

**FACTORS ASSOCIATED WITH TEENAGE PREGNANCY IN RIANA DIVISION,  
NDHIWA SUB-COUNTY, KENYA**

**BY**

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN GEOGRAPHY  
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## **DECLARATION**

### **Declaration by the Candidate**

This thesis is my original work and has not been presented for a degree in any other University.

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## **DEDICATION**

This work is dedicated to my father, Richard Dede Otulo for his dedicated parental guidance and upbringing that shaped my future as a geographer and natured skills in exploration of environment,

to my beloved mother Rose Auma Dede who showed me first the practical science of the solar system by teaching me the various names of the planetary bodies; the sun, the moon, the stars e.t.c at night thus evoking this passion for geography, to my wife Theresa Atieno Nyateko for her big dilemma on girl child pregnancy especially those ones from the religious background, and to my beloved young boys: Alvin Shadrack, Ian Ishmael, David Campbell, and Enoch Dede for their patience of missing my full attention as a father during the entire period of class work and research.

## **ABSTRACT**

This study investigated factors associated with teenage pregnancy among the teenagers who are regular attendants of religious meetings in Riana Division of Ndhiwa sub-County, Kenya. Specifically, the study set to examine the prevalence of teenage pregnancy, establish premarital sex, level of contraceptive use and determined the effect of sex education on teenage pregnancy among regular religious worshippers in the study area. The study was based on the Psychosocial theory by Ausubel (1961) and employed Cross-sectional survey design. Data was collected using questionnaires and in-depth interview schedule from 303 girls randomly selected from the target population of 12,044. The data was analyzed using descriptive statistics of frequencies, percentages, means and spearman correlation coefficient and inferential statistics of chi-square and results presented in frequency tables and figures. The study established that there is high prevalence of teenage pregnancy, premarital sex, low contraceptive use and low sex education all these thus contributing to teenage pregnancy. It was discovered that religious leaders and parents do very little in teaching responsible premarital sexual behaviors among the teenagers in Riana Division of Ndhiwa Sub County, Homa Bay County. It is concluded therefore from the finding that factors contributing to teenage pregnancy in Riana Division are premarital sex, low contraceptive use and lack of adequate sex education. The study recommends that the provision of religious and sex education to be strengthened and the teenagers be encouraged to use and be provided with contraceptives to help solve the problem of teenage pregnancy.

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## ACRONYMS AND ABBREVIATIONS

STIs..... Sexually Transmitted Infections.

HIV .....Human Immune Virus.

NCSS .....National Council of Social Service.

US .....United States.

NCPD .....National Council for Population and Development.

UNCRC .....United Nation Convention on the Rights of the Child.

AIDS .....Acquired Immune Deficiency Syndrome.

KDHS .....Kenya Demographic and Human Survey.

ATR .....African Traditional Religion.

SASS .....School of Arts and Social Science.

SPSS .....Statistical Package for Social Sciences.

WHO .....World Health Organization.

SDA .....Seventh Day Adventist.

KDHS.....Kenya Demographic and Health Survey.

CDC .....Centre of Disease Control.

NSFG .....National Survey of Family Growth.

YCS.....Young Catholic Society.

ATCP ..... African Traditional Cultural Practices.

AYO ..... Adventist Youth Organization.

CSE .....Comprehensive Sexuality Education.

UNFPA .....United Nation Population Fund.

UNICEF .....United Nations International Children’s Emergency Fund.

UNESCO .....United Nations Educational, Scientific and Cultural Organization.

APHRC .....African Population and Health Research Center.

KIIS .....Key Informant Interviews.

QI .....Questionnaire Interviews.

IDI ..... In-depth Interview.

NACOSTI .....National Commission for Science, Technology and Innovation.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.0 Over view**

This chapter covers the following areas; background of the study, statement of the problem, study objectives, research questions, the scope and limitations of the study, justification of the study, basic assumptions of the study, theoretical framework conceptual framework and operational definition of terms. These were the candid areas which guided the study.

### **1.1 Background to the study**

Teenage pregnancy has existed and is conceptualized as a social problem in many parts of the world (WHO, 2016). When it occurs, it affects the mental and physical health of the teenage mother and the child (Hogan and Kenny, 2016). It is sad to note that one-third of girls globally get pregnant before they reach age 16 years (CDC, 2016). Besides, they are at higher risk of contracting sexually transmitted infections (STIs) and coerced early sexual relationships (Mashao, 2017).

According to the research which was done by the National University of Ireland Maynooth (2018), over one hundred thousand illegitimate children were born in Ireland and the cause for concern was on the part of both the Irish government and the Catholic church. This period of time is of great significance as it was during the period when Irish was promoted as a Catholic and morally pure country and therefore those who transgressed this moral code were frowned upon and plucked off from the society.

Globally, religious institution links people of faith with resources, curricula and publications

to implement life long, age appropriate sexuality education in faith communities, schools, and graduate theological institutions. Americans affirm and support the religious foundations for supporting sex education throughout the lifespan and respects the whole person, honors the truth and diverse values and promotes the highest ethical values in human relationships. They support sexuality education programs that are age appropriate, accurate and truthful. Programs that teach abstinence exclusively and withhold information about pregnancy, contraception and disease prevention fail out teenagers. American largely favor responsible and comprehensive sexuality education that includes accurate information about abstinence and contraception, including; Lake, Snell, Perry and Associates, 79% of Methodists, 57% of Baptist, 74% of Roman Catholics, 62% of those who identify as born again Christians and 67% of those who identify as fundamentalist or Evangelical. At the same time, the research discovered that Christian Clergy favor sexuality education and open discussion of sexuality issues in their religious communities with more than 90% of protestant and Jewish clergy believe that individual can benefit from discussions of sexuality issues in worship services, Youth groups, religious school and adult education. African American pastors are among the most supportive with 80% agreeing that Christian education should include sexuality issues (Peter,2017). More than one million teenage girls in the United States become pregnant each year, just over 470,000 give birth (Mashao, 2017). According to National Survey of Family Growth ( NSFG, 2017), Since 1970 teenage pregnancy and child bearing have remained higher in the United State than in the majority of other developed countries in the world.

In Africa, worst areas affected with teenage pregnancy include; Ghana, Congo, Namibia ,

Kenya and Uganda. In most part of these African countries, the problem is more than pregnancy but include other reproductive health related problems that are inflated by poverty as evident from UNFPA ( 2017). The highest levels of teenage pregnancy are in Africa where the average rate of teenagers' age between 15 - 19 years stands at 115 (Kurt, Sasmaz and Bugdayci, 2015). The Kenya population situation analysis points at grim picture of young girls becoming mothers at very tender ages as indicated by the Kenya Demographic and Health Survey (KDHS, 2014). The report by the Kenya Demographic and Health Survey (KDHS,2016) shows Kenya to be among the countries with a large number of adolescent pregnancy in Africa.

Kenya, as seen in the global picture, contribute to the highest rate of teenage pregnancy by having 103 in every 1000 pregnancies being attributed to girls between 15 and 19 years (KDHS, 2016).According to the recent research by Lucia (2018), seven thousand one hundred and eighty two (7,182) girls aged between 10 to 19 were found to be pregnant in Nairobi County between January and March 2017. Prevalence teenage pregnancy was found to be highest in Counties within Nyanza region at 22 percent, followed by Rift Valley 21.2 percent and Coast 21 percent (KDHS,2016). According to KDHS (2016), Homa Bay County has highest rate of teenage pregnancy which stood at 33.3 percent, followed by Nyamira at 27.8 percent. Riana Division is no exception; it is among the leading areas with higher teenage pregnancy in Kenya (Were, 2017). In Riana Division, the social cultural network of early childbearing are acceptable and has become normative and perpetuate the problem (Were, 2017).

This research sought to examine factors associated with teenage pregnancy in Riana Division of Ndhiwa Sub-County, Homa Bay County,Kenya. Table one point one indicates the global situation of teenage pregnancy report by a survey which was conducted by the UN Statistics division (2017).



Many countries including the United States of America faced the problem of teenage pregnancy. The leading country with the highest percentage of teenage pregnancy population is Gabon which lands Kenya at the fourth position in the global picture according to the report by the (UN Statistics 2017). Table 1.1 indicate the global picture of sampled countries. Kenya is also hit with the problem of teenage pregnancy and this situation brings a lot of challenges right from the national government. County government to the individual house hold including the affected pregnant teenager. This situation alone signifies the prevalence of teenage pregnancy a situation that should call for the attention of various peoples to help address it as a time bomb.

**Table 1.1: Global situation of teenage pregnancy**

COUNTRY	TEENAGE BIRTH PER 1000 (AVERAGE)	YEAR			
		1995-2000	2000-2005	2005-2010	2010-2015
GABON	109.03	130.10	107.1	89.9	87.7
GUATEMALA	114.73	121.1	115.4	107.7	105.6
GUINEA	146.77	174.4	165.7	157.4	150.2
KENYA	103.37	105.7	104.2	100.2	100.1
LIBERIA	146.97	152.2	146.1	142.6	137.4
MALAWI	146.40	160.9	159.1	119.2	117.2
NIGERIA	126.90	135.2	127.2	118.3	114.1
SWAZILAND	98.57	109.4	102.4	83.9	80.7
UGANDA	171.13	191.0	172.5	149.9	137.6
UNITED KINGDOM	29.20	31.0	27.0	29.6	23.7
U.S.A	44.93	50.5	43.1	41.2	40.5

**SOURCE: UN Statistics Division UNFPA (2017).**

## 1.2 Statement of the problem

Religious teachings have a big role in people's understanding of teenage pregnancy and other risk factors like STIs, HIV/AIDS in Africa (Caldwell, 2017; Yamba, 2017) and therefore an important factor in discussing teenage pregnancy. Teenagers who are affiliated with religious groups that excommunicate members for engaging in premarital sex are more likely to delay the onset of sexual intercourse among the young women but less likely to promote the use of contraceptives during first sex (Agha et al., 2018).

Kenya is a signatory to regional and International instruments and commitments on teenage girls and women's reproductive health which are not but limited to Maputo Protocol, Family Planning 2020 (FP2020) and the Sustainable Development Goals (SDGs). In 2017, FP2020 Pledged commitment to expanding youth friendly services with a focus on teenage girls, with keen focus to utilization and increased prevalence to utilization of contraceptives among the teenage girls. This was to be increased from forty to fifty percent so that teenage pregnancy can be reduced substantially from eighteen to twelve percent by the year 2020 (Lucia, 2018).

From the latest research by the African Population and Health Research (APHRC) (2018), it is clear that sexuality education programs to Kenyan teenagers are failing the teenagers, and are falling short of international standards. About one quarter of teenagers interviewed in selected Schools in Nairobi, Mombasa and Homa Bay Counties, holds the opinion that using condom during sex is an indicator of mistrust (African Population and Health Research, 2018). In the same research, one out of three female teenagers and more than fifty percent of teenage boys were in agreement that the more girls say no to sex the more they mean yes. At the same time fifty percent of the female teenagers and seventy percent of the male teenagers said that protected and consensual sex with someone you love is a good thing (APHRC, 2018). These contradiction from these research clearly indicated that there is a serious lack of understanding

and awareness about sexuality with respect to teenage pregnancy, religious morality and pregnancy avoidance.

Teenagers who attend religious meeting or services frequently are less likely to be sexually active than those who do not and those who attend congregations in which teenage pregnancy is discussed frequently are more likely to be virgins (Trinitapoli and Regnerus, 2016). In Riana Division of Ndhiwa sub-County, however, religion is perceived as disparaging the existing traditional norms that regulate teenage sexual behaviors (Were, 2017). Christians find African Traditional Religion (ATR) practices to be outdated and un-biblical. ATR adherents view this as spoiling the children (Meya, 2017). As a powerful social force, religion has impacted on the cultural scene so much so that it has become a major cultural manifestation in thought and action affecting the entire public sphere (Assimeng, 2016). Religion has taken its stand in fighting or discouraging contraceptive use. Other religious faiths have been quoted to have taken a leading role in shaming people over sexuality and discouraging contraceptive use (Fr. Francis, 2010).

Sex education and attitude change among the religious leaders and teenagers was found to be very necessary (Athar,2017). This aspect was seen with a lot of mixed reaction among various religious divide for example, Muslims strongly believe that if you teach kids about sex, they will do it (Athar, 2017). Is knowledge harmful? There was found to be general reluctance on the part of adults particularly fathers and religious leaders to discuss sexual issue with their teenagers (Karagu et al., 2017). In view of these discrepancies, there was need to establish the factors associated with teenage pregnancy in Riana Division.

According to the report from the Homa Bay County Education (2018), teenage pregnancy is an alarming situation which has been a major contributor to poor performance in the Kenya certificate of primary education (K.C.P.E) with the most hit sub –County being Ndhiwa. In

Ndhiwa sub –County, Riana Division takes the lead at seventy six percent followed by Nyarongi Division at sixty six percent in teenage pregnancy, Homa Bay County Education Bulletin (2018). This is a clear indication that an immediate intervention is needed to help solve the situation of teenage pregnancy. Much as teenage girls might be blamed at times, there are numerous circumstance and factors which could precipitate these situations among the teenagers like economic factors, peer pressure, premarital sex, contraceptive use and sex education among others.

### **1.3 Purpose of the Study**

The purpose of this study was to explore factors associated with Teenage pregnancy, in Riana Division, Ndhiwa Sub - County of Homa Bay County, Kenya.

### **1.4 Specific objectives**

The study was guided by the following specific objectives:

1. To determine the prevalence of teenage pregnancy among regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya.
2. To establish the prevalence of teenage premarital sex among regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya
3. To find out the level of contraceptive use among the teenagers who were regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya.
4. To determine the effect of sex education on teenage pregnancy among teenagers who were regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya.

### **1.5 Research Questions**

The study was guided by the following research questions:

1. What is the prevalence of teenage pregnancy among regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya?
2. What is the prevalence of teenage premarital sex among regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya?
3. Are contraceptives available and to what extent are they being used among the teenagers who are regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya?
4. What are the effects of sex education on regular religious worshipers in Riana Division of Ndhiwa Sub-County, Kenya?

#### **1.6 The scope and Limitation of the study**

The study was conducted in 6 selected larger religious congregations within Riana Division of Ndhiwa sub-county, Kenya. These congregations included: Angiya sub-parish, Ndhiwa Jamia mosque, Obara SDA Sub Station, Rarage Catholic sub Parish, Wayaga regional assemblies of Alters, and Marindi Jamia Mosques. These being larger, they presented the grass root religious organization and also keep the information concerning the smaller assemblies. Data was collected by the researcher using questionnaires and interviews. The study specifically sought to determine the factors associated with teenage pregnancy in Riana Division of Ndhiwa Sub-County, Kenya. The study targeted teenage girls between ages 13 to 19 years as they were the most vulnerable as justified by (WHO bulletin volume 87:2009 number 6 June 2009). The major limitation which was faced during the study was the uncooperative respondent, a situation which was handled by assuring them of high confidentiality and lack of adequate records, a problem which was handled by engaging the youth leaders in an interview to get more information.

## **1.7 Justification of the study**

Christian religious beliefs and practices to a large extent disparage the existence of African Traditional Cultural Practices (ATCP). In ATCP, there used to be cultural moral reference point against which all conducts are assessed (Meya, 2017). These standards provided regulatory influence over all aspect of teenager's behaviors including sexuality. This coupled with religious modernization, has widely contributed to teenage pregnancy (Meya, 2017). It is hoped that this study will yield data and information that will be useful for proper planning and decision –making at the ministry of Education, Gender culture and sports on teenage pregnancy and other issues related to the youths.

There was strong agreement that teenage pregnancy rate was still on the increase and for every increase there was an additional consequence most of which were adverse to the lives of the teenage mothers. The research findings of the study would be an important gain to the community, school administrators, parents and teenagers on how to minimize teenage pregnancy to the school going teenagers and even those ones out of school.

The findings and the recommendations of the study can be useful to the religious leaders in designing an appropriate counseling programs and selecting what to include in their religious services. It was also hoped that the study will form a basis for further research on the effect of religion on teenage pregnancy in Riana Division of Ndhiwa sub-county, Kenya. This should lead to the generation of new ideas for the better and more efficient teenage pregnancy management as there is no similar study that had been done in Riana Division.

Ndhiwa Division was chosen due to its proximity. It was an area closer to the researcher therefore due to this proximity it could offer an ideal interaction between the researcher and the respondents which was economically viable for this study. The study area was also chosen because of its accessibility to the researcher. Singleton (1993) says that the ideal setting is one

that is related to the researcher's interest, is easily accessible and allows the development of immediate rapport with the respondents. In support, Best and Kahn (1993) says that since research requires careful thought about a number of factors, accessibility and cost factors become legitimate consideration.

