

SELECTED SOCIAL-CULTURAL FACTORS INFLUENCING TEEN PREGNANCIES IN KWANZA SUB-COUNTY, KENYA

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Abstract: Globally teenage Pregnancy has become a worrying trend. Young girls drop out of school due to pregnancy and may not continue with their normal life. Teenage pregnancy refers to girls becoming pregnant below the age of 19 years. The purpose of this study was therefore to determine the social cultural factors influencing teen pregnancies in Kwanza Sub-County, Tran-Nzoia County. The target population was 704 which included 700 pregnant teens and mothers and four officers from health facilities in Kwanza sub-county. After obtaining verbal consent, the teen mothers and teen pregnant girls were interviewed using a structured questionnaire to determine circumstances that led them into pregnancies. After assembling and organizing completed instruments, the study used descriptive statistics to analyze data. Quantitative data was analyzed using the descriptive statistical tools of mean, percentages and frequencies. The study's main findings are that negative social models influence negatively the girl child hence increase teen pregnancies. The study recommends that positive role modeling strategies be provided in the family and school and by extension in the community.

Keywords: Social- Cultural Factors, Influencing Teen Frequencies.

1. INTRODUCTION

Background of the Study

Teen pregnancy is turning into a worldwide disaster and a global risk. As per the Canadian International Development Agency's (CIDA 1989), the normal worldwide figure for teens who conceive every year is more than 16 million and that number increases consistently. Young girls drop out of learning institutions because of pregnancy, which curtail their education for some time. Once the young girls drop out of school, the majority find it hard to continue with their studies because at a very young age, most of them cannot take care of the child and themselves, they are dependents who rely on parents or guardians.

Arai (2007:87-88) reports that this worldwide wonder is particularly prevalent in financially developed nations. Teen pregnancy has been an issue on the radar of numerous administration social projects for quite a long time. Studies have indicated that the dangers related with pregnancy for both mother and child are altogether higher than of the dangers of more established ladies and their kids. High school teen mothers are additionally bound to contract sexually transmitted illnesses (STIs). They are statistically less inclined to use contraception medication as well as condoms. While numerous projects have been executed in nations to try to battle young pregnancies, they regularly don't have the slightest idea where to coordinate their efforts.

According to a report presented by UN Populations Fund (2014), teenage pregnancies are likely to rise in sub-Saharan Africa because of outdated cultural practices, peer pressure, socio-economic status, lack of parental care and guidance. Nigeria, Tanzania, DRC Congo, Uganda and Kenya are were rated top with 9.2, 3.7, 3.3, 2.5 and 2.3 million teenage pregnancy cases respectively. Statistical reports by UNFPA indicated that an estimate of 378,400 young girls aged

between 10-19 became expectant however, Civil Rights groups advocating for the right of girls indicated that the statistics could be higher because the majority of Kenya's populace comprise of a young group. Transition rates from primary school to secondary schools are less than 50% with the rate expected to decline in the next two decades. (KDHS, 2014).

Based on the joint study conducted by SID and KNBS in exploring the level of inequalities in several counties and their constituencies in Kenya, the two organizations noted that, In Trans-Nzoia County, Kiminini leads the league of people with Secondary education followed by Saboti, Cherangany, Kwanza and finally Endebess. Kwanza Constituency has a large rural population characterized by many young and less old people who level of education and in deed socio-economic statuses are low. Teenage pregnancy according to KNBS socio economic report of 2017 indicated that Kwanza Constituency and Endebess Constituency lead other constituencies in Trans-Nzoia in high reported cases of teenage pregnancy

Statement of the Problem

Kenya's endeavors to care for the less capable individuals from our society and its poverty reduction projects have earned some profound respect both at home and abroad. All things considered, the issue of teen pregnancies still remains to be completely unsolved. As indicated by (Smith-Battle, 2000, p. 55) adolescent pregnancies have various impacts both to the mother and to the child, during pregnancy and after birth. Teen mothers regularly drop out of school. About 38% teen mothers complete their secondary school education by the age of 22. They do not have full qualifications for proper jobs later on, which lead to having jobs with low wages or much more dreadful, joblessness. The children drop out of high school and also succumb to the use of drugs and alcohol due to lack of parental involvement and monitoring. The cycle is very likely to repeat itself over and over. That's why it's necessary to carry out a research to determine the social-cultural factors that influence teen pregnancies in Kwanza Sub County.

