FACTORS CONTRIBUTING TO HIGH PREVALENCE OF TEENAGE PREGNANCY IN WAGBERI WARD WAJIR EAST, IN KENYA

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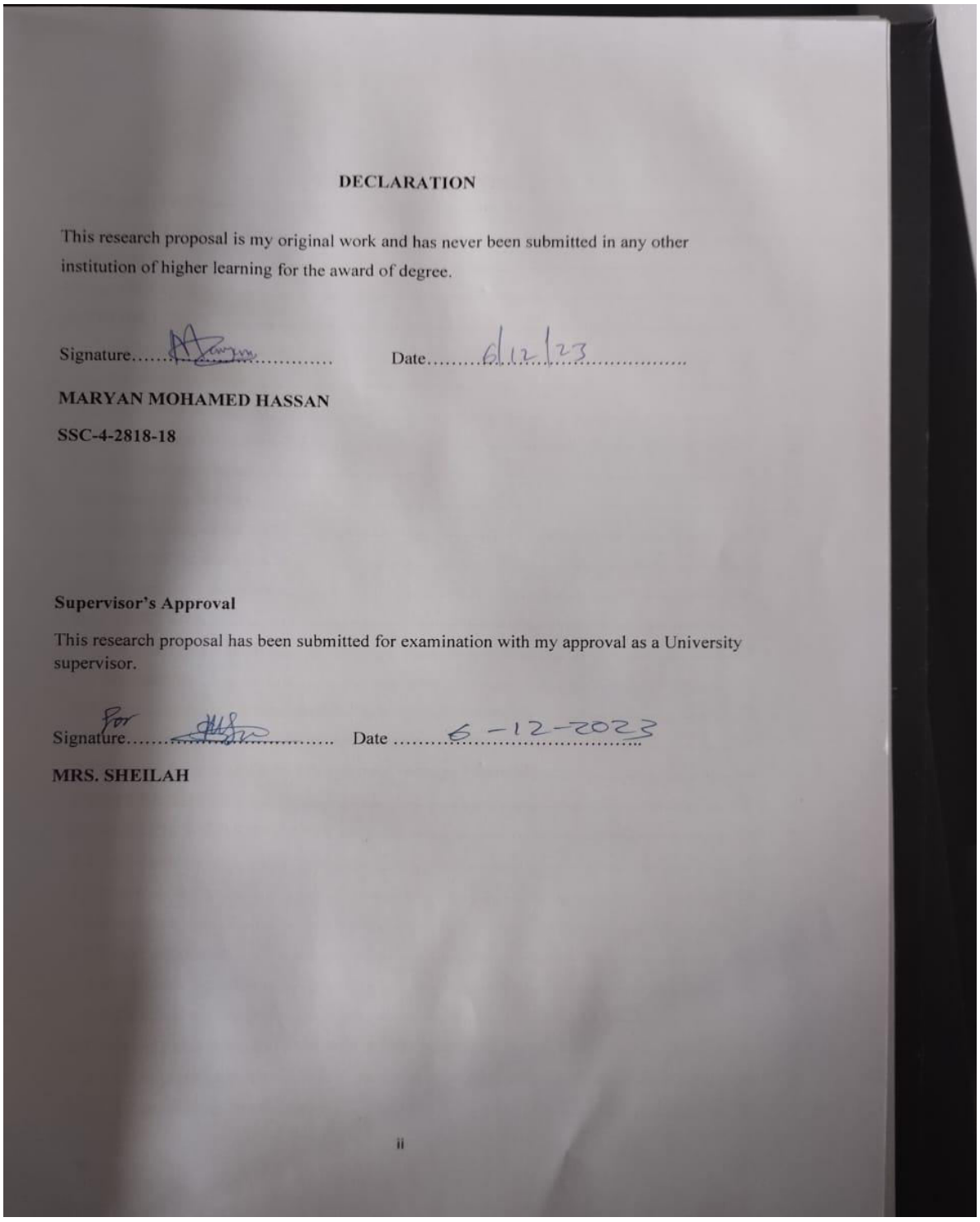

DECLARATION

This research proposal is my original work and has never been submitted in any other institution of higher learning for the award of degree.

Signature..... Date.....6/12/23.....

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Supervisor's Approval

This research proposal has been submitted for examination with my approval as a University supervisor.

Signature..... Date 6-12-2023

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ABSTRACT

Adolescent pregnancy is a global concern and worldwide. Approximately 16 million girls aged 15-19 and 2 million girls under 15 years become pregnant annually (UNFPA 2015). Globally adolescent pregnancy is likely to be high in marginalized communities that are poverty stricken and with low education levels as well as low employment opportunities. The highest adolescent birth rates are seen in sub-Saharan Africa, Latin America and the Caribbean at 104 and 63 births per 1,000 adolescent girls, respectively. In Kenya, adolescents (10-19 years) make up 22% of the population. It has been reported that 18% of girls aged 15-19 years in Kenya are already mothers or are pregnant with their first child. Wajir East has a youthful population with young persons aged below 25 years constituting 42%. The intervention strategies focus on creating a social movement that is empowering, engaging young people meaningfully, improving access to information and services, and supporting education and economic empowerment for young women. The age specific fertility rate for girls aged 15-19 years for Wajir East is 118 births per 1000 girls which is higher than the national level. Although interventions have been introduced to mitigate this social problem, more needs to be done to reduce the number of teenage pregnancies which still have a significant burden in our societies. This study therefore aims to identify significant factors contributing to high prevalence of teenage pregnancy in Wajir East, Kenya. The specific objectives of this study will be; to identify socio-economic factors, individual characteristics and the socio-cultural factors contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East. Descriptive research design will be adopted in this study. The study will target teenage girls with age bracket of 10-18 years who have had a teenage pregnancy and not married and married. Wagberi ward will be purposively selected. Simple random selection will be utilized to select the desired respondents. The sample size for this study will be determined according to Fink (2001) and Sarantokos (1998) formula where a sample of59 teenage girls will be selected. The semi-structured questionnaire will be the primary tool for data collection. The information gathered from the questionnaires will be checked for accuracy, consistency, and completeness first. The data will then be organized to make coding and analysis easier. SPSS will be used to evaluate the data because of its speed and ease of use in analyzing the data acquired, as well as its accessibility. To summarize data, descriptive statistics such as percentages will be employed. Graphs, tables, and pie charts will be used to present the data collected.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The World Health Organization (WHO) defines adolescents as persons aged between 10-19 years. Adolescent pregnancy is a global concern and worldwide. Approximately 16 million girls aged 15-19 and 2 million girls under 15 years become pregnant annually (UNFPA 2015). A majority of these occur in low- and middle-income countries. Globally adolescent pregnancy is likely to be high in marginalized communities that are poverty stricken and with low education levels as well as low employment opportunities (UNICEF2014).