### **1.8 Basic Assumptions of the Study**

The study was modeled with the following assumptions;

- (i) That those who are religious are holy and free from indulgence in sin and any forms of vices.
- (ii) That children raised by religious parents are also religious and equally conforms to their religious dictates.
- (iii) That teenagers go to various churches in Riana Division.
- (iv) That records on premarital sex and contraceptive use are accessible and available.
- (v) That contraceptives are available to the teenagers.

### **1.9 Theoretical Framework**

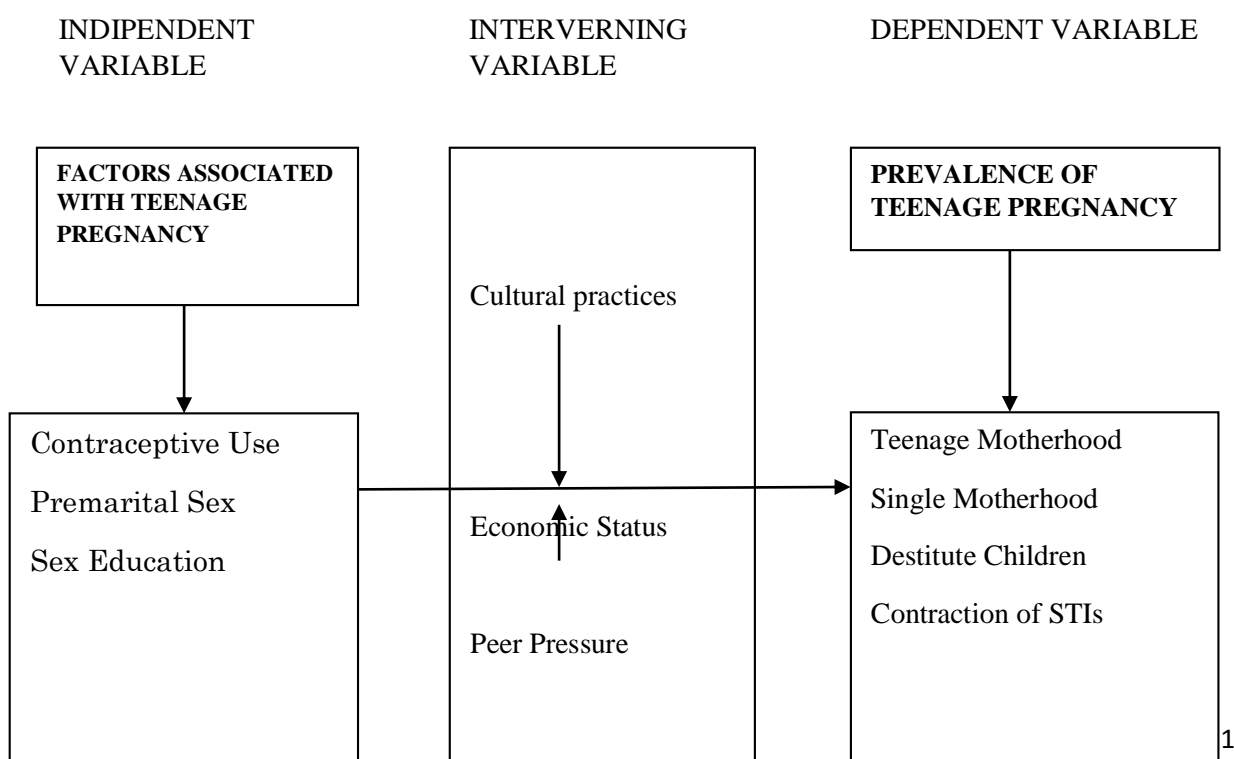
This study was modeled on one theory: psychosocial theory by Ausubel (1961). This theory considers human behavior and learning to be influenced by situation and social environment. Ausubel's psychosocial theory emerged as a result of intellectual ferment from series of researches conducted in his investigation as was motivated by Jean Piaget between the years 1918 and 1960 (Woolfolk et al., 2017). This theory has been successfully used to support learning where there is an attempt to integrate new material with previously presented information through comparisons and cross-referencing of the new and old ideas (Caroline, 2018). As applied for this study, the theory of Ausubel holds that character formation is based on the kind of super ordinate, representational and combinatorial processes that occur during the reception of information. This was true considering the fact that factors (independent variable), in this case premarital sex, contraceptive use and sex education precipitate a number of inclusions and omissions which will combine with the individual teenager's internal

psychological factors to shape up their behavior of which the end result may be teenage pregnancy. This theory was based on the concept that external factors have got to interact with internal to bring early teenage sexuality, thus teenage pregnancy prevalence (Liz, 2017). However, a weakness of this theory was that in as much as the teenagers may end up discovering some information that was not so and therefore learn of from erroneous character for example when a choir in religious congregation present a dramatized song of using wings, this does not make the teenagers to acquire and use wings (Bandura , 2017).

### 1.10 Conceptual framework

The interaction was as shown in figure 1 below. In the conceptual framework depicted in figure 1, premarital sex, contraceptive use and sex education denoted as independent variables are hypothesized to have influenced teenage pregnancy taken as dependent variable in Riana Division of Ndhiwa Sub-County, Kenya. The intervening variables (Cultural practices, Economic status, and Peer pressure) though important, were not considered in this study and could be suggested for further research.

**Figure 1: Conceptual Framework.**





**Source:** Synthesized from the literature reviewed by the researcher.

### **1.11 Operational Definition of Terms**

**Religion:** A social institution involving beliefs and practices based on the sacred. It is the willful faith in, assent to, and embrace of a self-transcendental purpose or purposes subject to Individual experience and perception. Whereas, there are a number of religions, this study focused Christianity, Islamic and Non-religious.

**Sex Education:** In accordance to the UNFPA, CSE is a right based and gender focused approach to sexuality education. An Education which is objectively geared to enable children to: obtaining accurate information about human sexuality, sexual and human reproductive health and human rights concerning sexual anatomy and psychology, reproduction, contraception, pregnancy and child birth, STIs etc.

**Religious Teachings:** Teachings related to CSE which are non- curriculum. They are founded on the principles of doctrines of various religious faith are taught in various religious meetings to its members and has become the key components of religiosity.

**Teenage:** A person of the age between 13- 19 years. Mostly characterized by a number of emotional or Psychological and physical changes. Aperiod when developmental hormones begin to influences behavior.

**Teenage pregnancy:** The act of conception after fertilization on a teenage female. This may result in teenage births after full time development of the fetus.

**Premarital Sex:** This is the act of involvement in sexual intercourse among the girls and boys who have not attained the age of marriage and are not yet married.

**Peer group:** People of the same age group or social status.

**Sexuality:** Activities connected with a person's sexual desires.

**Abstinence:** The practice of not allowing one's self to engage in sexual act.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter discusses the literature related to factors associated with teenage pregnancy. The review was conceptualized under the objectives of the study and focuses mainly on the prevalence of teenage pregnancy, availability and level of usage of contraceptives among teenagers from religious background, the effect of religious education on teenage pregnancy and prevalence of teenage premarital sex. These were the main issues in this study.

#### **2.1 Prevalence of teenage pregnancy.**

According to the national survey of adolescent (NSA) by (Athar, 2017), in America, teenage pregnancy was found to vary greatly in terms of race, ethnic group and regionally within the country. Majority of the teenagers who give birth are eighteen years or older. In 2013, seventy three percent of the total teenage births involved the teenagers aged eighteen to nineteen years old. Hispanic and black teenagers had the highest birth rate than the white teenagers of the same age. This fact was attributed to the variation in their economic levels. Analysis from the data of 2013 indicated that eleven percent of teenagers in United States will give birth by their twentieth birth day; with eight percent of white female teenagers and seventeen percent being Hispanic female teenagers. Of the total births seventy seven percent of the pregnancies are unplanned or occurred “too soon”, National Survey of Adolescents (Shahid,2017).

Taking no other factors into account, the children of teenage mothers are greatly challenged in terms of education placement and other amenities, But when maternal education status are considered and level of poverty are considered and controlled, the determinant effects disappear and even some protective effects are observed. Confounding influence of associated

socio – demographic factors are majorly responsible for the increased teenage pregnancy and its associated risk and related challenges (Baltag, 2015).

In Kenya, Were (2017) is of the opinion that teenage females are baited with material things and money by their sexual partners and those teenagers from the rural areas are more likely to fall a prey. This is occasioned by the high opportunities to engage in such sexual practices in own huts, bushes, farms and isolated places like the plantations among others.

Economic status of the teenagers together with their parents has a lot as a determinant of teenage pregnancy. According to Meya (2017), the higher the ratio between the haves and the have not , the larger the gap between low income and middle income households. Teenagers with low socioeconomic position, whose mother's barely have below secondary level of education are more susceptible to teenage pregnancy and become a single mother-should they happen to live in an environment of high prevalent of inequality of income( Meya, 2017).

According to Were (2017), when children become sexually active, they normally tend to keep most of their activities, interactions and conducts to be secret. There seemed also to be less of parental guidance and counseling on matters pertaining to sex and sexuality among the parents and even the religious leaders.

There is greater discrepancy in handling sexuality as a topic among the majority of parents, teachers and religious leaders. Sexuality as a matter of fact is seen as a virtue in many African societies (Whyte, Albert &Geest, 2017). According to the review which was conducted by the Homa Bay County governor in the Homa bay County bulletin number (14)-2015, teenage girls are defiled by indiscipline teachers, elderly people whom they trust most. They are baited by goodies like money, food, sanitary towels and free ride offered by the motor cyclist operators. These incidence leads these innocent teenagers into early pregnancies, school dropout and disease infections especially the STIs. The efforts by the provincial administrators to stop this

problem have been futile and instead it has spread to the neighboring regions making it a pandemic, Homa Bay County Bulletin 126 (14) – (2015).

According to Juma et al. (2018), poverty has been cited as the major driver of teenage pregnancies as in regions where poverty index is high, girls are viewed as the source of livelihood who are expected to save the family through being used as sex pet and prostitute; selling their bodies in exchange of money and food. In the slums and suburbs, since parents are kept away for work, their teenage daughters who are left behind learn about sex through the wrong sources. Others learn about sex through the videos they sneak and watch in the unlicensed show rooms or even in an indisciplined individuals' house, who carelessly allow children to view pornographic pictures and videos (Juma et al., 2018).

Similarly, a survey by Plan International (2017), indicated a deplorable situation from where a total of 120 school girls from Kilifi County dropped out of school as a result of early pregnancy. This survey placed Nyanza region to lead followed by Coastal in teenage pregnancy, national Council for Population and Development (NCPD, 2018). From the same survey, it was clear that the availability of contraceptives are also influenced to a greater extent on the geographical location where by women and teenage girls who in rural and local villages and suburban areas have fewer contraceptive alternatives than those in urban areas (NCPD, 2018).

According to research by (UNPF, 2017), it was found that the highest number of teenagers who get pregnant come from the poor background. A circle of poverty has been identified as one of the cause of teenage pregnancy in Kenya as poverty causes personal suffering which loosens and destroys the social and economic complexes and development by exerting strain in sectors like medical services, (UNPF, 2017).

Teenage pregnancy is not only a societal problem but also the problem of the entire nation. Whenever it strikes, it subjects the society and the nation to pay a high price. Those pregnant

teenagers will be forced to drop out of school. This way, since they are from the poor background of the family who hardly have enough to even afford food on their tables, they will definitely be forced to drop from school and stay in the same poverty. Education which is supposed to enlighten and lead them out of poverty and empower them to obtain good life, will not be of help. They will definitely continue in the same poverty again and again. Pregnancy is therefore seen as a big padlock which closes their door and hinder them from accessing the path out of poverty. It was discovered that between June 2016 and July 2017 alone a total of 378,397 teenage girls aged between ten and nineteen years got pregnant in Kenya, according to the statistical records from (UNPF 2017).

From the literature reviewed above, it emerges that the implementation of set policies and regulations that could be of vital help towards containing the problem of teenage pregnancy has been poorly jumpstarted and this has created a big gap that need to be filled up. Despite the robust policy and legal framework, the reality in Kenya is that, for effective implementation to be perfectly realized, the government has to walk the talk by ensuring that teenage girls have access to quality family planning products and services as teenage pregnancy is highly prevalence in the Kenya and the study area.

## **2.2 Teenage Premarital Sex .**

Premarital sex is sexual activity practiced by people who are unmarried. This practice was considered a moral issue which was a taboo in many cultures and considered a sin by a number of religions but has become an acceptable practice in western world since 1960s (White, 1997).

A profound question that worries every reader is the fact that there is an ever increasing cases of teenage pregnancy and teenage mother hood in a more advanced and developed nations like America, Canada and Europe. The review put forth some arguments to explain the above dilemma; Contraception being one of the possible reasons that propels the teenagers to be more

sexually active without any fear of becoming pregnant. In an event they forget to use them latter in their active sexual life or improperly use them then they stand a higher risk of becoming pregnant (Barber, 2017). Secondly, Reduced Parental Supervision; to those parents who are in full time employment and normally are busy to offer supervisory role to their teenagers will always create a leeway to unsafe teenage premarital sex and ultimately teenage pregnancy. This is opposed to circumstances where girls are chaperoned by their close relatives and thirdly, The Mate Market; a phenomenon where a large number of sexually active single ladies would mean that they do not have to engage in a committed married life but instead choose to move about in search of sex partner whenever they needed to. This promoted the increased sexual activeness (Daly and Wilson, 2010).

From the Christian point of view and the teachings from the holy bible, there are a lot of facts about sex and out of such teachings it become clear that God think that sex is a great aspect in the lives of humanity. It is for this reason that God finds it necessary to counsel humanity on how to organize themselves with respect to sex (White 1887).

Christianity teaches that sex is holy and only meant for them who are married. Further more, there are a lot of short comings of engaging in sex outside marriage and or pre-marital sex which are bound to befall an individual should he or she fails to adhere to the precepts of the biblical teachings regarding sex. Some of these consequences include; dealing or coping with the possibility of pregnancy, acquiring or sharing of a sexually transmitted infections (STIs), and the most underrated but possibly most impacting are the emotional issues which goes along throughout the entire life time, (Kaiser 2017).

According to Kirby (2017), The biblical evidence that support the notion that sex before marriage is wrong and condemned include books like; Hebrews 13:4, I Thessalonians 4:3-4, 4:7, I Corinthians 6:18-20 and Colossians 3:5. These scriptures repeatedly emphasize the theme

of sexual sin or sexual immorality. Those who practice sexual activities outside marriage are called upon to stop such behavior or habit.

According to the book *Messages to Young people* by White (2017), the bible give strong warning against sex outside marriage. In her book she quotes the book *Songs of Solomon 3:5* and *8:4* of the same book. ‘...Do not arouse or a waken feelings and love until it so desires’ this means that sex should be preserved only for the married and teenagers should therefore keep off from sex until marriage time. However there are enormous challenges when it comes to abstinence that the young people are facing. The psalmist equally was tantalized when He paused ‘... How can young people keep their ways pure?’ but the answer is – by keeping the teachings and words of the bible. The original plan and purpose of sex was by God and was to be used in marriage and to be kept holy White (2017).

From the Christian point of view, God is not only down on sex, but created it for a purpose which should be fulfilled in the lives of every humanity. Sex is so intense, so exciting, so memorable, so fun that should be jealously protected and preserved and only used by one person the husband and the wife. Sex should not be shared among so many people. It is from these that the bible generates a firm foundation to offer teachings regarding sex to every human as it gives emphases on the principal of abstinence rather that the use of contraceptives ( Nkwabeng, 2016).

According to Meya (2017), Marriage should be honored by everyone. Husband and wife need to safely keep their marriage pure and protect their marriage vows. The marriage bed need not be defiled by anyone. The consequences of such a disobedient is harsh punishment from God. God want us to be holy and free from all manner of sexual immorality. The use of contraception is to defy the order of God. Those who seek to live pure life a life which is acceptable before God should therefore keep off such life style which involve the use of contraceptives.



Contraceptives are only meant for them who do not know God. With respect to pure life, any form of contraceptives use is regarded as impurity in the Christian faith. God require Christians to be an example to the rest. Christians are challenged to lead the others by diligently showing them good examples ( Meya, 2017).

Monguti (2017), in the article Teen Pregnancy in the United States is of the opinion as he give the emphasis on the importance of sex education. Whereas sex education is expected to be as comprehensive as possible, it should be conducted with a lot of caution. If precaution is not taken or considered then it may end up spoiling the conscience of the teenagers (Monguti,2017).White is of the opinion that it is the sexual sin that is the sin that people perform within their bodies. Once it is done within the body, it defiles the body yet the body is supposed to be holy for it is viewed as the dwelling place of God and the Holy Spirit. Moreover God wants man to do things in accordance to His demands and principal guidelines. Whenever couples do things in accordance to God's pattern, then they shall be able to enjoy great pleasure that come along with sex. Until the teenagers are married; God wants them to abstain and display much obedient to His laws and teachings regarding sex and relationship (White, 1887).