Purpose of Study

To investigate selected social-cultural factors that influence teen pregnancies in Kwanza Sub County, Trans-Nzoia County.

Objectives of the Study

- i. To explore the influence of social factors on teen pregnancies in Kwanza sub county.
- ii. To identify the influence of cultural factors on teen pregnancies in Kwanza Sub –County

Research Questions

- i. How does Social factors influence teen pregnancies in Kwanza Sub-County?
- ii. In what ways have Cultural factors influenced teen pregnancies in Kwanza Sub-County?

Limitations of the Study

Personal information was provided only after assurance of confidentiality to the respondent which was time consuming considering the use of the snowball technique this challenge was mitigated by obtaining information on teen pregnancies from respective health facilities and children's office under the Ministry of social services.

Delimitations of the Study

The study was conducted at Kwanza sub-county Health facilities and children offices.

2. LITERATURE REVIEW

The concept of Teen Pregnancy

Teenage pregnancy according World Health Organization (2018) refers to the pregnancy girls aged less than 20 years. Teenage pregnancy also called adolescent pregnancy is common among girls in the puberty stage who engage in Cases of teenage pregnancy have been on the increase especially in developing countries according to statistics given by Plan International (2019). Almost 90% of girls aged 15-21 years were forced to prove their fertility, early marriages, discriminative gender roles, power imbalance, and lack of access to contraceptives were among the major causes of teenage pregnancy. Further, in the traditional African society, girls have always been denied a chance to make decisions

regarding their sexuality. Girls in poor and marginalized communities are mostly known to be pregnant within their puberty stage. Social, economic, political, and cultural factors are some of the reasons for increased teenage cases especially in developing economies.

Social factors and Teen pregnancies

In a study conducted in Las Vegas, in North America, Akella & Jordan (2011) determined the influence social and cultural factors on teenage pregnancies and established that group ties were strong among adolescent girls and would always identify with group norms and practices as a show of loyalty. The introduction of early sexual relationships and thereafter engagement in unprotected sex is a behaviour that starts with one person in the group and whenever such behaviour is approved by others, then all group members will have to do the same to remain relevant in the formations. Fear of isolation and mockery has made many girls engage in unprotected sex with old male partners not because boys wanted it, but because fellow girls encouraged.

United Kingdom, compared to United States leads in cases of teen pregnancy majorly because of the permissiveness of the society. According to a study conducted by Honing (2012) in the U.K. among high school students that focused on determinants of teen pregnancy established that young girls suffered teen pregnancy because they wanted to rebel against family strict rules against socialization with friends. Further, the move to have a boyfriend and keeping him for girls was a daunting task and the only young girls felt secure was to get pregnant so as to commit their male partners and be secured of the relationship.

Teenagers who were increasingly exposed to sexuality in the media were likely bound to take part in sexual activities themselves. A survey carried out in 2006 found that young people who were increasingly exposed to sexual materials in the media were additionally bound to take part in sexual activities themselves. Adolescents exposed to the most sexual substance on television are twice as likely as teenagers observing less of this material to end up pregnant before they arrive at age 20. Free access to obscene material on the internet is additionally liable to impact adolescents mind. Explicitly stirring material, regardless of whether it is on film, in print or set up with a good music, is unreservedly accessible to the young person and such data is frequently introduced out of the setting of the recommended sexual standards of that society.

Cultural Factors and teen pregnancies

Onyango (1984) conducted a study in Kenya with an aim of establishing the influence cultural factors on teenage pregnancies and in his findings, the researcher established outdated cultural beliefs and practices such as women inheritance, early marriages, female genital mutilation, and the belief to consider any female person as a “breeding machine” has changed the perception of men towards women. In this case, according to the researcher, men consider any girl as long as they as over 10 years as old enough to make their own family. In such societies, girls do not make their own informed decision especially regarding to sexuality, which contributes largely to increased cases of teenage pregnancy. Furthermore, the society commends men who impregnate young girls, and the defiled girls are not supposed to report because the society disowns them or punish them for “disrespecting men.”

