva, 1996; Quinton, Pickles, Maughan, & Rutter, 1993; Woodward & Fergusson, 1999). Associations between family breakdown (operationalized

as parental separation, parental abuse, and father absence) and early sexual/reproductive onset have also been documented (Belsky 2007; Ellis 2004; Ellis et al, 2003; Ellis & Essex 2007).

Daughters of teenage mothers to be significantly more likely than young women whose mothers delayed parenting until adulthood to experience a teenage birth. Many studies have shown that girls raised in single-mother households are at increased risk of teenage pregnancy. Indeed, a disadvantaged home environment, being a single parent and mothers limited education does explain the association between mothers and daughters young ages at first birth. The risk of pregnancy was even higher for those living in a stepfamily than for those living in a one-parent family (Vikat et al., 2002).

Young mothers lack of emphasis on their children's schooling also contributes to a daughter's greater likelihood of teenage childbearing. Single parent families and more so female head families have children prone to conduct disorder and more so girls who have no role model to look up to. These girls are prone to early sexual initiation and its associated risks. Girls with conduct disorder are also at greater risk of teenage pregnancies (Woodward & Fergusson 1999). Overall, adolescents who live with both parents, who report communication with their parents about sex and who perceive high levels of parental monitoring are accordingly less likely to report high levels of sexual risk-taking.

### 2.2.2 Economic Factors

There is a strong link between teen pregnancy and lower economic status. Poverty is a key risk factor for teenage pregnancy. At individual level, poverty is associated with illiteracy, gender inequality, and failure to negotiate for safer sex. Studies in U.K have cited the most common factor associated with teenage pregnancy was poverty. Five UK studies have found a strong association between pregnancy and exposure to local area deprivation: the areas with higher levels of deprivation were found to have higher conception rates (Bradshaw, Finch & Miles 2005; Clements et al, 1998; Diamond et al, 1999; McLeod, 2001, Paton, 2002).

Bradshaw et al (2005) found that deprivation explains more than three quarters of the area variation in the teenage (age15-17) conception rate in England. McLeod (2001) also found that the proportion of local variation in teenage pregnancy (age 13-19) explained by deprivation more than doubled from the 1980s to the 1990s in Scotland and that teenage pregnancy rates increased more rapidly in more deprived areas (that is differences in teenage pregnancy in more affluent and more deprived areas widened).

Several studies in the U.S show that poverty is positively correlated to teenage pregnancy. Latino teenagers have the highest rates of pregnancy in the country (Hamilton et al, 2009). Poverty has been linked with higher rates of teen pregnancy, and the poorest women in the United States are the most likely to experience unintended pregnancy (Finer & Henshaw 2006). According to Sabatiuk and Flores (2009), due to low economic status of their parents most Latina teens are more likely than their non-Latina peers to have a partner who is significantly older for financial benefits, a factor that places them at greater risk for early sexual debut and coercive sexual relationships, which in turn can facilitate greater exposure to teenage pregnancy, HIV and other sexually transmitted diseases.

This cycle goes on as most of the Latina adolescent dropout of school because of unintended pregnancy and they therefore can't secure employment. Teen pregnancy often interrupts a teens educational and career trajectory, which in turn can set the stage for reduced earnings and a higher likelihood of raising a child in poverty. These children that are raised in poverty are more likely to engage in risky sexual behaviour that puts them at risk of teenage pregnancy. As many jobs require a high school-level education, young adults with lower levels of education are less likely to have well-paying jobs and more likely to be of lower socio-economic status (Moore et al, 2002). Young Latina mothers are particularly disadvantaged by being more likely to; have a low-income level and low levels of educational attainment (Dickson, 2004). Latino adolescents are also more likely to grow up in a family of low socio-economic status and are more likely to become poor themselves, compared to non-Latino white adolescents (Cellini et al, 2008).

Studies in South Africa emphasize that poverty is both a contributor and a consequence of early pregnancy. In some cases, it leads to intergenerational sex, transactional sex or simply

sexual relationships which are not ideal but provide some benefits (Flanagan et al, 2013). It also decreases a girl's ability to negotiate condom use, and can keep her in abusive relationships, and creates a further layer of unequal power (Mkhwanazi, 2010). In his study on drivers of teenage pregnancy in South Africa, Panday et al (2009) noted that adolescent girls who are poor are often forced to make trade-offs between health and economic security, which can lead to staying in abusive relationships, inter-generational relationships and multiple partners; these situations usually reduce a young women's ability to negotiate when and how to have sex leading to unplanned or unintended pregnancy. Zulu et al (2002) found that women living in Nairobi slums in Kenya had significantly higher levels of sexual risk taking than other women.

Vikat et al (2002) has emphasized that there is a significant association between fathers or guardian's occupation and level of education and teenage pregnancy. Girls whose families are involved in unskilled manual labour are ten times more likely to become teenage mothers than girls from professional backgrounds. Family economic disadvantage exerts indirect effects on child conduct problem outcomes through more direct effects on making it difficult to parent effectively.

Several studies have found that adolescents who live in communities that endure high levels of crime, high residential turnover, extreme rates of poverty, elevated unemployment rates and low educational levels are more likely to take sexual risks (Kaufman 2004). Brooks-Gunn et al (1993) found that neighborhood poverty was positively correlated with teenage pregnancy, while African American girls living in low-status neighborhoods were less likely to use contraception in their first sexual experience than were girls living in high-status neighborhoods.

Though they come to different conclusions about the creation of concentrated-poverty neighborhood both Wilson (1987) agrees that living in a neighborhood with concentrated poverty has serious consequences above and beyond those of growing up in a poor family because of the absence of role models, social isolation from job networks, weakened social institutions, and other factors. Cunradi et al (2000) emphasizes that intimate partner

violence among adolescents is related to poverty, defined by low annual household income could result to teenage pregnancy.

Hoffman, (2006) posits that the high rates of poverty and lower educational levels in rural communities in the U.S are the main cause of high rate of teenage pregnancy. Adolescents subjected to disadvantaged circumstances, such as living in poor, racially segregated, high crime communities, or living in problematic or single parent families, were more at risk of becoming pregnant during their teenage years.

Poverty is an additional consequence of adolescent pregnancy, often leading to poorer outcomes for adolescent mothers (Tripp & Viner, 2005). Income inequalities across cultures are also related to increased levels of violence and teenage pregnancies; societies with wider income gaps demonstrate higher violence and higher teenage conception rates (Wilkinson and Pickett 2009). Early sexual activity and pregnancy are significantly correlated with the number of girls classed as impoverished in urban localities (Brewster 1994; Lanctot & Smith 2001). Edelman (1988) proposes that a lack of life options suffered by poor and minority adolescents leads to loss of hope and low educational goals and attainment.

Early parenthood and its consequences are not seen as problematic because opportunity is already lacking. These adolescents have poor basic skills and are unable to compete in the labour market leading to repeated failures which have a negative effect on their self-esteem. This combination of events places poor and minority teens at higher risk of early parenthood. Frustration resulting from this lack of achievement opportunity is translated into rebellion against traditional societal norms.

Children are deemed important in our society and having a child may temporarily elevate the adolescent's self-esteem and sense of competence. Also, these alienated and economically disadvantaged youths are less able to conceptualize and plan for the future. The result is that they see no reason to focus on developing skills which would aid them in the job market (Ladner, 1987).

Manlove et al (2002) reported adolescents living in poverty-stricken neighborhoods were more apt to engage in sexual intercourse, often leading to adolescent pregnancy and childbirth. The levels of education and attitude towards school have also proven to be factors that contribute to teenage pregnancy. Allied to poverty, lack of education elevates rates of aggression and early reproduction. Violence levels are lower in areas with more high-school graduates (Dobrin et al, 2005). Schools with lower academic performance and lower staff pupil ratios have higher pupil crime rates (Limbos and Casteel 2008). Better education and academic achievement also appear to be protective factors against early sexual activity (Hallett et al, 2007; Laflin et al, 2008; Quinlivan et al, 2004).

According to Gupta and Mahy (2003), young women with no education are more than three times likely to have started childbearing by age 19 than those who have secondary and higher education (32% versus 10%). Empirical results indicate that girl's education level has significant influence on the probability of teenage birth, with non-schooling adolescents and those with primary school level education being more vulnerable.