A review from a research conducted in Iran in 2009 revealed that sexual behaviors of teenagers are categorized as one of the main health priorities of a society because of high prevalence of Sexually transmitted infections (STIs) and HIV/AIDS and unwanted pregnancy. Family has been seen as an important avenue in shaping up the general behavior of the teenagers as well as mending their morals (Koohesaniet al., 2018). The same research reveals that five key players in teenage premarital sex are: parent-child raising habit, parent–Child interacting habit, Economic support advanced to the teenagers, religious beliefs and practices and Sexuality education and awareness. There was also a need to revive sex education and the right morals to the teenagers (Zadeh et al., 2018). Religious belief has been seen to be on the prime end towards discouraging sex education as stronger religious beliefs normally help to safeguard the

teenagers from early teenage pregnancy through their teachings of moral values, and strengthening the family ties among the parents of the teenagers (Brewster et al., 2018).

A review of the study of Cornell and Halpern-Felsher (2018) indicated that the teenagers who have family problem normally engage in teenage sexual intercourse. Ability to overcome loneliness and pressure towards boyfriend relationship is a psychosocial factor which could be the motivating factor to ignite premature sexual relationship among the teenage girls (Fekadu, 2018). Teenagers from families with good relationship are likely to suffer less from teenage premarital sex and teenage pregnancy, (Hockenberry, 2018).

In Ethiopia, a survey by Clerie and Berhane (2018) on teenagers concluded that teenagers who are advantaged to live with their parents are better placed in terms of social security against immorality. According to Seme and Wirtu (2016) in the same study also noted earlier that teenager always engage in early teenage premarital sex as a result of quest for monetary support and material gains more especially from the sexual partners.

According to Kaiser family foundation (2017), environment plays a key role in shaping the sexuality of teenagers as they feel pressured and pushed towards immorality by external factors like peer pressure, and other factors like social life style and literature and film that they watch.

A research which was conducted in Homa Bay County, Kenya revealed that teenage premarital sex is in the rise and teenagers value sex so much as a sign of love to their opposite sex friends. About 73% of the teenage girls who were interviewed expressed that one of the basic reason for sex is to prove for the love and commitment while 27% of the female teenagers said that one engage in with an opposite sex friend to maintain the relationship (UNFPA, 2017). This leaves a big discrepancy that need to be researched so as to be able to help address the problem of teenage pregnancy.

From these reviews, it is worth noting that an effective counseling on teenage premarital sex should be seasoned with the family structure, economic wellbeing of the family, compatibility and parental ties with the teenagers as well as religiosity of the parents and the teenagers. These are some of the missing gaps in the counseling of teenage premarital sex.

### **2.3 Religious teachings on contraceptive use among teenagers.**

In the history of human, man has tried a lot of tricks and concepts in a bid to control the fertility. Various methods and modes have been employed by man in an attempt to control the fertility. In historical age women understood the positive effect of birth control and they have attempted to practice birth control. In the far-fetched past, to be exact enough, during the fourth Century before Christ, Plato and Aristotle championed for a one child family. A crooked and out-dated method of family planning like insertion of a hollow tube through the cervix into the uterus and a portion of the birth canal was popular in the Greek medical world.

Islamic physicians had a wealth of knowledge and understanding of family planning and birth control. In the Fifth Century Before Christ Saint Augustine condemned with the strongest terms possible the practice of family planning and contraceptive use even among the married couple. The condom use only came into use in the early modern period. Since its emergence, condom has been popularly used in sex for protection against sexually transmitted infection (STIs). Coincidentally condoms were used by the early Egyptians to protect themselves against diseases such as Bilharzia during the time they were adding in the Nile water. Among the European condom was used to protect themselves against Syphilis which is one of the social and sexually transmitted disease (Monguti, 2017). Contraceptives and anti-sperms or spermicides were introduced in 1880; while the Inter Uterine devices were introduced in 1928. As at today there are compounds of complex methods of contraception for example oral contraceptives pills.

Religion has a lot to influence when it comes to the use of contraceptive for example Judaism's law demand husbands to meet their partners' or wives sexual needs other than their duties to procreate. The same law also demands men to procreate and condemn and or stop men from practicing masturbation. The practice of masturbation is regarded as a great sin which anger God. God has been seen to be against such act and delivered harsh punishment even as was the case of Onan who was a Jew by origin. In Judaism, women are not forbidden from practicing family planning. In Roman Catholic Church there are strict rules concerning the use of contraceptives. This is strictly upheld even among the married couples. Catholics argues that it is sinful to practice contraception because it is against the law of nature and the command of God who said go ye be fruitful multiply and fill the earth. Some other protestant Christian churches allow the use of contraceptives. Islamic on the other hand have got strong and strict rules regarding sex. Islamic law argues that children are the gift from Allah. Some Moslem believers hold on to the belief that they should have as many children as possible. These children also have equal rights to life, education and future security. It is from these vital rights that the need for family planning automatically settles in quietly among the married partners, they become compelled to practice family planning. Neither Hinduism nor Buddhism prohibits the use of contraceptives (Kaiser Family Foundation, 2017).

Various communities have got their various cultural practices and beliefs, however little researches have been conducted to investigate the relationship and influence of culture on teenage pregnancy and this makes it quit difficult to understand the concept of culture and teenage pregnancy. In the United States of America, a study which was conducted indicated a big discrepancy with respect to culture and teenage pregnancy prevention, consequences of becoming a teenage mother and the type of social and economic support systems which are available for them within their social network. The challenges faced with these outcomes included the perfect decision making model of pregnancy prevention or the use of

contraceptives methods which had to consider various cultural belief systems (Harvey,2016). The survey indicated that the teenagers were not knowledgeable about contraceptives and when and how they should be used. They also knew the belief about contraceptives and when they should be used. It was also clear from the survey that the workability and usability of the contraceptives varied among the three cultural groups; An American Indian teenage girl was reported not to believe that contraceptive should be used before the first child was born. It was after the first birth that contraceptives should be used. To the black American teenage girl, it was reported to believe that contraceptives use was quit appropriate but some methods like the pills and the Inter-Uterine devices (IUD) were disregarded since they were seen to be changing the menstrual cycles and therefore were feared to be likely to cause illness and could also be less effective to the extent of even harming the lives of the users. Belief of white teenage girls had a lot to do with their culture and religious beliefs. High value was placed on teenage pregnancy and one being pregnant confirmed the individual feminine role- the role of child bearing. Black American teenage girls did not see any side effect or negative dictates or any form of life threats within their culture if they did not manage to meet the life goals of education followed by employment and finally marriage and child bearing. For one to be a teenage mother at a very tender age, in as much as it was highly unacceptable, had a fairly high level of acceptance and recognition. The result of the study concluded that when various beliefs related to culture are carefully studied and assimilated into a care plan, a more effective program for pregnancy prevention among the teenagers will be realized (WHO, 2017).

Teenage pregnancy is a situation which calls for and need more sex education and awareness as well as support so that teenage girls can be assisted to delay motherhood until such a time that they are ready to be mothers. Teenagers who are sixteen years and below face the risk of maternal death four times than elderly women who are aged twenty and above. The death rate of their young babies is found to be fifty percent higher according the UNFPA ( 2017). Experts

of Health and reproductive health practitioners agree to the fact that expectant teenage mother require special psychological and physical care and attention during the gestation period so as to preserve their unborn babies (White, 2018). However, the context is quit complex. This is because of cultural practices and adherence which influence sexual behavior (WHO, 2016). Health Practitioners and Providers must be trained to provide proper attention, care and guidance to the pregnant teenagers as well as to those teenagers who are still safe and free from pregnancy. The guidance should be suitable to enable them to say no to early teenage pregnancy. Moreover, in the developing countries, it is estimated that sixteen million teenagers who are between fifteen and nineteen give birth every year of which ninety five percent of these births with respect to the global scale are from the developing countries culminating to eleven percent of all teenage births worldwide. Besides, this global averages picture important regional differences a concept that denotes prevalence of teenage pregnancy (WHO 2017).

Majority of the teenagers who become pregnant do not have access to facilities which can enable them reach professionals so that they can be enabled to resolve their problems which are related to pregnancy like obstructed labor, social isolation and even fistula due to underdeveloped reproductive system. Given that teenage girls in many countries especially in sub Saharan countries of Africa marry very early, even before they even start to menstruate therefore by the time they become pregnant they are between thirteen or fourteen years old. This can better explain the question why the fistula units in most hospitals is highly populated with fistula patients who are very young and small teenagers. This is a disaster in a waiting should the problem of teenage pregnancy is not addressed well (UNPF, 2017).

Poverty also has a big hand whenever teenage pregnancy is being addressed. Whenever teenage girls become pregnant as a result of poverty induction, they automatically enters a vicious cycle other than escaping from the poverty. This is because they find themselves dropping out of school which could be a path way out of poverty. Early motherhood or teenage

motherhood definitely compromises their educational attainment and economic potential of saying no to mean no for poverty. Experience has it that teenage pregnancy can find itself in the way of education to our young teenage girls and other life opportunities as pediments (WHO, 2017). Other countries in Europe have been reported to have registered fewer teenage pregnancy because they have used different approach to sex education and better access to family planning for example in Netherlands, sex education start right from primary schools. However in the United Kingdom, sex education in schools is not compulsory and some of the faith based schools do not provide it at all and this creates a patchy syllabus coverage which is not uniform (WHO, 2016).

In various culturally rooted ethnic backgrounds comes the struggle with specific meanings as well as more in-depth meaning of contraception. Culture also brings out the quality of lifestyle which also predispose the teenagers to early marriage and consequently teenage pregnancy. Black Americans for example have a long documented history of mistrust in relation to the white or the native Americans. This for a long time has hindered their belief and distrust to whatever care that they may offer with regards to the use of contraceptives. This distrust will not enable the blacks to use any foreign interventions and as a result they end up avoiding any form of contraceptives that may be available to them for use. Mistrust in the health care system can cause obstacles or pediments in relaying of information on matters concerning sex education and even contraceptive use. Blacks believe that family planning is harmful for their lives, and that contraceptives may also lead to serious medical problems.

Accordingly, the genesis of culture back dates to the 1870s when Sir Edward Tylor gave the definition of culture to be knowledge, belief, art, morals, laws, custom, and any other capabilities and habits acquired by human being as a member of the society. On the other hand, Purnell defined culture as the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, way of life and all other products of human work and or thought characteristic

of a population of people that guide their world views and decision making. Therefore the history of culture brings similar subjects or themes to light that can be used to discuss sex and teenage pregnancy (UNPF, 2017). While addressing teenage pregnancy and related problems, it is worthy to pay close attention to various cultural beliefs for the culture articulate respect and the care giver or counselor will be able to acknowledge that various culture have got roles to play with respect to teenage pregnancy. This is through acknowledging one's own biases before providing care to these teenagers. Diversification of culture therefore means accepting individual teenager in terms of her own characteristics, like skin color, religion, economic income, gender and geographical location where the individual come from to enable quick facilitation of the needed care especially to the expectant teenagers (Kiragu et al. 2016).

Religious beliefs also play an influencing role in decision making among the teenagers who are either pregnant or have not yet become pregnant. In America, for example black American believes that a higher supernatural power like God and faith or belief on him has a direct control of their future. Black believe that God is an intervener in matters of health care where God is seen as a healer and therefore pregnancy related problem which are directly health related problem are left on the hand of God . This eventually compromises the life of the innocent teenage girls in an event of pregnancy (UNPF, 2017).

Chinese culture at the end of the life tunnel and in life as part of their tradition and culture focuses on family and communication of information. They believe that family members in Asian culture may wish to negate or rather neglect discussion or sometimes may discuss but withhold some key information from the intended teenagers become at risk should they become pregnant (Plan International 2016). Finally family is seen to play an important role in caring for individuals at pregnancy time. The family should be charged with the responsibility of offering love, care and encouragement to the pregnant teenagers as well as offering sex education to those teenagers who have not become pregnant.



In different cultures like the Patriarchal Society of Turkey, the existence of imbalance power between the various gender has always resulted in lower educational levels and opportunities for the teenage girls has also been seen as one of the causes of teenage pregnancy (White, 2014). According to Juma et al. (2016), teenage pregnancy could be as a result of lack of comprehensive sex education among the teenagers.

Formal comprehensive sex education has been discouraged due to religious and cultural belief orientations within various cultures and communities. Many societies do not encourage openness and positive attitude to discuss issues of sex with children more so in learning environment or schools. Parents are also not comfortable to discuss sex with their children while at home. Many human right activist have also championed for the teenagers to have and make their own and independent decision with respect to sex. The argument is that the teenagers have their right to choose where they can best obtain the sex education and their choices are to be respected. However there is high rate of stigmatization of pregnant teenagers. This situation brings a state of neglect and lack of love which emanate from the society, family, peer and even in learning environment. This psychosocial trauma is not healthy for the life of the victims or pregnant teenagers. To avoid the stigmatization, victim teenagers are found to resolve to early marriages and become premature mothers (UNPF, 2017).

The use of technology and its popularity among the teenagers could also play a role in teenage pregnancy. According to research conducted in Albany State University, technology is seen as both the cause and the remedy to teenage pregnancy. The use of technology leads to early sexual awareness, sexual activity and indulgence and ultimately teenage pregnancy. Media and information technology in education is helpful in delivery of instruction of which the teenagers could gain meaningful opportunity in addressing teenage pregnancy (Juma et al., 2016).

How safe are the teenagers while using cyber and technology? This is a big dilemma and a great task to the parents. In America for example, most of the teenage pregnancy cases have been attributed to the abuse of technology. Teenager have involved in posting pictures where they expose their nakedness or nude pictures and seminude pictures to strangers , boyfriends and even some acquaintance of the opposite sex. They do so for claims that it is fun to do so and or simply a flirtations activity. Some teenagers visit online dating platforms or sites where they get hooked up with people whom they finally meet, have fun or sex with and this end them up in teenage pregnancy. Parent can restrict these activities by even ensuring that the teenagers leave their phones and laptops behind whenever they proceed to the temptation of visiting such sites and even sharing and or sending nude pictures to help protect them from cyber bullying and eventually protect them from teenage pregnancy (UNPF, 2017).

Other than religious beliefs and barriers the harmony in husband to wife dialogue, gender roles, accessibility to contraceptives and traditional family values, social class also have a big role to play when it comes to factors influencing contraceptive use and human fertility (Kirby, 2017).

It is reported from the U.S Centre for Disease Control and Prevention that the rate of teenage pregnancy is on the decline. Paradoxically, teenagers between 15 – 17 years old still record births at a rate of 1,700 births a week, implying a need for improvement as possibly there could be lack of contraceptive use (Blum and Mari, 2018).

Religious affiliation often makes the teenagers to be shy to speak about and even practically acquire and use contraceptives. Teenagers who are affiliated to religion often fear approaching contraceptive dispensers or purchase contraceptives over counter for fear of being identified. In Kenya, it is not a surprise to note that contraceptive use is higher among young people in colleges and universities, according to the data from National Council of Social Services, (NCSS, 2018). The same report also indicated that contraceptive use was poor among teenagers

from highly religious background and low for all social groups and rural village (Ocholla, 2009).

Kenya has a wealth of policies and commitments to address reproductive health and family planning needs. The constitution is obliged and is committed to promote every person's right to the highest attainable standard of health, which include the right to healthcare, including reproductive care. From the survey, a big gap still exist in the modality of making available the family planning program available to the teenagers in the study area, and the awareness creation among the teenagers in the study area.

#### **2.4 Effects of Sex education on teenage pregnancy**

Religion has been on the front championing for abstinence and saying a big no to premarital sex. Despite this, the rate of teenage pregnancy is still on the increase. However, there are several explanations that have been put forth to explain the steady high increase of teenage pregnancy and its association with religion (Bryner, 2009). It was discovered that the use of contraceptives is discouraged among the teenagers from highly religious background. These teenagers are also scared from talking to their parents concerning their sexuality and the use of contraceptives. They are equally reluctant to purchase condoms at local shops and dispensers out of fear of being seen by someone and pass the information to their parents (Bryner, 2009).

According to <http://www.nytime.com> retrieved on seventh July (2011), the rate at which religious teenagers use condoms or contraceptives is much lower than non – religious teens. This leaves them with a lot of consequences including teenage pregnancy. Religious teenagers and those teens from less religious background normally tend to terminate the pregnancy by procuring an abortion, <http://www.anytime.com> (February 7, 2011).

According to <http://www.usatoday.com> (July 12, 2011), religious sex education that hinder the teenagers from accessing and using contraceptives lead teenagers towards unsafe sex practices and this steadily gives a link between teenage pregnancy and religious teaching, the ultimate consequences is having so many teenagers becoming teenage mothers. Religious teenagers who also get married earlier in life, as early as 17 – 20 years, even though they get planned pregnancy they also add to the existing list of religious teenagers who get pregnant early in life. This also gives an association between religious teachings and teenage pregnancy, <http://www.cdc.gov> (July 12, 2011).