The highest adolescent birth rates are seen in sub-Saharan Africa, Latin America and the Caribbean at 104 and 63 births per 1,000 adolescent girls, respectively. In sub-Saharan Africa, adolescent birth rates are highest in Niger (187 births) and Mali (170 births). Between 2015-2020, adolescent birth rates increased in Lesotho (88-93 births) and remained largely unchanged in Somalia (102-100 births) and the Democratic Republic of the Congo (127-124 births) (Liang et al. 2019). Complications from pregnancy and childbirth are among the leading causes of death among girls aged 15-19 (WHO 2016).

Estimates show that the fertility of young women in Africa is expected to remain above that of adolescent women in other parts of the developing world beyond 2020 (US Bureau of the Census 1996). Countries such as the Central African Republic, Niger, Chad, Angola, and Mali top the list of countries with the highest adolescent birth rates (above 178). In the 2010–2015 period, over 45 percent of women aged 20–24 reported having begun childbearing before age 18. In Kenya, adolescents (10-19 years) make up 22% of the population (UNICEF, 2014). It has been reported that 18% of girls aged 15-19 years in Kenya are already mothers or are pregnant with their first child (KNBS, 2019).

Teenage pregnancy (TP), FGM, and early or child marriage (CM) are intricately related in that they have common root causes that are anchored in gender inequality, social and cultural norms and poverty. These three practices are mutually reinforcing in that FGM and CM increases the likelihood of teenage pregnancy (Irwan et al. 2019).

A multi-level analysis of risk and protective factors of adolescent pregnancy in five East African countries found that educational attainment, age at first sex, household wealth, family structure, and exposure to media were significantly associated with adolescent pregnancy (Wado, Sully, and Mumah 2019). Teenage pregnancies often deny young women the opportunity to pursue further education. Reports indicate that despite a Return to School policy put in place by the Ministry of Education, Kenya, approximately 13,000 girls drop out of school annually as a result of pregnancy (NCPD 2013).

Wajir East has a youthful population with young persons aged below 25 years constituting 42% (KNBS, 2019). In addition, 1 in 5 persons in Wajir East is an adolescent. Marriage within Wajir East occurs at an early age. Among women aged 25-49 years, half of them report being married before age 21 years. In addition, 1 in 5 (20%) of adolescent girls aged 15-19 years in Wajir East have begun childbearing (KNBS, 2019). The age specific fertility rate for girls aged 15-19 years for Wajir East is 118 births per 1000 girls which is higher than the national level. Education is an important factor influencing the reproductive health of adolescent girls, and primary school enrolment in the county is 70%while transition to secondary school is only at 36%. This is much lower than the national secondary school transition average of 57% (AFIDEP and Norad 2018).

The intervention strategies focus on creating a social movement that is empowering, engaging young people meaningfully, improving access to information and services, and supporting education and economic empowerment for young women (Olenja et al., 2020).

These are to be realized through enhancing evidenced-based lobbying and advocacy for improved legal and policy frameworks. The programme implementation areas include Wajir East, where this operational research will be conducted.

1.2 Statement problem

Teenage pregnancies account for 18% of all pregnancies in Kenya. This poses a health challenge in reduction of maternal mortalities, unsafe abortions and gender equality for these teenagers. Maternal mortality among adolescents is twice as high compared to that of older women in their 20s (WHO, 2019).

Adolescents and young people constitute 18% and 26% of the world population respectively. It is therefore important to invest in the health of these groups for economic and social development of a nation. The highest adolescent pregnancy rates in Africa which also has the highest unmet need for contraception (Olenja et al., 2020). Many girls drop out of school due to early pregnancy or marriage resulting in lower education attainment, fewer skils and employment opportunities. One of the ways of achieving the sustainable development goals is by reducing the number of teenage pregnancies as this will see more girls staying in school and therefore increase the likelihood of escaping poverty.

Teenage pregnancies are influenced by various contextual factors at individual, community and societal levels. This burden has an adverse effect on these girls including their health, education, social and economic outcomes and impose burden on economies and health system in development countries, Kenya being one of them.

The household-based survey shows that teenage pregnancy rates declined to 15% in 2022, from 18% in 2014. Poverty and a lack of education were associated with higher rates of adolescent pregnancy as about 4 in 10 women age 15-19 years who have no education have ever been pregnant, compared to only 5% of women who have more than secondary

education. Adolescent pregnancies are also more likely to occur among poor communities, as 21% of women aged 15-19 in the lowest wealth quantile reported to have been pregnant, as compared to 8% in the highest wealth quantile. The highest rates of teen pregnancy were recorded in the counties of Wajir at 50%, West Pokot at 36%, Marsabit at 29%, and Narok at 28%. Nyeri and Nyandarua counties reported the lowest rates at 5% each (KDHS, 2022).

The Kenya Demographic and Health Survey (KDHS) 2022 key indicators report released by the Kenya National Bureau of Statistics reveals that Kenya is making progress in reducing the national prevalence of FGM, teenage pregnancy, and gender-based violence. Wide variations however still exist according to wealth, geographic location and education.

Although interventions have been introduced to mitigate this social problem, more needs to be done to reduce the number of teenage pregnancies which still have a significant burden in our societies. This study therefore aims to identify significant factors contributing to high prevalence of teenage pregnancy in Wajir East, Kenya.

1.3 Objectives of the study

1.3.1 General Objective

The main aim of the study will be to assess factors contributing to high prevalence of teenage pregnancy in Wagberi ward in Wajir East.

1.3.2 Specific Objectives

i. To identify socio-economic factors contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East.
ii. To investigate the individual characteristics contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East.

iii. To find the socio-cultural factors contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East.

1.4 Research questions

i. What are the socio-economic factors contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East?

ii. What are the individual characteristics contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East?

iii. What are the socio-cultural factors contributing to high prevalence of teenage pregnancy in Wagberi ward, Wajir East?

1.5 Significance of the study

Adolescent pregnancy remains a major contributor to maternal and child mortality. Complications relating to pregnancy and childbirth are the leading cause of death for girls aged 15-19 globally. Pregnant girls and adolescents also face other health risks and complications due to their immature bodies. This study will therefore benefit the parents to enable them to realize their great role in educating their teenagers, protecting and diverting them from indulging early sex especially if without marriage. They must be aware too of what kind of peers their teenagers have. This study too will make the parents aware that education about the use of contraceptives will start also at home.

The findings of this study will enable all stakeholders including parents and community at large to guide and identify the major causes of teenage pregnancy especially in Wajir East. Then and there they would intensify their functions to counter those causes by diversity. The interest of teenage in engaging early sex and if ever teenagers are already fall of indulging sex both boys and girls, then contraceptives will play on this to prevent teenage pregnancy.

1.6 Scope of the study

The study is delimited to students who have been pregnant at their teens years old and living in Wagberi ward. The study will focus on the extent of major factors contributing to teenage pregnancy which are individual factors, socio-economic factors and socio-cultural factors.

