

**RELATIONSHIP BETWEEN PARENTAL INFLUENCE AND ADOLESCENT  
PREGNANCY AMONG KMTc NURSING STUDENTS IN MERU COUNTY**

**MARION W. MWANGI**

**C50/81738/2015**

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR  
THE AWARD OF DEGREE OF MASTER OF PSYCHOLOGY IN THE  
DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF NAIROBI**

**DECEMBER, 2019**

**DECLARATION**

I declare that this research project is my original work and has not been presented for the award of an academic degree in any other university.

SIGNATURE.....

DATE.....

**NAME: MARION W. MWANGI**

**C50/81738/2015**

**SUPERVISOR'S DECLARATION**

I confirm that the candidate under my supervision has carried out research and submitted this research project.

SIGNATURE.....

DATE.....

**PROF. PRISCILLA W KARIUKI**

**DEPARTMENT OF PSYCHOLOGY**

**UNIVERSITY OF NAIROBI**

## **DEDICATION**

I dedicate this research project to my family for their encouragement, understanding and support during this period of research.

## **ACKNOWLEDGEMENT**

I would like to thank God for his grace, providence and inspiration during this period of research. I would also like to thank my supervisor Prof. Priscilla W Kariuki for her kind and informed guidance, which has been of great importance to this research study.

Further, sincere appreciation goes to all my lecturers for their unmatched efforts into my studies, and to all the people that have supported me in any way up to this point of my research.

I would also like to thank my family for their patience, emotional and spiritual support throughout my project development period.

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## **ABSTRACT**

United Nation Development Fund pointed that adolescence pregnancy is a phenomenon that is in increase requiring urgent resolution worldwide. The world Health Organization (WHO) reported that 11% of all births are due to women aged 15-19 years. Around 95% of teenage pregnancies occur in developing countries 36.4 million women becoming mothers before the age of 20 years. The purpose of this study was to examine the relationship between parental influence and adolescent pregnancy among KMTC nursing students in Meru County. This research adopted a descriptive research design and captured data from 155 students. Data analysis findings revealed that parents' communication about sex lessens chances of their children getting pregnant /fathering children, implying that parents assume a significant role in decreasing instances of adolescents' pregnancy. Results additionally indicated that peer pressure influences the adolescence opinion about sex and at that risk factors push adolescence into early pregnancy. The research further found out that establishing laws that harshly punish perpetrators of forced sex would significantly reduce cases of adolescent pregnancy. The study recommended that parents and guardians should talk to their children about sex and the adolescence should be encouraged to freely talk about sex in order to reduce cases of early pregnancies.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background of the Study**

The development from childhood to adulthood is referred to as adolescence (Jolly et al., 2000). Developing nations have studies that have constantly revealed that pregnancies related to teenagers are prone to low birth weight, delivery problems, low Apgar score, and still birth (Santana et al., 2010). As the United Nation Development Fund (2013) indicates, young motherhood continues to be a problem that needs urgent global attention. According to the World Health Organization, WHO (2014) a tenth of global births come from 15-19-year-old women. In developing countries, over 36.4 million young women becoming mothers before the age of 20 (UNDF, 2013). In sub-Saharan Africa, the highest number of teenage pregnancies occurs between 18–20 years (WHO, 2010), partly due to limited education and poverty (Kalyanwala et al., 2010).

Young motherhood greatly contributes to retard psychological development, academic performance and less economic prospects. This is because, the relationship between a parent and a child not only help shield teenagers from early sex and pregnancy, but also help them keep away anti social behaviors such as substance abuse, violence, and dropout from school (Miller, 2004). Most parents don't know their adolescents are sexually active except for about third of them. Mere parental availability isn't enough and close connection backed by open discussion about sex, love and relationship talk need to be cultured. Parents need to be part of their adolescents children's lives in order to delay their first sexual experiences and thus reduce associated pregnancies.

While adolescent fertility rates are falling wildly, WHO (2014) estimates that about 18 million girls under the age of 20 will become mothers. Of these women, about two million are 15 years old and below. Adolescent pregnancy is an issue with long term

emotional and physical consequences. Guttmacher (2010) notes that in the United States of America, the incidence of pregnancies among adolescents in 2010 was 41.9 out of 1,000 births, accounting for about 7% of the female teenage population.

In the Sub-Saharan Africa region (SSA), the 45 countries are showing steady economic growth, this development is not mirrored in their young population's socioeconomic and health indicators. The region, in terms of teenage fertility rates, is the highest accounting for 119.7% compared to 58.1% reported globally. In 2015, youth made up 19.6 percent of the population (Lukale & Okande, 2012). It is projected that 10 percent of all women are mothers before they are 16 in low and middle-income countries, with peak levels recorded in most countries found in Africa (WHO, 2008). Statistics from health surveys focusing in demography reveal that the range of adolescent related pregnancy rates are 5.9% recorded in Burundi to 43.1% recorded in Niger (World Bank, 2005).

Teenage pregnancy in Sub-Saharan Africa pose major socio-economic challenges, such as missed educational opportunities as the pregnancy is a risk factor for dropping out of school. Ideally, a study of the implications of childbearing and sexuality in teenagers should cover a variety of outcomes that affect not only the young mother and her child, but also other family members and society as a whole. Among those who do not use contraceptive methods, most unintended pregnancies experienced by adolescent women occur (UNFPA, 2003).

Abortion and unwanted pregnancy are common among young people in Kenya. Adolescent pregnancy has become a worrying trend, particularly among school-going women. In Kenya, 2% and 36% of girls aged 15 and 19 respectively, get pregnant (KNBS, 2014). Young women from impoverished communities are likely to become

mothers before the age of 20 (29%) relative to those from affluent households (21%). According to a survey by the Adolescence Survey Center, a non-governmental organization working on reproductive health, estimated that about 13,000 school going girls drop out of school each year because of pregnancy, and about 17 percent of girls have sex before the ages of fifteen. This happens despite government policy that encourages a return to school principle. A policy by the Ministry of Education requires that girls stay in school and focus on their studies despite their motherhood status. (CSA, 2016).

Kimemia (2015) opines that there have been significant shifts in the culture of sexual behavior in Meru County and the community at large. The high value attached to premarital virginity has diminished in the process of opening up to Western culture, and the social stigma of premarital sex has weakened. Therefore, it has become more common for teenagers to pursue sex before marriage in local secondary schools and to procure an abortion for non-married women. Adolescent pregnancy may lead to incomplete schooling, unemployment and various other psychological and emotional traumas, according to Melissa (2012).

Motherhood among adolescents has been related with a child's psychological and physical development. The depression is unbearable to a teenager at a tertiary university. Most women find it psychologically exhausting in adapting to the pregnancy. The transition to motherhood is an emotionally challenging moment that can lead to self-doubt and anxiety (Oates , 2009). This can result in a pregnancy and thus a delicate period of physical, psychological and social change. Pregnancy should not occur during adolescence, particularly in school going period when perceived academic standards are at their peak (Oates, 2009).

## **1.2 Statement of the Problem**

Mukunga (2013), in his studies established that 59% of new mothers were of the ages of 15 and 19 years, accounting for 59% of deliveries in North Imenti. Three of the five women seeking antenatal care in Igembe North Sub-county in Meru were teenagers. Information from the Ministry of Health District Information System shows that between July 2016 and June 2017, 378,497 pregnant girls who visited health facilities across the country were of the ages 10 and 19 years.

Health professionals and policymakers need to better understand how parents can influence teen pregnancy in order to promote a decrease in the levels of teenage pregnancy. Wanderi (2015) notes that absenteeism is becoming a growing trend among many parents, although it may be unintentional. Through offering comfort and encouragement, parents may potentially influence the sexual behavior of teenagers, as well as better regulating the amount of autonomy their teens have.

Child development and family studies have centered on styles of parenting. (Darling et al., 2007). Research in parenting showed that the parental warmth factor (support and control) was linked to the outcomes and actions of different children. It has been found that authoritative parenting, described as highly supportive with moderate control, is linked to positive child outcomes (Baumrind , 2008). This study aims to assess the parental influence of KMTC nursing students in Meru County on adolescent pregnancy.

## **1.3 Purpose of the Study**

The purpose of this study is to evaluate the relationship among KMTC nursing students in Meru County between parental influence and adolescent pregnancy.

#### **1.4 Objectives of the Study**

- i. To find out whether parents influence adolescents' exposure to early pregnancy .
- ii. To identify risk factors that push adolescents to early pregnancy.
- iii. To determine strategies that may prevent early pregnancy among KMTC students .

#### **1.5 Research Questions**

- i. To what extent can parents influence adolescents' exposure to early pregnancy ?
- ii. What are the risk factors that influence adolescents towards early pregnancy ?
- iii. What strategies can be adopted to prevent adolescent pregnancy among KMTC students ?

#### **1.6 Research Hypotheses**

The study tested the following hypotheses to achieve the objectives:

H<sub>01</sub>: Parents influence has no significant relationship with adolescents' exposure to early pregnancy among KMTC students .

H<sub>02</sub>: Risk factors has no significant influence adolescents towards arly pregnancy among KMTC students .

H<sub>03</sub>: Strategies adopted has no significant influence on adolescent pregnancy among KMTC students.