From the article, tips to help faith leaders and their communities address teen pregnancy by Murphey (2018). The writer argues out that when parents understand the world of the teenagers, it becomes possible for them to advise them and care for them. Care and advice to the teenagers by parents is important as it shapes and determines how the teenagers view and understand the world. It therefore becomes valuable for the parents to know the music that the young people enjoy, parents are equally challenged to enjoy and watch the television shows the teenagers watch and even the websites that they often visit; they should also not avoid reading the magazines they read. This way, the parents can better understand how the teenagers communicate with each other in the ever changing age of social media and digitalized world, they become better equipped on how to advice and shape the teenagers that one can be able to rationally judge them whether the messages they receive, agree with or differ from what is expected of them as members of faith community, as was in accordance to the National Campaign to Prevent Teen and Unplanned Pregnancy ( Oswald, 2017).

Music in every religious gathering should be used purposely to give glory to God and to worship God (Ellen, 1977). Never the less, Christians and religious leaders have been found to be allowing the infiltration of rock music which they call religious rock that is used to entertain religious worshippers. They qualify the holiness of such rock music for claims that music is

holy because of the lyrics which are changed to include some religious words. They do this for claim that they are reaching out for the teenagers, a practice they call worshipping in a modern style. This “modernity” is also characterized with clothes which are not in line with the biblical modesty, unedifying speech, extremely loud music as if God is deaf or so many miles away and deliberate sensuality and compromise of which the end result is teenage pregnancy. Original worship cultures and even traditional religious beliefs and cultural traits which are beneficial in building the teenagers characteristics were considered to be less important due to modernization (Yusko, 2016).

Sex education teachings are aimed at helping to guide the morals of the teenagers. Majority of the Protestants teach the youths on the sex skills, abstinence and the use of contraceptives. They also value life and condemn abortion (White, 1977).

Whenever sex education is poorly implemented or ignored by the right individuals or parents then the teenagers are at higher risk of being misled by their peers. Peer influences navigate various scopes of sexual lives of teenagers and as a result the networks of close associates and peer group have a lot of remarkable key out-put in terms of effects on the female teenagers than the best friends. When the female best friends’ risk status is linked with the first time sexual encounters, the male friends’ risk status is linked with pregnancy risk (Karagu et al. 2017).

According to Meya (2017), self-esteem count a lot in individual requirement of teenagers to fulfill their sense of belonging, whether in their own social sphere or among their own age-group friends. Wherever teenage girls suffer lack of self-esteem or sense of belonging, then they highly risk being easily lured to indulge in risky and unprotected and unplanned sex which ultimately leads them into early teenage pregnancy.

Absence of parental guidance always subjects the teenagers into a vulnerable state. Teenagers are more prone to teenage pregnancy if they fail to obtain or if they acquire little parental

guidance and counseling. Owing to the fact that so many parents are married to their business management and other personal chores, they therefore find it quit challenging to stay together with their family and more especially their teenage girls and offer to them the most needed guidance with respect to sex education and counseling. This has also made it difficult for the teenagers to get it easy and sit down to engage their parents in the issues of sex and relationship which affect them in their lives. As a result, they turn to their peer friends as an alternative source of vital and private information relating to sex. In most cases these information obtained from their peers are much misleading as they are misguided by body lust (Kaiser Family Foundation, 2017).

According to White (1977), at pregnancy, expectant mothers require a special care and attention because they carry another life. They should not be neglected but rather cared for by providing them with the right requirements. Every expectant mother needs should be generously supplied without neglect (White, 1905).

Teenagers are a group of individuals who are still having poor sense of judgment and are greatly propelled by emotions and peer pressure. They are not able to choose for themselves a better companion for marriage either. It is for this reason that they need counseling and guidance (White, 1909). Many teenagers across sub-Saharan Africa are reported not to have enough knowledge concerning the development of their bodies and sex education. They even do not understand and are least aware that sex leads to pregnancy. Some still believe that babies are bought, while others believe that babies are found from mid wives by old mothers. Majority of these teenagers do not even know about contraceptives options and their right usage (UNPF ,2017).

According to the (2014) Kenya Demographic and Health Survey, girls who had gone through high school and completed secondary education were found to register an average of three

children in their lifetimes compared to an average of 6.5 for those teenagers who did not have an education. The survey also discovered that those females who completed primary and high school were able to use different types of contraceptives as compared to only 15% of those females with no education (UNPF, 2017). Catholicism as a religion scored higher in the art of shaming teenagers over sexuality and discouraging contraceptive use. It was discovered that for a long time there has been tension on the sources providing the teenagers with the information concerning sexuality and contraceptive use; however the message seemed to have a practical influence on behavior of the teenagers (Fr. Francis, 2010). Catholic Church argued that it was risky to introduce sex education with fear that teachers and organizations that conduct campaign on contraceptives may use the opportunity to give the teenagers condom whereas they are not supposed to access these sex gadgets (Pontoon, 2017).

For the Muslims, in spite of the fact that the Quran placed so much reinforcement on acquiring knowledge; Muslims are still shy and not comfortable in discussing sex education with their children. Their argument is that anything which leads to wrong is also wrong (Andan, 2016).

According to Athar (2017), Muslims strongly believe that if children are taught about sex, they will do it. Their resistant to sex education was based on the assumption that knowledge were harmful but it is worth noting that ignorance is much harmful than knowledge.

In Kenya there is a general reluctance on the part of adults especially the fathers and religious leaders to discuss sexual issues with their teenagers (Karagu et. al., 2017). For those sources providing sex education in Kenya, mothers, teachers and health providers were reported to be the key resource.

From the review, comprehensive sex education is wanting in Kenya. There is a great need in the provision of non-curriculum sex education that promote moral and gender roles and leads the recipient into a more responsible life more so the sexual life. It is through sex education

that teenage pregnancy can be reduced. Community –based sex education is cherished as one of the programs which can help to control and address problems that are associated with human sexuality. Such educational programs may also bear much fruits in promoting interest and discussion and exchange of ideas on teenage sexuality and how the voices of the teenagers can be best understood.

## **2.5 Knowledge gap**

The factors that are associated with teenage pregnancy are well documented in the reviewed literature but little literature can be found about the association of religious teachings with teenage pregnancy in Riana Division, Ndhiwa Sub-County, Homa Bay County, Kenya.

Much of the studies which have been conducted earlier depended much on the secondary sources of data but this study sought to obtain data direct from the field so that the primary sources can be of vital importance to set the key source of information for this study



## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.0 Introduction**

This chapter dealt with the description of the study area, study design, target population, sampling procedure, sample size, methods of data collection, piloting, validity and reliability of research instruments, data analysis procedures and ethical considerations.

#### **3.1 Location of the study**

The study was conducted in Riana Division of Ndhiwa Sub-County, Homa Bay County in Kenya. This is a metropolitan and cosmopolitan region having a population of 43,231 people, Kenya National Bureau of Statistics- Kenya National Population and Housing Census (KNBS-KNPHC 1999). It has residential centers like Magina, Lwanda, Sikwadhi, Maram, Ogango Angiya, Lwala and Pala. The area enjoys two wet seasons in a year. The larger part of the area is covered by a deep black cotton clay soil. The area is served by a number of permanent rivers like; Riana, Kuja, Misadhi, Olungo, Anyuongi, and Nyanguu and seasonal streams like; Osani, Kibugu, Kidoi and Obambo. The main economic activity in this area is farming with sugar cane growing being the chief cash crop. Farmers sell the canes to the local factory and the small scale crushing points.

There are a number of secondary schools for boys and girls and mixed schools in both primary and secondary. The region is served by a number of religious groups namely: Catholic, Muslims, and Protestant like the Seventh Day Adventist, Roho, Legion maria, Anglican and Pentecostal assemblies. The most dominant religious groups are; the S.D.A, the Catholics and the Muslims. These religious groups were well organized into respective headquarters under which other smaller groups operated. The area is served with a number of health centers that

provides health services to the local citizens. Academic performance is wanting since several secondary schools fail to send students to universities. This is occasioned with numerous cases of teenage pregnancies and school drop outs among girls. Residents of Riana Division uphold too much traditional cultural beliefs and practices together with other religious practices but besides all these, teenage pregnancy, early marriages and continued girl child drop out from school is on the rise. These made this area ideal for the study. Financially, this proposed study area was convenient to the researcher as little money was spent on transport and other logistic during the study period.

### 3.2 Study Design

The study applied descriptive cross sectional study design. This design was chosen because it allows the researcher to collect and analyze data within a short period of time (Mark et al., 2001). It was used to collect data in order to answer questions concerning the impact of religious teaching on teenage pregnancy in Riana Division of Ndhiwa Sub- County.

### 3.3 Study Population

**Table 3.1: The target population and Sample Size**

Religious Affiliation	Number of Churches/ Mosques	Number of Girls (Target Population)
Islamic	2	1,705
Catholic	17	2,501
S.D.A	42	7,838
<b>Total</b>	<b>61</b>	<b>12044</b>

**Source:** Religious organization offices in Riana Division, August 2017

The study populations were girls between ages 15-19 years in Riana Division of Ndhiwa Sub – County, Kenya. This was the group mostly affected by teenage pregnancy (Graham et al., 1981). The study was on a defined target population of 12,044 girls attending the three largest religious groupings including the SDA, Catholics, and Muslims

### **3.4 Sample size determination:**

The sample size was determined by using the formula by Fishers et al., (1998) for determining the sample size from a target population greater than 10,000

$$n = \frac{Z^2PQ}{d^2}$$

Where;

n = the desired sample size (if the target population is greater than 10,000)

z = the standard normal deviation at the required confidence level.

p = the proportion in the target population estimate to have characteristic being measured.

q = 1 – p (the proportion of the population without the characteristics).

d = the level of statistical significance set.

p = 27% (the prevalence rate of teenage pregnancy in Homa – Bay county)

$$n = (1.96^2 \times 0.27 \times 0.73) / (0.05)^2$$

$$n = 303$$

### **3.5 Sampling procedure**

The procedure for selecting the sample size was based on the list of girls in main religious groupings within Riana Division. The sample size n = 303 was computed and distributed proportionate to the target populations in the various religious groups. The required numbers

of girls per church were chosen at random using the table of random numbers. Then simple random sampling technique was used to pick number of girls that participated in the study from each denomination as shown in table 3.2 below.

This method was best preferred so as to illuminate biasness and increase the level of reliability during the study in the study area.

**Table 3.2: The target population and Sample Size Distribution**

Religious Affiliation	Number of Churches	Number of Girls (Target Population)	Sample Size
SDA	42	7838	101
Islamic	2	1,705	101
Catholic	17	2,501	101
<b>Total</b>	<b>61</b>	<b>12044</b>	<b>303</b>

**Source:** Religious organization offices in Riana Division, August 2017

From these three major religious bodies, equal population was picked and a total of 101 teenage girls were randomly selected. Besides the 303 teenage respondents, twenty youth leaders and fourteen parents were also picked and subjected to an intensive interview alongside fourteen parents. They were never considered as the target population as the study was limited to teenagers from Riana Division. Information obtained from the intensive interview however was helpful in grounding the objectives and possible recommendations.

### **3.6 Methods of data collection**

Data collection was done through the use of standard structured-closed ended and open ended questionnaires. This involved the researcher visiting various selected religious assemblies to

administer questionnaire. Questionnaire as a tool was used to collect qualitative and quantitative data. The questionnaire was structured to bring out background factors, teenage pregnancy, and level of contraceptive use, sex education and the effect of sex education. An in-depth interview was also conducted using an interview schedule to collect qualitative data to find out the level of sex education, availability and level of use of contraceptive use among the teenage girls, the effect of sex education on teenage pregnancy. During the interview, teenage girls from various religious backgrounds were subjected to an interview because they are mostly and directly affected. Leaders of youth groups and organization;

Young Catholic Society (YCS) and Adventist Youth Organization (AYO) were also subjected to an in-depth interview because they worked closely with the teenagers and they were able to provide information that was vital in relation to teenage pregnancy. A total of 303 teenage girls were given questionnaires to complete. 20 youth leaders and 14 parents from various churches were subjected to interviews giving a total sample size of 337.

### **3.7 Construction of Research instruments**

The instrument which was used in this study was standardized questionnaire for girls. The questionnaire had got questions with both open – ended and closed – ended to be filled by the respondents. This provided self-reporting information about their religion, family and social environment characteristics.

An in depth interview was also conducted to major stake holders like the parents, youth leaders like YCS and AYO leaders.

### **3.8 Validity and Reliability.**

Validity was the extent to which research results could be accurately interpreted and generalized to other populations. It was the extent to which research instruments were measured and what they were intended to measure (Oso and Onen, 2005). To establish validity, the instrument was given to two experts to evaluate the relevance of each item on the scale: Very relevant (4), Quiet relevant (3), somewhat relevant (2) and not relevant (1). Validity was then determined using Content Validity Index (CVI).  $CVI = \frac{\text{Items rated 3 or 4 by both judges}}{\text{total of items in the questionnaire}}$ .

The instrument was piloted in the departments that was included in the study sample and modified to improve their validity. A test was done using the instrument and after two weeks a re-test was done and reliability coefficients index of 0.75. Items with reliability coefficients of at least 0.70 were accepted as reliable in research, (Kathuri and Pals, 1993). A test-retest technique was used to determine reliability of the research instruments. This was arrived at having realized that they gave almost similar result.

### **3.9 Pilot study**

This was done in three different churches not sampled among the churches sampled for the study in Riana Division by random sampling from three clusters according to denominational affiliation. This was done because the populations have homogeneous characteristics as those sampled for study because the subjects shared the same predisposing factors and was of help to fine tune the research tools. The number of respondents who were used during this pilot study was 152. A test –retest was done at an interval of two weeks. This was done to test for reliability of research instruments.

### **3.10 Methods of Data Analysis.**

Descriptive statistic and inferential statistics of Chi-square test was employed to analyze the data. This technique was used to compare the means between categorical frequencies drawn from a population with a uniform distribution in which all alternative responses were equally likely. Chi-S-square test was used because the data that was collected was of type one – variable-many levels and are basically categorical frequencies of the descriptions of views, opinions, perceptions, feelings and attitudes of the respondents on the association of religion on teenage pregnancy in Riana Division of Ndhiwa Sub-County, Kenya.

Data from open-ended questionnaire items and in-depth interviews were grouped under broad themes and converted into frequency counts. Thematic analysis was used to identify, analyze and report patterns within data as well as interpreting various aspects of the research topic (Braun and Clarke, 2006). Thematic analysis was chosen as it was flexible and could be applied across a range of theoretical and epistemological approaches (Braun and Clarke, 2006). This analysis started by looking for patterns of meaning and issues of potential interest in the data and organizing them into meaningful coding schemes or groups. This was followed by sorting the different codes into potential themes. A theme in this study was not dependent on quantifiable measures, but in terms of whether it captured something important in relation to the overall research question.

### **3.11 Ethical considerations**

The major ethical issue in this study was the privacy and confidentiality of the respondents. Obtaining a valid list of respondents from the religious nominal roll in itself will be an infringement on the privacy and confidentiality of the respondents more so when we handle matters of sexuality in religious assemblies. However, the respondents enjoyed the freedom to ignore items that they did not wish to respond to.

Since the research targeted teenagers who were below the consent age according to the constitution of Kenya, parental and guardian consent was sought. The parents and guardians were made aware and requested to grant permission so that their daughters can be freely engaged in an interview and data collection.

Since it is unlawful to conduct a research without legal permission, having been cleared by the post graduate department, I was issued with an introduction letter to seek for a research permit from National Commission for Science, Technology and Innovation (NACOSTI) where the researcher was successfully issued with a research permit which authorized me to proceed and conduct this research. I also sought the permission from the relevant religious leaders so that they could allow me to gain access to their manual roll to be able to accurately establish the the population of their membership with respect to age and sex. Since the religious assemblies were targeted where these respondents were to be obtained, the same permission was sought so that I can be given air time during their religious meetings to enable me access my respondents.

### **3.12 Methodology Matrix**

This matrix clear spells out various activities, timeline and respective methods of accomplishment so that smooth flow and order can be realized as shown in table 3.3. The matrix was considered necessary so as to enhance smooth flow of research procedures and respective methods of accomplishments. Different type of data was to be collected like the quantitative and qualitative data which required different methods of analysis. Table 3.3 spells out the methodology matrix which guided the study.



**Table 3.3: Methodology matrix**

Objective	Data Type	Technique of Analysis	Technique of Data Presentation
1. To determine the prevalence of teenage pregnancy among regular religious worshipers in Riana Division of Ndhiwa Sub County, Kenya.	Quantitative	Descriptive Statistics Chi-square test	Tabulation
2. To determine the prevalence of teenage premarital sex among regular religious worshipers in Riana Division of Ndhiwa, Kenya.	Qualitative	Descriptive Statistics.	Tabulation. Pie-Chart
3. To find out the level of contraceptive use among the teenage religious worshipers in Riana Division of Ndhiwa Sub County, Kenya.	Qualitative and Quantitative	Quantitative Statistics.	Tabulation and Pie-Chart
4. To establish the effect sex education on teenage pregnancy in Riana Division of Ndhiwa Sub-County, Kenya.	Qualitative	Descriptive Statistics. Content Analysis	Tabulation

**Source: Data-2017**

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION, INTERPRETATIONS AND DISCUSSIONS**

#### **4.0 Introduction**

This chapter covers the data analysis, interpretations and discussions of the study findings from both quantitative and qualitative data. This study objectively investigated prevalence of teenage pregnancy, prevalence of teenage premarital sex, level of contraceptive use among the teenagers who are regular attending religious meetings and it also determined the effect of sex education on teenage pregnancy in Riana Division.