### 2.2.3 Electronic Media

A very important factor contributing to early sexual initiation in adolescents is exposure to sexually explicit content especially in electronic media. Adolescents use electronic media in large numbers and are therefore uniquely positioned to be particularly vulnerable to its effects. They usually use Television, Radio, the Internet and Social Networking sites (SNS) such as Facebook and Twitter. Over half of all Internet-using teens are content creators who create websites or blogs, share original media such as photos and videos, or remix content into new creations (Lenhart & Madden, 2007). A strong source of influence on adolescent attitudes, intentions and behaviours is the media. Social media are form of media created by adolescents, and thus they combine both peer and media effects. Through a single website such as Facebook, millions of adolescents are now linked to other adolescents online. Each of these ties represents a potential tie of influence.

Preliminary evidence suggests that displays of sexual material on Facebook are associated with the reported intention to become sexually active among teenagers (Connell, 2009). In one American study, adolescents who viewed sexual references on their peers Facebook

profiles, found them to be believable and influential sources of information (Moreno et al, 2009). Another study in the U.S found that, adolescents who perceived sex to be normative based on others Facebook profiles were more likely to report an interest in initiating sex (Litt & Stock, 2011).

Dunton et al (2010) in his study on adolescent sexual behaviours on social media and teen pregnancy posits that adolescents were more likely to display references to sexual behaviour if a peer displayed similar references. The other concern of the influence of electronic media to teenage pregnancy is sexting which involves sending, receiving, or forwarding sexually explicit messages or pictures via a cell phone or over the internet via email or a social networking site. Dowdell et al (2011) in their study among American teenagers of the effects of sexting on adolescent initial sex experience and consequences such as HIV, STIs and teenage pregnancy, emphasize that sexting does not typically represent a random or anonymous event; rather it usually takes place in the context of existing offline relationships. He also argues that in most cases of sexting, the sexual photos were intended to be viewed by only a romantic partner, such as boyfriend or girlfriend. In another American study among teenage girls, sexting was associated with an increased likelihood of having engaged in sexual behaviour and been at risk of STIs or adolescent pregnancy (Temple et al, 2012). Given the anonymity of the internet and the ease with which identity can be disguised on social media, online sexual solicitation is the other area of great concern on the influence of electronic media on teenage pregnancy. In the U.S the sexual solicitation rate for teens is estimated at between 13-19% (Wolak et al, 2006).

Ybarra (2007) posits that unwanted online sexual solicitation which involves encouraging someone to talk about sex, to do something sexual, or to share personal sexual information even when that person does not want to, is high among adolescent who have minimal parental supervision in terms of access to the internet. This puts these teenagers at risk of early sexual initiation and consequences such as STIs and teenage pregnancy. Online sexual predation occurs when an adult makes contact with a minor with intent to engage in sexual activities that would result in statutory rape. Teenagers are much more likely to receive sexual solicitation between same-age teens than sexual predation and most of these solicitations come from same-age peers who are known offline (Collins, 2011). According

to the National Campaign to Prevent Teen and Unplanned Pregnancy in the U.S, (2008) as many as 20% of teens reported they have sent/posted nude or semi-nude pictures or videos of themselves. Teens in relationships may also receive nude pictures or be pressured to send nude pictures of themselves to a partner. Relationship abuse can also include sending nonstop text messages or posting cruel comments on a boyfriends or girlfriends Facebook or MySpace page (Clifford, 2009). In the absence of widespread, effective reproductive health and sex education at home or in hospitals, schools, television and other online electronic media have arguably become the leading source of sex education in the United States (U.S) today (Strasburger, 2005). What children and adolescents see, hear, and read in the media is assumed to influence their social development and behaviour.

Various studies have shown that the American electronic media is the most sexually suggestive in the world and that the media far outranked parents or schools as the source of information about birth control (Strasburger, 2005). Research also found a direct relationship between the amount of sexual content children seen and their level of sexual activity or their intentions to have sex in the future (Brown, 2004; Jones, 2006). Luscombe, in 2008 also showed that adolescents whose media diet was rich in sexual content were more than twice as likely as others to have had sex by the time they were sixteen. By age 17, nearly two thirds of males and one half of females have begun having sexual intercourse (Centers for Disease Control and Prevention [CDC], 2006). Nearly one third of sexually experienced teen females have been pregnant (National Campaign to Prevent Teen Pregnancy, 2006). Bleakley et al (2008) demonstrates that the relationship between exposure to sexual content and sexual activity can be characterized by a feedback loop: The more sexual activity adolescents engage in, the more likely they are to be exposed to sex in media; and the more they are exposed to sex in media, the more likely they are to have progressed in their sexual activity.

A study by Kim et al (2006) found that increased exposure to sexual content was positively associated with such variables as friend's approval of sex, non-coital sexual experience, having a television in the bedroom, unsupervised time after school, participation in sports, active viewing of television, average television viewing, motivation to learn from television, and several demographic characteristics such as age, race, and gender. Through

television which can now be viewed online and shared through SNSs, each year American children and teenagers view nearly 14,000 sexual references, innuendoes, and behaviours, few of which (less than 170) involve the use of birth control, self-control, abstinence, or responsibility (Harris & Associates, 1988). Brown et al., (2006) argues that exposure to sexual content on television is associated with expectations about sex, perceptions of peer sexual behaviour, sexually permissive attitudes, and sexual initiation. However, the greater the proportion of television viewing time that contained sexual content, the more likely it was that an adolescent had engaged in sexual intercourse. Collins et al (2004) used a two-wave longitudinal survey of 12- to 17-year-olds and found that watching sex on television (based on a content analysis of 23 television programs) predicted and possibly hastened sexual initiation. Chandra, et al (2008) found that teens who viewed more sex content on television were more likely to become pregnant.

Ward et al (2011) emphasizes that sexual socialized television viewing is positively correlated with higher levels of sexual experience, having more sexual partners and more negative attitude towards abstinence. He goes on to argue that greater exposure to music videos and talk shows, and stronger identification with popular media characters, each predict a greater level of dating and sexual experience among high school students which in most cases results to STIs infections and teenage pregnancy. In addition to television, digital print media, and music with explicit content which can all be shared through SNSs, the Internet has now become a viable way for adolescents to gain information about sexuality (Flowers-Coulson, Kushner, & Bankowski, 2000). The internet is a major contributor of wrong information about sex to the adolescents (Kanuga et al, 2004). Sullivan (2008) showed that more that 90% of the children between 3rd and 10th grade was exposed to pornography, and that access, affordability and anonymity has made online sexual activity extraordinarily common among all ages, including adolescents.

Contemporary online magazines reflect the same trend as seen in television and movies present a shift away from naive or innocent romantic love in the 1950s and 1960s to increasingly clinical concerns about sexual functioning (Planned Parenthood, 2006). A content analysis of online British magazines for teens found that girls' magazines tend to focus on romance, emotions, and female responsibility for contraception, whereas boys'

magazines were more visually suggestive and assumed that all males were heterosexual (Batchelor, Kitzinger, & Burtney, 2004). However, studies show that boys are less affected by electronic media as compared to girls. Girls, more than boys, rely on the media as an important site of information about sex and relationships, reflecting the wide range of publications available to them. For boys, the media has less of a role and school is a more important source of information (Burtney 2000). In a study in Scotland, Todd et al (1999) found a significant increase (25% to 32%) between 1990 and 1998 in the proportion of girls who reported that the media was their primary locus of information about sexual matters. In an Irish study, Holland et al (1998), the silence around female sexual pleasure in all areas of formal and family sex education drives many young women to seek alternative sources of information and this is mostly the media. The media has an important role in pregnancy prevention. With a long-term teenage pregnancy prevention media campaign, the consequences of illicit unprotected sex that can result to early pregnancy can be avoided. Airing of commercials or public information campaigns can instill behaviour change and delayed sexual debut among teens resulting in postponement of childbearing. In the Netherlands, Germany and France in which teenage birth rates are many times lower than that in the U.S, there are promotions of healthy, lower risk sexual behaviour through national media campaigns that have a high degree of influence with young women and men (Berne & Huberman, 1999).

