Macrothink Institute™

Journal of Sociological Research
ISSN 1948-5468
2023, Vol. 14, No. 2

Contributions of Sexual and Reproductive Health Knowledge to Adolescent Pregnancies among Students in Kitui Township, Kitui County

Y Otsyula[1,*], E Wekesa[1] & C Kinanga[1]

[1]Department of Sociology, Anthropology and Community Development, South Eastern Kenya University, P.O BOX 170-90200 Kitui, Kenya

*Corresponding author: Department of Sociology, Anthropology and Community Development, South Eastern Kenya University, P.O BOX 170-90200 Kitui, Kenya

Received: April 11, 2023 Accepted: June 11, 2023 Published: July 20, 2023

doi:10.5296/jsr.v14i2.20899 URL: https://doi.org/10.5296/jsr.v14i2.20899

Abstract

Teenagers hold the future of society in terms of the provision of societal functions differentiated by their gender roles and parity. Consequently, the excellence of teenagers places society in a better sustaining status. The successful transition of teenagers to adulthood depends on mentorship. Research reports that the female gender is prone to a pathway with more challenges than male teenagers. Girls are challenged with sexual reproductive health and pregnancy issues, which may eventually disorient their social, economic cultural and health outcomes. In light of this, the importance of establishing the teenage pregnancy landscape and the associated health knowledge could not be underscored. This research, therefore, sought to determine the contributions of sexual and reproductive health knowledge to adolescent pregnancies among students in Kitui township, Kitui County. The study involved a target population of 467 from which a sample size of 140 was enumerated using a mixed-method cross-sectional research design. Ten (10) female teachers were involved in the study as key informants. The data collected using FGDs, questionnaires and key informant guides show that over half (66%) of the girls' population was knowledgeable and the larger source of their knowledge was teachers. The study findings give the current teenage pregnancies landscape and can be used for regulatory and advisory purposes by bodies, which deal with girl child welfare like UNICEF.

Keywords: school-going, culture, knowledge, pregnancy, Kitui County

1. Introduction

Globally, pregnancy status among teenagers is a challenge with 11% of births happening annually among teenagers whose age is between 15-19 with 95% of the pregnancies occurring in developing countries. In absolute numbers, 13.1 million births per year occur among adolescents aged between 15-19 years. Further estimates reveal that about 19% of teenagers in developing countries become pregnant before attaining the age of 18 (Organization, 2013).

Among the developed countries, the highest adolescent birth rate of 194,377 births have been recorded among adolescents between 15-19 years in 2017 in the United States (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018).

In Sub-Saharan Africa, the fertility rate is 143 births per 1000 girls aged between 15-19 years (Organization, 2014). Save the Children, report reveals 10 countries where early motherhood presents a high prevalence of risks in young girls and their babies. Of the countries cited, nine were in Sub-Saharan Africa, with Mali, Niger and Liberia being the nations where girls are the most at risk (Organization, 2013).

A study in Ghana on factors influencing teenage pregnancies cites peer guidance on information as major cause of teenage pregnancies as peers have no accurate information on sexual reproductive health. The study reports teenage groups emulating each other which leads them to drug abuse and early exposure to unprotected sex (Gyan, 2013).

Accordingly, Williams (1991) quoted by Gyan (2013) in his Ghana research, noted that teenagers often engage and depend on their peers for information, which leads to getting factual or fabricated information. Equally, teenagers are likely to copy their peers and could end up engaging in drug abuse, early and unprotected sex, among other vices

In Kenya, the adolescent birth rate is at 18 per cent (15% of all adolescent girls have already given birth and 3% are expectant for their first child) translating to 96 births per 1000 women (Obonyo, 2010). Although Kitui as a County is not ranked among the highest in adolescent pregnancies in the country, it still falls among the double digits at a worrying 14.8 per cent (Obonyo, 2010) with 11.8 per cent of adolescents aged 15-19 having already given birth at least once and 3 % are already expecting their first child.

Omoro (2018) in his study on factors affecting dropout rates among pregnant teenage girls Western Kenya cites lack of protective health care related services to avert early pregnancies. The duration of the study was one year and the results reveals 19% of the respondents were in agreement with the fact that using health related protective measure will minimize teenage practices. However, 17% had different view to it. Majority of teenagers were in primary school suggesting inadequate exposure to sex education (Omoro et al., 2018).