#### **4.1 Questionnaire Response Return Rate**

A randomly sampled three hundred and three (303) teenage girls were surveyed using pretested structured questionnaire. None of the respondents declined to take part in the survey therefore a total of 303 (100%) respondents participated and returned their completed questionnaires for analysis. This response return rate was considered to be quite adequate for this study considering what Cooper and Schindler (2000) pointed that a response return rate more than seventy five percent (75%) of the targeted respondents is enough for a study. Moreover, the data was gathered from the respondents who were randomly sampled made this study to have unbiased findings.

#### **4.2 Background Characteristics of Respondents**

This section of the questionnaire covered the respondents' age, education qualification, religious affiliation, and economic status. In as much as this is not candid to the study, the personal data helped to put the findings in their right context and suggestion of appropriate recommendations to enable teenagers to avoid and prevent unplanned pregnancies.

Table 4.1 is the summary of the selected background characteristics of surveyed respondents.

**Table 4.1: Characteristics of study population with respect to Age**

Exact Age (Single Years)	Number	Percentage
12	-	-
13	-	-
14	39	12.87
15	51	16.83
16	57	18.81
17	51	16.83
18	51	16.83
19	54	17.82
<b>TOTAL</b>	<b>303</b>	<b>100.0</b>

Economic status of the parents determined the economic background of the teenage respondents and it was also one of the key players in this research. The data was collected and recorded in the table 4.2 below. School qualification as a determinant was vital in indicating how mental maturity the teenagers were and how engaged they were prior to involve in teenage premarital sex and finally teenage pregnancy. Religious teachings could indicate much of the cultural players and religious doctrines with respect to sex education and teenage pregnancy, as depicted in table 4.2 below:

#### **4.2.1 Economic Status**

Out of the 303 respondents who were interviewed, 20 (6.6%) of the respondents had at least their parents in formal employment while those whose parents had no formal employment at all, were 132 (43.56%). A total of 40 (13.20%) respondents had their parents in active business while a total of 111 (36.63%) had parents without active business.

It was clear that the respondents were from the background of diverse economic status. This indicated that both the parents and the respondents were economically challenged and possibly economic status could have greatly contributed to the situation of teenage pregnancy. Given that majority of the teenage respondents come from poor background, the males were able to capitalize on their situation and use gifts like money to entice them into sex. This fact justifies the research finding which was conducted by Juma (2018).

**Table 4.2 Religious affiliation, School qualification and Economic status of Parents**

Religious Affiliation	Number	Percentage
SDA	107	35.31
Muslim	58	19.14
Catholic	138	45.54
<b>TOTAL</b>		<b>100.0</b>
Highest School Qualification		
Class 1-4	51	16.83
Class 5-7	57	18.81
Class 8 –Form 1	84	27.72
Form 1-4	111	36.63
<b>TOTAL</b>	<b>303</b>	<b>100.0</b>
Economic Status of parent(s)		
At least a parent in a formal job	20	6.6
No formal job for either parent	132	43.56
Parent in active business	40	13.20
Parents without active business	111	36.63
<b>TOTAL</b>	<b>303</b>	<b>100.0</b>

**Source: Field data, 2017**

Juma (2018) equally find out that poverty plays a role in teenage pregnancy. Teenage girls are more vulnerable to teenage sex as they are lured by cheap gift and it is possible for a teenage girl who spent the night without food to simply accept as low as fifty shillings from a man then yield to his sexual advances and finally get teenage pregnant, Juma et al. (2018).

#### **4.2.2 Age of Respondents**

The ages of the respondents ranged from fourteen to nineteen years with slight majority being sixteen years 57 (18.81%) while the minority 39(12.81%) were those aged 14 years. These are ages where the teenage girls are sexually active and easily engage in teenage premarital sex that leads them into teenage pregnancy.

#### **4.2.3 Religious Affiliation**

Various religious affiliation were found as follows: SDA 107 (35.31%), Muslims 58 (19.14%), Catholics 138 (45.54%). It was important to establish the religious affiliation to eliminate the biasness in terms of grouping and analysis since the research objectively sought to investigate the association between religious teaching and teenage pregnancy. Majorly three broader religious bodies were considered; Seventh Day Adventist (S.D.A) at thirty five point three one percent, Islam at nineteen point one four percent, and Catholic at forty five point five four percent. This was also treated greatly on the basis of three different days of worship. Majority of the teenagers belong to SDA and Catholic Church in the study area.

#### **4.2.4 Highest School Qualification**

From table table 4.2, out of 303 respondents, one hundred and eleven which translated to 36.63% had passed form two to form four and only fifty one which translated to 16.83% had passed class one to four, corresponding with the small number of teenage mothers aged fourteen as indicated in table 4.2. This could indicate that when teenage girls could have been

given access to better knowledge about sex education and the use of contraceptives, more teenage girls who became mothers could have been empowered to complete their education before starting the life motherhood.

### 4.3 Prevalence of Teenage pregnancy.

Table 4.1 depicted characteristic ages of the study population with ages range of 14-19 and admitted to have contracted pregnancy. Ages 14-19 is a teenage age and denotes how prevalence the situation of teenage pregnancy is.

**Table 4.3: International situation of Teenage pregnancy**

COUNTRY	Teenage Birth per 1000 (Average)	YEAR		
		1995-2000	2000-2005	2005-2010
Gabon	109.03	130.10	107.1	89.9
Guatemala	114.73	121.1	115.4	107.7
Guinea	146.77	174.4	165.7	157.4
Kenya	103.37	105.7	104.2	100.2
Liberia	146.97	152.2	146.1	142.6
Malawi	146.40	160.9	159.1	119.2
Nigeria	126.90	135.2	127.2	118.3
Swaziland	98.57	109.4	102.4	83.9
Uganda	171.13	191.0	172.5	149.9
United Kingdom	29.20	31.0	27.0	29.6
U.S.A	44.93	50.5	43.1	41.2

**Source:** UN Statistics Division (UNFPA) 2017

It emerged that these teenagers being semi illiterate they do not have ability to reason out between facts before they could choose to engage in teenage premarital sex which consequently leads them to teenage pregnancy. Besides, they have limited knowledge on their development biology and they just ignorantly engage in risky and unprotected sex which eventually leads them in teenage pregnancy

From the above table 4.3 of the selected eleven countries around the global world, there is an indication that teenage pregnancy is a global problem with Liberia taking the global lead at an average of 146.97. Kenya is among the highest globally in teenage pregnancy at an average of 103.37 births per thousands, UNFPA 2017. In Riana Division Kenya, the situation of teenage pregnancy is alarming with teenagers between 15 to 19 years being at higher risk of becoming pregnant. At the age seventeen which is also the modal age a total of ninety seven (97) respondents were teenage mothers out of the three hundred and three making up to 32.01%. These findings imply that at the age of seventeen the respondents could have progressed beyond forms two to four in their schooling. If they could have been empowered and counseled to postpone their child bearing for one or two years (should they have desired to do so) they might have successfully completed their schooling. With incomplete education, teenage girls are subjected to suffering both mentally, psychologically and economically.

From the review of previous research UNFPA (2017); it was clearly evident that teenage pregnancy prevalence is high and it is not only a global and internationally within Africa but also a Kenyan problem. High rate of teenage pregnancy is a big burden to Kenya as girls younger as ten years bear children as was depicted in the report from the (UNFPA) in the Daily News paper (2017). The paper identified the following counties to be the most affected; Narok, Homa Bay, west Pokot, Tana River and Nyamira. This case had a big negative effect on the child's education performance and general health of both the mother and the child born. Critical examination of the ages of the respondents reveals that the modal age is 17; this implies that

they are children who should be going through their basic education. Comparatively with the review, the study findings agree with the previous studies that showed a significant increase in the rate of teenage pregnancy in Kenya and Homa Bay County and objective one was therefore achieved.

#### 4.4 Prevalence of Teenage Premarital Sex

Prevalence of teenage premarital sex was established alongside other measures such as age at first sexual debut among sampled teenagers in the study area. Further, the study sought to unravel the reasons for first sexual debut.

##### 4.4.1 Prevalence of teenage premarital sex

**Table 4.4: Prevalence of Teenage Premarital Sex**

<b>Respondents</b>	<b>Number</b>	<b>Percentage</b>
Girls Reported To have Engaged in Sex	303	100
Girls Reported To have Not Engaged in Sex	Nil	0.00
<b>TOTAL</b>	<b>303</b>	<b>100</b>

**Source:**

Field Data.

From the above table 4.4, one hundred percent of the respondents had engaged in premarital sex none of the respondents indicated that they had never involved in premarital sex. This finding is in support of the previous research which was conducted by the UN Centre of Reproductive Health (2017) which indicated that teenage pregnancy is a global problem which



affects both the developed and developing nations. All the teenagers have engaged in premarital sex meaning that there are high chances of them becoming pregnant.

#### 4.4.2 Age at First Sexual Debut

Sexual debut is taken to mean the first time that the teenagers were introduced to sex. This was when they were introduced to sex for the first time. By considering this, we are enabled to critically understand their sex life specifically determining when they begin to become sexually active. This sex debut age was least at twelve with 2.97%. This implies that sex education should start much earlier before age twelve for an effective management of teenage pregnancy. This was also supported by the research which was conducted by Athar (2017). At this age most of the teenagers tend to explore to find out more about their bodies with respect to their opposite sex.

**Table 4.5: Age at First Sexual Debut**

Age At First Sexual Debut	Number	Percentage
12 Years	9	2.97
13 Years	27	8.91
14 Years	57	18.81
15 Years	81	26.73
16 Years	69	22.77
17 Years	44	14.52
18 Years	12	3.96
19 Years	3	0.99
<b>TOTAL</b>	<b>303</b>	<b>100.0</b>

**Source:** Field Data 2017

With sex education, the curiosity will be reduced to a better understanding of their biological body functionality and variations that exist between opposite sexes. This can better help in reducing cases of teenage pregnancy.

It is also at this age that the teenage girls begin to menstruate. At this age their fertility rate is higher and they therefore need to be curiously handled. They need to be assisted to increase their self-esteem so as not to compensate it from the compassion from the opposite sex who may opportunistically make advantage of them and lead them to teenage pregnancy. This was also supported by the findings by Elizabeth (2018).

We can be able to see that a total of 100% teenagers have admitted to have involved themselves into premarital sex. The sexual debut age differs principally with age fifteen being the modal class at 26.73%. This pin point that, teenagers are on their sexual activeness at the age fifteen. Sex education should be provided to teenagers before reaching age fifteen actually as from age twelve. Age fifteen is the modal class and certainly most of teenage pregnancies also do take place at age fifteen.

Evidently, at age fourteen, out of thirty nine respondents five (5) were teenage mothers which translated to 12.82%. This could imply that teenagers aged fourteen probably became pregnant while they were only thirteen years old due the fact that pregnancy period last for eight to nine months therefore a teenage who is fourteen must have conceived at thirteen, again indicating that sex education and information about contraceptives should be given by the age of twelve or even earlier. This could be of greater significance to these respondents in terms of unplanned pregnancy. These findings are confirmed by those of Were (2017). Were, in her research which was conducted in 2017 in Western Kenya found out that teenagers become sexually active at early ages as early as age eight. The biggest dilemma in the society is what has gone wrong! Ausebel (1961) psychosocial theory can best explain this. Character formations among the

teenagers are greatly influenced by the environment where the teenagers interact. Teenagers' sexual desires and activeness could be aroused by the type of interactions, literature and the film and even the social media they subject themselves to. It will be of greater moral value to monitor the level of teenage interaction and modify the interaction environment for the teenagers to help solve the problem of teenage pregnancy as was also justified by the research by (UNPF, 2017).

#### 4.4.3 Reasons for sex for the first time

This theme was aimed at identifying reasons why the respondents could have engaged in sexual intercourse for their first time and the statistical findings were as in the table 4.6 below:

**Table 4.6: Reasons for respondents' sexual debut**

<b>Reason</b>	<b>Frequency</b>	<b>Percentage</b>
Did not Know why they had sex	175	58.30
Loved partner	94	31.00
Requested by partner	12	4.00
Peer pressure	19	6.30
No response	3	1.00
<b>TOTAL</b>	<b>303</b>	<b>100</b>

**Source:** Field Data

Respondents were given an opportunity to select from four possible reasons and a space for other reasons, which they could specify. Out of three hundred and three respondents interviewed, only two respondents did not reply to this question but the other three hundred and one chose from the reasons provided as shown in the table 4.6 above.

From table 4.6, respondents had various reasons for having engaged in sex for the first time. These reasons are also important to be captured though as intervening variables they were used in forming informed recommendations to study.

Whereas a total of one hundred and seventy five which translated to 58.30% respondents indicated that they did not know why they had sex for the first time, they did not explain further on this. The group is illiterate and ignorant and lack knowledge of sex education and they are vulnerable to teenage pregnancy. It can therefore be assumed that sex education and contraceptive knowledge might have enabled them to make better informed choices on their own. Various factors were found to form part of key player during the first sexual debut like loved partner. The love that the teenagers ascribe to was seen as virtually flirtation and infatuation. This emotion leads them to engage in premarital sex and consequently teenage pregnancy as was recorded by 94 (31%). Those who gave in to premarital sex as a way of giving in to the request made by their partners were 12 (4%). This could be because these teenagers had no ability to make an informed decision by themselves and consequently lead them to teenage pregnancy. A total of 19 (6.30%) had their sex for the first time as a result of peer pressure. Since their peers were doing it so they also ended up doing it and that lead them to teenage pregnancy. All these findings agreed with those of Oettinger (2017), which emphasized from the literature reviewed that social environment plays a role in teenage pregnancy.

#### **4.5 Level of Contraceptive use**

This section discusses results on knowledge of contraceptives, ever use of contraceptives and challenges experienced by teenagers in using contraceptives.

##### **4.5.1 Knowledge about contraceptives**

During interview with the teenagers, they were asked whether they had known about contraceptives or family planning before they started menstruating, had sexual intercourse or became pregnant. From the findings, it was clear that the respondents were fairly knowledgeable about the various contraceptives used. This was in agreement with the previous research conducted by Koss and Harvey (2016) which revealed that teenagers are very much curious of the available birth control measures. This study also revealed the same that they are well aware about various methods of birth control and even have used some methods before they became pregnant.

**Table 4.7: Knowledge about specific contraceptive methods**

Contraceptive Method	Menstruation		Sexual intercourse		Pregnancy	
	Frequency	%	Frequency	%	Frequency	%
	Emergency Pills	6	2.0	9.0	3.00	6
Oral contraceptives	9	3.0	28.0	9.20	13	4.30
Injection; Depo-Prov	18	5.90	9.0	3.0	9	3.0
Nur-Isterate	0	0.00	0.00	0.00	0.00	0.00
IUCD	0	0.00	0.00	0.00	0.00	0.00
Condoms	40	13.20	24.0	7.90	48	15.8
Never known Any.	230	75.90	233	76.90	227	74.9
						0
<b>TOTAL</b>	<b>303</b>	<b>100</b>	<b>303</b>	<b>100</b>	<b>303</b>	<b>100</b>

**Sources:** Field data

From the table 4.7, it is clear that some of the respondents had known about a number of different contraceptives or family planning methods before they became pregnant, however knowledge about contraceptives did not result in the respondents' utilization of contraceptives to prevent unplanned pregnancies and this contribute to teenage pregnancy. Factors other than knowledge may have contributed to the respondents' non-utilization of contraceptives prior to their pregnancies. It came out from the in-depth interview that religious teachings barred a number of teenagers from utilization of contraceptives and this resulted in teenage pregnancy.

#### 4.5.2 Use of Contraceptives

Table 4.8: Contraceptive Methods Used

Ever use of Contraceptives	Frequency	Percentage
YES	73	24.10
NO	230	75.90
<b>Total</b>	<b>303</b>	<b>100.00</b>
<b>Contraceptive method Used.</b>		
Pills	3	1.0
Injection	27	8.90
IUCD	-	-
Condoms	31	10.20
Other methods	3	1.0
Multiple Methods	3	1.0
Not used	196	64.70
No Response	40	13.20
No	67	22.10
No response	70	23.10
<b>TOTAL</b>	<b>303</b>	<b>100.00</b>

Sources: Field data.

Despite the fact that contraceptive knowledge is high in the study area, they did not use them for whatever reason(s) like religious faith, while others simply disregard the use of some contraceptive like condoms for claims that sex is never enjoyable while using them.

