IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 3 Ser. VII. (May. - June .2019), PP 26-31
www.iosrjournals.org

Factors Contributing To Teenage Pregnancy in Baragoi, Samburu County, Kenya

Margaret Nthiga[1]*, Maryanne Kiburi[1]
[1]*Department of Nursing, The Catholic University of Eastern Africa, Kenya*
**Corresponding Author: Margaret Nthiga*

Abstract
Teenage pregnancies remain a key public health concern globally. These pregnancies have been associated with undesirable social and health consequences, such as increased health risk for the child and the mother, social exclusion and missed opportunities for personal development. The present study aimed at investigating the factors associated with teenage pregnancies in Baragoi, Samburu County, Kenya.A cross sectional study design was utilized in this survey. A structured questionnaire was used to collect data from the study participants. Data were analyzed descriptively and expressed using frequencies and proportions. Overall, 45 respondents took part in the study. Majority of the study participants were aged between 16 and 18 years (33, 73%). The most frequently mentioned sources of reproductive health information for the respondents included mothers (20, 44.4%), medical personnel (12, 26.7%), sisters (7, 15.6%) and teacher (4, 8.9%). Overall 21 study participants (47%) responded on the positive on enquiries as to whether they had ever discussed sex and sex-related issues with their mothers. An overwhelming majority of the girls responded on the negative on being asked if they supported early marriages (41, 91%). Most of the girls reported affirmatively to the enquiries of whether beading of girls affected their education (29, 64%). Most of the respondents' parents practiced pastoralism as a means of earning their livelihoods (23, 51%). Those whose parents were in public/private employment constituted a minor proportion of the sampled girls (11, 24%). The study highlights the need for open parental communication on sexuality issues at home to be explored as an alternative or as a complementary strategy in future intervention programs aimed at reducing teenage pregnancies.
Keywords: *Teenage Pregnancy; Young People; Sex; Contraceptives*

Date of Submission: 08-06-2019 Date of acceptance: 25-06-2019

I. Introduction

Morbidities and mortalities related to pregnancies is much more prevalent among teenagers when compared to adults. In line with this teenage pregnancy is a significant public health issue, owing, not only to the associated biological but also the socioeconomic consequences. Globally it is estimated that there are 16 million births annually are attributed to teenage women (15 to 19 years), representing 11% of all births worldwide [1]. Further, it estimated that 10% to 40% of these pregnancies are unintended among the young unmarried teenage girls [2]. A vast majority of teenage pregnancies (95%) occur in developing countries [3].

Worldwide, it has been observed, that the reduction in age at menarche coupled with changes in social and cultural norms with respect to sexual relationships, abuse of alcohol and other drugs has resulted in an increase in premarital intercourse and, ultimately, an increase in teenage pregnancies. Besides, the globally enduring practice of teenage marriages is also a key contributor to the rising burden of teenage pregnancies [4].

Adolescent childbearing, whether intended or un-intended, has adverse effects at the individual level as well as at the community and societal level. When compared with their peers who delay child-bearing, young women who have children are at a reduced likelihoodof finishing high school education and are more likely to be poor in their adulthood. Moreover, they are more liable to have children who have inferior psychosocial, behavioural, educational and health outcomes over the course of their lives as compared to the kids born to adult parents [5,6]. Children born to teenage mothers also face a significantly higher risk of dying compared tokids born to adult women aged between 20 and 24 years[7].Furthermore, according to United Nations Population Fund, adolescent pregnancies are more likely to be aborted [8]. In Sub-Saharan Africa, where pre-marital sex is not generally sociocultural accepted, especially for young women, unintended pregnancies mostly happens outside marriage. There are key ramifications associated with this scenario, according to World Health Organization. For instance, the pregnancies are kept as a secret as much as is possible which hinders uptake of crucial healthcare services. More importantly, unsafe abortions are rife with most of them being conducted by people who lack the necessary skills and in places that do not meet the requisite medical standards [9].

