ADOLESCENT FERTILITY: SOCIAL CONSEQUENCES OF ADOLESCENT FERTILITY IN KENYA

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A B S T R A C T

The problem of adolescent fertility is here to stay. This paper examines only one facet of this problem, i.e. the Social consequences of adolescent fertility. It aims at finding out the extent of the problem in Kenya with the view to making some recommendations with regard to how the problems may be solved.

The solutions which could minimise the problems arising from adolescent fertility and the resultant social consequences are:-

- Introduction of population education with a bias on family life education to in-school and out-of school youth.
- Introduction of contraception to youth
- The launching of programmes for parents as well as for adolescents through which counselling and guidance into sexual affairs could be administered.

TABLE OF CONTENTS

CHAPTER FOUR:

LIST OF TABLES:

LIST OF FIGURES:

CHAPTER ONE:

1:1 INTRODUCTION

It has been established that fertility in Kenya is high, both in level and rate of increase. Table (i) shows the main fertility indicators from 1948 to 1979. From the table, it can be seen that a crude birth rate of 50 per 1,000 and a total fertility rate(TFR) of between 6 and 7 children were estimated during the 1948 census. Although the crude births rate has increased only slightly over the years to 52 per thousand in 1979, the total fertility rate has increased by well over one child per woman to a level of 7.9 in 1979.

The high levels of fertility recorded in Kenya have presumably resulted from a combination of factors such as, young age at first marriage, increased pre-marital fertility on the part of teenagers, and low education among women just to mention a few

TABLE (i)

Fertility indicators, 1948-1979

Year	Crude birth rate	Total fertility rate	Rate of Natural increase
1948	50	6.0-7.0	2.5
1962	50	6.8	3.0
1969	50	7.6	3.3
1979	52	7.9	3.8

Source: KCPS, 1984. P.5

Adolescent fertility can be defined as the child bearing performance of adolescents, whether pre-marital, extra-marital or intra-marital (Oucho, 1987). Who are the adolescents? Many definitions have been put forward about this group but none has been adopted universally. For example, in most societies adolescence period coincides with the onset of puberty, while in others especially African Societies, it coincides with the period of institutionalised training of adolescents to become resposible adults. The period of adolescence is short in most traditional societies due to early marriage with a consequence of lengthening the reproductive life span of the married couples. In developed countries, the adolescence period is prolonged by Social legislation or by schooling with the consequent effect of shortening the reproductive life of the couples. Because traditions and customs vary so widely from one socio-cultural setting to another, adolescence is difficult to define in a socio-cultural perspective (Omondi-Ahawo, 1980. p.3). For the purpose of this paper adolescents will include those in the age group 12-19 years.

In 1985, adolescents made up 16.9 per cent of the World Population, and nearly 20 per cent of the population of developing countries (Population Newsletter No.40/41, December, 1986). In Kenya considering that 54 per cent of the population is below the age of 15, adolescents make up about 20 per cent of the national population. This is the fastest growing segment of Kenya's population with a projected doubling time of 15 years.

It is among the most fertile groups and thus contributing significantly to Kenya's fast rate of population growth (Migot-Adholla, 1986).

Child bearing among adolescents is emerging as a serious problem in many countries. Out of every eight women who give birth each year one is a teenager (Omondi-Ahawo, 1980). The major concern of this paper is to explore the social consequences of adolescent fertility, particularly those adolescents who bear children out of marital unions; although most problems associated with adolescent fertility are common to all whether married or not.

1:2 STATEMENT OF THE PROBLEM:

Adolescent fertility is causing global concern as it is connected with negative Social, Health and Economic consequences at the individual, family and national levels. Preliminary results from an on-going study on adolescent reproduction behaviour on a World-wide basis revealed that for the majority of countries, teenage fertility has declined during the past decade (Population Newsletter No.40/41, December, 1986). The study however, has recorded increases in Adolescent Fertility in some African Countries and in Southern and Eastern Europe.

Kenya like most developing countries is concerned with the trend and levels of its population growth (Gyepi-Gaibrah et al, 1985), and adolescents have been known to contribute to population growth. Adolescent fertility touches on the Government's policy of improving the status of women in Kenya (Population Policy

and Guidelines, Sessional Paper No. 4, 1984). Kenya has a youthful Population with about 54 per cent of her population under the age of fifteen. Since the adolescent period stretches from 12 to 19 years of age, it is assumed that a large proportion of Kenya's population is within this age span. The age at menarche which used to be at around 14 years has declined to about 11 years propably due to good nutrition and health habits (K.O. Rogo, 1986). This coupled with the fact that sexual maturation is occuring early has meant that many of Kenya's adolescents are prone to the risk of conception. The breakdown of socio-cultural codes governing moral authority has worsened the situation. Previously children were socialised by their aunts or grandparents on matters pertaining to courtship and sexuality. Today, this socialization process has been left to teachers and peers who put more emphasis on formal education. Secondly, modernization has displayed sexuality to youth through various massmedia, e.g. televisions, magazines and films as a source of pleasure without pointing out its consequences. All these, coupled with the fact that dropping out of school early for most girls has declined due to prolonged education and training, have exposed teenagers to the risk of early conception.

