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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**AN ASSESSEMENT OF THE FAMILY PLANNING KNOWLEDGE,
ATTITUDE AND PRACTICES OF IN-SCHOOL TEENAGE MOTHERS IN
HOMABAY SUB-COUNTY**

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL
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DECLARATION

This research report is my original work and has not been submitted for award of a degree in any other university.

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This research report has been submitted for examination with my approval as the University Supervisor

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DEDICATION

To my dear parents Mr and Mrs. Alfred Murithi, and to my mentor, role model Dr. Chichi Undie for their prayers and ceaseless support. To my siblings, Mugambi and Kithinji, thank you for their encouragement.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
APHRC	African Population Health and Research Centre
CDC	Centre for Diseases Control
FGM	Female Genital Mutilation
GBV	Gender Based Violence
DHS	Demographic and Health Survey
FP	Family planning
HCHRC	Highway Community Health Resource Centre
HIV	Human Immuno-deficiency Virus
IDI	In-depth Interview
KAIS	Kenya Aids Indicator Survey
KDHS	Kenya Demography and Healthy survey
KIPPRS	Kenya Institute for Public Policy Research and Analysis
KNBS	Kenya National Bureau of statistics
KNH	Kenyatta National Hospital
MD	Medical Discipline
MOH	Ministry Of Health
NMD	Non Medical Discipline
STIs	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UON	University of Nairobi
UNFPA	United Nations For Population Activities
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

ABSTRACT

A sample of 82 in school teenage mothers of ages 13 years to 19 years were randomly drawn from primary schools within the Sub-County. In the study, social, cultural, economic and demographic variables are examined. The social variables include Age of the teenage mothers, exposure to mass media, and the effect of sex education. Cultural variables include religion, early marriages and myths around Family planning. Demographic variables include age, sex, number of siblings and birth order. The list of all primary schools in Homabay Sub County provided the sampling frame from which sample schools were selected. From the selected schools, the next stage was to select the classes which were class 5,6 7 and 8 then the individual respondents. The main objective of this study was to examine the knowledge, attitudes and practice of Family planning among in-school teenage mothers in primary school in Homabay.

Random sampling was done in each, stage and the data was collected using questionnaires. The major statistical techniques used in data analysis are frequencies, percentages and cross tabulation. This found that most of the adolescents are aware of family planning methods but they were not familiar with the application of most of the methods. Health facility was leading with 34.6 % being the most mode of giving family planning information while friend at 22% and school and others 14.2% respectively. They were the main and the most frequent source of information on family planning methods. Most adolescents are in favor of contraception and they are also of the opinion that family planning and suggestions from the teachers and social workers was that sex education should be introduced in the school syllabus. The number of contraceptive methods known and tire number of contraceptives whose application are known is best explained by adolescents level of education, those whose age is between 13 to 19 years, and those of the protestant faith. The family planning methods known to the adolescents were as follows: Injectable (30.3 %), Pill (24.3 %) and Implant (22.0%). While condoms (15.1%) was the least known and others less than 15%. It was also found that in-school teenage mothers have positive attitude towards contraceptive mainly because of HIV/AIDS pandemic which a great thing. With regard to actual practice, about 42.5 % of the in-school teenage mothers said they have ever used family planning at the time of the survey. The Injectable, followed implants and then condoms and others at 10.3% and 7.7 % respectively. This is mainly due to the strong attitude they have that injectable is the safest way of preventing unwanted pregnancy and also might have minimal side effects. The results also shows that in-school teenage mothers were using contraceptives to avoid making the second mistake of getting pregnant, majority of those not using family planning were not sexually active. It is recommended that family life education be introduced in-schools with a view of making Teenagers mothers understand the consequences of early sexual intercourse and how they avoid it. Parents and teachers have a role to play in counseling adolescents on family life education and more importantly on HIV/AIDS which is making significant in-road among the adolescent's population, radio, newspapers and books/pamphlets should be used to reach the teenagers on family planning issues.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

An adolescent is anyone aged between 10 and 19 years according to the World Health Organization (WHO). The adolescent phase is marked with notable growth and development a with a transition on the lives of the girls and the boys, whereby the are vulnerable and have incredible potential. The day-to-day experiences of these adolescents' mold their futures hence is it's important to invest on their health and education in order to get positive lifestyles and behaviors, UNFPA 2006.

Most societies agree that the biological of take-off of adolescence is at puberty. However, the end of adolescence initiates adulthood that is conflicted among social cultures. World Health Organization Expert Committee (Gyep-Garbrah, 1995:3) describes the age limits of adolescence to be between 10-20. In context to this paper teenage can be used in place of adolescence that is in the age group of 14-20 years.

Teenage Pregnancy refers to a situation where by a woman who is below the age of 20 years, conceives. This may occur in teenagers who are either married or not. Some teenage pregnancies are planned (intended) whereas most teenage pregnancies are not planned and they happen while they are in school.

Globally, it is estimated that of all the births among women of reproductive age (15-49 years), about 7.3 million births are by girls aged 15 to 19 years. Of these births, two million are by girls under the age of 15 years a majority of whom (90%) give birth while married. This reveals that many girls get married off at a very tender age. In Africa, by the age of 20 years, 80% youth engage in sexual activities. Report depict that in most sub-Saharan countries, first encounter in sexual activities occurs prior marriage. Youthful men mostly engage in sexual activities at early stages and have many sexual partners as compared to young women. In Guinea, the average age of youth men who engage in sexual activities for the first time is 15.6 and young women are 16.3. It was further revealed that men who are sexually active have an average lifetime of at least 4 sexual partners compared to 2.1 partners among women who are sexually active.

Most of the girls in Kenya get pregnant at the age of 13- 19 years where most of them have not matured enough. This is why this project of assessing the knowledge, altitude and practice of family planning among teenage mothers in Homabay Sub-County was so important since its main focus was finding out why the teenage mothers are not using family planning. It helped so much in identifying the gap since many studies that have been done before have mainly been focusing on the prevalence rate and also in higher institutions by ignoring primary schools where first pregnancies occur.

In reference to KDHS (2008-2009), half of 47% pregnant women among adolescents were not intended and less than 50% of these girls were below 20 years of age. The study unearthed that majority of them delivered children in public health facilities with a professional birth attendant. The consequences of getting unplanned pregnancies are as follows: high rates of infant mortality, high rate of dropping out of school, child marriage and unsecure abortion. Report depicts that adolescents experience adverse complications during pregnancy since they are most not prepared physiologically and psychologically for pregnancy. Other factors are failure to have antenatal immaturity, partial pelvic growth. Other underlying issues entail smoking, drug abuse, anemia, malaria HIV and AIDs among other transmitted infections through sex. Apart from dropping out of school, early cases of pregnancies are linked to low labour, increased risks of HIV infections, gender-based violence and premature childbearing. Secondly, risks of infant mortality, maternal morbidity among adolescent mothers depict that in developing nations, pregnancy and complications during delivery as well as risky abortion are the leading causes of deaths for teenage girls aged below 20 years. APHRC and MOH (2013) reported that the frequency and impacts of abortions revealed that girls that aged below 19 years did account for 17% women that sought for post-abortion care services and 45% of severe abortion-linked admissions in local hospitals.

KDHS (2008-2009), 6% females got married by the age of 18yrs (15-26%), child marriage locally was found to vary based on the place of residence and the region. A high prevalence of these cases was concentrated in rural areas (31%) as compared to urban Centres (16%). They might be disadvantaged by sustaining a healthy pregnancy as a result of poor status of health, a limited to antenatal care and inability to cover the costs of childbirth and pregnancy. Teenage pregnancies, whether they are planned or not increases the risk of motherly mortality, problems of giving birth to unhealthy child, and protracted labour. WHO (2010) depicts association amongst adolescent and adverse newborn outcomes for example infant mortality, very low weight at birth and malformations amidst adolescent mothers, there's a high level of parental mortality at 260 per 100,000 between youthful adolescents (15-19 years) as compared to 190 per 100,000 among old teenagers (20-24 years). Since most teenage parents lack physical, emotional and financial readiness to carry and take care of a new born, they tend to have babies with low birth weight and susceptibility to a variety of illnesses (KPSA 2013) in North Eastern Province, Coast Province and Nyanza province.

Early marriages and teenage pregnancies have been shown to be among the highest predictors of school dropout among school going girls. GoK and UN (2009) unearthed that thirteen thousand girls left school early annually because of unplanned pregnancy, it was further disclosed that amidst adolescent women who had already commenced bearing children by the age of 18 years, 98% did it outside school, this was an indication that majority of the girls that were involved in early pregnancy cases did not continue with education.

This study was very helpful because it made it known why teenage mothers were getting pregnant and dropping out of school. This is the reason why this study clearly focused on the knowledge they have and the attitude towards the family planning methods. Is it that they were not aware that family planning methods exists or they were very young to understand, or its due to ignorance? Most of the studies have focused on prevalence of pregnancy in adolescent and not much has been done on why they are not using family planning as early as they start being sexually active. This is why this project focused on their attitude, knowledge and practice of family planning methods and awareness and the reason why they were not using them since the pregnancy among the teenage mothers is high in Homabay Sub- County.

Many studies talk of how school dropout rate in Homabay Sub- County is so high but no one has ever taken initiative to access the reason as to why these teenage girls are not using family planning to prevent them from getting pregnant. This project was very helpful because there was an opportunity to learn the main reason why pregnancy rate is high, the altitude they have towards family planning and if they have ever practiced the use of the methods.

1.2 Problem Statement

The American department of health services for controlling and preventing diseases itemized statistics in reduction of pregnancy cases among girls as a critical health goal for adolescents (U.S. Department of Health and Human Services, 2000). The main goal of CDC's initiative was to mitigate teen pregnancies to 43.0 per 1000 by year, 2010 so as to decline from the standard of 68.0 per 1000 (1996) (U.S. Department of Health and Human Services, 2000). Though are essential gains that have been made towards the end of 2010, the U.S recorded high pregnancy rates compared to other developed nations (Flanigan, 2001; Hoffman, 2006). Extant literature indicates that after 15 years of a steady decline, teenage rates of birth have been increasing tremendously (Kost, Henshaw, & Carlin, 2010). Most studies focused more on the prevalence rate of why many girls were getting pregnant and trying to reduce teenage pregnancy and did not address the issue of how knowledgeable, attitude and practices they are. This study helped to find out what were the main reasons why teenage pregnancy was so high in Homabay Sub- county and other parts of the country and if they were aware of any family planning methods, and the practices of any family planning methods. That is why this research was very important because it helped to access the level of knowledge towards family planning use among in- school teenage mothers, a topic that has been ignored by many studies that have been done and mainly focused on the prevalence rate and higher institution by ignoring primary schools where most of the pregnancy occur.