Teenage pregnancies are also a key concern for several health-related perspectives. Overall, teenage mothers face higher risks, before and after birth, e.g., anaemia, fistula, hypertension, eclampsia, haemorrhage, sepsis and prolonged labour. Additionally, their infants also face higher rates of poor health outcomes and risks including premature birth, still births, low birth weight, anaemia and susceptibility to illness compared to those born to adult mothers [10]. In the contexts of large HIV epidemics, adolescent pregnancies is a risk indicator for HIV infections. Adolescents, generally, and adolescent girls, to be specific, are categorized as high risk populations in most national HIV/AIDS strategies [11].

There is a shortage of epidemiologic studies in developed nations especially those in the subSaharan Africa region on the extent, characteristics and correlates of teenage pregnancies. To address this gap, at least partly, the current study was undertaken with a view to unravel the factors contributing to teenage pregnancy in Baragoi, Samburu County, Kenya.

II. Methods

A cross sectional study design was utilized in this survey. The study was conducted in Samburu County, one of the 47 counties in Kenya. The county lies on the North Eastern part of Kenya and is mostly inhabited by the Samburu community. The Samburu are a Nilotic community. These indigenous communities are mainly nomadic pastoralists and are deeply rooted in their culture. Random sampling technique was used to recruit the respondents from the participating schools. Interviews were conducted on the consenting individuals and the resultant data was captured using structured questionnaires. The data were entered in a Microsoft Excel database and analyzed using IBM SPSS v. 22. Categorical data were described using frequencies and proportions. The study proposal was presented to Kenyatta National Hospital/University of Nairobi Ethical Review Committee for ethical clearance. Permission to conduct the study was also obtained from the relevant authorities in the County Government of Samburu. Authority to conduct the study was sought from administration of the educational institutions.

III. Results

A total of 45 participants aged 13 years, or more, were enrolled in the study. Their characteristics are shown in Table 1. Majority of the study participants were aged between 16 and 18 years (33, 73%) while the rest were aged between thirteen and fifteen years (12, 27%). Those were in Form One, Form Two and Form Four were 6 (13%), 7(16%) and 4 (9%) respectively. A total of 28 respondents (62%) were in Form Three.

Table 1 – Characteristics of study participants

Characteristic	**Number (n=45)**	**%**
Age (years)		
13 - 15	12	26.7
16 - 18	33	73.3
School Grade		
Form one	6	13.3
Form two	7	15.6
Form three	28	62.2
Form Four	4	8.9

Social Factors

Figure 1 presents the findings on the main sources of reproductive health information for the study participants. None of the respondents stated the father or the brother as a main sourceof information on reproductive health. The most frequently mentioned sources of reproductive health information for the respondents included mothers (20, 44.4%), medical personnel (12, 26.7%), sisters (7, 15.6%)and teacher (4, 8.9%).