In any event, mentioning the word “sex” can infer the sexual experience and may damage reputation (Wilson, 1987). Thus, young ladies disregard sexual issues dialog so as to safeguard their reputation. Subrahmanyam, and Sondhi, 1990). The outcome is that the girls are not allowed to converse with their parents about sexuality issues. Mother-child cooperation is significant in such manner and mothers particularly are profoundly compelling figures in the lives of their little girls. In an investigation in South Africa, Taçon (1985) found that 23% of the young people affirmed their pregnancy was a direct result of attempting to demonstrate fertility. In Sierra Leone, a girl’s inception incorporates figuring out how to assume the obligations of being a spouse. Parents are likewise prompted to plan early marriages for little girls because of an apparent need to save girls’ pre-marriage virginity and to shield her and her family from the danger of disgrace or disrespect appended to the “indecent” or “wrong” conduct of sex outside marriage. For instance, in Malaysia, early marriage has well known help as a method for staying away from pre-marriage extramarital perversion. In the event that a young lady ends up pregnant outside marriage, the disgrace can lead families to see her privileges and prosperity as optional to the protection of family respect.

Theoretical Framework

The framework guided this study was Albert Bandura's Social Learning Theory and Maslow's Hierarchy of needs theory. The social learning theory emphasizes "the mutual interaction between cognitive, behavioral and environmental determinants of human behavior" (Bandura, 1977). People learn new behaviors by watching others in a social situation, absorb it and then imitate that behavior. The theory is based on four principles that include differential association, definitions, differential reinforcements and imitation. Individuals copy and imitate behavior from those within their social circle or those whose influence matter socially and are within the same age cohort. Based on this study, first teens tend to identify with groups, which determine norms and practices to be adopted including engaging in unprotected sex.

Another Theory was the Maslow's Theory of Hierarchy of needs. Maslow's (1970) Maslow spots love before self-esteem in his hierarchy of needs. He expressed that people develop and accomplish a degree of self-completion in particular if natural conditions empower certain essential should be met first. Maslow focused on that people endeavor to initially meet their physiological endurance needs, at that point their requirement for adoration and having a place, confidence needs, lastly their craving to get learning to know and get it. Self-actualization is the best you can be. Relative to this study, teens whose families are unable to meet basic needs are vulnerable to sexual exploitation from older men who can afford and avail basic needs to them. For instance, school going girls who are unable to afford sanitary pads, or even food tend to rely on older men for provision hence exchange the services offered or goods bought with sexual intercourse.

3. RESEARCH METHODOLOGY

Research Design

This study adopted descriptive survey research design because the method was convenient for to study characteristics of respondents and give more information (describe) the population considered. The research design was also considered because the researcher could consider a small group and thereafter make inferences regarding a whole population (Orodho, 2004).

Target Population

According to the research conducted jointly by the Kwanza Sub-County Children's services in partnership with Save the Children's fund 2016, it is estimated that there were approximately 700 Teen pregnancies around Kwanza Sub County and four dispensaries offering antenatal and postnatal care. The Sub County Director of health services, in kwanza Sub County, Trans-Nzoia County, also confirmed that there were approximately 700 Teen mothers attending antenatal clinic prenatal clinics every Friday. In this study, the target population was teen mothers and teen pregnant girls from selected villages, which included 700 teen pregnancies and 4 medical officers in Kwanza Sub County. This was a survey conducted by the Ministry of Health Services in collaboration with Save the Children fund in 2015.

Sample size and sampling procedure

Sample Size

In this study, the sample size was determined using Krejcie and Morgan (1970) table. Using a target population of 704, the sample size was 248

The sample size was 248, based on Krejcie And Morgan (1970) table of sample determination. To get the number of teen pregnancies to be interviewed in this study, the researcher will calculate the total number of teen pregnancies x the sample size / the specific target population.

Which is $\frac{700 \times 248}{704} = 246.5 = 247$ Teen pregnancies /mothers.

704

To get the number of officers who was interviewed in this study, the researcher will take

The total number of all dispensary heads x sample size

Specific target population

Which is $\frac{4 \times 248}{704} = 1.4 = 1$ medical officer

704

Sampling procedure

Systematic sampling technique was used where a total of 248, respondents were selected. For this study, the participants were between the ages of 13-19 years. They were pregnant or having children and be willing to participate in the study.

Data Collection Instruments

Data for this study was collected through administration of questionnaires to respondents. The researcher will organize with respondents on how to collect filled questionnaires. In this study, questionnaires were used to collect data from teen mothers and health centre managers.

This instrument was designed to collect background information about the teen pregnancies, their social cultural background, and economic status.

The second tool was interview schedules. In this study interviews was conducted to one manager of a selected health centre. The interview schedule was most reliable because a face-to-face interaction which enabled the researcher to seek clarification on the spot on some issues related to the study. It also enabled the researcher to follow up on incomplete or unclear responses by asking additional probing questions.