The proportion of adolescents who have begun childbearing has not changed since the 2008-2009 according to KDHS report. Teenage pregnancy and early motherhood are still major health and social concern because of their association with maternal and child mortality and morbidity, psychological and emotional distress, as well as other educational

and socio-economic implications for the life opportunities of young mothers and their children. According to UNFPA, 2013; The Kenyan government has made efforts to reduce the rates of adolescent pregnancies for example through the formulation of the National Adolescent Sexual and Reproductive Health Policy (Manguro & Temmerman, 2022). The core mandate of the policy is to improve the life quality of Kenya's youths and adolescents by merging the development and health concerns of the youth in the national development process.

In Kitui County Nzambani ward similar studies reports poverty as the highest contributor among other factors which includes technology, parental negligence, peer pressure and psychological problems. Illiteracy among parents was also cited as a key factor in contributing to teenage pregnancies (Miriti & Mutua, 2019)

Despite many studies on adolescents, there are several gaps in knowledge on extant studies some attributed to teachers shying away from covering sensitive topics such as sex and pregnancy among young adolescents (10-14). This is thought to be attributed to either because of social norms concerning age-appropriate behaviors, ethical concerns about potential harmful effects of the study on adolescents or doubts about the validity of young adolescent responses (Yeo, Ang, Chong, & Huan, 2007)

To help bridge the knowledge gaps this study adopted a mixed methods design to investigate socio-cultural drivers of adolescent pregnancy among girls aged 10-18 in schools in an urban setting in Kitui County, Kenya.

2. Methods and Materials

2.1 Study Site and Population

The studied area spans 17.9 km with an approximate population of 26, 016. Kitui township sub-Location entails the CBD and the undulating outskirts within Kitui County in the eastern region of Kenya. The sub-Location is characterized by a blend of economic activities ranging from supermarkets, wholesales, vegetable dealers, and small micro finances. Most of the residents are middle to low-income earners and as a result, most of the residents engage in small businesses such as butcheries, selling food staples (rice, corn meal), mini markets (selling goods like Coca-Cola, potato chips, bread, long-shelf milk), mechanics, pubs, hotels and restaurants. Also situated in Kitui town is a cotton ginnery where cotton farmers from the county can deliver their produce. Among many institutions of learning, Muslim Secondary school and Kitui central primary were targeted due to their higher population of teenagers aged 15-19 years.

2.2 Sampling Techniques and Data Collection Methods

The study targeted a population of 467 from which 140 teenage girls aged 15-19 years were enumerated using the Kerlinger (2004) model. Stratified random sampling placed 840-primary school students into five different strata based on their class grades. Simple random sampling was used to arrive at the actual sample, which participated in the study.

Simple random sampling entailed writing Yes and No on pieces of paper, mixing them thoroughly so that the chances of picking Yes and No are equal in a lottery model. Those who picked Yes pieces of paper in a lottery were selected as respondents. A sample of 80 filled out questionnaires, 8-12 individuals participated in FGDs while 10 teachers from two institutions provided an in-depth narrative on adolescent pregnancies as key informant guides.

3. Results

Table 1. Gender on Sexual and Reproductive Health Knowledge

Age group	Frequency	Percentage
10-14	51	59
15-19	84	71
20 years and above	5	5

Source: Field survey data (2021)

The age-wise distribution of the participants is as shown in table 1 with the majority of the respondents within the 15-19 age bracket.

Table 2. Source of Sexual and Reproductive Health Knowledge Among Adolescents

Source	Frequency (%)	Expectation (%)	
Parents	23.08	60	
Teachers	61.54	25	
Media	8.85	5	
Doctors	6.53	10	
Total	**100**	**100**	**140**

Source: Field Survey Data (2021)

Teenagers drew much of their SRH know-how majorly from their teachers as supported by 61.54% which contradicts the study by (Rew, Rochlen, & Murphey, 2008). Parents were rated the second with 23.08% response rate and further synthesis of this suggests that female parents or guardians were the largest sources of information, which contradicts the expectations of the majority of the respondents (60%) who felt that parents should be the main source of sexual and reproductive health knowledge, as they are a child's first instructor. In this present work, none respondents reported father having contributed to reproductive health knowledge.

4. Discussion

The result findings reveal that 33 (31%) of the total sample of 108 girls interviewed knew that one is likely to get pregnant when she engages herself in unprotected sex right before her period. The percentage suggests that the knowledge index on SRH is still low and a lot need to be done. However, the study findings support the data from the literature by Oswald (2017), which agrees with the fact that whenever teenagers are not guided by their parents then they risk learning the same from their peers who instead misguide them ending up pregnant at teenage age (Dede, 2019).

A percentage less than a quarter (15%) of the girls had information that when one engages in sex during her menses, she is likely to get pregnant. A sample representing 12 % reported that one is fertile right after her period. Only 7 % reported that one is likely to become pregnant 2 weeks after her periods. A sample representing 19% thought that any time of the month one could become pregnant if sex is done without protection and 17% had no information concerning the subject. This blend of information was availed to teenagers from a variety of sources some with intentional bias.