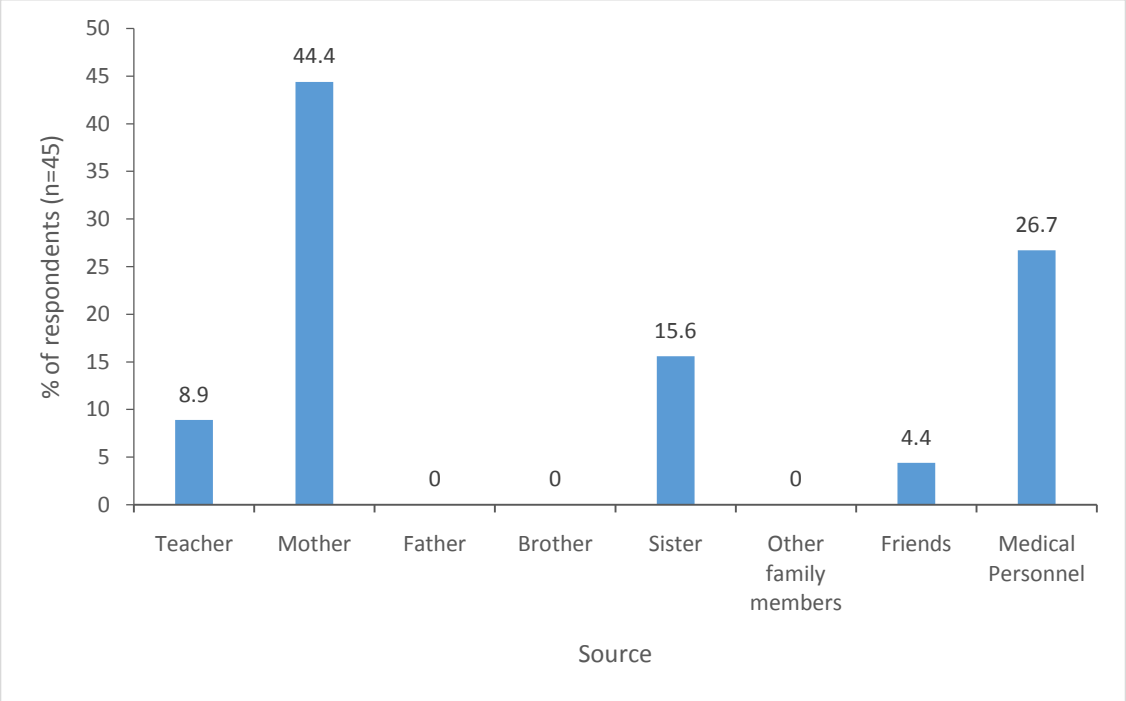

Figure 1 Main source of reproductive health information

Overall 21 study participants (47%) responded on the positive on enquiries as to whether they had ever discussed sex and sex-related issues with their mothers. Furthermore, asked about the frequency of the discussions onsex and sex-related issues with mothers, thirteen and eight respondents reported that the discussions were done often and occasionally respectively. Majority of the girls who were interviewed did not know about contraceptives and also reported never having used contraceptives (37 (82%) and 43 (96%) respondents respectively). Those who knew about contraceptives (8, 18%) said that contraceptives were key in decreasing/controlling populations as well as preventing unwanted pregnancies and family planning. They also noted that contraceptives may not prevent one from getting HIV/AIDS. The responses to the statement 'Friends agree having sex is ok' were as follows; agree (16, 36%), don't know/not sure (19, 42%) and disagree (10, 22%). Moreover, the answers provided to the statement 'It is alright to have sex provided one uses methods to prevent pregnancy' were; Agree (24, 53%), Don't know/Not sure (10, 22%) and Disagree (12, 27%). One girl reported being pregnant in her lifetime (Table 2).

Table 2 - Social Factors

Characteristic	**Count (n=45)**	**%**
Ever discussed sex and sex-related issues with the mother		
Yes	21	46.7
No	24	53.3
Frequency of the discussions		
Often	13	61.9
Occasionally	8	38.1
Knows about contraceptives		
Yes	8	17.8
No	37	82.2
Ever used contraception		
Yes	2	4.4
No	43	95.6
Friends agree having sex is ok		
Agree	16	35.6

Don't know/Not sure	19	42.2
Disagree	10	22.0
It is alright to have sex provided one uses methods to prevent pregnancy		
Agree	24	53.3
Don't know/Not sure	10	22.2
Disagree	12	26.7
Ever been pregnant		
Yes	1	2.2
No	44	97.8

Cultural Factors

An overwhelming majority of the girls responded on the negative on being asked if they supported early marriages (41, 91%). One of the most frequently reported reasons for supporting early marriages included promotion of self-control as well as being a route to providing support to the parents. Most of the girls reported affirmatively to the enquiries of whether beading of girls affected their education (29, 64%) (Table 3). The effects of beading as reported by the girls who took part in the study included attract attention of the morans, being admired by peers, and early marriage