Children from teen parents recorded low levels of primary school readiness skills in children of adolescent parents (Terry-Human, Manlove, & Moore, 2005; Troccoli, 2006). Research has demonstrated that children from teen parents' record lower scores on cognitive-related test and Latin and African-American children of teen mothers who record lower scores on vocabulary-related test (Terry-Human et al.,

2005). While there are 4 fundamental reasons for this form of correlation, teen pregnancy often impacts negatively on teens and children. KDHS (2014) depicted that 12% women and 22.3% men had their first sex encounters even before they attained the age of 15 years. This result to an increase in age as 47% and 58% of male and female had sexual interaction at 18 years.

From an analysis involving the Kenya's situation, most Kenyan girls are becoming mothers at very young ages. Statistics depict that 103 out of every 1,000 pregnancies (age 15-19) indicates that out of every 100 girls locally, 26 were married before they attained the age of 18 years. Young marriages are very high particularly in North Eastern Province, Coast and Nyanza Province. It is evident that at least 33% of women are married at the age of 15 and 26% at the age of 18.

This study clearly stated why there was such a huge gap that has not been identified even after many studies have been done. Why is it that there was such a huge increase of teenage pregnancy day by day? Studies have not been focusing on whether teenage girls have any ideas of family planning, the attitude they have toward various methods and the extent of use of any family planning methods.

Most of the research done on teenage pregnancy mainly focused on girls aged 15-24 years while this study focused on teenagers as young as age of 13 years but aged below 20 years. This is because most of the girls become sexually active as early as the age of 10 years, and by the time they start their menstrual cycle the pregnancies catch up with them. This study also shows that the level of knowledge towards family planning because a Previous study in Homabay Sub-County in Kenya showed that most girls get pregnant while they are already in primary school. by C.Undie, 2013.

Previous research (Erulkar et al, 2007; Thomsen et al, 2007) has focused on the vulnerability of the adolescents. That is why little is known on the level of family planning and practice among teenage mother. In particular, hardly any study exists in Kenya focusing on in- school teenage mothers aged 13-17 years on whom this study was conducted. This is the knowledge gap that was addressed in this study.

1.2.1 Purpose of the Study

The purpose of this study is to contribute toward curbing high repeat, unintended pregnancy rates among in school teenage mothers in Kenya and specific in Homabay Sub-County where school dropout due to pregnancy rate was a predicament. This was achieved by generating qualitative and quantitative understanding of knowledge, attitude and practice of family planning among teenage mother.

1.3 Research Questions

The research questions from which the objectives of this study were delivered are:

- i. How do in-school teenage mothers in Sub-Homabay County perceive family planning methods?
- ii. To what extend are teenage mothers knowledgeable about key Family planning methods?
- iii. What is the level of the utilization of family planning methods and practice among in-school teenage mothers?
- iv. What factors affect the utilization of Family planning methods among in-school teenage mothers in Homabay Sub-County?

1.4 Objective of the Study

1.4.1 Main Objective

The main objective of this study is to assess knowledge, altitude and practices of family planning services among in-school teenage mothers.

1.4.2 Specific Objectives of the Study

The specific objectives that guided this study are:

- i. To assess the extent of knowledge of family planning services among in-school teenage mothers.
- ii. To establish of attitudes toward family planning among in-school teenage mothers.
- iii. To assess the of access and practice of family planning services among the in-school teenage mothers.

- iv. To examine the factors that affects the utilization of family planning services among in-school teenage mothers in Homa Bay Sub County.

1.5 Justification of the Study

The study was justified on account of helping in-school teenage mothers achieve knowledge of family planning and further enable them access low cost facilities where family planning methods can be obtained and used. This was to enable the in-school teenage mothers to achieve their educational goal with no risk of dropping out of school due to accidental pregnancies.

This also helped the policy makers in developing strategies to control sexuality and prevent pregnancies among teenage girls and further help them change the perception they had towards family planning method and encourage practice.

1.6 Scope and Limitations of the Study

The study mainly focused on in-school teenage mothers aged 13-19 years old in Homa Bay Sub-County and this was to assess on knowledge, attitude and practice of family planning among in-school teenage mothers. In addition, the study established the extent of access to family planning services and also examines factors that affect the utilization of these services.

A major limitation of the study was that dealing with a highly sensitive group of teenage mothers who were already vulnerable and might not be easily willing to share their experiences. For this reason, the respondents were assured of anonymity and their consent was sorted out before interviews begin.

The recruitment of the girls was another limitation since the researcher was relying on school principle and two teenage mothers in each school who were trained to talk to the other in-school mothers about the importance of this study. This created a good rapport which made the interviews so simple because there was so much from the respondents who opened up and gave the information.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

UNICEF gives an estimation that one hundred and fifty out of every a thousand births are from adolescent girls (Brown 2012). At least ninety percent of adolescent-related pregnancies in the developing economies are mostly to married girls, as a result of high sex vulnerability, lower probability of use of contraceptive as compared to their married peers and excessive to conceive faster after marriage (Erulkar 2013; Presler-Marshall & Jones 2012). Majority (75%) of pregnancies among teenagers undergo a planning process (Presler-Marshall & Jones 2012). Data from 4 countries depicted that women who got married before the attained the age of fifteen years got their first born on an aggregate of 3 years comparing to women who got married amid the ages 15 to 20 years, and 7 years earlier unlike those who go married amidst the age of 21 to 25 years old. Women who got their first born at adolescent stage were exposed to high risks of maternal mortality and their infants were exposed to a high risk of poor growth and development as revealed by Jensen and Thornton (2003)

Notwithstanding the awareness of the down-side of early pregnancies, research indicates that the occurrence of early pregnancies among schoolgirls has continued to escalate (Lloyd & Mensch 2008). Economies that record primary enrollment exceeding 50%, their relative pregnancy contribution to drop-out rates significantly varies (Lloyd 2009). Going by DHS data from 5 West African nations, Lloyd and Mensch, (2008) observed that marriages and pregnancies recorded utmost 20% level of school drop-out. Though, pregnancy from young schoolgirls was found to account for 5-10% of girl departure from school, these factors declined over time as revealed in the study. In other settings, schoolgirl pregnancies were revealed to be the main reason for school dropouts. Eloundou-Enyegue (2004) discovered that pregnancy among young girls account for only thirteen percent drop-out in grade 6 (last year of primary school), and 33% of these drop-outs in grade 7 in Cameroon. A research by Erulkar and Matheka (2007) involving school children in Kibera slum, Nairobi unraveled that only 14% of the girls who dropped from school to join marriage and 9% left as a result of pregnancy.

2.1.1 The African Situation

Several studies have been done on the awareness, attitude and use of contraceptives by teenagers and young adults in the African continent. Fantahun 1995 study of North Gondar conducted on 991 senior students aged between 17-15, revealed the level of awareness of contraception to be 75%. In the 1998 Nigerian tertiary institution study by Araove done on 971 females and males (18-24 years), indicated that 98.4 % females and 97.7% of the male were familiar with at least one contraception method. Moreover, two contraception awareness studies were conducted by Adinma in Nigeria 1995 and 1999 on a 498 girls' tertiary institution with 228 from a medical field and 270 from the non-medical field of study. Generally, the level of contraception awareness for the first study was 70.9% and 38.2% of awareness on the various uses of contraceptives while for the second study on the secondary institution and tertiary institution was 22.6% and 54.4% respectively. This study by its self is unique because its focused on teenage girls in primary school where earlier reports have indicated that there is high rate of school dropout especially in Homabay Sub-county due to pregnancy. That is why this study was so relevant as it assisted in accessing the knowledge, altitude and practice of family planning among teenage mothers in Homabay Sub-County.

Two similar studies were conducted in India in Delhi and Ludhiana by Aggarwal O et al and Benjamin et al respectively that had comparable results whereby the awareness of contraceptives was :83.5% on as survey done on 500 undergraduate students of medical institutions by Aggarwal and that of Benjamin et al study was 87.5% on 527 senior secondary institution students. This indicated similar results on the same study done by Arowojolu AO on 2388 undergraduate students in Nigeria who had 87.5% knowledge on contraceptives. In a recent survey on the study showed that 86% of college students were aware about contraception and 69% sources to acquire them. In past studies such as of Aggarwal O in Delhi and Fantahun in North Gonder showed that the source of contraception awareness was from friends and school, whereas it has changed to media as the main source in the present study. Fantahum MI et al study conducted among 991 senior school students of North Gonder, showed that the reason behind not using the present-day contraceptive methods was due to inadequate knowledge on contraceptives, the lack of access and the harmful aftermaths of contraceptives. Today, the common reasons for unemplyed use of contraceptives

cited at 23% are due to prohibition by religious beliefs to use contraceptives and the feeling of unsatisfied sexual lives when they use contraceptives. Nevertheless, 19% argued that contraceptives would lead to inferiority and at least 10% argued that it would lead to obesity. The 2388 Nigerian undergraduate survey on students by Arowojolu AO et al. showed that out of 87% of those that had engaged in sex only 34% of them had employed a contraceptive method. Moreover, in the Fantahun et al study, 30% of the students who engaged in sex only 17% had employed contraception methods. Similar results were indicated in the two studies of Adinma JI et al whereby of the 26.7% and 57% of students who had engaged in sex only 17% and 23.5% had used contraceptives. A report from the Lower et al study on USA revealed the highest documented use of contraceptives to be 44% from a 68% of 283 unwedded schooling student. Presently, study on engagement of sex has not been reviewed though the adoption of contraceptives has been the lowest with only 17% using contraceptives as in the case of Fantahun et al and Adinma et al studies. This study in HomaBay Sub-County was amongst the many unique studies that have been done because it mainly focused on in-school teenage mothers which gave an insight and understanding as to why school dropout was so high in that particular Sub-County .

2.1.2 The Kenyan Situation

Adolescents aged 10-19 years constitute about 24 percent of the country's total population (2.2 million). This translates to about 2.2 million adolescents (KPHC 2009, KNBS 2010). In Kenya, as in other parts of Sub-Saharan Africa, adolescents face severe challenges to their lives and general well-being. They are vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), child marriages, sexual violence, malnutrition and reproductive tract infections including sexually transmitted infections (STIs) as well as HIV and AIDS.

Kenya's girls aged between 15 to 19 years contribute 103 in every 1000 pregnancies in the world with recent reports indicating a rising trend in teenage pregnancies and early marriages (KPSA 2013). Kenya is one of the countries globally with a high level of early marriages and teenage pregnancies. The average age of first marriages been 18.8 years while the first intercourse been 16.8 years. Moreover, Statistics indicate the Kenyan men that wed by 18 years is 4% while those reported engage in intercourse before 18 years is 64%. A country-wide study done by AMREF in 1992

on Kenyan secondary institution on the female teenage sexuality and health, revealed that only 34% of the over-all respondents had used contraceptives with the oral pill been the most preferred choice by the girls.