### 2.2.4 Peer Group Pressure

Peer pressure is powerful, especially among adolescents. It causes members to reject, albeit temporarily, the standards of their parents and adopt those of the peer group. The subtler form of peer pressure is known as peer influence, and it involves changing one's behaviour to meet the perceived expectations of others (Burns & Darling, 2002). According to Black (2002), peer groups provide a forum where teens construct and reconstruct their identities. Noting the increasing importance of peer acceptance to all adolescents, Brown et al (1993) showed that adolescent's behaviour and adjustment are associated with the kind of peers with whom they associate. They found that the more adolescents associate with peers who have positive attributes the better they perform in school, while affiliating with negative

attributes is not associated with academic achievement. Peer influence also affects adolescent sexual activity.

In the Adolescent Health (Add Health) Survey in the U.S of students in grades 7 through 12, when factors of family structure, wealth, education and popularity were controlled, a female's close group of friends had the most influence on the timing of sexual debut. Adolescents whose friendship network included mostly low-risk friends were half as likely to experience first intercourse as were adolescents whose close friend network was composed mostly of high-risk friends (Bearman & Bruckner, 1999). Jaccard et al., (2005) in his study on peer influences on risk behaviour among American teenagers, posits that adolescents who perceive their friends are engaged in sexual practices are more likely to adopt those same behaviours.

In another study in the U.S, The Kaiser Family Foundation (1998) found that 13% of young men between 13 to 18 years cited pressure from their friends compared to 7% of young women and 8% of young women and 1% of young men cited pressure from a partner as a factor contributing to why they had sex for the first time. This is because peers provide adolescents with models, support and identity (Ochieng, Kakai & Abok, 2011). During adolescence, teenagers often feel pressure to make friends and fit in with their peers. Many times, these teens let their friends influence their decision to have sex even when they do not fully understand the consequences associated with the act. Teenagers have sex as a way to appear cool and sophisticated, but in some cases the end result is an unplanned teen pregnancy. The Kaiser Family Foundation (2000) states that more than 29 percent of pregnant teens reported that they felt pressured to have sex, and 33 percent of pregnant teens stated that they felt that they were not ready for a sexual relationship, but proceeded anyway because they feared ridicule or rejection. Didi (2004) emphasizes that the factors that predispose adolescents to engage in sexual behaviour have been identified as: having peers who are sexually active and who pressurize others to engage in sex experimentation, relationships between adolescents and their parents and engaging in substance use and abuse.

Peer effects may operate at several levels. Same-sex peers are a major source of information about sex and peers provide settings (for example cars, parties) where sex can occur (Davis & Harris, 1982). Same-sex friends may influence the perceived acceptability of sexual behaviour, and sexually experienced friends may serve as role models.

In a study in the U.S, about 48% of 13 to 15-year-old male and female respondents said they talked to their friends about sexuality issues. Females were more likely to discuss many sexuality issues with their mothers, while less than 20% talked with their fathers about any sexuality issue. Fewer males than females reported talking with friends or parents about sex-based topics. However, male teens were about as likely to talk with their mothers as with friends and only slightly less likely to talk with their fathers (Dilorio et al., 1999). Peers transmit sexual information that is often more accepting, and influential, than standards espoused by adults. When the sexual information supplied by peers is dominant, adolescents have an earlier transition to first coitus.

Adolescents who believe that peers approve of sexual activity and are sexually active are more likely to initiate intercourse (Romer & Stanton, 2003). Burtney (2000) contends that peer pressure can be an issue. While friends are an important source of information for young people, they can often serve to reinforce the behaviour patterns within a group. A study of 2,000 British thirteen- to fifteen-year-olds revealed the influence of peer groups. Only 4% of young people whose friends were not sexually active were sexually active themselves. Among those whose friends were sexually active, 43% were active themselves (Family Education Trust, 2000). Schubotz et al (2003) reported similar findings in his Scottish study: 20% of males and 12% of females in their survey reported that they felt unable to resist the pressure of peer expectations to be sexually active, and consequently many were unhappy about the timing of first intercourse. A study of adolescent students' attitudes to various sexual matters conducted by the National University of Ireland, Galway, provides further evidence of the influence of friends (Malesevic, 2003).

From a South African study, (Wood & Jewkes, 2001) concluded that while the teenage years are an important period in exploration and development of gender identity and, in a context of poverty and limited alternatives, securing and maintaining sexual relationships

are critical to self-evaluations of masculine success as well as male peer group positioning. Similarly, relationships are very important to women in their evaluations of their femininity and processes of exploration of their identity and power as women. Despite the commonness of gender-based violence, both teenage girls and boys are generally active and willing participants in their sexual relationships (OSullivan et al, 2006). Based on earlier work, there is good reason to suspect that having older peers may make it more likely that a teenage girl engages early in sexual activity and hence is more likely to have a teen birth (Black, Devereux, & Silvanus, 2011).

### 2.3 Summary of Gaps to Be Filled

**Table 1: Summary of Gaps to Be Filled**

| Author | Title | Findings |
|---|---|---|
| Mbugua 2015 | Access to sexual and Reproductive health care services by adolescent girls | Financial constraints, long distance to the hospital influences the access to SRH services by adolescent but did not address the issue of availability of contraceptives and information relating to SRH services. |
| Kiragu et al (1996) | Cultural backgrounds and SRH services to adolescent | The study did not find out how cultural background of HCW affect their health talk on adolescent SRH, never addressed also the need of special training on adolescent sex education. |
| Panday et al (2009) in South Africa | Sexual Peer Relationship as result of poverty | Did not address adolescent girls sexual peer relationship as a result of poverty which can also result to teenage pregnancy. Only looked at their relationship with older partners. |
| Woods and Jewkes (2001) Sabatiuk and Flores (2009) | Boys peer group pressure and teenage pregnancy | Did not address girls peer group pressure or peer relationship on teenage pregnancy. This study therefore seeks to find out whether pressure from fellow girls to prove femininity can lead girls to engage in sex. |
| Mukuna (2015) | Vulnerability analysis of gender – differentiated impact of flooding in Busia-South Budalagi flood plain | Found that girl's enrolment in school are high in the area but with sharp drop out during flooding due to sexual exploitation and pregnancy challenges but did not address why. |
| Holland et al (1998) Ireland and Todd et al (1999) Scotland | Media as source of information about sexual matters | Study revealed that silenced about female sexual pleasure and family sex education drives many adolescent girls to use media as primary locus of information. |