Table 3 - Cultural Factors

Characteristic	**Count (n=45)**	**%**
Supports early marriages		
Yes	4	8.9
No	41	91.1
Beading of girls affects their education		
Yes	29	64.4
No	16	35.6

Economic Factors

Most of the respondents' parents practiced pastoralism as a means of earning their livelihoods (23, 51%). Those whose parents were in public/private employment constituted a minor proportion of the sampled girls (11, 24%). On the order of birth of the study participants who were the first and second born in their family were ten (22%) and thirteen (29%) respectively. Asked about their elder sibling's occupations reported the occupations as Pastoralists, Self-employment, employed in public and private agencies, casual labourers as shown in Table 4.

Table 3 - Economic Factors

Characteristic	**Count (n=45)**	**%**
Parent's occupation		
Pastoralists	23	51.1
Self-employed	7	15.6
Employed (public/private)	11	24.4
Casual labourers	4	8.9
Elder sibling's occupation		
Pastoralists	12	34.3
Self-employed	7	20.0
Employed	13	37.1
Casual labourers	3	8.6
Order of birth		
1	10	22.2

2	13	28.9
3	6	13.3
4	5	11.1
5	7	15.6
6	1	2.2
7	2	4.4
8	1	2.2

IV. Discussion

The current study highlights the reproductive health issues related to the aspects of teenage pregnancies in a resource limited setting. A similar study on teenage pregnancies conducted in Mozambique reported a substantial proportion of girls (36%) were pregnant or had previously been pregnant; most being girls in the 15–19 years' age band (59%). In that study being pregnant or having been pregnant previously was associated with dropping out of school [12]. The study done in Mozambique was health-facility based unlike the current research which recruited participants from a learning institutions. This may explain the difference in the findings from the two studies. Additionally, the populations from the two study sites may have different sociocultural practices and norms as well as having variations in the socioeconomic environment may explain why the results are not the same.

Research has shown the complex nature of sexual relations of teenagers and the resultant pregnancies. A qualitative analysis of factors associated with teenage pregnancy among young women with pregnancy experience in Ghana revealed that young women's motivations for sexual relationships were mostly 'beyond love' and seemed to focus on economic factors[13]. This underscores the need to understand the context in terms of the sociocultural and economic issues that may have implications on teenage pregnancies before developing mitigation measures.

Just like in other studies the current study showed that there is dearth of open communication on matters of sexuality with young people, Sexuality remains a largely taboo topic for open discussion and that may explain why there was no discussion about sexuality with brothers and fathers in our study population. This, most probably, is a great drawback as far as addressing issue of adolescent reproductive health in general and, specifically, teenage pregnancies. In agreement with our findings, the study by Krugu et al reported that young women indicated that they did not talk about sex at home - not with their mothers nor with anybody else [13]. They were afraid to talk to their parents for fear of becoming an object of scorn, or being beaten, or because it was embarrassing. The results are in line with other findings from other studies done in developing countries. Generally parents are reluctant to discuss more than the adverse consequences of sexual activity, and maternal communications about sex are frequently restrictive and moralistic in tone [14; 15].

Given the controversial nature of sex education in the study area, intervention planners may find it challenging to implement and sustain effective programmes unless these fit with local needs, values, and can include discussion of socio-cultural beliefs surrounding sex communication. Strengthening community involvement in assessment, planning, and implementation may enhance the likelihood of community buy-in and programme effectiveness [16].

V. Conclusions And Recommendation

The results of the current study affirm the need to sustain efforts and strategies aimed at implementing of targeted interventions aiming at lowering the burden of teenage pregnancies. Besides comprehensive sex education in school, an open parental communication on sexuality issues at home should be explored as an alternative and/or complementary strategy in future intervention programs targeting teenage pregnancies.

Acknowledgement

We are very appreciative to the people who took part in this research.