The AMREF report shows that male sex partners of the respondents did not use condoms frequently during sexual intercourse with the respondents as shown by the analysis on 12 schools districts, where Nairobi district recorded the highest percentage (79%) of never-use of condoms. The lowest percentage (51%) of never use-use of condoms was recorded in Meru school's districts

2.1.3 Teenage pregnancy in Homa-Bay Sub- County

According to the latest demographic health survey, 19.2 per cent of girls aged between 15 and 19 years in Homa Bay Sub-County have had a live birth already, while 22.2 per cent within that bracket have begun child bearing. An estimated 25 percent of girls aged 15 to 19 are married or in an informal union, according to government statistics and almost half the teenage brides are married to a man less than five years older than them. There are numerous reports of girls who get married off as early as age ten or even younger. From these reports, it can be deduced that girls begin to engage in sex at a very early age

High prevalence of teenage pregnancy and child marriage is common among the girls who come from poor family background, those with little or no knowledge on contraceptives, and those with little or no access to reproductive health services in the hard to reach rural areas.

KIPPRA (2012) report revealed that the rate of survival from class one to form four is lower than 20% and few who survive to the university is approximately 2%. Reports from the fields indicate that there are schools within Homa-bay Sub-County in which up to 17 girls are recorded to have dropped out from school annually due to pregnancy related matters. Just like it is in the national situation, high teenage pregnancy rate in this county has resulted in thousands of girls abandoning their education early, stunting the development of half the nation. The problem of school dropout is even higher in the hard to reach rural areas where girls are young as 13 years old drop out of school due to early pregnancy.

Despite the high rates, many cases of teenage pregnancies go unreported. This is because most girls are raped by people they know. A majority of other cases are not reported because of stigma and fear associated with it. The impact of early motherhood in such girls is staggering—depression, isolation, and stigma. Many girls who find themselves in such stigma situations opt to run away from home to stay with relatives in distant places while some opt to move in with the men who impregnated them.

Homabay Sub-County is one of the counties with low contraceptive uptake among women of reproductive age. Statistics show that contraception uptake among women of reproductive age (15 to 49 years) in the county is below average, at 46.7 per cent. The figure is alarmingly lower among the school-going teenagers aged 13-20 years of age. Reports from the field indicate that despite high sexual activity among teenagers aged between 13 and 19 years the level of contraception, even for disease-preventing measures such as condom use, is the lowest, at below 5.0 per cent.

There are reports which have revealed that many young girls fall into early sex through enticements by boda boda riders. For example, girls have been seduced by mandazis, loose change and roadside video shows. This study is so important because the knowledge gap has not been addressed in the previous studies that have been done.

Most of the studies in Homabay Sub-County have mainly focused on older girls and forgot these girls start having sex at an early age of 12 and that is why this study was so unique since the focus was in primary school where it was able to capture both young and old girls. This study was able to access the knowledge, attitude and practices among these teenage mothers in primary school. Maybe they are very young to know about family planning methods which were an eye opener to the teachers and started giving the information as early as in age of 10 years.

This study was quantitative which was so unique from other studies which have been qualitative and it had a few open-ended questions which were not captured in the questionnaire. In Homabay Sub-county many studies about teenage mothers have been done but none has drawn attention to teenage mothers in school.

They also did the school re- entry study on teenage mothers in Homabay County in secondary school but did not access the knowledge that they have towards the family planning services even after entering back to school since pregnancies were re occurring. That is why this study helped to find out the level of knowledge, altitude and practices teenage mothers have and not on prevalence rate which has been done before. This study was so unique since it captured as young as girls who are 13 years unlike other studies that interviews girls who are 15 years and above.

2.2 Theoretical Framework

2.2.1 Social Learning Theory

This theory is one of the psychological theories that have been adopted to explain family planning knowledge and attitude as well as practices of in-school teenage mothers. This theory is also referred to as social learning theory (Bandura, 1973). A few assumptions have been put forward to try and explain human behavior through observing the behaviour of others and copying them in order to get recompenses or evade penalties (Bandura, 1977). Regarding home violence, violent behavior develops right from childhood through messages and duplicating parents' behaviors, legends or vicious individuals in the public who get power and then use it to control others by acts of violence. Children might learn and understand violent behaviours to be normal through effective control mechanism.

Thus, they might develop a perception in future that might lead them towards making certain decisions. This can be explained by a study by Akers and Sellers (2004) who investigated the attitudes and behaviours of young mothers regarding family planning, the findings showed that at least 80% of women who sustained negative side effects from use of family planning developed a negative attitude and perception about these drugs.

Akers and Sellers (2004) explored a population of two thousand American families involving childhood experiences in 1980s. The results showed that women who underwent through family planning in their youth were perceived to have a high risk developing negative attitudes about family planning. This contributed positively towards many children and big families. A remarkable proportion of mature people who were perceived to abuse their children were not deemed to abuse their families. It can be concluded that adults who had witnessed abuse in their childhood, behaved

differently towards the others. Many abused children are not exposed to abuse. Although psychological theories decline to account for sexual behaviours among partners this is a hypothetical example this broadens the reader's thinking on how the sexual behaviour among partners their knowledge on family planning. Moreover, it is argued that the manner in which sexual partners relates to each other's high defines the relationship between the two and how they can plan for their families. This helps in building a strong relationship that is based on friendship. Thus, this enables the partners to raise their children in a stable environment that can nurture their future and drive them towards achieving their goals and objectives.

2.2.2 Symbolic interactions Theory

This theory is also referred to as symbolic interactionism. The understanding of this theory is that an individual perspective depends mainly on the symbolic connotation that individuals develop and this mainly depends on how they interact socially with the others. While symbolic interactionism can be traced from the assertions put forward by Max Weber, that people act and behaviour based on how they interpret the world. This theory further analysis the society by demystifying the individual understanding that people tend to impose on events, behaviours including objects. These form of meanings are considered important since it is alleged that individuals act in accordance to their beliefs unlike what is true. Since the society is driven by the interpretations of human beings, people seek to interpret behaviours of one another resulting into the formation of social bonds.

For instance, despite the many warnings and advice from parents, young people still find themselves entangled into the problem of smoking cigarettes. The answer to this is simply the definition of the kind of situation that individuals create. Researches demonstrates that most teenagers were adequately informed regarding the dangers involved in smoking tobacco, however, they belief that smoking is cool and that they are safe from any harm, and by smoking, they can be able to depict a positive image to their age-mate friends Thus, the symbolic meaning of smoking supersedes underlying facts on the risks involved. Why would a young girl go on to have unsafe sex yet they are cognizant of all the risks of having children without planning? Is it that they are not aware about family planning? Is it that have developed a perception

to family planning or is it because they fail to practice or lack access to family planning.

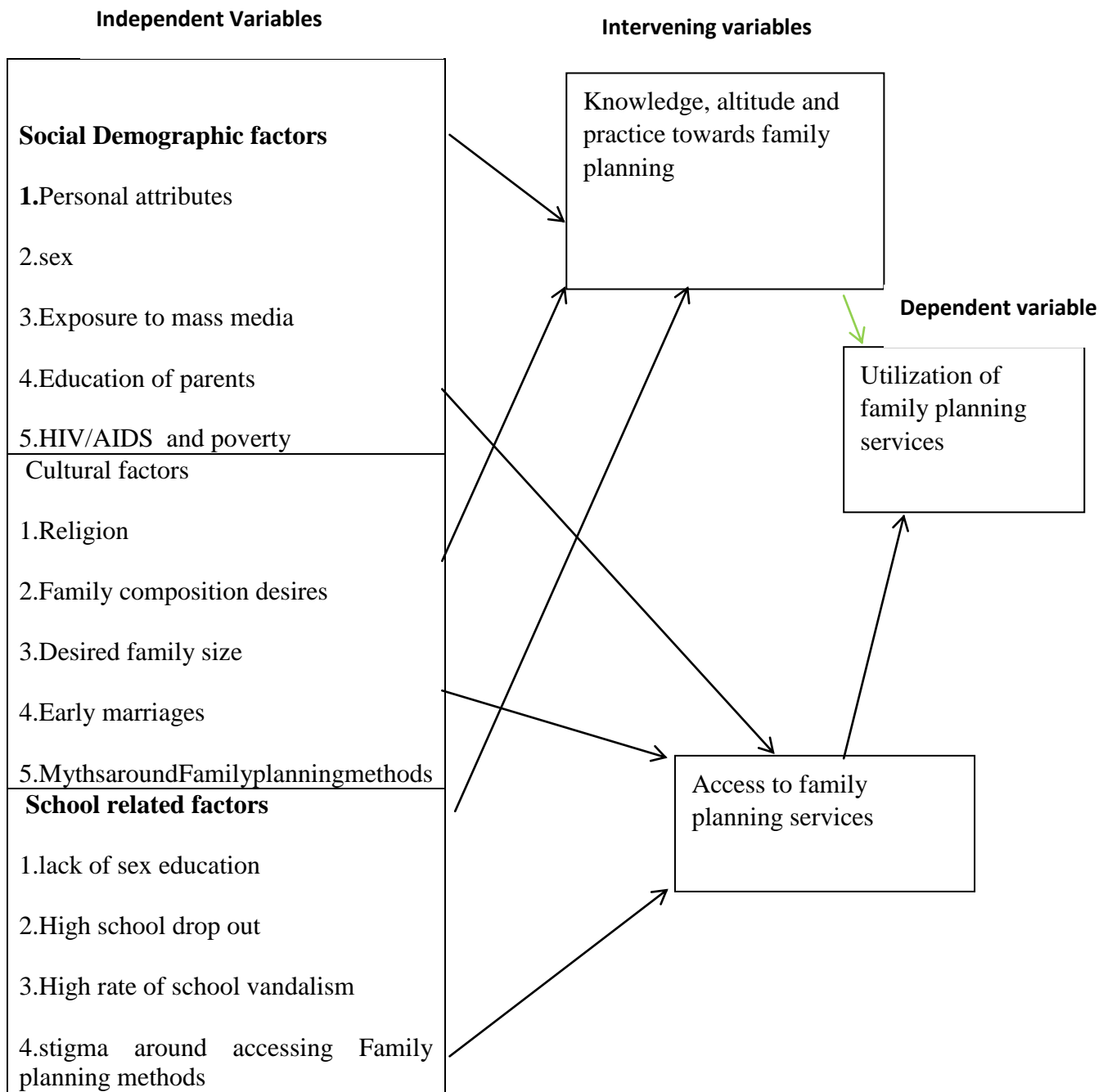
This is why this theory was so important in this project because it helped by focusing how teenage mothers interacts among each other and whom they interact with and how they relate by each other. This is because we also use social constructs that function based on what we normally believe in and to be true about people given to what they look like and who they are. Through social construction this helped decide who to interact with, how to do so, and to help determine, sometimes inaccurately, the meaning of person's words and action.

2.3 Conceptual framework

The conceptual framework of factors that influence in school teenage mother's knowledge, altitude and use of family planning methods. Cultural, social, economic and demographic backgrounds of the adolescents are likely to influence their knowledge, attitudes and practice of family planning.

- i. Social background influences the teenage mothers' knowledge, attitudes and practice of family planning
- ii. Cultural background may influence teenage mothers' knowledge, attitudes and practice of family planning.
- iii. School related factors background of the teenage mothers influences their knowledge, attitudes and practice of family planning.
- iv. Demographic background of the teenage mothers influences their knowledge, attitude and practice of family planning.