## 2.4 Conceptual Framework

**Independent Variable** **Dependent Variable**

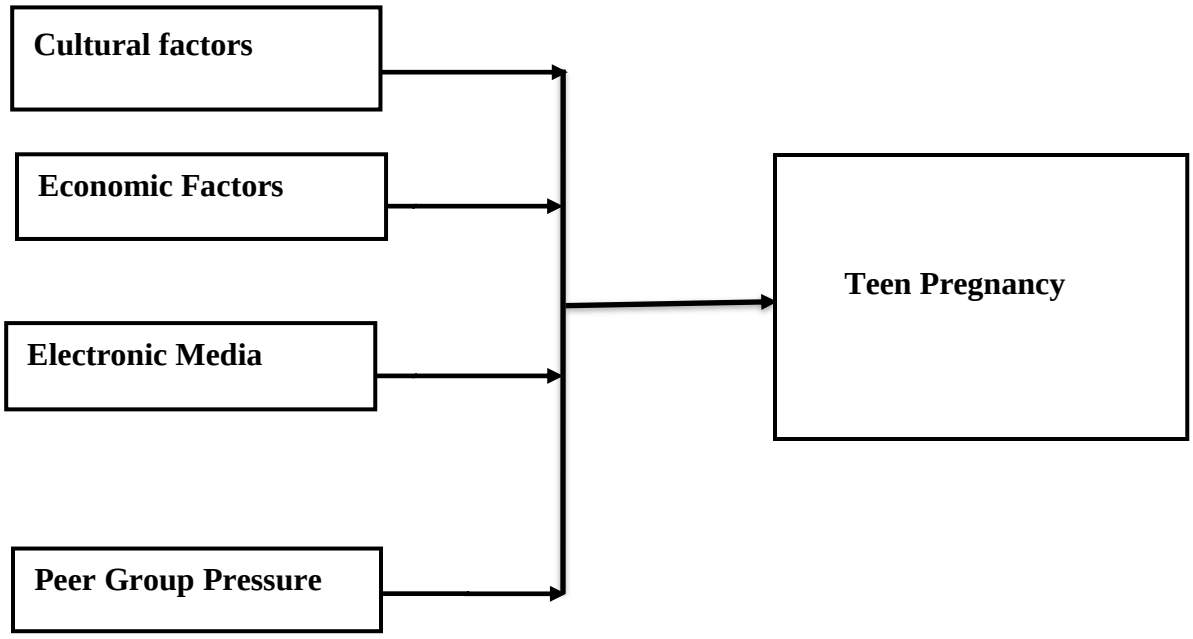


**Figure 2. 1: Conceptual Framework**

**Source: Author (2024)**

## 2.5 Operationalization of Variables

A conceptual framework serves as a vital blueprint in research; it outlines the relationships between key variables under investigation. In the context of this study focused on teenage pregnancy in Nyando Sub-County, the framework identifies independent variables, which may include cultural factors, economic factors, electronic media, peer group influences, and environmental aspects like floods and displacement, all of which can significantly impact the dependent variable: teenage pregnancy.

The independent variables identified in the framework interconnect in various ways to collectively influence the rate of teenage pregnancy. For example, cultural factors such as norms and values surrounding early marriage and childbearing can intersect with economic factors, as poverty may exacerbate cultural pressures, pushing families to marry off

daughters earlier. The interplay between these variables highlights how a girl's socio-economic environment can shape her reproductive choices and outcomes.

Further compounding this relationship is the evolving role of electronic media, which can either inform adolescents about sexual health or contribute to risky behaviors through the portrayal of sexual relationships. The influence of electronic media does not exist in isolation; rather, it interacts with cultural perceptions and peer group dynamics. For instance, adolescents may be exposed to conflicting messages about relationships through social media, which can reinforce or challenge the traditional cultural values upheld within their communities.

Peer groups also contribute to the complexities of this framework. The attitudes and behaviors surrounding sexual activity can be heavily influenced by friends and peers, with young people oftentimes seeking validation and acceptance from one another. The significance of peer influence is magnified in an environment where cultural norms may discourage open discussion about sexual health, leaving adolescents dependent on their peers for information and guidance.

The impact of environmental factors, such as floods and related displacement, introduces an additional layer of complexity. Displacement can disrupt social structures and support systems, leading to increased vulnerability among adolescents. This disruption may heighten economic pressures on families, hence potentially resulting in hastened decisions around marriage and childbearing. Additionally, the psychological stress arising from environmental upheavals can lead to higher instances of risky sexual behavior among displaced youths, further complicating the interrelationships highlighted in the conceptual framework.

In essence, the conceptual framework presents a dynamic interplay of independent variables that together help to explain the patterns and rates of teenage pregnancy in Nyando Sub-County. Each factor does not act independently; rather, they are interconnected and can influence one another, highlighting the need for comprehensive and multifaceted approaches to address the issue of teenage pregnancy effectively.

Understanding these relationships is crucial for developing interventions and policies that consider the complexities of each contributing variable.

### 2.6 Chapter Summary

This chapter has examined the various factors influencing teenage pregnancy, including cultural norms, economic constraints, peer pressure, social media influences, and the effects of floods and displacement. It presents both a theoretical and a conceptual framework for understanding these dynamics. Previous research, such as Mbugua's study in Narok County, highlighted access issues to sexual and reproductive health (SRH) services due to financial and logistical barriers, while not addressing the necessity for information and training that this study aims to explore. Kiragu et al. emphasized the lack of communication about sex among parents and educators, which leads to early sexual initiation among teenagers, risking exposure to STIs and unintended pregnancies. Panday's findings in South Africa linked poverty to compromised health and economic security for adolescent girls, resulting in unhealthy relationships that limit their agency in sexual decision-making. Similarly, research by Sabatiuk and Flores noted that socioeconomic factors lead Latina teens in the U.S. into relationships with older partners for financial support, increasing their vulnerability to early pregnancy and STIs. Studies from Ireland and Scotland indicated that girls increasingly rely on media for sexual education, while Wood and Jewkes identified the importance of peer relationships in shaping sexual behavior for young males in South Africa. Mukuna's work showed high school enrollment among girls in Busia-South Budalagi affected by flooding, which exacerbated challenges like sexual exploitation and pregnancy, though it did not investigate the underlying reasons. This research seeks to align its findings with those of Iranian studies that delineate socio-cultural barriers to sexual health education for young females, revealing similar themes of stigma, taboo, and a lack of open discussion regarding sexuality.

# CHAPTER THREE

# RESEARCH DESIGN AND METHODOLOGY

## 3.0 Introduction

The chapter covers the processes involved in employing the recommended technique to achieve the goal of the research study. It describes the approach and research design that was used. This chapter goes into detail about the target population, sample and sampling procedure, instruments, pilot study, validity, reliability, data processing, and ethical considerations.

### 3.1 Research design

This study adopts the descriptive survey research design to assess the factors that influence prevalence of teenage pregnancy in Nyando Sub County. Descriptive survey research design will assist the researcher to assemble both qualitative and quantitative data on how study variables such as; cultural factors, economic factors, peer group pressure, social media and flood related displacement does influence teenage pregnancy in the Sub County. Through this design, the study will be able to establish the link between study variables and study problem. This is because survey research design enables the researcher to ask the respondents about their perceptions, attitudes, behaviors and values in regard to the research topic with keen observant of ethical norms. And it is also an effective model to collect data from samples representing wider population.

### 3.2 Target population

According to the Sub-County Reproductive health coordinator and SC. H. R I. Os office, Nyando Sub County has several dispensaries, health centers and sub-county but chose 4 sites (Ahero C.H, Nyang'ande SCH, Bunde HC, Rabuor SCH) for carrying out this research based on the prevalence. There are about 190 clinicians and 1439 adolescent attending ANC and PNC at these public hospitals in Nyando Sub County. This study concentrated on clinicians working at Mother Child Health, Maternity and these adolescents who are either pregnant or had resent delivery because they are the affect population and therefore are expected to have abundance information from their experiences. In Nyando Sub County there are 1439 ANCs and PNCs adolescent seeking reproductive health services who are either gravid or delivered recently.

**Table 2: Distribution of population**

| **Respondents** | **Target Population** | **Sample Population** |
|---|---|---|
| Clinicians | 190 | 57 |
| Young mothers | 1439 | 303 |
| MOH officers | 10 | 10 |
| **Total** | **1639** | **370** |

**Source: DHIS office (2024)**

### 3.3 Sample and Sampling Technique

Mugenda and Mugenda (2003) suggest that when the population is less than 10,000 then 10% - 30% of the total population is considered adequate for descriptive survey research. Therefore, the sample of 190 clinicians for this study was 57 from different public hospitals. When the population is more than 10,000 individuals, 384 of them are recommended as the desired sample size (Mugenda & Mugenda, 2003). The accessible population for this study was 1439.

Mugenda and Mugenda (2003) recommend the formula:

$$nf = \frac{n}{1+n/N}$$

According to the formula:

nf= desired sample size when the population is less than 10,000

n= desired sample size when the population is more than 10,000

N= estimate of the population size.

Using the formular the sample size for the young mothers is:

$$nf = \frac{384}{1+384/1439}$$

Since the target population is grouped into three different categories, the researcher will use stratified random sampling. Stratified sampling ensured proper representation of the

different public health care facilities to enhance representation of variables related to them. The researcher then used simple random sampling to select the final subjects proportionately from different strata.

### 3.4 Research Instruments

Research instruments, which include surveys, tests, and questionnaires (Bickman & Rog, 2018), are used to collect data for the study. The questionnaire was the primary data collection tool as it is cost-effective, simple to administer, and time-saving (Saunders, Lewis, & Thornhill, 2018).