1.7 Conceptual framework

Dependent variables **Independent variables**

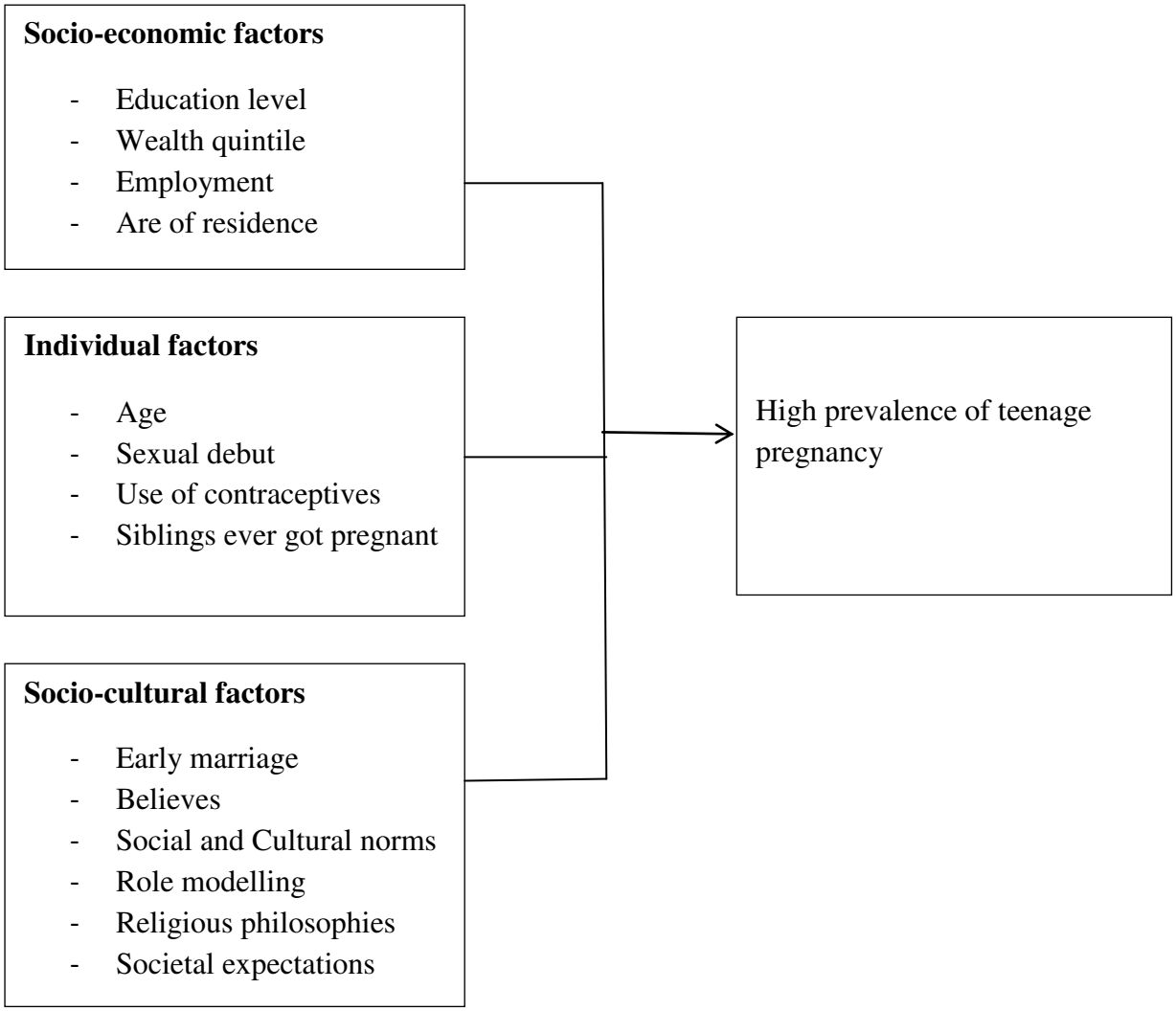

Figure 1.1: Conceptual framework

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section will discuss the literature related review of the study. The topics to be discussed will include the socio-economic factors, individual factors and socio-cultural factors contributing to high prevalence of teenage pregnancy, which are the specific objectives of the study.

2.2 Socio-economic factors contributing to teenage pregnancy

Teen girls from needy families are vulnerable and may be persuaded to pregnancy as a result of their poverty status (Gattmacher, 2005). Their parents' desperation at not being able to provide for their fundamental needs owing to their financial capacity puts them at risk of being attacked because they are sexually vulnerable. In United States, race is a predictor of poverty with disproportionately large percentages of African Americans and Hispanics living in poverty (World Health Organization's Department of Child and Adolescent Health and Development, 2014). In addition, there is a substantial link between social deprivation, race, and pregnancy. The percentage of black pregnant teens is relatively high, particularly among the youngest age groups. In the United Kingdom, a link has been discovered between the occurrence of adolescent birth and the level of social disadvantage in the area of residency. There is apparently a link between social circumstances (poor) and the occurrence of teenage pregnancy in Latin America (WHO, 2019).

Poverty has an impact on teen pregnancies. According to their findings, the majority of teenage pregnancies occur in low-income families (Stanley and Swietzeski, 2018). They went on to say that girls from low-income families are more likely to engage in early intimate

affairs. South African studies emphasize the impact of poverty on pregnancy in the first trimester. It can sometimes lead to sexual relationships that aren't ideal but have some advantages (Flanagan *et al*., 2018). It also makes it more difficult for a female to negotiate condom use in violent relationships, and it causes inequity, according to the report (Mkhwanazi, 2019).

Wealth quintile is a important factor that has an effect on education cultural practices such as early marriages. Studies show that the prevalence of teenage pregnancy is higher in the lowest wealth quintile where one in four girls have already began child bearing compared to one in ten girls in the highest quintile (WHO, 2018).

Disadvantaged adolescent girls are frequently compelled to choose between their health and their financial security in a study on the drivers of teenage pregnancy (Panday *et al.,* 2019). As a result, people are more likely to stay in abusive relationships, have intergenerational connections, and have several partners (Mkhwanazi, 2019). These circumstances often impair a young woman's capacity to decide when and how to have intercourse, resulting in an unexpected pregnancy. Females living in Nairobi slums took much more risks in relation to sexual activities than other Kenyan women (Zulu *et al.,* 2016).

The trauma experienced following perception within schools and refusal to be allowed back to school is a frequent psychosocial consequence, as teachers and school management often regard them to be a negative example to others (KDHS, 2014). A study conducted on teenage pregnancy in Trans Nzoia County, which found that identified poverty, as shown by a lack of basic needs, leads to teenage pregnancies (Faith to Action Network, 2016). Most of the young females impacted have become pregnant as a result of exchanging sex for food, clothing, and gifts. These girls are readily led into the arms of men who are eager to offer them cash and/or in kind rewards for sex, having come from families of poverty and suffering, as well as moms

who were themselves survivors of adolescent pregnancies. Some parents urge their teenagers to go out and bring money to help them get by (Mkhwanazi, 2019).