Out of three hundred and three respondents, thirty one which translated to 10.20% reportedly used condoms, twenty seven which translated to 8.90% used injections, three which translated to 1.00% used contraceptive pills, none or nil indicated using Intra Uterine Contraceptive Device, One hundred and ninety six which translated to 64.70% responded to have never used any contraceptive and Forty which translated to 13.20% did not reply to this question. Table 4.8 depicts the findings from the field.

One of the assumptions which held that contraceptives were available and the knowledge of how to use them was therefore proved right. It was also proved that there was no record which indicated the type and level of contraceptives used by the teenagers in the study area also confirms the low level of contraceptive use which predisposes the teenagers to teenage pregnancy. In light of juxtaposition from the previous literature review, the study does not parallel the previous findings which held that the teenagers were basically ignorant of contraceptives yet contraceptives were available. It was clear that contraceptives may be available but knowledge adequacy was the hindrance together with religious factors of the region. To capture the general level of contraceptive use in the study area, it was found that two hundred and thirty three, translating to 76.90%, had never used contraceptives as shown in figure 4.1. This means that 23.10% of the respondents used contraceptive in the study area. This indicates that majority of the teenagers engage in sex without the use of contraceptives which is unsafe and therefore they end up getting teenage pregnancy.

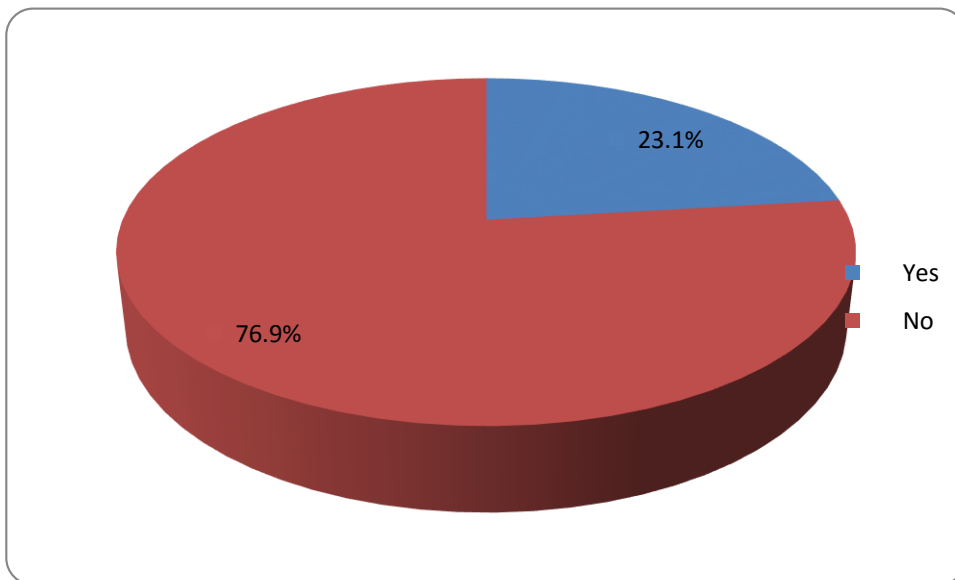
In figure 4.1 the population who reported to have used contraceptives was lower than those who have ever used the contraceptives. This was an indication that the teenagers failed either

to use contraceptives either because of others factors which they specified during in-depth interviews as religious teachings and believes.

During an in-depth interview, one of the respondents was quoted to have said that:

*“...I can’t use condom during sex because I want to feel my boyfriend for real. If my boyfriend play sex with me using condom is like the boy is playing sex with condom but not me and that cannot be the real meaning of sex.”-IDI- Teenage respondent girl in Riana*

**Figure 4.1 Contraceptive use and Disuse.**



**Sources:** Field data

From the above response, I find a big discrepancy in sex education. Should such a respondent be given the right sex education, she could be better placed to make an informed decision on safe sexual intercourse. This is an indication that sex education with respect to contraceptive use is wanting among the teenagers.

Another respondent also had this to say *“.....I know that condoms are safe and can prevent pregnancy but I can’t simply carry them leave alone buying them because I am afraid of*



*victimization from my parents and elder brothers who are just too religious and considers them as satanic”* **IDI- Teenage girl respondent in Riana.**

From this information alone, we get the information about a too religiousness of a parent barring the teenagers an opportunity to make a logical and scientific based decision on contraceptive use. Religiosity of the parents are now becoming a stumbling block that skids off the teenagers towards unsafe sex practices which ultimately leads them into teenage pregnancy. Interestingly again one of the respondents also was recorded to have said this

*“ ...for me I have no problem with condom use provided my boy will carry some and use....I want to say that it is the boy to decide whether or not to use condom but for me, I can't decide because I fear losing him for other girls who may be craving for him...”* - **QI- Teenage Girl respondent in Riana.**

From this recorded interview, it is clear that there are other intervening variables like boyfriend factors. This should also be address to help solving the problem of teenage pregnancy. The study findings disagreed with the previous findings from the review by Martinez et al. (2017) which concluded that the teenagers failed to use contraceptives as a result of their ignorance. From the in-depth interviews, majority of the teenagers had information regarding contraceptives. Neither availability nor ignorance was mentioned as key reasons for failure to use contraceptives by the teenagers.

#### **4.5.3 Challenges Experienced in Contraceptives Use**

Whenever teenager experience challenges in obtaining and use of contraceptives the accessibility of contraceptives becomes a problem which end them up in not using them and they are compelled to engage in unprotected sex and consequently contract teenage pregnancy.

**Table 4.9 Problems with receiving contraceptive or information.**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	166	54.80
No	67	22.10
No Response	70	23.10
<b>TOTAL</b>	<b>303</b>	<b>100.00</b>

Source: Field data

According to the report from the previous studies which was conducted by David (2016) indicated that, adolescents in high school and colleges have better access to contraceptives services. They are presented not to be having any problem in obtaining and utilization of contraceptives. The results indicate that one hundred and sixty six which translated to 54.80% had experienced problem with obtaining contraceptives or family planning information while seventy seven which translated to 22.10% had not. Through the in-depth interview, respondents were asked to explain any problem they encountered with receiving contraceptives or family planning information. Majority of them blamed their religious teachings and doctrines as the key hindrances towards obtaining and using contraceptives. Some respondents also reported that they feared accessing condom dispensers and even literally purchasing condoms from pharmacies and shops. This was because they feared being seen by others. A few directly associated condom use with sexual immorality, or could mean being sexually active and even proceeding to engage in sexual intercourse. Unlike the review, religion brought a negative view on the use of contraceptives to the level extent that teenagers become scared from the use of any method. Religious worshipers from the study area normally associate the use of contraceptives with being evil and prostitution. This delimits the freedom of the teenagers from

acquiring and using contraceptives so that they may not be falsify and censored from their religious assemblies.

#### **4.6 Sex Education and Teenage Pregnancy**

This section gives results on sex education, sources of information on sex education and teachings on sex education.

##### **4.6.1 Sex Education**

From an intensive interview a respondent was quoted '*.....We are a afraid of accessing and using any form of contraceptives. Contraceptives are not allowed by our religion. We are expected to remain virgin. It is sinful to use contraceptive, and condoms are meant for prostitutes and sinners who are suppose to die....*' **KIIS- Teenage girl respondent in Riana.**

Bryner (2009) revealed that religion has made a milestone in shaming the teenagers when it comes to sex education and contraceptive use. This has led the teenagers in engaging in unprotected sex which finally lead them into unplanned teenage pregnancy.

Comprehensive sex education is not being offered in the Kenyan education curriculum. However various topics have been integrated in the curriculum and taught up to examination. Guidance and counseling programs also offer sex education. It is also expected that religious assemblies to offer appropriate age based sex education. This section focuses on sex education and sources providing sex education to the teenagers. Sex education was found to have been provided although the teenagers still ended up getting pregnant. Sex education comprised information on menstruation, sexual intercourse, pregnancy and contraceptive use.

##### **4.6.2 Sources of information on sex education**

Majorly respondents trusted much their religious assemblies for sex education as was shown by the statics in table 4.10, with the religious assemblies registering frequency of 124 (40.90%) followed by mothers at a frequency of 66 (21.80%) then teachers at 59 (19.50%) The cross tabs of table 4.10 indicate how the respondents in the study area trusted so much their religious assemblies for matters related to sex education. The research findings from the cross tabulation bellow was found to be in agreement with the findings from the literature review from the UN report from the survey which was conducted in the year 2017 on teenage pregnancy. 90.1% of the teenagers agreed that they have been receiving discouraging teachings from their respective religious meetings against the use of contraceptives which lead them to contract early teenage pregnancy.

Various religious bodies are trusted by their faithful to give a clear guidance in terms of sex education. The tabulation bellow gives an impression that sex education is poorly given to the teenage girls in the study area and therefore leads to teenage pregnancy.

**Table 4.10 Cross-Tabs on Religious teaching and Teenage Pregnancy.**

		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Yes	273	90.1	90.1	90.1
	No	30	9.9	9.9	100.0
<b>Total</b>		<b>303</b>	<b>100</b>	<b>100</b>	

Source: Field Data 2017.

According to the research which was conducted by Murphey (2018), to help address teenage pregnancy better, there is a great need for parents to deeply understand their teenagers very well. They need to better understand their world then it will become possible for them to advise

them and care for them. This finding agrees with Bill's deductive findings as much as parents struggle not all parents are able to offer sex education to their teenage girls because they have got different perspective. As much as information is power, the source and content is of greater significance to the recipient.

The respondents indicated that they received information about menstruation, sexual intercourse, pregnancy and contraceptives from the sources or persons as specified in table 4.11. During an in-depth interview it was clearly noted that teenage girls trust their mothers very much to fathers for sex education.

*“ ...my mother always teach me how to relate with boys. She gives me advice Concerning the gifts to accept from boyfriends and where to meet the boyfriend....”* **KIIS -Teenage girl respondent in Riana.**

However, some fathers have different perception concerning sex education, their argument is that whenever one gives birth to a girl child then he is lucky for the girl is seen as a source of livelihood to the family.

*“...I don't care provided she provide me with sugar and food and as long as she is able to bring home food it is well with me”***KIIS- Father of Teenage girls in Riana Division.**

Parental guidance has failed the teenagers especially the girls. This could have been attributed to religious adherence that has made the parents to transfer their roles of modeling their children to the religious leaders who are equally doing very little as was noted during an intense interview. *“ .... I don't discuss issues to do with sex and sexuality with my children. That is the responsibility of the religious leaders. Let them be told in the church and their mothers”* **IDI Key Respondent Riana Division.**

Whoever is reading this research will be left wondering the depth of coverage of sex education by the religious leaders and even the content of the subject matter being sex education. How relevant is it to the teenagers with respect to teenage pregnancy? Analytically, the parents have faith in religious assemblies in the provision of sex education but they are doing very little with respect to science of contraception and pregnancy. Contrary a Muslim teacher categorically maintained during the interview that; “...*children are not to be taught sex because they will practice it.*” **IDI Key Respondent Riana**. This is an indication that they don’t teach sex education at all.

According to table 4.11 bellow, there is a justification of the fact that teenagers trust their religious leaders, mothers and teachers to any other source of information when it comes to acquisition of information regarding sex education. These sources have disappointed these teenagers in Riana Division and as a result the teenagers have suffered the consequence by becoming pregnant. This finding justify the deductive findings made by Koohesani et al.(2018) which revealed five key players in teenage premarital pregnancy as being; economic status, peer pressure, lack of sex education, religious teachings and cultural practices.

As indicated in table 4.11, out of the three hundred and three respondents, one hundred and twenty four which translated to 40.90% received information from their religious assemblies while sixty six which translated to 21.80% from their mothers. Other sources in order of frequency were teachers, friends, Clinic nurse, Radio, fathers, magazines/Newspapers, other sources and Television.

Teenagers have higher hope in their religious assemblies because they trust a lot of information they obtain from them. Religious assemblies are therefore challenged to be in the fore front to champion for the fight against teenage pregnancy. Parents especially mothers are also challenged to spare their busy schedule and give their teenage daughters first priority and offer

them attention so as to be able to conduct sex education to their teenage daughters. This way teenage pregnancy can be reduced. This finding tend to support the findings from the literature review on the research by Oswald (2017), which support the fact that whenever teenagers are not guided by the parents then they risk getting the same from their peers who instead will only misguide and they end up becoming pregnant at teenage age.

In as much as the information about sex education was provided mostly by the time the respondents had reached fourteen to sixteen years of age, still most of the respondents got pregnant. From the findings, sex education failed to prevent the teenagers from engaging in sexual intercourse which was not protected. Since most teenagers receive sex education from religious assemblies and their mothers, it might be worthwhile to update the mothers' knowledge about contraceptives effectively and to plead with the religious bodies to accept the science behind contraceptives much as they teach about the sacredness of life. This may be constructive and valuable effort to help teenagers to make better informed decisions about preventing unplanned pregnancy.

**Table 4.11: Sources of information on sex education.**

Source of information	Frequency	Percentage
Mother	66	21.80
Father	9	3.0
Religious Assemblies	124	40.90
Teacher	59	19.50
Friend	21	6.90
Clinic Nurse	12	4.00
Television	1	0.3
Radio	6	2.00
Magazines/ News papers	2	0.7
Other Sources	3	1.0
<b>TOTAL</b>	<b>303</b>	<b>100.00</b>

**Sources: Field data**

Magazines or News papers though they are sources of information, they were found to reach up to only 0.7% of the respondents. Relying on them will but only leave out the better part of the targeted population and therefore lead to teenage pregnancy. Only 0.3% were able to access television and therefore the mode was not ideal and therefore teenage pregnancy could be due to poor mode communicating sex education.

**4.6.3 Religious Teachings on sex education**

The respondents were asked to give the advice they had obtained from their churches or their places of worships and- mosques respectively about sex education and contraceptive use. As



indicated in table 4.11, although they received advice but they still got pregnant. This could mean that most of the respondents received advice which was not encouraging with regards to condom use which could have made them to shun their use and hence they became pregnant. The frequencies represent the negative advice. They had a common agreement that their religious assemblies advised them that condom use is evil and HIV/ AIDS is a punishment to them who used condom and do evil to God by engaging in sex. This finding correlate with that of Brewster et al. (2018) which concluded that religion only shame teenagers instead of offering them the right teachings when it comes to the use of contraceptives. From this finding religion scored 67.0% in teaching about virginity while 9.9% in teaching on contraceptives.

**Table 4.12: Religious teachings on contraceptive use, HIV/AIDS and virginity**

Variable	Yes (%)	No (%)	N
Teaching on contraceptive use	9.9	90.1	303
Teaching about HIV/AIDS	84.8	15.2	303
Teaching on virginity	67.0	33.0	303

**Source: Field data.**

The respondents had to indicate all the advice received and each respondent could indicate more than one hence the total frequency exceeded three hundred and three. Of the respondents, two hundred and seventy nine, which translated to 92.08% received negative advice about Contraceptive usage and related the use of condom usage to evil and sinful and two hundred and sixty which translated to 85.81% about HIV/AIDS to be price and punishment that is God given. Failure to use contraceptives was found to subject the teenagers to teenage pregnancy. Two hundred and five which translated to 67.66% were encouraged to be virgin. More extensive condom use should be promoted, especially for teenagers since condoms protect

against both pregnancy and STIs. However the church should device an appropriate approach to the use of contraceptive as the respondents were getting pregnant in spite of this knowledge.

### 4.3 Effect of Sex Education on Teenage Pregnancy

**Table 4.13 Cross –Tabs of Effect of Sex Education on Teenage Pregnancy.**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.633	6	.049
Likelihood Ratio	15.416	6	.017
Linear-by-Linear Association	1.710	1	.191
N of Valid Cases	303		

a 6 cells (42.9%) have expected count less than 5

The minimum expected counted count is 1.67.

From the cross tabs analysis, teenage pregnancy directly related to the level of teenage sex education. Whenever sex education is provided, teenagers are enabled to cope up with sexual pressure and delay their pregnancy and child bearing. The P Value =0.049<0.05, this tells us that there is statistically significant association between the respondents sex education and teenage pregnancy.

When comparison is done from the previous research and literature review on the research which was done by Stanto (2016), the result agrees with the literature findings which affirm that when teenagers are given the right sex education at the right time from the correct source then they became better off in preventing early teenage pregnancy. This fight of teenage pregnancy can only be won by parents joining hand in the provision of sex education to both the girl child and even to the boy child. Boy child, with the right sex education will begin to

see the girl child as their sister. Sex education enhances the teenage girls to increase their self-esteem. Matters of self-esteem have parents to be blamed as was also justified by the study by Juma (2018). Higher level of education attainment could enable the teenagers to delay sex, early marriage and also boost the ability of the teenagers to make an informed decision before engaging in to sex. Besides high education could also influence the teenagers to avoid engaging in risky sexual ventures which could eventually lead them in to teenage pregnancies. Lack of Premarital sex education was also found to play a big place in teenage pregnancy as this will deny the teenagers ability to biologically understand their body functionality.