Figure 2.1: Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section describes the research site, research design, target population, sample and sampling procedures, data collection methods, ethical consideration data processing and data analysis and presentation.

3.2 Research Site

This study was conducted in Nyanza Homa Bay Sub-County. Homa Bay Sub-County is one of the counties in the former Nyanza region of Kenya. The region has Kenya's highest teenage pregnancy rates standing at 27 percent. The NCPD estimates that teenage pregnancy in the larger Nyanza region could be more than 27%. Despite different efforts by both the government and other line stakeholders, statistics continue to show that the trend is still on the upward move. According to the baseline research done by Population Council in 2014 it was observed that:

- Pregnancy occurs early for most teenage mothers in Homa Bay Sub-County of the teenage mothers who highlighted pregnancy as their main reason for leaving school, 80% dropped out at the primary school level.
- Pregnancy is often the critical incident that precedes school dropout by teenage mothers
According to their own reports, pregnancy was the main reason most of the teenage mothers left school. This reason was cited by 66% of out-of-school teenage mothers, and was verified by a similar proportion of their household heads (69%), who were mainly parents/guardians and spouses.
- Mostly the social and economic activities in Homabay Sub-County are farming, motor hire transport (bodaboda) and fishing. Some activities like fishing and bodaboda are the main contributor of irresponsible behavior which has led to high pregnancy rate within the county. In Homabay Sub-County it is very easy to access health care facilities which are not located far from schools within the constituency.

3.3 Research Design

The research was mixed method research design which was survey design and descriptive research design that was administered structured interviews face to face using paper question to a selected population. After collection of quantitative data and examining it this helped to develop qualitative design which identified major themes and areas of concern that came out of the quantitative data. This is the problematic areas that was not captured through quantitative method but helped to design the qualitative survey.

3.4 Unit of analysis and unit of observation

The study was conducted amongst the all teenage mothers in primary school within a few selected schools in Homabay Sub-County. The unit of analysis was an individual teenage mother and their knowledge, altitude and practice of family planning.

The unit of observation was the in-school teenage mothers from whom quantitative data was collected and key informants from whom qualitative data was obtained.

3.5 Target Population

The target population of this study was all in-school teenage mothers between 13-19 years old in HomaBay Sub-County.

3.6 Sample size and sampling procedure

3.6.1 Sample size

In this study, 80- 100 teenage mothers were sampled from 180 primary school within the Homabay Sub-County. From there data was collected on knowledge, attitude and practice of family planning to the only in school mothers who were selected. These teenage mothers were between ages 13-19 years old.

3.6.2 Sampling procedure

Sampling and the recruitment of participants for the study was done purposely (Patton, 2002) to ensure that the youngest and the oldest in the age brackets are included. During the sampling, participants were clearly informed of the nature of the study and requested to consent through a voluntary, informed consenting process. As indicated earlier 80-100 girls were selected from different primary schools. The

researcher worked closely with the Guidance and Counseling teacher who guided in identifying all the teenage mothers in the school.

A random sampling of 20 of all primary schools in Homa Bay Sub-County was selected systematically to make school each school had an equal chance of being selected. We systematically sampled every 9th school in Homabay Sub-County among the total of 180 schools to avoid biasness. From each of the 20 schools, 5 teenage mothers were selected through the lottery method in which the total number of teenage mothers was identified by name on a small piece of paper. The papers were folded, dropped in a box and then shuffled. After that five pieces of the paper, were then picked to represent all the teenage mothers in the school. This sampling process eliminated biasness in the selection of respondents. Once a girl was selected, she would then be taken through the consenting process to make her more aware of what the project was about, Parents were involved by having them to sign in show that they are aware of the interview and had given us the go ahead to interview the teenage mothers. If the parent consented a show of acceptance, then the girl would be consented and sign her form, and then they were interviewed by the researcher who were carrying out the project together with two trained research assistants.

3.7 Methods of Data collection

3.7.1 Collection of Quantitative data

Quantitative data was collected using pre-designed structured questions administered by either researcher or one of the two trained research assistants through one-on-one interviews. These were in-school teenage mother's ages 13-19 years old. The survey tool was in English, to ensure data quality, thorough training of the research assistants engaged in data collection activity was well done before they were sent to the field, the training focused on introducing the enumerators to the project to be surveyed as way of ensuring understanding the study objectives. Furthermore, the enumerators were trained on; interviewing techniques and familiarization with the data collection tools improve their understanding of the tool and Ethics for a few days. See the training program in Appendix 5

3.7.2 Collection of Qualitative data (Key Informant interviews)

Five key informants were selected on the basis of their experience in serving teenage mothers within the Homabay Sub-county and schools. They included two Guidance and Counseling teachers within the schools that will be sampled, one principal, one social worker and one teenage mother. The key informants provided information on barriers that may hinder teenage mothers from using family planning methods. A key informant interview guide (Appendix 2) will be used to collect data.

3.8 Ethical Considerations

Before embarking on the research, the researcher obtained ethical clearance from the UON and Nacosti ethical review board. Researcher also got a clearance from Ministry of education Homabay County to enable researcher get an entry to school.(Appendix 6)During field work the researcher also gave an explanation to the respondents on the voluntary nature of the study and hence the freedom to withdraw at will. A consent form (Appendix 2) will be used to obtain the approval of the participant's participation in the study. To ensure anonymity the researcher used pseudo names and coding of participant's information. The respondents also were assured of confidentiality on the information they shared. Since the respondent was under age of 18, a consent form to the parents was also provided in order to give permission for their children to be interviewed. (Appendix5)

3.9 Data Processing and Analysis

Entry screen was prepared for data entry for the data collected using questionnaires, All the gathered data were double-checked by the field team before entry, Double entry was done and verification was done by comparing both 1st and 2nd files, this was done by data clerk in EPI-Data platform which allows easy transferability to any analytical package. All data files were continuously checked and cleaned by data entry clerk before analysis

The Cleaned data was then exported Stata for analysis using STATA version 13 and SPSS version 20. The data was analyzed first by running descriptive frequencies to summarize categorical variables of interest. After that, more inferential tests were done. This included cross tabulations as well as correlations and multivariate tests to test relationships between two or more variables and the significance level of their findings.

Analysis were presented inform of tables and figures. Key informant interviews were transcribed then translated. Analysis of the translations and transcriptions followed in line with the study objectives. During presentation selected quotes were used to amplify the voices of the study participants.

CHAPTER FOUR

DATA ANALYSIS PRESENTATION AND INTERPRETATION

4.1 Introduction

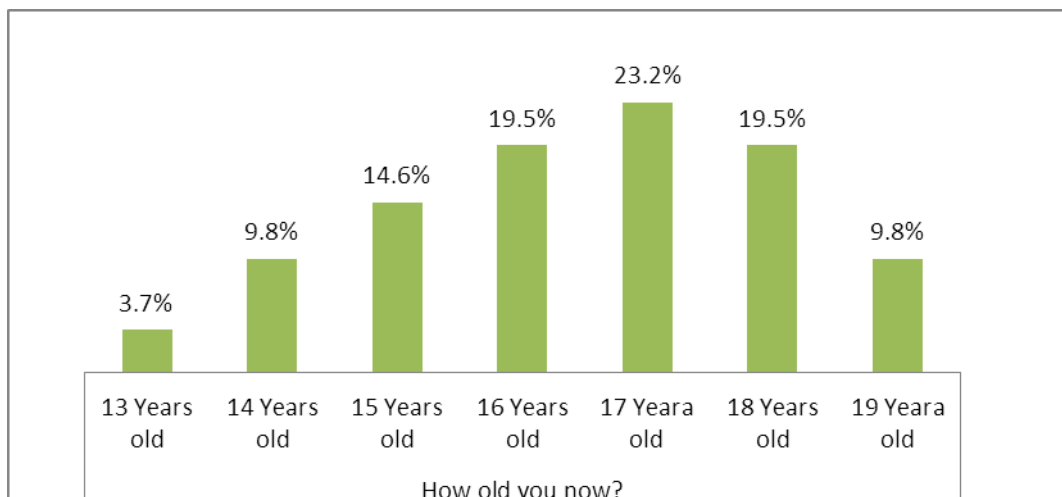
The chapter begins by presenting the demographic characteristics, further the findings are presented and discussed in line with the study objectives which include: Knowledge, Attitude and Practice of family planning among teenage mothers in Homabay Sub-County. A total of 82 respondents were covered in the survey out of which all were teenage mother's ages 13-19 years. The questioners used in the survey were carefully checked edited for errors to ensure completeness, consistency, accuracy and homogeneity. This was to make sure that the information given by the respondents was valid and accurate. Each of the variables was examined by the use of frequency, tables as they appear below:

4.2 Social demographic characteristics of the respondents

The distribution of the study respondents per gender and site is illustrated below:

The distribution of study population by age is as shown in the in Figure 2

Figure 4.1: Age distribution (N=82)



Most of the respondents interviewed were in ages of 17 years (23.2%) and 16&18 years (19.5%).

4.2.1 Age Distribution

Age at menarche has really gone down among the adolescents mainly due to better nutrition and improved health facilities. The adolescents today are healthier and very active sexually. This, therefore, means that girls are prone to pregnancy leading to

high increase in adolescent fertility and a wide spread of sexual transmitted diseases including HIV/AIDS. This shows that girls as old as 17-19 years were still in primary school where by they were supposed to have been in secondary school or have completed their secondary education. This delay is brought mainly by girls engaging in early sexual intercourse which lead to early pregnancy and end up forcing them to stay home and take care of the babies before they go back to school. This issue may contribute to so much stigma being that these girls are learning with much younger girls than them. Taking care of their babies has or may hinder them from performing well in class and may also cause psychological issues which may affect their studies. This delay of the studies is caused by not being knowledgeable which lead to pregnancy since a large proportion testified they have no idea of any family planning before they got the first pregnancy. This was supported by guidance and counseling teachers who felt the girls were very young.

“ Yes, they are very young but later they shock us when we realize a class five girl is pregnant, it’s something we have been ignoring but we have realize they start being sexually active as early as 10 year”. Some of them don’t know exactly what they are doing while others are forced to do it in order to meet there basic needs.” School principal

This indicates there is a lot to be done especially on sex education in schools not forgetting the role that should be played by the parents back at home. They should not abandon this crucial responsibility to the teachers only, who have so hand in hand. Parents should start talking to their girls clearly about sex and consequences of early sexual behaviors. This shows there is so much to be done by the community including the parents as well as the school. These teenage mothers who were between ages 17-19 years are exposed to various family planning methods than younger mothers who are still naïve.

4.2.1 Class level of Education

It was very important to know exactly which class the teenage mothers were and it was really shocking to find out there were mothers in class five who might have gotten pregnant in class four.