The period of adolescence encompassesimportant events which influence and determine the future life-course of young men and women (Population Newsl er No. 40/41; December, 1986). It is during this period decisions about marriage, education and career are made. For this reason, there is growing concern

about adolescent fertility in Kenya considering that over half of the population has to pass through the adolescent period and develop into responsible adults.

The aim of this study is to explore the social consequences of adolescent fertility, e.g. dropping out school for a girl due to pregnancy means curtailing the chances of completing her education. This in turn minimizes her chances of getting gainful employment and hence turning tosuch anti-social behaviour like prostitution. Abortion, which has both social and health consequences on the girl and the unborn baby results. The adolescent girl and her baby become "social misfits" as our society has not yet accepted the practise theunwed girls getting babies. Thus, the study will strive to look at these social consequences at the individual, the family and community levels.

1:3 JUSTIFICATION OF THE PROBLEM:

Kenya's population policy is concerned with curbing the high rate of population growth. One way to achieve this is by delaying the child bearing age beyond 20 years, thereby lengthening the period between generations and reducing commulative fertility (Oucho, 1987). This study aims at establishing the Social consequences of adolescent fertility.

The findings of this study, it is hoped, will assist the government in its attempt to curb the rate of adolescent fertility this will help uplift the status of women as outlined in the government's population policy. This can probably be achieved through introducing contraceptives to the youth, introducing sex education to the in-school as well as to the out-of-school youth in Youth Polytechnics and Youth Programmes under the Non-Governmental Organisations (NGOs). These include bodies like the National Council ofChurches of Kenya (NCCK), the Family Planning Association of Kenya (FPAK), the Catholic Secretariate and many others in addition to various Government Ministry Departments.

Adolescent fertility is known to increase the total fertility rate (TFR) of an individual woman since child bearing starts early. If the social consequences of adolescent fertility in Kenya are established by this study, the government can address itself to the problem through some of the methods recommended above. The researcher hopes that other indepth studies in the areas of economic and health consequences will ensue to give meaning and achievement to our population policy.

1:4 METHOD OF RESEARCH:

Use of secondary data from the Kenya Contraceptive Prevalence Survey, 1984 (KCPS).

The study will utilize secondary data from KCPS 1984 and KFS 1978. The study will restrict itself to women in the age groups 10 -14 and 15 - 19.

1:5 DATA ANALYSIS:

Utilization of KCPS data 1984 and Kenya Fertility Survey (KFS) 1977/78 reports. The data is presented in tabulations and statistical diagrams such as line graphs and cumulative bar graphs.

1:6 LITERATURE REVIEW:

Very little has been done in the area of adolescent fertility although it is emerging as a global problem. Few people who have attempted at the problem have looked at its extent both in the developed and developing countries; its health, social and economic consequences. Omondi-Ahawo (1980) in his M.A. Thesis looked at the extent of the problem in Kenya by examining age at first birth and age at first marriage. He observed that adolescent fertility was on the increase in Kenya although age at first marriage had gone up due to increased school enrolment for women. Melvin and Kantner (1977) observed that adolescent fertility was higher in developing than in developed countries probably because contraceptive use and accessibility was lower in the former countries. They also saw that dispossession of children born to white young women was increasing with about 18 percent of such children being take for adoption. The Population division of the United Nations Secretariate in New York (1986) found out that most of the consequences of adolescent fertility result due to fear and ignorance on the part of the adolescents. That younger adolescents under 18 years are exposed to greater risks of child bearing than those aged 18 and over. The under 18s'

