

THE SOCIO-ECONOMIC FACTORS
ASSOCIATED WITH TEENAGE
PREGNANCY IN MAKUENI DIVISION

by

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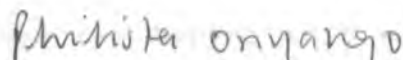
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ABSTRACT

This study is an analysis of the Socio-Economic Factors that are associated with teenage pregnancy in Makueni Division of Machakos District. Its main purpose was to establish the Social and Economic factors that are related to teenage pregnancy as well as to find out the effect of child-parent relationship on teenage pregnancy and thereby recommend ways of checking the situation.

The sample for this study was all-female. The individual teenage girl with the following characteristics was the unit of analysis: married mothers, unmarried mothers and single childless girls. One hundred and ninety-four respondents were interviewed.

The sample was selected using the stratified sampling method coupled with the snow-ball method of sampling. Non-probability principles of sampling were also employed. Simple observation and hospital file notes were other methods of data collection.

Data were collected using a standardized interviewer-administered questionnaire which consisted of both closed and open-ended questions.

According to the study's findings teenage pregnancies and teenage marriages are related and they promote each other due to the effect of the Proximate Determinants of Fertility (Intercourse, Conception and Gestation and Parturition Variables) which are encouraged within marital unions. Teenage pregnancies lead to teenage marriages which encourage sex activity since it is the socially accepted context for reproduction.

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Teenage pregnancy and marriage were found to have grave effects on teenage girls' educational careers for they lead to a high drop-out rate among the female school populations. Lack of knowledge about the process of conception was found to be related to teenage pregnancy. It led to indiscriminate sex involvement. Though contraceptive information was not totally lacking among the respondents, contraceptive use was negligible. It was found that child-parent communication, parental supervision and control, and the meeting of economic needs did not have much influence on teenage pregnancy.

It was therefore concluded that teenage pregnancy in Makueni Division has resulted from teenage marriages and lack of information and knowledge about the process of conception as well as lack of contraceptive information and use. It is thus necessary to check the factors that encourage early pregnancy and marriage by exposing teenagers to education pertaining to birth control. Community-based education programmes on matters of human sexuality are necessary to promote interest and dialogue on teenage sexuality and its responsible expressions.

CHAPTER ONE

INTRODUCTION

1.1 PROBLEM STATEMENT:

A teenage mother is any mother aged below twenty years according to Mati and Van Ginneken (1981). The problem of teenage fertility is a situation where children are delivering children. This cry is not new; it has been heard the world over and it is not a phenomenon of modern times. As Jagdeo (1985) put it, many young women greet their seventeenth year with pregnancy and many of these will have one or two before they are twenty.

Teenage pregnancy is a worldwide problem with adverse social, health and economic consequences for both the individual and the communities involved. It is just but one symptom of social breakdown, a sign of social change. Although teenage pregnancy is not unique to the twentieth century, there must be factors within the present generation of society that are closely associated with it. Teenage mothers and their babies represent a considerable and important social problem worth studying. Any solution to the problem (or an attempt in that direction) must begin with the basic social and economic evils which have led to this degree of social disintegration.

Why does it happen? Why does a teenage girl become pregnant?

What in society provides a conducive condition for this kind of situation? Teenage pregnancy should be considered from a scientific, not necessarily a moralistic point of view. This will enable us to note the thread of events which lead to a teenage girl who is inadequately equipped, to become a mother before she has had herself prepared for such an eventuality and before she is even responsible for herself. Thus this study will seek to establish the events which precede the state of pregnancy and from such information then make inferences and recommendations towards helping these young girls and the community at large.

Teenage pregnancy is a problem because the victims become mothers too soon and endanger their own lives. They produce children they cannot care for since they are not even responsible to care for themselves. Their education is interrupted often prematurely, spoiling their life chances and any opportunities for betterment. Teenage pregnancies amount to tragic waste in view of lost chances and the heavy economic burden suddenly thrust on the young victim and her family. Only the disappointed couple (the parents) saddled with an unexpected grandchild and a daughter whose education career has been ruined know the social and economic burden of teenage pregnancy.

Recent studies have suggested that the age at menarche has decreased and that in most countries it is now about twelve to fourteen years (Masse' & Deschamps, 1975; Frisch & McArthur, 1974).

The decrease in the age at menarche suggests that pregnancy is possible at earlier ages than used to be the case. Women in their teens are also engaging in sexual activity with a resultant increase in teenage pregnancies. In the United States, for instance, it has been reported that more than fifty per cent of nineteen-year-old girls had already engaged in sexual activity (Zelnick & Kantner, 1972).

The local situation is not different. At the Kenyatta National Hospital an incidence of teenage pregnancy was found to be 11.1% (Ngoka & Mati, 1980). In a study carried out in the same hospital, twenty-eight per cent (28%) of all abortions were found to occur in teenage mothers and forty-three per cent (43%) of all procured abortions were among teenagers. It was found that teenage pregnancy is a common and an important obstetric problem in Nairobi, accounting for eighteen point six per cent (18.6%) of all deliveries in the city. Most cases were in their late teens but a substantial proportion were very young. Twenty-six per cent (26%) in this reported series had already had one or more previous pregnancies and 58.4 per cent of all cases became pregnant while in primary school (Muraya & Mati, 1981).

According to the above study, teenage pregnancy is a glaring fact in Kenya today. Results from another study carried out in Nairobi for seven weeks showed that the youngest mother was ten years and two months when she delivered. She had never experienced any menstrual flow when she delivered her 2750g female infant by vacuum extraction. She is no longer

the youngest mother reported in the country, for recently a nine-year-old girl delivered at Kenyatta National Hospital (Permanent Secretary in the Ministry of Health, Simeon Shitemi, The Sunday Nation, April 27th, 1986). All in all, of 5293 deliveries 981 were women aged nineteen and below, and 288 were mothers aged seventeen and below.

This is a clear indication that the problem of teenage pregnancy is here with us, and its incidence seems to have reached an alarming rate. Society has got to accept it instead of turning a blind eye and pretending that the problem is not there or simply hoping that girls will not "do it". As this problem becomes explosive and especially with the high birth rate in the country, the need arises to nurture strong, healthy and wanted babies. There is an urgent need to curb teenage pregnancy since these teenage mothers are not ready to become mothers. There is an equally urgent need to know what has led to this condition, to establish the social and economic factors associated with it. Or, to put it in other words, to find out what in society precipitates this type of occurrence.

Statistics, as illustrative as they are, present only one part of the picture. They cannot explain what factors affect people's sexual behaviour patterns. On a global scale it is well understood that traditional patterns of adolescent sexual behaviour are affected to a greater or lesser degree by cultural morals and values. Many societies, especially

in Latin America, Asia and Africa, traditionally encouraged early marriages for girls, before or shortly after puberty. Sexual relations and childbearing began early, though within the context of marriage, and as a result, the incidence of non-marital pregnancy was diminished. However, patterns of sexual behaviour have been affected by socio-economic factors, particularly changing morals, pursuit of education coupled with higher and long-term goals in life, and the increase in age at marriage. Socio-economic changes and with them massive urbanization, migration and the influence of mass media, have lessened the influence of social control mechanisms which traditionally discouraged teenage sexuality after certain rites and under the guidance of selected members of society (Kabwegyere & Mbula, 1979).

The problem of teenage sexuality as evidenced by pregnancy must be seen as two sides of the same coin: 'Mothers too soon' for the married and out-of-wedlock pregnancy for the unmarried adolescent (Chui, 1978). Early child bearing exerts a heavy social and economic toll on the teenage mother, her family and society at large. The majority of teenage mothers do not want to become mothers while they are in their teens and yet a substantial number of them have babies before they are twenty. It is therefore quite clear that the factors associated with this global problem are complex and as President Lincoln's message to congress said,

The dogmas of the quiet past are inadequate for the stormy present. Our occasion is piled high with difficulties. We must rise to the occasion. As our case is new, so we must think anew. We must disenthrall ourselves. (Bogue: 1979:12)

Our case is new in that teenage pregnancy has become widespread as society has undergone rapid change. We have to rise to the occasion and arrest the situation. This can only be done once we establish what factors in society are associated with the prevalence of the problem. An attempt will therefore be made to dig out the link that exists between teenage pregnancy and socio-economic factors in a rural area in Kenya.

1.2 OBJECTIVES OF THE STUDY:

1. The main objective of this study is to examine the relationship or association between socio-economic factors and the phenomenon of teenage pregnancy. This involves finding out why it happens, that is, why a teenage girl becomes pregnant, and what in society promotes this condition. The study will strive toward an understanding of the factors that lead a girl to become an unmarried or even a married teenage mother. In the past, the answers to such a question have been obscured by erroneous preconceptions of her behaviour such as that she was born lacking in the essential control of her sex urges or that she is over sexed. She has been branded promiscuous or

immoral. All these explanations are inadequate to explain this phenomenon since they point toward her biological make-up without taking into account the changes in society that might have prompted such a condition.

2. This study will try to establish whether there is any association between teenage pregnancy and child-parent relationship. In other words, whether parental close supervision, control, advice and concern for their daughters, or the lack of these have any bearing on teenage pregnancy. Since teenage mothers and their babies represent a considerable social problem, the study will strive to find out whether the quality of interaction at the family level -parent-daughter relationship-plays any role in the recent prevalence of teenage pregnancy. However, how this problem is to be solved and how to control it are questions to which there is no complete or final answer. That there are many things that could be done that could contribute to its solution is a fact. This study will therefore try to establish the impact of parent-daughter relationship on teenage pregnancy in order to find out what, at the family level, can be done to minimize this phenomenon and the suffering that accompanies it.

3. The study also aims at coming up with suggestions

and recommendations on how this problem can be brought under control and what benefits there are in its control. These suggestions and recommendations will be useful to policy makers in connection to ways and means of minimizing teenage pregnancy and its often tragic consequences.

1.3 JUSTIFICATION

Teenage pregnancy is just but one symptom of a general social breakdown. Any attempts toward a solution to the problem must begin with the basic social and economic evils which have caused this degree of social and group disintegration. A lot has been written on the consequences of teenage pregnancy. They include termination of education, early marriage, illegal abortion and the related complications and the risk both to health and life, hostility and disgrace following an out-of-wedlock birth, lack of skills and experience, and damage to career or job ambitions and aspirations. The situation looks grave, hence the need to investigate or to inquire into the factors that are associated with teenage pregnancy.

Knowledge of the consequences of teenage pregnancy alone, is inadequate in terms of solution attempts.

For instance, in Kenya studies on teenage fertility have mostly been medically oriented and have focused on the medical consequences of early childbirth (Muraya & Mati, 1985; Ngoka & Mati, 1980; Mati & Van Ginneken, 1985; Aggarwal & Mati, 1982). However, Omondi Ahawo's (1981) thesis on Adolescent Fertility in Kenya has added onto local material on the subject. Gachuhi's (1972, 1973 & 1975) work on the youth has also been another contribution. But this is not enough and it is therefore necessary to know not only the consequences of teenage pregnancy and the event of childbirth, but also the factors associated with it in other words, factors which lead to teenage pregnancy. Looking at the consequences of teenage pregnancy or at the event of birth or marriage individually is like looking at an ailment and its effects without trying to go beyond observation to find out what factors are associated with it and which need to be handled before a solution effort can be designed.

Many explanations to teenage pregnancy as a problem facing society have been advanced. However, all these explanations, be they biological or moral, are inadequate to explain this phenomenon. Teenage pregnancy as a social problem should be treated in

totality. There could be factors in the social and economic environment of the victim that are associated with this occurrence. This study attempted to find out what in society makes a girl a teenage mother for such knowledge would help in drawing out preventive measures. Teenage pregnancy is worth studying especially in view of the fact that it is a community problem and responsibility which requires both knowledge and enlightened public opinion. Partial inquiry is inadequate to meet this problem and therefore this study undertook to find out the factors within society which are related to teenage pregnancy. It attempted to bridge the gap left by some of the studies mentioned above, hence complement existing data. It also threw light to the before - pregnancy period rather than the after-pregnancy period which has been given a lot of attention by previous studies.

Since most literature on the subject of teenage pregnancy is foreign, this study adds onto local materials on the subject, presenting the picture of the Kenyan situation in particular, and bringing to light similarities, contradictions and generalizations that exist as per existing data.

Some of the studies done elsewhere were carried out many years ago and are to some extent no longer relevant or compatible with present conditions. They no longer hold due to the process of social change affecting all spheres of society. It is important to look for solutions to a problem presented as it is today and with a view of the transition society in general (and Kenya specifically) seems to be undergoing.

The information obtained will necessarily create an awareness in society and among policy makers who may construct or reconstruct a few structures in society in order to combat the problem. This makes the study worthy the while.

The study also has implications for health, education and population (or fertility) areas which can contribute a lot toward the effort of combating the problem. It will help the public to understand what teenage mothers are as people and show what the whole social web has to offer to the individuals concerned.

As Abraham Lincoln (1862) told congress, the dogmas of the quiet past are inadequate for the stormy present. This applies to Kenya today. Since the present is stormy indeed with the number of teenage

mothers rising, there is need to rise to the occasion and to think anew. This is only possible after we have developed a clear picture of the problem. This study has tried, in the same vein, to come up with information that will be useful in helping these girls to remain longer in school, that is, help them avoid early and unwanted pregnancy.

This study is part of a continuing effort to understand the social and economic bases of the currently high prevalence of teenage pregnancy in Kenya with a view to recommend certain lines of action through which this problem can be solved.

CHAPTER TWO

LITERATURE REVIEW:

2.1 INTRODUCTION

Perhaps the problem most seriously affecting both parents and teenagers is that of teenage pregnancy. One out of every six teenage girls becomes pregnant out of wedlock while one out of every three to one half of all teenage marriages end in divorce within five years (Michell, 1971). Of course it is not the pregnancy per se which makes people worry, but the consequences of this occurrence which are often tragic. For instance, some teenage pregnancies result in the mother rearing the child without a father which often creates additional stress problems for the mother as well as the child. Economic problems become more complex as do social problems for both the single teenage parent and the child.

Population problems (such as those of numbers and growth rate that are facing Kenya today) are related to human sexuality and changes affecting sex, and they necessarily call into question the beliefs, values and norms of conduct traditionally associated with its morally and socially acceptable expressions. One of the emotionally disturbing elements inherent in population problems is the fact that they are

related to human sexuality, and mankind has always been somewhat ill-at-ease in dealing with human sexuality. However, since sex (among adults, teenagers, married or unmarried partners) has significant implications for society, there is special need to develop an adequately comprehensive view of human sexual phenomenon since there is widespread confusion, doubt and uncertainty regarding the relevance of sexual values and norms (Quinn, 1968). Society should, therefore, get concerned about sexual behaviour because of its consequences on the entire social web.

Alarming as it might sound, one million teenage girls (or 1/10) worldwide become pregnant every year ("Birth of Budget Item", 1978). While of these girls, nearly six hundred thousand (600,000) carry their babies to term, about one hundred thousand (100,000) pregnancies are terminated by miscarriages, and three hundred thousand (300,000) by abortions. Another study holds that it is estimated that every year more than forty (40) million induced abortions occur worldwide, half of them in defiance of law (Fernando, 1980). These figures represent only the reported or recorded cases and therefore cannot be taken to be statistically accurate. Again, methods used to obtain such data are not disclosed and it is therefore not clear whether they are based on

methodologically sound research. However, in view of the cases which do not reach hospitals for record, we can conclude that there are more teenage miscarriages, abortions and even births worldwide.

The formation of a new family is a complex transition. Teenage childbearing greatly complicates the process. Early parenthood creates an immediate crisis for teenage parents and their families, often initiating a chain of events which may result in long term disadvantages for the parties concerned. The rate of illegitimate births to mothers in the 15 - 20 age group has been rising quite steadily while the percentage of births to mothers in this age group rose from about fifteen (15) per cent in 1960 to about forty (40) per cent in 1976. The majority of teenage girls do not want to become mothers while they are in their teens- yet about one out of every five (1/5) have babies before they are twenty (Family Planning Perspectives, 1982). In view of the mounting evidence that early marriages occurring in response to pregnancy tend to be unstable and that there is decreased social stigma associated with keeping an out-of-wedlock baby, it is not clear that the rise in the percentage of illegitimate births is regrettable per se.

As yet there is not very much research on adolescent/teenage fertility in the East African region. There are not enough solid facts to show the present picture. The incomplete information available suggests that pregnancy outside marriage is increasing. Too, a large proportion of both girls and boys leave school in the lower grades without graduating (Kingori, 1976). Dropping out of school, however, is more common for girls than for boys. Pregnancy could be one of the causes, but there are other socio-economic factors. Most important to know is why teenage girls in Kenya become pregnant and not just why they conceive outside marriage. Focus is not only on teenage sexual activity and childbirth out of wedlock but also on the factors associated with teenage pregnancy and its consequences or implications.

Omondi-Ahawo (1981) holds that in Kenya, although the level and detail of both official and academic awareness of population studies is higher than in many countries in Africa, the adolescent/teenage section has attracted slight attention. One main reason why it had been ignored, he says, is the (Malthusian) assumption that fertility is confined to marriage. Maintaining this assumption means excluding the increasing magnitude of premarital and extra-marital fertility from analysis. His work,

whose aim was to lay a solid foundation of future research and analysis of this aspect in Kenya, has been a landmark in the section of teenage fertility.

However, information on the prevalence of teenage pregnancy is not lacking in Kenya (or Africa) alone. Such information is extremely limited in the developing countries of the world in general. Scarce information shows that these countries are characterized with high fertility and consequently with close spacing of pregnancies, higher proportions of first, second and third births among teenagers than is the case for the developed countries which have low birth rates (Engstrom, 1978). Dealing with problems of teenage fertility in developing countries is also difficult because these countries do not constitute a socio-economic entity since they are artificially grouped together because of certain common features such as low literacy rate, low level of industrialization, low per capita income, high fertility levels, high infant and maternal mortality, and other related elements. Lack of resources in a developing society, for example, health and social services means also lack of reliable statistics and studies for the analysis of the problem (teenage pregnancy): Again, a pregnancy in mid-teens or even in the early teens is accepted in many countries as long as it takes place within socio-culturally accepted

forms of marriage. A problem arises only when there is a deviation from the social norm such as pre-marital sex without parental or social approval (Omondi-Ahawo, 1981). According to available literature, what happens to the child-mother, that is, the implications of teenage pregnancy have not been a major issue. This should be the main issue for this event triggers off many other events which directly or indirectly affect society.

The countries of Sub-Saharan Africa (excluding North and South Africa and the islands off East Africa) have the highest levels of early childbearing of any region in the world, averaging more than fifty per cent higher than any other high fertility regions (Population Reports, 1985). Africa has about the same proportion of women married at age group fifteen to nineteen as the Indian Sub-Continent, but higher total fertility according to Population Reports (above). This text does not show the reason why this is the case but it can be attributed to the fact that in the Asian community certain taboos governing the after birth period are still keenly observed while in Africa there is a greater drain of customs.

A general modernization and infiltration of foreign culture has played a major role in disrupting homes

and families in Africa in general and Kenya in particular. This has resulted in a general community disorganization and influence of external values in the process of modernization. It is evident, therefore, that society is undergoing changes of a kind that tend to undermine adult authority (over the youth) while making ever greater concessions for the autonomy of the young (Bogue, 1976). Some adults have also lost their traditional values regarding sexual behaviour and acted irresponsibly among young people.

2.2 FACTORS THAT LEAD TO TEENAGE PREGNANCY

The "teenage problem" takes on different dimensions depending on its setting. In the rural setting it is often a search for a modern way of life, generally involving conflict with the traditions of the rural community and often a lengthy period of formal education. In the modern urban communities it is a search to find an outlet from the restrictions of close adult control, prolonged schooling and cramping urban conditions. The transition from childhood to adulthood is a critical process in any community and today it is made more so by the accelerating process of social change that is affecting so many societies (Anderson, 1966).

In Kenya there is a complete spectrum of conditions in which teenagers live. These conditions range from almost untouched traditional settings through a range of transitional stages to various groupings that make up the modern sectors of society. Yet neither end of the spectrum is untouched or unaffected by the other and for the greater number of teenagers living in rural communities, the two vital influences are traditional community and family ties and the benefits of modern city life so effectively demonstrated by educated and successful neighbours (Anderson, 1966). This accelerating process of social change has affected many values which formerly governed society. The present widespread teenage pregnancy is one of the effects of social breakdown. The following are some factors that lead to teenage pregnancy.

2.1:1 Premarital Sex and the Onset of Menarche:

In the earlier days societal and cultural restrictions governed premarital sex to reduce the risk of pregnancy and unwanted childbirth. Molnos (1973) found this pattern typical of East African societies. In most groups sexual intercourse was absolutely prohibited before circumcision and/or initiation rites. Teenagers were then instructed by older

members to avoid penetration or to practise withdrawal to prevent pregnancy. Today the event of premarital conception is increasing, and is no longer severely punished. Various factors account for this. The curtailment or abandonment of traditional instruction at puberty is an important factor associated with premarital conception. The general increase in the freedom of young people from authority, the refusal by girls to submit to examination by old women where this used to be the custom are additional factors to premarital sexual activity (Mair, 1969). However, it should be noted that the extended family setting which was responsible for such services is disintegrating, making such services almost unavailable.

Recent data indicate that the incidence of premarital sex and pregnancy among teenagers is increasing and three factors suggest that these trends will continue.

1. Teenagers in many areas are sexually mature, active and capable of reproduction at a younger age than their parents were.
2. Age at marriage is rising, increasing the period of non-marital fecundity.

3. Urbanization and life styles associated with it provide more opportunities for sexual relationships and reduce the effectiveness of traditional social restraints (Population Reports, 1976).

About one hundred years ago teenage pregnancy was probably rare, both for biological and social factors/reasons. There has been talk about earlier menarche. In Europe, for instance, mean age at menarche has decreased by about ten months each generation (Masse' & Deschamps, 1975). It must be realized that the trend is not uniform worldwide. Genetic and socio-economic factors influence the wide variation. Recent data suggest that the attainment of a certain body size and the accumulation of certain proportion of body fat are necessary to trigger menarche (Frisch & Mcarthur, 1974). Better nutrition in childhood also appears to be a major cause of early menstruation according to Llwellyn-Jones (1974) and Boljen & Bentzon (1968). The median age at menarche in Kenya is about fifteen while for the wealthy part of Kampala, Uganda, it is 13.4 years. The subject of age at menarche is therefore complex. It is usually difficult to identify the relevant environmental factor from a statistically significant correlation since there could be another element involved in explaining the

association (Johnson, 1974). Earlier menarche means conception is possible at earlier age than before. Involvement by teenagers in premarital sexual activity coupled with earlier menarche and lack of puberty counselling that used to be there before has resulted in the present widespread teenage pregnancy.

2.2:2 The Disintegration of Communal Life:

The family is the most significant feature of African society, and the process of disintegration is nowhere more apparent than in this central institution. In other words, the disintegration of communal life is best illustrated by the disintegration of the extended family system. In the large family the links of kinship were strengthened by an exchange of services which tied the individual very closely to his parents and relatives not only because they liked him, but also because he could not survive, materially, without them. The strong dependency of the individual on the large family was compensated for by an unflinching duty to obey the powerful group's behavioural models. With police-like checks on sexual matters, the safeguard of honour was the affair of not just a teenager's relatives but of an entire community or group of communities. The social control exercised by the geosocial units was a powerful device for controlling

teenage sexuality. The disintegration of the family therefore means that traditional sexual behaviour control mechanisms can no longer be effective (Mernissi, 1976). The extended family unit is slowly but surely disappearing in many parts of the world as a result of trooping into cities in search of work and a new way of life and hence the shrinking of this vital unit.

This is not only a break with the old ways; it produces an erosion of cultural and social values and structures which have been traditionally observed for generations. The worldwide prevalence of teenage pregnancy and childbirth at an early age is a social, economic, health and demographic crisis. Aside from the damage to the young lives of child-mothers and their babies, there is potential damage to the whole fabric of society (Hellman, 1976). The orderly development of African life will depend in large measure on the successful maintenance of the solidarity of the family unit in the course of the modification of its role under modern conditions (Mair, 1969).