### **1.7 Justification of the Study**

Pregnancy is referred to as “a complex physiological process” that affects the health of a woman and makes her vulnerable to several side effects. Good parenting, if exercised during early child growth, serves as a protection toward early teen pregnancy. It is the parents' responsibility to teach their children with desirable behaviors that would allow adolescents to adapt and make rational choices in life, particularly during student life.

Regrettably, given the nature of work and irrationality among parents, this role and obligation was left unsupervised or assigned to others. Therefore, the research aims to investigate whether there is a correlation between parental influence and early pregnant adolescent. Study findings will be critical in educating parents on how to impact their children positively in an effort to reduce teenage pregnancy instances.

### **1.8 Significance of the Study**

Early pregnancy interferes with the education of students, learning outcomes, the ability to practice and develop a healthy productive profession. Consequently, information obtained from this study may be useful in the planning of preventive initiatives intended to reduce early pregnancy among KMTC students.

Intensive parental support at an early age is crucial to address this problem and the perils related to pregnancy, such as pre-eclampsia. Findings from this study will shed light on the impact on teenage related pregnancies. The results should encourage parents to be more involved in early childhood development.

The research will also be useful for psychologists. Study findings will provide information on how early pregnancies among adolescents can be positively or negatively influenced by parents. The data would require psychologists to have



adequate resources when counseling parents on appropriate ways to treat their adolescents in order to reduce early pregnancies.

Findings from this study will also benefit the religious groups working with families. The leaders will have sufficient knowledge about the role of parenting among adolescents in reducing early pregnancies . With such data, the leaders will be able to provide parents with practical advice on better methods to handle their adolescents to avoid early pregnancies.

The report will also provide the Ministry of Health and Kenya Medical Training College with data on how to better improve ways in schools and colleges to tackle early teenage pregnancy. It will also include suggestions and steps to help Kenya's 2030 vision.in the thematic principle of Girl Child Right.

### **1.9 Operational Definition of Terms**

**Pregnancy** – It is a state of holding inside a female body, (Marshall, 2014), a developing embryo. The research must take into account the effect of pregnancy on a mother who is in school.

**Adolescent pregnancy** – It is the definition that takes place during the transition period from childhood to adulthood (Gultmacher Institute, 2006).

**Pregnancy prevention:** Adolescent pregnancy prevention services, activities and strategies (Were, 2007). In this report, the author will review some current pregnancy prevention approaches as well as recommend strategies from the respondents ' data collected (Were, 2007).

**Adolescent Communication:** Refers to the exchange of information, altitudes and ideas on sex-related issues between parents and adolescents (Kirk, 2011).

**Adolescence:** It can be defined as the changeover from infancy to adulthood. This begins with the introduction of the characteristic of secondary sex and ends with growth cessation and lasts roughly from 11-19 years of age. Individuals experience extensive changes in physiology, psychology and emotion (Coal, 2008). The researcher will consider adolescents at the Kenya Medical Training College in Meru who are students for this study.

**Early sexual activity** - Adolescent involvement in premarital sex (Gupta, 2003). This research would assess the impact of parenting on the participation of parents in early sexual activity.

**Parental influence** – This is the ability of the adolescent to control and influence desirable behaviors (Kabiru, 2008). This study will examine parents' influence on the prevention or increase of adolescent pregnancy chances.

**Parental style** – This can be described as a combination of parenting behaviors that occur in a wide range of situations that establish a favorable environment for the rearing of children (Berk, 2006). The researcher will find out in this study whether parenting styles have significant effects on early pregnancies among adolescents.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter examines critically existing and relevant parental influence literature on teenage pregnancy. Literature analysis is driven by the aims of the research. Therefore, the section will contain three sub-sections on whether parents can affect early pregnancy exposure, risks that drive early pregnancies in adolescents and strategies to prevent early pregnancy among students.

#### **2.1 Parental Influence on Adolescents' Exposure to Early Pregnancy**

This chapter includes literature review on the potential influence of parents on adolescent vulnerability to early pregnancy. The chapter will consider family structure, parental interaction, parenting styles, and community contexts.

##### **2.1.1 Family Structure and Adolescent Pregnancy**

According to Spanish education (2008), family is considered the core center of growth for every individual. Research has shown that family environment is the conducive arena where children's actions are displayed, taught, suppressed and promoted (Dishion et al. 2014). Parents have mainly been interested in the training of children for adulthood by means of laws and instruction in the family environment. Cross et al. (2009) have clearly proven that parenting is more different than any other factor in externalizing behavior in teenagers.

According to a study by Booth (2010) young people raised in biological two parent families, generally fair better than children in single mother cohabiting stepfather or married step father families. The family structure is used as a risk factor, as young people from divorced or single parents are three times more likely to have problems

with pregnancy, in particular, (Wallace, 2004). In addition, teenagers are more likely to have improved socio-economic and parents' time and support (Amato et al., 2004) in two-parent families. A two-parent family defends teens against factors related to peer or financial, that could lead to teenage pregnancy. The study further observed that mothers were more positive in intact families and supportive than single mothers did to their young people, suggesting that having two parents in one household improves the quality of the youth parent relationship. Melissa (2010) found children to do well, on average, for a greater proportion of them enjoy close contact with their fathers in two biological parent families. The results have also shown that more sensitive fathers have less risky children. They also reported higher self-esteem and lower crime. Active involvement in setting boundaries for adolescents, especially in early sexual indulgence, has contributed to positive youth outcomes. Other dimensions of the relation between father and child, including a sensation of close relationship and authoritative parenthood, are found to be of significant associations with academic success in adolescents.

A study on moderating effects of familial structure has been carried out by Botvin (2010) in the USA. The researcher studied sexual activity and abortion for teenagers. The results indicated that girls who had absent fathers before the age of five had the highest rate of early and adolescent sexual activity. Bales (2003) also found that young people with single parents tend to start sex earlier than those with both biological parents. This finding thus suggests that the presence of both parents were associated with a delay in sexual activity and associated unwanted pregnancies. The researcher did not recognize, however, that mothers today retain identical parenting roles regardless of the context of the family.

### **2.1.2 Parental Communication and Adolescent Pregnancy**

The relationship between parent and child must develop over time as the child's social ability grows and evolves over a long period of adolescence. A Tanner Report (1981) identified parents as the principal source of sexual knowledge for adolescents. Handelsma (2007) pointed out that young people are informed by different sources regarding sexual behavior, but often prefer parents as primary educators.

Jaccard et al. (2012) suggested there was a significant difference between what parents receive as communication about sexuality and the extent to which adolescents actually report. A problem-solver aspect should be part of interaction between parents and children. It helps families to discuss sexual behavior issues through a number of rules and standards to address potential conflicts resulting from childhood, such as teenage pregnancy (Corcoran, 2001). The closeness of a parent to the child is also linked to the pregnancy of adolescents. Improved possibility of abstinence in conjunction with transparent and encouraging interaction, results in fewer sexual partners and improved use of contraceptives (Zong & Kosovovic, 2000; Romer, 1999).

Kovofsk (2009) found that parents, particularly mothers, play a major role in preventing teenage pregnancy (Calhoun and Friel, 2001). Nevertheless, the influence on teenage sexual behaviour is influenced by the quality of the relationship experienced in the family (Calhoun et al., 2004). Perceived maternal disapproval of sex that involves a high degree of mother-daughter interaction and communication may delay the first sexual experience for adolescent (Neely et al. 2000). Parents are able to provide fair and accurate sexual data, independent of potential misinterpretation, other than their sexual communication with their children (Werner, 2004). In addition, the transparency of interaction on the issues of youth gender within families can be interpreted as

positive, but their importance is determined by the social and moral values and convictions of the person in the family (Feldman et al., 2005).

Eisenberg et al. (2006) conducted telephone surveys to research interaction of adolescent children on specific sex-related topics with parents, and found that parents tend to interact with their children regarding sex education, if the teen is romantically active. The researcher suggested that a delay in such communication was necessary until the teen is romantically involved. Communication has some level of importance as a process that indicates parent-child influences on the issues of sexuality (Heldman et al., 2005). The amount and quality of communication on sexuality and quality can however be interpreted differently by parents and their children (Fitzharns & Werner, 2004). Based on these disparities, it is important to look at variables which may affect the type of communication that implies the perceptions and attitudes of teenagers and subsequent pregnancy that parent communication affects their sexual behaviour. In this way, the quality of the conversation itself will inevitably be modified, which will also influence how a young person responds (Jaccard et al., 2002).

Lederman & Mian (2013) performed a program on pre-pregnancy and sexually transmitted disease prevention in an experimental study investigating parental interaction and impact. The results indicated that interaction between parent and child is based on the value system of the family and the commitment to open discussion of sexual issues. Families with strong relationships with parents based on trust and mother / daughter in particular, are more likely to choose abstinence or limit sexual activity. Successful treatment services for adolescents cannot view parents and children as two separate entities. The topic of sexuality may be difficult to communicate between certain parents and children. Youth childbirth, however, is essentially a family problem

that can be overcome only through a system of quality and decision-making process of its own (Lederman & Mian, 2003).