Validity of the instruments

To validate the questionnaire, the researcher carried out a pilot survey to the selected separate respondent, but a similar sample to the one in the study. The supervisor provided expert judgment on validity of instrument.

Reliability of Research Instrument

The developed questionnaire was given to a few identical respondents subjects not included in the main study, the answered questionnaire was answered manually, after two weeks the same questionnaire was administered to the same group of subjects the questionnaire responses was again and scored manually the two sets of scores were then correlated to determine the degree of accuracy. If reliability is greater than 0.5 the instrument was considered reliable hence it was adopted for use in the study.

Data Collection Procedure

Data collection is the precise, systematic gathering of information relevant to the research purpose, specific objectives, and questions of a study (Burns & Grove, 2009:695). After establishing the validity and reliability of the instruments, the researcher applied for a permit from National Council Science, Technology and Innovations (NACOSTI). The purpose of the study was clearly explained to build rapport and gain co-operation (Creswell, 2003:181). The participants understood the process and the questions asked. The questions were open-ended to elicit information (Creswell, 2003:181), for example: *"Please describe your experience of being pregnant."* Prior to data gathering, the participants signed informed consent documents. According to Creswell (2003:356), qualitative research must allow the teenagers to speak for themselves thereby emphasizing their human capacity.

Data analysis techniques

After assembling and organizing completed instruments, descriptive statistics were used to analyze data. Quantitative data was analyzed using the descriptive statistical tools of average or mean, percentages and frequencies. This data was presented in terms of tables, graphs and chart. In analyzing general and demographic information, the researcher computed percentages of the respondents who provided data. Qualitative data on the other hand was organized and summarized into themes opinions, reports and patterns relevant to the study. The Statistical Package for Social Sciences was used to analyze data.

4. FINDINGS AND DISCUSSION

Demographic Characteristics of Respondents

The researcher sought to find out the distribution of the Teen mothers according to level of education, size of family they came from,

Table 1: Age Distribution

Age distribution	Frequency	Percent
Age of the first sex experience		
10-12 yrs	20	10.15
13-15yrs	62	31.47
16-18yrs	75	38.07
19-21yrs	40	20.31
Age of partners		
10-15 yrs	2	1.01
16-20yrs	40	20.30
21-25yrs	75	38.07
26- and above yrs	80	40.60
	197*	100.0*

Legend

F-Frequency= 197

P-Percent=100.0

Thirty-two percent (32%) of the respondents began taking part in sexual exercises between the age of 13 years and 15 years; 38% between the periods of between 16 years 18 years while 10.15% began at the age of 10–12 years. This is bolstered by Cooper et al. (2004) who found that among teen mothers surveyed in South Africa, 35% were youngsters below 19 years of which 53% of the pregnancies had either been impromptu at 36% or undesirable at 17%. Moreover Morake (2011) uncovered that the age of the principal pregnancies – because of the primary sex – was experienced by young people between the age of 13 years and 16 years. Moreover Morake (2011) discovered that the age of the principal pregnancies – because of the primary sex – was experienced by young people between the age of 13 years and 16 years.

In the same table, around forty point six percent (40.6%) of the respondents had boyfriends who were 26 years or more; 38% had partners between 20–25 years and 20.3% had partners between 16–20 years. By far most of young people ended up pregnant by sexual partners who were older and more established than they were. As per Morake (2011) intergenerational relationship was seen as low among adolescent mothers. Mwaba (2000) dissented, demonstrating that the weight by more seasoned young men and their refusal to utilize condoms during sex were the principle purposes behind teen pregnancies.

Information about the use of contraceptives**Table 2: Age brackets**

Age	Frequency	%	rate
10-12 yrs	1	1.01	3
13-15yrs	40	20.3	2
16-18yrs	75	38.07	1
Total	197	100	

In the findings presented in table 2, 75 (38.07%) of the respondents aged between 16-18 years indicated that at that age, they got information about the use of contraceptives. Most respondents in this study knew about the use of contraceptives and different methods preventing pregnancy separated. Discoveries by Ritcher and Mlambo (2005) sketched out that teen pregnancy came about because of absence of education about contraception and numerous different misinterpretations. It was demonstrated that injectable contraceptives cause over weight and watery discharge, while prophylactic pills were possibly taken when they planned to have sex or simply after the commitment since it could keep them from getting to be pregnant when utilized in that manner. In an examination by Mwaba (2000) teen pregnancy communicated an inclination for getting the injectable preventative and expressed that condoms were not a birth control of their choice decision.. Respondents further said that young men didn't go to family planning facilities and were hesitant to use condoms as a way of controlling pregnancy since they maintained that sex with a condom was not enjoyable.