### 3.5 Pilot Study

An evaluation of the data collecting instruments' efficacy will be done in advance of actually starting to gather the data. The poll survey was conducted among the target group in the same county because it is representative of that population. The questions were amended, more questions were added, and other issues were addressed (Cooper & Schindler, 2018).

#### 3.5.1 Validity Test

Validity is the degree to which a research instrument accurately and credibly measures the concept it intends to measure (Trochim & Donnelly, 2008). In this study, validity testing was conducted during the piloting phase to identify and rectify any defects in the research instrument. The goal of the validity test is to ensure that the responses obtained from the instrument provide the necessary input to achieve the study's objectives. The pilot study was also instrumental in establishing the reliability and validity of the data collection equipment used (Cooper & Schindler, 2018). Different types of validity tests were carried out in this study, including content validity, criterion validity, and construct validity. Content validity was used to assess whether the research instrument accurately measures all relevant aspects of the study's concepts (DeVellis, 2017). Criterion validity was used to evaluate how well the research instrument correlates with other established measures of the same concepts (Trochim & Donnelly, 2008). Finally, construct validity was employed

to ensure that the research instrument measures the underlying theoretical constructs of the study while differentiating them from other related concepts (Campbell & Fiske, 1959).

### 3.5.2 Reliability Test

Reliability is the extent to which a research instrument consistently produces accurate and credible results when employed on the same individuals or samples repeatedly (Trochim & Donnelly, 2008). In this study, a reliability test was conducted throughout the piloting phase to ensure that the research instrument consistently provides accurate and credible results. Different tests can be employed to measure reliability, such as the test-retest method, parallel-forms method, and internal consistency method (DeVellis, 2017). In this study, the internal consistency method was employed, and the Cronbach's Alpha coefficient was used to determine the dependability of the research instrument. A Cronbach's Alpha coefficient of 0.7 or higher indicates that the research instrument is reliable (DeVellis, 2017). Throughout the piloting phase, the research instrument's reliability was assessed, and necessary modifications were made to ensure that the instrument is dependable for use in the actual study. When employed with the actual sample size, the reliable research instrument should produce similar or consistent results as those obtained during the pilot study (Kothari & Garg, 2015; Cooper & Schindler, 2018).

## 3.6 Data Collection Procedure

The data collection procedure in this study involved the use of questionnaires to gather primary data. Questionnaires offer an efficient way to collect large quantities of data and apply diverse statistical analyses to the findings, including correlation, descriptive, and inferential methods (Saunders, Lewis, & Thornhill, 2018). The questionnaires were administered online to the study's participants through social media and email invitations. The online platform ensured convenience and encourages increased response rates (Dillman, Smyth, & Christian, 2014). The use of online questionnaires also guarantees anonymity to the respondents, which contributed to a more honest and accurate response rate (Bordens & Abbott, 2017). The study's participants were provided with clear instructions on the questionnaires to reduce ambiguity, ensure data quality, and minimize

errors (Dillman, Smyth, & Christian, 2014). The researchers also conducted a pilot test to identify any issues with the questionnaires and rectify them accordingly.

### 3.7 Data Analysis and Presentation

In this study, the data analysis process involved sorting and organizing the raw data collected to extract relevant information for the research. Quantitative data was collected and analyzed using SPSS version 26. Before generalizing conclusions, the raw data was coded to identify patterns and themes and allow for more in-depth analysis. The data analysis phase also involved examining the findings using descriptive statistics, and the results were presented in tables and figures to provide a clear visualization of the data.

### 3.8 Ethical Considerations

The study upheld ethical considerations that protect the participants' rights and interests. Ethical considerations refer to the principles that guide the research process to ensure that researchers adhere to established norms and practices to prevent harm to participants and maintain research integrity (Resnik, 2015).

#### 3.8.1 Informed Consent

The researchers sought and obtained informed consent from the participants before they participated in the research study. The informed consent process involved the provision of information on the study's purpose, procedures, and risks involved, where the participants allowed to ask questions for clarification. The researchers obtained letters of authorization from the University and Kisumu East Sub County before conducting the study.

#### 3.8.2 Voluntary Participation

The study upheld voluntary participation, where the respondents were free to choose whether to participate in the research or decline without any negative consequences. Participants requested to participate verbally, and they signed the informed consent form to signify their willingness to take part in the study.

#### 3.8.3 Confidentiality

The researchers ensured that the respondents' confidentiality was maintained in the study. The information the participants shared were treated with utmost confidentiality, and only the research team had access to the data. The data collected was used solely for academic research and writing a project report required by the Management University of Africa.

### 3.8.4 Privacy

The participants' privacy was upheld throughout the research study. The respondents were not required to share their names or contact information on the questionnaires to protect their privacy.

### 3.8.5 Anonymity

The research team ensured that all respondents remained anonymous throughout the study. The participants were advised not to write their names or any identifying information on the questionnaires. This enhanced the level of confidentiality and protected the participants from any potential harm or negative consequences.

## 3.9 Chapter Summary

This chapter's focus has been on the study methodology, providing a research procedure that outlines the methodology that was applied. The study aimed to achieve its primary objective through the methodology, which describes the approach that was employed during the research. The sections address design, population, sample and sampling procedures, data collection, processing and analysis, and research ethics.

training, and the establishment of regular feedback mechanisms to enhance efficacy. Additionally, it suggests avenues for further research, including longitudinal studies on training impacts, industry comparisons of training effectiveness, and investigations into the role of employee engagement in training outcomes.

# CHAPTER FOUR

# DATA PRESENTATION AND INTERPRETATION OF FINDINGS

## 4.1 Research Findings

### 4.1.1 Response Rate

370 respondents made up the sample size for this study and it was presented in Table 3 concerning the response rate.

**Table 3: Response Rate**

| **Category** | **Frequency** | **Percentage** |
|---|---|---|
| Responses | 370 | 100% |
| Non response | 0 | 0% |

| | | |
|---|---|---|
| **Total** | **370** | **100** |

**Source: Researcher (2024)**

Table 3 describes the response rate for a survey conducted on a particular population. Firstly, the response rate for the study was 100%, with all 370 respondents participating in the research. This high response rate indicates a strong level of engagement and interest in the topic among the target population.

### 4.1.2 Demographic Information

The study asked the respondents to submit their biographical information, which served as information defining the study's characteristics. The traits included gender, age, education level and work experience of the respondents.

**Table 4: Gender**

| **Gender** | **Frequency** | **Percentage** |
|---|---|---|
| Male | 148 | 40% |
| Female | 222 | 60% |
| **Total** | **370** | **100** |

**Source: Researcher (2024)**

The data in Table 4 presents the gender distribution of the sample population. The study found that 40% of the respondents were male, while 60% were female. This gender distribution is important to consider when analyzing the factors influencing teenage pregnancy, as gender dynamics can play a significant role in shaping behaviors and outcomes.

**Table 5: Age**

| **Age** | **Frequency** | **Percentage** |
|---|---|---|

| | | |
|---|---|---|
| 18-24 years | 11 | 3% |
| 25-34 years | 122 | 33% |
| 35-44 years | 148 | 40% |
| 45 – 54 years | 63 | 17% |
| 55 years and above | 26 | 7% |
| **Total** | **370** | **100** |

**Source: Researcher (2024)**

The data in Table 5 presents the age distribution of the sample population. Regarding age distribution, the majority of respondents fell within the 35-44 years' age group, accounting for 40% of the sample. This age group was followed by the 25-34 years' group at 33%. Understanding the age distribution of the respondents is crucial for identifying potential risk factors and vulnerabilities associated with teenage pregnancy in different age brackets.

**Table 6: Highest Level of Education**

| **Level of Education** | **Frequency** | **Percentage** |
|---|---|---|
| Primary | 37 | 10% |
| Secondary | 111 | 30% |
| College/University | 222 | 60% |
| **Total** | **370** | **100** |

**Source: Researcher (2024)**

The data in Table 6 presents the level of education distribution of the sample population. In terms of education level, the study found that 60% of the respondents had a college or university education, while 30% had completed secondary education, and 10% had only completed primary education. This distribution highlights the importance of education in influencing teenage pregnancy rates, as individuals with higher levels of education may have better access to information and resources for reproductive health.