usually hide the pregnancy, delay attending the ante-natal clinics and that most do not get proper nutrition as required. This adds on to the risks associated with adolescent fertility. Population Reports, J. (1976) observes the major social consequences of adolescent fertility as interrupted education and career opportunities which lead to a host of social sufferings. The actual births if out-of-wedlock has untold social consequence varying from culture toculture; and finally the above consequence lead to pre-mature marriage bringing to the adolescent untold mis due to economic unpreparedness on the part of the couple. Such marriages, it concludes end up in divorce and more social sufferi This report concludes that the high percentage of births to young mothers compared with other age groups is likely to continue on an upward trend because, adolescents in many countries are sexually mature and capable of reproducation at a younger age than their parents were. Secondly, the age at marriage in many countries is rising, and that urbanization and life styles associated with it provide more opportunities for sexual relation ships and reduce the effectiveness of tradional social restraints Gyepi-Garbrah (1985) found that in Kenya, of all married women, one-fifth have given birth before their first marriage. He also found out that early pregnacy is one of the principal causes of rising drop-out rates among students in elementary school through university. Also that the social and economic disadvanta of early childbirth for both mother and child are enormous; and are aggravated if theyoung mother is unmarried. Population Reporgs (m-1985) states that a woman who has her first child before age 17 is likely to obtain less education, be out of work, have a lower-paying job and less income and be separated from her

partner or divorced. It also states that of the girls who dropout of school the majority do so due to pregnancy. In Kenya 10 per cent of the girls enrolled in secondary schools drop out each year due to pregnancy.

All these writers seem to agree that adolescent fertility is on theincrease. They also agree that the social consequences of adolescent fertility have far reaching implications on the young mother and her child. The family and community within which the adolescents live also have a share ofthe sufferings and bear a lot of embarrassment on the part of the pregnant adolescent. Measures recommended to curb adolescent fertility Must be adopted swiftly in order tothwart a near-catastropy situation if future generations are to be saved.

1:7 ORGANIZATION OF THE STUDY:

The paper falls into four brief chapters organised as follows:-

Chapter 1 - Introduction, defination of adolescent fertility.
- Problem statement
- Justification of the problem
- Literature review
- Research methodology
- Data analysis

Chapter 2 - The extent of adolescent fertility in Kenya.

Chapter 3 - The social consequences of adolescent fertility.

Chapter 4 - Summary of findings, conclusions and recommendations.

CHAPTER II

2:1 THE EXTENT OF ADOLESCENT FERTILITY IN KENYA:

In order to examine the social consequences of adolescent fertility, it is important to consider its extent as depicted in Table (ii) below.

Table (ii) Mean children everborn and percentage distribution of women aged 12-14 and 15-19 by number of births.

Age group	Mean live births	0	1	2	3	4	5	6	N.S	TOTAL
12-14	0.0046	85.3	0.3	0.1	0.0	-	-	-	14.3	100
15-19	0.3206	69.5	14.7	4.7	1.4	0.5	0.2	0.1	8.8	100

Source: Extracted from Table 6.1, KCPS, 1984 p.70.

Fertility is influenced by several variables such as educational level, religion and socio-cultural norms governing marriage practices among different communities.

The table indicates that the earlier phase of adolescence i.e. 12-14 years contributes very little to fertility. Only 0.3 per cent have borne one child and this decreases to 0.1 per cent for any women who had borne 2 children within this age group. This clearly indicates that any significant contribution to adolescent fertility occurs within the latter phase of adolescence i.e. 15-19 years with mean births at 0.3206.

About 15 per cent of women in this age group had borne one child by the time of the survey. This decreasing to about 5 per cent with two live birth, 1.4 percent with 3 and 0.5 per cent with 4. Since the highest contribution to adolescent fertility as shown by this table is confined to the age group 15-19, it means that most of the adolescents bear children within a marital union considering that the average age at marriage is 18.5 in Kenya. Since data on children born within a marital union is not available this opens a new avenue through which research on adolescent marital fertility can be done. This would be useful to our policy planners in understanding the problems of adolescents.

Table (iii)