When asked about what class they were in, it is clear that most of the teenage mothers were in class 7 (35.4%) followed by class 8 (31.7%) and class 6 (20.7%) while in class 5 (12.2%) as shown in Table I below. This indicates these girls get pregnant as early as in class five. This calls sex education starting as low as class four so that most of the girls can learn the consequences of early sex. This clearly shows that we should not be giving the sex education or family planning awareness in mid classes thinking that the girls are still young. This should be done to make sure they can use protecting measures to avoid the spread of STIs, HIV and AIDs and early pregnancies. This is a call to parents, teachers and community at large to know that they have a bigger role to play and giving the right information to the young teenagers before they fall in the trap of this so called early pregnancy.

You know these girls start having sex at as young as age 10 years so the parents should start telling them the truth before they start being misled by others about sex and family planning. By the time girls are in class five they have all these information about sex and it's a high time for us to wake up and do something like guidance and counseling'' Words from guidance and counseling teacher.

4.2.2 Class Level Education

Table 4.1: Class level of respondents

Class Level	No	Percentage
Class 5	10	12.2
Class 6	17	20.7
Class 7	29	35.4
Class 8	26	31.7
Total	82	100.0

4.2.3 Religion

Most of the respondents were protestant and catholic faith 96.5% cumulatively, there were however very minimal respondents of traditional faith 1.2% and non-believers at 1.2%. Religion also plays an important role towards one's attitude example Catholics are known to advice against use of modern family planning by preferring natural methods like Rhythm, abstinence which are effective. The situation is otherwise for +.Protestants and Muslims. SDA denomination is the most followed in Homabay Sub-County. Though the religion effectiveness domination on teenage Knowledge,

Attitude and Practice of contraception depends on the respondent's service attendances and through teaching may have an influence on respondents.

Figure 4.2: Teenage Mother Studying with her Baby



The above picture shows a 14 years girl attending class with her baby, due to financial constrain, she couldn't afford to employ a nanny to take care of her child. This is just an indication of level of poverty in this region.

4.2.4 Marital Status

It was very important to find out if marital status had any impact on knowledge, attitude and practice of family planning among teenage mothers. The table two below shows that 93.8% of the respondents admitted to never have been in any form of marriage meaning most of the pregnancies were outside marriage, while only 2.5% were currently married and, only 3.7% of the respondents were once married before and now they are separated. This clearly shows that most of the teenage mothers are currently staying with their parents or guardians who should always be at on look of how these teenage mothers are faring to avoid the second pregnancy. From the above table, it clearly shows that these girls got pregnant and they never got married. According to guidance and counseling teacher

‘Most of them get pregnant from their peers and bodaboda men and after that they run away, only a few takes the responsibility’ Those who get pregnancy of their peers have no choice because most of the peers go back to school.

This was so important because this is where sex education comes in school so we can be able to capture boys and make sure they have the information that is needed. 2.5 % shows that the girls are currently married and are staying with their spouses while 3.7% shows that the teenage mothers got married and left their marriages. These clearly show these are still young mothers who are not mature to face many challenges and opted to go back to their parents. That is why these parents still have a big role to play on educating them about sex and family planning.

Table 4.2: Distribution according to whether the respondents ever married

Response Percentage	Frequency	Percentage
Yes married	2	2.5
Never been married	76	93.8
Separated	3	3.7
Total	81	100.0

4. 2.5 Family Size

When teenage mothers were asked how many they were in the family more than 60% says there are between 8-12 in their family. Less than 40 % said they are between 5-8 in the family. This might have contributed to the pregnancy of these teenage mothers since it might be challenging for the parents to take care of their kids especially finance support and girls end up going to get support elsewhere like from bodaboda men.

The number of children born to adolescents’ own mothers may have some influence on their views and behavior on family planning for it influences the desired family size of the adolescents. Most of the teenage mothers were first born in their families which is a sign of so much responsibility and expectations from them. They should have set a good example to their siblings on education path but early pregnancy can influence their siblings as well. So, there is need to address their younger on the consequences of early pregnancy.

The study participants for this project were girls aged 13-19 years who have ever been pregnant before but despite being guided by guidance and counseling teachers, 1.2% of the study population insisted to have never been pregnant. But 98.8% of the respondents had ever been pregnant and were having a living baby or lost the baby after birth. This was a clear indication of how teenage pregnancy is still high in Homabay Sub-County and the good news is the project on school re-entry program worked so well because they were able to go back to school even after pregnancy. It is also a clear indication on how the knowledge on family planning is still low, myths towards it and also perception towards the use of the family planning methods among young women.

Among the respondents who had said they had ever been pregnant, almost 99 % of the girls have ever been pregnant which indicates the data was collected from almost all the teenage mothers who are very well known by their teachers.

I needed to know how many pregnancies they have ever had so I asked them of how many pregnancies they have ever had inclusive of those that did not come to birth/ still birth, 90% had only given birth once while 10% had it twice. This is alarming since 10 % is a very large proportion of young girls who are between ages 13-19 having the second pregnancy or is already having a second baby. It means after the first pregnancy no one took her through family planning methods or advised her to use in order to avoid the second pregnancy. This is very worrying and should be put into consideration and make sure there is sensitization among the teenage mothers even after the first pregnancy.

68.8% of the respondents had 1 living child, 3.8% had 2 children living while 27.5% did not have a living child either because they had a still birth which left most of the girls in deep pain. Majority of the girls had given birth once and were using family planning which was so important to prevent them from getting the second pregnancy. From the above statistics, it indicates the mortality rate is so high towards these young girls.

“You know they don’t go for clinics, they hide the pregnancy from their parents and teachers and this raises the risks of unhealthy newborn, immature or stillbirth since they do not follow on clinics and in case of any complication it’s always too late to be corrected. Some of these girls end up giving birth at home which is very risky to the newborn and the mother as well”. Says Social worker

We asked the respondents if they were intending to become pregnant then, 87.5% did not intend at all to be pregnant then, 10% had intention of getting pregnant in future but ended up getting pregnant while 1.3% of the respondents got pregnant on intention and same proportion didn’t know what they really wanted. This indicates the level of knowledge is still low with the teenage mothers as well as the practice is not done.

“It is very sad because some of these girls are even raped by their own relatives or bodaboda men and it becomes very difficult for us teachers to intervene because the parents will tell their daughters to talk about it in order to protect the family name and the case will end like that”

says the school principle. Some of the pregnancies which are due to rape end up being traumatizing to these young girls who always need guidance and counseling to be able to come out of their past.

As much they had different intention of getting pregnant, only 7.6% were using some pregnancy delaying methods, 37 % were not using any method while 55.7% had no idea that one could delay pregnancy by using different methods. This is so clear that before these girls got their first pregnancy they had no idea of any family planning method which could have saved them from pregnancy. That is why sex education and protection measures should be introduced in early stages by parents and teachers.

4.3 Knowledge of Family Planning

It was important to know whether the teenage mothers in Homabay Sub-County have heard about Family planning methods and if they were aware of the family planning methods. To capture the teenage mothers’ awareness of the existing various Family planning methods, they were provided with a list in which they could choose one or

more methods that they were aware of and the methods they knew how to use. Given the fact that, all the respondents in this study had ever been pregnant, is almost certain that they seek for antenatal services from either health facility or from A community health provider (CHW). Those who seek this service, should have been educated on family planning methods available, Large proportion of 98.7% are now aware of methods that can prevent or delay getting pregnant. If you compare with their knowledge of the same just before they got pregnant, there is a very drastic increment of knowledge from 6.5%. It was important to know whether the teenage mothers had heard about family planning and the teenage mother's awareness of existing various Family planning methods that they were aware provided with a list in which they could choose one or more methods that they were aware of and the methods they knew how to use. Modern methods of contraceptives are well known by the teenage mothers like implants, but for the modern methods, the condoms and the pill are still the best known and fairly used methods

The most heard about Family planning methods were Injectable 30.3%, Pills 24.3% and implants 22%, these methods seemed to be more popular as shown in the table 4.

Table 4.3: Family planning method that ever heard by teenage girls

Family planning method ever heard about		N	%
	Pills	53	24.3
	Injectable	66	30.3
	Implants	48	22.0
	IUCD	6	2.7
	Male sterilization	1	0.5
	Male condoms	33	15.1
	Female condoms	2	0.9
	Lactation Amenorrhea	1	0.5
	Rhythm method	5	2.3
	Withdrawal method	2	0.9
	Contraception	1	0.5
Total		218	100.0

We asked the girls on how they came to know these family planning methods, 34.6% heard via Health facility, 22% through friends, school 14.2% and 14.2% via radio. This means whenever the teenage mothers go to health facility after delivery the services providers are able to provide adequate information and awareness on various family planning methods since more than 34% heard about various methods from health facilities.

4.4 Attitude towards Family Planning

In this section, we tried to examine the way respondents think about or understood Family planning. We posed questions that they would either agree or disagree. At some point, we asked questions that we needed to know how important a particular Family planning was to them.

Women experience high rate of unplanned pregnancy and sexual transmitted infections (STIs), if a condom is properly used, it can protect one from either getting pregnant or getting infected with venereal diseases/STIs, 97.5% agreed to have known condom could protect them from STI or pregnancy and they were for the favor of family planning with only 3.5% against. Adding condoms to other methods should be considered seriously as the first line of defense against unplanned/unintended pregnancy abortions and STIs. On the other hand, 61% said it was very important for them to have used a pregnancy delaying method, 24.7% says it was somewhat important while 14.3% says it was not important at all. This shows that a few teenage mothers are not in agreement of using family planning which may cause them to the second pregnancy if they are not careful.

Myths about birth control will cause infertility, affect their weight, some makes a woman stay longer without periods or stops, , some say unmarried women cannot use IUD since it will make them abort in future or they might move around in their bodies, but many of these myths are unfounded, or proven true only in rare cases. So, we asked several questions on same

Slightly over 48.2% of the respondents think that when a woman stops using Family planning, she will not be able to conceive after, while 87.7% thinks that when one uses a Family Planning, they end up having irregular Menses after. While 79% said Family Planning causes unpleasant side effect.

Young girls can safely use any contraceptive method; they are less tolerant of side effects than older people. 69% of the girls here believe that young girls are not to be allowed to use any FP method.

4.5 Access to Family planning services and Practice

On the question of accessibility of family planning all of them felt the methods are easily accessible especially in health facilities, clinics and chemist but the young girls in primary school may have a challenge of accessing it especially in primary school at that tender age.

This is because there is this believes that if you have never given birth and you start taking family planning at younger age, you will not be able to give birth. “we encourage these girls to abstain because if they start using family planning especially those who have never had a baby they will result to infertility” this was a remark from a guidance and counseling teacher.

So, there is still that myth about family planning where they should be awareness because a method like condom can be used by sexually active girls who will act to prevent pregnancy and HIV and AIDS and has very minimal side effects.

The teenage mothers talk of the traditional methods that they were knowledgeable about like withdraw and abstinence but for the moderns Implants and pills are fairly used methods

Despite having knowledge about this family planning methods, 42.5% said they have ever used a Family planning method, We asked them of which methods they have used, giving them option of listing all methods ever have used, the most used were, Implants 26.2%, Injectable 35.9%, Male condoms 10.3% and 7.7%. as others.