Parental Guidance and Teen Pregnancy

The study sought to determine whether parental guidance had any influence on teen pregnancies in Kwanza Sub County. To answer this question, a five point scale of SA= Strongly Agree, A= Agree, UD= Undecided, D= Disagree and SD= Strongly Disagree was used and Table 4.8 reveals the study findings.

Table 3: Parental Guidance and Teen Pregnancy

Parental Guidance	Frequency	Percent	Rank
Strongly agree	98	49.7	1
Agree	71	36	2
UD	24	12.2	3
Disagree	2	1.01	4
Strongly disagree	2	1.01	4
Total	197	100	

In the findings presented in table 3, 98 (49.7%) and 71 (36.0%) of the respondents strongly agreed and agreed respectively parental guidance influenced teen pregnancy in such a way that lack of it increases chances of teenage girls to suffer early teenage pregnancy. On the other hand, 2 (1.01%) respondents in each case disagreed and strongly disagreed respectively that parental guidance influenced teenage pregnancy. This meant that lack of parental guidance did not in any way influence teenage pregnancy.

About 13 percent of teenage mothers indicated that they stay with their parents. Lack of parental guidance does have a major impact on teenage pregnancy because most of the parents do not have time to discuss sexual matters with their children. They have a misconception that topics on sex and relationships are a taboo and should not be discussed with children. Only 30 percent of teenagers have spoken to their parents on issues relating to sexuality, contraception and teenage pregnancy. Poor parenting has played a huge part in that children are not well molded as parents struggle with earning livelihoods. The research came across many reports of how parents actually report to school and administrative authorities that they are unable to manage their children. These children are the ones who go for the traditional dances and even night clubs and other entertainment spots thereby exposing themselves to unprotected sex leading to pregnancy. There were high cases of marriages breaking, in Kwanza Sub County many families were headed by single mothers who are staying in abject poverty sharing tiny small rooms with their children. These mothers bring home their male friends and have sex with possibilities of the children hearing or seeing it. This demystified sex and contributed to children experimenting with early sex. In some of the small rooms, mothers also have children sharing bed or rooms with uncles thereby exposing the girls to unprotected sex and pregnancy. This was also explained by Irin (2007) who indicated that most of the teenagers receive limited counseling and guidance on their personal development and behavior from their parental homes.

Social factors and Teen Pregnancies

The findings stress that broken and reconstituted families, the death of a parent and divorce all contributed to an unstable home environment for a girl child.

Table 4: Size of Children's Family

Size of the family	Frequency	%	rank
1 to 3	6	3.05	4
4 to 6	74	37.56	2
7 to 9	102	51.78	1
Greater than 10	15	7.61	3
Total	197	100	

In the findings in table 4, the majority of respondents, 102 (51.78%) observed that their family size ranged between 7 to 9. This was followed by 74 (37.56%) respondents who attested that their family sizes ranged between 4 to 6. Most teen mothers come from average to large sized families. The number coming from families of greater than 10 is significantly low probably because of very few families is that big in the current face of Kenya. The trend seems to suggest that as the

family size increases the probability for teen pregnancy also increases. Very few of children came from small size families maybe because there is better parental supervision and less economic burden on the parents or caretakers.

Table 5: Whom Children Live With

Children living at home	Frequency	%	rank
With relatives	82	67.21	1
With Non - relatives	40	32.79	2
With Parents	18		
Total	140	100	

The study sought to determine the role of the extended family in the lives of Teen mothers. Of the 122 Teen mothers who lived with relatives representing about 67.21% of them. Most of these relatives were grandparents and elder siblings. The rest stayed with non-related guardians. Out of the 142 Teen mothers that stayed with caretakers 35.915% reported that the caretakers often fought in the house. The trend starts from the top to imply that fights at home were not the main factor in causing children to go into the streets but the trend picks up from as the fighting in the house increases from 3 times a week showing that the more there was fighting in the home the more the environment at home became very unstable. The more unstable the environment at home, the more likelihood of early teen pregnancy with 25.352% reporting that their caretakers fought 4 to 6 time a week. (See table 4.12) The children were asked how often their parents or caregivers fought to help determine whether the instability had an influence on the growth of Teen mothers.