A study on 'The Boys Get the Pleasure, the Girls Get the Pain in Nguluni Machakos County' found that some parents in the area are unemployed, and young girls are obliged to seek financial assistance as a coping mechanism (Matheka, 2019). Men take advantage of girls from low-income households by requesting sexual favors in exchange for money and food. Unwanted pregnancies are common in homes with destitute orphans (Muthoka, 2018). Because they are unable to obtain basic necessities or attend school, they have little choice but to drop out of school, marry, or engage in commercial sex in order to improve their family's welfare, which is a result of poverty. Poverty drives young girls to work as sex entertainers to make ends meet, and they are readily enticed into accepting payments in cash or kind (food, clothing, electronics, and so on) for sex without protection, resulting in pregnancies (Mwangi, 2020).

Education is a protective factor for early pregnancy. In Kenya have a secondary or higher education had an association with delayed sex debut and first pregnancy. Girls with secondary education level or higher account for lesser teenage pregnancies compared to those without any education (Okigbo & Speizer, 2019). Household characteristics such as religion, employment status, household size, wealth, place of residence were associated with teenage pregnancy. The study also revealed that women become knowledgeable about contraceptives after their first sexual experiences or first pregnancy. There is need for conducting comprehensive education to equip adolescents with appropriate information on safer sex (Okigbo & Speizer, 2019). Wajir East is one of Kenya's poorest areas, with a Human Development Index of 0.47, compared to the national average of 0.548 (Kenya Human Development Report, 2017). This means that the population's possibilities and choices are

limited, predisposing young girls to be seduced into sexual behavior in order to get basic necessities.

2.3 Individual factors contributing to teenage pregnancy

In Sub-Saharan Africa, factors such as early marriages, lack of parental guidance, lack of comprehensive sex education, early sex debut, alcohol and substance abuse, education status and unfriendly adolescent reproductive services had an association with teenage pregnancy (Franjic, 2018).

Akanbi Afolabi and Aremu (2016) in their study found that age at the start of contraceptives use have a meaningful relationship with teenage pregnancy. Teenagers who started the use of contraceptives at the age of 13years and above were more likely to get pregnant. This study indicated that the use of contraceptives is high but still yet teenage pregnancy is high, this shows that teenagers may sometimes be feed up of using the common contraceptives such as condom and tends to explore sexual activities more which placed them at higher risk of pregnancy. This is in line with a study which stated that conscious use of contraceptives appeared to be the main difference between pregnant and never pregnant among teenagers in Uganda; however there was a lack of knowledge and/or misconception about family planning methods other than condoms in Uganda (Kalande, 2018). Obviously, this will place the community at risk of overpopulation and associated effects.

Contraceptive use plays a major role in fertility. There are barriers that still hinder adolescents from accessing contraceptives such as their age, marital status, lack of knowledge about contraceptives leading to poor use, fear of size effects and stigma from health care providers. Many adolescents worldwide face challenges to access of contraceptives due to restrict policies on contraceptives provision based on age and marital status, stigma form health workers in acknowledging adolescents' sexual health needs, financial constraints and

poor knowledge on contraceptives. Where services are available, fear of confidentiality breach as well as stigma associated with premarital sex may hinder access to contraceptives even if the clinics are youth friendly. Those that access contraceptives face barriers in consistent use due to pressure to have children among the married girls, stigma surrounding premarital sex and contraceptives, lack of knowledge on correct use and side effects of contraceptives (UNFPA, 2017).

Siblings who are sexually active has a strong relationship with prevalence of teenage pregnancy (Anand & Lissa, 2019). Teenagers whose siblings were sexually active and teenagers who didn't know maybe their siblings were sexually active were more likely to get pregnant. Sexual activities of siblings will surely influence each other, as most siblings see their elderly ones as role model and follow their steps always. This is in line with a study that said sexual behavior of younger siblings is affected by exposure to a sibling teen pregnancy (Akanbi et al., 2016). This will leads to a recurrent of teenage pregnancy within the same households which can lead to overpopulation couple with poverty. Several cases of births complications can be recorded as well.

Siblings ever got pregnant have significant relationship with prevalence of teenage pregnancy (Akanbi et al., 2016). Teenagers whose siblings ever got pregnant were more likely to get pregnant. The pregnancy of a siblings will definitely influences others because the entire family may see as a norms and careless about the implication, which will be reoccurring within the household. Which is in line with a study which stated that after an older siblings teen pregnancy, younger siblings are more sexually active, have more sexual partners and are more likely to have a teen pregnancy themselves (Loaiza E, Liang, 2018). Increases in poverty rate, school dropout, frustrations are the likely implication of consistence teenage pregnancy in the community and entire country.

2.4 Cultural Factors and their Influence on Teenage Pregnancy

Traditional and culture are principles, beliefs, practices, rules, and idioms that are shared by individuals or countries (Goodman, 2019). Matrimonial conventions and religious ideologies unique to a particular geographical place are included in culture. A society's particular custom demonstrates the people's unifying characteristic by fostering a common ideology (Yasmin, Kumar and Parihar, 2020). They also noted that marital traditions and religious beliefs define teen pregnancy around the world. Several scholars have proven that traditional and cultural values support youthful parenting (McCall *et al.,* 2018).

Teenage girls who give birth are seldom chastised, but they are considered as having completed what earlier generations had started. Teenage females whose families and communities have no restrictions on becoming mothers are more likely to become pregnant (Nguyen, Shiu and Farber, 2016). Families who accept teenage pregnancies do so because it is considered as an achievement in matching their culture's tradition of doing what previous generations did. Parents who give their daughters away while they are young have a better chance of receiving more dowry than when they marry later in life (McCall *et al.,* 2014).

Some communities and parents find it objectionable to discuss sex education. Their way of life discourages them from doing so (Adolf, 2014). Talking about sex in these communities implies sexual knowledge, which has a strong link to wickedness and is detrimental to one's character. Many researchers have revealed that intimacy affair knowledge is crucial to treating the adolescent pregnancy problem (Yasmin, Kumar and Parihar, 2014). As a result, cultures who believe that discussing sexuality is offensive oppose sex education.

People and societies have been hesitant to follow in the footsteps of the ASRH projects. It has faced resistance, primarily from faith-based organizations, such as Christians and Muslims, who do not embrace the philosophy (Yasmin, Kumar and Parihar, 2014). Teenage females

from these communities or families, according to the study, have little awareness of sex education. Cultural views influence when teenage females marry, which has a substantial impact on when her first pregnancy was conceived (Sharma, 2012).