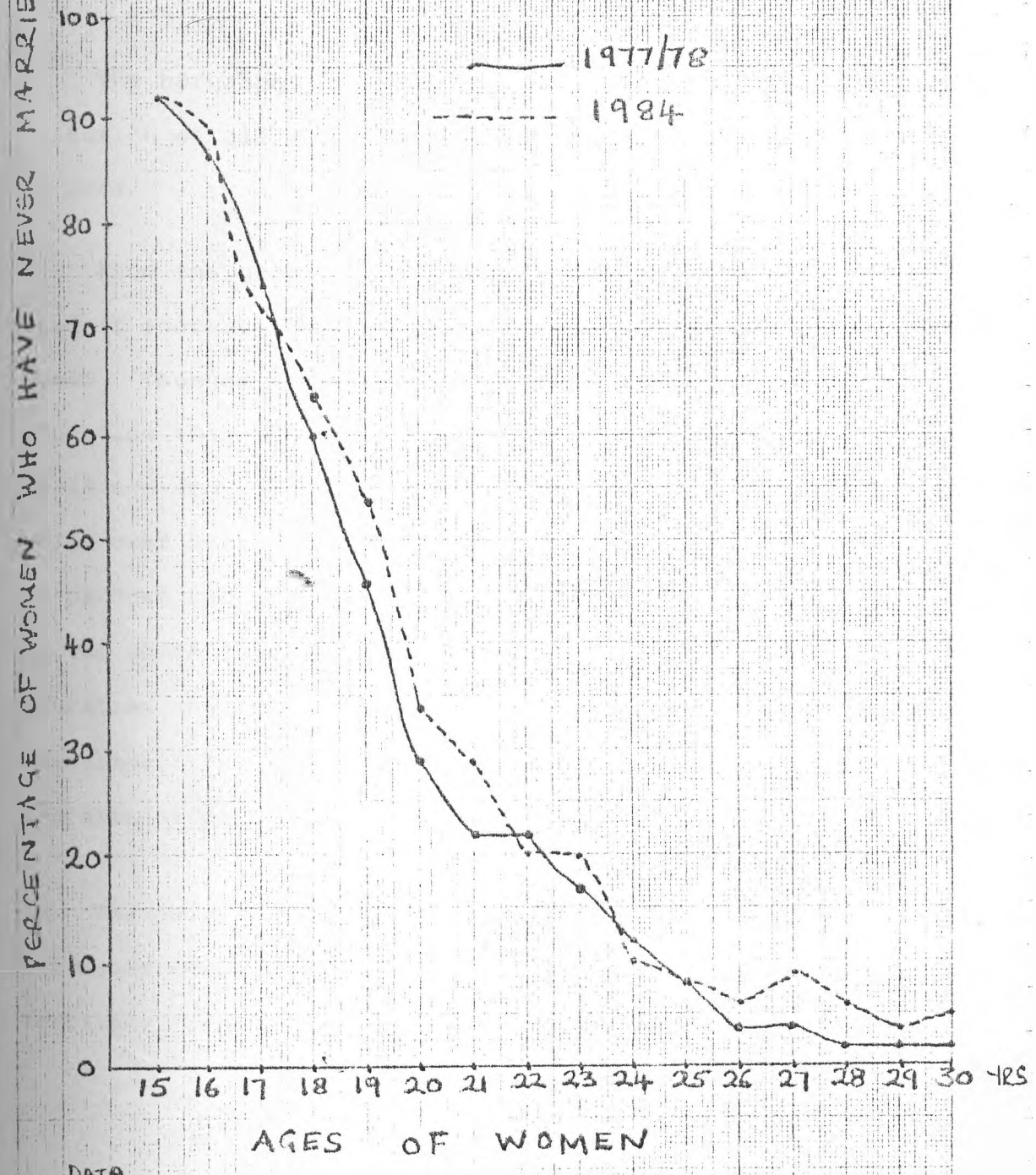
Mean births per women aged 15-19 for all Kenyan Provinces:

Province	Age group 15 - 19
Nairobi	0.30
Central	0.21
Coast	0.41
Eastern	0.25
North-Eastern	0.16
Nyanza	0.44
Rift Valley	0.38
Western	0.32

Source: An extract from Table 6.5 KCPS, 1984. p.73.

From the above table it is clear that age at marriage has a strong bearing to adolescent fertility i.e. those aged 15-19. It can be observed that those provinces where age at marriage is traditionally low, there are high mean births for women aged 15-19. It also follows that low educational attainment is positively related to higher adolescent fertility. This is so because low age at marriage curtails formal education. Nyanza province with 0.44 mean births per woman has the highest in this age group followed by Coast province with =.41 and Rift Valley with 0.38. These high means for the three provinces are due to certain variables which affect fertility. Coast province is dominated by the Muslim religion which advocates early age at marriage. Nyanza province also displays an early age at marriage due to strong Socio-Culture norms attached to marriage. In comparison, Central province has the lowest mean births per woman at this age group of 0.21. This low mean for Central province is probably due to high age at marriage and exposure to family planning services due to its proximity to Nairobi. Although the provinces discussed above display high mean births for women in the age group 15.19 due probably to low age at marriage, there is evidence to suggest that teen-age marriages are on the decrease in Kenya, due to high enrolment of girls in schools.

PERCENTAGE OF WOMEN 15-30 YEARS WHO HAVE NEVER MARRIED BY SINGLE YEAR OF AGE 1977/78 AND 1984.



DATA SOURCE: KCPS 1984, P 40.