According to literature review on the research conducted by Plan International (2017), level of education is very much important as it creates also a specific social class. A class of educated girls will be able to be at a position of critically reasoning and nature the use of contraceptives because they will be driven by purpose in life but not by emotions. By the time these teenagers turn to be mothers, without good education, the situation will repeat and the vicious cycle will be created where their children will fail to have good education and low economic simply because their parent also had no education and failed to secure meaningful formal employment.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

The study involved a sample size of 303 teenage girls in Riana Division of Ndhiwa Sub-County of Homa Bay County, Kenya. The purpose of the study was to investigate factors associated with teenage pregnancy in Riana Division Ndhiwa Sub-County, Kenya. Specifically the study was guided by the following objectives; to establish the prevalence of teenage pregnancy among regular religious worshipers in Riana Division, to determine the prevalence of teenage premarital sex among regular religious worshipers in Riana Division, to find out the level of contraceptive use among the regular religious worshipers in Riana Division and to determine the effect of sex education on teenage pregnancy among teenagers who were regular religious worshipers in Riana Division, Kenya.

The study adopted a mixed method approach of both qualitative and quantitative data collection. The sample population was 303 teenage girls, 20 youth leaders and 14 parents. Questionnaires and interview schedules were the main tools of collecting data. Questionnaires were administered to the teenage girls while interview schedules were administered to the youth leaders and the parents.

Research permit was sought and obtained from NACOSTI and permission obtained from the church and mosque leaders before the sampled churches and mosques could be visited. Parental consent was necessary as the research targeted the teenagers.

SPSS Program Version 20 was used to analyze data. Results of data analysis were presented using frequency distribution, percentages, means standard deviations, Qualitative data was analyzed thematically based on the stated specific study objectives.

## 5.1 Summary of findings

This study attempted to answer the question related to the factors associated with teenage pregnancy in Riana Division of Ndhiwa Sub-County, Kenya.

The first research objective was to establish the prevalence of teenage pregnancy among regular religious worshipers in Riana Division. A total of ninety seven (32.01%) respondents were teenage mothers out of the three hundred and three. This high figure of 32.01% is an indication that teenage pregnancy is prevalent, affecting many teenagers in Riana Division. Globally, from the statistical data by the research which was conducted by the UNFPA (2017), Kenya posted the fourth position after Guinea at 100.2 in thousands in teenage pregnancy. This showed high prevalence. Juxtaposing this finding to the outcome data from Riana where 100% of the teenage respondents were teenage mothers, teenage pregnancy is highly prevalence.

As concerns qualitative data, teenage girls involved in premarital sex which lead them into teenage pregnancy as a way of salvaging their families economically, sourcing meals, peer pressure, and cultural norms. These eventually lead them into early pregnancy. Girl child education is least valued in Riana Division.

Secondly, this study attempted to find out the prevalence of teenage pre-marital sex in the study area where 100% of the responded reported to have engaged in premarital sex. Based on this, the findings were that out of 303 respondents, 175 (58.30%) had engaged in sex but did not have reasons for having engaged in sex, 94 (31.00%) engaged in sex as a way of expressing the love they had for the opposite partner, 12 (4.00%) had sex as a way of responding to the demand from their partners, 19 (6.30%) blamed peer pressure as a reason for their involvement in sex while 3 (1.00%) though they accepted to have involved in sex, they declined to disclose their reasons. From this statistics, it was clear that teenage premarital sex is prevalent in Riana Division of Ndhiwa Sub-County, Kenya.

The third objective was to establish the level of contraceptive use among the teenagers who are regular religious worshipers in Riana Division. It was found that two hundred and thirty, translating to 75.90%, had never used contraceptives. This means that the use of contraceptives in the study area stood at 24.10%. Quantitatively, the bigger percentage who had never used contraceptives was due to the fact that their religion barred them from accessing and using them.

The fourth objective was to determine the effect of sex education on teenage pregnancy among teenagers who were regular religious worshipers in Riana Division. Qualitatively, Religious assemblies were found to be the most resourceful place offering sex education with frequency of 124 (40.90%) followed by mothers with the frequency of 66 (21.80%) and then teachers with the frequency of 59 (19.50%).

## **5.2 Conclusion**

Based on the findings of the study, it is clear that teenage premarital sex and teenage pregnancy are real occurrences in Riana Division. The respondents also agreed that the religious assemblies where they mostly relied on in obtaining sex education are not open about the use of contraceptives among the teenagers instead religious teaching holds strongly that sex is holy and is only meant for married couples and the use of contraceptive is sinful. Therefore this doctrine contributed greatly in teenage pregnancy among the teenagers who are regular religious worshipers in Riana Division

## **5.3 Recommendations:**

Having identified the association of religious teachings on teenage pregnancy in Riana Division the following recommendations are put forward:

1. The religious teachings should not only integrate teachings on spiritual values and virginity but also information about reproductive issues and contraceptives especially to the teenagers. This would help enhance the level of contraceptive use among sexually active teenagers.
2. The schools should also strengthen guidance programs both at school and home so that teenagers will be given information and counseling regarding boy – girl relationship and dangers of pre-marital sex. The teachers especially class advisors should act as the second parent and even play the role of religious leaders especially to those teenagers who need parental guidance. These will help reduce prevalence of teenage pregnancies in the study area.
3. Education programs should be designed to address pressing and urgent concerns regarding teenage pregnancy and collaborate with ministry of health to help teenagers avoid premarital sex and live a healthy life style. Seminars, workshops and mobile health services should be improved to provide family planning services to reach even the teenagers.
4. Parents should be empowered and made aware on the need to nature inculcate the tradition of sex education without fear of prejudice. They should accept that girl child is supposed to be treated well just like boy child. These parents should also be empowered economically to enable them to be able to care for their daughters well.
5. Teenage girls should be retained in schools to reduce their idle time for an idle mind is the devil’s workshop. Sex education should be adopted and sensitized across the country and even in schools and finally the use of contraceptives should be stepped up to help reduce the chances of teenage pre

## REFERENCES

- Agha et al. (2018), Teen Pregnancy: Children Having Children in Tanzania, Agha Khan
- Alan Yusko and Natalie Dalley (2016), Yes, There Are Christians Who believe Rock Music is
- APHRC (2018), What's driving high pregnancy rates in Kenyan schools. Retrieved From:<https://www.aphrc.org/post/9963/>
- Arnet (2018), Teenage Pregnancy Thesis Outline. Sawelsolar.com. retrieved from:
- Assimeng (2016), Trends in Teen Pregnancy and Childbearing-HHS.gov, Retrieved from:<https://www.hhs.gov/.../adolescent...teen->
- Ausubel (1961), Meaningful learning and Retention: Interpersonal Cognitive Variables. Retrivedfrom: <https://www.psycnet.apa.org/record/1963-02814-001/>
- Baltag V.(2015) Assessing an Adolescent's Capacity for Autonomous Decision-making in Clinical Care.Journal of PMID 26281798 medline.
- Bandura Albert (2017),Prevention of Teenage Pregnancy epidemic: A social Learning Theory Approach. Retrieved from: <https://www.researchgate.net/.../2324347.../>
- Barber N. (2017), Real Reasons for Sex Before Marriage.Journal of Psychology Today.
- Barr and Hoffman (2018), Teen Pregnancy and Foster Care. Journal of National Centre for Health Research. Retrieved from: <https://www.center4research.org/teen-.../>
- Bill Murphey Jr. (2018), Tips to help leaders and their communities. Retrieved from:
- Blum and Mari (2018), Risk and Protective Factors That Affect Adolescent Reproductive Health, East Baltimore Maryland, USA, John Hopkins University press.
- Boyer D.et al. FamPlannPerspect (2017), Adolescent Pregnancy and Sexual Risk TakingAmong Sexually Abused Girls.An abstract from Guttmacher Institute. Retrieved from: <https://www.guttmacher.org/.../adolescent...>
- Braun and Clerke (2018), Using Thematic Analysis in Psychology.Journal of Research gate.Retrieved from: <https://www.researchgate.net/.../2353563../>



Brewster et al. (2018), The Role of Parent Religiosity in Teens' Transitions to Sex and  
Brian Ojiambo (2017), Causes of Teenage Pregnancies in Kenya- Abulletin of Zakenya.  
Retrieved from: <https://www.zakenya.com/.../causes-of-teenage.../>

Caldwell (2017), Teen Birth Date-The Texas Campaign to Prevent Teen Pregnancy, Texas  
USA. Retrieved from: <https://www.txcampaign.org/teen-birth-data/>

Caroline Thompson (2017), Trump Administration Cuts Short Anti-Teen Pregnancy Grants,  
New York USA, The Associated Press Bloomberg.

CDC (2017), Trends in Repeat Births and Use of Postpartum Contraception Among Teens-  
United States. Journal of Adolescent Health Supplement.

Child Welfare act (2017) H.R.1881-115<sup>th</sup> Congress 2017-2018: Child Welfare. Retrieved from:  
<https://www.congress.gov/bill/.../1881>

Clerie and Berhane (2018), Assessment of Parenting Practices and Styles and Adolescent  
sexual behaviors among High School Adolescents in Addis Ababa, Ethiopia. Journal of  
AIDS and Clinical Research 06 (02) 2015.

Consortium For Street Children (2017), advocacy and Action Guide, London, United  
Kingdom. The Green House Publication 244-254 Contraception. Journal of Adolescent  
2018 Elsevier /34/

Cornell Jh. (2018), Early Childbearing, School Attainment, and Cognitive Skills: Evidence  
From Madagascar. Journal of Adolescent Health (39) 588-595 Springer.

Daily M. and Wilson M. (2010), Cultural = Heritage and The Sexually Transmitted Infection.  
Retrieved From: <https://www.books.google.com/books?isbn=1317156463>.

David H. (2016), Perception of Adolescent Pregnancy Among Teenage Girls. Journal of Sage  
Publications. Retrieved from: <https://www.journals.sagepub.com/.../>

De Andan, D. (2017), Statistical Learning in Infant. Journal Retrieved from: [https:// www  
guttmatcher. Org/teen](https://www.guttmatcher.Org/teen).

Dombusch (2017), Linking Religion and Teen Pregnancy: An Investigation of reciprocal Influences. A journal of UNL Digital Commons retrieved from:

Dr. David Fasster (2016), The failure of the Teen Pregnancy Prevention Program: Advocates of Evidence- Based Policymaking Ignore the Evidence. Retrieved from: <https://www.signature-reads.com/.../>

Dr. Stanton Samenow (2016), Forbidden Fruits: A journey Inside the Criminal Mind. Journal of Signature reads. Retrieved from: <https://www.signature-reads.com/.../>

Dr. Virginia (2017), Teenage Pregnancy data: Power to Decide. Retrieved from :

Elioh (2017), Teenage Pregnancy: Medical Risks and Realities. Journal of Medical reproductive health. Retrieved from: <https://www.webmd.com/.../teen-pregnancy/>

Elizabeth H. (2018), Promoting Science- Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes. Retrieved from: <https://www.cdc.gov>.

Ellen G.W (1887) Message to young people. Washington DC USA, Sign Publicity company.

Ellen G.W (1977) Mind, Character and personality, Washington DC USA. Sign Publicity Company.

Ellis W.D. (2017), Family Context and Individual Situation of Teens in Mexico City. Journal of Biomedical Central . Retrieved from: [https://www.bmc\\_pregnancy\\_childbirth\\_BMC\\_Series-](https://www.bmc_pregnancy_childbirth_BMC_Series-)

Emma Thompson (2017), Protect Children Act 2017. Retrieved from <https://www.C->

Fekadu Z (2018), Determinants of Teenage Pregnancy in DeguaTemblen District, Tigray,, Northern Ethiopia: A community-based case-control study. Online journal 13 (7): e0200898. Retrieved from: <https://www.researchgate.net>

Flora Oswald (2017), National Campaign to Prevent Teen and Unplanned Pregnancy: Good News for Communities- Child Trends. Retrieved from:

Francis (2010), Women's Health: Birth Control and Family Planning in France. Retrieved from: <https://www.internations.org/france.../>

G.S. Oettinger (2017), Trends in Teen Pregnancy and Childbearing. Retrieved from:

Greenberg, Clint E. Bruess, Sara B. Oswalt (2016), Exploring the Dimensions of Human Sexuality. Retrieved from: <https://www.usatoday.com>

Hocken Berry MJ.(2018), Teen Pregnancy- Child Trends, USA. Retrieved from: <https://www.childtrends.org/teen...2018/>

Hogan and Kenny (2016), A community Conversation on Adolescent Pregnancy and Preventing Services: Networks of Support, Gatekeepers to Care and Non-Compulsory Fathering in a Black Urban Community. The Journal of Health Disparities Research and Practice 7 (4).

Horn B. (2017), Teenage Pregnancy: The Impact of Maternal Adolescent Childbearing and Older Sister's Teenage Pregnancy on a Younger Sister. Retrieved from: <https://www.ncbi.nih.gov/.../>

<https://digitalcommons.unl.edu/.../>  
<https://www.childtrends.org/preventing/>  
<https://www.hhs.gov/.../adolescent...teen.../>  
[https://www.inc.com/10\\_ways\\_great/](https://www.inc.com/10_ways_great/)  
[https://www.power\\_to\\_decide.org/.../Virginia.](https://www.power_to_decide.org/.../Virginia.)  
<https://www.sawelsolar.com/teenage-pregnancy../>

Hymly (2017), CDC Priority: Reducing Teen Pregnancy and Promoting Health Equity Among Youth. An Adolescent Health Journal retrieved from: <https://www.cdc.gov/teenagepregnancy/.../>

Jeanna Bryner (2009), Teen Birth Rates Highest in Most Religious States. Journal of Health Science (11): 09PMET 2009-09-16T23:11:09.

Jill Kirby (2017), Sex Education, CAUSES teen Pregnancies. Retrieved from: <https://www.dailymail.co.uk/.../sex/>

Kaiser Family Foundation (2017), Teen Birth Rate Per 1000 Population Ages 15-19. A journal of Adolescent Health (67)-8. Retrieved from: <https://www.kff.org/.../teenbirthrate/per.../>

Karagu et al (2017), Statistical learning in Infact: Retrieved from: <https://www.researchgate.net/Basic-fact/.../>

KDHS (2016), The State of Teenage Pregnancy in Kenya- The standard. Retrieved From: <https://www.standardmedia.co.ke/.../>

Koohesani HR et al (2017), Adolescent boys' lived experience of puberty: A qualitative Journal of nursing. Retrieved from: <https://www.ijn.iuims.ac.ir>

- Koss and Harvey (2016), Trends in Teen Pregnancy and Childbearing. Retrieved from: <https://www.hhs.gov/.../adolescent.../teen/>
- Liz Cooper (2017), Teen Pregnancy: The struggle For Parents and Local Organizations. Journal of Single mothers. Retrieved from: <https://www.wpde.com/.../teen-mom-shares->
- Lucia Laboso (2018), Youths Unmet Contraception needs Add to Grim Numbers. Retrieved from: <https://www.standardmedia.co.ke/.../youth/>
- ManjiriKochrekar (2017), How Does Peer Pressure Influence Teen Pregnancy? Journal of momjunction. Retrieved from: <https://www.momjunction.com/.../how/>
- Martinez et al. (2017), Reducing Teenage Pregnancy- Planned Parenthood. Retrieved from: <https://www.usatoday.com>
- Mary Juma (2017), Adolescent Pregnancy and Challenges in Kenyan Context. Retrieved from: <https://www.links.springer.com/.../s40609-017->
- Mashao (2017), TheLattest Teenage Pregnancy Data. A Journal of Reproductive Health Retrieved from: <https://www.cdc.gov/teenpregnancy/.../>
- Maureen Were (2018), Determinants of Teenage Pregnancies: The Case of Busia. Journal of economics and Human Biology 5 (2): 322-39.
- Meya (2017), Preventing Teen Pregnancy Can Help Prevent Poverty. A journal of Urban Institute. Retrieved from: <https://www.urban.org/.../preventing-teen.../>
- Meya (2018), Changing Adolescent Perceptions on Teenage Pregnancy. Journal of teenage Health. Retrieved from: <https://www.researchgate.net/.../2751641.../>
- MilkaJuma et al. (2018), Cultural Practices and Sexual Risk Behaviour among the Teenagers. Journal of licensee BioMed Central Ltd.
- Millicent Kelly (2017), BMC Pregnancy and Chilbirth. Meeting Abstracts From the International Stillbirth.Retrieved from: <https://www.bncpregnancy childbirth/.../>

Monguti J (2017), Teen Pregnancy in the United States, Washington DC, USA. Fact Sheet Publications (01) 2017. National Council for Population and Development (2018), State of Kenya Population and Adolescents and Youth Survey Reports 210818

National Council for Population (NCPD 2018), Annual Report FY2017 Survey on Teenage Pregnancy.