2.2:3 Misinformation and Lack of Information on Contraceptives:

Lack of knowledge about contraceptives and the process of

conception can lead to unwanted pregnancies. For example, in a study done by Khasiani, of more than one hundred (100) Kenyan school girls who become pregnant, sixty-five (65) had never received any information about contraception. They gave several reasons for not using contraceptives which included the following: lack of information, concern about safety (unfounded fears of contraception), objection by partners, unavailability of contraceptives, or just that they thought it unnecessary (Khasiani, 1985).

What knowledge young people have about fertility and contraceptives they have picked up mostly from friends and the media. For instance, among seven hundred (700) secondary school students in Ivory Coast, fifty three per cent reported that their main source of information about contraceptives was the media and thirty three per cent said information was received from friends (Boloko & Kouame, 1981).

Information from friends and the media is often incomplete, misleading or wrong. News reports emphasize contraceptive failures and side effects, often dramatically. In the Phillipines for instance, it is reported that young women try to prevent pregnancy by douching, by standing up after intercourse, or by taking oral contraceptives only on the days that

they have intercourse (Galang, 1983). In Nigeria, some girls take large quantities of vitamin pill after intercourse, thinking that vitamins will prevent pregnancy (Ezmokhai, 1981). Many teenagers believe that pregnancy cannot occur if they are very young, if they are having sex for the first time, or if they have intercourse infrequently (Jagdeo, 1981). Also, many are mistaken about when the fertile part of the menstrual cycle occurs. Others, according to a United States survey carried out in 1975, think that condoms break easily hence ineffective.

Limited access to contraceptives is a problem affecting young people. These young people find it more difficult to obtain contraceptives than married couples. In most countries, laws restrict young people's access to family planning (IPPF, 1977). Family planning (contraceptives) in developing countries generally concentrate on reaching couples with children, encouraging them to prevent additional unwanted births. Considerable gains in long-range population control could be achieved by development of teenage fertility control services, education aimed at delaying first births, and encouragement of contraceptive practices.

Although the use of contraceptives by teenage girls has been rising, researchers have found that only about 1/3 of the girls who are sexually active use

contraceptives regularly (Zelnick & Kantner, 1978). Ignorance or lack of access are not always responsible for the failure of contraceptive use. Intensive studies of teenage mothers have revealed that many pregnancies occur because the girl has allowed herself to go further than she had intended. Some girls, also, do not want to use contraceptives because this may imply they are expecting intercourse or that they are promiscuous (Furstenberg, 1978).

A local demonstration of views on contraceptives can be drawn from the work of Kabwegyere & Mbulu (1979) in which they describe how a group of school boys they interviewed about the use of contraceptives gave varied views. Eighty three (83) per cent had girl-friends but only 25% of these cases were the girls known by their boy-friends to be using modern contraceptives. Fifty-five (55) per cent said they would leave their girl-friends if they found out that they were using contraceptives surreptitiously. Responses to the question: "What do boys think of a girl known to be using contraceptives?" were surprising. Terms used were prostitute, useless and despised, sexy, murderer, to be shunned, abnormal and narrow-minded. This implies that even those boys who know that their girl-friends are using contraceptives have a low opinion of them and perhaps will not

select them for future marriage partners. It is important that girls should be taught the realities of life and the importance of contraceptives. It is only after such a move, coupled with extensive contraceptive services that boys and girls can be expected to make responsible decisions concerning parenthood.

It should be noted that many family planning programmes are oriented toward older couples with children, quite in line with the name of the programme for according to social arrangements, it is only the mature members of society who are expected to form families. Society expects procreation to take place only within the borders of marriage and anything short of this calls for the wrath and condemnation of society. In this vein then, unmarried teenagers are frequently denied contraceptive and abortion services due to legal restrictions, cultural habits and social pressures all of which act together to reinforce society's notion of procreation within given limits. Unwanted pregnancies resulting from lack of contraceptive use have led to increasing number of abortions among young girls. Abortion is often more traumatic physically for teenagers than for older women since the young usually wait longer before seeking termination, at which time relatively more complicated procedures

may be required. This is due to inexperience, ignorance, legal and social restrictions and economic constraints which hinder teenagers from seeking prompt termination of unwanted pregnancies (Population Reports, 1976).

2.2:4 Lack of Sex Education

In its fullest, sexuality education seeks to apprise the individual of the social, moral, psychological and physiological characteristics of human sexuality. Education has to do with developing ways of thinking or acquiring and using information to make choices, hence the need for education related to human sexual behaviour. However, the subject of sexuality education is controversial. The debate on this subject is robust, even at times vitriolic (Kellogg, Kline and Step'an, 1975). This controversy over the provision of sex education. (- or family life education as such instruction is now often euphemistically called -) in the public school goes back at least three decades and has neither abated nor been illuminated by much information (Breasted, 1970). The controversy centers on such diverse issues as what effects sex education has on teenage pregnancy and sexual behaviour, whether the school or the family is the most appropriate sex educator, which topics should be included in sex education curricula and what the qualificat-

ions of sex education instructors should be.

According to Kellogg and Stepan (1978:573), "opposition to sex education appears to be motivated by fear that (an) understanding of such matters may lead to promiscuity by removal of old taboos against open talk of sex, or simply by an attitude of intolerance" of premarital conception and abortion among teenagers. Those who advocate expanded sexuality education programmes for youth have been accused of, among other things, "brainwashing adolescents into embarking upon sexual careers" and of undermining "family and parental responsibility". They feel that sexuality education is important for a number of reasons, and also claim that instruction does not increase sexual activity but may lead, if the course contains information about contraceptives, to more effective contraceptive use and avoidance of unwanted pregnancy (Kirby, 1980). They often reply to their opponents' accusations that they "do not encourage permissiveness" but that sexuality education should help young people to lead healthy satisfactory sex lives".

Although one way to influence patterns of teenage fertility is to provide teenagers with information concerning sexuality and fertility as part of their

formal education, not all youths have access to formal education opportunities and still fewer have the opportunity to have sexuality education included in their curricula. Other ways of reaching teenagers have to be sought in view of the number that is not in formal schools. The principal avenues for the delivery of this information are: family planning clinics and counselling centers, published materials of various kinds and advertising and display of contraceptives. Sexuality education which is incidentally missing in many countries is a very important factor in teenage pregnancy as the Lane Report (1974) in the United Kingdom stressed in terms of reproductive health education and information in preventing unwanted pregnancy. It stressed that:

A public educated to a more mature and responsible attitude toward sexual behaviour and to contraception will be most guaranteed that recourse is made less often to therapeutic abortion of unwanted pregnancies (1974:185)

Information on reproductive health care can be disseminated to the public in general and to the teenager in particular. As a World Health Organization Consultation on Contraception in Adolescence observed:

Not only children, but parents and other family members, health workers, teachers and religious counsellors, have a need for accurate information on reproductive life since it is often the older friends and relatives and social institutions that perpetuate the misinformation, ignorance and fear surrounding this subject (WHO, 1975:83).

Concern with the adverse social, economic and health consequences of teenage pregnancy and childbearing has prompted recommendations that educational programmes encourage the development of responsible attitudes toward sexual behaviour, teach reproductive physiology, inform teenagers of the risks of early pregnancy, strengthen their motivation to use contraceptives and provide them with information on the availability of contraception and abortion services. However, several major obstacles to in-school sex education for teenagers are noted in an international study of population and sexuality education (Zelnick & Kim, 1982). These include taboos and customary laws, religious resistance, parental fears of promoting promiscuity, resistance of school authorities and difficulties in recruiting and training teachers. Teachers and parents in some countries (India, the Republic of Korea, Kenya and the Philippines) generally favour including population education in the curriculum but they are concerned about what children will be taught regarding sex and family planning (Sherris, 1982).

A study carried out in the United States in 1979 showed that it can be reasonably argued that lack of sex education leads to sexual activity and consequent unwanted pregnancy. Sexually active teenagers who have taken a sex education course that provides information about contraceptive methods have fewer premarital pregnancies than those who have received no sex education. Young women who had sex education were more likely to have been regular and consistent users of contraceptives than those who had not had sex education (Zelnick & Kantner, 1980). Sex education is a welcome replacement of traditional instructions (especially in African societies) concerning sexual activity. Instructions were given on when to engage or abstain and though there was some kind of sexual liberalism (as in the case of the Akamba people), premarital pregnancy was rare compared to today (Kabwegyere & Mbula, 1979).

2.3 IMPLICATIONS OF TEENAGE PREGNANCY:

Unwanted teenage pregnancy is one of the greatest problems young girls can face. Pregnancy may endanger health, chances for education and marriage, and many hopes and plans for the future may be shattered. A teenage girl may even be disowned by her family. In addition, many teenagers are too young and too inexperienced to care for a child and conse-

quently teenage pregnancy may have grave implications for the individual and the society at large. Teenage pregnancy is a multi-fold problem which is very painful and dear. It has social, economic and health implications which make it a great threat to society.

2.3:1 Social Implications:

Though in traditional African societies children were thought to bring blessings to their parents, this view can no longer hold not only in the face of socio-cultural change, but also where children are being born to parents who not long before were children themselves. The majority of teenage pregnancies are unplanned, unwanted and quite a burden. Teenage mothers in Kenya, for instance, gain neither the social status of young mothers in a traditional society, nor the benefit of the institutional support provided their counterparts in developed countries (Muraya & Mati, 1985). Teenage pregnancy therefore becomes an explosive tragedy.

Teenage pregnancy is a major threat to teenage girls' educational careers. Their education is interrupted (permanently or temporarily), and apart from losing out on their education and careers, they suffer the pain of disgrace that out-of-wedlock pregnancies bring to them, their children and their entire

families. Teenage pregnancy brings social stigma upon the girl within the school setting (where she is of course expelled) and among her friends, family and the community. She becomes a black sheep in her community and although there is, today, decreased social stigma associated with an out-of-wedlock pregnancy or keeping a baby born out-of-wedlock, the young mother is likely to be confronted with a difficult problem. Her education is ruined and with it her career (job) ambitions and aspirations. The young girl, unskilled and barely educated is unable to cope with her environment and the demands which it makes upon her. She often has additional children soon after the first one which complicates the issue further. All these events amount to a tragic waste of a young life.

Although there is a tendency for young mothers to marry in response to pregnancy, quite often such marriages end up in separation or divorce (The Carnegie Council Series, 1979). Although these young mothers, married or not, assume a new adult status, the means to adulthood is not at all conventional. Motherhood in this case comes too early and often suddenly, before the girl has had herself prepared for it. In most cases the responsibilities

involved prove too much for the child-parent due to the fact that the full process of transition from childhood to adulthood has been curtailed. This condition severs relations with peer groups.

Apart from becoming a mother-too-soon, the young girl is likely to face harsh conditions at home. She may receive reprimands, punishments and other like treatment from her immediate family as well as gossip and hostility from the wider society. In other words, teenage pregnancy causes tempers and anger to rise within the family setting, neighbours to whisper, and arouses the curiosity and condemnation of the community. A pregnant teenager is often open to public criticism. Expectant teenagers neither expect nor receive understanding from society. Onto their already heavy personal problems are added the weight of threatened punishment and enforced secrecy.

For very young mothers, the risks of childbearing do not necessarily end with delivery, as the Caribbean researcher, Tirbani Jagdeo notes:-

:.... Teenage pregnancy is not simply a matter of numbers and medical consequence. It is also a matter of human possibilities, of life chances. Teenage pregnancy stymies both personal and social development of young women Young women end up paying dearly in their later life for mistakes made when they were still children (Jagdeo, 1985:16).

The young girl is faced with a difficult problem of rearing a child she had not planned for. This shatters all her dreams and the future remains grim.

2.3:2 Economic Implications:

The economic costs of teenage pregnancy are high. The adverse economic circumstances of having to raise an unplanned for baby further complicate the situation. This is so because although man now has better control methods over parenthood than ever before, having children has not yet become a matter of choice rather than a purely natural occurrence (Rainwater, 1960).

A teenage mother is much more likely to be forced to support herself and her child on a low income because her schooling is interrupted, her employment opportunities are limited as a result of low level education and even if she does marry, her husband is likely to have low earnings. According to Jagdeo (1985) the woman who has her first child before age seventeen, compared to the one who delays child-bearing until her twenties, is likely to obtain less paying jobs, be out of work, have a low income, face a high degree of dependency and thus become an economic burden to the entire family unit.

In developed countries young mothers are often poor because they are not married and have no husbands to help support the family. In developing countries, especially in the rural areas, women have few opportunities for economic advancement. However, early pregnancy may not make their economic prospects much worse, observe Population Reports (1985). This allegation is not quite true. For instance, if these women are allowed to pursue education, chances are that they may later pursue a career, secure a good job and thus make their economic prospects a lot better. However, if these young girls conceive at an early age, their educational, career and hence economic prospects are shattered. The point is that with higher education, women's economic prospects are much better for their participation in development and income generative activities is encouraging. Early pregnancy forces a young girl out of school which consequently results in waste of school fees, and she is therefore faced with a bleak economic future.

It should be noted that these teenage girls are not yet ready to be responsible for themselves, much less their children. They are still dependent on their parents for everything. They cannot support a child financially, and lack the skills and experience which would enable them fend for themselves in the

first place. Therefore, the economic burden of a teenage girl's pregnancy and childbirth does not necessarily rest on her shoulders but it is thrust onto the family causing serious financial difficulties and strain.

2.3.3 Health Implications:

Among the major reproductive and sexually related health hazards that face teenagers are sexually transmitted diseases (STDs) like syphilis which can result in still-births or spontaneous abortions, or gonorrhea which can cause sterility or infertility; unwanted pregnancies, which may result in illegal abortion and complications of abortions. However, the event of teenage fertility quite often proves a more serious problem arising from teenage sexuality.

As a result of an unwanted pregnancy, a girl plans for an abortion. It should be noted that in most countries of the world, abortion is still illegal. However, the extent of illegal abortions among teenagers is unknown. Hospital records of women treated for complications of abortions are thought to be the major source of information, but these records include only women who sought treatment and were

hospitalized. Illegal abortions are thought to be very common in Africa (among teenagers) since contraceptives are not readily available and particularly to unmarried teenagers. Hospital statistics from a Kenyan city show that thirty-eight to sixty-eight (38 - 68) per cent of women hospitalized with abortion complications were nineteen years or younger (Aggarwal & Mati, 1982).

The health risks of illegal abortions have not been exactly measured, but clearly they are great. In Kenya, at the Kenyatta National Hospital between 1972 and 1977, eighteen per cent of maternal deaths were directly related to illegal abortion. Severe but non-fatal complications also are common and may have long term consequences. Teenagers are often at greater risk because they wait or delay abortions until well into the second trimester of pregnancy (Ratnam, 1983).

Andrews (1975) notes that infants of teenagers experience a higher incidence of prematurity and low birthweight and have higher mortality rates than children of older mothers. Early childbirth, regardless of marital status is therefore more dangerous for teenagers and their infants especially in developing areas which lack adequate medical facilities for

prenatal care. Early sexual activity and consequently early childbirth or pregnancy can result in life-threatening complications.

In view of some of the existing literature as reviewed above, preventing early, unwanted and unplanned pregnancy or childbirth has benefits for the individual and for society. With Kenya's population growth rate topping the world, prevention of extra unwanted children who often get abandoned and then become a state responsibility, would go a long way in helping to steady this growth rate. Expanded provision of contraceptives, supplemented by broad educational programs are likely to encourage responsible sexual behaviour and delay parenthood. The prevention of an acceleration in teenage pregnancy depends upon a change in social mores within society, with the family taking a leading role since it can be regarded as a pillar for change and a most appropriate setting in view of the process of socialization. Change has taken place in society and it is no use sitting back and yearning for the days gone by. As Kazemian (1976) said, life can never be as it was a generation ago. We mourn because we can no longer believe what we once believed. Not that it was not true once upon a time, but it is now inadequate for the present.

With respect to the social, economic and health implications of teenage pregnancy, every teenager, pregnant or not, should be provided with a realistic understanding of the costs of childbearing, both immediate and long term. This kind of prevention is better than providing schooling for pregnant and nursing teenagers since, though some developing countries (Jamaica and Ghana) are modifying policies and allowing school girls to return after delivery, the burden and expense of childcare prevent most girls from taking advantage of the opportunity (Gyepi-Garbrah, 1985). The aim should be movement toward primary prevention for prevention is always better than cure. However, the case is still the old story of curative versus preventive efforts. Nevertheless, efforts should be made to take preventive measures more seriously.

Society should change its attitude toward the issue of teenage pregnancy. A teenager's sexual behaviour should be seen in the context of the entire maturation process, affected by the family structure in which that development occurs and by the sex roles played by those who act as socializing agents. Teenagers should be talked to about growing up with the aim of helping them achieve everything they can in education, employment and future life. Knowledge of

the reproductive process is generally considered to be an important aspect of effective contraceptive practice - that is, one does not necessarily have to use the pill or the intrauterine device (Population Reports, 1985).

However, teaching young people contraception methods with the aim of just preventing them from becoming pregnant is, as Kingori (1976) observed, like prescribing a cure for a headache without diagnosing its cause. In fact if one observes public reactions today, we can hardly escape the conclusion that it's not so much the sexual relationship to which society objects as to the tangible confirmation of a baby (Young, 1954). But what is needed is a programme that will be able to influence decisions about one's life and the lives of others in society. Parents, schools, churches and other social agencies should develop new approaches to help young girls face the challenges of maturation and cope with the process of transition (social change).

In Kenya's Family Life Education Programme attempts are being made to give information that will help both the young people and adults to be responsible individuals and parents. Since both parents and teenagers are reluctant to discuss sexuality with

one another because teenagers are often embarrassed or too afraid of their parents' disapproval while parents may be embarrassed or may not know much about sex themselves, church agencies in Indonesia, Madagascar, Kenya and Malawi are urging parents to talk to their children about sex and family life. For example, in Kenya at Chogoria Hospital, more than 3,200 parents attended one - day training sessions offered over a fourteen-month period. Topics covered included, risks of early pregnancy and sexually transmitted diseases, among others (Chogoria Hospital, 1983).

The effort to bring to the awareness of teenagers the workings of their bodies should not be confused with teaching, which is primarily the imparting of information. These attempts should be concerned with affecting the teenagers' entire attitude to life, to dislodge the centuries of much false teaching and the deliberate fostering of ignorance. They involve facts of vital significance both to themselves as individuals and to the society in which, as adults they will have to play their part. Above all, these efforts should aim at helping teenagers develop a sense of responsibility which will lead to responsible behaviour. The mere imparting of knowledge, however, useful, is far from an adequate equipment for the important tasks of life. What is needed is a

change of attitude toward responsible (sexual) behaviour.

2.4 THEORETICAL FRAMEWORK

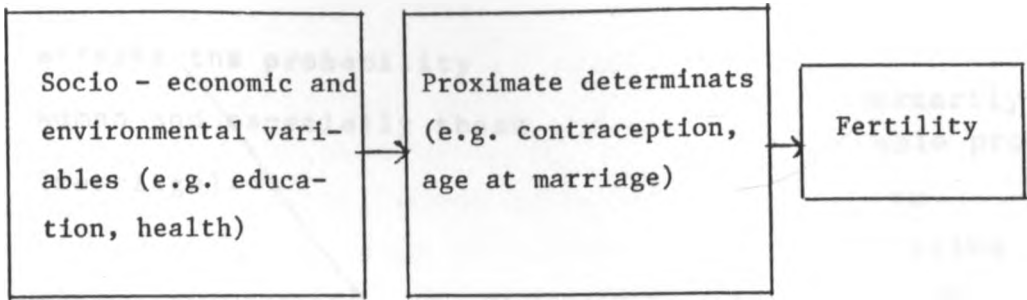
Currently, the duration of adolescent sterility is progressively getting reduced as a result of improved nutrition leading to the attainment of a certain body size and the accumulation of certain proportion of body fat as well as genetic and socio-economic factors. As a result, conception is occurring at earlier ages. However, biological factors in human fertility are limiting factors. Beyond the biological restrictions, sociological factors become central in determining the trend of teenage fertility.

In their Fertility Model or Framework, Davis and Blake (1956) came up with three major factors that determine fertility levels in any society. These factors are the processes of Intercourse, Conception and Gestation and Parturition. Higher or low fertility according to the two is a fact connected with profound differences in social organization. Of great importance in any study about fertility trends within any group in society are those factors or variables related to intercourse. Age of entry into sexual union and the frequency of coitus are major

factors in fertility in general, and in teenage fertility in particular. However, all these variables revolve around social controls which may operate at the family or community levels to inhibit or promote teenage pregnancy.

In the same vein, Bongaarts et al (1984) pointed out that it is important to understand the socio-economic, cultural and biological and environmental factors that determine fertility. They held that any analysis of factors influencing fertility requires that a distinction be made between two classes of determinants:

1. Proximate variables, that is, all biological and behavioural factors through which the background variables must operate to affect fertility, and
2. Socio-economic and environmental background variables, that is, all social, cultural, economic, institutional, psychological, health and environmental variables. The principal characteristic of a proximate determinant is its direct influence on fertility. In contrast, socio-economic variables can affect fertility only indirectly by modifying the proximate determinants (Fig 2.1).



Bongaarts et al argue that the advantage of including proximate variables in the study of the fertility process is that it improves understanding of the operation of the socio-economic determinants. In general a socio-economic variable can have negative effects through one set of proximate variables (such as education's effect on use of contraception) and positive effects through another set of proximate variables (such as education's effect on length of breast-feeding). The overall net effect of a socio-economic variable on fertility can therefore be positive, negative or insignificant depending on the relative contributions of the positive or negative effects of the proximate determinants.

Proximate determinants include proportion of women married or in sexual unions. This variable measures the degree to which women of reproductive age are exposed to the risk of conception. The study therefore took into consideration the married teenagers, unmarried but expectant teenagers or teenage mothers and single childless teenagers. It also considered the variable of engagement in sexual intercourse. Frequency of intercourse directly

affects the probability of conceiving among ovulating women and especially those who are in a sexual union (marriage).

Contraception which refers to any practice undertaken deliberately to reduce the risk of conception aims at limiting family size or prevent unwanted conception. For instance, for the single childless school girls who practice contraception, the aim is to prevent conception and not to limit family size. Another variable affecting fertility is induced abortion which deliberately interrupts the normal course of gestation.

Proximate determinants also operate with reproductive behaviour with negative and positive effects. These behavioural characteristics include among others, marriage patterns and use of birth control through contraception. The authors agree with Davis and Blake (1956) that age at marriage is a very important variable in fertility studies. The nature of marriage - whether arranged or out of personal choice, whether monogamous or polygamous is another factor in fertility trends. Polygamous and arranged marriages are characterized by lower fertility due to lower sexual activity since frequency of sexual activity is another behavioural characteristic.

It should be noted that childbearing is not necessarily or entirely restricted to unions and an appreciable proportion of all births occur to women when they are unmarried. Increasingly many young girls are entering into sexual activity at very young ages resulting in many cases of teenage pregnancies, and especially with the lowered age at menarche. A question to be asked at this point is: why are so many girls in their teens engaging in sexual activity than used to be the case before?

Society as a system has many interconnected parts which have functions to carry out. Social institutions such as the family have roles to play. For instance, reproducing new members is essential and this involves role differentiation and role assignment. The function of the family is to ensure the continuity of society by reproducing and socializing new members. Beliefs and moral codes are passed on from one generation to the next. Values provide a general conception of what is desirable and worthwhile. Roles provide the means by which values and goals are translated into action. Norms tend to ensure that role behaviour is standardized. It is through socialization that society's values are transmitted from one generation to the next. Various mechanisms of social control ensure that each person carries out his functions.

The fact that more girls are engaging in sexual activity (which is a proximate determinant of fertility) at earlier ages is in itself a reflection of a major breakdown in social organization, social

controls at the family and community levels, and a move away from norms formerly governing the behaviour of adolescents and sexual behaviour in general.

It is evident, therefore, that the function of reproduction is no longer confined to marital unions or the sanctioned context of the family.

This can be attributed to a general disintegration of communal life as a result of structural changes which have taken place as society, and the Kenyan society in particular, has undergone a process of transition.

A general modernization and infiltration of foreign culture has played a major role in disrupting homes and families, leading to a breakdown of social controls and personal inhibitions. Traditionally, the family unit was the foundation of society. Where there used to be a closely-knit extended family to-day there is a loosely structured family - sometimes only the children and a single parent, or abandoned children. If the missing parent is a father-figure, the children miss his guidance and advice, and if it is the mother, they miss her loving and tender care. If the parent decides to work far from home to earn a living for the 'family', the children will be more prone to engaging in mischief. They may even be forced to work for a wage and their occupation (such as working in a bar) may make them more susceptible to engagement in sexual activity. This distance from parental authority and control will enable them to discover all.