**Table 7: Experience**

| Experience | Frequency | Percentage |
|---|---|---|
| Less than 1 year | 48 | 13% |
| 1-5 years | 148 | 40% |
| 6-10 years | 52 | 14% |
| More than 10 years | 122 | 33% |
| **Total** | **250** | **100** |

**Source: Researcher (2024)**

The data in Table 7, the study also examined the work experience of the respondents. The findings showed that 40% of the respondents had 1-5 years of work experience, while 33% had more than 10 years of experience. Understanding the work experience of the respondents can provide insights into potential socioeconomic factors that may influence teenage pregnancy rates, such as financial stability and access to healthcare services.

### 4.1.3 Descriptive Statistics

According to the research questionnaire's Appendix I, the study variables are described statistically in this chapter's part.

#### 4.1.3.1 Cultural Factors

**Table 8: Cultural Factors**

| Statement | SA | A | N | D | SD | Total |
|---|---|---|---|---|---|---|
| Cultural norms in my community support early marriage, contributing to increased rates of teenage pregnancy. | 63% | 20% | 3% | 10% | 3% | **100%** |
| The beliefs and values of my culture place a strong emphasis on the responsibilities of young women to bear children at an early age. | 80% | 13% | 0% | 7% | 0% | **100%** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Discussions about reproductive health and family planning are often discouraged within my cultural context. | 20% | 40% | 7% | 10% | 23% | **100%** |
| Cultural initiation rituals in my community encourage adolescents to engage in sexual activity at a young age. | 60% | 30% | 3% | 3% | 4% | **100%** |
| Extended family influences in my culture lead to pressure on adolescents to conform to traditional expectations regarding childbearing. | 70% | 27% | 0% | 0% | 3% | **100%** |

**Source: Researcher (2024)**

The analysis of Table 8, which examines the cultural factors influencing teenage pregnancy in Nyando Sub-County, provides a detailed look at the community's perceptions of how cultural norms and practices affect young people's reproductive health. Each statement highlights different cultural influences and presents a snapshot of community attitudes toward early marriage and childbearing.

In the first statement, "Cultural norms in my community support early marriage, contributing to increased rates of teenage pregnancy," a significant 63% of respondents strongly agree, while an additional 20% agree. This indicates that a majority of the community acknowledges a strong cultural endorsement of early marriage as a factor contributing to the rising rates of teenage pregnancy. The low percentages of disagreement—only 10% disagreeing and 3% strongly disagreeing—reinforce the notion that early marriage is a widely accepted norm within this community, reflecting cultural attitudes that could hinder efforts to reduce teenage pregnancy rates.

The second statement, "The beliefs and values of my culture place a strong emphasis on the responsibilities of young women to bear children at an early age," found even stronger consensus, with 80% of respondents strongly agreeing. This response emphasizes the significant cultural pressure placed on young women regarding early childbearing. The lack of any neutral or disagreeing responses indicates a pervasive acceptance of this belief, suggesting that these cultural values deeply influence young women's life choices and expectations regarding motherhood.

In the third statement, "Discussions about reproductive health and family planning are often discouraged within my cultural context," the responses provide a more complex view. Here, only 20% strongly agree, while 40% agree, suggesting that while there is some recognition of the discouragement surrounding discussions on reproductive health, a notable portion of respondents 37% either disagree or remain neutral. This indicates that while such discussions may be limited in practice, there might be divisions within the community regarding how this issue is perceived and accepted.

Regarding the fourth statement, "Cultural initiation rituals in my community encourage adolescents to engage in sexual activity at a young age," the results show that 60% of respondents strongly agree and 30% agree, indicating a significant acknowledgment of the role that cultural rituals play in shaping adolescent sexuality. The minimal response of 4% strongly disagreeing suggests that most participants see a direct link between these cultural practices and the timing of sexual activity among young people, indicating an area of cultural influence that is deeply rooted.

Finally, in the statement "Extended family influences in my culture lead to pressure on adolescents to conform to traditional expectations regarding childbearing," the responses again highlight a clear consensus. Seventy percent of respondents strongly agree, while 27% agree, illustrating the extent to which extended family pressures contribute to conforming to traditional childbearing expectations. The absence of neutral or disagreeing opinions further underscores the community's acknowledgment of these family dynamics and their significant influence on adolescents' reproductive choices.

In conclusion, the findings regarding cultural factors reveal a community that recognizes the profound influence of cultural norms and expectations on teenage pregnancy. The strong agreement on the aspects of early marriage, childbearing responsibility, and the role of extended family illustrates entrenched cultural attitudes that could create barriers to addressing the issue of teenage pregnancy effectively. This analysis suggests a need for culturally sensitive interventions that take into account these values while providing education and resources to empower adolescents in their reproductive health decisions.

#### 4.1.3.2 Economic Factors

**Table 9: Economic factors**

| Statement | SA | A | N | D | SD | Total |
|---|---|---|---|---|---|---|
| Economic instability in my community drives families to marry off daughters at an early age to reduce financial burdens. | 67% | 33% | 0% | 0% | 0% | **100%** |
| Lack of access to education due to financial constraints contributes to higher teenage pregnancy rates in Nyando Sub-County. | 17% | 23% | 10% | 13% | 0% | **100%** |
| Families with limited financial resources struggle to provide adequate reproductive health education to their children. | 10% | 43% | 3% | 13% | 30% | **100%** |
| Economic empowerment programs for youth in my community could help lower the incidence of teenage pregnancies. | 37% | 40% | 10% | 7% | 6% | **100%** |
| Unstable economic conditions in my community increase the likelihood of risky sexual behaviors among teenagers. | 47% | 37% | 0% | 0% | 16% | **100%** |

**Source: Researcher (2024)**

The analysis of Table 9, which explores the economic factors influencing teenage pregnancy in Nyando Sub-County, reveals the complex relationship between socioeconomic conditions and reproductive health outcomes. Each statement sheds light on the perceptions of respondents regarding how economic circumstances impact early marriage, education, health education, and behaviors related to sexuality.

In the first statement, "Economic instability in my community drives families to marry off daughters at an early age to reduce financial burdens," there is a striking response with 67% of participants strongly agreeing and 33% agreeing. This significant agreement indicates a widespread acknowledgment that economic pressures faced by families can lead to early marriages as a means of alleviating financial strain. The absence of neutral, disagree, or strongly disagree responses suggests that this viewpoint is nearly universally recognized among respondents, reinforcing the notion that economic instability can have direct implications for the reproductive choices of young women.

The second statement, "Lack of access to education due to financial constraints contributes to higher teenage pregnancy rates in Nyando Sub-County," reflects a more nuanced perspective. Only 17% of respondents strongly agreed, and 23% agreed, indicating that while some community members perceive a link between financial constraints and educational access, a majority may not view this as a primary factor contributing to teenage pregnancies. With 10% neutral and 13% disagreeing, the variations in opinion suggest that while economic factors play a role, there may be additional or competing influences on teenage pregnancy rates that respondents believe are more significant.

Regarding the third statement, "Families with limited financial resources struggle to provide adequate reproductive health education to their children," a smaller percentage of 10% strongly agree, with 43% agreeing. This indicates that a majority of the respondents recognize that financial limitations can hinder families' abilities to deliver proper sexual health education. However, the presence of a significant 30% who strongly disagree suggests that some members of the community perceive that financial resources do not solely dictate the quality of reproductive health education provided, potentially pointing to other social or cultural dynamics at play.

In the fourth statement, "Economic empowerment programs for youth in my community could help lower the incidence of teenage pregnancies," the responses reflect a more positive outlook. A combined total of 37% strongly agree and 40% agree, highlighting a recognition of the potential efficacy of such programs in addressing teenage pregnancy. The responses suggest a belief that enhancing economic stability among youth could lead

to better reproductive health outcomes, emphasizing an area for potential intervention in the community.

Lastly, the statement, "Unstable economic conditions in my community increase the likelihood of risky sexual behaviors among teenagers," elicits a strong response with 47% strongly agreeing and 37% agreeing. This indicates a prevailing sentiment that economic instability can lead to increased vulnerability among adolescents, driving them towards risky sexual behaviors. The 16% who strongly disagree further points to a minority perspective that may not see economic conditions as a significant factor influencing sexual health behaviors.