Social economic position, poverty, and literacy levels (Loaiza and Liang, 2013), are social barriers that support early marriage. They also stated that a teenager's age upon marriage has a substantial impact on their early conception (Sharma, 2017). Since they are in a solid marriage, married adolescent (young) couples are frequently active in intimacy activities (Loaiza and Liang, 2013). They also discovered that these young couples rarely use contraception in their findings. More than 60 million moms in the world are aged 20 to 24 years old, according to the UNFPA (UNFPA, 2016). They married before they became eighteen years old. The majority of these marriages are based on cultural ideology and occur primarily in developing countries; nevertheless, they vary by area (UNFPA, 2016). Other study discovered that the majority of early weddings occur in rural areas, with the bulk of the couples coming from poor households with low levels of education (Loaiza and Liang, 2018).

Furthermore, these young teenagers are married by older men with a large age gap, and their husbands have complete authority (Lee-Rife, Malhotra, Warner& Glinski, 2018). By virtue of their age, teenagers do not have equal rights when the husband is in charge. Three out of every five females, including teenagers, feel physiologically compelled to engage in sexual relationships (Tamang, 2019). They do the same out of fear of being victimized by their boyfriend or husband.

Faith groups are among the cultural beliefs and practices with which youths are associated. These religious groups have strong views on family planning, sex awareness, and gender roles in households (Tamang, 2019). Although many schools or colleges of study are run by religious organizations, the regulations that govern their operations are regulated by

governments. Faith-based organizations have a considerable number of schools under their control, where they fund sex awareness and education (Eisenman, 2016).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section will discuss the research methodology. Research design, study area, target population, sample size and sampling technique, research tools, data collection technique and data analysis will be discussed. Ethical consideration will also be talked over.

3.2 Research design

Descriptive research design will be adopted in this study. The study design will make it easier to collect, analyses, and interprets data and gave the prevalent situation within a short period of time.

3.3 Study area

The study will be conducted in Wagberi ward in Wajir East. This area will be chosen since there is high number of teenage pregnancy and the researcher is well versed with the area. Wagberi ward is one of the wards in Wajir East constituency in Wajir East. Wajir East has a total population of 120,654 with Land area (Sq. km) of $4,055.1^2$ k.m and population density of 27. The main economic activity is pastoralism with some agro-pastoralism and rain-fed agriculture being practised on a small scale basis. Wajir East has a total of 67 schools 59 primary schools and 9 secondary schools.

3.4 Target population

The study will target teenage girls with age bracket of 10-18 years who have had a teenage pregnancy and not married and married teenagers.

3.4.1 Inclusion criteria

Teenage girls in the age bracket of 10-18 years who have had a teenage pregnancy married and unmarried at the time of data collection and those who will give consent to participate in the study at.

3.4.2 Exclusion criteria

Teenage girls in the bracket of 10-18 years who have not had teenage pregnancy.

3.5 Sampling technique and Sample Size Determination

3.5.1 Sampling technique

Wagberi ward will be purposively selected. Simple random selection will be utilized to select the desired respondents from Wagberi Ward. Simple random sampling reduces bias and ensures that every respondent has an equal probability of being chosen for the study.

3.5.2 Sample Size Determination

The sample size for this study will be determined according to Fink (2001) and Sarantokos (1998) principles, using the equation:

$$N = \left[Z_{\alpha/2}\right]^2 [pq] \div E^2$$

where, n = Sample size.

p = population proportion = 0.04.

$q=1-p=1-0.04=0.96$

$Z_{\alpha/2}$ = Critical value = 1.96.

E = Margin of error = 1 – Confidence Level = 0.05

Sample size=$\frac{1.96^2 \ X \ 0.04 \ X \ 0.96}{0.05^2}$ = 59.2

The sample size will be therefore be 59 teenage girls in Wagberi ward in Wajir East.

3.6 Research instruments

The semi-structured questionnaire will be the primary tool for data collection, as it was based on basic and clear questions in order to get reliable, correct, and perhaps updated data. According to Mugenda & Mugenda (2003), using a questionnaire is preferable since a researcher may pre-test and alter it before distributing it to selected respondents.

3.6.1 Instruments Validity and Reliability

The degree to which an instrument can produce consistent findings after repeated trials is measured by its dependability. Validity, on the other hand, refers to the significance and accuracy of inferences drawn from study findings (Mugenda & Mugenda, 2003). The instruments will be fine-tuned, and the questions included in them will be examined for factors that were critical throughout the production of the document are other chapters.

3.7 Data Management and Analysis

Following data collection, data analysis is the next step. It is required to classify raw data into useful and useable groups. The information gathered from the questionnaires will be checked for accuracy, consistency, and completeness first. The data will then be organized to make coding and analysis easier. SPSS will be used to evaluate the data because of its speed and ease of use in analysing the data acquired, as well as its accessibility. To summarize data, descriptive statistics such as percentages will be employed. Graphs, tables, and pie charts will be used to show the information gathered.

CHAPTER FOUR: RESULTS

4.1 Introduction

The findings of the study were presented in this section. The findings were guided by the objectives of the study. They included socio-economic, individual and cultural factors influencing high prevalence of teenage pregnancy in Wagberi ward. The results were presented in form of tables and pie charts.

4.2 Return rates

All questionnaires were filled in and returned making the return rate 100%.

4.3 Demographic information of the respondents

Table 4.1: Demographic characteristics of the respondents

Variables	Frequency	Percentage
Age		
15 years	18	29.4
16 years	19	33.2
17 years	14	23.7
18 years	8	13.6
Marital status		
Married	53	90.0
Single	6	10.0
Religion		
Christian	13	22.0
Muslim	46	78.0
Hinduism	0	0.0

Results from table 4.1 showed that majority 19 (33.3%) of the respondents aged 16 years followed by those aged 15 years at 18 (29.4%). Those who aged 17 years were 14 (23.7%) and the least were those aged 18 years at 8 (13.6%). Most 53 (90.0%) of the respondents were married while 6 (10.0%) were married. On religion majority 46 (78.0%) were Muslim and 13 (42.1%) were Christian.

4.4 Socio-economic factors

The first objective of this study was to determine socio economic factors influence teenage pregnancy. The results were presented as follows:

4.4.1 Parents monthly income

The respondents were asked the income of their parents in a month. The results were presented in table 4.2.

Table 4.2: Parents monthly income

Amount	Frequency	Percentage
Less than ksh. 1000	4	6.6
Kshs. 1000-5000	27	45.6
Kshs 5001-10000	16	27.2
Kshs. 10001-15000	8	14.0
Kshs. 15001-20000	3	4.4
Above Kshs. 20000	1	2.2

Results in table 4.5 showed that majority 27 (45.6%) of the respondents said their parents earned between Kshs. 1000 and Kshs. 5000, followed by those who earned between 5001-10000 at 16 (27.2%). Those who earned between 10001-15000 were 8 (14.0%) and 15001-20000 were 3 (4.4%). Those who earned less than 1000 were 4 (6.6%) and the least were those whose income was above Kshs. 2000 at 1 (2.2%). This indicates that majority of the respondents, their parents' income was below kshs. 10000 per month

4.4.2 Educational level

The respondents were asked their education level. The results were presented in table 4.3.