Western education, monetary economy and christianity are part of the change in the enlargement of social values which is taking place in society. This enlargement was not part of a continuity but a process of change. In learning the new, the old has been challenged, discarded or completely modified. For instance, today education is acquired from the school setting, outside the home. The school has replaced the family setting in family life education, but sex education is not provided for in the curriculum. As the Functional Theorists contend, all parts of the whole have functions (roles) to carry out. In this shift of roles, some vital services are being left out. Today young people are entering adulthood with minimal knowledge of the reproduction process and its concomitant responsibilities. In the process, more and more girls are dropping out of school because of pregnancy. The three factors mentioned above have changed society in general, and the family in particular by loosening the cultural values which controlled for certain proximate and behavioural fertility variables such as limited sex within and outside marriage and the provision of sex education. Things have fallen apart as a result of traditions being destroyed without replacement.

In the earlier days children were socialized within the family and the community at large. They were taught norms of conduct. Older members of the community were entrusted with the responsibility of advising the youth and especially the girls. They underwent certain rituals before they could engage in sexual activity, and even then they were told when to and when not to (some form of contraception). This, coupled with early marriages minimized cases of premarital teenage pregnancy - bearing in mind that measures were taken within marriage which curbed conceptions and these included postpartum taboos and breastfeeding. However, as society has modernized and gone through structural changes, these roles, norms and customs governing sexuality have been abandoned. Other institutions are supposed to discharge the duties of informing the youth. The Church and the school have taken up most of the socialization responsibilities and due to relaxation at the family and community levels and the absence of systematic social controls, many young girls have ended up unprepared parents. Parental permissiveness and a general lack of close observation of children and especially daughters has led to a wave of teenage pregnancy and an unequalled population growth rate.

As the Fertility Model or Framework and the Proximate and socio-economic determinants point out, exposure to intercourse within or outside marriage and other related variables can be brought under control and therefore the conception and subsequent gestation and parturition variables would not need to worry anybody. If young girls are not aware of the dangers of engaging in sexual activities and remain ignorant, there is no way of escaping pregnancy. Though a breakdown in social norms governing sexual behaviour is evident, a general awareness in the case of teenage girls about reproduction and family life can go a long way to help control the situation. With rapid social change, new social arrangements are needed to cope with the problems of adolescent sexuality and rapid population growth in Kenya today. What is needed is to re-install social restraints on childbearing to replace the traditional ones which have disappeared with rapid social change. Parental supervision, control and concern can also replace the evident parental disinterest and lack of concern about their children and go a long way to help minimize cases of teenage pregnancy.

2.5 HYPOTHESES

In view of the literature and the theoretical framework focussing on teenage pregnancy, it seems plausible

ble to state the following hypotheses:

1. Teenage Pregnancies are Related to Teenage Marriages.

- It is expected that most teenage marriages result from premarital pregnancies. Such marriages are arranged in order to avoid social disapproval and disgrace that could be an outcome of a premarital birth. Teenage marriages also influence teenage pregnancies by providing the socially sanctioned context for reproduction (marital union) where the young girls are exposed to variables such as sexual intercourse and higher frequency of coitus which in turn encourage pregnancy.

2. Teenage Pregnancies are Associated with Lack of Information or Knowledge about Conception and Lack of Contraceptive Information and Use.

- Most teenage pregnancies are a result of ignorance on the part of the girls regarding the dangers involved in sexual activity. Sexual activity in the absence of knowledge about when conception can take place as well as precautions or methods to prevent conception, often results in conception.
- Lack of knowledge about the possibility of conception coupled with sexual activity at the time one is most likely to conceive leads to accidental or unplanned motherhood.

3. Socio-economic Needs and Lack of Parental supervision, Control and Concern are Related to Teenage Pregnancy.

- The effects of general community disorganization and the influence of external values in the process of modernization has led to less effective supervision, control and concern by parents. Some girls conceive when they engage in sexual activity as a result of either a pressing socio-economic need or too much freedom of movement. Girls whose parents do not bother about their movement have more time for mischief and are more prone to engage in sexual activity and consequently fall victims of teenage pregnancy. Parents are also required to provide for the material needs of their children as a display of their care and concern.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 SITE DESCRIPTION

This study was carried out in Makueni Division of Machakos District in the Eastern Province of Kenya. Makueni division has a total of four (4) locations. These four locations are: Kathonzweni, Makueni, Mbitini and Nzau. It has its divisional headquarters at Wote which is about 100 kilometres from Machakos town, the district administrative headquarters.

Makueni division is bordered to the South by Kibwezi division and to the West and North West by Kilome division. Mbooni division borders it to the North and North Eastern side. On its South West direction, Makueni division is bordered by Kajiado district while Kitui district borders its Eastern side (see Map, Appendix 3).

Machakos district has a residential area of 13,473 square kilometres and had a population of 1,345,556 people by 1985. The district's population is expected to shoot to 1,522,551 people by the year 1988. Makueni division has a residential area of 2,160 square kilometres which is about 16 per cent of the district's total residential area. By the year 1985 Makueni division had a population of 175,595 people which is about 13 per cent of the district's

total population. It had a population density of 81 persons per square kilometre by the same year (Machakos District Development Plan, 1984/1988). This density was quite low compared to other divisions except for Kibwezi and Yatta divisions whose densities were slightly lower than that of Makueni Division.

Makueni division has the second lowest population in Machakos District, second to Kibwezi Division which had a total population of 130,249 people by the year 1985, and has a residential area of 3,400 square kilometres. Its population density was 38 persons per square kilometre by 1985 and also the lowest density in the district's seven (7) divisions.

The division with the highest total population is Iveti (North and South) with 249,601 people by 1985 and a residential area of 2,130 square kilometres. However, Kangundo division has the highest population density, that is, 248 persons per square kilometre. It had a population of 228,475 people on its residential area of 921 square kilometres by 1985, according to the Machakos District Development Plan for the period 1984/88.

Although Makueni division is quite sparsely populated compared to say Kangundo division, the former was chosen as the site of this study since no such study

or any other related one has ever been carried out in the area whereas certain population - oriented studies had already been carried out in Kangundo by the time this study was done viz the study by Mati & Van Ginneken: "Impact of Integrated Family Planning Clinics on Acceptance and Continuation in a Rural Area in Kenya" carried out in 1981; and another one carried out by Muraya & Mati in 1985 entitled: "Teenage Pregnancy in Rural Kenya".

3.2:1 SPECIFICATION OF CONCEPTS:

Teenagers: Anyone aged over 12 years and below 20 years.

Teenage Fertility: It refers to teenagers' actual performance in terms of number of life births.

Teenage Pregnancy: The event of conception by a teenager.

Teenage Mother: That teenage girl who has already gone through pregnancy resulting in a live birth.

Expectant or

Pregnant Teenager: That teenage girl found actually pregnant during the study irres-

pective of whether they will carry the pregnancy to full term or not.

Social Factors: Conditions under which the individual teenager is living. This is the totality of all social conditions in society as the arena for action and the individual teenager as the actor. It includes forces operating in society in relation to the teenage girl.

Economic Factors: These are related to income and the ability to meet financial needs. It involves the source (ways and means of making ends meet) and the distribution of income. The source of income touches on income-generative activities.

Association: Refers to the link or relationship between the two variables (Independent and Dependent) in terms of the influence one has over the other, or the way they are related.

Note: Both expectant teenagers and teenage mothers are collectively referred to as teenage mothers.

3.2:2 SPECIFICATION OF VARIABLES:

The following are the major variables in this study:

Dependent Variable:

Teenage Pregnancy

Independent Variables:

Age in terms of number of years lived at the time of the study would show that the respondent qualifies for selection into the study sample. In other words, the age variable would indicate that all possibilities were explored to show that we are dealing with teenagers. Age will be measured by the actual number of years lived at an interval level.

Level of Education for both parents and the respondents is concerned with the highest grade completed at any given level of schooling. Education has a lot of bearing on occupation as well as on the exposure to information on conception and contraception. It will be measured at an interval scale.

Religion is important in terms of the type of teaching people in general and the young ones in particular receive. Most important here is emphasis on sexual abstinence or chastity. Religious affiliation will be measured at a nominal scale.

Occupation indicates a form of an income generative activity. It is a sign that one is able to at least meet her own, and perhaps her child's, economic needs. It will be measured at a nominal scale in terms of the activity one is engaged in which brings some sort of income.

Marital Status might be enlightening especially in terms of other variables such as attitudes toward pregnancy, first and last births and consequently age at marriage which is a basic variable in teenage fertility. Measured at a nominal scale, marital status will be defined in terms of whether a teenage girl is married, single separated or divorced.

Age at Marriage is very important in this study for it tells us whether first conception was premarital or within marriage. It also ties up with the respondents' reactions toward pregnancy as well as casting light on another variable such as circumstances surrounding pregnancy and/or birth. Age at marriage will be measured at an interval scale in terms of actual number of years lived at the time of marriage.

Early Marriages refer to marriages which take place before the legal age of 18 years with parental consent (in Kenya).

Age at Menstruation is a direct variable in teenage fertility. Menstruation is an important sign of maturation in a female's reproductive span. It marks the onset of the menstrual cycle in a woman. It will be measured at an interval scale in terms of the actual years the girl had lived.

Age at First Sexual Intercourse marks the time of initiation into sexual activity. Sexual intercourse would result in pregnancy if the girl has experienced menarche and is fertile at the time of involvement. Age at first sexual experience is an interval variable measured by the number of years a respondent has lived by the time she becomes sexually active.

Age at First Pregnancy is very vital for in the first place it indicates that the girl has already experienced menarche and, of course, sexual intercourse. The age at first pregnancy has important implications on other variables such as education, occupation and reaction on discovering pregnancy. As an interval variable it will be measured in terms of the actual age -

number of years lived when the respondent first conceived.

Knowledge of Conception implies knowledge and understanding of basic physical (bodily) changes. It involves knowledge of the consequences of sexuality one of which is conception. Knowledge of conception possibilities would hinder involvement while lack of the same would mean blind involvement. It will show whether teenagers become victims of pregnancy due to ignorance, that is, lack of knowledge about the menstrual cycle and its implications, or as a result of carelessness meaning that they get involved in sexual activity even when they know conception is likely. It will be measured in terms of knowledge about when a mature woman is most likely to conceive - that is the time within the menstrual cycle when a woman is in danger of conceiving: a day before or after menstruation or during the flow and so on.

Children Ever Born will be measured in terms of the actual number of children born to teenagers whether alive or dead at the time of the study.

Residence at the time Pregnancy occurred may explain circumstances leading to or surrounding

the pregnancy: permissiveness or restrictiveness. It will be measured at a nominal level (rural or urban) in terms of the actual place of residence at the time of conception and who one was living with which will include parents/family, relatives, friends or alone.

Church Attendance is related to religious affiliation and may or may not have influence on personal morals. It will be used to find out whether the frequency of church-going has implications on teenage pregnancy and consequently morals as taught in churches. Interval scaling will be used to measure the number of times one goes for Sunday service in a month.

Parental Influence on having or not having boyfriends has major implications for teenage sexual activity and its inevitable consequences. Parent-child communication becomes important at this level since it is through communication that children can learn what is expected of them as members of society. Topics discussed with parents may or may not have bearing on teenage pregnancy. Parental influence in this case will be measured in terms of their views on heterosexual relations and communication with daughters.

Reactions toward Pregnancy are either positive or negative depending on whether pregnancy was desired and planned for or if it was "accidental" and therefore considered a gross mistake. It will be measured by reaction on discovering pregnancy, that is, whether abortion was attempted or accomplished or whether one carried it happily to full term.

Parental Reactions toward daughters' pregnancy corresponds with their expectations of her, and the hope banked in her. These reactions will be measured in terms of parents' responses once pregnancy was discovered - using a nominal scale.

Knowledge and use of Contraceptives would have negative effect on teenage pregnancy. However, knowledge may have no effect in the absence of use - knowledge of contraceptives will be assessed on the basis of answers to questions such as whether the teenagers are aware of free contraceptive services in government hospitals or the method one is using to space births or prevent conception.

3.3 TECHNIQUES OF DATA COLLECTION:

Makueni Division is one of the vast divisions in Machakos District with

a residential area of 2,160 square kilometres. Since it covers such a vast area and given time and financial constraints, it was necessary to sample the population in order to carry out this study.

3.3:1 Sampling Frame:

In order to draw the sample for this study, the locational administrative units were used to ensure that the sample selected was representative. In the first stage of sample selection a form of stratified sampling method was used (Moser & Kalton). As mentioned earlier, the division has four locations. Before any selection into the sample took place, the division was divided into four distinct groups representing the four locations. These strata at least guaranteed that the sample included respondents from all the locations in the division and hence reduced chances of overrepresentation or underrepresentation in one location or other. However, these four strata were still too big for meaningful management and so during the second stage of sample selection they were further divided into smaller strata representing the thirty-two (32) sub-locations in the area. From the thirty-two sub-locations eight (8) of them (two from each location) were finally selected at random and it is from these areas where

respondents were drawn. The sub-locations thus selected were Wote and Mubau in Makueni Location, Iteta and Kyemundu in Mbitini Location, Thavu and Kiangini in Kathonzweni Location and Nziu and Kalamba in Nzau Location.

After the second stage of sample selection non-probability principles of sampling were employed. The snow-ball method of sampling was used to select the actual individual respondents for this study. Thus the first respondent to be drawn into the sample within a particular sub-location referred the researcher to the next respondent. To get the first respondent the researcher was guided by a village elder or headman. In case a respondent was unable to give information about a possible next respondent, or if for some reason she was not willing to direct, the village headman (who often has most information about events in the village) was once more consulted. This was decided upon because although teenage pregnancy is becoming prevalent currently, this does not necessarily mean that it is a subject that is freely disclosed or discussed. It is still regarded as emanating from gross misconduct and is therefore not readily disclosed due to the significant social stigma and disapproval still attached to it. Whenever a respondent could not be reached, the researcher relied on the head-

man to suggest another girl from the same locality. On a few occasions of course the researcher missed a respondent if the respondent had gone to stay with relatives in distant areas or gone on a day-long or a few days' errand.

Another reason why the snow-ball method of sample selection was decided upon was that in view of the area to be covered and the number of respondents to be selected into the sample, it was a very arduous task - in view of available funds and time - to go knocking everywhere in the villages. It was therefore found necessary to visit households which the researcher was sure had a member who had the characteristics covered in the study.

The target sample size for this study was two hundred (200) respondents. The units of analysis were the individual teenage girls. These units of analysis involved teenage girls who had the following characteristics:

- Premaritally pregnant but married
- Pregnant at the time of the study but married
- Pregnant and unmarried
- Married and unmarried mothers
- Not pregnant and not married (single childless girls)

However, a total of one hundred and ninety-four (194) teenage girls with the above characteristics were interviewed.

Of the one hundred and ninety four respondents, fifty-four (54) were obtained from Makueni (sub)-District Hospital after a week's attendance of Prenatal and Maternal Child Health Clinics which were operated simultaneously. They were chosen using a non-probability method of sampling because the hospital does not keep a register for teenagers' daily clinic attendance. It was also impossible to foresee the type of women who would attend on a particular day until they reported. Prior arrangements had been made with the hospital authorities and therefore, after finishing with the medical team the teenagers who qualified into the sample were referred to the researcher in an adjacent room.

The study also aimed at obtaining forty (40) single childless school girls to act as a control group. However, forty-four (44) single school girls were interviewed since four in the original number of forty were found to be mothers despite still being in school. Whenever a girl was found to be a mother, the next one was also interviewed to replace her among the single childless teenagers. These school girls were selected at random from four schools

representing the four locations in the division. Using the school registers the researcher selected those girls under twenty years and then systematically picked out ten of them at intervals of twenty.

Of the remaining ninety-six (96) respondents, twenty-four were chosen from each location and therefore twelve (12) respondents were selected from each of the eight (8) sub-locations.

3.3:2 Data Collection:

Data was collected from respondents using an interview schedule (Questionnaire) as the major instrument for obtaining information. To supplement the questionnaire; the researcher also employed two other methods of data collection viz simple observation and available data (or documentation). The study was carried out over a period of two months between late September and the end of November.

The Interview Schedule:

The researcher carried out all the interviews and this provided better understanding of all the clauses in the schedule and hence ensured significant accuracy in terms of the answers recorded. The

questions were geared toward answers which would provide more information/knowledge on the subject under study.

There were five (5) sections within the interview schedule. Section one was made up of questions related to respondents' background characteristics while section two was composed of questions leading to the event of pregnancy. The third section aimed at answers concerning child-parent communication and the event of pregnancy and especially the period preceding conception. Section four contained questions about reactions toward premarital pregnancy whereby the study sought to find out the respondents' reactions as well as reactions of those around them. It also enquired after the reasons that led to teenage pregnancy. Section five (5) was based on sex experience and knowledge about conception and contraception. The final section (6) was composed of questions on the implications of teenage pregnancy.

The researcher ensured confidentiality on the part of respondents and their responses by carrying out interviews in total absence of a third party to avoid fear of publicity on the respondents' part and/or misconception and misinterpretation on the part of the third party. Respondents were briefed on the purpose of the interview.

views prior to the actual interviewing. Since most respondents expressed a fear concerning the disclosure of names, the researcher had to continuously reassure them that the information obtained would be impersonal since it bore no names as evident from the questionnaire. It was vital to explain to respondents and respondents' parents or guardians (from whom permission to interview had to be sought) that the main purpose of the interviews was to collect information for purely an academic piece of work. This was prompted by the discovery that respondents thought that the exercise would lead to some form of financial gain in terms of jobs or material assistance. This precaution was taken to curb instances of distorted information (responses).

Simple Observation:

Simple observation was used together with the interview schedule to make the data obtained richer. Observation involved observing the respondents during the interview, as well as observing physical conditions such as appearance of mother and child (in case of teenage mothers) and the immediate environment - the home. Simple observation enriched the data in that sometimes gestures say more than mere verbal expressions. Since some information was not verbally communicated despite its value, simple

observation helped to capture it.

Available Data:

Available data (documentation) was used to obtain further information for this study. Hospital records on family planning or contraceptive service clinic participation were used as sources of information.

3.4 FIELD EXPERIENCES:

Although the actual interviewing exercise proceeded smoothly, certain problems were encountered in the course of the research period.

One of the problems initially assailing the research exercise was that of locating the actual respondents. Although the researcher was helped by the respective village elders (headmen) in getting to the prospective respondents, quite often it turned out that the prospective respondent was either out of the home - staying with relatives in distant areas or gone to fetch essentials like water which was a time-consuming chore in view of the arid area - or was over nineteen years and did not therefore qualify into the sample. Once this happened a replacement had to be made from the same village/area which sometimes took time. The age bracket (upto 19 years) proved quite a hurdle for this research exercise since the

headmen often miscalculated the girls' age and it was only discovered after a visit was made to the home and dates verified.

The problem of accurately locating respondents was related to another more frustrating one. The area under study is very vast and its expanse did not make the fact finding exercise any easier. The distances to be covered were enormous considering the fact that the problem under study is not the type to be found in every household or from next-door neighbours. Respondents had to be chosen from at least each of the four locations in the division. The terrain was a major problem in terms of communication (transport). Travelling across this area was difficult due to poor roads and unreliable communication systems. Most of the roads are loose surfaced and are often impassable during the wet season (October to December) which coincided with the research period. On many occasions the researcher had to cover great distances on foot and in bad weather.

Although most of the respondents and their parents/guardians were cooperative, some of them were not. For instance, on a number of occasions the researcher found some family members quite hostile and was refused to carry out any interviews with the young mothers for the reason that no permission had been

granted by the fathers who were actually not at home. On other occasions some family members wanted the interviews to be conducted in their presence which jeopardized the principle of confidentiality as far as responses were concerned. It often took time to explain that these interviews were confidential and that some questions were difficult to ask or answer in the presence of a third party. They were too personal and could cause some of the parties great embarrassment.

Despite respondents' general openness, some found it difficult to give actual or information to certain questions like the ones on age at first menstruation, pregnancy and sexual intercourse. They opted to give no information.

Some guardians wanted to know what help the researcher would give to the young mothers in exchange for the information given. There was a problem in trying to explain that this research exercise was purely for academic purposes since some guardians expected material assistance or jobs to be offered to the young mothers.

Another problem faced during the study period involved the languages used during interviews. Although the interview schedule was in English the researcher had to use vernacular during the inter-

views except for the ones carried out in schools. The translation from English to Kikamba was time consuming and led to loss of information whenever a phrase could not be translated and other words had to be used instead. This was a limiting factor for this study.

3.5 METHODS OF DATA ANALYSIS:

Analysis of the data collected during the research period was carried out in two chapters (4 and 5). A coding manual or a codebook was prepared using the study's major variables from the Interview Schedule. The data thus coded was then processed through the computer after which several statistical techniques were employed according to the nature of the variables and their relevant levels of measurement.

The statistical techniques used during analysis included descriptive statistics (frequency and percentage tables) and inferential statistics (cross-tabulations and to a limited extent, correlation analysis). Descriptive statistics were mainly used in chapter four while inferential statistics were confined to chapter five. While chapter four dealt with the presentation of data using frequency and percentage tables, chapter five dealt with the in-

terpretation of study findings and the testing of the study's three hypotheses using inferential statistics.

The variables used in chapter four fall into six groups namely background characteristics, pregnancy factors, child-parent communication, reasons that led to and reactions toward premarital teenage fertility, sex experience and contraceptive knowledge and practice and implications of teenage pregnancy.. Background factors include age, education, occupation (income or economic factors) and marital status while fertility factors are concerned with age at menstruation, pregnancy and marriage. Child-parent communication seeks to establish the exchange between these two parties and deals with who communicates with who and the topics discussed during moments of communication. It also revolves around issues like parental control or permissiveness. Reasons leading to teenage pregnancy were examined from the teenagers' viewpoint and reactions toward teenage pregnancy were presented to show society's extent of tolerance, sympathy and concern for the young victims under these unfortunate circumstances. The section on sex experience and contraceptive knowledge and practice attempted to establish when girls become sexually active and whether they are aware of the risks they take or what they do to avoid

unwanted motherhood. The chapter finally dealt with the implications of teenage pregnancy from what the teenagers reported. The implications of teenage pregnancy were either social or economic. The mean ($\bar{x}$) was the most frequently used measure of central tendency in this chapter.

Chapter five concerned itself with testing of hypotheses and inferential statistics were used to achieve this end. The first hypothesis (Teenage Pregnancies are associated with teenage marriages) aimed at finding out the influence teenage marriages have on teenage pregnancies or how the two variables are associated. The key variables here were pregnancy and marriage. In testing the second hypothesis (Teenage pregnancies are associated with lack of information or knowledge about conception and lack of contraceptive use) age at pregnancy was cross-tabulated with various variables which included the knowledge about time of conception, idea about avoiding pregnancy, teaching of human reproduction in schools, contraceptive practice. This test on the hypothesis aimed at establishing the association between teenage pregnancy and knowledge about conception and contraception. In order to test the third hypothesis (Socio-economic needs and lack of parental supervision, control and concern are related to teenage pregnancy) variables such as parental control, persons the girls were living with

when they conceived, visits to friends and parents' occupation were used in order to establish what influence these variables have on teenage pregnancy.

NOTE: The study took 0.05 or 95% as its acceptance level of any chi-square (χ^2) test of significance. Anything below this target mark was therefore regarded as insignificant.

While using the Contingency Coefficient (c) and Gamma measures of the strength of association, their values were defined as follows:

0.1 - 0.2	=	Weak relationship
0.3	=	Slight relationship
0.4	=	Moderate relationship
0.5 and above		Strong relationship

In the case of correlation coefficients (r), the following were the values:

0.00 - 0.19	=	Negligible association
0.20 - 0.39	=	Slight association
0.40 - 0.59	=	Fair degree of association
0.60 - 0.79	=	Marked or strong association

CHAPTER FOUR

PRESENTATION OF DATA

The main aim of this chapter is to present the data collected from the field using simple descriptive statistics. The data was collected from three sub-samples of 194 teenage respondents (53 married teenage mothers, 101 unmarried teenage mothers and 40 single childless teenage girls). Discussion will therefore be based on these three groups.