Table 6: How Often Caregivers Fight

Frequency of fighting/week	Frequency	Percent	Rank
0	91	64.085	1
1 to 3	15	10.563	3
4 to 6	36	25.352	2
Total	142	100	

In the findings presented in table 6, at least 35% of the respondents stated that their caregivers fought between 1 to 6 times a week a reason that influenced their social and psychological well-being hence making some of them to seek for refuge at their boyfriends houses. Some of the reasons cited for the fights at home were money, drunkenness, and no apparent reason while a large number (84%) had no idea why their guardians kept fighting.

Table 7: Reason Guardian's Fought

Reasons for fighting	Frequency	Percent	Rank
Over money	2	3.56	3
Drunkenness	4	7.17	2
No apparent Reason	2	3.56	3
Don't Know	43	85.71	1
Total	51	100	

Upon more probe on the rationale behind couples fights, 85.71% of the respondents who were the majority indicated that they do not know the reason why their caregivers fought. Other respondents, 4 (7.17%), 2 (3.56%), and 2 (3.56%) stated that their caregivers fought because of drunkenness, over money and for no apparent reason respectively. Such reasons contributed largely towards the rationale behind increased cases where teenage girls were pregnancy at early years because they saw their homes as not safe.

Peer Pressure as an Influence on Teenage Pregnancy

Table 8: Peer pressure and Teen Pregnancy

Peer Pressure and Teen pregnancy	Frequency	Percent	Rank
Strongly agree	98	49.7	1
Agree	71	36.0	2
UD	24	12.2	3
Disagree	2	1.01	4
Strongly disagree	2	1.01	4
Total	197	100	

During the study, at least all respondents stated that they had friends whom they spend time with. In the findings presented in table 8, 98 (49.7%) and 71 (36.0%) strongly agreed and agreed respectively that their friends did influence them to have children. Jointly, over 80% of the respondents attested to the fact that their mates played a significant role that saw them engage in early sexual relationships that led to unwanted pregnancies. Peer pressure can be seen as the main factor that influences teenage pregnancy because most of the teenagers are having friends who may be sexually active. Gows et al. (2008) viewed that, peer pressure is often seen as one of the most influential factors affecting the teenager's sexual decision. Peers take a major and active role in each other's sex education followed by media.

Cultural Influence on Teen Pregnancies

The study sought to find out the influence of Cultural practices on teen pregnancies. A question was asked about the most common cultural practices that influence teen pregnancies. The findings are demonstrated in the table below.

Table 9: Cultural practices influencing teen pregnancies.

Cultural Practices	Frequency	Percent	Rank
Disco Matanga	60	25.21	1
Circumcision ceremonies	17	7.14	4
Weddings	27	11.34	3
Female Genital Mutilations	1	5.88	5
Gender discrimination	4	21.43	2
Forced/Early Marriages			
Taboos			
Child abuse	12	5.04	
Sex Education			
TOTAL	238	100	

In the findings presented in table 9, 60(25.21%), 27 (11.34%), 17 (7.14%) and 12 (5.04%) of the respondents stated that disco matanga, weddings, circumcision ceremonies, and child abuse were common cultural practices, which came out repeatedly as a root cause of teenage pregnancies. Disco matanga is a traditional dance held after the death of a community member. Among the communities in Kwanza, these dances are held to mourn the dead as well as fundraise for burial. There are also night dances held around wedding ceremonies and traditional male circumcision ceremonies. These and the dances often attended by unaccompanied children and young persons. The dances are held around areas where it is easy for these young people's to hide and have sex, mainly unprotected. Many girls get pregnant during these occasions. This finding confirms findings of previous studies by Plan International on cultural dances and parental irresponsibility as a key driver of teenage pregnancies in areas such as Kwanza sub-county.

Another dimension relating to the culture is the expectation among the community that a young girl is there to give birth upon reaching puberty. Girl education has always been less emphasized in Kwanza hence it is normal for a teen to become pregnant. Another cultural factor was general child abuse. The research received claims that about 5% of the teen girls were impregnated by those expected to take care them. These include fathers, step fathers, teachers, chiefs and sub-chiefs. The gender violence recovery center at Kwanza Level 5 Hospital receives cases of abuse and many of these are worrying as they are committed by those expected to be caregivers for children.