A Gibbons research (2014) in a group of African American adolescents on mediations and tolerance found that highly religious parents were more likely to show successful parenting activities, including interaction. Landor et al. (2012) found that good interaction between parents and adolescents is important to study because it is associated with positive pregnancy outcomes for adolescents. The development of an atmosphere to promote positive interaction among the parent child is therefore important because it can function as a protective factor for teenage pregnancy. For example, adolescents who talked to mothers about a problem behaviour, such as use of substances, had a lower frequency of sex (among women) and a more consistent use of contraceptive substances (Hurchinson, 2009). A Jemmott (2008) study reveals sexuality as one of the most important issues for young people to talk to their family. However, one study shows that parents talk to their daughters more about sex than their sons (Lauder et al., 2009).

### **2.1.3 Parenting Styles and Adolescent Pregnancy**

Parents are able to have the potential to influence their adolescents by offering comfort and adequate support, monitors the independence of their youth, interacts regularly with adolescents and instills values both through language and role modeling (Markham 2013). A Miller research (2001) indicates that parental approaches may have more effect if they are implemented in a warm and positive parenting style (Jaccard et al., 2010). Furthermore few studies have considered the impact on teen pregnancy of parenting strategies. The rest of them only concentrated on young women. It is therefore

uncertain whether and how the effect of parenting approaches on teenage pregnancy will vary for both men and women.

A Turker research (2010) on the parental strategies showed the significance of parental strategies in the threat of teenagers. Although the traditional parenting approaches between men and women are similar, there were no significant gender gaps in the influence of parental interaction and expectations and role modeling in the three strategies. Parental styles have had the greatest influence on teenage pregnancy. Authoritative parenthood was protective although young people with parents who were using authoritarian or disengaged, the risk of teenage pregnancy was higher.

This results are consistent with previous research that recorded the safety and surveillance effects of parental closeness on contraceptive use and pregnancy of sexual activity (Malkham, 2010). The four dimensions of parental types, including authoritarian, was described in a Baumrind (1996) Report on parental control. Authoritarian, permissive and involving control of the parent is defined as the parents 'claims that their maturity demand, supervision, discipline and willingness to face the child who disobeys are integrated into the whole family (Baumrind, 1996). (Baumrind, 1996). High levels of challenging behaviour, including parental supervision and practices of parenting discipline, can be defined as structure and control. Mccboy (1983) has added parental responsiveness as another dimension of parenting to build on Baumrind's framework of parenting style. He found that parental behaviors, including parental warmth, encouragement and involvement, assess parental responsiveness. The three parental behaviours, since all aspects of youth activity are usually controlled, decrease pregnancy.



### **2.1.3.1 Authoritative Parenting Style**

Authoritative parents have a high level of sensitivity and demand and support more than harsh behaviour. Authoritative parents encourage oral learning, express the thought process behind rules and use reason, power and shape to reinforce goals. This parenting style is most often related to positive young people's results in teenage pregnancy management. The most efficient and beneficial parenting style among most families has been found. Authoritative parenting has been well known to promote positive health of young people (Gorizalez, 2002). The study findings proposes that the authoritative parenting style is a factor for low teenage pregnancy subsequent commitment to school work.

Adolescents whose parents are both authoritative parents and whose mother alone is authoritative reports higher self-esteem and satisfaction with life. Such findings suggest that even one authoritative parent is advantageous to young people regardless of the parent's sex.

### **2.1.3.2 Authoritarian Parenting Style**

Self-reactive, but extremely demanding, authoritarian family. Authoritarian parenthood is related to parents who emphasize conformity and expect rules in a less warm environment to follow without clarification (Baumrind, 2010.). Authoritarian parents often show low levels of confidence and devotion to their children, discourage open communication and engage in strict control. Furthermore, Maccoby (1983) declared oral aggression and cognitive influence to be detrimental to authoritarian conduct—characteristic coercive capacity. According to a study by Mileusky (2010), adolescent from most Caucasian authoritarian families ave been found to exhibit poor social, low levels of self- esteem and high levels of sexual activity.

### **2.1.3.3 Permissive Parenting Style**

A parenting study conducted by Baumrind (2010) shows that a parenting license is characterized by high reactivity and low demand. Permissive parents conduct their wishes and actions with the adolescent during their consultancy on family decisions in a positive manner.

Permissive parents do not lay down rules, avoid behavioral control and place no limits on actions for young people. Ironically, parents who are permissive have shown a sharp decline in monitoring when their children have reached their adolescence and their externalization rates have increased. Adolescents in permissive families show increased drug abuse, adolescent pregnancy and harassment in class. Low self-esteem and extrinsic motivational orientation among adolescents also are correlated with permissive parenting (Ginsburg & Bronstein, 1993).

### **2.1.3.4 Uninvolved Parenting Style**

Unintended parenting has shown that it is in the three other parenting styles that it has the most negative effect on adolescent outcomes. Parents who are not involved often fail to monitor, monitor or promote the behavior of their children (Baumrind, 2010). The non-engaged parenting style is described as low reactivity and low demand. Such parents generally show little contribution to their duties and are often regarded as interference with respect to their offspring's needs.

Uninvolved parents do not interact with their teens in structure or influence and often parent-child relationships are not closely related. Adolescents with uninvolved parents therefore often participate in more outsourcing, particularly early sexual behaviour. A Dubasi research (2009) on parenting / crime ties found a link between non-implied parental style and criminal behavior, from vandalism to small theft to assault and rape.

By the age of 12, young people with parents who were not interested drank alcohol nearly twice as often and smoked twice as their peers.

In addition to increasing outsourcing activity among adolescents who have non-parent results, participants with either a non-parent or two uninvolved parents have lower self-esteem than those without uninvolved parents (Vsky, 2008). Results from this study indicate that parental gender can influence the effects of non-parents on the outcomes of adolescent pregnancy. In summary, research has consistently shown that people with parents who are not involved most poorly perform in any emotional or behavioral outcome.

However, discipline is found to be the main cause of a youthful age and to involve them most often in early sex, alcohol and other outsourcing behaviour. Adolescents with high qualifications are more immune to peer pressure because the enforcement of parental expectations and principles prevents them from contributing to the ideals of their sexual activity as peers (Chassin, 2000).

#### **2.1.4 Neighborhood Contexts and Adolescent Pregnancy**

There seems to be a link between the composition of the community and the individual sexual behavior of teenagers. Young women are particularly susceptible to pre-marital sex in case they live in a relatively high prostitution neighbourhood in a city where a significant percentage of women are separated or divorced. Inverse reliance on the probability of adolescent sexual activity was made on the percentage of adherence to religion within the community population (Sonenstein et al., 1993).

Different neighborhood and community factors were considered important for parental behaviors and youth outcomes. Characteristics in communities like health directly influence behavioral outcomes for young people. Further tolerance to sexual

indulgence, for example, is linked to high risk of sexually transmitted diseases and teenage pregnancy and episodes of anxiety and potential teenage depression (Ramirez et al., 2003). Such findings indicate that some teenagers who live in dangerous areas are influenced by the exposure to sexual activity.

Simons et al. (2009) analyzed the influence of parental actions on children's conduct issues in a family context and found that the impact of caregiver regulation on behavior problems becomes less as variance in a group becomes more widespread. This findings show that the impact of authoritative parentage on environmental stressors may be minimized. Further research has revealed that the connections between distinct disorders and the learning of children are important. In fact, if their parents had been inductively thinking, children living in highly disturbed environments would show less disturbing symptoms (Guitamo-ramos, 2006). Such results together indicate that parenting adolescents in high risk communities may need to participate in more supervised, community-based parenting or styles to safeguard their adolescents.

Browning et al. (2009) found that the quality of parenting with a community increased due to the pressure exerted by parents of other parents of diligent adolescents to be more responsible carers. Such results show a positive effect on youth development in the family on supportive social dynamics.

It is important to note the interactions between neighborhoods and families. Brody (2005) found that collective effectiveness has delayed sexual initiation particularly among persons experiencing low parental surveillance. It means that teenagers need some supervision whether their parents approve or does not approve, other adults to step in. There is therefore a greater danger of early sexual initiation in people with low rates of parental control and group supervision.

## **2.2 Risk Factors that Push Adolescents to Early Pregnancy**

### **2.2.1 Family Structure**

The family structure has been a key parental influence in teenage pregnancy, according to Christine (2008). The risk between the structure of the family childhood and sexual initiation has been well studied and students are more likely to delay sexual activity and peers living in other wealthy families using a variety of other factors associated with sex behaviours, such as gender, race, ethnicity, age and a stable family history. The protection of the intact family structure appears to be different according to sex, age and ethnicity, which have stronger effects on younger adolescents. Teens raised in intact families also tend to report fewer sexual experiences and partners and are less likely to become pregnant and give birth outside of marriage compared to peers in non- intact families.

A study carried out by Amoto (2005) shows that the African-American family has evolved in the last four decades. Supporting intact family structures and promoting healthy parenting policies and programs may minimize teen sex. The arrangement of the family is a major social background where children usually grow up with one or two biological parents with or without older and younger siblings. Sometimes, parents or fosterers are part of the family occasionally.

In addition, as they mature, their fathers, uncles, aunts and unrelated adults sometimes also engage frequently and significantly with and from important social contexts. Some of these parental factors have been shown to be linked to younger adolescents with age. The reasons why young people in some families are more prone to pregnancy are explained by single or divorced parents, less supervision in their parents and their own dating activity (East & Shi, 1997).

Having older siblings with pregnancy are also associated with a greater risk of pregnancy. That presumption is evidently not due to older siblings. It is most apparent when the older siblings are involved in sex and especially when the older siblings have been adolescent pregnant or birth (Molt, 1990). The effects of these behaviours is that many young people grow up in violent and abusive homes.