Slightly over 47 % of the girls admitted to have never used a method, and some of the reasons for not using any methods were that most of the girls were not sexually active after bearing their first child. This is because majority of the teenage mothers did not get married after their pregnancy and they are staying with their guardian. This is a big worry to these teenage mothers who have had sex before and there is no assurance

of them abstaining. That is why some girls will go back to school and get the 2nd pregnancy.

4.5.1 Cross tabulation of if ever used FP and if FP are available in community

Around 48.1% said they had ever used Family Planning method and were aware that they could easily find any method in they wanted in the community, whereby, 51.9% said that they have never used any family planning method but they were aware of them being available in the community.

On the other hand ,30.8% who had ever used family planning method disagreed that no method were available in the community and 69.2% had never uses any method before and were not aware if any method was available in the community

Table 4.4: Cross tabulation of if ever used FP and if FP are available in community

		Have you ever used any of the family planning methods?		
		Yes	No	Total
Family planning methods are easily available in our community	Agree	26 48.1%	28 51.9%	54 100.0%
	Disagree	8 30.8%	18 69.2%	26 100.0%
Total		34 42.5%	46 57.5%	80 100.0%

4.5.2 Lack of awareness

Around 25% of teenage mothers said they didn't know of any family planning method which is shocking because these are girls who have had babies before. This could have been brought by the fact that a few teenage mothers gave birth at home and they did have a chance to be introduced to various family planning methods by the service providers.

Table 4.5: Future use of family planning

Are you intending to use any of the methods in future?		
	N	%
Yes	69	86.3
No	11	13.8
Total	80	100.0

Around 86.3% said they are intending to use a Family Planning method in future, some of the methods they intend to use were Implants 49.3%, Injectable 35.8% Pills 11.9% and Male condom 3%. When we asked them on why they intend to use the Family Planning methods they had mentioned, 34.2% said due to convenience of the method, 26% said no one will know that they are using the method. This means the teenage mothers are not free to use family planning and due to myths behind family planning. 19.2% thought the method they chose was easy to use while 15.1% admitted that the method was easily available.

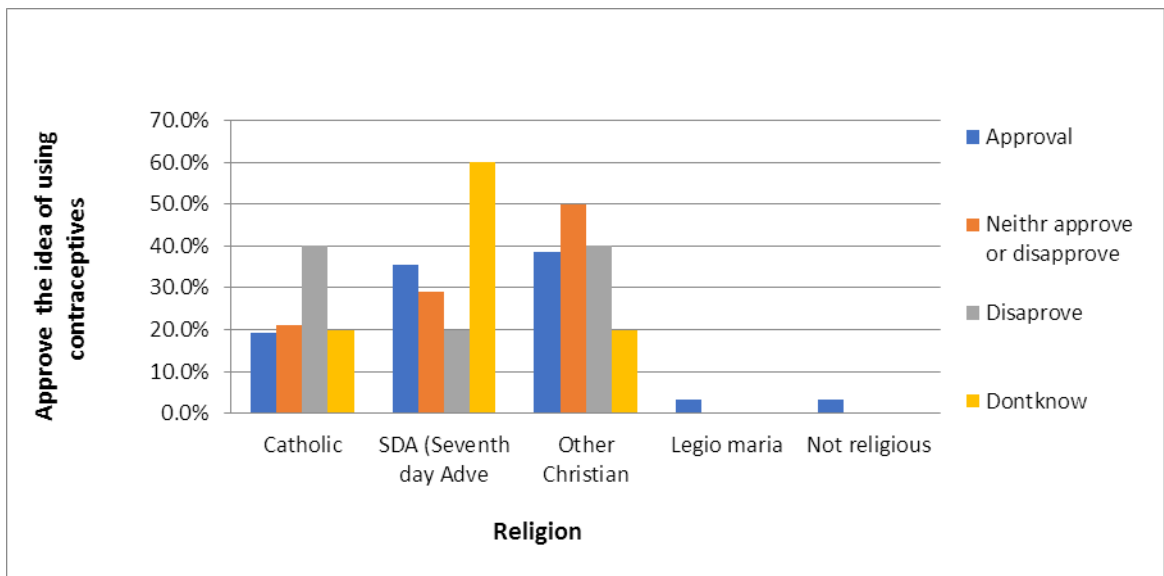
Smaller proportions had admitted not planning to use any methods majorly due to Health complications at 45.5%, some teenage girls who were staying with their spouse feared using Family Planning just because they would have to face the consequences if the spouse discovered, while some of the girls were not sexually active hence not at risk of getting pregnant, again there were some girls who totally had no major reasons of why they were not on any method, all these had 9% each. This is so scary since these teenage mothers who had no major reason why they are not using family planning are at high risk of getting pregnant again. For the teenage mothers who were not sexually active it was important for continuous guidance and counseling to these young mothers to protect themselves in future.

The school principle of the school we interviewed and other guidance and counseling teachers felt that it was important for the teenage mothers to start using family planning now and in future to prevent other pregnancy. They advocated for methods which has no hormones like IUD that had no hormone but not for other Family planning methods with hormones like injections and implants.

‘These methods absorb into the tissue slowly and they will weaken the girls health system when they are young and they may not be able to get more babies in future’ Injection is also not so good because the appointment date may come when a girl is in school or has exam, she might miss it and she may get pregnant if they are still sexually active, says a CHW.

Overall approval of Family Planning method proportions by the respondents was that, 39.2% were fully in support of the Family Planning idea, 48.1% were not certain of the idea so they either approved or disapproved it. While 6.3% totally disapproved the whole Family Planning idea. In the figure below you find that religion could have contributed to the disapproval of the family planning use. Majority of the Catholics disapproved of the use of the family planning to their religious believe which shows that even young girls who attend catholic have that strong believe that family planning should not be used since life starts after conception and if one is using these methods you are committing a sin. The SDAs and other Christians approved the use of Family planning to prevent one from getting pregnant and other STIs and this clearly religion has contributed to the use of Family planning among the teenage mothers.

Figure 4.3: Approved the idea of family planning use (N= 82)



4.6 Factors Affecting Utilization of Family Planning

4.6.1 Introduction

There was so much need to find out the factors that might affect the utilization of the family planning among teenage mothers within the Homa-Bay Sub-County. I was able to come up with the following factors which were affecting girls both positively or negatively.

4.6.2 Inadequate Sensitization

Though majority of the girls are aware of family -This is sensitization on family planning either in school, parents, community and media. This will help the teenage mothers have more information on contraceptives since they are sexually active at a very tender age. The guidance and counseling teachers felt there was a gap that needs to be filled up by everyone in the community including the parents. The teachers felt they had no time to engage these girls in guidance and counseling's classes because they are very busy and this is what they said. *“Talking to girls as a stranger like you help because they will tell you of their inner problems like how poverty has lead them to irresponsible sexual behavior. The problems they are facing now is sanitary pad, exam money and if guardians can't afford that is why they will run to seek help from bodaboda man”*. The teachers urged how important guidance and counseling can help these girls. This is one of the reasons why these girl engaged in early sexual behavior because it beyond their control. Something should be done to support them be able to focus on education.

4.6.3 Age of Teenage Mothers

Age has limited them from accessing family planning from the hospital because they are seen as young kids. This is because the service providers may not know they start having sex as early as age of 10 and whenever they come for family planning like condoms they should not deny them because this will also be preventing them from sexually transmitted diseases and HIV/AIDS.

4.6.4 Level of Education

These teenage mothers were mainly in classes 5-8. These teenage mothers did have more information at age because when they were asked the question of C8 "Before you got pregnant did you want to do anything to delay or to prevent pregnancy? More than 55% of the teenage mothers had no idea of any family planning methods, while

37% said they didn't want to use while and 7.6 % they were using one method or another which failed. This clearly indicate at primary school the adolescent has no idea about family planning and this put them at risk of getting pregnant at any tender age,

4.6.5 Attitude towards Family Planning

More than 60% of the girls agreed it was important for them to use family planning before they got pregnant and other less than 40% were against the use of family planning. The respondents who were against the us

e of contraceptives said that family planning render one unable to get kids in future and also, they are very dangerous to woman's health. Most of the teenage mothers felt that the woman who uses family planning experiences major side effects like irregular bleeding. This implies that the following has contributed to the attitude that teenage mothers have towards family planning. This also cut across towards their teachers and principals who felt this will not be even be accepted by parents to use family planning at that tender age. They instead advocated for abstinence which is not so practical since these girls have already sexually active.

4.6.6 Retrogressive Culture

These are culture behavior towards a certain community that had led to many school dropout in Homabay Sub-County Like early marriages, Early pregnancies and also seeing no future for a girl child, these cultural issues have also lead to myths towards family planning and many teenage mothers agreed that when you start using family planning at young age you will never have a child in future, you will have health complications like cancer, infertility etc. Unless there is proper education in the community to change this kind of attitude towards family planning, it will be difficult for the young mothers to advocate for it and they will end up getting pregnant even after readmission in school.

Religion -some religion like catholic don't advocate for family planning unless natural methods which may not work so well. So most of the teenage mothers may feel it's a sin to use other family planning methods which may lead to high pregnancy rate. The respondents being taught in church service may have influence on family planning methods

4.6.7 Practice of Family Planning

To be able to gauge the adolescents' use of contraception it was necessary to capture their opinion and currently only 42.5% admitted to have ever used family planning and more than half of the mothers who already have one baby or more are not using family planning. Reasons they gave out were they were not sexually active because after their first pregnancy they did not get married but went back to their guardians. This was serious because even the moment they got pregnant they were still staying with their guardians. The most used family planning method by the teenage mothers was injectable at 35.9%, followed by implants at 26.2, male condoms 10.3 % and others at 7.7%. This was surprising for implants which is a long term method that is highly used by teenage mothers whereby it's always assumed it's a method for older women. This is an advantage to the teenage mothers because it will help them get through education even if they are sexually active. The pregnancy rate will be minimal.

4.6.8 Peer Pressure

Peer pressure has contributed to both positive and negative practice of family planning because 22% of the teenage mothers reported to have heard of the family planning methods from friends who mean they can easily trust their friends and learn from them. The problem is if friends may not give adequate information on proactive or give totally wrong information.

4.6.9 Availability of Family Planning Methods

The teenage mothers can only access family planning from chemist and health facilities while they reported very high percentage got the information from the service providers after the delivery of their first baby. This has ease the use of family planning since are service providers were giving options after the delivery of the first baby. The school should also pay attention in order to give permission whenever the teenage mothers have family planning appointments.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This study focused on the assessment of knowledge, attitude and practice of family planning among in-school teenage mothers in Homabay Sub-County. The examination of knowledge, attitudes and practice of contraception among teenage mothers was the main objective of this study. Few of the previous studies on contraception have not been directed at the teenage mothers in primary school. Focus has mainly been on the married and adult's girls or adolescents in secondary school.

To accomplish the objectives of the study, it was acknowledged that there are demographic, social, cultural and economic factors that affect knowledge, attitude and practice of contraception. Such factor includes; age, early sex, number of children born to own mother, birth order, poverty, religion, family size and composition desired, level of education and usual place of residence, sources of Family Planning information, methods known and their application, attitude towards Family Planning, and those who are meant to convey the family planning message to the teenage mothers.