FIG A

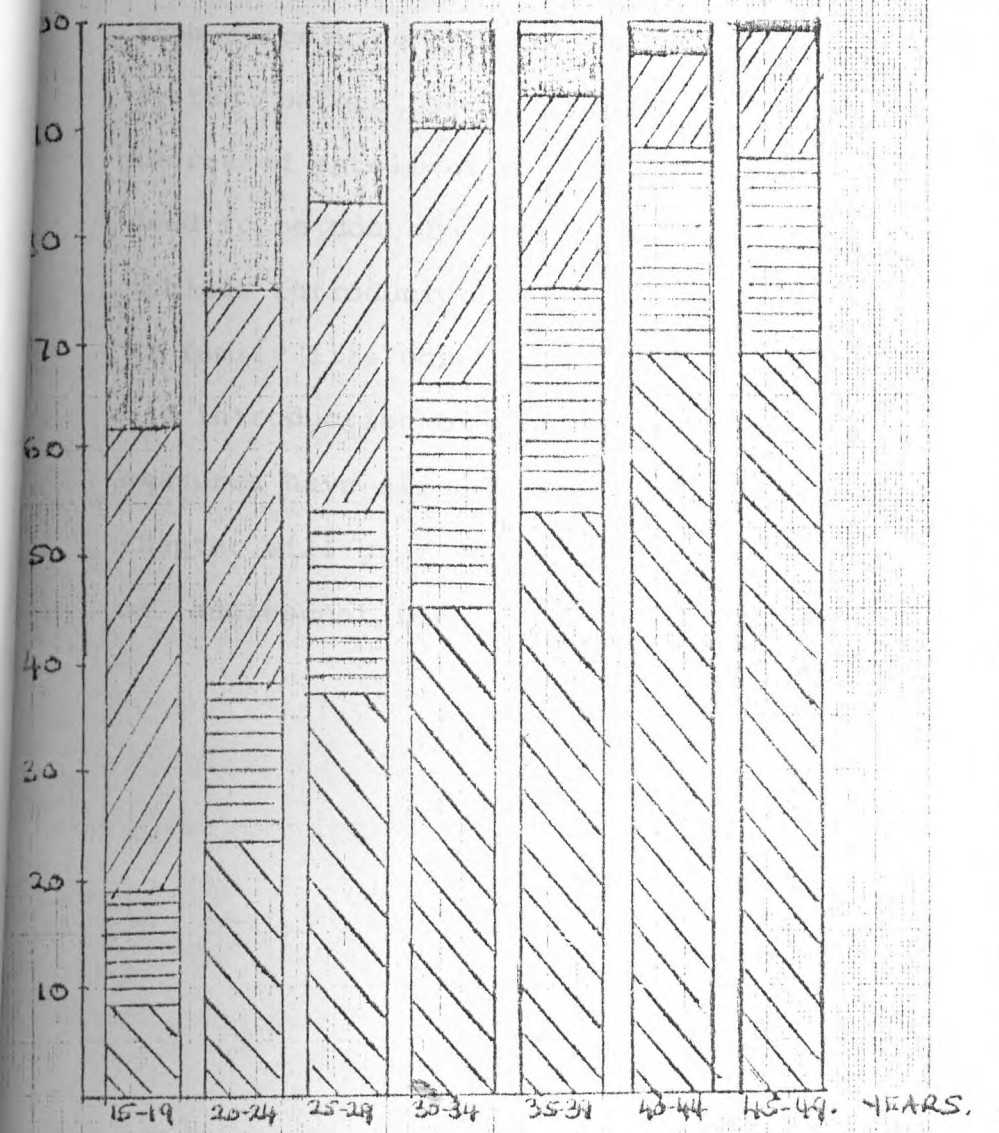
Comparison for the graphs on Page 13 Figure A, shows that the proportion of women who have never married has increased since 1977-78 KFS, particularly among women aged 18-21 and 26-30. These data suggest that teen-age marriages have decreased and that the average age at marriage has increased probably due to increased enrolment of women in higher education (KCPS, 1984. p.40).

The bargraphs below (Fig. B) show the percentage distribution of all women aged 15-49 years and educational level in 1984.

From the graphs, it can be seen that there is a clear trend of increasing educational attainment by age for Kenyan women. Younger women of today are attaining higher levels of education than their counterparts twenty years ago. Among the 15-19 age-group in 1984, only 8 per cent had no formal education while over half had 5-8 years of primary education and about 28 percent had at lease some secondary education. In comparison to the women aged 40 years and above, 69 per cent had no formal education and about 2 per cent had attained some secondary education. The graph clearly shows that there has been increased educational attainment over the years.

The above analysis of the KCPS data 1984 indicates that with increased enrolment of women in higher education, adolescent fertility is bound to decrease. This is true only if something

6R CENT DISTRIBUTION OF ALL WOMEN 15-44
1GARS BY AGE AND EDUCATIONAL LEVEL, 1984.