In conclusion, the findings regarding economic factors illustrate a complex interplay between financial constraints, education, and teenage pregnancy in Nyando Sub-County. The data reflect a community that largely recognizes the impact of economic instability on early marriage and risky behaviors, while also identifying the importance of economic empowerment initiatives. However, diverse opinions on the relationship between economic constraints and health education highlight the need for targeted approaches that address not only economic issues but also cultural and social dimensions influencing reproductive health.

#### 4.1.3.3 Electronic Media

**Table 10: Electronic Media**

| Statement | SA | A | N | D | SD | Total |
|---|---|---|---|---|---|---|
| The internet and social media have exposed me to information about sexual health and reproductive rights. | 23% | 20% | 0% | 10% | 47% | **100%** |
| I believe that electronic media portrays sexual relationships in a way that encourages risky behaviors among teenagers. | 50% | 50% | 3% | 7% | 3% | **100%** |
| Online platforms have facilitated discussions about reproductive health that are not typically addressed in my community. | 17% | 40% | 7% | 13% | 23% | **100%** |
| I often encounter messages in electronic media that glamorize teenage pregnancy. | 67% | 0% | 0% | 3% | 30% | **100%** |
| Access to accurate sexual health information through electronic media can help reduce teenage pregnancy rates in my community. | 90% | 0% | 0% | 10% | 0% | **100%** |

**Source: Researcher (2024)**

The analysis of Table 10, which focuses on the role of electronic media in shaping perceptions of sexual health and teenage pregnancy, reveals a range of views among respondents regarding the impact of digital platforms on sexual education and behavior.

In the first statement, "The internet and social media have exposed me to information about sexual health and reproductive rights," only 23% of respondents strongly agree, while an additional 20% agree with this assertion. This indicates a modest recognition of the internet and social media as sources of information on such critical topics. Conversely, a significant 47% strongly disagree, highlighting a substantial concern that the majority of respondents feel underexposed or inadequately informed by these platforms regarding sexual health and reproductive rights. This lack of exposure could contribute to misconceptions and uninformed decisions among adolescents.

The second statement, "I believe that electronic media portrays sexual relationships in a way that encourages risky behaviors among teenagers," sees a strong response. Half of the participants (50%) strongly agree, with another 50% agreeing, creating a 100% agreement that highlights a shared concern about the portrayal of sexual relationships in electronic media. This suggests that respondents feel that media representations may normalize or glamorize risky behaviors, which could have harmful implications for adolescent sexual health.

When examining the statement, "Online platforms have facilitated discussions about reproductive health that are not typically addressed in my community," the results show that 17% strongly agree and 40% agree, indicating that there is some acknowledgment that these platforms can encourage conversations that may not otherwise occur in local contexts. However, with 23% strongly disagreeing and a total of 13% remaining neutral or disagreeing, it sheds light on the fact that while there are opportunities for these discussions, many may still feel that online platforms fall short in addressing reproductive health topics adequately.

In the fourth statement, "I often encounter messages in electronic media that glamorize teenage pregnancy," a notable 67% strongly agree, indicating a perception that media is often presenting teenage pregnancy in a positive light. This overwhelming response underscores potential concern regarding how such portrayals may influence young people's attitudes towards pregnancy and childbearing, possibly normalizing an experience that can have far-reaching consequences on their futures.

Lastly, the statement "Access to accurate sexual health information through electronic media can help reduce teenage pregnancy rates in my community" received overwhelming support, with 90% of respondents strongly agreeing. This consensus indicates a strong belief in the potential of electronic media to serve as an educational tool that could empower young individuals with the necessary knowledge to make informed choices about their sexual health, potentially leading to a reduction in teenage pregnancies. The lack of any dissent underscores a widespread recognition of the need for improving access to reliable health information in digital formats.

In summary, the findings regarding electronic media reveal a complex landscape where while there is acknowledgment of the potential for digital platforms to serve as educational resources, considerable concerns exist about the nature of the information being disseminated. The apparent glorification of risky behaviors and teenage pregnancy in media representations highlights a critical area of focus for interventions aiming to enhance adolescent sexual health education.

#### 4.1.3.4 Peer Groups

**Table 11: Peer Groups**

| Statement | SA | A | N | D | SD | Total |
|---|---|---|---|---|---|---|
| My friends influence my attitudes toward sexual activity and relationships significantly. | 63% | 20% | 0% | 0% | 17% | **100%** |
| Peer pressure to engage in sexual activity is prevalent among my age group in the community. | 90% | 10% | 0% | 0% | 0% | **100%** |
| Positive discussions about responsible sexual behavior are common in my peer group. | 57% | 40% | 0% | 3% | 0% | **100%** |
| I feel that my peers provide reliable information regarding reproductive health and family planning. | 67% | 0% | 0% | 3% | 30% | **100%** |
| Members of my peer group often share experiences and advice related to relationships and pregnancy. | 50% | 20% | 0% | 10% | 20% | **100%** |

**Source: Researcher (2024)**

The data presented in Table 11 provides valuable insights into the influence of peer groups on the sexual attitudes and behaviors of young individuals in Nyando Sub-County. Each statement reveals both the prevalence of peer influence and the nature of discussions surrounding sexual health among adolescents, illustrating the complex dynamics at play.

A notable 63% of respondents strongly agree that their friends significantly influence their attitudes toward sexual activity and relationships. This substantial majority reflects the central role that peer dynamics play in shaping young people's beliefs and behaviors regarding sex. The 20% who agree combined with the 0% who remain neutral or disagree reinforces the idea that friendships are a critical factor in adolescent decision-making. Meanwhile, 17% of respondents strongly disagree, indicating that there is a minority that either prefers to make independent choices or feels less swayed by peer opinions.

An overwhelming 90% of respondents affirm that peer pressure to engage in sexual activity is prevalent in their community. This reflects a significant acknowledgment of the societal expectations and pressures that young people face regarding sexual behavior. With no respondents disagreeing or remaining neutral, it underscores a strong consensus about the vivid nature of peer pressure, revealing concerns about the implications for young people's health and decision-making in the face of such influences.

Regarding the presence of positive discussions about responsible sexual behavior, 57% of participants strongly agree, while 40% agree, indicating that more than half of the respondents perceive their peer environments as supportive of healthy discussions surrounding sexual health. The absence of neutral responses and the minimal 3% who disagree suggest that while discussions do occur, they might not be as robust or prevalent as the participants would hope. This emphasizes the need for further fostering of such dialogues to create a more supportive atmosphere for responsible behavior.

A significant 67% of participants strongly agree that they feel their peers provide reliable information regarding reproductive health and family planning. This suggests a level of trust among adolescents about the information they exchange within their social circles. The 30% who strongly disagree, however, indicates a worrying gap in reliable knowledge, suggesting that many young people may feel ill-equipped to navigate complex health topics based solely on peer advice. It highlights the necessity for professional education and resources to complement peer discussions.

This statement received a mixed reception, with 50% of responses strongly agreeing that their peers share experiences and advice regarding relationships and pregnancy. The

additional 20% who agree reinforces the notion that sharing within peer groups is common, which can be both beneficial and risky depending on the accuracy of the shared advice. However, the 10% who disagree and the 20% who strongly disagree illustrate a significant portion of the group that either does not engage in such discussions or feels they are not adequately supported in these matters, highlighting an area that could benefit from improvement.

In summary, the data from Table 11 underscores the complex role peer groups play in shaping the sexual attitudes and behaviors of adolescents in Nyando Sub-County. While there is significant influence and engagement among peers regarding sexual health topics, there are also notable gaps in the reliability of information shared and discussions about responsible behavior. These insights suggest the need for enhanced educational initiatives and supportive programs that can empower young people to engage in healthier, more informed discussions about their sexual health. Addressing these dynamics could lead to improved sexual health outcomes for adolescents in the community.

### 4.2 Chapter Summary

The findings from Nyando Sub-County reveal that cultural norms, economic instability, the role of electronic media, peer influence, and environmental factors collectively contribute to the high rates of teenage pregnancy. With many respondents affirming the relevance of these factors, targeted interventions that consider cultural sensitivities, economic realities, peer education, and enhanced community support services for the displaced are vital for addressing this critical public health challenge. Implementing such measures could help cultivate a healthier, more informed generation capable of making responsible choices regarding their reproductive health.