5.2 Summary

5.2.1 Summary on Knowledge

This study was mainly dealing with general overview of the study of teenage mothers' knowledge, attitudes and practice of contraception.

The teenage mothers were aware of various family planning methods like Injectable, pills which was leading, then implants and male condoms. Other methods combined together were less than 8% which shows that much has to be done in order to create awareness to the teenage mothers and other younger girls in school who might be sexually active. It also showed more than 70% were not aware of any family planning before they got pregnant and that is the reason why they did not protect themselves. Most of the teenage mothers know 3 to 4 methods of contraception but the number of contraceptives whose application were known among teenage mothers were very low. This is because most of the teenage mothers know how or have used only one type of method before. Though most of the teenage mothers have knowledge on family planning the following has limited them to be fully knowledgeable with the

information according to the findings. This study captured the contraception knowledge of the respondents, whereby the main source of information of family planning issues to the adolescents were from the Health facility (34.6%), Friends (22 %), School (14.2 %) and others like radio, newspaper (14.2 %) A good indication that service providers were doing something to make sure they give the information on Family planning to the teenage mothers after visiting the health facility or immediately after birth.

5.2.2 Summary on Attitude towards Family planning

To gauge their attitude towards contraceptives especially condoms and abstinence due to HIV/AIDS, 97.5% indicated that they are in favor, with only 3.5 % against. We dealt with the adolescent's attitudes on contraception. They were in favor of family planning methods as a means to improving their social, cultural and economic wellbeing as well as for the national development; that is reduction of unemployment, and reduction of overpopulation. To capture their opinion on if the woman will be able conceives after she stops using family planning, slightly over 48% think that when a woman stops using family planning ,she will not be able to conceive, while 88% thinks that when one uses a family planning they end up having irregular bleeding or causes unpleasant side effects. This shows the myths around the family planning method among young women which should be stated clearly when doing sex education and family planning method. We engaged the teenage mothers on how important it was to avoid or delay the first pregnancy they got and slightly 50% felt it was important to have used a method to delay pregnancy, 22 % said it was somewhat important and 28% said it was not important at all to use any method to delay pregnancy. This clearly shows the importance of Family planning education to young mothers before they conceive.

5.2.3 Summary on Practice towards Family Planning

This section also dealt with application of specific methods and the most currently used Family Planning methods was injectable (36%), Implants (26 %) ,Male condoms (10%) and others (8 %) relatively few respondents applied traditional methods like withdrawal (8.0 %) and abstinence. But for the modern methods, injectable and Implants were best known and are fairly used among the adolescents the few respondents who were against the use of contraception cited as a main reason, that

contraception is dangerous to women's health and may render them unable to have children. We also asked the teenage mothers the future use of the family planning and 86% said they were intending to use family planning method in future and some of the methods they were intending to use were Implants 49%, injectable 38%, pills 12% and male condoms 3%. Not many of the teenage girls were willing to use condoms which could serve as HIV/AIDs prevention and pregnancy as well. Small proportion was not planning to use any of the family planning majorly due to health complications at 46% while other teenage girls feared to use it in future because spouses may discover. This was a very important point on education of family planning even back to the community to capture the teenage mother's spouses.

5.2.4 Summary on Factors affecting the Utilization of Family Planning Method

It was important to find out the factors which might have affected the utilization of family planning method in Homa Bay Sub-County and came up with the following

Inadequate sensitization, Level of education among teenage mothers, peer pressure, Retrogressive culture, practice of family planning and Availability of planning as discussed in details from page 38 to 41. These factors can help shape the life of teenage mother if they are aware of the above factors and have a leader to lead them.

5.3 Conclusions

From the study, the knowledge, attitudes and practice of contraception among the adolescents is very low even with the emergence of the dreadful HIV/AIDS disease. This could be attributed to the fact that information, education and communication of family planning methods have not been effective among the adolescents.

This may also be due to the fact that the law bars the adolescents from the use of family planning methods. It is important that the hypotheses put forward in this thesis be examined carefully based on the analysis to enable us to establish the findings of the study.

It was hypothesized that adolescents do not know much about methods of contraception. Establish that a relationship exists between adolescent's attitudes towards contraceptive.

It was also hypothesized that the number of siblings has an influence on the student's use of contraceptives. This was not confirmed by any test carried out in the study.

It was also hypothesized that adolescent's birth order has no influence their use, attitudes and knowledge of contraceptives.

It was also hypothesized that exposure to mass media towards family planning was very low and would have boosted more awareness to the teenage mothers on knowledge of contraceptives.

It was also hypothesized that adolescents of Protestant faith have a positive attitude towards contraception. This was against the Catholics who had different opinion. Protestant denomination explains the number of methods whose applications are known by the adolescent mothers.

There should be many encouragements on use of family planning among teenage mothers to avoid them getting the 2nd pregnancy. This should come from Health workers, teachers, media, and parents and from the community at large. Everyone should pick up and know they have a big role to play in order to retain the teenage mothers in school.

5.4 Recommendations

From the findings of this study we recommend so much to be done in order to curb early pregnancy in Homabay Sub-County. The following should be done:

- a. Adolescent's sexual intercourse in Kenya is very common. We therefore recommend that family life education Programs should be introduced and intensified starting from primary school all the way to secondary school, the instructions of higher learning with a view to making teenagers understand the consequences of early sexual activity and how they can avoid it.
- b. Parents and teachers have a role to play in educating the adolescents on family planning issues. This is evidenced by the fact that these girls have ever been pregnant and this education should start back home.
- c. Radio was reported to be least source of family planning information to the teenagers and we therefore recommend increased use of radio as a means of disseminating family Planning information to the adolescents and other forms of mass media like television,
- d. Books/pamphlets and newspapers also featured prominently among sources of information of family planning. Therefore, the government and relevant agencies should sponsor more family planning education Programs through the existing mass media in Kenya. By this the message will potentially reach the majority of the teenage mothers.

5.4.1 Policy Recommendations

The major recommendations emanating from the study which will be most useful to many population policy makers are as follows:

- a. The policy that bar teenage mothers from obtaining information about family planning should be abolished to enable the government and private clinics to give advice and provide contraceptive facilities to the teenage mothers
- b. There is need to counsel adolescents especially by medical/ health personnel, parents and teachers about contraception which in turn my lead to the reduction of teenage pregnancy and spread of HIV/AIDS and single mothers among the teenage mothers

- c. Poverty being one of the causes of early teenage pregnancy, the government should make sure the necessity like sanitary pad, exam fee is supplied school without fail in order to hinder these young girls to be going to seek refuge to men i.e bodaboda men.
- d. Guidance and counseling in schools and have forums by sensitizing the girls on the importance of abstinence or protecting themselves to avoid early pregnancies and sexual transmitted diseases. This came very strongly from guidance and counseling teachers who felt we make appointments in schools and go back to give a talk to the girls.
- e. The teachers felt that the parents have also a very bigger role to play and they have left them with all the responsibility that they can't be able to handle. This include larger community like chiefs to hold barazas and address to the parents and also the all the boda boda men who are making the young girls pregnant. Strict rules and punishment should be administered to them.

5.4.2 Recommendations for Further Study

Based on our findings, we would recommend the following to those who wish to carry out further research on this most interesting area of adolescents' knowledge, attitudes and practice of contraception

- There is need for a country wide survey on adolescents' knowledge, attitude and practice of contraception in this era of HIV/AIDS to ascertain its impact among the adolescents and for regional (Province, District and Divisional) comparison, because this study only focused on the adolescents within Homabay Sub-County.
- Further research should also be carried out on out-of-school adolescents for comparison with those arising from this research. This will assist policy makers in making comprehensive policies on adolescents and contraceptives

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APPENDICES

Appendix 1: Assent Form For Teenage Mothers

ASSESSMENT OF KNOWLEDGE, ALTITUDE AND PRACTICE OF FAMILY PLANNING AMONG IN-SCHOOL TEENAGE, MOTHERS IN HOMABAY SUB- COUNTY

Assent Form: Teenage mothers

You are invited to take part in a research study. Before you decide whether to take part, you need to understand why the research is being done and what it would involve. Please take the time to read or to listen as I read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. Your parent or guardian has already given permission. However, you do not have to say yes. We have talked to your parent or guardian and he/she agrees that you do not have to say yes.

Purpose of the Study and Study Requirements

What is the study?

The purpose of the study is to learn about the knowledge, altitude and perception of Family planning among in school teenage mothers in Homabay Sub-County.

Why have I been invited to take part?

You have been invited to take part because you are in school teenage mother between ages of 13 -19 years old within a few selected schools in this county.

What will happen if I take part?

^ If you agree to take part in the study, we will ask you to sign this form. I will also ask you a few questions about family planning experiences

What are the risks of the study? If you decide to take part in this study, you may feel uncomfortable if I hear or see anything that is embarrassing to you, since i will be asking your personal questions about family planning but you have an okay not to continue if you are not comfortable.

Benefits: What are the benefits of participating?

There are no direct benefits to you for participating in this study. It might make you feel good to know that you have participated in an important study that could help children in the future and teenage mothers like you in this county.

Confidentiality: Will my participation in the study be kept confidential

If I do end up writing down any notes while I am with you, they will be kept private. No one will be told that you participated in the study. Your name or other things that can identify you will not be included in reports from this study. I will not share the questions i will ask you with anybody and this is to help a student be able accomplish her masters as she learn more from teenage mothers like you.

Voluntariness

What are my rights as a research participant/subject?

Your participation in this study is completely voluntary. If you do not want to participate that is ok. If you want to participate, you may stop at any time. You are free to skip any questions.

Appendix 2: Consent Form

[Parents/caregivers only] Assessment of Family planning Knowledge, Attitude and Practices of in -school mothers in Homabay Sub-County

Your child is invited to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take the time to read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study, and if yes to sign this Informed Consent form. You will be given a signed copy to keep.

Purpose of the Study and Study Requirements. What is the study? The purpose of the study is assessment of Knowledge, Attitude and Practices of In school mothers in Homabay Sub-County.

Why have I been invited to take part? You have been invited to take part because your child is among other teenage mothers who have been identified in primary school within this Sub-County. This will help by signing this form to give us permission to interview your daughter.

What will happen if I take part? If you agree to take part in the study, we will ask you to sign this form. I will also give your child another form to sign and then I will ask her some questions on family planning experiences and this will help to find out the challenges that they go through being mothers in school

Risks: What are the risks of the study? An inconvenience may be the time and effort your child takes to be a participant. They may also find that one or more questions that we ask upsetting. They do not have to respond to any question that makes them uncomfortable. They may end the participation in the interview at any time without penalty or loss of any benefits of the information they may get from school.

Benefits: What are the benefits of participating? There are no direct benefits to you for participating in this study. Your child may find an indirect benefit in knowing they have participated in an important study that could help school teenage mothers in the future.