References

[1]. Mayor, S. (2004) Pregnancy and Childbirth Are Leading Causes of Death in Teenage Girls in Developing Countries. BMJ, 328, 1152.

[2]. World Health Organization (2004) Adolescent Pregnancy Issues in Adolescent Health and Development. WHO Discussion Papers on Adolescence, 1-92.

[3]. UNICHEF (2008) Young People and Family Planning : Teenage Pregnancy. Fact Sheet: Plan You Family Plan Your Future. https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf.

[4]. Rahman, A.L.F., Razmy, A.M. and Rizath, M.M.A.-A. (2017) Obstetric and Perinatal Outcomes of Teenage Pregnancies: A Cross-Sectional Study. Open Access Library Journal, 4: e3839. https://doi.org/10.4236/oalib.1103839.

[5]. Cook, S. M. C., and S. T. Cameron. 2015. "Social Issues of Teenage Pregnancy." Obstetrics, Gynaecology& Reproductive Medicine 25 (9): 243–248.
[6]. Marcotte, D.E. 2013. "High School Dropout and Teen Childbearing." Economics of Education Review 34: 258–268.
[7]. World HealthOrganisation (WHO). 2014. Health for the World's Adolescents: A Second Chance in the Second Decade. Geneva.
[8]. United Nations Population Fund [UNFPA). 2013. Adolescent Pregnancy: A Review of the Evidence. Prepared by E. loaiza and M. liang. New York.
[9]. World Health Organization (WHO). 2011. Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008. Geneva: WHO.
[10]. Ganchimeg, T., Ota, E., Morisaki, N., Laopaiboon, M., Lumbiganon, P., Zhang, J., … Mori. R. (2014). Pregnancy and childbirth outcomes among adolescent mothers: A World Health Organization multicountry study. BJOG, 121(Suppl 1), 40–48. https://doi.org/10.1111/1471-0528.12630.
[11]. Denison, J. A., Pettifor, A., Mofenson, L. M., Kasedde, S., Marcus, R., Konayuma, K. J., … Kerrigan, D. (2017). Youth engagement in developing an implementation science research agenda on adolescent HIV testing and care linkages in sub-Saharan Africa. AIDS (London, England), 31(Suppl 3), S195–S201. https://doi.org/10.1097/QAD.0000000000001509.
[12]. Pizzol, Di Gennaro, Boscardin, Putoto, Cuppini, Pita, George, Monno, Saracino, Da Dalt and De Palma. Teenage pregnancies in Mozambique: the experience of "Servicios Amigos dos Adolescentes" clinics in Beira. African Journal of AIDS Research 2018, 17(1): 32–36.
[13]. Krugu JK, FraukjeMevissen, MeretMünkel& Robert Ruiter (2017) Beyond love: a qualitative analysis of factors associated with teenage pregnancy among young women with pregnancy experience in Bolgatanga, Ghana, Culture, Health & Sexuality, 19:3, 293-307, DOI: 10.1080/13691058.2016.1216167.
[14]. Bastien, S., L. j. Kajula, and W. W. Muhwezi. 2011. "A Review of Studies of Parent-Child Communication about Sexuality and HIV/AIDS in Sub-Saharan Africa." Reproductive Health 8 (1): 103.
[15]. Manu, A. A., C. J. Mba, G. Q. Asare, K. Odoi-Agyarko, and R. K. O. Asante. 2015. "Parent–ChildCommunication about Sexual and Reproductive Health: Evidence from the BrongAhafo Region,Ghana." Reproductive Health 12 (1): 1–13.
[16]. Bartholomew Eldredge, L. K., C. M. Markham, R. A. C. Ruiter, M. E. Fernández, G. Kok, and G. S. Parcel.2016. Planning Health Promotion Programs: An Intervention Mapping Approach. 4th ed. San Francisco,CA: Jossey-Bass.

Margaret Nthiga" Factors Contributing To Teenage Pregnancy in Baragoi, Samburu County, Kenya' .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.03 , 2019, pp. 26-31.