4.1 BACKGROUND CHARACTERISTICS:

In order to establish the type of population the study is dealing with it is necessary to know certain things concerning the respondents. Background characteristics give insight into the type of people the study is dealing with and they include the respondents' age, education, ethnic group, religion, marital status, occupation and their parents' education and occupation.

Age:

The age of the respondents interviewed during the study period ranged between 14 - 19 years. Most of these girls (68%) were in their late teens, that is, around 18 and 19 years while only 4.6% were in their early teens (14 - 15 years).

Table 1: Percent Distribution of Respondents by Age

Age	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
14	-	-	1	1	1	2.5	2	(1.0)
15	2	3.8	5	5	-	-	7	(3.6)
16	9	17.0	8	7.9	1	2.5	18	(9.3)
17	5	9.4	18	17.8	12	30.0	35	(18.0)
18	16	30.2	32	31.7	18	45.0	66	(34.0)
19	21	39.6	37	36.6	8	20.0	66	(34.0)
Total	53	100	101	100	40	100	194	(99.9)*

*Percentages cannot add to 100.0 due to rounding

It was observed that 65% of the single childless teenage girls, 68.3% of the unmarried mothers and 69.8% of the married teenage mothers fall under the 18 - 19 age bracket. There were fewer unmarried mothers (25.7%) and married mothers (26.4%) in their mid-teens (16 - 17 years) compared to the childless teenage girls who numbered 13 (33%). It was noted that the numbers in all three categories rose with increased age.

Education:

The education levels of the three sub-samples were widely varied. Out of a total of 194 respondents, 96% had at least enrolled in school sometime, with

only 3.6% who had not been to school at all.

Table 2 Percent Distribution of Respondents by Level of Education

Level of Education	Married Teenage Mothers		Unmarried Teenage Mothers		single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
No Education	4	2.1	3	2.9	-	-	7	3.6
Primary School	45	85.0	75	74.3	39	100	120	62.2
Secondary School	4	7.5	22	21.8	-	-	65	33.7
Other	-	-	1	1.0	-	-	1	0.5
Total	53	100.0	101	100.0	39	100	193	100.0

However, the majority (62%) of the respondents had only received primary school education and data further suggest that the girls had a tendency of dropping out after standard seven/eight (primary school). For instance, out of 53 married teenage mothers 85% had only received primary school education and 7.5% had gone upto secondary school level. An equally high percentage (74) of the unmarried teenage mothers had only primary school education. However, a higher number of these mothers (22 or 22%) had received secondary education compared to their married counterparts. Perhaps this is because the unmarried mothers were not yet tied down to matrimony and could therefore afford to go back to school after delivering as four had already done. The single childless teenage girls

managed to pursue education to secondary and even higher level because they were not forced out of school by teenage pregnancy. Teenage pregnancy, therefore, seems to have affected the teenage mothers' education - married or unmarried.

Only 5% of both married and unmarried teenage mothers had never been to school and teenage pregnancy may have resulted from lack of some form of occupation to keep these teenagers busy and hence they indulged in sexual activities which eventually resulted in teenage pregnancy. This study's findings concur with King'ori's (1976) observation that a large proportion of girls leave school in the lower grades without graduating. Apart from financial difficulties and parental discouragement, teenage pregnancy is a major threat to young girls' educational careers. Today (in the 1980s) dropping out after primary school level has grave implications which is further complicated by the fact of motherhood among teenagers.

Parents' Education:

Observation of parents' education revealed trends similar to those of the three sub-groups. Observation was based on 175 fathers and 189 mothers.

Table 3 Percent Distribution of Fathers by Level of Education

Fathers' level of Education	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
No Education	20	46.0	63	69.2	6	15.0	89	50.9
Pri. School	18	41.0	26	28.6	23	57.5	67	38.3
Sec. School	5	11.0			10	25.0	15	8.6
Other	1	2.0	2	2.2	1	2.5	4	2.4
Total	44	100.0	91	100.0	40	100.0	175	100.1*

*Percentage cannot add to 100.0 due to rounding

As was the case with the respondents, a number of father had only received primary school education (Table 3) while the majority had none. It was however observed that the fathers of the single childless teenage girls had better education records compared to those of the married and unmarried mothers. For instance, while 85% of the single girls' fathers had some form of education with 25% having secondary level education, only 54% of the fathers of married teenage mothers had some education with only 11% holding secondary school education. Fathers of unmarried mothers were infact worse off. While only 30.8% had received some education, 69.2% had never been to school! Infact none of them had had any secondary school education.

Table 4 Percent Distribution of Mothers by Level of Education

Mothers' Level of Education	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
No Education	33	65.0	78	78.0	7	18.4	118	62.4
Pri. School	16	31.0	18	18.0	23	60.5	57	30.2
Sec. School	1	2.0	2	2.0	5	13.2	8	7.2
Other	1	2.0	2	2.0	3	7.9	6	3.2
Total	51	100.0	100	100.0	38	100.0	189	100.0

The case of the mothers was not different as observed in Table 4. Once more the single childless teenagers emerged better off. While only 18.4% of the mothers had no education at all, 81.6% had received some education compared to only 22% of the mothers of unmarried teenage mothers who had received any education. An overwhelming number of 118 (62.4%) mothers of these teenagers had not been to school at all. The same applied to the married mothers. Although a higher percentage (35) of these had some education, 65% had no education at all. Data revealed that the single childless teenagers had fewer uneducated parents which explains their own higher educational achievements which can be attributed to motivation and example (model) in the process of identification during human growth. The fact that these parents have received some education in itself is a sign that they value education and

therefore encourage their daughters to pursue it. Since most parents of the unmarried and married teenage mothers have not acquired any reasonable education themselves they might not value the pursuit of the same and will therefore not motivate their daughters toward such a goal. This is evident in their low educational achievement and teenage pregnancy which indicates pre-occupation with other activities which do not enhance academic spirit.

Ethnicity:

The sample was almost wholly composed of members of the Kamba ethnic group with 186 (96%) respondents compared to only 7 (4%) from other ethnic groups. Overrepresentation of Kamba girls was largely due to the site chosen for the study which is inhabited almost exclusively by the Kamba ethnic group of Eastern Kenya. It should also be noted that Akamba society is one of the few in Eastern Africa which not only had rigorous sexual education for its youth but moreover took great exception to a girl being found a virgin at marriage. Teenage pregnancy may thus be encouraged by the society's social values. Kabwegyere & Mbula (1979) pointed out that the Akamba frowned at virginity at marriage and this in itself seems to favour sexual activity and consequently teenage pregnancy.

Religion:

Two religious groups seemed most common in the area. Ninety-two (47.4%) respondents were Catholics and 71 (36.6%) belonged to the African Inland Church (A.I.C.). The rest belonged to four different religious faiths. High representation of Catholic believers is probably linked to the common belief that this religious faith does not accommodate notions of family planning and are therefore bound to be caught up with pregnancy - married or unmarried. For the followers of the A.I.C. faith, this is explained by the church's origins in the division where its first missionaries settled and greatly influenced the local people. Data revealed that most respondents were very regular church-goers, attending at least 3 - 4 Sunday services in a month. Very few respondents (11.3%) rarely went to church and even fewer (2.1%) never went at all. Religion seems to have had no effect on the girls' morals concerning premarital sexual activity, for only 6% claimed they had not yet involved in sexual matters.

The occupation of most parents and the respondents' husbands revolved around agricultural activities although these agricultural activities may not be overly demanding due to the semi-arid nature of the area.

Respondents' Occupation:

Only 21% of the total sample were engaged in wage-employment such as teaching or housework. Infact 15% of these young women were employed as housegirls (maids) which is a low-paid job, with 25% of the unmarried mothers working as nursery school teachers or housegirls. Another 23% were still students and therefore dependent on their parents entirely.

Income: Of all the respondents, only 4% were earning salaries above KShs.300/= per month. The majority (17%) of those engaged in some form of occupation did not earn more than KShs.300/= because of the nature of their employment (as housegirls mainly). All in all, the unmarried teenage mothers were worse off with 73% of them not earning any income whatsoever and were therefore dependent on their parents for the provision of all essentials for them and their children. Of the 53 married mothers, only 25% earned some income while the rest were housewives/peasant farmers.

Husbands' Occupation:

The case of their husbands was not much better bearing in mind they were mostly sole bread winners. While only 58.5% were engaged in meaningful employment as drivers, clerks or teachers, the

rest either worked on other people's gardens or were peasant farmers.

Parents' Occupation:

The parents' occupations were not different. Out of 189 mothers, 73.5% were either housewives or peasant farmers while 50% of the fathers were just peasant farmers. Only 20% of the mothers and 40% of the fathers engaged in wage employment. However, there were great differences when the sub-samples were viewed separately. For instance, 80% of the mothers of married teenage mothers and 87% of those of unmarried teenage mothers were housewives and peasant farmers compared to only 57.5% of the single childless teenage girls. While 42.5% of the mothers of single girls were engaged in wage employment such as teaching or business, only 20% of the married mothers and 13% of the unmarried mothers own mothers were thus occupied. It was also noted that 56% of the fathers of married teenage mothers, 65% of fathers of unmarried teenage mothers and 37.5% of fathers of single girls were peasant farmers. While only 44% and 35% of the two former groups were involved in wage employment, an impressive 62.5% of fathers of single girls were engaged in the same.

As was the same case with educational level, parents of single childless teenagers had better occupations

such as school teaching, business and working with the civil service compared to both categories of mothers. In view of the semi-arid nature of the area and, therefore, limited food supply, a peasant farmer is not able to meet the food needs of his family and spare any harvest to sell in order to meet other needs. Therefore, peasant farming is bound to make a difference on the lives of the teenagers. Parents of the single girls have more steady sources of income which do not necessarily depend on climatic conditions as was the case with the parents of the married and unmarried mothers. In view of their low level of education, the respondents (and their parents) cannot be expected to have better occupations. As Jagdeo (1985) observed, teenage fertility is not simply a matter of numbers and medical consequence. It is also a matter of human possibilities, of life chances. Low level of education rendered these teenage mothers helpless dependents.

4.21 PREGNANCY:

The onset of menarche is a major biological

event in a woman's lifespan. Menarche symbolizes a woman's initiation into the cycle of human reproduction. However, menarche does not necessarily imply fertility although there cannot be reproduction without the onset of the menses.

The age at first menstruation among the respondents varied widely with a range between 10 and 17 years. Data revealed that menarche tended to occur during the early teenage years around 13, 14 and 15 (Table 5). However, the mean age at menarche was 14.4.

Table 5 Distribution of Respondents by Age at Menarche

Age in Years	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
10 - 12	4	8.0	9	8.9	3	8.1	16	8.5
13 - 15	39	78.0	74	73.3	24	64.9	137	72.9
16 - 17	7	14.0	18	17.8	10	27.0	35	18.6
Total	50	100.0	101	100.0	37	100.0	188	100.0

Menarche went down as far as 10 years and as a result pregnancy occurred early as well. It also occurred rather late (16 - 17 years) for about 19% of the sample. However, most respondents had their first menstruation between 13 - 15 years covering about 73% of the total sample. The unmarried mothers had a higher proportion of those whose onset

was at the tender age of 10 - 12 years while the single girls showed a tendency of higher age at menarche with 27% starting menstruation between 16 and 17 years. Most of these teenagers were concentrated in the 13 - 15 age bracket which is neither too early nor too late. Early menarche among the unmarried mothers might have led to pregnancy while late menarche might have protected the single childless girls.

The onset of menstruation is a major factor in teenage pregnancy since it signals entry into the reproductive span. The respondent who got pregnant at the lowest age was 11 years while two others conceived at 12 years and one at 13 years (Table 6).

Table 6 Percent Distribution of Respondents by Age at First Pregnancy

Age in Years	Married Teenage Mothers		Unmarried Teenage Mothers		Total	
	N	%	N	%	N	%
11 - 13	3	5.7	1	1.0	4	2.7
14 - 16	27	50.9	41	42.0	68	45.0
17 - 19	23	43.4	56	57.0	79	52.3
Total	53	100.0	98	100.0	151	100.0

Though conception started as early as 11 years, there were more conceptions from fifteen years upward.

This could be as a result of what is referred to as

adolescent sterility. As in fertility in general, teenage fertility is affected by Intercourse, Conception and Gestation and Parturition Variables. For instance, it was noted that more married teenage mothers got pregnant at earlier ages compared to the unmarried mothers. While only 1% of the unmarried mothers conceived between 11 - 13 years, 5.7% of the married mothers conceived at this time, and 50.9% conceived at 14 - 16 years while 42% of the unmarried mothers conceived then. The numbers of the unmarried mothers were highest 56 (or 57%) at the late teens of 17 - 19 years. This was because as Bongaarts (1982) and Davis-Blake (1956) observed, the above fertility variables were in favour of the married mothers. The authors cited age of entry into sexual unions and exposure to intercourse as having positive effect on fertility and these two were true of the married mothers.

According to the data, respondents entered matrimony when they were between 13 and 19 years. Apart from six forced and three arranged marriages, the rest (83%) were out of personal choice. Of the 53 marital unions, three had already resulted in separation. Literature pointed out that although there is a tendency for young mothers to marry in response to pregnancy, quite often such marriages end up in separation or divorce (The Carnegie Council Series, 1979). This indicates that early marriages in response to accidental pregnancies tend to be unstable.

After observing age at marriage and age at first pregnancy it was noted that of the 53 married mothers, 47% had conceived premaritally and only 53% had conceived within marriage. As already noted, teenage pregnancy resulted in both permanent and temporary disturbance of the girls' educational careers. Four girls who had conceived premaritally but did not rush into marriage went back to school after delivering.

At least 15% of 154 expectant teenagers or teenage mothers did not know that they were pregnant until they were told by either their mothers, a teller or in hospital. Although 79% knew they were expectant before anyone told them as a result of body changes, morning sickness and mostly when they missed their menstruation, it took some quite some time to realize their predicament. For instance, only 16% knew after the first month, 40% after three months and 18% during and well after the fourth month.

Though they were still below twenty years, some of these mothers had more than one child. Abortion cases (6) also featured during the study. However, no respondent had more than two children although some were found expectant for the third time. The majority (87%) of the unmarried mothers were either expectant or had one child and were pregnant again.

More unmarried mothers had ventured on abortion which can be explained by the state of conception outside marriage and a wish to go back to school, as well as choosing not to rush into marriage before delivery.

As literature pointed out teenage pregnancy ruins a young girl's education ambitions and career aspirations. Being unskilled and barely educated, she is unable to cope with her environment and the demands it makes upon her. She often has additional children soon after the first one, complicating the issue further. For instance, six of the unmarried mothers already had second children while eight others had had one child and an abortion, or were already pregnant for the second or third time.

4.3 CHILD-PARENT COMMUNICATION:

In accordance with the study's objectives, efforts were made to establish the type of relationship between children (in this case the teenagers) and their parents. Relationship between the two inter-

acting groups could either be good or poor and this was symbolized by communication or lack of communication respectively. Communication is a vital aspect of social life and through it expectations and wishes are expressed. It is the responsibility of parents to see to it that their children are well-behaved. Advice is given on what is considered good conduct and punishment is meted out to curb indiscipline. However, punishment does not always lead to a change in conduct.

Communication between daughters and parents was based on responses of the 141 teenagers who were still entirely dependent on their parents, that is, the 101 unmarried mothers and the 40 single childless girls. The married mothers were left out since they were no longer under the custody of their parents but answerable to their husbands. Of these respondents, 85% had at least some form of communication with their parents while only 8.5% had no form of communication with their parents whatsoever. As expected, most (78.7%) of them talked to their mothers most. Communication in this case was taken to mean the exchange of ideas and not merely the giving and receiving of instructions from one group to another.

Topics discussed during the moments of communication pointed at parents' expectations of their daughters concerning their daily activities and hopes for the

future. In both sub-samples, fathers' discussions with their daughters centered on conduct and advice, garden work, jobs and their betterment and matters concerning school fees which was a favourite subject with fathers who displayed a sense of wider outlook to life. Only 3 mothers compared to 42 fathers ever talked about their daughters' education. However, fathers of the single childless teenagers were more concerned about their daughters education than those of the unmarried mothers. While 82% of the single girls' fathers discussed topics concerning education, only 25% of fathers of the unmarried mothers did so. Also, communication between fathers and unmarried mothers was on a lesser extent compared to the single girls. Only 21% of single girls did not communicate with their fathers at all compared to 37% of the unmarried mothers.

There was more communication with mothers on both sides. Infact only 11% of the unmarried had no form of communication with their mothers and 92.5% of the single childless girls had communication leaving only 7.5% who did not communicate with their mothers. Discussion centering on conduct and advice was almost balanced between the two groups (46% for the unmarried mothers and 49% of the single childless girls). An important aspect in the

lives of women is fertility. Sixteen (17%) unmarried mothers received hints on avoiding unwanted pregnancies and 19% of the single childless girls did the same. It is a topic that should have featured more but it did not. Although educational matters did not seem to concern mothers, of the few (10) who discussed them seven were of the unmarried mothers and three of single girls. The interest in education matters among the fathers of the single childless girls can be explained by their higher education levels which implies interest in it. Since fathers and mothers of unmarried mothers showed considerably low levels of education, interest in related matters is also relatively low and hence the cycle of low educational levels.

Parents who care for their children always want the best for them. They get concerned when they see signs of reckless behaviour and act quickly to curb it. Parents of these teenagers reacted in various ways whenever their daughters came home late.

Table 7 Percent Distribution of Parents' Reactions
to Lateness

Reactions	Unmarried Teenage Mothers		Single Childless Mothers		Total	
	N	%	N	%	N	%
No reaction	5	5.8	2	6.3	7	5.9
Mother gets furious	5	5.8	3	9.4	8	6.7
Scolded & warned	62	71.3	17	53.1	78	66.4
Scolded, questioned and beaten	15	7.2	10	31.2	25	21.0
Total	87	100.1*	32	100.0	119	100.0

* Percentage cannot add to 100.0 due to rounding

Their reactions ranged between some kind of indifference and very harsh punishment. This shows how much concern parents displayed and their ways of expressing it. The unmarried teenage mothers were often scolded and warned as well as beaten. The more harsh reaction of beating was reported by more unmarried mothers than single childless girls. For instance, out of 10 single girls who were in the category of those scolded, warned and beaten, only one actually received a beating for coming home late. The majority (53%) of the single girls received warnings and scolding. Although more unmarried mothers received more harsh punishment, this does not seem to have made much impact

on their conduct and they fell victims to teenage pregnancy. Those who repeated the act (14%) confirm that harsh treatment did not necessarily curb what might be regarded as gross misbehaviour. At the same time, the single childless girls received mild reactions from their parents but did not fall victims of teenage pregnancy. Topics of discussion between parents and daughters (above) during moments of communication pointed at parents' expectations of their daughters and since those with higher levels of education valued their daughters academic performance, they tailored them toward that goal.

The relationship between daughters and parents can help to curb or enhance certain unfavourable behaviour. It is important for parents to exert some form of control over their daughters especially where movement is concerned. Parental control and supervision is very important in shaping a daughter's conduct. For instance parents can allow daughters to visit friends or not. Among the single teenagers, 51% were allowed to visit friends while 49% were not. Eighty-five percent of the unmarried mothers were allowed visits while only 15% were not, implying more liberty and freedom of movement.

Parents often regard heterosexual relations as unfavourable for their daughters for they encourage misbehaviour and the dreaded premarital pregnancies. While 27.5% of the single girls were allowed to keep boyfriends, only 14% of the unmarried mothers were allowed the same. Parents of unmarried mothers appear to be more strict on this matter, but generally parents of both groups do not approve of visits paid to boyfriends. Of the 25 who were allowed to have boyfriends, only 46% of the single girls were allowed visits by boyfriends. Of the unmarried mothers 29% were allowed to be visited by boyfriends. Parents of unmarried mothers seem to have exercised more control over the daughters compared to those of the single childless girls. It can be concluded that although parents of unmarried mothers were more liberal on the question of visiting friends in general, they were strict when friends involved were of the opposite sex.

4.4 REASONS THAT LED TO AND REACTIONS TOWARD PRE-MARITAL TEENAGE PREGNANCY:

What, in their opinion led to premarital teenage

pregnancy? The respondents gave various reasons for becoming mothers in their teens as well as out-of-wedlock. They felt that they were generally victims of circumstances: 'lack of knowledge about contraception (reproduction) in general led to this tragedy', they said.

Table 8 Reasons Leading to Premarital Teenage Fertility

Reasons	N	%
Lack of knowledge about conception/reproduction	57	65.5
Bad luck	11	12.6
Wanted it	10	11.5
Promised Marriage/present	5	5.8
Irregular periods	4	4.6
Total	87	100.0

Some had fatalistic attitudes and blamed teenage pregnancy on bad luck! However, the fact that most of these girls did not know when a mature woman is most likely to conceive explains why most of them were caught unawares: Lack of knowledge or ignorance about the safe and risky days of the menstrual cycle pose a great threat to a young girl's life. When irregular periods are coupled with lack of knowledge about conce-

ption, the life of a sexually active teenage girl is in danger. These 98 unmarried mothers gave responses which made it clear that there is a need to inform the youth of the working of their bodies.

Having the above reasons for teenage pregnancy, the unmarried mothers reactions to it were varied. Out of 101 unmarried teenage mothers and expectant teenagers, 62% regretted having conceived at this time. They lamented over the fact that they had to quit school despite a wish to continue with their education. Others felt it was too early for motherhood. Most respondents were caught unawares by teenage pregnancy for they seemed to have planned to pursue education, work and only marry and make a family at a later date. Another 22% had planned to get employment or training, work and make families later. Infact only one girl had marriage as a future goal.

While accepting that reasons that led to teenage pregnancy were basically personal, they still blamed various members of the community for what befell them. Over 61% blamed themselves for their woes because it was as a result of lack of knowledge and ignorance about conception as well as involving in sexual relations without precautions. However, 27% of them blamed other people for pregnancy: 13% blamed their parents for not advising them on

conduct and how to avoid pregnancy, 9% blamed the fathers of their children while 5% blamed it on community evils since their pregnancies were out of rape cases.

It was observed that there were mixed feelings when the teenagers discovered they were expectant. Those who were frightened by the discovery of pregnancy said they had not expected it to happen. It was unbelievable. Interestingly enough, 15% of these girls did not care at all because as one of them put it, it was 'spilt water' and therefore no point regretting. Another 15% felt they had their parents' wrath to reckon with. Although 9% of these unmarried mothers said they wanted their own babies since they were not in school, the majority regretted having had to quit school and look after their babies.

As a result of these feelings, the girls responded to their state in numerous ways. Out of 126 teenage mothers and expectant teenagers, 20% decided to get married hurriedly to avoid social stigma (- to save face). (As noted earlier these hurried marriages are often unstable). Three girls went through abortion while eleven others attempted unsuccessful abortions. However, the majority (63%) passively carried their pregnancies to full term. Those who attempted abortions or succeeded in them

did it mainly because they wanted to go back to school.

Parents' Reactions:

Parents had their way of reacting after learning of their daughters' pregnancy. According to the unmarried mothers, most parents (46%) did not mind for they did not react in any way. Others (15%) were scolded, beaten, disowned and warned against subsequent pregnancies. Warning against abortion was sounded and visits to Maternal Child Health Clinics recommended. Teenage pregnancy resulted in the withdrawal of favours and loss of tempers over wasted resources in the form of school fees and the abandoned education. This concurs with the observation of The Carnegie Council Series (1979) that apart from becoming a mother-too-soon, the teenager is likely to face harsh conditions at home as was the case here. According to the Series, she may receive reprimands, punishment and other like treatment from her immediate family as well as gossip and hostility from the wider society. For instance, 67.3% of the unmarried mothers said people around them talked about them (gossip) while others noticed hostility while relating with community members. Parents' and Community's reactions confirmed that teenage pregnancy causes tempers and anger to rise within the family setting, neighbours

whisper and it arouses the curiosity and condemnation of society.