Confidentiality: Will my participation in the study be kept confidential? The information that is collected about your child during the interview will be kept private. No one will be told that your child has participated in the study. The study team will make every effort to protect your child privacy and maintain the confidentiality of all the information that your child provides. Your child name or other identifiers will not be included in reports from this study. The data will be stored in a computer and a locked cabinet dedicated to this study that only the study team can access.

What will happen to the results of the research study? The results of the study will be discussed and shared with relevant government bodies and any recommended changes in schools.

Who has reviewed the study for ethical issues? This study has been reviewed by Kenyatta National Hospital/University of Nairobi (KNH/UON) Ethics and NACOSTI and given a go ahead by Ministry of Education Homabay County and Office of County commissioner Homabay County.

What if I need more information? If you have a concern about any aspect of the study, you should ask to speak to the researchers who will do their best to answer your questions. You may call Hellen Murugi on **0721794192**.

Subject Statement: I have read the Informed Consent for this study. I have received an explanation of the planned research, procedures, risks and benefits and privacy of my personal information. I agree to take part in this study. I understand that participation of my child in this study is voluntary and I give her the permission to go ahead.

Your name: _____

Your signature: _____ Date: _____

Investigator or person who conducted informed Consent discussion:

I confirm that I have personally explained the nature and extent of the planned research, study procedures, potential risks, and benefits, and confidentiality of personal information.

Name of person obtaining consent: _____

Signature of person obtaining consent: _____ Date: _____

Appendix 3: Tool (Questionnaire)

TOOL

ASSESSMENT OF KNOWLEDGE, ALTITUDE AND PRACTICE OF FAMILY PLANNING METHOD AMONG IN –SCHOOL TEENAGE MOTHERS IN HOMABAY SUB-COUNTY.

Name of the school.....

Interview Date.....

Interview Result.....completed

Not completed

Partially completed

Language used to conduct interview.....English

Interviewers Name.....Hellen

BACKGROUND INFORMATION		
B1	How old are you now?	13 years old.....1 14 years old.....2 15 years old.....3 16 years old4 17 years old.....5 18 years old6 19years old7
B2	What class are you now?	Class 5.....1 Class 6.....2 Class 7.....3 Class 8.....5

B3	What is your religion?	Catholic.....1 SDA(seventh Day Adventist.2 Other Christian.....3 Legio maria.....4 Muslim.....5 Not religious.....6 Others(Specify).....77
B4	Are you married	Yes.....1 No.....2 Never been married.....3 Separated.....4 Others (Specify).....77
B5	Who are you currently living with?	Living alone.....1 Parents/Guardian.....2 Spouse.....3 Others (Specify).....4
B6	Many children do you have in your family including yourself?	Number ; -----
B7	How many of these children are older and how many younger than you?	Older than me----- Younger than me-----

SECTION C		
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PREGNANCIES AND CHILDREN YOU HAVE GIVEN BIRTH TO		
C1	Have you ever been pregnant?	Yes1 No..... End the interview...2
C2	Are you currently pregnant?	Yes.....1 No.....2 Don't know77
C3	How many months pregnant are you?	No. of months..... Don't know.....77
C4	Is this your first pregnancy?	Yes.....1 No.....2
C5	In total, how many pregnancies have you ever had, including those that did not come into term, those that were still born and those that are alive?	Total No. of pregnancies.....
C6	How many living children do you have ?	No of living children - Intended then.....1
C7	Thinking back to the time of your pregnancy did you intend to become then, did you intend to become later,	Intended later.....2 Did not intend at

	or you did not intend to become pregnant at all?	all.....3 Don't know/can't say.....77
C8	Before your pregnancy did you want to do anything to delay or prevent pregnancy?	Yes.....1 No.....2 Not sure.....3 Didn't know about FP....77

SECTION D-FAMILY PLANNING KNOWLEDGE AND UTILIZATION		
NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT FAMILY PLANNING I.E THAT IS , METHODS PEOPLE USE TO PREVENT OR DELAY PREGNANCY		
D1	Have you ever heard about any methods to prevent or delay pregnancy?	Yes.....1 No.....2..No go to D3
D2	What family planning method have you ever heard about? (DONT MENTION ANY, LET IT COME FROMTHEM)	Pills.....1 Injectable.....2 Implants.....3 IUCD.....4 Female sterilization...5 Male sterilization.....6 Male condoms.....7 Female condoms.....8 Lactation Amenorrhea...9 Rhythm method.....10 Withdraw method.....11 Emergency contraception.....12 Others(Specify).....

D3	Where did you hear the method(S) you have mentioned from?	School.....1 Friend.....2 Community.....3 Health facility.....4 CHWs.....5 Chief barazas.....6 Radio.....7 Television.....8 Other social media.....9 Others.....(Specify) 77
D4	Have you ever used any of the family planning methods?	Yes.....1 No.....2
D5	Which of the method have you ever used before?	Pills.....1 Injectables.....2 Implants.....3 IUCD.....4 Female sterilization....5 Male sterilization.....6 Male condoms.....7 Female condoms.....8 Lactation Amenorrhea...9 Rhythm method.....10 Withdraw method.....11 Emergency contraception... 12 Others.....Specify).....77
D6	If No , what were your reasons for not using anything or prevent pregnancy?	Not having sex.....1 Health complications.....2

		Fear my spouse.....3 Not easily accessible.....4 Don't know of any.....5 No major reason.....6 My spouse dont want.....7 Religion prohibition.....8 Other reasons (Specify)....77
D7	Do you intend to use family planning method in future?	Yes.....1 No.....2
D8	If No , why are you not planning to use family planning method in future?	Religious believe.....1 Health complications.....2 Fear my spouse.....3 Not easily accessible.....4 Dont know of any.....5 No major reason.....6 My spouse dont want.....7 Not sexually active.....8 Other reasons (Specify)....77

D9	Are you intending to use any of the methods in future?	Yes.....1 No.....2
D10	Which family planning methods are planning to use?	Pills.....1 Injectable.....2 Implants.....3 IUCD.....4 Female sterilization....5

		Male sterilization.....6 Male condoms.....7 Female condoms.....8 Lactation Amenorrhea...9 Rhythm method.....10 Withdraw method.....11 Emergency contraception.....12
D11	Why do you intend to use (Mention the method) in future)	It easily available.....1 Its convenience.....2 It's easy to use.....3 No one will know i am using it.....4 It's the only method I know.....5 It's cheaper.....6 Other reasons (Specify) ..77
D12	Overall, would you say you approve of the idea of using contraceptives (Meaning family planning) or disapproves of it?	Approve1 Neither approve nor disapprove.....2 Disapprove.....3 Don't know/can't say.....77
SECTION E		
ATTITUDE TOWARDS FP. (I would like to ask how you think of various methods used)		
E1	Some contraceptives such as condoms can prevent one from getting STIs, HIV and pregnancy?	Agree -1 Disagree- 2
E2	Right before you got pregnant, how important was it to you to avoid or delay the pregnancy right before you got pregnant with the last child?	Very Important.....1 Somewhat important2

	Would you say very important, somewhat important or not at all important?	Not important at all.....3
E3	In your opinion, if a woman uses (FAMILY PLANNING METHOD), will she be unable to have children when she stops the method?	Agree.....1 Disagree.....2
E4	In your opinion is use of any (FAMILY PLANNING METHOD) likely to interfere with regular monthly bleeding?	Agree.....1 Disagree.....2
E5	In your opinion is use of (FAMILY PLANNINGMETHOD) likely to cause unpleasant side effects?	Agree.....1 Disagree.....2
E6	A young girl is not allowed to use Family planning method in this community	Agree.....1 Disagree.....2
E7	In your opinion, is use of (FAMILY PLANNINGMETHOD) likely to cause health problems? If YES, serious or not serious?	Agree.....1 Disagree.....2
E8	In your opinion is use of (FAMILY PLANNINGMETHOD) likely to interfere with regular monthly bleeding?	Strongly Agree.....1 Strongly Disagree.....2 Neutral3 Disagreement4

E9	<p>In your opinion, is use of (FAMILY PLANNINGMETHOD) very effective at preventing pregnancy</p> <p>It is important to discuss about (Family planning method) with your sexual Partner?</p> <p>Family planning methods are easily available in our community</p>	<p>Agree.....1</p> <p>Disagree.....2</p> <p>Agree.....1</p> <p>Disagree.....2</p>
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CONCLUSION;

We have now come to the end of the interview. Thank you very much for taking time to answer my questions. Please be assured that the information provided will be used for research purposes. The answers will be used by the master’s student to learn on teenage mothers Knowledge, altitude and practice towards various family planning methods in these communities.

I have asked you alot of questions. Is there any question i can answer for you concerning this study?

.....

.....

Appendix 4: Key Informant Interview Guide

(For use by head teacher, social workers and guidance counselling teachers)

INTRODUCTION

Thank you very much for coming here today. We are going to spend some time talking about the opinion you have towards the knowledge, perception and practice that teenage mothers have towards family planning in this county generally and this schools in particular.

A) Kindly share with me the experiences you have had with teenage mothers towards family planning while in school? Let me proceed to ask you a few questions on this matter.

1. Do you think family planning is easily accessible towards the young mothers in school?
2. What should the school do to ensure the young in school mothers have access towards family planning uptake? i.e time to go for family planning appointments, in case they need permission to for the services?
3. Overall do you approve the idea of in school teenage mothers using family planning method? If yes, or no why.
4. What family planning methods do you think are appropriate for teenage mothers who are in school? And why these methods or method?
5. In this community, where do people mainly get family planning method? And are these methods easily available?
6. What should be done to make sure young people don't get pregnant at that young age? And for teenage mothers what measures should be put in place to avoid them getting the second pregnancy.

7. Do you think the teachers, parents, social workers and community at large have any role to play to help teenage mothers from getting pregnant? If yes, which role? If no whose role is it.

Thank you very much for taking time to talk with me. What you have told me will be very useful as this will help to determine how the level of pregnancy can decrease in this county.

.....End.....

Appendix 5: Training Timetable

Training Assessment of knowledge, Attitude and practice of in- school teenage mothers in Homabay Sub-County

Training Timetable

Time	Activity	Facilitator
9:00	Opening prayers and Introductions	Hellen Murugi
9:30-10:30	Introduction to the project	Hellen Murugi
10:30-11:00	Tea break	
11:00 - 12:00	Going through the objectives and the tool	Hellen Murugi
12:00-13:00	Checking all the mistakes and if the tool is working	Hellen Murugi
13:00 - 14:00	Lunch break	
14:00-16:00	Correction of the mistakes and doing mock interviews	Hellen Murugi
16:00	Closing for the day	Hellen Murugi
DAY 2 July 4		
9:00 - 10:30	Previous day Recap	Jane Musia
10:30-11:00	Tea break	
11:00 to 12:00	Research Ethics	Hellen Murugi
12:00-13:00	Going through consent and assent forms	Hellen Murugi
13:00 - 14:00	Lunch break	
14:00 : 15:00	Skills of a good interviewer	Hellen Murugi
15:00-16:00	Logistics and ready to leave for the field	Field work start the following day