### **2.2.2 Parental Communication**

Previous studies found that the impact of parental contact on teen pregnancy was inconsistent (Jaccard et al., 1998). Recent studies that show no effect or negative impacts on sexual behavior of young people are restricted in the sense that they typically rely on self-reporting for young people. In addition, the studies examined the extent and content of information rather than the attitudes of the parent's perception. The five types of mother children's interaction, including preventative, opportunistic, responsive, reserved and interactive, were defined by Rosenthal (2005). These descriptors are helpful in seeing different communication styles. However, they provide no insight into maternal attitudes about teen pregnancy prior to initiating communication.

A study on the sexual attitudes of African-American adult women has also been conducted by Rouse-Arnett et al. (2006). The results showed that black women sought substantive information from their parents on sexual education. Bortero and Smith (2010) have carried out a report on interaction about family planning in African-American parents and adolescents. The researchers examined interaction on sexual subjects with an emphasis on Afro-American parents and their young people. Parents were not fully aware of contraception in the sample (Alkers, 2010).

The quality of the interaction between parents and children, particularly the willingness of parents to be transparent and sensitive, can change the relationship between parent and the teenager concerning sex education and the use of use of condoms by the teenager (Whittaker et al., 1999). Communications calls for a reduction in pregnancies among adolescents but Curble (2010) suggests that they research and/or intensify child communication in the fields of sex and contraception after adolescents are familiar to their parents. The effect of parent-teen interaction on teenage pregnancy is also moderated by parental ideals of sex and pregnancy.

There are two conditions for child internalization of parent values , for teens who should be willing to accept the message and allow it to direct their actions, a parental message needs correctly to be understood (Kuczynski 1997). The frequency of parent / teen interaction depends both on adolescent and pregnant principles of the parent and on the parents ' proximity to the child (Jaccard et al., 1996). In Philadelphia, American teenagers are reported to have 12 times more likely than teens to have early sex in households where parents had actively approached and had a close relation to the wider scope of family wealth (in 1997, Lustres & Small was investigated as not only parental rejection of youth, but also endorsing parents for pregnancy).

### **2.2.3 Parenting Styles**

Regulation of parents is the arguments that parents claim that their actions, monitoring, supervision and discipline and willingness to handle children who disobey are incorporated into the family as a whole (Baumrid, 1991). Behavioral and behavioral control activities are included in this aspect. Based on its parenting style, Maccohy & Marlin (1983) added parenting behaviour, which included parental warmth, parental support and parental involvement in measuring parental responsiveness.

Marlin (2010) found that increased parental control implies a lower initial involvement of teenagers with low levels of engagement in sexual activity and an improvement of the age of the early sex as well as a reduced sexual risk. Metana (2008) indicated that awareness of the behaviors of adolescents by parents is a control factor that is closely linked with lower issues, in particular childbirth. Understanding of whereabouts demonstrates the power of parents over external influences such as peers. These research findings suggest that knowledge may be related to less externalizing behaviour, partly because parents can prevent their adolescents from "hanging out" with risky peer group.

There has been well known correlations between parental warmth and adolescent support. Warmth is the degree to which the adolescent is loved and is normally measured by items such as the frequency with which his father's mother listens carefully to his child's point of view. The significant decrease in pregnancy is linked to higher rates of parental warmth (Hoffman, 2006). The loss in self-esteem overtime has been related to parental warmth ( Markiewicz, 2004). Findings indicate that higher parental warmth is related to adolescent outcomes, especially in early pregnancy. The effect of parental warmth on the outcomes of adolescents does not seem to vary from one ethnic group to another, and therefore, parental warmth is an effective kinship between samples of ethnic diversity.

Sibeko (2012) published a study on the effects of pregnancy on South African school girls' health. A self-structured questionnaire was used to gain insight into the effects of pregnancy in the education of school girls. The study revealed that parents are primary teachers and role models for children and have a very early and costly effect on the child's belief system and its behavioral quality. According to Kruger (1994),



children identify with the values and norms of their parents that lead to the formation of structures of personal value.

The personal principles and rules set by parents as a guide serve as a significant norm for the actions of young people. Panday (2009) has identified parental ideals as a key factor in the sexual debut of the teenager. Teenagers who are aware of the value of delaying sex and subsequent pregnancy are less likely to engage in early sexual activity. Therefore, having a teenager's parent is strongly connected to a pregnant teenager. In addition, Panday (2009) revealed that 73 percent of the study participants accepted that parenting styles play a role in prevention. Allen (2002) argues that youth in the press and their immediate esteemed culture are exposed to role modeling. More than 93 percent of the participants suggested that media-presented sexuality influences the parents' modeling and, as a result, early pregnancy among adolescents. It was noted that only educators had the sample size.

#### **2.2.4 Neighborhood Contexts**

Families usually live with different social benefits and disadvantages in neighborhoods. High residential turnover, poverty, crime rates and, in general, residence risks are characterized by neighborhoods in which adolescents tend to have an early onset of sex, low consumption, and high rates of pregnancy. The situational effect of the neighborhood on the risk of adolescents' pregnancy is close to other research on perceptions of the neighborhood dangers associated with the psychological and sexual activity of young people (Sucoff, 1996). The impact of localized disadvantages and urban insecurity on delinquency and adult violence among adolescents were found to be mediated by neighborhood social cohesion, which could

also explain situational variability in the risk of pregnancy among adolescents (Sucoff, 1996).

All of them have high risks of teenage pregnancy in disorganised / threatening communities, low social economic status homes, single parent, old sexually active siblings or younger pregnant / parenting sisters and are a victim of sexual abuse. Although adolescents in high-risk neighbourhood are often exposed to, and able to engage in, sexual activity, the result indicate that social capital of the neighbourhood protects adolescents from the negative effects of permissive and unimplicated parenthood. Study findings show that social cohesion and collective efficacy moderate the link between parental behavior such as surveillance and/or response and pregnancy in adolescents (Lohrfinkk, 2006).

### **2.3 Strategies towards Prevention/Reduction of Adolescent Pregnancy**

Prevention of pregnancy strategies are sufficiently versatile to understand the need to eliminate or change particular unsuccessful initiatives. Kirby (2001) evaluated the prevention programs completed between 1980-2000 in the experimental or quasi-experimental youth sector. He identified specific characteristics in the most efficient prevention programs focusing on non-sexual and sexual risk factors. The main focus of these features was to reduce abstinence and condom sexual behavior. It created a classroom environment that facilitated interaction to address social pressures related to sexual activity in young people. These theoretical approaches encouraged teen participation in tertiary colleges (Kirby, 2001).

Clear theoretical models form the basis of the most successful preventive programmes. Saudner (2015) and Kirby (2001) found theoretical models that focused on four areas of development, control perception, intention and social learning when analyzing teen

pregnancy prevention programs; Education can have a dramatic effect on the reduction of the pregnancy rate for adolescents. The link between school success and teenage pregnancy is high. Educators, local partners and parents should develop and implement services that can help young people to develop their own programmes. It supports a youth development model that incorporates young people in developing a supportive atmosphere for advice and information on complex sexual issues.

Until recently, most of the work relating to prevention of teenage pregnancy focused not on the history or environmental factors of adolescent pregnancy but on the variables of individual young adolescents (Miller, 2001). Kotchick et al. (2001) examined in particular the role played by family variables, such as the family structure, in teen sexual behaviour. Nonetheless, the above findings were limited by the fact that the variables under review refer not to parental behavior or conviction in adolescent sexual conduct but to family and social structures (Kotchick et al., 2002).

## **2.4 Theoretical Framework**

The research is motivated by the Human Development and Social Education theory of Urie Bronfenbrenner (Bandura, 1977). The theory says teens must be represented. You must be remembered, acknowledged and commended for your speech and achievements. Teenagers feel they are all-powerful and make adults around them perfect. They will build expectations with this idealization (Barbara , 2006 ). In time, teens learn that their idealized ideas are wrong and replace a more realistic assessment of themselves and their adults.

This learning depends in part on adults responding positively to the unique, lovable and praiseworthy characteristics of adolescents. If parents fail to respond adequately, teenagers may not be able to develop a positive sense of self-worth and may spend the rest of their lives searching for such acceptance without success.

One is conscious of who everyone is with a well-developed identity and that knowledge gives meaning and purpose to one's actions (Schultz, 2009). In developing a healthy sense of self, Kohut says "an individual has a clear sense of self, a satisfactory and reasonably stable level of self-esteem, is proud of achievements, and is aware of and responsive to others' needs while responding to their own needs", (Barbara, 2006).

At the teenage level, young people in urban slums are marked by uncertainty, insecurity, feelings of self-worth while at the same time being full of fantasies about sex-related issues. They seek other people's respect, affection and gratitude. They attach great importance to what they are told by the adults around them. Because they spend significant time at home, their family members are their objects of idealization. If well-used, this idealization will help teens fully understand themselves and their sexuality. Consequently, effective communication between teenagers and their parents is a critical tool to promote positive sexual and reproductive behaviour.