KEY

NOT STATED.
9+ YEARS
5-8 YEARS
1-4 YEARS
NO EDUCATION

Data Source: KCPS, 1984 P.27.

FIG. 8

can be done to prevent teenagers already enrolled in school from conceiving and consequently dropping out of the school system before completing their education. So together with increased enrolment of women in education several other things need to be done to ensure reduced adolescent fertility. These include introduction of contraceptives to youth, introduction of family life education and probably sex education into schools and introduction of youth counselling programmes. Some of these measures have already been implemented in Kenya. The following Chapter will give an indepth appraisal of the social consequences of adolescent fertility.

CHAPTER III

3:1 SOCIAL CONSENOUENCES OF ADOLESCENT FERTILITY:

There are many problems associated with adolescent fertility. These encompass demographic, economic and social problems. Most of these problems affect the adolescent mother directly while others like the demographic problems have implications at the community and national levels. Demographic consequences of adolescent fertility for example touch on national policies of rates of population increase and resource distribution. The others, although weighing heavily on the individual adolescent do also have implications at the community and national levels. For example, the nation has to provide health, and other facilities for basic needs for the individual adolescent and her offspring. The immediate family has to economically support the mother and child , since in most cases these individuals have no source of income.

The paper will now seek to examine the social consequences of adolescent fertility with a stronger bias towards pre-marital adolescent fertility, since this is where most unwanted pregnancies occur.

At the individual level, adolescent pregnancy and childbirth interrupt educational and career opportunities. Whether married or not, the pregnant adolescent must quit work or leave school.

Her career prospects for future earnings thus become limited (Population Reports, F, No.7, 1980). Once the individual drops out of school or work, for a long period of time she become a burden to the family. The family resources have to meet the new mother's added demands and also those of the child. The new mother needs extra clothing, maternity care and better food immediately after delivery. Other than this, extra demand is placed on the household to provide accommodation for both mother and child, who now cannot continue to share room with other family members. This may provoke negative feelings from the family members, and may engender feelings of "not belonging" on the part of the adolescent mother. This may lead to apathy and feeling "not wanted" which may cause complicated social and psychological repercussions. The adolescent mother may decide to run away from home leaving the child behind under the family's care. When this happens, the child does not receive proper care and this leads to poor physical and mental development. Such children more often than not become "social misfits" and resort to deviant and anti-social practices.

On the other hand, where the family background is not very strong and there is no body to care for the adolescent mother and her child, chances of the mother abandoning the baby are high and such babies are given up for adoption or left under the care of friends. It has been observed that cases of this nature are on the increase. For example, in a Survey carried

out in America in 1971, it was observed that cases of dispossession of babies were on the increase. It revealed that 18 per cent of the babies born to unmarried young whites were given up for adoption and 6 per cent were living with relatives or friends of the mother (Melvin and Kantner, 1971). In Kenya, cases of abandoned babies can be measured through the growing numbers of Children's Homes and reports from these homes say that they cannot take in any more children because they are fully occupied. These homes act as a substitute of a natural home for these children. They provide for their physical needs but their emotional needs are not fully met. Thus as these children grow up they lack social integration found in children who grow up in their biological homes. It is for this reason that the UN World Conference on the Interrelationship of Status of Women and Family Planning concluded that: "The benefits of Family Planning are important, ..., also in enabling girls and young women to avoid an early pregnancy that might force them to leave school or employment, and even to marry pre-maturely." (UN World Population Conference, Bucharest, 1974).

The act of dropping out of school for an adolescent does not only evoke the premature termination of formal education and career prospects, it also sparks off untold misery and poverty for the girl. Prospects for getting gainful employment are reduced and the girl may resort to crime and prostitution in an attempt to survive together with her baby.

Adolescent fertility often leads to out-of-wedlock births. The seriousness of this problem varies from culture to culture. In many parts of Africa and Latin America, out-of-wedlock births are common and socially acceptable (Population Reports, J. No.10 July, 1976). In other countries however, this is not the case and Kenya falls within this category. In Malaysia, out-of-wedlock pregnancy is regarded as sinful and a disgrace to the young girl and her entire family. Normally, strong social pressures may lead the girl into forced marriage, illegal abortion and occassionally the girl may result to suicide (Population Reports Series F, No.7, July, 1980). On the other hand, the child may face social and legal discrimination and aggravated economic hardships. In the past, in Kenya, a child born out of wedlock was cared for by the extended family or community. Today, due to urbanization and the breakdown of traditional family ties, poor unwed girls in urban settings often resort to child neglect or abandonment, thus resulting to increased children's homes, which are a liability to the society.