The fifth factor identified by the research is the scarce sex education. In the past children sat with their grandparents and give them advice on how to live and take precaution in life and the do's and the don'ts. Today parents are too busy that they don't have parent-child talk to give them advice on what's wrong and right and even guide the girl child on how to handle herself when she reaches her adolescent stage. Due to lack of knowledge where the girls don't even have an idea about sexuality education she gets herself pregnant unknowingly. Lack of literacy and knowledge on sexuality are associated with early and often unprotected sexual debut. The collapse of the extended family has led to a situation where parents are not engaging their girls in sex education. This education has been a controversial subject in Kenya. Yet sex talk is a taboo in many communities. Family planning education is weak across the county as reported by one health worker thus: Most of these girls are brought here (hospital) either due to complications or since they cannot afford to pay for deliveries in the private hospitals. KDHS (2014)

In Kwanza, Dowry is approximately 13 cows. So a girl child is always seen as a source of wealth. According to Muslims responders' marriage for the girl by the one who impregnated her is the best option usually enforced as it sanitizes the situation. Since Muslims are allowed to marry more than one wife, it is not unusual to find the impregnated girls being married off. According to a Muslim informant, Shame refers to both religious and cultural embarrassment to the family. (Population Reference Bureau & Center for the Study on Adolescence fact sheet (2015). Final Report for Teenage Pregnancy Research in Kwanza Sub-County, Dec. 2016 Page 22 , It is better for the girl who gets pregnant to be married by the one who impregnated her since then the offspring is not a result of sin. The down side of this approach of forcefully marrying off the young girls is that they cut off their academic and career development as most do not continue with education or take vocational training. Most of those married off are said to encounter additional abuse in the hands of boys and men who feel the marriage as an obligation as opposed to their choice. When not forced to marry, virtually all boys who were interviewed indicated that they would not enter marriage as they were not ready to take care of families, main reason being joblessness.

5. CONCLUSIONS ON THE FINDINGS

Our investigation revealed that teen mothers who experience any of the following might be at a higher danger of adolescent pregnancy, drugs and liquor use, absence of information about sex or contraception, absence of goals for the future, low self esteem, poor school performance, engaging in sexual relations at a youthful age, Being the casualty of sexual abusive environment, Negative attitude towards contraception use, peer Pressure from companions to have intercourse, dating at an early age, dating older individuals, companions who are sexually active, poor friend relationships, Poor parental supervision, restricted correspondence among guardians and teenager, Negative family cooperation, Single-parent families, Significant uncertain conflicts in the family, Family history of teen pregnancies

Recommendations

The factors that influence the teen pregnancies in Kwanza sub-county have been explained several major recommendations flow from the findings of this study as described below:

Economic Factors

Counteractive action to prevent Poverty through financial and social help of families headed by single parents, through prevention of economic and sexual abuse of children, and through setting pro-family policies, strategies is the most significant way to deal with the issue of teen pregnancies.

Social Factors and Teen pregnancies

Abstinence education programs advance restraint over every different methodology. Despite the fact that previous surveys discovered hardly any, compelling abstinence education programs, a growing number of restraint training programs have set up proof of viability lately. These programs principally advance restraint convictions and attitudes while emphasizing life purpose, goals and s and dreams.

Complete sex education projects center around improving reproductive health results, for example, avoiding pregnancy or expanding STI information. All in all these projects advance both abstinence and contraception use for juvenile who become sexually active.

Clinic based family planning projects are explicitly intended to be executed in a medical facility or by center staff or doctors. Regularly these projects should be designed in a way that suits easy access to young people who are looking family planning services

Parent contribution programs aimed at improving the parent-child relationship, especially around communication about sexual conduct. In certain occasions, guardians are the essential members in these projects; in others, the program is instructed to parent-child.

Parent involvement programs should focus on improving the parent-child relationship

Youth improvement programs could conceivably concentrate on reproductive health and expand professional social conduct, positive connections, school accomplishment, or healthy outcomes. A few of these projects have effectively diminished high teen pregnancies or postponed sexual inception notwithstanding positive effects on other youth advancement results.

Cultural Factors and Teen pregnancies

Enlighten of communities on the advantages of lean sensible families against the cultural desire for large families should be encouraged. Ladies should be inspired and be given opportunities to strive to be all they can be. This would enable young girls to regard them similarly as they would their dads. Likewise, this would empower ladies be financially steady to have the option to educate their children as well as deal with their youth Program and school educational plan substance ought to have a cultural education in their curriculum .