4.5 SEX EXPERIENCE AND CONTRACEPTIVE KNOWLEDGE:

The study also aimed at examining factors that are associated with initial sexual experiences. Data revealed that quite a number of the total sample had their first experience of sexual intercourse three years before they entered teenagehood (10.6% mere children of upto 12 years)

Table 9 Percent Distribution of Teenagers by Age at First Sexual Intercourse

First Intercourse (Years)	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
10 - 12	10	9.2	7	7.1	2	6.7	19	10.6
13 - 15	25	48.1	57	58.2	4	13.3	86	47.8
16 - 18	16	30.8	33	33.7	12	40.0	61	33.9
19	1	1.9	1	1.0	-	-	2	1.1
Not yet	-	-	-	-	12	40.0	12	6.7
Total	52	100.0	98	100.0	30	100.0	180	100.1*

* Percentages could not add to 100 due to rounding

As table 9 indicates, these teenagers started sexual activity very early. At the age of 12 years one is a mere child and most of the acts she involves in are simply adventures. The numbers were higher between age 13 and 18 accounting for almost 82% of the total sample. However, more (47.8%) teenagers had their first sexual experience in their early teens of 13 - 15 compared to those who started in their later teens (16 - 19 years) accounting for 35% of the sample.

It was noted that more married teenage mothers started sexual activities earlier than the other two groups. Although no married mother started as early as 10 years as was the case with unmarried mothers, 9% had already started by age twelve. By age 15, 66% of the married mothers had started sexual activity. This can be explained by the fact of their marital status, that is, being married predisposes one to early sexual activity. However, 63% of the unmarried mothers had also started at the same age confirming widespread premarital sex activity. Forty-five percent of the single childless girls in this age group had also started involving in premarital sex. Their smaller number can be attributed to preoccupation with studies and parental discouragement of girl-boy relationships. Out of 180 teenagers, only 2 postponed sexual activity until age 19! Data

confirmed a statement in Population Reports (1976) that teenagers in many areas are sexually mature, active and capable of reproduction at a younger age than their parents were.

Ideas about Avoiding Pregnancy:

Ideas about avoiding pregnancy were not lacking among the teenagers despite pregnancy. One hundred and nine (56.2%) respondents admitted having at least an idea about contraception (Table 10). The respondents acquired these ideas at very early ages. Although nine out of 40 single childless teenagers gave no information, at least 77.5% had ideas on how to avoid pregnancy which explains why they had not fallen victims. Out of 101 unmarried mothers, only 55% knew how to avoid pregnancy which may explain why they fell victims of pregnancy.

Table 10 Age at which Respondents knew how to Avoid Pregnancy

Age (in-years)	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
10 - 13	5	19.2	3	5.0	3	9.7	11	9.0
14 - 16	9	34.6	36	60.0	16	51.6	61	52.0
17 - 19	8	30.8	17	28.3	12	38.7	37	32.0
Doesn't Know	4	15.4	4	6.7	-	-	8	7.0
Total	26	100.0	60	100.0	31	100.0	117	100.0

Comparing 55% who knew how to avoid pregnancy and 4.3% who actually practised contraception, conception for these mothers was inevitable. Though the married mothers would have been expected to know and practise ways of avoiding pregnancy as a result of the exposure to intercourse within marriage, only 41.5% confessed knowledge of how to avoid pregnancy and space births. This explains why they already had two children and some were pregnant for the third time before they were even twenty.

Table 11 Percent Distribution of Respondents According to Ideas on how to avoid Conception

Ideas	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
Absolute abstinence	2	9.5	15	28.8	19	61.3	36	34.6
Mastering cycle & preventive measures	6	28.6	11	21.2	3	7.9	20	19.2
Avoiding sex when risky	3	14.3	9	17.3	3	7.9	15	14.4
Use of contraceptives	1	23.8	8	15.4	1	3.2	14	13.5
Abstinence and Contraceptives	1	4.8	5	9.6	5	6.1	11	10.6
No idea	4	19.0	4	7.7	-	-	8	7.7
Total	21	100.0	52	100.0	31	100.0	104	100.0

The ideas on how to avoid pregnancy (Table 11) were generally concerned with instilling knowledge on abstinence (what with the church officials as sources of information!) and the art of mastering the menstrual cycle. The ideas provided, however, went beyond abstinence and mastering the cycle to include recommendations of use of contraceptives. More single teenagers (61.3%) had ideas based on absolute abstinence compared to the unmarried (28.8%) and the married mothers (9.5%). Infact those who had ideas based on the use of contraceptives were only 3.2% of the 31 who had ideas. Unmarried mothers inturn showed less knowledge of contraceptives (15.4%) compared to the married mothers (23.8%). More single teenagers (16.1%) and unmarried mothers (9.6%) had ideas concerned with both abstinence and contraceptives compared to the married mothers (4.8%). It was interesting to note that no single girl reported having no idea about avoiding pregnancy while 19% of the married and 7.7% of the unmarried mothers had no idea at all.

Ideas on how to avoid pregnancy do not seem to have helped much since the actual practice of contraception was dismal.

Table 12 Contraceptive Methods Used By Teenagers

Method	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total Total	
	N	%	N	%	N	%	N	%
None (not using any	45	88.2	90	95.7	24	63.2	159	86.7
Natural Method	1	2.0	1	1.1	10	26.3	12	6.6
Calendar Rythm	2	3.9	2	2.1	3	7.9	7	3.8
Oral Contraceptive (The Pill)	1	2.0	1	1.1	1	2.6	3	1.6
Withdrawal	2	3.9	-	-	-	-	2	1.1
Total	51	100.0	94	100.0	38	100.0	183	100.0

It was interesting to note that though more than three quarters (75.8%) of the total sample was aware of free contraceptive services in government hospitals, only a small percentage (6) had visited any hospital to obtain contraceptives. From Table 12 it was observed that only 13.1% were using any contraceptive method. The single childless teenagers were more involved (practically) in contraception compared to the other two groups. While 36.8% of these single childless girls practised some method of preventing conception, only 11.8% of the married and 4.3% of the unmarried mothers did the same. Infact the unmarried mothers showed greater reluctance as far as contraception was concerned. Reas-

ons for not seeking contraception were indeed many and included concern over safety which arose from fear that contraception had very grave side effects; lack of knowledge about these services, the feeling that these services were unnecessary; the conviction that these services are for those with many children and objection by partners.

These findings on knowledge about contraceptives contrasted with a study by Khasiani (1985) where she found the majority of her respondents had no information at all: 65 out of 100 (65%) did not have information while in this study only 15% were unaware of contraception. The reasons for not seeking contraceptive services were more or less the same in both studies. Over 55% of the respondents said they had had some basic information on human reproduction or family life education. The information was not necessarily on contraceptives. The higher number of those exposed may explain why the school teacher seemed a favourite source of ideas about conception.

The teenagers attributed their knowledge about conception to various groups in society. As Jagdeo (1981) observed, many teenagers have very strange ideas about conception. Many are mistaken about when the fertile part of the menstrual cycle

occurs. In an attempt to find out the respondents' state of knowledge, they were asked when they thought a mature woman was most likely to conceive. Though most of them had the correct belief that pregnancy occurs sometime before or after the menstrual flow, the duration given was absurd. For instance, 21.6% said a woman is most likely to conceive one or two days before her menstruation and 14.9% said one or two days after the flow! A pessimistic group of sixteen felt danger always looms and a woman could therefore conceive anytime during the month. And indeed 4% thought conception was most likely during the flow!! Another 19% had no idea at all - a very dangerous state.

The teenagers did not receive this information from the people they expected to disseminate it (Tables 13 & 14). A popular source of information was the school teacher.

Table 13 Actual Sources of Information on Conception

Source of Information	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
School Teacher	14	26.4	36	35.6	17	42.5	67	34.5
Don't Know (about contraceptive)	13	24.5	22	21.8	3	7.5	38	19.6
Mother, S/Teacher, Friends and Doctor	8	15.1	12	11.9	16	40.0	36	8.6
Friends	12	22.6	20	19.8	2	5.0	34	7.5
Mother	5	9.4	7	6.9	1	2.5	13	6.7
Read about it	1	1.9	4	4.0	1	2.5	6	3.1
Total	53	99.9*	101	100.0	40	100.0	194	100.0

* Percentages cannot add to 100 due to rounding

The school teacher was more popular with the single childless girls than the other two groups. Out of 40 single girls, 42.5% received information from the teacher. The married mothers benefited the least from the school teacher. This can be explained by their shorter period in school. As observed earlier (Table 2), most of them dropped out after the Primary school level. Those who did not know about conception were only 19.6% of the total sample. The single childless girls would have been expected to read more on this subject

but that was not the case. Although many expected to learn about matters pertaining to pregnancy from their mothers, it was never so.

Table 14 Expected Sources of Information on Conception

Source of Information	Married Teenage Mothers		Unmarried Teenage Mothers		Single Childless Teenage Girls		Total	
	N	%	N	%	N	%	N	%
Mother	30	56.6	55	54.5	15	38.5	100	51.6
School Teacher	7	13.2	13	12.9	9	23.1	29	15.0
Mother & Grandmother	11	20.8	12	11.9	-	-	23	11.9
Don't Know who	2	3.8	8	7.9	7	17.9	17	8.7
Mother & School Teacher	2	3.8	7	6.9	3	7.7	12	6.1
Doctor	-	-	5	5.0	5	12.8	10	5.2
Other* ¹	53	100.1* ²	101	100.1* ³	39	100.0	194	100.0

*¹ Other = Friends and sisters-in-law

*² Percentage cannot add to 100 due to rounding

*³ Percentage cannot add to 100 due to rounding

The girls expected their mothers to teach them matters of conception but the school setting emerged a better source. More married (56.6%) and unmarried (54.5%) mothers expected their mothers to disseminate this information than single childless girls (38.5%). More single girls (23.1%) expected

the school teacher to teach these things. It was actually the case with them. Mothers of married and unmarried teenage mothers were better sources than mothers of single childless teenagers. This can be explained by the fact that these single girls spent more time with teachers than with their mothers while the married and unmarried mothers, having left school early, were more often with their mothers. Data revealed that though mothers have a role of teaching their daughters on important matters such as conception, they have failed and there has been a shift toward the school - setting where sex education or family life education is taught. While the young mothers showed that grandmothers and mothers should play this role, single girls felt it was the duty of the school teacher.

4.6 IMPLICATIONS OF TEENAGE PREGNANCY:

There were both social and economic consequences of teenage pregnancy for the young mothers. As pointed out earlier, for most of these mothers and mothers-to-be pregnancy was neither wanted nor planned. Infact it came to many as a shock despite the activities they had engaged in.

These young mothers could not pursue education to higher levels as a result of teenage pregnancy. As Table 2 shows, most of them had only primary level education which made their economic prospects quite bleak. Many (55%) had to terminate their education and deliver out-of-wedlock babies which earned them their communities' hostility, gossip and disapproval. However, they still hoped to better themselves by going back to school after delivery. For sure, four out of the forty-four school girls interviewed were unmarried mothers who had gone back after delivering. Although this indicated that the mothers' educational and career aspirations were not dampened by teenage pregnancy, prevention of pregnancy would have been better than delivering and going back to school.

The mothers had become mothers-too-soon. Having been still in school, they were not in a position to become financially responsible for their own and their children's upkeep. Rainwater (1960) observed that the economic costs of teenage pregnancy are high indeed. The burden is borne by the entire family.

Table 15 Respondents' Source of Financial Support

Source	N	%
Parents	63	63.0
Parents and Child's Father	18	18.0
Relatives	8	8.0
Child's Father and Self	6	6.0
Self	5	5.0
Total	100	100.0

From Table 15 the sources of financial support for the unmarried mothers and their children were mostly the immediate families (parents) who catered for 63% of these mothers. Infact only 5% were self-reliant. Although the children's fathers tried to help, it is evident that the burden of teenage fertility is borne by the girls' parents. Considering that most of these parents were peasant farmers, the adverse economic circumstances of raising an unwanted baby further complicate the families' lives. Marriage and employment were options for 29 girls but marriages arising from teenage pregnancy were found unstable while employment for someone who has

hardly gone through primary education sounds too assuming and over-ambitious.

Although over 52% of these unmarried mothers said they received adequate financial support, other factors negated this assertion. For instance, it was noted that most parents were peasant farmers and with the arid nature of the area they cannot manage food supply for consumption and for sale to meet other economic needs. The immediate families had to bear the pain of rearing the child-mothers and their children irrespective of economic conditions.

Getting additional children was considered unfavourable although some did. However, 87% of these mothers claimed the present ones were already a burden since they were unplanned for hence they did not want any more. They confessed that the expenses of rearing an out-of-wedlock child were very high echoing Rainwater's (1960) observation. The wish not to have more was related to their hopes of going back to school and the bleak future that faced them. Despite all these problems associated with premarital conception and motherhood, 9% of these mothers did not mind extra ones - to complete 'family' size. Indeed 7% of these unmarried mothers had more than one child. Four got other child-

ren for no other reason other than nature's deed -
"it just happened", they said!

Those who wanted more children had the future in mind. They felt that if they eventually got married their husbands may want their own children and again these children would help them in old age (in Caldwell's words, "Wealth flow from children to parents"). It was shocking to note that of the seven who had had more children, three of them still wanted more! Those who did not want more felt that the burden of rearing was too heavy since they were still dependent on their parents.

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CHAPTER FIVE

FACTORS RELATED TO TEENAGE PREGNANCY:

TESTS OF HYPOTHESES AND INTERPRETATION OF

FINDINGS:

The study endeavoured to establish the factors that are associated with teenage pregnancy in Makueni Division. The data gathered in this process were used to test the study's three hypotheses.

This chapter deals with the interpretation of study findings in greater depth. Several statistical techniques have been employed in order to measure the relationship between key variables in the study. Since most variables were measured at either nominal or ordinal levels, Chi-Square (χ^2) as a test of statistical significance and Gamma and Contingency Coefficient (c) as measures of the strength of association were used. Correlation Coefficient (r) as a measure of the strength of the relationship between variables was used to measure the association between variables which were measured at interval or ordinal levels.

5.1 TEENAGE PREGNANCY AND TEENAGE MARRIAGE:

The age at which women marry is increasing in much of the world. This means more time for education, more time to learn job skills and more time to ma-

ture physically and socially before starting families. As pointed out in Population Reports (1985), this means more uncertainty about the future, and, for some girls, more risk of an unwanted pregnancy in the 5 to 10 years before marriage.

In traditional societies young people passed rapidly from childhood to adulthood. Girls married shortly after reaching puberty. Now, as education takes longer and becomes more necessary for jobs, and as marriage comes later in life, young people are facing a longer period of preparation for adult responsibilities. While this long transition brings new opportunities and new challenges for young girls, it also creates a difficult task for society in meeting socio-economic needs of these young people. Fewer girls than boys are being educated at the secondary level, and the discrepancy is even greater at the post-secondary level where much professional and vocational training takes place. In the course of this long transition, a girl may fall victim to teenage pregnancy and consequently choose to marry in order to ease the socio-economic difficulties associated with rearing an out-of-wedlock child or she may do so to save herself and the family the effect of social stigma which often accompanies an out-of-wedlock birth. Alternatively, a girl who is not

in school or who is without a job may enter matrimony for lack of a better alternative and therefore start an early childbearing career.

As noted in Population Reports (1976), different cultures have prohibited or accepted sexual activity among young people, in-or out-of-wedlock with many variations between these two extremes. Many developing countries have encouraged early marriage for girls, prior to or shortly following puberty. Consequently, sexual relations and childbearing began early. As Farman - Farmian (1975) noted, the practice of early marriage remains widespread and an estimated 40% of all girls aged 15 - 19 in Africa are married compared to 30% in Asia, 15% in the Americas, 14% in Oceania, 9% in USSR and 7% in Europe. Early marriage has therefore led to early motherhood and a long childbearing career.

The first hypothesis of the study states that "teenage pregnancies are related to teenage marriages". The assumption here is that teenage marriages may result from teenage pregnancies meaning that an expectant teenager may opt to get married not because they want it but just because they are expectant. Teenage marriages, on the other hand, encourage teenage pregnancy since marriage is the accepted setting for reproduction.

This hypothesis was tested using a Chi-square test of significance and Table 16 shows the results.

Table 16 Age at Pregnancy and Age at Marriage

Age at pregnancy	11 - 14	15 - 17	18 - 19	Total
11 - 14	3(5.7%)	5(9.4%)	1(1.9%)	9(17.0%)
15 - 17	1(1.9%)	20(37.7%)	8(15.1%)	29(54.7%)
18 - 19	0	1(1.9%)	14(26.4%)	15(28.3%)
Total	4(7.6%)	26(49.0%)	23(43.4%)	53(100.0%)

Chi-Square (X^2) = 31.37 df = 4 Sig = 0.001

Gamma = 0.88

Findings revealed that pregnancies occurred as early as eleven years while the youngest mother got married when she was 13 years. It was observed that out of 53 married teenage mothers, 53% conceived within marriage while 47% had conceived pre-maritally. Of those who conceived between 11 - 14 years, 9.4% of them got married between 15 - 17 years, thus after conception which confirms pre-marital conception. The majority (54.7%) of the married teenage mothers conceived between 15 and 17. Likewise, the majority of these teenage mothers (37.7%) got married at the age between 15 and 17 years. From the table it is observed that many teenagers got married immediately they discovered

their state since age at pregnancy seems to overlap with the age at marriage for most of those who conceived premaritally (see findings in Chapter Four).

The association between pregnancy and marriage was found significant at 0.001. It was found to be a very strong relationship according to a Gamma of 0.88. The significance and strength of the association between age at pregnancy and age at marriage was further confirmed by a correlation coefficient (r) of .7494 significant at 0.001. These two variables were therefore found to be highly related.

Although these young women married relatively early, 83% married out of personal choice - of course with premarital pregnancy being one reason for choosing to get married. Seventeen per cent of these marriages were either planned or forced by parents. The rush into marriage for those who had conceived premaritally indicates that the majority of teenage pregnancies are unplanned, unwanted and rather a burden. In this case marriage is therefore some form of escape from the unfavourable conditions of single parenthood.

Despite this tendency for young mothers to marry in response to pregnancy, quite often such marriages end up in separation or divorce as observed by The Carnegie Council Series (1979), Michell (1971), and Family Planning Perspectives (1982). In most cases these marriages are unplanned, as is the case with pregnancy, and even when they are planned they are planned in great hurry and the partners do not get enough time to get acquainted and make proper choices of future partners.

These marriages are arranged in order for the girl and her family to avoid the social stigma and disgrace that accompanies teenage pregnancy. However, findings revealed that 52% of the total sample of 194 were unmarried mothers and 66% of all the teenage mothers (154) were single mothers. These young women did not rush into marriage as a result of teenage pregnancy. This indicates a change of trend. There is decreased social stigma associated with keeping an out-of-wedlock baby as observed in Family Planning Perspectives (1982). It is not surprising, therefore, that so many young mothers

did not opt to rush into marriage but remained single parents.

Out of the 154 married and unmarried mothers only 18% conceived within the socially accepted context of marriage. For most of the others, it was not a matter of choice but teenage pregnancy was an unavoidable eventuality. Premarital sex activity as well as marital sexuality resulted in both premarital and marital pregnancy. For those who conceived premaritally, matrimony was a course of action enhancing teenage pregnancy. As Chui (1978) observed, the problem of teenage sexuality as evidenced by pregnancy must be seen as two sides of the same coin: 'mothers too soon' for the married, and out-of-wedlock pregnancy for the unmarried teenager. In other words, sexual activity among teenagers was widespread. As a result, the study attempted to look at age at first sexual intercourse in relation to age at marriage (Table 17).

Table 17 Age at Marriage and Age at First Sexual Intercourse

Age at Marriage	11 - 14	15 - 17	18 - 19	Total
11 - 14	4(7.5%)	0	0	4(7.5%)
15 - 17	14(26.4%)	11(20.8%)	0	25(47.2%)
18 - 19	9(17.0%)	11(20.8%)	4(7.5%)	24(45.3%)
Total	27(50.9%)	22(41.6%)	4(7.5%)	53(100.0%)

$\chi^2 = 9.51$ $df = 4$ $S.g = 0.05$ $Gamma = 0.67$

All the girls who got married between 11 - 14 years had already started sexual intercourse by then or started immediately they entered matrimony. Forty-seven percent of these married mothers got married between 15 - 17 years and out of these, 26.4% had already engaged in sexual activity prior to marriage while 20.8% had either engaged before or started immediately after marriage since age at marriage overlaps with age at first sexual intercourse. Of those aged between 18 and 19 years, 37.8% had started sexual activity by age seventeen or before. Widespread teenage sexuality explains why marriage follows premarital conception on many occasions and marriage in turn enhances teenage pregnancy. From the table it is not easy to make out who had not involved in

sexual activity before marriage as a result of the overlap mentioned earlier. However, seemingly most of these teenagers were already sexually active by the time they got married.

A chi-square test of significance revealed an association between these two variables which is significant at 0.05. A gamma of 0.67 further suggests a strong relationship. However, a correlation coefficient of - 0.427 significant at only .2411 suggests a negative relationship. Although age at marriage and age at first sexual intercourse are significantly related, findings showed that even the unmarried teenage girls were also sexually active and therefore sex activity is not exclusively linked to matrimony. As observed above, a majority of the married teenage mothers were sexually active long before they got married. Sexuality is therefore not necessarily confined to matrimony although the two are significantly associated. Teenage pregnancy is, however, boosted by marriage which is the socially accepted context for sexuality although due to lack of traditional instruction at puberty which is an important factor associated with premarital conception (Mair, 1969) premarital teenage sexuality has also led to teenage pregnancy.

Teenage marriage can be associated with both pre-marital and marital teenage pregnancy. As observed above, some victims of premarital conception rushed into marriage to escape public criticism and social stigma. Teenage marriage is also associated with marital teenage pregnancy in that as the 'normal' setting for reproduction it exposes the young women to pregnancy - enhancing variables. As in fertility in general, teenage fertility is affected by Intercourse, Conception and Gestation and Parturition variables as they were described by Bongaarts et al (1982) and Davis-Blake (1956). It was noted that more married teenage mothers got pregnant at earlier ages compared to the unmarried teenage mothers. The above fertility variables were in their favour. The authors cited age of entry into sexual unions and exposure to intercourse or coital frequency as having a plus or negative effect on pregnancy. As a result of exposure to sexual activity in the sanctioned setting of marriage, teenage fertility was encouraged. For instance, of the 53 married young mothers, 11% had two children, 4% had two and were pregnant for the third time and 26% had one child and were pregnant for the second time. Out of 101 unmarried mothers, only 10% had more than one child compared to 41% of the married mothers. This explains the high correlation ($r = 7.494$; sig. = 0.001) between pregnancy and marriage. Marriage

therefore promotes teenage pregnancy due to the pregnancy - enhancing variables associated with it.

Teenage Pregnancy and Education

These two highly correlated variables were found to have grave effects on a young woman's life chances. As a result, it was further assumed that teenage pregnancy and teenage marriage have a negative bearing on a young girl's educational career. Some studies have come up with certain findings as far as teenage pregnancy (and factors related to it) and educational careers are concerned. For instance, it was pointed out in Population Reports (1985) that pregnancy for a young girl in school can be a catastrophe since she often has to terminate her schooling and look after her baby. McKay (1983) noted that in developing countries school girls who become pregnant almost always leave school. In Kenya, pregnancy forces about 10% of the girls enrolled in secondary schools to drop out each year which often leads to dangerous illegal abortions to avoid leaving school. Education is essential at this age and is an important prerequisite to better things in life. A chi-square test was carried out to measure the association between education and pregnancy and the results obtained were, however, insignificant as Table 18 shows.

Table 18 Age at Pregnancy and Level of Education

Age (in yrs)	Primary School	Secondary School	Total
11 - 14	12(8.5%)	2(1.4%)	14(9.9%)
15 - 17	68(47.9%)	12(8.5%)	80(56.4%)
18 - 19	37(26.1%)	11(7.8%)	48(33.9%)
Total	117(82.5%)	25(17.7%)	142(100.2%)*

* Percentage cannot add to 100.0% due to rounding.

$$\chi^2 = 1.44 \quad df = 2 \quad Sig = 0.5$$

Contingency Coefficient (C) = 0.10

Of 14 mothers who conceived between 11-14years, 8.5% had acquired only primary school education with 1.4% receiving secondary schooling. However, this is explained by the fact that among the 11-14 year olds, the majority are concentrated in primary schools since they are younger. Those who conceived between 15 and 17years, about 9% had secondary school education while 47.9% had primary school education. While 26.1% of those who conceived between 18-19 years had gone up to primary school level, 7.8% had gone up to secondary school level. From these figures it was observed that higher age at pregnancy was related to higher education level, that is, the lower the age at conception, the lower the level of

education.