The theory of ecological systems has been adapted to human behavior from the physical sciences. And the different system levels are addressed as the level of the macrosystem. At this point, it has been found that social economic status (SES) is an important factor in teenage pregnancy and childbearing (Abrahamse et al., 1991; Hason et al., 1987). At the mesosystem level, various aspects of peer-related neighboring contexts explored in literature include peer-related educational goals (Hanson et al., 1987), peer engagement (Yamaguchi & Kandel, 1987), sexual partner

stress, and peer-related progressive sexual attitudes (Shah & Zelnik, 1981). Evans found progressive sexual attitudes among friends associated with pregnancy and parenting, while Shah and Zelnik found that females with similar sexual views were more likely to experience premature pregnancy than those of their parents.

Additionally, a negative peer group may increase the risk of influencing adolescents ' experiencing family issues (Yamaguchi & Kandel, 1987). The other influential factor for adolescent pregnancy at this level is education: the most important aspect to be discussed with grade level (Raiph et al., 1984). Other aspects being studied are: problems of conduct (Abrahamse et al., 1998 ) and attitudes towards school (Landry et al., 1986). Studies also show that poor grades and the relationship between the establishment of the schooling, the greater the risk of premature pregnancy (Abrahamse et al., 1998; Hanson et al., 1987; Raiph et al., 1984).

The concept applied to the family structure applies to how environments beyond the family can help shape the functioning of teenagers through their family control (Bronfenbrenner, 1986). Parents serve as the main link between environmental conditions and functioning of adolescents and other situational factors affecting the functioning of adolescents.

Banduras (1977) Social Learning Theory describes 3 key mechanisms involved in learning direct experience, indirect or vicarious experience through watching others (modeling), and storing and processing complex information through cognitive operations. This concept of parents and siblings, and more so of parental influence, is seen as a increasingly influential socializing force that produces its effects through the tendency of adolescents to learn by imitation.

A major component of applying social learning theory to teenage pregnancy would be teaching adolescents through observational training to emulate actions from others in their community. Helping teenagers understand the different social norms that may well exist in their family or culture is often the role of health educators and counselors. The messages they receive from the press, their friends or family members, religious leaders and others about sexual behavior are going to be almost certainly different to some degree. Through providing teenagers with increased awareness of the impact of other important people in their lives as well as information and negotiating skills about abstinence and contraception, changes in an unwanted pregnancy can be lessened.

## 2.5 Conceptual Framework

The conceptual framework is as given below:

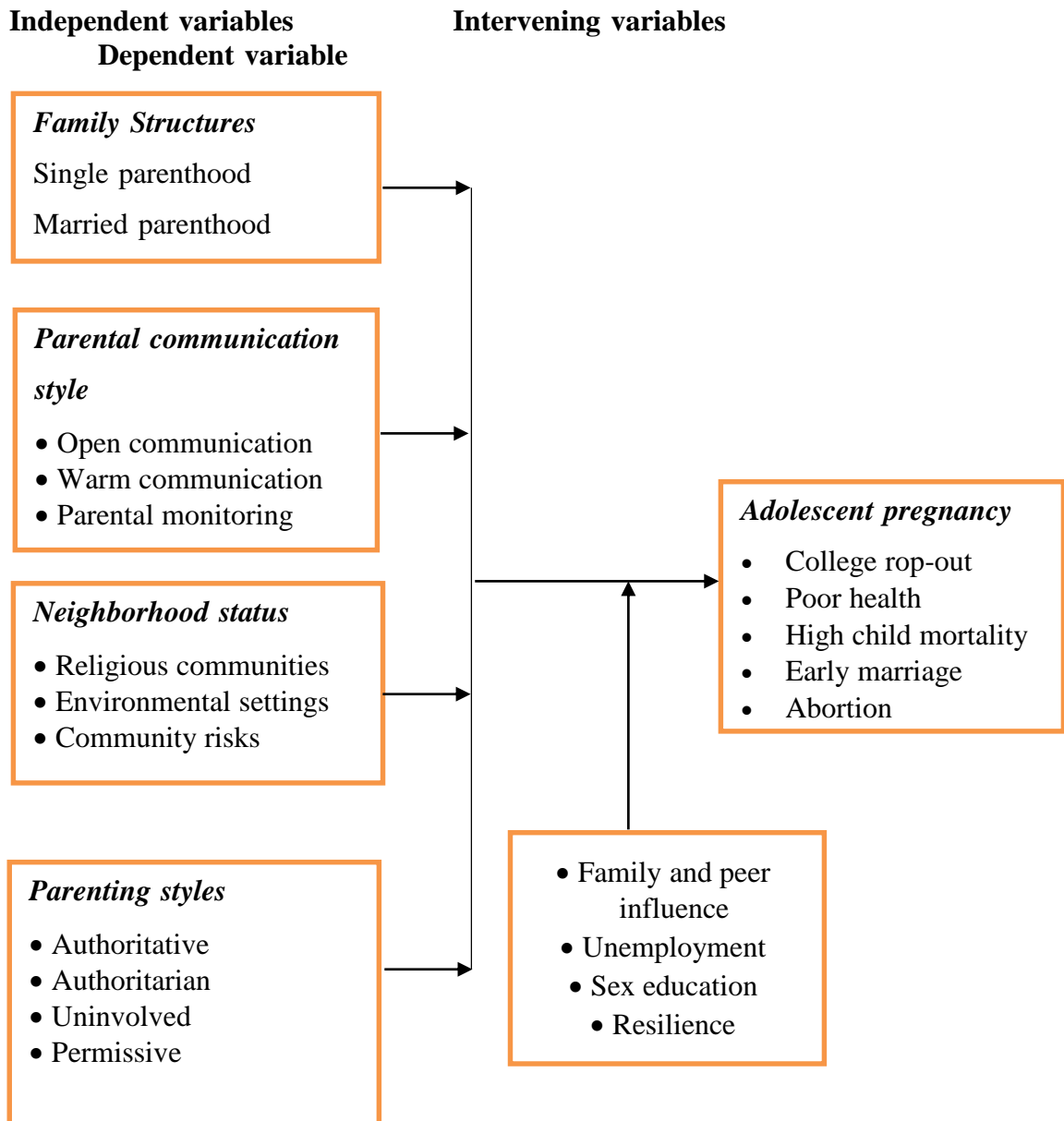


Figure 1. Conceptual framework

Source: The Researcher

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The section includes the inferential statistics used in the report, population targeted, sampling techniques, data collection methods, questionnaire accuracy and reliability used for data collection, data analysis methods, and observed ethical considerations.

#### **3.2 Research Design**

A descriptive study model has been implemented in this research. This design was found suitable for the study as it is a scientific method involving the observation and description of a subject's behavior without any influence on it (Malhotra, 2007). In addition, a descriptive research model will be used as it will allow the study to gather in-depth information on the population to be studied.

#### **3.3 Location of the Study**

The study was conducted at Meru County's Kenya Medical Training College (KMTTC). The college is located about 242 kilometers from Nairobi City via the road from Embu-Maua. It is situated one kilometer away from Meru town adjacent to the road of the Meru County Teaching and Referral Hospital.

#### **3.4 Target Population**

This research is aimed at students studying in Meru County KMTTC. The Campus currently has a student population of 824 students enrolled in different university courses.



### 3.5 Sampling Techniques

Formula for determining the sample size was used. Using the Cochran sample size equation for small populations, this formula was then adjusted (Cochran 1977). As mentioned in the section above, 824 students (Kathuri & Pals (1993) were the target population size and 260 respondents were the sample size. Use of the Cochran equation for small sample sizes to correct this:

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

Where :

$n_0 = 385$ : Cochran's sample size recommendation (Cochran, 1977).

$N = 260$ : Kathuri & Pals (1993)

Therefore ,

$$n = \frac{385}{1 + \frac{(385 - 1)}{260}} = 155$$

Thus, the sample size for this study was 155 students. The students (aged 18-20 years), was randomly selected from the target population.

### 3.6 Research Instruments

The study used a semi-structured questionnaire for the learners. The questionnaire had three parts. Part A collected demographic factors data. Part B captured data on the dependent variable of adolescent pregnancies among students in the study. Part C gathered data about the parental influence of the independent variable.

### 3.7 Validity and Reliability

Using Cronbach's alpha, reliability of the research instrument was determined. Brown (2002) notes that the higher the alpha value of Cronbach, the more accurate it is. An adequate reliability is known to be a Cronbach alpha of 0.7. The validity of the research tool was assessed by pre-testing. In other words, pilot testing allowed the researcher to verify whether the research questionnaire addresses all the research questions in line with the objectives of the analysis. All items in the research tools are tested against the objectives and variables of the study to determine their reliability by finding the supervisor's guidance and expertise.

A pre-test was performed to assess the reliability of the questionnaires of the study. The Cronbach alpha experiment was used to assess reliability and the findings are as shown in the table below.

**Table 3.1: Cronbach Alpha**

Variable	Cronbach's Alpha	No. of Items
Teenage pregnancy	.776	4
Parental influence on early pregnancy	.717	5
Risk factors pushing early pregnancy	.738	5
Strategies to prevent early pregnancy	.729	5

All of the study variables had Cronbach alpha coefficients of more than 0.7 from the results in the table above, suggesting that the system was accurate in capturing respondent information. Teenage pregnancy had four items with a Cronbach alpha coefficient of 0.776, parental influence on early pregnancy had five items with a Cronbach alpha coefficient of 0.717, risk factors driving early pregnancy had five items with a Cronbach alpha coefficient of 0.738, and early pregnancy approaches had five items with an alpha coefficient of 0.729 for Cronbach.