National Survey of Family Growth (NSFG 2017), Key Statistics from the National Survey of Family. Retrieved from: <https://www.cdc.gov/.../nsfg/key-statistics>.

National Survey on Religion and Choice (2016), Prevalence and Factors Associated with Teen Pregnancy in Vietnam: Results from Two National Surveys. Washington DC. Retrieved from: <https://www.researchgate.net/3018280.../>

National University of Ireland Maynooth (2012), Inequalities and Stigma Continue to Affect outcomes for teen mothers. Retrieved from: <https://www.maynoothuniversity.ie/.../.../>

NCSS (2018), Crisis Intervention. A journal of Humanist. Retrieved from: <https://www.ncss.gov.sg/.../crisis/>

New York State Law (2017), Family Court Law, Consolidated Laws of New York's FCA Code. Retrieved from: <https://www.ypdcrime.com/fca/>

Nicole Martin (2017), Heavy Viewers of Teen Mom and 16 and Pregnant have unrealistic Views of Teen Pregnancy Journal retrieved from: <https://www.news.indiana.edu/.../16-and-pregnant->

Nkwabeng B/A GNA (2016), Adolescent and Teen Pregnancies in Kansas. Retrieved From: <https://www.kdheks.gov/.../Data-Brief>

Ocholla A. ABC (2009), Cultural Determinants of Adoption of HIV/AIDS Prevention Measures and Strategies Among Girls And Women in Western Kenya, Addis Ababa, Ethiopia. Organisation for Social Science Research in Eastern and Southern Africa (OSSREA) Press.

Oner Kurt, Sasmaz and Bugdayci (2015), The Socio-demographic Factors Related with the Adolescent Pregnancy in Degua Tembien District, Tigray Northern Ethiopia. Peter D. (2017), The Study of factors Influencing Teenage Pregnancy in Africa. Retrieved From: <https://www.researchgate.net/.../3196443.../>

- P.K. Kohler (2017), The Importance of Teen Pregnancy Prevention. Journal of Healthy futures. Retrieved from: <https://www.healthyfutures.nea.org/the-importance-of.../>
- Plan International (2017), New Report on Teen Pregnancy and Early Marriage. Journal of Plan International (05): 2017-0510.
- Pontoon L.E (2017), Teen Pregnancy: Trends and Lessons Learned. Retrieved from: <https://www.gutmacher.org/teen>
- Pregnancy Rates. Retrieved from: <https://www.pewtrusts.org/.../racial-and-/>  
Retrieved From: <https://www.psychologytoday.com/.../>
- Riana (2017), Teenage Pregnancy: Medical Risks and Realities. Retrieved from: <https://www.webmd.com/.../teen-pregnant->
- Sara Mclananam (2017), Delivering Adolescent Pregnancy Prevention Services to High-Risk Youth: Implementing Teen Choice in New York, OPRE report 2017-50, USA, Department of Health and Human Services.
- SCOH-Carrera (2018), Adolescent Pregnancy Prevention Program- Health Care. Retrieved from: <https://www.evidencebasedprograms.org/>
- Seme A. and Wirtu D. (2016), Teenage Pregnancy and Its Associated Factors among School Adolescents of Arba Minch Town, Southern Ethiopia. Journal of Health Science. Retrieved from: <https://www.ncbi.nlm.nih.gov/2018/>
- ShaidAthar (2017), The Silent Truth of Teenage Pregnancies- Birth to Twenty Cohort's next generation-NCBI-NIH. Journal of Teen Reproductive Health. Retrieved from: [Span.org/video/.../children](https://www.ncbi.nlm.nih.gov/.../)
- Thompson (2018), Pregnant at 14, Alex Proved Girls Facing Teen Pregnancy can find success. A Trinitapoli and Regnerus (2016), A study on the Predictors of Teenage Pregnancy in Japan. Retrieved from: <https://www.ncbi.nlm.nih.gov/.../123145.../>
- UNFPA (2016), Adolescent Pregnancy and Development. Journal of Development and adolescent health. Retrieved from: <https://www.unfpa.org/.../.../>

UNICEF (2017). Survey on Ending Child Marriage and Teenage Pregnancy in Sierra Leone. A journal of Demographic and Health Survey. Retrieved from: <https://www.unicef.org/2017/sierraleon>

University, Retrieved from: <https://www.researchgate.net/.../2556990...>

Were (2017), Expert Views: Soaring teen Pregnancy Rates in The Philipines. Journal of Teen. Retrieved from: <https://www.newsdeeply.com/.../2017/.../>

Werner-Wilson R, Fitzharris and Morrissey (2017), Adolescent and Parent Perceptions of media Influence on Adolescent Sexuality. Journal of Research. Retrieved from: <https://www.researchgate.net/.../8164420.../>

Whitehead B, (2017), Addressing a Critical Gap in U.S. National Teen Pregnancy Prevention Programs: The Acceptability and Feasibility of Father-Based Sexual and Reproductive Health Interventions. Journal of Reproductive Science. Retrieved from: <https://www.sciencedirect.com/.../>

WHO (2016), Monitoring Adolescent sexual and Reproductive Health. 2016;94:159,doi. Retrieved from: <https://www.who.int/bulletin/.../94/3/.../en>

Whyte, Albert and Van der Geest (2017), Racial and Ethnic Disparities Persist in Teen

Woolfolk et al. (2017), Adolescent Pregnancy, Contraception and Sexual Activity. Journal of Clinical Guidance and Publication. Retrieved from: <https://www.m.acog.org/...Adolescent.../.../>

Yamba (2017), Summary – Children’s Rights Report, Australian Human Rights. Retrieved from: <https://www.humanright.gov.au/...2017/>

Zadehmohammadi A. et al. (2018), Risk Taking Behaviors Among Adolscents: The Strategies to Predict Crimes Commitment. Retrieved from: <https://www.dnl.tebyan.net>

## APPENDICES

### APPENDIX I: MAP OF THE STUDY AREA.



Source: Independent Electoral and Boundaries Commission (2011)



**APPENDIX II:**

**RESEARCH INSTRUMENTS**

**Individual survey questionnaire to girls nominated as regular worshipers attendees**

**INSTRUCTION AND CONFIDENTIALITY**

I Mr. Bernard Nyateko Dede, a student at Rongo University pursuing this research for the master's degree, from school of Arts and social sciences (SASS) for the purpose of fulfillment of my degree. I kindly request you to fill the questions as required to the best of your knowledge and be sincere. The information given by you will be confidentially treated and only be used for the said purpose.

Please put a tick ( ✓ ) in the box next to the correct response.

**Questionnaire to students**

**A. Bio data and religion characteristics**

- i. Age .....
- ii. Gender. Male ( ) Female ( )
- iii. Religion Affliction
  - Catholic ( )
  - Protestant ( )
  - Muslim ( )
  - Any other.
- Specify.....iv. Educational background.

Primary School ( ) Secondary school ( )

v. Marital status.

Single ( ) Married ( ) Divorced ( ) Separated ( )

vi. How strong is your relationship with your parents?

Very Strong ( ) Average ( ) Weak ( ) Very weak ( )

**B. Contraception Information.**

i. Who normally talk to you about sex?

a) Church priest( )

b) Father/ mother ( )

ii. What is your personal opinion on teenage sex?

.....  
.....

iii. How did you first find about sex ?

Family ( ) School ( ) Friends ( ) Religious meeting ( ) Media ( )

iv . Do you think that religion affect your opinion on sex?

Yes ( ) No ( )

Please explain your answer.....

.....  
.....

v. Do you think that certain restrictions set by strict parents would influence children to give into situations, where they are faced with sexual interactions?

Yes ( ) No ( )

vi. Have you ever seen a condom?

Yes ( ) No ( )

viii. Choose appropriately among these contraceptives any that you have ever known and used;

Contraceptive	Known	Don't Know	Used
Emergency contraceptive			
Oral Contraceptives			
Injections; Depo-provera			
Nur-Isterate			
Intra-uterine Contraceptive Device			
Condoms			
Pills			
Other methods (Unspecified)			
Multiple Methods			
No Response			

ix. Have you ever visited a VCT?

Yes ( )      No ( )

x. What can you remember your church/ religion leader saying about condom and premarital sex?

Condom use is good ( )

Condom use is evil ( )

Premarital sex is evil ( )

Premarital sex is good when safely done ( )

They have never spoken about sex and condom ( )

xi. (i) Do you have a boyfriend?

Yes ( )                      No ( )

(ii) If yes how do you express your love to him?

Please explain.....

xii. (i) Have you ever been pregnant?

Yes ( )      No ( )

(ii) If yes, did you carry the pregnancy to its full time up to delivery?

Yes ( )

No ( )

(iii) How old were you when you were pregnant?

(iv) As at now, what is your pregnancy status?

Pregnant ( )      Not pregnant ( )

**C: Pregnancy Information.**

(i) Has there been any member of your fellow brother or sister diagnosed with premarital sexual intercourse related problem like pregnancy and STIs?

Yes ( )      No ( )

(ii) If yes, then who had the problem?

Sister ( )      Brother ( )

(iii) What was the problem?

Pregnancy ( )

STI ( )

HIV/AIDS ( )

iv Do your parents regularly monitor your school progress?

Yes ( )      No ( )

If No, what could be the reason of not monitoring? Explain a bit.

.....  
.....

iii. (i) Do your parents/ guardian talk to you about the harm or danger of premarital sexual intercourse?

Yes ( )      No ( )

(ii) If no, then why?

Has no courage ( )

Any other ( )

Specify.....  
.....  
.....  
.....

iv. What is the highest level of education or qualification of your mother?

Non formal education ( )

Primary school ( )

Secondary school ( )

College or University ( )

Any other

Specify.....  
.....  
.....

v. Where would you like to pass your leisure time?

To be at school ( )

To visit a church ( )

Other place, specify.....

vi. (i) Have you ever been coerced to have sex against your wish?

Yes ( ) No ( )

(ii) If yes, then with who?

My neighbor ( )

Relatives (Uncle, Father, Brother, Cousin) ( )

Family Friend ( )

vii. How old were you by the time you were engaged in sex for the first time? Tick below.

12 ( )

13 ( )

14 ( )

15 ( )

16 ( )

17 ( )

18 ( )

19 ( )

Any other. Specify.....

**D: RELIGIOUS ENVIRONMENT**

(i) Do your religion/ church/ mosque have policy on sex education

Yes ( ) No ( )

(ii) In your Religious assemblies, do you ever have speakers on sex education ?

Yes ( ) No ( )

(iii) Do you have posters on teenage girls pregnancy in your religious assemblies?

Yes ( ) No ( )

(iv) What punishment is given to the religious members who are found engaging in love affair ?

Suspension ( ) Excommunicated ( ) Ignored ( )

Any other specify.....

(v) Who introduced you to sex for the first time?

Father ( )

Brother ( )

Close Relative ( )

Friends ( )

Any other specify .....

(vi) Where were you introduced?

At home ( )

At School ( )

During Sports ( )

During Religious assembly ( )

Any other, specify .....

(vii) How frequent do you play sex?

Every day. ( )



Once in a week. ( )

Every holiday. ( )

(viii) Do you have a mobile phone?

Yes ( )

No ( )

If Yes, what do you mostly do with your phone?

Call parents ( )

Call friends ( )

Surf internet ( )

Watch video ( )

Listen to music and FM Radio ( )

Visit face book and whatsapp ( )

If No, do you have a line or simcard.

Yes ( )

No ( )

## AN INTERVIEW GUIDE

### A. A pregnant teenage Girl.

Please answer honestly, all answers are confidential.

- i. Are you married to your baby's father?
- ii. If no, do you plan to marry him?
- iii. Do you and him have a legal agreement regarding child support?
- iv. Does he give you money, buy clothes for baby, pay for doctor visit or provide other kinds of support?
- v. Does your religion give you any support towards raising the child?
- vi. Have you ever receive any counseling from your religious group?
- vii. Does your partner do anything to help you with your pregnancy?
- viii. How often do you talk to your mother, father, guardian or your religious leader about your sexual life?
- ix. Have you ever used condom, any contraceptive or talk with your boy friend about using any?
- x. How often do you use condoms?
- xi. Where specifically do you get condom or any other contraceptive from?
- xii. Why did you choose not to use any contraceptives?
- xiii. What advice would you give to a sexually active teenage girl concerning pregnancy?

**B. An interview questions to Parents.**

- i. How old were you when your first child was born?
  - ii. Was any of your friend teenage mother?
  - iii. Did your parents advice you not to become a teenage mother?
  - iv. Were you ever advised by your religion about premarital sex?
  - v. Do you feel you had a better relationship with your children because you were older and more mature? Or younger and less mature?
  - vi. In your opinion, is there any role played by religion to either discourage or encourage teenage pregnancy? Briefly explain.
  - vii. Is teenage pregnancy a problem in Riana Division of Ndhiwa Sub-County? And if yes, who is to be blamed and why?
  - viii. How available are the contraceptive and sex education in Riana Division of Ndhiwa Sub-County?
- iv. What are the challenges facing the availability and utility of contraceptive in Riana Division of Ndhiwa Sub-County?

**C. An interview Question for a Youth leader and Religious Leaders.**

1. In your own opinion, what do you understand by the term teenage pregnancy?
2. What are the major causes of teenage pregnancy?
3. How is teenage pregnancy a problem in Riana Division?
4. In your own opinion why is teenage pregnancy rampant in Riana Division?
5. How accessible are contraceptives to the teenagers in Riana Division?
6. How often do you meet and talk to the teenagers about contraceptives?
7. What are the roles of the church in addressing teenage pregnancy in Riana Division?
8. What are your recommendations towards solving teenage pregnancy in Riana Division?

9. How best can the church help the teenagers to overcome the problem of teenage pregnancy?
10. From your wealth of experience as a leader, what advice would you extend to the parents and other teenagers who are not yet fallen victims?

## APPENDIX III

### RESEARCH AUTHORIZATION



**NATIONAL COMMISSION FOR SCIENCE,  
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471. 2241349,3310571,2219420 Fax: +254-20-318245,318249 Email: dg@nacosti.go.ke Website: www.nacosti.go.ke When replying please quote	9 <sup>th</sup> Floor, Utalii House Uhuru Highway P.O. Box 30623-00100 NAIROBI-KENYA
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Ref. No. **NACOSTI/P/17/51953/18101** Date **18<sup>th</sup> July, 2017**

Benard Nyateko Dede  
Rongo University College  
P.O. Box 103-40404  
**RONGO.**

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“Impact of religious teachings on teenage pregnancy in Riana Division of Ndhiwa Sub County, Kenya,”* I am pleased to inform you that you have been authorized to undertake research in **Homabay County** for the period ending **18<sup>th</sup> July, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Homabay County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

  
**GODFREY P. KALERWA MSc., MBA, MKIM**  
**FOR: DIRECTOR-GENERAL/CEO**

## RESEARCH AUTHORIZATION

### CONDITIONS

- 1. The License is valid for the proposed research, research site specified period.**
- 2. Both the Licence and any rights thereunder are non-transferable.**
- 3. Upon request of the Commission, the Licensee shall submit a progress report.**
- 4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.**
- 5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.**
- 6. This Licence does not give authority to transfer research materials.**
- 7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.**
- 8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.**



REPUBLIC OF KENYA



**National Commission for Science,  
Technology and Innovation  
RESEARCH CLEARANCE  
PERMIT**

**Serial No.A 15054**

**CONDITIONS: see back page**

APPENDIX VI

INTRODUCTION LETTER FROM THE SCHOOL OF POSTGRADUATE

APPENDIX IV

INTRODUCTION LETTER FROM THE SCHOOL OF POSTGRADUATE



OFFICE OF THE DEAN

SCHOOL OF GRADUATE STUDIES

Tel. 0771349741

P.O. Box 103 - 40404  
RONGO

Our Ref: **MGEO/1011/2014**

Date: Tuesday, May 30, 2017

The Chief Executive Officer,  
National Commission for Science, Technology & Innovation,  
Utalii House,  
Off Uhuru Highway, Nairobi,  
P.O Box 30623-00100,  
**Nairobi-KENYA.**

Dear Sir,

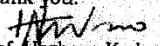
**RE: RESEARCH PERMIT FOR MR. BENARD NYATEKO DEDE-  
MGEO/1011/2014**

We wish to inform you that the above person is a bona fide graduate student of Rongo University in the School of Arts & Social Sciences pursuing a Master of Arts degree in Geography. He has been authorized by the University to undertake research titled; *"Impact of Religious Teachings on Teenage Pregnancy in Riana Division, Nditwa Sub-County, Kenya"*

This is, therefore, to request the commission to issue him with a research permit to enable him proceed for field work.

Your assistance to her shall be highly appreciated.

Thank you.

  
Prof. Hezborn Kodero

**DEAN, SCHOOL OF GRADUATE STUDIES**

Copy to: Ag. Vice Chancellor  
Ag. Deputy Vice Chancellor (Academic and Student Affairs).  
Dean, School of Arts & Social Sciences.  
HoD, Social Sciences & Humanities.