These findings are in coherence with findings by (Magadi et al., 2021) who established that there was a need for the introduction of comprehensive sexuality education in schools. In addition (Collins, Alagiri, Summers, & Morin, 2002) also agrees that sexually active students should be provided with information that they need so that they can protect themselves.

These research findings are in line with (Muganda, 2008) who established that there was need for introduction of comprehensive sexuality education in schools. In addition, also agree that students who are sexually active should be provided with information that they need so that they can protect themselves.

5. Conclusion

The study was carried out as proposed. The questionnaires were used as data collection tools. The study sought to assess the contributions of sexual and reproductive health knowledge to adolescent pregnancies among students in Kitui township, Kitui County. The findings reveal that knowledge on sexual and reproductive health was low, which was linked to rising cases of pregnancies in the Kitui Central Township ward. It is the responsibility of all stakeholders involved in the lives of our children to impact this sexual and reproductive health and this includes parents, teachers, health providers and the media. Active participation of the stakeholders will significantly reduce adolescent pregnancies in the area,

The overall conclusion from the study is that the knowledge status of adolescent girls is low and parents, stakeholders and institutions of learning need to intensify publicity SRH to minimize the risk of getting pregnant. Therefore, interventions to address adolescent pregnancy should be multi-layered to address individual knowledge on SRH.

Competing interests

The authors declare no competing interests

Acknowledgements

The authors wish to acknowledge the Ministry of Education for the provision of some useful information concerning the study population like the data on student numbers.

References

Collins, C., Alagiri, P., Summers, T., & Morin, S. F. (2002). Abstinence only vs. comprehensive sex education: What are the arguments. *What is the evidence*, 1-16.

Dede, B. N. (2019). *Factors associated with teenage pregnancy in riana division, ndhiwa sub-county, Kenya.*

Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research, 3*(3), 53. https://doi.org/10.5901/jesr.2013.v4n3p53

Magadi, M., Kaseje, D., Wafula, C., Kaseje, M., Ochola-Odhiambo, P., Ogutu-Owii, S., . . . Smith, L. (2021). Sexual and reproductive health knowledge and behaviour of adolescent boys and girls aged 10–19 years in western Kenya: evidence from a cross-sectional pilot survey. *Journal of Biosocial Science*, 1-20. https://doi.org/10.1017/S0021932021000353

Manguro, G., & Temmerman, M. (2022). A critical review of adolescent sexual and reproductive health and rights in Kenya. *Med, 3*(6), 364-368. https://doi.org/10.1016/j.medj.2022.05.007

Martin, J. A., Hamilton, B. E., Osterman, M. J., Driscoll, A. K., & Drake, P. (2018). Births: final data for 2016.

Miriti, J. M., & Mutua, M. N. (2019). Teenage Pregnancies And Girls Education Capabilities In Nzambani Ward Kitui County In Kenya: School And Community Perspective. *International Journal of Gender Studies, 4*(1), 59-84.

Muganda. (2008). Down the drain: counting the costs of teenage pregnancy and school drop out in Kenya: Centre for the Study of adolescence.

Obonyo, J. (2010). Kenya National Bureau Of Statistics (KNBS) And ICF Macro. Kenya Demographic And Health Survey 2008-09.

Omoro, T., Gray, S. C., Otieno, G., Mbeda, C., Phillips-Howard, P. A., Hayes, T., . . . Gust, D. A. (2018). Teen pregnancy in rural western Kenya: a public health issue. *International Journal of Adolescence and Youth, 23*(4), 399-408.

Organization, W. H. (2013). *Annual technical report: department of reproductive health and research, including UNDP/UNFPA/WHO/World Bank special programme of research, development and research training in human reproduction (HRP)*. Retrieved from

Organization, W. H. (2014). *Global status report on noncommunicable diseases 2014*: World Health Organization.

Rew, L., Rochlen, A., & Murphey, C. (2008). 5: Health Educators' Perceptions of a Sexual Health Intervention for Homeless Adolescents. *Journal of Adolescent Health, 42*(2), 16-17. https://doi.org/10.1016/j.jadohealth.2007.11.047

Yeo, L. S., Ang, R. P., Chong, W. H., & Huan, V. S. (2007). Gender differences in adolescent concerns and emotional well-being: Perceptions of Singaporean adolescent students. *The Journal of genetic psychology, 168*(1), 63-80. https://doi.org/10.3200/GNTP.168.1.63-80

Copyrights