### **3.8 Data Collection Procedure**

Data was collected using a questionnaire that was self-administered. During the data collection exercise, the author included research assistants. The research assistants were trained in research ethics and how to use the study questionnaire to interview the respondents. Together with the researcher, the research assistants clearly explained to the respondents the purpose of the analysis and clarified any concerns or misunderstandings arising from the results.

### **3.9 Testing of the Research Instruments**

Pilot testing was conducted to check the validity and quality of the instruments for data collection. Pilot analysis was carried out with 20 students included in the actual exercise of data collection. The Questionnaire's strengths and weaknesses are defined by finding vague or confusing elements and simplifying them to suit the local scenario .

### **3.10 Data Analysis**

Before analyzing the data, the captured data was processed. Data processing involved data cleaning (checking and removing errors, outliers and missing entries), data organization, and then numerical data coding. The data were entered for review in the Social Science Package (SPSS) program, version 25, after storage.

Using both descriptive and inferential statistics, data analysis was performed. Data descriptive analysis included testing the mean, standard deviation, concentrations, and research parameter percentages. Examination of inferential data included measures of correlation and chi-square tests. (Chi-square was used to assess the correlations between variables in the study) Chi-square tests were used to verify whether the independent variables were predicting the dependent variable significantly. The

numerical tests were performed at a significance point of  $\alpha = 0.05$  and the results of the study were presented using graphs and tables.

### **3.11 Ethical Considerations**

The author sought permission from the appropriate bodies prior to performing the study for legal and ethical purposes. First, the researcher sought approval from the Department of Psychology at the University of Nairobi. The researcher also sought a National Science and Technology and Innovation Council (NACOSTI) research approval. The researcher then sought permission from the Kenya Medical Training College in Meru to conduct research.. The research participants were asked for written consent. The researcher made it clear that participation in the research exercise was completely voluntary, so one could either choose to participate or not. The author explained clearly the objective of the study and the reason for selecting the target respondents. The respondents were told that the information collected was confidential, which was used only for research purposes. For each research respondent, data collection was carried out in private. The research respondents did not collect contact information, the questionnaires were differentiated using numerical values.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.0 Introduction

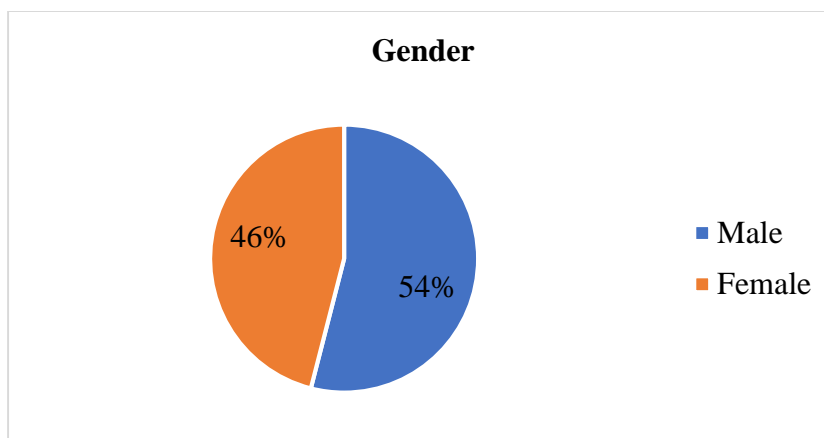
This chapter presents the data analysis, presentation, interpretation and discussion of the findings. The study assessed the relationship between parental influence and adolescent pregnancy among KMTC nursing students in Meru County. The chapter is divided into multiple sections namely; the demographic characteristics of respondents and the three study objectives.

#### 4.1 Demographic Characteristics of the respondents

The following section presents data on the demographic variables of the sample, that is, the respondents' gender and age.

##### 4.1.1 Gender of Respondents

The study sought to find the gender of the respondents. The findings are shown in Figure 4.1.



**Figure 4.1: Gender of Respondents**

Figure 4.1 results show that 54% of respondents were male, while 46% were female. It indicates that most of the Kenya Medical Training College (KMTC) Meru students have been males.

### 4.1.2 Age of Respondents

The study at the Kenya Medical Training College (KMTC) in Meru sought to find out the age of respondents. Table 4.1 describes the conclusions.

**Table 4.1: Age of Respondents**

	N	Minimum	Maximum	Mean	Std. Deviation
Age	111	18	34	22	3.436
Valid N (listwise)	111				

The findings in table 4.1 indicate that the students had a mean age of 22 years ( SD = 3,436 ), with a minimum age of 18 years and a total age of 34 years.

### 4.2 Teenage Pregnancy

This section presents the results of teenage pregnancy. Answers to statements on teenage pregnancy were asked from the respondents. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with agreement, 3 with positive, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. The results are as illustrated in table 4.2 .

**Table 4.2: Teenage Pregnancy**

Teenage Pregnancy		SA	A	N	D	SD	MEAN
I have been exposed to sexual education in my school	F	31	44	10	11	16	<b>2.44</b>
	%	<b>27.7</b>	<b>39.3</b>	<b>8.9</b>	<b>9.8</b>	<b>14.3</b>	
I have ever been pregnant/fathered a child (pregnant for girls, fathered for boys)	F	13	11	4	22	63	<b>3.98</b>
	%	<b>11.5</b>	<b>9.7</b>	<b>3.5</b>	<b>19.5</b>	<b>55.8</b>	
I know someone who is currently pregnant or has been pregnant and had to drop out of school	F	31	34	7	25	17	<b>2.68</b>
	%	<b>27.2</b>	<b>29.8</b>	<b>6.1</b>	<b>21.9</b>	<b>14.9</b>	
Teenage pregnant girls should be allowed to stay at school until they deliver	F	57	30	10	10	8	<b>1.97</b>
	%	<b>49.6</b>	<b>26.1</b>	<b>8.7</b>	<b>8.7</b>	<b>7.0</b>	

From the findings of the respondents in table 4.2, 31(27.7%) agreed with the statement that they were introduced to sexual education at their schools, while 10(8.9%) did not agree or disagree. Results showed that respondents widely agreed that they were introduced (mean= 2.44) to sexual education. 63(55.8%) of respondents firmly differed with the argument that they were not pregnant / sired, while 4(3.5%) did not agree or disagree. Analysis showed that participants commonly said they had no kids before (mean= 3.98). In addition, 34(29.8%) of respondents confirmed that they knew people who are actually pregnant or pregnant and had to quit school, while 7(6.1%) were neutral about the claim. Results showed that the respondents did not agree or disagree with the information of those who were pregnant and dropped out of school (mean= 2,68). Finally, 57(49.6%) of respondents strongly agreed that adolescent pregnant girls should be permitted to stay in school until they deliver, while only 8(7%) strongly opposed. Results revealed that the respondents generally agreed that pregnant girls should stay at school until they deliver (mean = 1.97).

#### **4.3 Objective One: To Find Out Whether Parents Influence Adolescents' Exposure to Early Pregnancy**

This section presents findings and analysis of the first assessment to decide whether parents have an effect on the vulnerability of adolescents to early pregnancy among adolescents. The survey asked to answer arguments as to whether parents impact the exposure of adolescents to the pregnancy of adolescents. The statements earned ratings to assess the degree to which they agree with the claims or disagree with them. The ratings were 1 with strong agreement, 2 with agreement, 3 with positive, 4 with disagreement, and 5 with strong disagreement. The means of ratings, as well as the frequencies and percentage of responses per score, were then given for each argument. Table 4.3 shows the results.

**Table 4.3: Influence of Parents on adolescents' Pregnancy**

Parental influence on adolescent pregnancy		SA	A	N	D	SD	MEAN
My parents' marital status has changed how I view relationships and sex	F	30	34	16	15	19	<b>2.64</b>
	%	<b>26.3</b>	<b>29.8</b>	<b>14.0</b>	<b>13.2</b>	<b>16.7</b>	
My parent(s) talk to me about sex	F	23	34	10	24	24	<b>2.93</b>
	%	<b>20.0</b>	<b>29.6</b>	<b>8.7</b>	<b>20.9</b>	<b>20.9</b>	
I would like my parents to talk to me about sex	F	24	33	18	15	22	<b>2.80</b>
	%	<b>21.4</b>	<b>29.5</b>	<b>16.1</b>	<b>13.4</b>	<b>19.6</b>	
I am comfortable to talk about sex with my parents	F	15	19	20	32	25	<b>3.30</b>
	%	<b>13.5</b>	<b>17.1</b>	<b>18.0</b>	<b>28.8</b>	<b>22.5</b>	
Parental communication about sex reduces chances of their children becoming pregnant/fathering children	F	55	33	11	8	7	<b>1.94</b>
	%	<b>48.2</b>	<b>28.9</b>	<b>9.6</b>	<b>7.0</b>	<b>6.1</b>	

From the results of the respondents in table 4.3 , 34(29.9%) agreed with the statement that the marital status of their parents has changed their view of relationships and sex, while 15(13.2%) disagreed with the statement. The results revealed that the respondents did not agree or disagree as to whether the marital status of their parents influenced the way they view relationships and gender (mean= 2.64). Second, 34 ( 29.6%) of respondents acknowledged that their parents talked to them about gender, whereas only 10 (8.7%) were negative about the claim. The respondents were usually indifferent as to whether their parents were talking about sex with them (mean = 2.93). In addition, 33(29.5 percent) of the respondents agreed with the assertion that they wanted their parents to speak to them about sex, while only 15(13.7 percent) disagreed. The respondents are confused as to whether they like to talk to their parents about sex (mean = 2.80). In comparison, 32 (28.8) of the respondents disagreed with the assertion that they are comfortable talking to their parents about sex, while only 15 (13.5 percent) are firmly in agreement with the claim. From the findings, the



respondents could not agree or disagree with their parents about whether they are confident talking about sex (mean = 3.30). Eventually, 55(48.2%) of respondents strongly agreed that parental gender contact decreases their children's likelihood of becoming pregnant / siring children, while only 7(6.1%) disagreed. The respondents commonly agreed from the findings that parental communication about sex decreases their children's chances of becoming young parents (mean= 1.94). Using a chi-square measure, further research was performed to verify whether parents affect the sensitivity of adolescents to pregnancy. The findings are as shown in table 4.4.