In the event that individuals were progressively educated about their way of life and like customs, and how things used to be, and what ought to be continued today, perhaps they would concentrate more on that. Also, as, and possibly that would turn out to be additional tedious and like a greater amount of like a worth too than, as opposed to being explicitly dynamic. Since inside customary services and our way of life roles and duties and responsibilities of women were educated and men were instructed to respect ladies. A portion of the particular ways offered in how to best consolidate culture are consideration of inborn language, history, social/ethnic pride, functions, just as the fuse of customary lessons, abilities, and qualities as for how to be a sound man or lady and create solid connections, particularly with family. The introduction and utilization of customary camps will really help accomplish this.

REFERENCES

- [1] Arai, L. 2007. Peer and neighbourhood influences on teenage pregnancy and fertility: qualitative findings from research in English communities. *Health and place*, 13(1), March: 87-98.
- [2] Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman
- [3] Burns, N. & Grove, S.K. 2003. *Nursing research*. 3rd Edition. Pennsylvania: Saunders.
- [4] Burns, N. & Grove, S.K. 2007. *Understanding nursing research. Building an evidence-based*
- [5] Canadian International Development Agency's (CIDA 1989),
- [6] Creswell (2003), *Research Design, q & q & Mixed methods approaches* (4th ed), Thailand.
- [7] D. Aicella i.m Jadan (2014). *Impact of Social & Cultural factors on T.P*. University of Nerada. Los Vegan.
- [8] D. Kayongo-Male and P. Onyango, *The Sociology of the African Family*(London: Longman, 1984), p.54.
- [9] Honing (2012)
- [10] Kayongo D.and Onyango P,(1986) *Sociology of the African Family*,Longman publishers, London
- [11] KNBS Socio-economic report (2017)
- [12] Krejcie, Robert V. Morgan, Daryle W(1970)..., "Determining Sample Size for Research Activities", *Educational and Psychological Measurement*, Texas Kenya Demographic studies (KDHS) 201
- [13] Le Roux, J. and C.S. Smith (1998) 'Causes and Characteristics of teen pregnancy Phenomenon: a Global Perspective', *Adolescence* 33(131): 683-8.
- [14] Maslow, (1970).*Motivation and personality*. Harper, New York:
- [15] Orodho J. A (2004),*Techniques of writing a research proposals and reports in Education and Social service* (1st Edition) Nairobi, Reata Printers.
- [16] Plan International. (2019). *Teenage Pregnancy*. Plan International. Retrieved on 22nd November, 2019 from: <https://plan-international.org/sexual-health/teenage-pregnancy>
- [17] Polit, D.F. & Beck, C.T. 2008. *Nursing research. Generating and assessing evidence for practice*. 4th Edition. St Louis: Saunders Elsevier.
- [18] Rhoun Ochako et al., "Barriers to Modern Contraceptive Methods Uptake Among Young Women in Kenya: A Qualitative Study," *BMC Public Health* 15, no. 1 (2015): 118
- [19] Smith - Battle, L. 2000. *Developing a care giving tradition in opposition to one's past: Lessons from a longitudinal study of teenage mothers*. *Public Health Nursing*, 17: 85

- [20] Subrahmanyam, Y, & Sondhi, R (1990). Child porters: Psychosocial profile of street children .International Journal of Social Work, 51, 57758
- [21] Taçon, P. (1985). A UNICEF Response to the Needs of Abandoned and Teen mothers, UNICEF, Geneva.
- [22] Taçon, P. (1985). A UNICEF Response to the Needs of Abandoned and Teen pregnancies, UNICEF, Geneva.
- [23] UNFPA, Adolescent Pregnancy". 2013
- [24] UNFPA Annual report(2014)
- [25] Walelehwa, R. N. 1991
- [26] Wilson, W.J. (1987) The Truly Disadvantaged: The Inner City, the Underclass and Public Policy. University of Chicago Press.Chicago IL.
- [27] Woolcock, M. (1998) ‘Social Capital and Economic Development: Toward a Theoretical Synthesis and Policy Framework’, Theory and Society 27(2): 151–208.
- [28] World Health Organization, Family Planning: A Global Handbook for Providers, Evidence-Based Guidance Developed Through Worldwide Collaboration, 2018 Update (Baltimore and Geneva: Johns Hopkins University, Bloomberg School of Public Health and WHO, 2018).
- [29] World Health Organization. (2018). Adolescent Pregnancy: Key Facts. World Health Organization Website. Retrieved on 22nd November, 2019 from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>