The association between age at pregnancy and level of education was found significant at only 0.5 which is far below the study's acceptance level of 0.05.. A contingency coefficient of 0.10 further suggested a weak relationship between these two variables although a correlation coefficient (r) of .2727 suggested some slight relationship. It should, however, be noted that the positive correlation between age at pregnancy and education is largely due to correlation between age and education, that is, older teenagers are expected to be in higher levels of education and therefore have had a longer exposure to intercourse and conceptions in the absence of contraceptive use. As revealed by findings, most teenage mothers had received primary school education which concurs with Muraya's and Mati's (1981) observation that most respondents (58.4%) in a study carried out in Nairobi became pregnant while in primary school.

The association between education and pregnancy was not significant and other factors may explain this. For instance, there is a tendency for parents in the rural areas to enroll children in school rather late. As observed in Table 18, 48% of 80 girls aged between 15-17 years at the time they conceived were

still in primary school. Late enrollment in school can explain this discrepancy. Apart from late enrolment, these young mothers' education could have been affected by constant repeating of certain classes hence cases like a sixteen-year-old still in primary school. Parental discouragement of girls' education is another factor which could explain their low educational levels. Financial problems within the family may also make it difficult for the girls to pursue education to higher levels. Despite the insignificant relationship between pregnancy and education, teenage pregnancy affects a young girl's education in that it leads to permanent or temporary termination of schooling. These girls may choose to marry after discovering they are expectant which means their education is permanently affected, and they are also exposed to the pregnancy enhancing factors discussed earlier.

Marital Status and Education

Since marriage is the sanctioned context for reproduction, it was further assumed that marriage would have a negative impact on girls' educational careers for the married teenagers would be expected to settle down to childbearing which of course jeopardises their educational career ambitions. In order

to find out the influence marital status has on education, a chi-square test was carried out on these two variables (Table 19).

Table 19 Marital Status and Level of Education

Marital Status	Primary School	Secondary School	Never been to School	Total
Married Teenage Mother	45(29.4%)	4(2.6%)	4(2.6%)	53(34.6%)
Unmarried Teenage Mothers	75(49.0%)	22(14.4%)	3(2.0%)	100(65.4%)
Total	120(78.4%)	26(17.0%)	7(4.6%)	153(100.0%)

$$\chi^2 = 6.26 \quad df = 2 \quad Sig = 0.05 \quad C = 0.20$$

The married teenage mothers revealed slightly lower education levels compared to the unmarried teenage mothers. While only 29.4% of the married mothers had primary school education, 49.0% of their unmarried counterparts had the same. More unmarried mothers (14.4%) had secondary school education compared to the married mothers (2.6%). There were more uneducated married mothers than uneducated unmarried mothers. Marital status which is closely linked to pregnancy showed significant relationship at 0.05 after a chi-square test was carried out, despite a contingency coefficient of 0.2 which

indicates a slightly weak relationship. Although a teenager can hope to go back to school after delivery, once she gets married the chances of going back get slimmer. This is probably why more unmarried teenage mothers went on to secondary school as findings revealed. They had not yet assumed the extra responsibility of a wife as was the case with the married mothers. However, prevention of teenage pregnancy is more important than providing schooling for pregnant and nursing teenagers as Gyepi-Garbrah (1985) observed.

Early marriage and teenage pregnancy considerably lowered the girls' education levels. As Jagdeo (1985) observed, teenage pregnancy is not simply a matter of numbers or medical consequences. It is also a matter of human possibilities, of life chances. With early pregnancy and marriage, education levels remain low and any job expectations are shattered. This renders most of these teenage mothers - married or unmarried, helpless dependents. Despite decreased social stigma associated with keeping an out-of-wedlock baby and comparatively fewer marriages in response to teenage pregnancy, the economic burden of teenage pregnancy has become heavier and the rush into marriage does not seem to help much. The young mothers are likely to be con-

fronted with a difficult problem. Their education is ruined and with it their career ambitions. The young girls, unskilled and barely educated are unable to cope with their environment and the demands which it makes upon them. They often have additional children soon after the first one as findings revealed, which complicates the issue further. Teenage pregnancy and marriage amount to a tragic waste of young lives.

Findings revealed widespread teenage premarital and marital sexuality. In the earlier days societal and cultural restrictions governed premarital sex to reduce the risk of pregnancy and unwanted childbirth. Teenagers were then advised and instructed by older members to avoid penetration or to practise withdrawal to prevent pregnancy. Today the event of premarital conception is increasing and marriages are not always a remedy for they encourage teenage pregnancy.

5.2 TEENAGE PREGNANCY AND LACK OF KNOWLEDGE ABOUT CONCEPTION AND LACK OF CONTRACEPTIVE USE:

The event of premarital conception is increasing and is no longer severely punished. The increase

in premarital teenage pregnancy in general has been said to result from the increased incidence of premarital sex activity and the decreased age at menarche (Masse' & Deschamps, 1975; Population Reports, 1985). About one hundred years ago teenage pregnancy was probably rare, both for biological and social factors. Genetic and socio-economic factors are said to influence the wide variation in age at menarche. Recent data suggest that the attainment of a certain body size and the accumulation of certain proportion of body fat are necessary to trigger menarche which in turn leads to early teenage conception (Frisch & Mcarthur, 1974). Better nutrition in childhood also appears to be a major cause of early menstruation according to Llwelllyn-Jones (1974) and Boljen and Bentzon (1968). The median age at menarche in Kenya is about fifteen while the median age at menarche for this study was fourteen and a mean of 14.4.

Although teenage pregnancy is said to be the result of early menarche and widespread teenage sexual activity, other factors also play a major role in teenage pregnancy. The second hypothesis for this study states that "teenage pregnancies are associated with lack of information or knowledge about conception and lack of contraceptive information"

and use". (In other words, teenage pregnancy is as a result of lack of awareness of the dangers of engaging in sexual activity without precaution). This hypothesis was divided into two parts for the purposes of carrying out tests on it:

- 1) Teenage pregnancy and lack of information or knowledge about conception.
- 11) Teenage pregnancy and lack of contraceptive information and use.

1) TEENAGE PREGNANCY AND LACK OF INFORMATION OR KNOWLEDGE ABOUT CONCEPTION

In order to establish the knowledge the teenagers had about conception, they were asked when they thought a mature woman was most likely to conceive during her menstrual cycle (Question 42, see Appendix).

Table 20 Age at Pregnancy and Knowledge about Time of Conception

Age (in Yrs)	1 or 2 days before or after flow	Anytime	Don't Know	Other	Total
11 - 14	6(4.3%)	2(1.4%)	3(2.1%)	2(1.4%)	13(9.2%)
15 - 17	44(31.4%)	8(5.7%)	23(16.4%)	5(3.6%)	80(57.1%)
18 - 19	29(20.7%)	6(4.3%)	3(2.1%)	9(6.4%)	47(33.5%)
Total	79(56.4%)	16(11.4%)	29(20.6%)	16(11.4%)	140(99.8%)*

* Percentage cannot add to 100.0. due to rounding

$$\chi^2 = 12.60 \quad df = 6 \quad sig = 0.05 \quad C = 0.29$$

It was noted that the majority (56%) of the teenagers had a very vague idea about conception. They said they thought conception was most likely one or two days before or after the menstrual flow. These days they considered risky are infact the safest! Only 4% of these young women said that conception is most likely into the second week after

the menstrual flow. Twenty per cent did not know or have the slightest idea when a woman is most likely to conceive which is a most dangerous situation. More girls (57%) conceived between 15 and 17 years and 16.4% had no idea at all when conception is most likely.

A chi-square test of significance revealed a significant association at 0.05. Teenage pregnancy and knowledge about the time a woman is most likely to conceive were therefore found highly related. This association was, however, only slightly strong according to a contingency coefficient of 0.3. If a teenager is not aware that she is at the risky period of her cycle, nothing will prevent her from engaging in sexual activity. The result will be an unwanted and unplanned conception. Knowing when it is risky would help the teenager to abstain from intercourse until the safe period sets in. Since 56% of these teenagers expected the risky period to be a day or two before and/or after the menstrual flow, then it is no wonder that so many of them were caught unawares by conception. This finding concurs with Jagdeo's (1981) observation that many teenagers are mistaken about the fertile part of the menstrual cycle.

If the young mothers had ideas about avoiding pre-

gnancy, it is expected that they would have avoided it. It is expected that teenage pregnancy and ideas about how to avoid pregnancy are associated. From Table 21 it is observed that out of 14 young mothers who conceived at 11-14 years, 6% had some idea about avoiding pregnancy. The age bracket 15-17 years showed a different trend. The majority (29.5%) of the 85 respondents in this age group did not have any idea about avoiding pregnancy while 27.5% had.

As noted in the previous chapter, the school teacher was very instrumental in the girls' acquisition of information and knowledge about conception. If these girls were exposed to teachings on family life or human reproduction, it is expected that they would have escaped pregnancy. Table 21 shows their responses to whether they gained this information from school (Question 36).

Table 21 Age at Pregnancy and Knowledge gained in School

Age at Pregnancy (Yrs)	Yes	No	Total
11 - 14	5(4.0%)	8(6.3%)	13(10.3%)
15 - 17	36(28.6%)	37(29.4%)	73(57.9%)
18 - 19	29(23.0%)	11(8.7%)	40(31.8%)
Total	70(55.6%)	56(44.4%)	126(100.0%)

$$\chi^2 = 7.34 \quad df = 2 \quad Sig = 0.03 \quad C = 0.235$$

Findings revealed that 56% of these mothers had had some teaching on human reproduction which should have helped them in their sexual involvement. A majority (6.3%) of those who conceived between 11-14 years had not received any teaching on human reproduction or family life education. While 29.4% of those who conceived between 15-17 years had not such information, only 8.7% of those who conceived in the age bracket 18-19 had not been exposed to this subject. As the age rose, the knowledge about human reproduction also rose as follows:

<u>Age</u>	<u>Percent with Knowledge</u>
11 - 14	38
15 - 17	49
18 - 19	73

Those who conceived early are also expected to have dropped out of school at a low level and therefore never had the chance to learn about human reproduction and consequently protect themselves from conceiving. Those who conceived later are expected to have pursued education to higher levels and were therefore exposed to human reproduction teachings. All this is in line with what was previously observed: as age at pregnancy rises, the level of education rises as well since age and education are correlated.

A chi-square test of the significance of the association between these two variables revealed a significant relationship at 0.05. The measure of the strength of the association revealed a contingency coefficient of 0.24 which though just slight, seems to suggest the influence of other variables. It can therefore be said that the teaching of human reproduction has some significant influence on teenage pregnancy. Probably those exposed to human reproduction did not practise what they acquired and this failure then led to teenage pregnancy.

In order to establish the girls' state of knowledge about the working of the female human body and in particular their own bodies, they were asked how they knew they were expectant (Question 17(a)).

Table 22 Age at Pregnancy and how Pregnancy was known

Age at Preg (Yrs)	Missed Periods	Missed Periods and nausea	Informed by teller	Missed periods and body changes	Total
11 -14	6(4.2%)	1(0.7%)	3(2.1%)	3(2.1%)	13(9.0%)
15 - 17	53(36.8%)	11(7.6%)	15(10.4%)	4(2.8%)	83(58.0%)
18 - 19	32(22.2%)	10(6.9%)	5(3.5%)	1(0.7%)	48(33.0%)
Total	91(63.2%)	22(15.2%)	23(16.0%)	8(5.6%)	144(100.0%)

$$\chi^2 = 12.55 \quad df = 6 \quad Sig = 0.05 \quad C=0.283$$

As observed in chapter four, 79% of these young mothers knew they were expectant before they were told by anyone. The greater number were aware of certain body changes which indicates that they at least had some idea about conception. Among 13 mothers who conceived at 11-14 years, 4.2% knew they were expectant when they missed their periods. It was the same for 36.8% and 22.2% of those who conceived at 15-17 and 18-19 years respectively. The association between these two variables was found significant at 0.05. A slightly low contingency coefficient of 0.3 showed that though it was a significant relationship, it was only a moderate one. However, knowledge about conception seems to have significant influence on teenage pregnancy.

In the absence of traditional instruction at puberty as used to be the case, contraception and sex education in schools may be welcome replacements, bearing in mind that findings have revealed that lack of contraceptive use has been a major factor in teenage pregnancy. Contraception is a better way of reducing teenage pregnancy instead of the girls believing that pregnancy cannot occur if they have intercourse infrequently as Jagdeo (1981) pointed out. For instance, those who are in a sexual union (marriage) may not afford to have sex infrequently

since marriage is the sanctioned context for sexual activity and reproduction, and are thus exposed to pregnancy enhancing factors.

ii) TEENAGE PREGNANCY AND LACK OF CONTRACEPTIVE INFORMATION AND USE

Teenage pregnancy and in particular unwanted pre-marital teenage pregnancy is one of the greatest problems a young girl can face. According to Population Reports (1985), pregnancy can endanger her health, her chances of education and marriage, and many of her hopes and plans for the future. Some young girls may turn to abortion in order to escape motherhood. Hospital statistics from a study in Nairobi by Aggarwal and Mati (1982) show that 38-68% of women hospitalized with abortion complications were 19 or younger. This is a clear indication that most teenagers simply fall victims to teenage pregnancy, that is, it is not an intended end but a misfortune.

If these young mothers had ideas about avoiding unwanted conception, it is expected that they would have avoided it. It is expected that teenage pregnancy and ideas about how to avoid pregnancy are associated. From Table 23 it is observed that out of 14 young mothers who conceived at 11-14 years, 6%

had some idea about avoiding pregnancy. The age 15 -17years showed a different trend. The majority (29.5%) of the 85 respondents in this age group did not have any idea about how to avoid pregnancy while 27.5% had.

Table 23 Age at Pregnancy and Idea about Avoiding Pregnancy

Age (In Yrs)	Yes	No	Total
11 - 14	9(6.0%)	5(3.4%)	14(9.4%)
15 - 17	41(27.5%)	44(29.5%)	85(57.0%)
18 - 19	25(16.8%)	25(16.8%)	50(33.6%)
Total	75(50.3%)	74(49.7%)	149(100.0%)

$$\chi^2 = 1.24 \quad df = 2 \quad Sig = 0.5 \quad C = 0.09$$

The older mothers (18-19years) did not show the same characteristic. While 16.8% had ideas about avoiding pregnancy, 16.8% did not. More (6% out of 9.4%) of those who conceived at earlier ages (11-14years) seemed to have these ideas compared to the rest. This could be due to the fact that after the first pregnancy they must have sought ways of avoiding subsequent ones while those who conceived later were yet to take such a measure.

However, a chi-square test of significance revealed that these two variables are not significantly related. The association between them was found significant at only 0.5 and a contingency coefficient of 0.1 indicated a weak relationship. This could mean that those who had ideas on how to avoid conception acquired them after they had already conceived otherwise they would have avoided pregnancy initially. The type of idea they had about avoiding conception is also another matter for as several authors have observed, misinformation is another factor in this case. It has been said that some young girls try to prevent pregnancy by douching or standing up after intercourse (Galang, 1983). Others believe, as Jagdeo (1981) pointed out, that pregnancy cannot occur if they are very young or if they are having sex for the first time or have intercourse infrequently. It is, therefore, important to know what ideas they had. The other explanation is that what ideas they had about preventing conception, they did not put into use. Having the ideas and practising ways of preventing conception are two different issues. In this case then pregnancy resulted from failure to use these ideas on how to avoid conception.

Although these young mothers had ideas about how to avoid pregnancy, they did not practise them and

therefore teenage pregnancy is not necessarily influenced by the presence or absence of this knowledge but by use or lack of use of contraception. These findings concur with Zelnick's and Kantner's (1978) observation that only a few (1/3) of the girls who are sexually active use preventive methods regularly. Ignorance is not always responsible for the failure of contraceptive use, but coupled with lack of contraception it leads to pregnancy.

As observed in Chapter four, the respondents received information on how to avoid unwanted pregnancies from many sources which included mothers, teachers and friends. It was noted that at least they had received some hints although they fell victims to pregnancy (Table 24).

Table 24 Age at Pregnancy and Information given to Avoid Conception

Age (In years)	Mastering the cycle	Abstinence	Contraceptive Use	Total
11 - 14	1(1.5%)	3(4.4%)	2(2.9%)	6(8.8%)
15 - 17	18(26.5%)	8(11.8%)	12(17.6%)	38(55.9%)
18 - 19	12(17.6%)	7(10.3%)	5(7.4%)	24(35.3%)
Total	31(45.6%)	18(26.5%)	19(27.9%)	68(100.0%)

$$\chi^2 = 3.65 \quad df = 4 \quad Sig = 0.5 \quad C = 0.226$$

Although they had been given hints about avoiding pregnancy when they were as young as fourteen years, they fell victims all the same. Mastering of the cycle had been recommended to 46% while abstinence and contraceptive use were recommended to more than 26% and 28% respectively. Those who conceived at 11-14 years received more hints connected with the last two while the majority of those in the age brackets 15-17 and 18-19 received hints connected with the art of mastering the cycle which involves counting of dates to know the safe and risky days of the menstrual cycle and therefore avoid intercourse accordingly.

A chi-square test of significance revealed that pregnancy and information about avoiding conception are not significantly related. The association between them was significant at only 0.5. A contingency coefficient of 0.2 revealed a weak relationship. Although the association measure shows a weak relationship, it should be noted that these 68 mothers are only 44% of the total number of 154 teenage mothers. Fifty-six per cent had no information and hence were victims of ignorance. It is possible that since the majority (46%) depended on the art of mastering the cycle, they were not able to do this properly and of course a mix-up of dates could have led to pregnancy. Indeed many of them had no idea about when a woman is most likely to

conceive (Table 20) and therefore cannot be expected to get much help from this method.

It was important to know when the teenagers acquired the ideas on how to avoid pregnancy so as to assess the possibility of escaping teenage pregnancy. It is expected that if these ideas about avoiding pregnancy were acquired before conception then unwanted pregnancy would not have resulted. The teenagers were therefore asked how old they were when they knew how to prevent pregnancy.

Table 25 Age at Pregnancy and Age Knew how to Prevent Pregnancy

Age (In Yrs)	11 - 14	15 - 17	18 - 19	Total
11 - 14	3(4.1%)	5(6.9%)	1(1.4%)	9(12.4%)
15 - 17	5(6.9%)	29(39.7%)	6(8.2%)	40(54.8%)
18 - 19	5(6.9%)	16(21.9%)	3(4.1%)	24(32.9%)
Total	13(17.9%)	50(68.4%)	10(13.7%)	73(100.0%)*

* Percentage cannot add to 100.0% due to rounding

$\chi^2 = 2.47$ $df = 4$ $Sig = 0.6$ $Gamma = 0.02$

Of nine mothers who got pregnant at 11-14years, more than half (8.3%) of them knew how to avoid pregnancy only after they had had a first conception. Out of

40 teenagers who conceived between 15 and 17 years, only 6.9% knew how to avoid pregnancy before they conceived. However, 28.8% of those who conceived between 18-19 years knew how to avoid pregnancy before they conceived. Those who conceived later are expected to have pursued education further and were therefore exposed to discussions about conception and probably contraception in school. Since the others left school earlier, they might have been informed through the Maternal Child Health Clinics after they had already conceived.

Significance and strength tests on the relationship between age at pregnancy and age one knew how to avoid pregnancy revealed an insignificant association at 0.6 and a Gamma of 0.02 which indicates a weak relationship. However, another measure of the strength of association between the two variables revealed a slight relationship, according to a correlation coefficient of .2234 which was significant at 0.06 which is slightly below the study's acceptance level of 0.05. This indicates that though there is some significant relationship between pregnancy and the age one knew how to avoid pregnancy, another variable such as lack of practice of the method known of avoiding conception may have more influence.

Lack of knowledge about contraceptives can lead to

unwanted pregnancies. Of more than one hundred Kenyan school girls who became pregnant, 65 had never received any information about contraception (Khasiani, 1985). The assumption here is that many teenage girls are victims of ignorance as far as contraception is concerned. As Boloko and Kouame (1981) observed, the knowledge young people have about pregnancy and contraception has been picked up mostly from friends and the media and is quite often misleading, incomplete or wrong. The study made an attempt to find out whether the teenage girls were aware of contraceptive services in government hospitals which could help them prevent unwanted pregnancies, space or delay the birth of the next child (space births).

Table 26 Age at Pregnancy and Awareness of Contraceptive Services in Government Hospitals

Age at Pregnancy (Yrs)	Yes	No	Total
11 - 14	10(7.1%)	3(2.1%)	13(9.2%)
15 - 17	64(45.7%)	16(11.4%)	80(57.1%)
18 - 19	42(30.0%)	5(3.6%)	47(33.6%)
Total	116(82.8%)	24(17.1%)	140(99.9%)*

* Percentage cannot add to 100.0 due to rounding

$\chi^2 = 2.18$ $df = 2$ $Sig = 0.5$ $C = 0.124$

The higher the age at pregnancy, the higher the number of those who are aware of contraceptive services in government hospitals. Out of 13 mothers who conceived between 11 and 14 years, 7.1% were aware while in the 15-17 bracket 45.7% were also aware. Among those who conceived between 18 and 19 years, 30% were aware of these services. The association between these two variables was significant at only 0.5 and a contingency coefficient of 0.124 showed a weak relationship. Being aware of these services is not enough. Unless these mothers use the services, their awareness is not helpful in preventing teenage pregnancy.

Table 27 Age at Pregnancy and Hospital Visits for Contraceptives

Age at Pregnancy (In Yrs)	Yes	No	Total
11 - 14	5(4.0%)	7(5.6%)	12(9.5%)
15 - 17	5(4.0%)	65(51.6%)	70(55.6%)
18 - 19	1(0.7%)	43(34.1%)	44(34.9%)
Total	11(8.7%)	115(91.3%)	126(100.0%)

$$\chi^2 = 18.87 \quad df = 2 \quad Sig = 0.001 \quad C = 0.36$$

Despite awareness of contraceptive services in

government hospitals (Table 26), most mothers never visited any hospital to obtain contraceptives. An interesting observation was that the mothers who conceived at the youngest ages (11-14 years) were more interested in contraceptives compared to those who conceived at 15-17 and 18-19 years. Although their contraceptive performance was not good enough since only 4% out of 9.5% visited hospitals for contraceptives, the other groups were worse off: 4% out of 55.5% and 0.7% out of 34.9% respectively.

Significance test on the relationship between pregnancy and hospital visits for contraception revealed a significant association at 0.001. A contingency coefficient of 0.4 revealed a moderate association. Teenage pregnancy is therefore significantly related to contraceptive performance as shown by hospital visits for these services. The fact that those who conceived in the earlier years visited hospitals more for contraception can be explained by the experience gained after conceiving at an early age. Most of those who were victims of early teenage pregnancy had to find ways of ensuring that they did not fall victims once more. It can be argued that those who conceived in their late teens had not yet had enough time to lay down a strategy about their fertility and would therefore be expected to plan about it afterwards.

Although only 11 young mothers claimed they made visits to family planning clinics, 13 were at least practising some form of contraception. Cross-tabulation between pregnancy and method of contraception had many empty cells and hence a warning on reliability. As a result of the small number, cross-tabulation would have been unreliable. Although it showed significance at only 0.3 which is far below the acceptance level of 0.05 for this study, a test of the strength of the association between the two variables showed a strong relationship signified by a contingency coefficient of 0.5963. This coefficient of almost 0.6 implied that pregnancy and contraceptive use are strongly related.

As noted in Population Reports (1976), much of the unprotected intercourse among adolescents (teenagers) is due, in part, to limited access to family planning or contraceptive information and services. Many family planning or contraceptive programs are oriented toward older couples with children. Teenagers are frequently denied contraceptive services due to legal restrictions, cultural habits and social pressures. Many teenagers, especially the unmarried ones, do not want to use contraception because they do not want to think of themselves as the kind of girls who prepare to have sex. Many equate contraception with promiscuity or an

unacceptable strong desire for sex.

According to Zabin, Kantner & Zelnick (1979), there is a very high risk of pregnancy in the early months after initiation of sexual activity and it is therefore important to adopt an effective contraceptive method as early as possible. If pregnancy risks are to be reduced substantially, levels of use of efficient methods have to be improved and the timing and quality of that use have to change. Consistent use is necessary among the teenagers right from their very first coitus. If most teenagers in this study had been contraceptive users, they would not have fallen victims to unwanted parenthood.