**Table 4.4: Chi-square test on Parental influence and adolescent Pregnancy**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	467.130 <sup>a</sup>	414	.036
Likelihood Ratio	258.447	414	1.000
Linear-by-Linear Association	1.759	1	.185
N of Valid Cases	115		

a. 456 cells (100.0%) have expected count less than 5. The minimum expected count is .01.

Table 4.4 findings showed that parents had an effect on the vulnerability of teenagers to early pregnancy (5-0467.130, p=0.036). It is evident from the results that parents play a crucial role in avoiding pregnancy in adolescents.

#### **4.4 Objective Two: To Identify Risk Factors that Push Adolescents to Early Pregnancy**

This section presents findings and analysis on the second goal to recognize risk factors that drive teenagers into early pregnancy. Answers to statements on risk factors that drive teenagers into early pregnancy were requested from the respondents. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with compromise, 3 with

moderate, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. Details are in table 4.5 as shown.

**Table 4.5: Risk factors Contributing to Early Pregnancy**

<b>Risk factors influencing adolescent pregnancy</b>		<b>SA</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>SD</b>	<b>MEAN</b>
Girls from poor families are at a higher risk of becoming pregnant than girls from rich families	F	20	18	14	35	28	<b>3.29</b>
	%	<b>17.4</b>	<b>15.7</b>	<b>12.2</b>	<b>30.4</b>	<b>24.3</b>	
Electronic media influences teenagers to have sex at an early age	F	14	8	12	43	38	<b>3.72</b>
	%	<b>12.2</b>	<b>7.0</b>	<b>10.4</b>	<b>37.4</b>	<b>33.0</b>	
Parental control on access to social networking sites and the internet reduces chances of sexual misconduct, thus reducing chances of teenage pregnancy	F	16	29	15	36	18	<b>3.10</b>
	%	<b>14.0</b>	<b>25.4</b>	<b>13.2</b>	<b>31.6</b>	<b>15.8</b>	
I know people at my age who have had sex	F	22	20	14	28	26	<b>3.15</b>
	%	<b>20.0</b>	<b>18.2</b>	<b>12.7</b>	<b>25.5</b>	<b>23.6</b>	
Peer pressure influences my opinion about sex	F	29	20	9	27	24	<b>2.43</b>
	%	<b>26.6</b>	<b>18.3</b>	<b>8.3</b>	<b>24.8</b>	<b>22.0</b>	

Results presented in table 4.5 revealed that 35(30.4%) of respondents disagreed with the claim that girls from impoverished families are at a greater risk of becoming young mothers than girls from wealthy families, while 14( 12.2%) were unsure of the argument. The results showed that participants were generally uncertain whether girls from poor households are at a greater risk of becoming pregnant than girls from affluent families. In contrast, 43(37.4%) of respondents objected with the claim that teens were influenced by digital media to have intimacy at an early age, while only 8( 7%) agreed with the argument. The analysis showed that participants felt that having sex at an early age was not affected by electronic media by adolescents. In contrast to the findings, 29(25.4%) of respondents thought that parental control over

access to online social platforms and the internet decreased the risk of sexual misconduct, reducing the likelihood of teenage pregnancy, while 15(13.2%) were unsure about the claim. The participants are generally uncertain about the decreased risks of teenage pregnancy (mean= 3.10) of parental control. 28(25.5%) of the respondents disagreed with the claim that they knew people who had sex at their age, while 14(12.7%) disagreed. In general, the informants were neutral about whether they met people who had sex before ( mean=3.15). Finally, 29(26.6%) of the participants strongly agreed that peer pressure influenced their sex opinion, while 9(8.3%) were positive about the claim. The results showed that the responders generally agreed that societal pressure had an effect on their gender opinion. Using a chi-square test, additional research was carried out to determine whether risk factors drive teenagers into early pregnancy. The findings are illustrated in table 4.6.

**Table 4.6: Chi-square Test on Risk factors and Adolescent Pregnancy**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	391.506 <sup>a</sup>	396	.045
Likelihood Ratio	222.082	396	1.000
Linear-by-Linear Association	3.126	1	.077
N of Valid Cases	115		

a. 437 cells (100.0%) have expected count less than 5. The minimum expected count is .01.

From the results in table 4.6, risk factors push adolescents into adolescent pregnancy ( $\chi = 391.506, p = 0.045$ ). This agrees with Lohrfinkk (2006) study which indicated that a neighborhood social cohesion and collective efficacy moderate the association between parental behaviours and adolescents pregnancy.

#### 4.5 Objective Three: To Determine Strategies that may Prevent Early Pregnancy

This segment provides findings and analysis on the third goal aimed at defining approaches that could discourage early teenage pregnancy. In addition to comments on approaches that could be put in place to protect early pregnancy, respondents were asked to. Scores are given to the statements to assess the degree to which they agree or disagree with the statements. The ratings were 1 with strong agreement, 2 with agreement, 3 with positive, 4 with disagreement, and 5 with strong disagreement. The means of scores, as well as the frequencies and percentage of responses per score, were then given for each argument. The study findings are presented in table 4.7.

**Table 4.7: Strategies that might prevent Early Pregnancy**

Strategies to prevent adolescent pregnancy		SA	A	N	D	SD	MEAN
Enforcing laws and policies that prohibit marriage of girls before 18 years of age will reduce cases of early pregnancy	F %	43 38.4	34 30.4	11 9.8	12 10.7	12 10.7	2.25
Maintaining and improving efforts to retain girls in school at all levels will reduce instances of early pregnancy	F %	35 31.3	38 33.9	11 9.8	19 17.0	9 8.0	2.37
Increasing access to contraceptives and contraceptive information will reduce cases of early pregnancy	F %	34 30.9	40 36.4	9 8.2	17 15.5	10 9.1	2.35
Establishing laws that harshly punish perpetrators of forced sex will reduce cases of early pregnancy	F %	42 37.5	35 31.3	9 8.0	14 12.5	12 10.7	2.28
Establishing more talks in school and encouraging parents to talk to their kids about sex will significantly reduce cases of early pregnancy	F %	55 49.1	42 37.5	9 8.0	3 2.7	3 2.7	1.72

In table 4.7 the results show that 43(38.4%) of the study participants strongly agreed with the idea that implementing legislation banning girls ' marriage before the age of 18 would minimize early pregnancy cases, while only 11(9.8%) of respondents are not sure of the claim. The findings showed that respondents generally agreed to eliminate early pregnancy cases by implementing law and policies that forbid marriage before 18 years. Second, 38 (33.9%) of respondents accepted that sustaining and

strengthening efforts to keep girls at all grades of school would minimize early pregnancy, although 9(8.0%) strongly disagreed with the claim. Overall, the results showed that keeping girls in school would minimize early pregnancy (mean= 2.37). Furthermore, 34(30.9%) of respondents strongly agreed that increased access to contraception and contraceptive data will minimize early pregnancy cases, whereas 9(8.2%) were positive about the claim. 42(37.5 percent) of the responders concurred that the establishment of laws severely punishing sex offenders would minimize early pregnancy cases, whereas only 9(8.0 percent) of the respondents did not agree or disagree with the statement. Subsequently, 55(49.1) of the respondents strongly agreed that setting up more school talks and urging parents to talk to their children about sex would significantly reduce early pregnancy cases, although 3 (2.7%) disagreed and 3(2.7%) disagreed strongly. All in all, results showed that setting up more school talks and urging parents to be candid with sexual education with children would minimize early pregnancy (mean= 1.72). More research was performed using a chi-square test to verify whether the proposed early pregnancy prevention approaches were successful. Results are as shown in table 4.8.

**Table 4.8: Chi-square test on strategies and adolescent pregnancy**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	410.082 <sup>a</sup>	324	.001
Likelihood Ratio	212.186	324	1.000
Linear-by-Linear Association	.841	1	.359
N of Valid Cases	115		

a. 361 cells (100.0%) have expected count less than 5. The minimum expected count is .01.

The results in table 4.8 show that interventions are effective in preventing early pregnancy among teenagers ( $\chi^2 = 410.082$ ,  $p = 0.001$ ). Actionable interventions will help reduce teenage pregnancy incidents from these tests. This is in line with Kirby's (2001) finding that education is key to lowering rates of pregnancies among adolescents.