Illegal abortions are also on the increase among adolescents. These have grave health consequences and also affect the girl socially especially when she later on finds out that she cannot bear any children. In Kenya as in many African countries this leads to destabilization of marriages leading to separation or divorce. The girl if divorced is always looked upon as a failure and lives with this social stigma and frustration.

Another social consequences of adolescent pregnancy and the ensuing birth is pre-mature or "gun-short" marriage. Due to societal disapproval of pre-marital births, many countries view marriage as a necessary remedy. Although forced marriages do resolve the immediate social disapproval or discrimination for the pregnant adolescent, it does not eliminate the medical risks, or reduce the consequences of interrupted education. Such forced marriages resulting from pre-marital pregnancies are not only associated with economic disadvantages, but also with a higher rate of divorce (Population Reports, J, No.10, July 1976).

Adolescent sexuality which can lead to adolescent pregnancy has some social consequences on the individual. It may result to the incidence of sexually transmitted diseases. In the Kenyan youth, Dr. Mati reports, " the incidence of one or more of the infections was found to be present in 44.1 per cent of women aged between 15 and 24 years in Kenyatta National Hospital, and this rate was significantly higher than in older women. " Although this may seem more of a health problem than a social one, it's end product is rendering the affected individual infertile hence facing societal discrimination once married. The incidence of infertility may rise since most of the youth fear to report these deseases lest they be castigated by their family and the doctors for indulging in sexual activities.

Other related consequences relate to the health of the mother and child. Teenage mothers have been found to suffer severe child birth and pregnancy related complications and their infants to have low birth weights and even to be born pre-maturely.

Most of the social consequences so far discussed touch on the individual adolescent and her baby. How does the family and the nation at large react to adolescent fertility? The adolescent who faces the propects of dropping out of school due to pregnancy has a lot to lose but so does her family. A lot of money has been put into her upbringing and education by the family. In most African and developing world countries, education of children has been viewed by most parents as insurance against old age. It so follows that, where the education of the adolescent is discrupted by pregnancy, the parents lose their insurance against old age. This leads to a feeling of the loss and demoralization.

Dowry is usually paid to the parents of the girl in the African traditional marriage. Premarital adolescent pregnancy minimises chances of marriage for the girl, it also minimises chances of her parents getting dowry. This further frustrates them and embarasses them in the eyes of the community.

At the national level a lot of money is wasted on the education and provision of health facilities for adolescents. When adolescent pregnancy occurs, the girl is expelled from school; the nation loses money, human resource, time and the opportunity which could have been utilized by some other student

Such an individual if she completed school would contribute to nation building through personal participation and taxation if engaged in gainful employment.

As said before, adolescent fertility contributes significantly to population growth. With increased population, the basic need services have to be expanded to cope with the rate of population growth. This calls for more expenditure from the national coffers to increase school places, health facilities and increase employment opportunities. A report made by the secretary of the Kenya Medical Association, Dr. Aluoch states that, " because of the high birth rate, the population of Kenya was on the verge of out-pacing the country's national resources. " (Standard Newspaper, 1987). The situation has assumed critical dimensions and action needs to be taken to avert the cricis.

CHAPTER IV:

FINDINGS AND RECOMMENDATIONS

4:1 This Chapter attempts at suggesting possible solutions to the problem of adolescent fertility. One of the major shortcomings in probing adolescent fertility is the scanty information on the subject. For a problem of this magnitude and with such diverse consequences indepth research is necessary if the problem is to be properly understood and solutions found. Therefore, the first recommendation of this paper is that research in this area should be carried out to bring out the true picture and dimension of the problem. Without research findings, any attempts to suggest solutions to a problem not well understood would be fruitless.

A workshop held recently at Kwale in Kenya on adolescent fertility recommended strongly the need for research in this area. The research it stressed, should define adolescence in the context of the Kenyan society, that it should assemble dependable information and collect reliable data, apply appropriate study designs (prospective, retrospective, cross-sectional case control studies etc), and, evaluate adolescent health services (Rogo, 1986, 151-153). According to the Kenya government, research on adolescent fertility tops the list of priority areas. Some work done by Mugo Gachuhi (1986) suggests the kind of research approach required. He points the need for a multidisciplinary research whose team should include a demographer, gynaecologist/ obstetrician, sociologist, social anthropologist, an economist

and a psychologist. Such a team would come up with an all round survey covering all the problem areas of the subject. Thus the outcome of such a survey would illuminate the problem of adolescent fertility and provide some of the tools with which to curb it.