Table 4.3: Education level

Education level	Frequency	Percentage
No education	13	22.0
Primary level	25	42.4
Secondary level	18	30.5
Tertiary level	3	5.1

The results revealed that majority 25(42.4%) had reached primary level and only 3(5.1%) had reached tertiary level. This indicates that majority reached secondary level and below.

4.4.3 Source of basic needs

The respondents were asked what they do in case their parents are unable to provide their basic needs. The results were presented in figure 4.1.

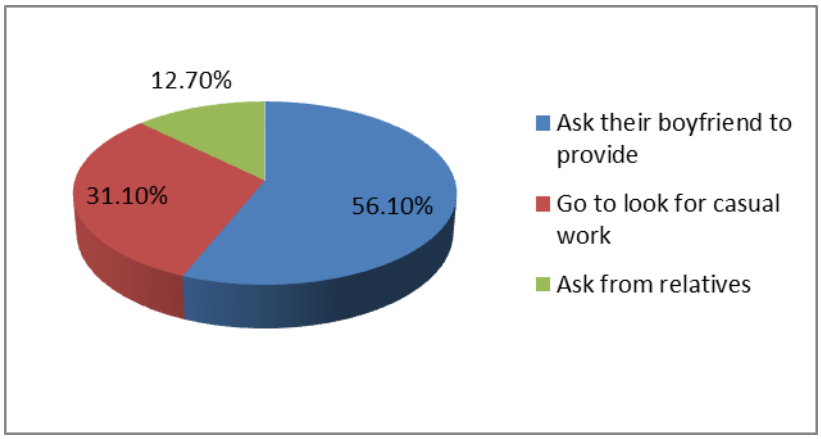

Figure 4.1: Source of basic needs

The results showed that most (56.1%) of the respondents stated that they asked their boyfriend to provide for basic needs in case their parents are unable to provide, 31.1% go to look for casual work and 12.7% ask help from relatives. This indicates that majority seek help from their boyfriend who help them in exchange for sex.

4.5 Individual factors

The second objective of the study was to find out the individual factors influencing teenage pregnancy. Table 4.4 shows the results of various individual factors influencing teenage pregnancy.

Table 4.4: Individual factors on teenage pregnancy

Factors	**Yes**	**No**
Do you have a boyfriend	36 (61.0%)	23 (39.0%)
Do you like sexting with your boyfriend	42 (71.0%)	17(29.0%)
Do you have knowledge on contraceptives	28 (47.8%)	31 (52.2%)
Do you use alcohol	25 (43.0%)	34 (57.0%)
Do any of your family member got pregnant while still a teenager	31(53.1%)	28 (46.9%)

The results in table 4.4 showed that majority 36 (61.0%) had boyfriends while 23 (39.0%) did not have boyfriends. This indicated that majority of the girls were in a relationship. When asked if they do like sexting with their boyfriend, most 42 (71.0%) disagreed.

The results also showed that slightly more than a half 31 (52.2%) of the girls had no knowledge on use of contraceptives. This made them become pregnant at an early age since they are forced into marriage at an earlier age also their religion forbid them from using contraceptives.

It was also noted that majority of the teenagers 34 (57.0%) did not use alcohol. This indicates that alcohol was not a factor to teenage pregnancy.

The results also showed that more than a half 31 (53.1%) of the respondents agreed that they had a family member who got pregnant while still a teenager. Teenagers engage in sexual behaviour since they see it wrong when their relatives have done it before.

4.5.1 Age at which they engaged in sexual activities

The respondents were asked at what age they started engaging in sexual activities. The results were presented in table 4.5.

Table 4.5: Age which they started sexual activities

Years	Frequency	Percentage
11 years	6	10.2
12 years	13	22.0
13 years	16	27.1
14 years	18	30.5
15 years	12	20.3
16 years	9	15.2
17 years	3	5.1
18 years	2	3.4

The results indicate that majority of the respondents started engaging in sexual activities at an early age. Most (89%) of the respondents engaged in sexual activities at an earlier age as 14 years and below.

4.7 Cultural factors

The fourth objective of this study was to find out the cultural factors that influence teenage pregnancy.

4.7.1 Religion

The respondents were asked the how their religion sees those girls who get pregnant while still young. It was evident that majority said religion see them as immoral and they are not saved. As respondent 1 stated;

> *Some mothers in church tell their girls not to talk to me or walk with me since I am immoral and I don't follow the word of God.*

The respondents were also asked what their religion says about contraceptives and involvement in sexual activities. Majority said their religions condemn contraceptives stating that it's perceived as killing. They believe that it's a sin to engage in sexual activities before marriage.

4.7.2 Culture

Table 4.6 presented the results showing the cultural factors that influence early pregnancies.

Factors	**Yes**	**No**
My culture accept early marriages	34 (57.9%)	25 (42.1%)
I was forced into early marriage	49 (83.1%)	31 (16.9%)
My culture allow parents to talk about sexual behavior with their children	5 (8.3%)	54 (91.7%)

From the results, it's evident that the culture of most respondents do not have problem with early marriages as majority 34 (57.9%) stated that their culture accept early marriages. When the respondents were asked if they were forced into early marriage, majority 49 (83.1%) agreed. Many respondents 54 (91.7%) disagreed that the culture allow parents to talk about sexual behaviour with their children.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion of the findings

5.1.3 Socio-economic factors

The results showed that majority of the respondents their parents' income was less than 10000 per month and they could not provide for their teenagers their basic needs. This lead them to engage in sexual activities in exchange for basic needs like food, clothes and gifts. Faith to Action Network (2016) agreed with the findings by stating that many teenagers have become pregnant as a result of exchanging sex for food, clothing, and gifts. These girls are readily led into the arms of men who are eager to offer them cash and/or in kind rewards for sex, having come from families of poverty and suffering. This shows that parents may find it difficult to provide all the basic needs to their teenage girls hence provoking them to engage in early sexual activities to be able to get what they need and parents cannot afford to provide. Matheka (2012) noted that men take advantage of girls from low-income households by requesting sexual favors in exchange for money and food. The results also revealed that most of the respondents were less educated as majority had reached primary level. The results concurs with Okigbo & Speizer, (2019) who noted that girls with secondary education level or higher account for lesser teenage pregnancies compared to those without any education.