# CHAPTER FIVE

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 5.1 Summary of the Findings

### 5.1.1 Cultural Factors

The results presented highlight significant cultural influences affecting teenage pregnancy rates. A striking 80% of respondents believe their cultural beliefs strongly support the early childbearing responsibilities of young women. Furthermore, 63% agreed that cultural norms favor early marriages, which is a substantial concern as it establishes a clear link between culture and teenage pregnancy. Initiation rituals that encourage sexual activity at a young age received agreement from 60% of participants, and 70% indicated that extended family pressures enforce traditional expectations on childbearing. However, concerning reproductive health discussions, only 20% and 40% of respondents felt that such

discussions were not discouraged, indicating that many in the community avoid talking about these critical issues, which could further exacerbate the problem.

### 5.1.2 Economic Factors

The second objectives illustrate that economic instability is a prime factor in teenage pregnancies, with 67% affirming that families marry off daughters early to alleviate financial burdens. While 17% believed that lack of educational access due to financial constraints significantly contributes to teenage pregnancies, 30% of respondents felt that families often struggle to provide reproductive health education. Economic empowerment not only garnered 37% support for its potential to reduce pregnancies but also highlights the perception of a direct correlation between economics and sexual risk behaviors, with 47% affirming that unstable economic conditions foster risky sexual behaviors.

### 5.1.3 Electronic Media

The data present a mixed picture regarding electronic media's role in sexual health awareness. Only 23% felt positively about the internet and social media as a source of helpful information about sexual health, while 50% believe it glamorizes teenage pregnancy. Despite some encouraging positives, such as 90% affirming that accurate sexual health information accessed through media could reduce teenage pregnancies, the prevalent negativity reveals significant gaps and misconceptions propagated by media.

### 5.1.4 Peer Groups

The findings in objective four underscores the influential role of peer groups in shaping attitudes towards sexual behaviors. A substantial 90% reported that peer pressure to engage sexually is prevalent, while 63% noted that friends significantly influence sexual attitudes. Interestingly, there is some positivity, as 57% reported having positive discussions about responsible sexual behavior, and 67% feel that peers provide reliable information about

reproductive health. Nevertheless, the dominant theme still leans towards pressure for risky behaviors, highlighting a need for better peer-led education interventions.

### 5.2 Conclusion

The majority of respondents in Nyando Sub-County believe that cultural norms supporting early marriage contribute to the high rates of teenage pregnancy.

Cultural values emphasizing the responsibility of young women to bear children at a young age are prevalent in the community.

Discussions about reproductive health and family planning are often discouraged within the cultural context of Nyando Sub-County.

Cultural initiation rituals in the community may encourage adolescents to engage in early sexual activity, potentially leading to teenage pregnancy.

Extended family influences in the culture exert pressure on adolescents to conform to traditional expectations regarding childbearing.

### 5.3 Recommendations

Implement culturally sensitive reproductive health education programs to address misconceptions and promote informed decision-making among young people.

Collaborate with community leaders and elders to challenge harmful cultural practices that contribute to teenage pregnancy.

Provide accessible and youth-friendly family planning services to empower adolescents to make informed choices about their reproductive health.

Conduct awareness campaigns to promote open discussions about reproductive health and break the taboo surrounding these topics in the community.

Support initiatives that empower young women to delay childbearing and pursue education and career opportunities before starting a family.

## 5.4 Suggestions

Explore the role of socioeconomic factors in shaping cultural attitudes towards early marriage and childbearing.

Conduct a longitudinal study to track changes in cultural norms and their effects on teenage pregnancy over time.

Compare cultural influences on teenage pregnancy in Nyando Sub-County with other regions to identify unique challenges and opportunities for intervention.

## 5.5 Chapter Summary

Overall, the chapter underscores the complex interplay of cultural, economic, and media influences on teenage pregnancy rates in Nyando Sub-County. Addressing these multifaceted factors through targeted interventions and awareness campaigns is crucial in mitigating the prevalence of teenage pregnancies and promoting reproductive health in the community.

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## APPENDICES

### APPENDIX I: QUESTIONAIRE

**SECTION A: BACKGROUND INFORMATION.**

Kindly fill out this form to the best of your knowledge and ability.

1. What is your gender?

Male **[ ]** Female **[ ]**

2. What is your age?

18-24 Years **[ ]** 25-34 Years **[ ]** 35-44 Years **[ ]** 45-54 Years **[ ]**

55 and above **[ ]**

3. What is your highest level of education completed?

Primary School [ **]** Secondary School **[ ]** College/University **[ ]**

4. How many years of work experience do you have in healthcare

Less than 1 year [ **]** 1-5 years **[ ]** 6-10 years **[ ]** More than 10 years **[ ]**

## SECTION B: THE FACTORS INFLUENCING THE PREVALENCE OF TEENAGE PREGNANCY (AGED 15 -19) IN NYANDO SUB-COUNTY.

Use the Likert scale in this section to your knowledge and skill about the following perspectives on factors influencing the prevalence of teenage pregnancy (aged 15 -19) in Nyando Sub-County. **Where 1= Strongly Agree, 2 = Agree, 3= Neutral, 4= Disagree and 5= Strongly Disagree**

### CULTURAL FACTORS

| **Statement** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|
| Cultural norms in my community support early marriage, contributing to increased rates of teenage pregnancy. | | | | | |
| The beliefs and values of my culture place a strong emphasis on the responsibilities of young women to bear children at an early age. | | | | | |
| Discussions about reproductive health and family planning are often discouraged within my cultural context. | | | | | |
| Cultural initiation rituals in my community encourage adolescents to engage in sexual activity at a young age. | | | | | |
| Extended family influences in my culture lead to pressure on adolescents to conform to traditional expectations regarding childbearing. | | | | | |

### ECONOMIC FACTORS

| **Statement** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Economic instability in my community drives families to marry off daughters at an early age to reduce financial burdens. | | | | | |
| Lack of access to education due to financial constraints contributes to higher teenage pregnancy rates in Nyando Sub-County. | | | | | |
| Families with limited financial resources struggle to provide adequate reproductive health education to their children. | | | | | |
| Economic empowerment programs for youth in my community could help lower the incidence of teenage pregnancies. | | | | | |
| Unstable economic conditions in my community increase the likelihood of risky sexual behaviors among teenagers. | | | | | |

**ELECTRONIC MEDIA**

| **Statement** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|
| The internet and social media have exposed me to information about sexual health and reproductive rights. | | | | | |
| I believe that electronic media portrays sexual relationships in a way that encourages risky behaviors among teenagers. | | | | | |
| Online platforms have facilitated discussions about reproductive health that are not typically addressed in my community. | | | | | |
| I often encounter messages in electronic media that glamorize teenage pregnancy. | | | | | |
| Access to accurate sexual health information through electronic media can help reduce teenage pregnancy rates in my community. | | | | | |

**PEER GROUPS**

| **Statement** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|
| My friends influence my attitudes toward sexual activity and relationships significantly. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Peer pressure to engage in sexual activity is prevalent among my age group in the community. | | | | | |
| Positive discussions about responsible sexual behavior are common in my peer group. | | | | | |
| I feel that my peers provide reliable information regarding reproductive health and family planning. | | | | | |
| Members of my peer group often share experiences and advice related to relationships and pregnancy. | | | | | |

**FLOODS AND RELATED DISPLACEMENT**

| **Statement** | **1** | **2** | **3** | **4** | **5** |
|---|---|---|---|---|---|
| Flooding and displacement in Nyando Sub-County have disrupted my access to education and reproductive health services. | | | | | |
| I believe that environmental disasters increase the likelihood of teenage pregnancies in my community. | | | | | |
| Displaced families are more prone to young girls marrying early due to economic pressures after disasters. | | | | | |
| The stress of displacement negatively affects adolescents' mental health, leading to increased risky sexual behaviors. | | | | | |
| Community support programs for displaced populations could help reduce rates of teenage pregnancy in Nyando Sub-County. | | | | | |

**THANKS FOR YOUR RESPONSE**