Another major recommendation by this paper towards curbing the adolescent fertility in Kenya would be to establish services and programmes for adolescents. These services and programmes should be extended to cover both the adolescents themselves, their families and the community within which they live. In traditional societies, such services to adolescents were given through the socialization process. This process has today weakened due to mordernization and the school, the peers and mass-media have become the strongest socialization channels for adolescents. The programmes and services for youth and their parents should include population education with emphasis on family life education (FLE) for both in-school and out-of-school youth, guidance and counselling, health services, youth-to-youth programmes, theatre or drama, mass-media information and multi-service programmes (Oucho, 1987).

"Adolescents today are victims of a nearly universal conspiracy of silence in all matters related to sex, by their parents, schools, health and religious institutions" (Rogo,Ed. 1986). This statement sums the position of adolescent ignorance about sex and especially its consequences.

It also points at the irresponsible attitude taken by parents and the institutions which ought to offer services to adolescents. If as recommended above all parties would be involved in giving services to adolescents, the problem of pre-mature pregnancies would be minimised. Population education with emphasis on FLE and Family Planning Services have been seen as the most plausible alternatives to curbing adolescent fertility. Population education has been defined as "an educational programme which provides for a study of the population in the family, the community, the nation and the world with the purpose of developing in students rational and responsible attitudes and behaviour toward that situation" (UNESCO, 1971). It is important, therefore, that adolescents are made to understand the consequences of pre-marital births through FLE so they can make proper decisions.

Unfortunately, population education has not taken roots properly in Kenya. Family Life Education which covers some aspects of reproduction has already been included into the secondary school curricula but with an emphasis on social ethics and religion. Though introduced, it may not cover most areas of population education which are related to adolescent fertility. There is need therefore to include population education into our schools with a wider coverage of the subject, within the existing curriculum.

Family Planning which could practically minimise adolescent fertility in Kenya has not reached this age group properly. Most of the officers giving Family Planning services consider the youth to be out of their realm of operations. The parents, churches and other institutions in this country have disapproved of family planning services going to the youth. They feel this might make the youth very promiscuous and treat sex as a plaything since they are guarded against pregnancy. Although this may be true to a limited degree, information, education and communication (IEC) in family planning if well administered even to the youth, should bear positive results. Together with improving the IEC section of family planning, the distribution points should be increased and made accessible to the youth, probably school based clinics for counselling and services should be introduced.

If family planning is combined with other multi-service programmes which offer a wide range of services to youth and their development, a lot would be achieved. Others would include medical services, psychological counselling like the Amani centre in Westlands, vocational and job counselling, and recreational activities. In order to meet the needs of the different interested parties, such programmes should involve mothers programmes, multi-service youth centres and school-based clinics whose advantages and disadvantages must be recognised (Population Reports, 1985: 374). Thus, by designing various programmes the interest of each adolescent will be met one way or another.

Finally youth-to-youth programmes should be encouraged where peer group influence would be great. Such forms are important because the youth understand their problems better than adults. Where peers interact, especially when their activities are co-ordinated by young leaders and counsellors, they are able to discuss their problems better with more dedication and understanding. Normally adults do not understand youth problems because they reminisce their youthful lives some two or three decades ago without realising that adolescents of two periods in time live in totally different environments (Oucho, 1987).

4:2 CONCLUSION:

This paper has shown that adolescent fertility has adverse social consenquences on the individual adolescent, her family and the community at large. Data from the KCPS, 1984 has indicated that adolescent fertility is on the increase in Kenya. It is further evident that most of the recommendations stated above have not been adopted and even those already intiated are, to a very limited scale. Social consequences of adolescent fertility such as dropping out of school prematurely limits career development and entry into gainful employment thus triggering off loss of a host of opportunities culminating in suffering and perpetual poverty on the part of the adolescent. Where the birth is out of a marital union social discrimination and frustrations are targeted to the girl and her baby. This, in most cases results

to the girl running away from home, abandoning the child and even committing suicide. The social suffering is thus not borne by the girl alone, but also by the child, the family and the nation.

Social pressures exerted on an adolescent with an out-of-wedlock pregnancy might lead to forced or pre-mature marriage. Such marriages are unstable due to economic pressures that they are prone to. Most of them end in divorce causing the adolescent girl further untold social pressure. Therefore, whenever adolescer who have given birth make attempts to return to school, attend vocational training or indulge in prostitution, alcoholism and drug trafficking, they are making desperate attempts to subsist and to fend for their children. The government and the policy planners must therefore adopt methods and means of rehabilitating adolescents who give birth pre-maturely.

The methods recommended above should form a base upon which corrective and educative programmes and services to the adolescent their parents and the wider community may be designed. This will, it is hoped promote the development of a socially well adjusted Kenyan Society.

B I B L I O G R A P H Y

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