Different people have given different reasons for the current wave of teenage pregnancy worldwide. As noted earlier, early menarche (Frisch and Mcarthur, 1974), widespread premarital teenage sex activity (Masse' and Deschamps, 1975) and the lack of traditional instruction at puberty (Mair, 1969) have all been given as factors in teenage pregnancy. This study sought to establish the major reason leading to teenage pregnancy according to the teenagers themselves. Since they are the victims and sufferers, an idea of what led them to become unmarried teenage mothers was found necessary. Table 28 shows their responses.

Table 28 Age at Pregnancy and Reason for Teenage Pregnancy

Age at Pregnancy (Years)	Lack of Knowledge about conception	Wanted It	Irregular Periods and lack of knowledge	Promises	Bad Luck	Total
11 - 14	1(1.2%)	0	1(1.2%)	2(2.4%)	3(3.5%)	7(8.3%)
15 - 17	37(43.5%)	3(3.5%)	0	2(2.4%)	6(7.1%)	48(56.55)
18 - 19	18(21.2%)	6(7.1%)	3(3.5%)	1(1.2%)	2(2.4%)	30(35.4%)
Total	56(65.9%)	9(10.6%)	4(4.7%)	5(6.0%)	11(13.0%)	85(100.2%)*

* Percentage cannot add to 100.0% due to rounding

$$\chi^2 = 24.34 \quad df = 8 \quad sig = 0.01 \quad C = 0.472$$

When asked what they personally thought led them to conceiving in their teens (Question 44), the young mothers gave at least five reasons but the majority (65.9%) attributed their conception in teenage to lack of knowledge about conception. The larger number felt that teenage pregnancy was the consequence of not knowing the dangers of involving in sexual activity without precaution. Lack of knowledge about conception was given as an excuse for teenage pregnancy by 2.4% of those who conceived between 11-14 and 43.5% of those who conceived at 15-17 years. Those who conceived at 18-19 years were not any better off. About twenty-five per cent gave the same reason (above).

The association between these two variables was found significant at 0.01 and a contingency coefficient of 0.5 indicated a strong relationship between the two variables. This general lack of knowledge can be linked to lack of instruction at puberty as used to be the case. As Mair (1969) observed, the curtailment or abandonment of traditional instruction at puberty is an important factor associated with premarital, and generally, teenage conception. This study revealed that those who had lower levels of education also had no or little knowledge about conception and the process of menstruation. Since teenagers are no longer instructed within the family, those who engage in sexual activity before they reach the school level where human reproduction is taught risk an unwanted and unplanned conception. As observed in Family Planning Perspectives (1982), teenagers who have had sex education or what is referred to in Kenya as Family Life Education or Human Reproduction are somewhat more likely to have practised contraception though not necessarily a medically prescribed method. It is therefore important for these young girls to acquire the necessary information about their bodies as well as ideas on how to avoid unwanted conceptions. The teaching that teenagers are exposed to should seek to appraise the individual

of especially the social, moral and psychological characteristics of human sexuality.

5.3 TEENAGE PREGNANCY AND SOCIO-ECONOMIC NEEDS:

Parents have a responsibility of providing for their children. Apart from meeting their materials needs such as food and shelter, parents have a role to supervise and control their children. Their concern for their offspring is indicated by their ability and effort to meet their socio-economic needs. Parents should be able to monitor their children's movements and actions as well as curbing certain unbecoming behaviour. For instance, they can punish bad manners and reward good behaviour. They can hold back permission for visits which they regard unnecessary. If parents fail to monitor their children's behaviour as well as provide for their needs, the result may be detrimental to their children's young lives.

The third hypothesis for this study states that "Socio-economic needs and lack of parental supervision, control and concern are related to teenage pregnancy". The assumption in this hypothesis is that if parents do not meet their children's socio-economic needs or if they do not supervise, control and get concerned about their children, the result

may be teenage pregnancy for their daughters.

Teenage Pregnancy and Social Needs

Communication within the family and among family members is a very important social need. Communication here refers to some sort of discussion or exchange among family members and not just giving and receiving orders and instructions which is inevitable in any family. It is through communication that ideas are exchanged, hints are given and warnings sounded. Parents, and especially mothers are expected to advise their daughters on certain matters pertaining to the life of a woman. Since there are dangers involved in teenage sexual activity ranging from sexually transmitted diseases (STDs) to teenage fertility, mothers are expected to advise on such. Communication is very essential in the learning process and should be encouraged.

Table 29 Age at Pregnancy and Daughter-Parent Communication

Age at Pregnancy (Yrs)	Yes	No	Total
11 - 14	7(7.4%)	3(3.2%)	10(10.6%)
15 - 17	46(48.4%)	6(6.3%)	52(54.7%)
18 - 19	30(31.6%)	3(3.2%)	33(34.8%)
Total	83(87.4%)	12(12.7%)	95(100.1%)*

* Percentage cannot add to 100.0% due to rounding

$\chi^2 = 3.16$ $df = 2$ $Sig = 0.5$ $C = 0.18$

The greater majority (87%) of all the teenage mothers admitted at least some form of communication with parents. Communication was noted to get intensified as the age at conception rose. Of those who conceived at 11-14 years, 7.4% admitted communicating with parents while 48.4% and 31.6% of those who conceived at 15-17 and 18-19 years respectively communicated with parents. All in all, only 12.7% reported no communication with parents. The fact that communication intensified with higher age at conception suggests that parents realized, with time, what effect communication could have on their daughters' conduct. It is also at this time when exchange of ideas between the two parties is meaningful. Parents might also assume that their daughters aged 11-14 years may still be too young and incapable of sexual activity hence not disclose important things connected with it to them.

A chi-square test of significance revealed an association between pregnancy and child-parent communication at only 0.5. The measure of strength (contingency coefficient) used revealed a weak relationship at 0.2. This implies that teenage pregnancy and child-parent communication do not have significant influence on each other. Teenage pregnancy is better explained by other factors.

With the disappearance of the extended family system, the role of advising young girls in the community has shifted from grandmothers and older women in society to parents and more so to mothers. It is interesting to note, therefore, that mothers tended to discuss other topics more than the burning question of the process of conception or how to avoid it.

Table 30 Age at Pregnancy and Topics of discussion with Mothers

Age at Pregnancy (Years)	None	Conduct and Advice	Sex Related	Education	Total
11 - 14	0	4(4.5%)	2(2.2%)	0	6(7.0%)
15 - 17	8(9.0%)	32(36.0%)	8(9.0%)	4(4.5%)	52(58.0%)
18 - 19	2(2.2%)	20(22.5%)	6(6.7%)	3(3.4%)	31(35.0%)
Total	10(11.2%)	56(63.0%)	16(17.9%)	7(7.9%)	89(100.0%)

$$\chi^2 = 3.76 \quad df = 6 \quad sig = 0.7 \quad C = 0.20$$

Although a majority (72 or 80.9%) of these young mothers received hints on conduct, advice and sex-related issues, only 17.9% of them were exposed to sex related topics. Those who conceived earlier were more exposed to sex-related topics compared to the rest. A test of significance between teenage

pregnancy and daughters' discussion topics with mothers was found insignificant indeed. The association was significant at only 0.7 which is far below this study's acceptance level. It was also a weak relationship according to a contingency coefficient of 0.2. In other words, these discussions did not add much to the girls' knowledge about the process of conception or how to avoid falling victims. Since social change has shifted the burden of such teaching from the larger community to the family, it becomes dangerous indeed for these girls who are often not aware about the process of conception. As Mernissi (1976) observed, traditional sexual behaviour control mechanisms can no longer be effective with the disintegration of the extended family. Police-like checks on sexual matters and the social control exercised by geosocial units was a powerful device for controlling teenage sexuality. It is no wonder that today, with all these control mechanisms missing, the incidents of premarital sexuality are widespread resulting in unequalled teenage pregnancy.

Parents should be concerned about certain behaviour especially where daughters are concerned. Coming home late in the night or past the required time should be viewed as deviance from what is acceptable. In order to assess parental control on their

daughters, the teenagers were asked how their parents reacted to their going home later than required (Question 27).

Table 31 Age at Pregnancy and Parental Control

Age at Pregnancy (Years)	No Reaction	Mothers Get Furious	Scolded and Warned	Questioned Scolded & beaten	Total
11 - 14	1(1.1%)	2(2.3%)	2(2.3%)	3(3.4%)	8(9.1%)
15 - 17	7(8.0%)	6(6.8%)	33(37.5%)	6(6.8%)	52(59.1%)
18 - 19	6(6.8%)	5(5.7%)	12(13.6%)	5(5.7%)	28(31.8%)
Total	14(15.9%)	13((14.8%)	47(53.4%)	14(15.9%)	88(100.0%)

$$x^2 = 7.7174 \quad df = 6 \quad Sig = 0.5 \quad C = 0.284$$

Of 88 young mothers, only 16% reported that their parents never reacted at all to their going home late. For the rest (84%) parents' reactions were reported. The majority (53%) were often warned sternly and scolded. Those who received the severest punishment, (16%) were questioned, scolded and beaten and most of them were in the age bracket 15-19 years. Parents were showing disapproval of

such behaviour which can be quite dangerous especially for teenage girls which can lead to unexpected motherhood.

The relationship between teenage pregnancy and reactions by parents to their daughters' late-coming was found significant at only 0.5. However, a measure of strength revealed a slight relationship according to a contingency coefficient of 0.3. Although parents tried to be strict with daughters whenever they came home late, this relationship was slight implying that other factors such as contraceptive use or abstinence from sex may have played a major role hence reducing the effect of parents' strictness. For instance, a girl could engage in sexual activity and still come home late and be severely punished and yet not conceive if she is taking preventive measures. The test of significance showed that the two variables are not significantly related although the measure of association indicated some slight relationship.

Parents exhibited some sort of supervision and control over their daughters by refusing heterosexual relations and reacting in various ways to symptoms of slackening behaviour such as going home late (Table 31).

Table 32 Teenage Pregnancy and Person girls were living
with when they conceived

Age at Preg. (Yrs)	Parents	Mother Only	Relatives	Friends	Alone	Husband	Total
11-14	11(7.5%)	1(0.7%)	0	1(0.7%)	0	2(1.4%)	15(10.2%)
15-17	50(34.0%)	13(8.8%)	5(3.4%)	1(0.7%)	4(2.7%)	12(8.2%)	85(57.8%)
18-19	24(16.3%)	6(4.1%)	5(3.4%)	0	3(2.0%)	9(6.1%)	47(32.0%)
Total	85(57.8%)	20(13.65)	10(6.8%)	2(1.4%)	7(1.45)	23(15.7%)	147(100.0)

$$\chi^2 = 9.17 \quad df = 10 \quad Sig = 0.5 \quad C = 0.242$$

However, parents could only exercise effective control over daughters if they were living with them, and the majority (58%) conceived while living with parents and 14% with mothers alone. As Table 32 shows, 28.6% of these young mothers were not under their parents' care when they conceived. Some were even living on their own. These teenage mothers may have moved from their own homes as a result of certain pressing needs which were not met at home.

The association between teenage pregnancy and the person a teenager was living with when she conceived was not statistically significant (it was significant at only 0.5). Together with statistical in-

significance, a weak contingency coefficient of 0.2 showed a weak relationship and it can be said that these two variables do not significantly influence each other.

The much a young girl visits her friends indicates her freedom of movement from one place to another, with or without her parents' permission. While 68.4% of 98 mothers visited friends regularly (once a week), 17.4% made very infrequent visits and 14.2% never made visits at all.

Table 33 Pregnancy and Visits to Friends

Age at Pregnancy (Years)	Yes	No	Never	Total
11 - 14	3(3.1%)	3(3.1%)	1(1.0%)	7(7.1%)
15 - 17	40(40.8%)	10(10.2%)	7(7.1%)	57(58.2%)
18 - 19	24(24.5%)	4(4.1%)	6(6.1%)	34(34.7%)
Total	67(68.4%)	17(17.4%)	14(14.2%)	98(100.0%)

$$\chi^2 = 4.39 \quad df = 4 \quad sig = 0.5 \quad C = 0.204$$

Visits to friends increased with higher age at conception. For the age group 11-14, only 3.1% made these visits while 40.8% and 24.5% of those

aged 15-17 and 18-19 years respectively made such visits. With higher age children start feeling more and more free to do things even without parental consent while the younger ones still listen to and obey their parents without question.

However, teenage pregnancy and visiting friends were not significantly related. A significance at 0.5 is far below the target mark. A contingency coefficient of 0.2 only suggests a weak relationship between these two variables. The majority of 98 mothers made visits which suggests an amount of freedom. However, even those who never made visits at all became pregnant and so these visits alone cannot explain teenage pregnancy reasonably.

Teenage Pregnancy and Economic Needs

Apart from the responsibility of supervision and control (where communication is vital and certain social needs are met), parents have another role to provide for their children's economic or financial needs. Children need a home and basic necessities ought to be met. Some teenage girls get pregnant when they engage in sexual activity as a result of a pressing social or economic need which may then be met in return (Mitchell, 1971).

The act which results in pregnancy may be an act of appreciation on their part. Girls have needs which include the need for money to buy certain essentials like soap or oil and other small items which may be hard to get in the absence of financial support. Parents should show concern for their daughters by giving the necessary advice as well as providing for their economic or material needs.

As observed in Chapter four, the majority of the married teenage mothers were either housewives/peasant farmers or engaged in activities which do not generate much income such as housework (as housemaids). The unmarried mothers were forced to depend on their parents for all their financial needs as well as for whatever they required to rear their children, except for a few who were engaged in income generating activities. The parents were therefore saddled with the burden of caring for their daughters and their offspring. As noted in the previous chapter, the parents' occupations were mostly related to agricultural activities and their income was therefore negligible in view of the area of study.

Although in a rural area women have few opportunities for economic advancement, early pregnancy makes teenage girls' economic prospects much worse. The economic burden of teenage pregnancy and childbirth is

thus thrust upon the family causing serious financial strain. A girl may choose to marry (as some did) after discovering her state in order to ease the problem of rearing an out-of-wedlock child and to save herself and the family the social stigma which often accompanies an out-of-wedlock birth. It is therefore clear that teenage pregnancy is not just a question of numbers as Jagdeo (1985) said, but a serious threat to a young girl's life in general. It ruins her education and shatters her career ambitions and job aspirations and forces her to support herself and her child on low income as pointed out in Population Reports (1985). She also becomes an economic burden to her parents since her low level education does not allow her a well-paid job to enable her to take care of herself and her offspring.

Since teenage pregnancy may result from an economic need as far as these teenagers are concerned, it is important for parents to meet this need before it is met elsewhere and with dire consequences. Mothers' occupation was examined in relation to teenage pregnancy and Table 34 shows the results.

Table 34 Pregnancy and Mothers' Occupation

Age at Pregnancy (Years)	Present/former House Wife	Wage Employment	Total
11 - 14	13(9.6%)	1(0.7%)	14(10.3%)
15 - 17	60(44.1%)	17(12.5%)	77(56.6%)
18 - 19	42(30.9%)	3(2.2%)	45(33.1%)
Total	115(84.6%)	21(15.4%)	136(100.0%)

$\chi^2 = 5.99$ $df = 2$ $sig = 0.05$ $C = 0.206$

As observed in Table 34, 84.6% of the teenage mothers had mothers who were basically peasant farmers or housewives. Only 15.4% of them were engaged in wage-paid jobs. Simple observation of households revealed that most of these people were relatively poor and could only meet the basic need of food which was also not guaranteed. The houses were in poor condition and had little of what can be called household goods. Without any income generating activity, most

of those people could not provide for their children as required.

A chi-square test of significance revealed a significant association at 0.05 between teenage pregnancy and mothers' occupation, although a contingency coefficient indicated it as a weak relationship ($c = 0.21$). Although the association between these two variables was statistically significant, teenage pregnancy and fathers' occupation was found significant at only 0.5 which is below the study's acceptance level. While 62% of the fathers were simply peasant farmers and without any particular or steady source of income, only 38% were engaged in wage employment. As was the case with the mothers, most fathers could not provide for most basics in the family since they were unemployed. Significance test showed that unlike mothers' occupation, fathers' occupation has no significant influence on teenage pregnancy. However, despite this observation, fathers' occupation is closely linked to daughters' pregnancy status in that most rural mothers are often unemployed and therefore rely on their husbands for all financial provisions. The mothers were not able to cater for their daughters' economic needs since their husbands were not in a position to provide.

Since most of these parents were peasant farmers, mothers must have been pre-occupied with helping to meet the families' needs and in the process their daughters' welfare was jeopardised. Since food needs were most important to meet, other needs like the need for soap or oil and other such essentials for girls must have been ignored and the girls could have conceived while pursuing satisfaction of such needs. Observation of sources of financial support revealed that 62% of these young mothers depended entirely on their parents and since most parents were not earning, their financial support was limited. This finding concurs with Rainwater's (1960) observation that the economic costs of teenage pregnancy are indeed high. Teenage pregnancy therefore strains the financial position of most families which are often not any good especially in a family where nobody is engaged in gainful employment as was the case in this study. Only the disappointed couple, saddled with an unexpected grandchild and a daughter whose education career has been ruined know the social and economic consequences of teenage pregnancy, and should therefore know the wisdom of prevention.

CHAPTER SIX

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS AND IMPLICATIONS:

The study sought to examine the relationship between socio-economic factors and teenage pregnancy. It made an attempt to understand factors that are related to teenage pregnancy and which lead a girl to become either a married or unmarried teenage mother. It aimed at examining factors that are associated with the incidence of teenage pregnancy in Makueni Division of Machakos District. The following are the study's major findings.

The study had three major hypotheses. The first hypothesis stated that "teenage pregnancies are related to teenage marriages". The study found that among the teenagers involved in this study pregnancy occurred as early as eleven years. Out of 53 married and separated teenage mothers, 53% conceived within marriage while 47% had conceived premaritally. The majority (55%) of the teenage mothers conceived between 15 and 17. Likewise, the majority (49%) of these teenage mothers got married between 15 and 17 years. Many teenagers got married immediately they discovered they were pregnant since age at pregnancy seems to overlap with age at marriage for most of those who conceived premaritally.

The association between teenage pregnancy and teenage marriage was found significant at 0.001. The two variables were very strongly related according to a Gamma of 0.9 and a correlation coefficient (r) of .7494 significant at 0.001. What this strong relationship implies is that marriage promotes teenage pregnancy while on the other hand teenage pregnancy and especially premarital conception often leads to marriage which is arranged for convenience. The majority (83%) of the marriages were out of personal choice but of course the rush into these unions was prompted by pregnancy. It was an attempt to escape the prospects of single motherhood with its associated socio-economic hardships. Since teenage pregnancy still invokes considerable social criticism and stigma, these marriages were intended to save the family the resultant disgrace.

Out of 154 married and unmarried mothers, only 18% of them conceived within the socially accepted context of marriage. Premarital sex activity as well as marital teenage sexuality resulted in both premarital and marital teenage pregnancy. All the girls who got married between 11 - 14 years had already started sexual intercourse by then or started immediately they entered matrimony. Out of those who married between 15 and 17 years, 56% had already engaged either before or immediately after marriage.

Of the 24 teenage mothers who married at 18 - 19 years, 83% had started sex activity by age seventeen or before. Widespread teenage sexuality explains why marriage seems to follow premarital conceptions on many occasions.

It was found that age at marriage and age at first experience of sexual intercourse are significantly related at 0.05 and a Gamma of 0.7 indicated a strong association. For those who started sexual activity before marriage, pregnancy resulted and some rushed into matrimony, a course which of course enhanced teenage pregnancy due to the three major fertility determinants of Intercourse, Conception and Gestation and Parturition (see chapter 4). Thus, widespread premarital and marital teenage sexuality explain why marriage seems to follow premarital conceptions in many instances and why marital unions tend to encourage teenage pregnancy.

Since most teenagers were sexually active by the time they got married, this implies that human sexuality is no longer necessarily confined to marriage although the two are significantly related. Teenage pregnancy is, however, boosted by marriage and sexuality within marriage. As a culturally sanctioned context for sexuality and reproduction,

marriage continuously exposes teenagers to intercourse and conception variables. Coital frequency is expectedly higher within than without marriage which explains the significant and strong association between teenage pregnancy and teenage marriage. A key finding was that more teenage mothers got pregnant at earlier ages and more frequently compared to the unmarried teenage mothers.

The married teenage mothers revealed slightly lower levels of education compared to their unmarried counterparts. As observed earlier, marriage promotes pregnancy which in turn is incompatible with the pursuit of education, and therefore the two groups were not exposed to higher levels of education. While only 29% of the married mothers had primary school education, 49% of their unmarried counterparts had the same. More unmarried mothers (14%) had secondary school education compared to the married mothers (3%). There were more uneducated married mothers than uneducated, unmarried mothers (Table 19). A significant relationship at 0.05 implies that teenage marriage and consequently teenage childbearing have a negative impact on educational achievements. Although a teenager can hope to go back to school after delivering, once she

gets married her chances of going back to school get slimmer because she assumes two extra roles and their concomitant responsibilities viz: a mother and a wife. This is probably why more unmarried teenage mothers went on to secondary school than did the married mothers.

These two variables (teenage marriage and teenage pregnancy) which are significantly correlated have grave effects on a young woman's life chances. Education is essential at this age and an important prerequisite to better things in life. Teenage pregnancy and marriage considerably lowered the girls' educational levels. Teenage pregnancy and marriage are strongly related due to the plus or positive effect marriage has on pregnancy especially in view of the proximate variables that are related to fertility. Marriages promote pregnancies and these two act together to disrupt a young girls' career and render her a lifetime dependant.

The second hypothesis stated that "teenage pregnancies are associated with lack of information or knowledge about conception and lack of contraceptive information and use". The main dangers involved in teenage sexuality are Sexually Transmitted Diseases (STDs) and teenage pregnancy and child-

birth . Teenage pregnancy may lead to abortion, complication of abortion or complication of pregnancy or birth. The study assumed that teenage pregnancy is associated with ignorance or lack of knowledge and information about the process of conception as well as lack of information and use of contraception.

The majority of teenage mothers (56%) exhibited very vague ideas about conception. When asked when they thought a mature woman was most likely to conceive, they said it was possible a day or two before and after the menstrual flow! Another 20% had not even the slightest idea when conception is most likely. Of 26 mothers who conceived between 15 and 17 years, 79% had no idea when conception was most likely.

The association between conception/pregnancy and knowledge about the time a woman is most likely to conceive was found significant at 0.05 which implies that teenage pregnancy can be blamed on ignorance about the working of a woman's body in terms of the menstrual cycle. It was found that most victims of teenage pregnancy lacked knowledge about their own bodies which means there was no way they could protect themselves against this undesirable eventuality. The knowledge they had was wrong confirming Jagdeo's

(1981) contention that many teenagers are mistaken about when the fertile part of the menstrual cycle occurs. What this implies is that these young women are not aware of the risky and safe days of their menstrual cycle. Hence, lacking this knowledge they engage in sexual intercourse and often conceive before they are even aware of what is happening to them. Knowledge of risky and safe days would have helped them to know when to abstain or involve accordingly. Premarital and marital sexuality coupled with lack of information about the implications of the menstrual cycle have promoted the unfortunate event of teenage pregnancy.

It was found that teenage pregnancy and the teaching of human reproduction or family life education as many in Kenya refer to it, are significantly related at 0.05. In this connection, the school teacher was found very instrumental in the young women's acquisition of information and knowledge about conception (see ch. 4). While 56% of the young mothers had had some teaching in human reproduction which could have helped them in their sexual involvement, 44% had not. As the age at first pregnancy rose, the knowledge about human reproduction rose as well (11 - 14years, 38%; 15 - 17years, 49% and 18 - 19years, 73%). Those who conceived early are also expected to have dropped out of school at a low level and therefore never had the chance to

learn about human reproduction. Exposure to such teachings would have helped these teenage girls to escape pregnancy for it would have solved the myths and mysteries of the menstrual cycle making it clear what period is risky or safe.