5.1.2 Individual factors

The results showed that most respondents had boyfriends thus engaging in sexting hence engaging in early sexual activities leading early pregnancy. Sexting encourages most girls to engage in sexual behaviour. Temple *et al.* (2012) noted that sexting is linked to an increased likelihood of having engaged in sexual behavior and being at risk of STIs or adolescent

pregnancy. It also showed that most of them felt it's not wrong to be a parent while still young because they see their family members who got pregnant while still young. According to a study by Muchuruza (2018), adolescent girls may have uncontrollable personal characteristics. This could come from relatives, friends, technology, parents, and teachers, among other sources. Alcohol was not a factor that influence teenage pregnancy since majority did not use alcohol. The findings disagreed with Muchuruza (2018) who stated that majority of teenagers who participate in such a lifestyle and, more specifically, experiment with drugs and alcohol do not have the ability to control self-discipline, which leads to an increase in the number of pregnancies. Many of the respondents did not have knowledge on contraceptives hence engage in sex activities without protection hence early pregnancy. Willan (2018) concurs with the findings as he noted that most teenagers have minimal experience with the usage of contraceptives in the event of unplanned pregnancies.

5.1.4 Cultural factors

The findings reveal that culture influences teenage pregnancy as religion condemn use of contraceptives. Most respondent's culture do not condemn early marriages, so most teenagers are forced to get married at an early age. Majority of respondents also stated that their culture do not allow parents to talk with their children about sex. This makes them have less knowledge on sexual behaviour. From the findings its evident that culture influences teenage pregnancy the most. According to McCall et al. (2018), several scholars have proven that traditional and cultural values support youthful parenting. Married adolescent (young) girls are frequently active in intimacy activities thus early pregnancy. religious groups have strong views on family planning, sex awareness, and gender roles in households (Tamang 2019). Three out of every five females, including teenagers, feel physiologically compelled to engage in sexual relationships. They do the same out of fear of being victimized by their boyfriend or husband.

5.2 Conclusion

From the findings, the study concluded that;

Majority of the respondents' parents were poor and could not provide basic needs for the girls which made them to ask for money from their boyfriends in exchange for sex. This led to early pregnancies.

Most of the respondents engaged in sexting with their boyfriends which encouraged them to engage in early sexual behaviours. Lack of knowledge on contraceptives was one of the cause to early teenage pregnancies.

Cultural factors like early marriages, religion among others are the main factors that influence teenage pregnancies.

5.3 Recommendations

The study recommended that;

Parents should be close to their teenagers and educate them on matters related to sexual behaviours and be able to supervise them to decrease cases of adolescent pregnancies.

National Government and County Government of Mandera County, collaborate with the community in eradicating poverty with focus to supporting needy teenager girls.

REFERENCES

Adolf, J. (2014). Socio-economic factors affecting adolescent mother‟s struggles to revive their aspirations in Makete district, Tanzania. (Unpublished Masters Thesis, Sokoine University of Agriculture).

AFIDEP and Norad (2018). "Adolescent Sexual and Reproductive Health in Kajiado County." Nairobi, Kenya. https://www.afidep.org/download/Afidep_ASRH-Kajiado-County

Akanbi, F., Afolabi, K., & Aremu, A. (2016). Individual risk factors contributing to the prevalence of teenage pregnancy among teenagers at Naguru teenage center kampala, Uganda (Doctoral dissertation, Primary Healthcare: Open Access).

Anand & Lissa, 2019

Eisenman R, (2016). Effects of an Abstinence Program on Student Attitudes. *Journal of Sex Education & Therapy,* 20(2), 75-78.

Faith to Action Network. 2016. "Teenage Pregancy in Kilifi County; a Qualitative Study." Kilifi. https://www.faithtoactionetwork.org/resources/pdf/Kilifi Teenage Pregnancy Report-

Fink, A. (2001). How to sample in surveys (Vol. 7). Sage.

Franjić, S. (2018). Adolescent pregnancy is a serious social problem. J Gynecol Res Obstet, 4(1), 006-8.

Goodman, A. (2019). Helminth infection and treatment among pregnant women in the Democratic Republic of Congo: An examination of associated risk factors, co-morbidities, and birth outcomes. University of California, Los Angeles.

Guttmacher Institute (2005). Realities of Teen Sex and Pregnancy. A journal on Advancing sexual and reproductive health worldwide public Education-Guttmacher Institute Publication of in 2008.

Irwan, Hidayana M, Ruwaida Ida Noor, Benedicta Gabriella Devi, Prahara Hestu, Zahro Az Fatimah, Reni Kartikawati, Hana Fadlia, Pebriansyah, and Kok C Maryse. (2019). "Factors Influencing Child Marriage, Teenage Pregnancy and Female Genital Mutilation/Circumcision in Lombok Barat and Sukabumi Districts, Indonesia." Amsterdam, Netherlands. https://doi.org/10.13140/RG.2.2.28878.92480.

KNBS 2019. "Kenya Demographic and Health Survey 2014." Nairobi, Kenya. https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf.

Lee-Rife, S., Malhotra, A., Warner, A., & Glinski, A. M. (2018). What Works to Prevent Child Marriage: A Review of the Evidence. Studies in Family Planning, 43(4), 287–303.

Liang, Mengjia, Sandile Simelane, Guillem Fortuny Fillo, Satvika Chalasani, Katherine Weny, Pablo Salazar Canelos, Lorna Jenkins, et al. 2019. "The State of Adolescent

Sexual and Reproductive Health." Journal of Adolescent Health 65 (6, Supplement): S3–15. https://doi.org/https://doi.org/10.1016/j.jadohealth.2019.09.015.

Loaiza, E., & Liang, M. (2018). Adolescent pregnancy: a review of the evidence. Unfpa.

Matheka, R. (2019). "THE BOYS GET THE PLEASURE THE GIRLS GET THE PAIN": The views of teenage girls in Kenya concerning the causes and prevention of teenage pregnancy.

McCall, S. J., Flett, G., Okpo, E., & Bhattacharya, S. (2018). Who has a repeat abortion? Identifying women at risk of repeated terminations of pregnancy: analysis of routinely collected health care data. Journal of Family Planning and Reproductive Health Care, 42(2), 133-142.

Mkwanazi, M. V. (2019). Interaction effects of pen environment and sex on behavior, skin lesions and physiology of Windsnyer pigs. Asian-Australasian Journal of Animal Sciences, 32(3), 452.

Mugenda, O. M., & Mugenda, A. G. (2003). Research methods: Quantitative & qualitative apporaches (Vol. 2, No. 2). Nairobi: Acts press.

Muthoka, J. K. (2018). The effect of early intermittent Kangaroo mother care on neonatal mortality, morbidity and weight gain in stable low birth weight infants (Doctoral dissertation, JKUAT-COHES).

Nguyen and Farber, N. (2016). Prevalence and Factors Associated with Teen Pregnancy in Vietnam: Results from Two National Surveys. Societies, 6(2), 17.

Okigbo, C.C. & Speizer, I.S. (2019). Determinants of sexualactiisty and pregnancy among unmarried young women in urban Kenya: A cross-sectional study. PloS One, 10(6).