## **CHAPTER FIVE**

### **SUMMARY FINDINGS, CONCLUSION AND RECOMENDATIONS**

#### **5.1 Introduction**

This chapter presents summary findings of the study, recommendations and possible areas of further research as per the goals of the study.

#### **5.2 Teenage Pregnancy**

The study revealed that the college responders have been exposed to sex education. Equally, they believed that pregnant female adolescents should continue with their studies until delivery irrespective of their motherhood status. Nevertheless, the respondents had no common consensus regarding young mothers dropping out of school. Generally speaking, the respondents stated that they had never had children before.

#### **5.3 Parents Influence on Adolescents' Exposure to Early Pregnancy**

The study showed that the respondents did not agree or disagree about whether the marital status of their parents influenced their perceptions on relationships and sex, whether their parents talked to them about sex and whether they were confident talking about sex. Nevertheless, respondents generally agreed that sexual education by parents decreases their chance of their children's exposure to early pregnancy. A Chi-square test analysis showed that parents have a considerable authority over adolescent related pregnancies, thereby demonstrating the significant responsibility that parents have in ensuring their adolescent children do not get pregnant.

#### **5.4 Risk Factors that Promote Early Pregnancies Associated with Adolescents**

Study findings showed that participants were unaware about whether girls from poor households are at a higher risk of becoming pregnant than girls from wealthy backgrounds, and that parental guidance reduces the likelihood of teenage pregnancy, they remained neutral regarding knowing people who have had sex before. The respondents generally felt that having sex at an early age would not be affected by electronic media. The respondents acknowledged, however, that peer pressure affects their views on sex. A further analysis by the Chi-square test showed that risk factors drive teenagers into early pregnancy related issues.

#### **5.5 Initiatives that might Prevent Early Pregnancies Among Adolescents**

According to the findings of the study, the study participants were of the consensus that implementing laws and policies banning marriage before 18 years would reduce early pregnancy cases, and strongly agreed that setting laws severely punishing forced sex offenders would reduce early pregnancy cases. In addition, respondents thought that keeping girls in school would reduce early pregnancy cases, and improved access to contraceptives and contraceptive data would reduce early pregnancy cases. More findings showed that setting up further school talks and encouraging parents to talk about sex with children would minimize early pregnancy. Additional analysis using a chi-square test showed that approaches are effective in preventing pregnancies associated with adolescents.

## **5.6 Conclusions**

The study concludes that teens have been exposed to sexual education in general. Furthermore, many teenagers have not had children before as indicated in the study results, and they believe that teenage pregnant girls will stay in school before they deliver. It is also concluded that the communication of parents about sex decreases their children's chances of becoming pregnant / siring children, which means that parents play a very important role in reducing teenage pregnancy cases. In addition, peer pressure is believed to affect the viewpoint of adolescents on gender, and risk factors drive adolescents into teenage pregnancy. Furthermore the study concludes that the establishment of laws and rules banning girls ' marriage before 18 years and laws severely punishing forced sex offenders would greatly reduce teen pregnancy cases. In addition, increasing access to contraception and contraceptive data, keeping girls in school at all grades, and encouraging parents to talk about sex with children will greatly reduce teen pregnancy cases.

## **5.7 Recommendations**

The study proposed the following:

- i. Parents should talk to their adolescents about sex, and the adolescents should be encouraged to candidly talk about sex, in a bid to reduce cases of early pregnancy .
- ii. Adolescents should be taken through talks at school on how to avoid peer pressure, in order to fight cases of early pregnancy as a result of peer pressure.
- iii. The government and other regulatory bodies should establish laws prohibiting marriage of girls before 18 years and laws that harshly punish perpetrators of forced sex. This would significantly reduce cases of early pregnancy.



- iv. Health officials and other interested parties should readily provide contraceptives and contraceptive information to adolescents in order to reduce early pregnancies among sexually active adolescents.
- v. For further research, the study should be conducted in more counties in order to generalize the results to the whole country.

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## APPENDICES

### Appendix I: Kathuri & Pals Sample Size Determination

Sample size determination table with N is number of targeted individuals. Sample size is with a 95% confidence level, within an error margin of  $\pm 0.05$ .

<b>N</b>	<b>S</b>	<b>N</b>	<b>S</b>	<b>N</b>	<b>S</b>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	227
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	354
100	80	500	271	6000	357
110	86	550	226	7000	361
120	92	600	234	8000	364
130	97	650	241	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377

Extracted from Kathuri & Pals (1993).

**Appendix II: Questionnaire**

**RELATIONSHIP BETWEEN PARENTAL INFLUENCE AND ADOLESCENT PREGNANCY AMONG KMTC NURSING STUDENTS IN MERU COUNTY**

I am a student at the University of Nairobi, pursuing a Master of Psychology. As a partial fulfillment for award of the degree, I am required to carry out a research on *Relationship between Parental Influence and Adolescent Pregnancy among KMTC Nursing Students in Meru County*.

You are kindly requested to fill the following questionnaire to the best of your knowledge. All the information provided will be treated with utmost confidentiality and will be strictly used for the purpose of this research.

**Instructions :** Please tick [ ] where appropriate.

**SECTION 1: RESPONDENTS' DETAILS**

- 1. Indicate your class

Year : \_\_\_\_\_

- 2. What is your gender ?

Male	
Female	

- 3. What is your age? Please write down .

.....  
.....  
.....

## SECTION 2: TEENAGE PREGNANCY

The following are statements on <b>teenage pregnancy</b> . Kindly read them carefully and indicate how much you agree/disagree with the statements by ticking in the given boxes .					
	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
4. I have been exposed to sexual education in my school					
5. I have ever been pregnant/fathered a child (for girls pregnant, for boys fathered)					
6. I know someone who is currently pregnant or has been pregnant and had to drop out of school					
7. Teenage pregnant girls should be allowed to stay in school until they deliver					

## SECTION 3: PARENTAL INFLUENCE ON TEENAGE PREGNANCY

The following are statements regarding <b>parental influence on teenage pregnancy</b> . Kindly read them carefully and indicate how much you agree/disagree with the statements by ticking in the given boxes.					
	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
8. My parents' marital status has influenced how I view relationships and sex					
9. My parents(s) talk(s) to me about sex					
10. I would like my parents to talk to me about sex					

11. I am comfortable to talk about ex with my parents(s)					
12. Parental communication about sex reduces chances of their children becoming pregnant/fathering a child (for girls pregnant, for boys fathered).					

**SECTION 4: RISK FACTORS INFLUENCING ADOLESCENT PREGNANCY**

The following are statements on <b>risk factors influencing adolescent pregnancy</b> . Kindly read them carefully and indicate how much you agree/disagree by ticking in the given boxes.					
	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
13. Girls from poor families are at a higher risk of becoming pregnant than girls from rich families					
14. Electronic media influences teenagers to have sex at an early age					
15. Parental control on access to social networking sites and the internet reduces chances of sexual					

relationships among teenagers and therefore reduces teenage pregnancy.					
16. I know people of my own age who have had sex					
17. Peer pressure influences my opinion about sex					

**SECTION 5: STRATEGIES TO PREVENT EARLY PREGNANCY AMONG STUDENTS**

The following are statements on <b>strategies to reduce early pregnancy among students</b> . Kindly indicate how much you agree or disagree with the statements by ticking on the given boxes .					
	<b>Strongly agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly disagree</b>
18. Enforcing laws and policies that prohibit marriage of girls before 18 years of age will reduce cases of early pregnancy					
19. Maintaining and improving efforts to retain girls in school at all levels will reduce instances of early pregnancy					

<p>20. Increasing access to contraceptives and contraceptive information will reduce cases of early pregnancy</p>					
<p>21. Establishing laws that harshly punish perpetrators of forced sex will reduce cases of early pregnancy .</p>					
<p>22. Establishing more talks in school and encouraging parents to talk to their kids about sex will significantly reduce cases of early pregnancy .</p>					

***Thank you!***

### **Appendix III: FGD Tool**

#### **FOCUSED GROUP DISCUSSION QUESTIONS**

1. Have the students been exposed to sexual education at the college? What exactly have they been taught ?
2. Have cases of early pregnancies and early fatherhood have been reported among students in the college ?
3. In your opinion, does the marital status of parents have an impact on early pregnancy among students ?
4. Does parental communication about sex reduce chances of their children becoming pregnant/fathering children ?
5. What are the risk factors that might lead to early pregnancies among the students ?
6. What strategies can be implemented to prevent early pregnancy among students ?

## Appendix IV: Research Permit

 REPUBLIC OF KENYA	 <b>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY &amp; INNOVATION</b>
Ref No: <b>833836</b>	Date of Issue: <b>24/October/2019</b>
<b>RESEARCH LICENSE</b>	
	
<b>This is to Certify that Ms. MARION MWANGI of University of Nairobi, has been licensed to conduct research in Meru on the topic: RELATIONSHIP BETWEEN PARENTAL INFLUENCE AND ADOLESCENT PREGNANCY AMONG KMITC NURSING STUDENTS IN MERU COUNTY for the period ending : 24/October/2020.</b>	
License No: <b>NACOSTI/P/19/2388</b>	
<b>833836</b> Applicant Identification Number	 Director General <b>NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY &amp; INNOVATION</b>
	Verification QR Code 
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