The significant association between teenage pregnancy and the teaching of human reproduction implies that teenage mothers are more often than not, victims of circumstances. They lack the basics and can therefore not take the necessary precautions. Teenage pregnancy is therefore a consequence of unawareness of the dangers involved in indiscriminate sexual activity. It also implies that lack of instruction at puberty as used to be the case in earlier days has destructive effects on society at large. Girls are reaching the reproductive age with the least knowledge about such important matters pertaining to their fertility. Parents were found ineffective in disseminating information related to sexuality and its inevitable consequences.

Observations indicated that hospital visits for contraception has a major influence on teenage pregnancy (significant at 0.001). Despite awareness of contraceptive services in government hospitals,

91% never visited any hospital to obtain contraceptives. However, mothers who conceived at the lowest ages (11 - 14 years) were more interested in contraceptives compared to the rest. The moderate association ($c=0.4$) between these two variables implies that conceptions can be minimized by contraceptive use. Infact teenage pregnancy and actual contraceptive use were found to be strongly related ($c=0.6$) indicating that contraceptive use would lead to a negative or minus effect on teenage pregnancy which would be desirable.

It was found that lack of knowledge about both conception and contraception and its use are significantly associated with teenage pregnancy. Indeed 71% of 85 teenage mothers who gave reasons that led to teenage pregnancy attributed their calamity to lack of knowledge about conception (- significant at 0.01 and a contingency coefficient of 0.5). This was further confirmed by a test of significance between teenage pregnancy and the way the teenagers knew they were expectant which was found significant at 0.05. Sixty-three per cent of 144 young mothers knew they were pregnant when they missed their periods. This implies that a bit more knowledge about the period before and after the menstrual flow would

help these mothers to avoid pregnancy. It was observed that the key reason behind teenage pregnancy was ignorance and lack of information about conception as well as failure to take preventive measures before involving in sexual activity.

The third hypothesis had stated that socio-economic needs and lack of parental supervision, control and concern are related to teenage pregnancy. It was found that teenage pregnancy and mothers' occupation were significantly related at 0.01. In this study, 85% of the mothers of these teenagers were peasant farmers/housewives. Having no wage employment and with 62% of the husbands not engaged in income generating activities, the mothers must have been engaged in helping to meet the family's needs and in the process other needs like advice and caution were ignored, thereby jeopardising especially the daughters' welfare.

It can be conclusively stated that teenage marriage, lack of information and knowledge about conception and the lack of contraceptive use are all related to teenage pregnancy. These variables can act to promote or reduce teenage pregnancy in any society. In this study they played a major promotive role. However, other conditions explain why such factors

promoted rather than reduced teenage pregnancy. For instance, general modernization and infiltration of foreign culture and with it new norms and values, has played a major role in disrupting homes and society in general. This has resulted in a general community disorganization and influence of external values. These changes in society (as observed in Chapter 2) have resulted in social breakdown. The study found that teenagers got married as early as thirteen years and were hence initiated into the setting which sanctions reproduction or sexuality at an early age. As a result of social breakdown in mores and values and the influence of western styles of life, certain important postpartum taboos which used to govern sexuality within (and even without) marriage have been discarded resulting in widespread teenage pregnancy and close births.

Secondly, in the earlier days societal and cultural restrictions governed premarital sex to reduce the risk of pregnancy and unwanted childbirth. Sexual intercourse was absolutely prohibited before certain initiation rites such as circumcision. Teenagers were then instructed by older members to avoid penetration or to practice withdrawal to prevent pregnancy. The curtailment or abandonment of this traditional instruction at puberty which guided teenagers on when to abstain or engage, is an important

factor associated with premarital teenage conception. Lacking knowledge on when conception is likely, they engage at the wrong time and conceive without having had motherhood as a planned goal. Traditional instruction at puberty has been discarded and consequently teenage conceptions have increased, with painful consequences for society at large, and for the individual teenage mothers in terms of abandoned educational careers and school fees and the damage to a young life who more often than not is rendered a hopeless dependant together with her offspring. In other words, the educational, economic and social implications of teenage pregnancy are quite grave.

6.2 RECOMMENDATIONS:

The formation of a new family is a complex transition which is greatly complicated by teenage childbearing. Early parenthood creates an immediate crisis for teenage parents and their families, often initiating a chain of events which may result in long term disadvantages for the parties concerned. The majority of teenage girls do not want to become mothers while they are in their teens. However, due to early marriage (during teen years), lack of information about conception and lack of knowledge and use of contraception, many young girls assume parenthood when they are not prepared for it and

before they can take care of themselves, leave alone their offspring. Teenage childbearing is therefore a major factor affecting women's participation in development as it inhibits young women from taking full advantage of educational, vocational and employment opportunities. On the basis of the study findings and implications, several recommendations have been made.

1. Education is already equally available to boys and girls in Kenya but there should be greater emphasis on girls' acquisition of higher educational levels which will help to keep the girls away from marrying at a tender age due to lack of better things to do. This requires a change of attitude and outlook within society where greater emphasis on boys' than girls' education has been evident over time. There has been a tendency to use girls more in domestic chores and thereby limiting their time for school work. Parents should distribute these chores equally among their children irrespective of sex. Parents themselves need education. This will create the necessary awareness of the importance of education. This awareness will lead to more concern for all their children and advice for their daughters, especially concerning their fertility-related needs which can go a long way to

curb the wave of school drop-outs among girls due to untimely pregnancies resulting from indiscriminate sex involvement.

The Ministry of Education should come up with methods of encouraging girls to pursue education to high levels which will help them to set high educational goals from an early age, and make it a life-time commitment. Greater emphasis should be put on the importance of girls acquiring education and employment as alternatives to early parenthood which will make them more and more independent. There should be deliberate planning for teenagers. They should not be neglected in policy planning at the national level. They are also a target group with problems which can be tackled at the national level.

2. Since the current legal age at marriage in Kenya is 18 years (with parental consent), there should be strict observation of the same. The study revealed that girls entered matrimony as early as thirteen years, exposing them to pregnancy enhancing variables such as sexual intercourse, at a tender age. The government should take action against anybody violating this law in order to ensure that these young girls do not fall victims of early parenthood due to lack of knowledge about their legal rights. The age at which childbearing commences should be delayed and alternatives to

early parenthood provided in the form of educational and employment opportunities. Since early marriage ruins a young girl's opportunity for education and employment, any parent found marrying off a teenage girl below 18 years under whatever circumstances, should be prosecuted. Parents should show more concern and care for their children by letting these young girls take full advantage of educational chances.

It should, however, be noted that the present 8-4-4 education programme in Kenya might encourage early marriage since these young girls will be leaving form four school level at around age 14, 15 and 16, and only a small fraction will be joining the national universities and other institutions of higher learning. It is a challenge for policy makers to work out ways and means of occupying these young women for the next two or more years before they reach the legal age of marriage. They should be helped to fight oppressive situations which force them into early motherhood and that stereotype women as childbearers.

3. The increase in age at marriage means more time for education, to learn job skills and to mature physically and socially before starting families. What this means is more uncertainty about the future, and for some girls more risk of unwanted

pregnancy in the years before marriage. This risk is a result of widespread teenage sexual activity which in turn has resulted from the breakdown of cultural, traditional and even religious values and practices which has led to a virtual vacuum in the guidance and counselling of teenagers. Where culture, traditions and religion have failed to control, guide or support individuals and groups, people have clung to past ideals in the face of changing realities. There is, therefore, a need to inform teenagers on matters pertaining to sex since changes taking place in society have lessened the influence of social control mechanisms which traditionally discouraged teenage sexuality prior to marriage, and guided it within it. In spite of the christian preaching for chastity, premarital pregnancies have increased. Christianity has weakened traditional customs but introduced nothing to replace them hence many teenagers are not well-prepared to cope with changes in society.

An attempt should be made at the national level to provide teenagers with essential information, to instill knowledge, and to create understanding about their health and fertility-related needs. The public should face up to and understand the problem of teenage sexuality and become more tolerant to services dealing with the sexual needs of teenagers. It is important to encourage communities to face up to the problems of teenage sexuality and ensure

understanding and support for programme efforts at the community level.

Community education programmes should be encouraged to promote interest and dialogue on matters pertaining to teenage sexuality and its responsible expressions. Target groups should include parents, policy-makers, local community leaders, community workers, religious groups, the teenagers themselves, and proponents of sex education and contraceptive provision. Dispassionate discussions should center on postponement of sexual involvement, unwanted pregnancies and contraceptive education.

4. Teenagers should be exposed to sex or family life education which encourages the development of responsible attitudes toward sexual behaviour. The controversy and debate over sex education should not deter policy-makers from advocating for it in view of its long-term effects and the number of teenagers who fall victims of fertility-related problems due to ignorance thereby causing a demographic disaster. Sex education as a socializing process has results reaching far beyond the boundaries of the individual. Due to its far reaching effects - the eventual attitude and practices of the individual - sex education carries with it the obligations of the widest social importance. It includes the instruction and training that may help to form normal

and wholesome attitudes and ideals in relation to sex.

Sex education should, therefore, be developed as part of the entire educational system and should not be viewed as a special and isolated ritual performed at a given time. It is one process that may attempt to fill the vacuum left by the abandonment of traditional instruction at puberty through which teenagers were exposed to sex matters in the old days. Sex education is vital because there has been centuries of not only false teaching but also the deliberate fostering of ignorance as far as sexual matters are concerned. Children should not be denied the right to learn fundamental facts about themselves which are facts of vital significance both to themselves as individuals and to the community in which, as adults, they will have roles to play.

5. Since not all teenagers have access to formal education opportunities, other ways of reaching this category of teenagers have to be sought. Counselling centers where advertising and display of methods of controlling pregnancy (-visual aids) can be used to communicate the message should be alternative avenues of reaching the teenagers who have no access to formal education and hence school-oriented sex education. Peer group counselling should be tested and adopted since teenagers widely share information and experiences and can therefore gain from one

another's knowledge and experiences.

6. Contraceptive knowledge and use are recommended for teenagers whether they are sexually active or not. The campaign for contraception should be enhanced in order to foster teenagers' understanding that they have choices with regard to childbearing and fertility management. Currently only a small number of teenagers know that choices exist and the result has been widespread unwanted teenage pregnancy and wasted resources. Many sexually active teenagers do not practice contraception because they have come to believe that to take the initiative to control their fertility and thereby be seen to be sexually active is wrong and have hence engaged in sexual activity without planning for or even admitting the possible consequences of such an act. It is essential to dislodge such beliefs and help them to understand the importance of planning their fertility as a function of responsible living and to appreciate the fact that fertility management can enhance their lives by postponing pregnancy and childbirth until an opportune time.

Contraceptive use would help teenagers to become parents by choice and not by accident. Although the provision of contraceptive services for teenagers is considered too radical, it is an essential service with far-reaching social, economic and health effects. Policy-makers should come out open-

ly and support the provision of contraceptives to teenagers. They should emphasize on it as a preventive measure rather than embark on curative services which is a costly endeavour. Instead of pressing for nursing mothers to be re-admitted in schools, they should prevent motherhood occurring in the first place. As the old adage confirms, prevention is always better than cure. Contraception should be infused into people's lives as part of the lives they had lived before (in traditional days) and would continue to live - and not as something awfully new. It should be made an integral part of development as recommended recently at a conference in Nairobi (1987) on Better Health for Women and Children through Family Planning.

7. Community based services are effective in reaching teenagers and young people in general who are often reluctant to use clinic-based services. The problems faced by young people in using existing adult-oriented services demonstrate the approach needed for youth-oriented services. Services should be available which teenagers find attractive and which provide privacy and humane treatment. Where possible, separate clinics for teenagers should be established or at least special hours set aside for attending them. In fact efforts should be made to provide services for

young people in various institutions like schools and training centres. There is need for more clinics and trained personnel to reach out to the people and dispel the fears they have been having of contraception and related side-effects. Contraceptive services should be easily available if young women are expected to take full advantage of them in order to limit or control their fertility.

8. Programmes providing income generation training would be especially appropriate for unmarried teenage mothers who need to be assisted to regain lost self-respect and confidence, and through the provision of contraceptive services, to delay the second and any subsequent children. Such programmes would also benefit the married teenage mothers whose husbands are often young and in the low-income bracket.

9. Sexually Transmitted Diseases are one of the dangers facing sexually active teenagers. The Acquired Immune Deficiency Syndrome (AIDS) problem has been a major concern the world over. Teenagers should be educated on this and other dreaded sexually transmitted diseases if they are to protect themselves against them and their grave consequences.

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APPENDIX 2

INTERVIEW SCHEDULE (QUESTIONNAIRE)

Section 1: Background Characteristics:

1. a) How old are you?

(Age in years)

- b) What month and year were you born?

(Month)

(Year)

- c) Birth order: _____

- d) Siblings: 1) Sisters _____ 11) Brothers _____

2. Have you ever attended school?

1. Yes 2. No (skip to 4)

3. a) What was the highest level of school you attended?

1. Primary 2. Secondary 3. Other (specify)

- b) What was the highest grade (standard, form, years) you completed at that level?

1. Standard _____

2. Form _____

3. _____ years.

4. a) Have your parents ever attended school?

1. Yes 2. No (skip to 5)

- b) What was the highest level of school they attended?

1. Primary 2. Secondary 3. Other (specify)

c) What was the highest grade (standard, form, years) they completed at that level?

1. Standard _____

2. Form _____

3. _____ years

5. Which languages can you read? (circle all that apply)

1. Local (specify)

2. Kiswahili

3. English or other foreign.

6. What is your ethnic group?

1. Kamba

2. Kikuyu

3. Luo

4. Luhya

5. Meru/Embu

6. Other (specify)

7. What is your religion?

1. Catholic

2. Protestant and other
Christian Sects

3. Muslim

4. No Religion

8. a) Have you ever worked?

1. Yes

2. No

b) What do your parents do (in terms of occupation)?

i) Mother _____

ii) Father _____

9. What is/was your occupation, that is, what kind of work do/did you do?

(Detailed description of work.)

10. Marital Status:

1. Married
2. Single (skip to 14)
3. Separated (skip to 11 (b))
4. Divorced

11. a) Is the union
1. Monogamous?
 2. Polygamous?
- b) Was the union
1. Monogamous?
 2. Polygamous?

12. (for the married) Husband's occupation _____

13. a) How old were you when you first got married?

-- (Age in years)

b) What was the nature of the marriage?

1. Forced/planned by parents
2. Personal choice
3. Other (specify)

Section 11: Pregnancy:

14. How old were you when you experienced your first menstrual flow?

_____ years.

15. How old were you when you first conceived?

_____ years

16. Were/are you premaritally pregnant?

1. Yes 2. No

17. a) How did you know you were pregnant?

(explanation)

- b) After how long did you realize you were/are pregnant?

1. After the first month
2. After the second month
3. Other (explanation)

18. a) How many children do you have?

1. None (presently pregnant)
2. One
3. Two
4. More (specify)

b) What are their ages?

Section 111: Child-Parent Communication:

19. a) Did you ever desire to be pregnant?

1. Yes

2. No

b) At what age did you desire to be pregnant?

_____ (years).

c) Why? _____

20. a) Where were you when you became pregnant?

1. In a rural area

2. In an urban area

b) With whom were you living when you became pregnant?

1. Parents

4. Relatives

2. Mother only

5. Friends

3. Father only

6. Alone

21. a) Have you been a regular church-goer?
1. Very regular
 2. Regular
 3. Not regular
 4. Rarely goes
 5. Never goes
- b) How many times do you go to church in a month?
22. a) Have any of your close friends and age-mates been pregnant?
1. Yes
 2. No (skip to 23)
- b) Did they get pregnant before or after you?
1. Before
 2. After
 3. Other (specify)
- (23-32) for the unmarried teenage mothers, the premaritally pregnant teenage girls, the single childless teenagers).
23. Have you been visiting your friends regularly?
1. Yes
 2. No
 3. Never
24. Have you been obtaining permission from your parents?
1. Yes
 2. No
 3. Other (explain)

25. Do they approve of your having boyfriends?

1. Yes

2. No (skip to 27)

26. a) Do they allow you to visit them?

1. Yes

2. No

b) Do they approve of your boyfriends visiting you?

1. Yes

2. No

c) Why? _____

d) Do your friends approve? _____

e) Why?

27. What is their (parents) reaction to your coming home late?

(Detailed explanation)

28. a) Do you ever sit and talk to your parents?

1. Yes 2. No (skip to 29) 3. Other

b) Whom do you talk to most?

1. Father

2. Mother

3. Talk to both equally

c) What topics do you discuss with them/her/him?

1. Father _____

2. Mother _____

Section IV: Reactions Toward And Reasons that
Led to Premarital Teenage Pregnancy

29. a) What did you feel when you discovered you
 were (premaritally) pregnant?

1. Frightened
2. Didn't care
3. Other (specify)

b) Why did you feel like this?

30. a) What was your response to pregnancy?

- | | |
|------------------|----------------------------|
| 1. Marriage | 3. Attempted abortion |
| 2. Abortion | 4. Other (specify) |

b) Why did you decide to take such a course?

31. a) What was the reaction(s) of your parents after learning of your conditions? (Circle the correct ones).

- | | |
|------------------------|--------------------------|
| 1. Beating | 4. Didn't mind |
| 2. Disownment | 5. Scolding |
| 3. Expulsion from home | 6. Withdrawal of favours |

b) What was the reaction(s) of people around you after they discovered you were pregnant?

1. Hostility
2. Gossip
3. Other (explain)

c) Who showed you greatest sympathy and concern?

d) How?

32. What were the personal consequences of the pregnancy?
(circle the correct ones).

1. Termination of schooling
2. Early marriage
3. Out-of-wedlock birth
4. Forced to work for a wage
5. Other (explain)

Section V: Sex Experience and Contraceptive Knowledge:

33. At what age did you experience sex for the first time, that is, your first experience of sexual intercourse?

_____ years

34. a) Do you have any idea about how someone can keep from getting pregnant?

1. Yes
2. No (skip to 39)

b) How old were you when you came to know about this?

_____ years

35. a) Who, among the following have ever talked with you about how to avoid unwanted pregnancies?
(circle correct ones)

- | | |
|---------------|--------------------|
| 1. Mother | 4. Boyfriend |
| 2. Teacher | 5. Doctor |
| 3. Girlfriend | 6. Church official |

b) What did they tell you?

36. Did you ever have a class in school where human reproduction or family life education was taught?

1. Yes 2. No 3. Not applicable

37. Are you aware that there are free contraception services available in government hospitals?

1. Yes 2. No (skip to 41)

38. Have you ever been to any hospital or clinic in order to obtain contraceptives?

1. Yes 2. No (skip to 40)

39. What method of contraception do you use?

1. Oral contraceptive (the pill)
2. Diaphragm
3. Sponge
4. Intrauterine device (IUD)
5. Natural method
6. Withdrawal
7. Calendar rhythm (skip to 42)

40. Why have you not sought contraceptive services?

1. Didn't know about them
2. Was concerned about safety (fear)
3. Partner objected
4. Contraceptives not available
5. Thought it unnecessary
6. Hospital authority objected

41. When do you think a mature woman is most likely to become pregnant?

1. Right before her period
2. During her period
3. Right after her period
4. About two (2) weeks after her period begins
5. Anytime during the month
6. Don't know

42. a) From whom did you learn about the time a woman is most likely to conceive?

- | | |
|-------------------|--------------------|
| 1. Mother | 4. Doctor |
| 2. School Teacher | 5. Other (specify) |
| 3. Girlfriend | |

b) From whom did you expect to learn about matters pertaining to conception?

(43-49) for the unmarried teenage mothers and premaritally pregnant teenage girls)

Implications of Teenage Pregnancy:

43. What, in your opinion, led you to getting pregnant during teenage?

(Detailed explanation)

44. a) Do you regret getting pregnant at the time you did?

1. Yes 2. No 3. Other (explain)

- b) Why?

45. What were your plans for the future prior to the pregnancy?

46. a) Whom do you blame for your becoming pregnant?

1. Myself
 2. My parents
 3. My mother
 4. Other (specify)

- b) Why?

47. Now that you have a baby/are pregnant, what plans do you have for your future life?

48. a) Who, other than yourself, supports your financially?

1. Immediate family

2. Relatives

3. Child's father

4. Other (specify)

- b) Is this support adequate?

1. Yes

2. No

- c) Is the support voluntary?

1. Yes

2. No (explain)

49. a) Would you like to get another (other child/children?)

1. Yes

2. No

- b) Why?

(50 - 52 for those who are unmarried and with more than one child)

50. What made you get other children after getting the first one premaritally?

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51. a) Are you hoping to get married someday?

1. Yes 2. No

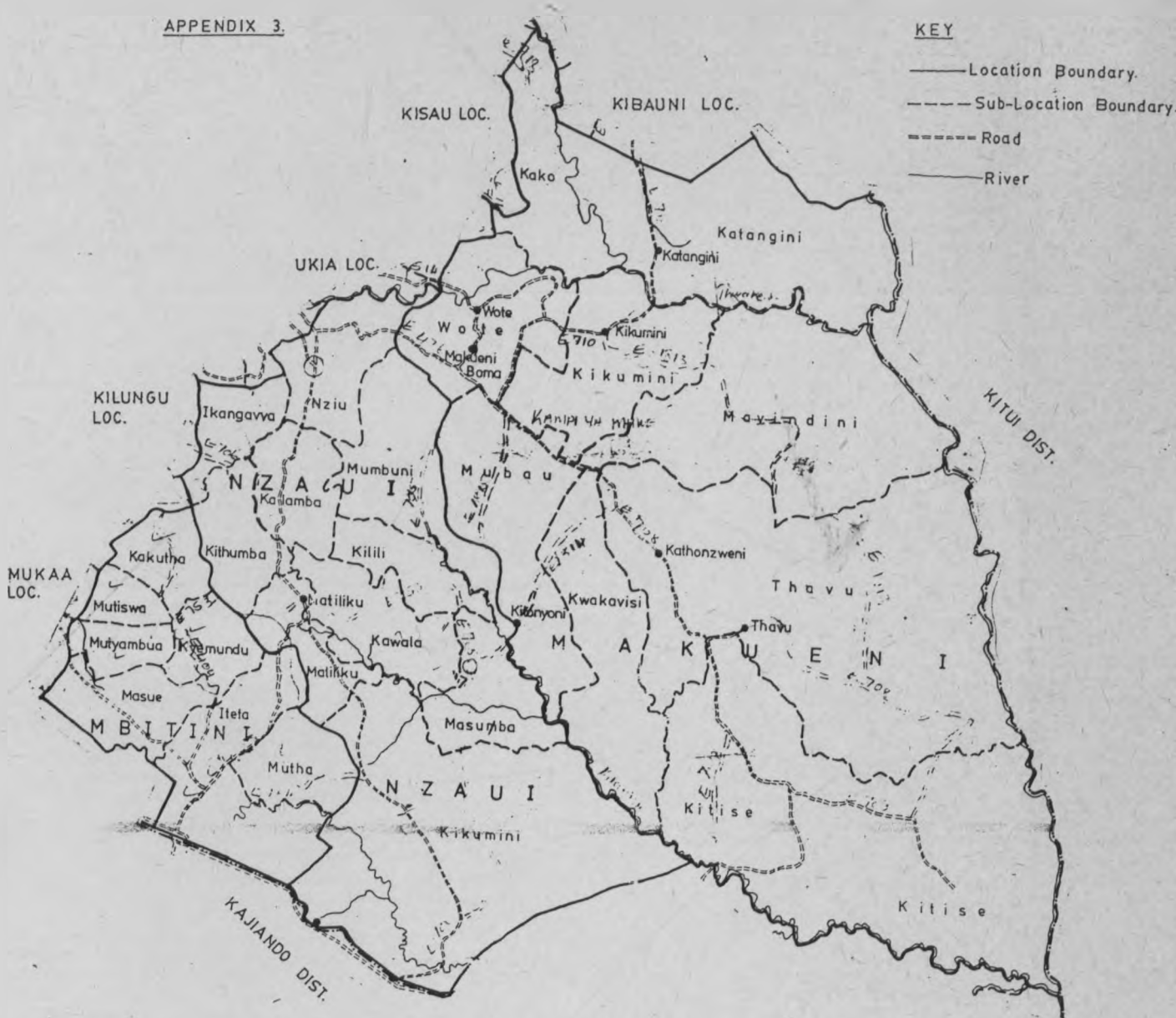
b) If No, Why?

52 a) Do you want any more children?

1. Yes 2. No 3. Other

b) Why?

APPENDIX 3.



MAKUENI DIVISION