Olenja, J., Van der Kwaak, A., Krugu, J. K., Kawai, D., Karanja, S., Apanja, M., ... & Odundo, D. (2020). Factors influencing teenage pregnancy among Maasai girls in Kajiado West Sub-County, Kenya. An operational qualitative study report as part of the YES I DO programme implemented from.

Panday, S., Makiwane, and Letsoalo, T. (2019). Teenage Pregnancy in South Africa With A Specific Focus On School-Going Learners. Child, Youth, Family and Social Development. Human Sciences Research Council. Pretoria: Department of Basic Education.

Sarantakos, S. (1998). Sampling procedures. In Social research (pp. 139-164). Palgrave, London.

Sharma S. (2012).Reproductive Rights of Nepalese Women: Current Status and Future Directions. Kathmandu University Medical Journal, 2(1), 52-54.

Stanley H. (2018). Teen Pregnancy. Consequences of Teenage Pregnancy. Retrieved 25/1/2019 from www.healthcommunities.com

Tamang J. (2019). Domestic Violence in Nepal. Social Inclusion Research Fund.

UNFPA. (2017). State of the world population. Motherhood in Childhood, Facing the challenges of adolescent pregnancy. Information and external relation division. The United Nations Population Fund, New York, USA. pp. 1-116.

UNICEF. 2014. "Ending Child Marriage: Progress and Prospects." New York, United States. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/sdgreport-gender-equality-in-the-2030-agenda-for-sustainable-development-2018-en.pdf?la=en&vs=4332.

Wado, Yohannes Dibaba, Elizabeth A Sully, and Joyce N Mumah. 2019. "Pregnancy and Early Motherhood among Adolescents in Five East African Countries: A Multi-Level Analysis of Risk and Protective Factors." BMC Pregnancy and Childbirth 19 (1): 59. https://doi.org/10.1186/s12884-019-2204-z.

WHO. 2016. "Causes of Death among Adolescents."

Yasmin, G., Kumar, A., & Parihar, B. (2014). A STUDY OF SOCIODEMOGRAPHIC FACTORS OF TEENAGE PREGNANCY AT A TERTIARY CARE CENTRE. Journal of Evolution of Medical and Dental Sciences, 3(4), 1020-1026.

Yasmin, G., Kumar, A., & Parihar, B. (2019). Teenage pregnancy-its impact on maternal and fetal outcome. International journal of scientific study, 1(6), 9-13.

Zulu, T., Ngidi, N. D., Moyo, S., Adam, J. K., & Krishna, S. B. N. (2016). Qualitative evaluation of selected social factors that impact sexual risk-taking behaviour among African students in Kwazulu-Natal, South Africa. SAHARA-J: Journal of Social Aspects of HIV/AIDS, 13(1), 96-105.

APPENDICES

Appendix I: Questionnaire

I am an undergraduate student at Gretsa University undertaking a study on **Factors contributing to high prevalence of teenage pregnancy in Wagberi ward in Wajir East.** Therefore you are being requested to voluntarily participate in this study. This may take you 15 minutes or less to complete the questionnaire. Your responses will be used for academic purposes only and will be kept confidential. Your name will not be used in any of the study nor are you required to fill it anywhere in this questionnaire.

Please fill or tick (√) in the provided spaces.

SECTION A: Demographic information

1. Age: 15 years [ ] 16 years [ ] 17 years [ ] 18 years [ ]
2. Religion: Christian [ ] Muslim [ ] Hinduism [ ]
   Others (Specify)_____
3. Education level: Primary [ ] Secondary [ ] Tertiary [ ]
4. Marital status: Married [ ] Single [ ]

SECTION B: Socio-economic factors

1. What is parents monthly income?
   Less than Kshs.1000 [ ]
   Kshs. 1000- 5000 [ ]
   Kshs. 5001- 10000 [ ]
   Kshs. 10001- 15000 [ ]
   Kshs. 20000 + [ ]
2. Does your parents able to provide you with your basic needs?
   Yes [ ] No [ ]
3. What do you do in case your parents don't provide you with your basic needs?
   Ask your boyfriend to give you money [ ]
   Go to look for casual work [ ]
   Ask from relatives [ ]

4. Do you think inability for parents to provide young girls with basic needs has led to early pregnancy?

   Yes [ ] No [ ]

5. Have you ever been asked for sex with anybody so that he can provide you with what you want?

   Yes [ ] No [ ]

6. Did you agree to that demand?

   Yes [ ] No [ ]

7. Have you ever borrowed money in exchange for sex?

   Yes [ ] No [ ]

SECTION C: Individual factors

1. Do you have a boyfriend?

   Yes [ ] No [ ]

2. Do you like sexting with your boyfriend?

   Yes [ ] No [ ]

3. Do you have knowledge on the use of contraceptives?

   Yes [ ] No [ ]

4. Do your parents talk to you about early engagement in sexual activities?

   Yes [ ] No [ ]

5. Do you use alcohol or any other drugs

   Yes [ ] No [ ]

6. Does your mother or any member of your family got pregnant while still a teenager?

   Yes [ ] No [ ]

7. How old were you when your first engaged in sexual activities?

   11 years [ ]

   12 years [ ]

   13 years [ ]

   14 years [ ]

   15 years [ ]

   16 years [ ]

   17 years [ ]

   18 years [ ]

SECTION D: Cultural factors

1. How does your religion react to those girls who get pregnant while still young?

   _____

   _____

2. What does your religion say about contraceptives and involvement in sexual activities?_____

3. Does you culture accept early marriages?

   Yes [ ] No [ ]

4. Were you forced into early marriage?

   Yes [ ] No [ ]

5. Does your culture allow your parents to talk about sexual behaviour with their children

   Yes [ ] No [ ]

Appendix II: Budget

No.	Items	Quantity	Unit cost (Ksh.)	Total Cost (Ksh.)
1.	Proposal Printing	2 ream	Ksh.330	Ksh.660
2.	Other stationeries 1. Pencils 2. Biro pens 3. Note pad	 4 4 2	 Ksh.10 Ksh.25 Ksh.100	 Ksh.40 Ksh.100 Ksh.200
3.	Transport cost	10 trips	Ksh.600 per trip x 4 people	Ksh.24000
4.	Lunch costs	10 days	Ksh.200 per day x 4 people	Ksh.8000
5.	Training Assistant/research assistants	3 person	Ksh.5000	Ksh15000
6.	Data collection tools (printing and photocopy)	70 Questionnaires	Ksh.50	Ksh.3500
7.	Data analysis			Ksh.6500
8.	Report (printing + binding)	2 copies	Ksh.840	Ksh.1680
9.	Literature costs			Ksh.10000
SUB TOTAL				Ksh.70,140
GRAND TOTAL				Ksh.75,040

Appendix III: Work Plan

Activity	April 2023	May 2023	June 2023	July 2023	August 2023
Concept Formation					
Writing chapter one, two and three					
Tool Formulation					
Data Collection &analysis					
Report Summation and presentation					