

**ASSESSMENT OF FACTORS CONTRIBUTING TO UNDERAGE MOTHERHOOD  
IN MWIKI, KASARANI CONSTITUENCY**

**BY**

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## DECLARATION

This is my original work and has not been presented for a degree in any other University.

Signed: .....

Date .....

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This research project paper has been submitted for examination with my approval as the University supervisor

Signed: .....

Date .....

**Prof. Robinson Mose Ocharo**

## **DEDICATION**

This work is dedicated to my family. My father, James Gichure Kiragu, has always had so much faith in me even when I had none in myself; my mother, Margaret Wangari Kariuki, has always been my greatest role model on how to be my authentic self and how not to take life too seriously and lastly my sisters, Victoria Wanjiku Gichure and Purity Wambui Gichure, are both so very lucky to have a big sister like me.

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My heartfelt gratitude to my family for their unwavering support morally and financially.

When all is said and done, none of this would have been possible were it not for God.

“Did I not tell you that if you believed you’d see the glory of God?”

John 11: 40

## ABSTRACT

The terms 'underage mothers' in this study are used to refer to girls under the age of 18 who have birthed and are involved in parenting the child. The study investigated the factors contributing to teenage pregnancy. It was based on the following objectives: to analyze the characteristics of underage mothers, to examine the push and pull factors that led to underage pregnancy, to analyze the attitudes of the teenage mothers towards motherhood and to analyze the parenting habits of the adolescent mothers. This study adopted a descriptive survey design. The location of the study was Mwiki, Kasarani Constituency. A sample of 57 teenage mothers from the 23 districts in Mwiki was used. Data collection was done using interviews, observation as well as questionnaires prepared by the researcher. The research findings indicated that 57.89 percent of the teenage mothers birthed aged between 11 years and 15 years while the remaining 42.11 percent birthed aged between 16 years and 18 years. Financially, all of the respondents depended on family members and friends for support. 51.79 percent of the mothers depended on their parents and another 41.9 percent on their guardians. Of the total teenage mothers interviewed, 2.8 percent, said that their friends supported them financially. On the push and pull factors, the research findings indicated that while most of the respondents were from destitute backgrounds, none of them benefitted financially from having children as 63.16 percent got pregnant for their older boyfriends who they met in social gatherings. 28.07 percent of the underage mothers were sexually abused and the remaining 8.77 percent revealed that the babies' fathers were their biological relatives. In addition, the study found that 38.61 percent of the girls witnessed physical abuse while growing up, 29.82 percent had witnessed sexual abuse while 38.61 percent had witnessed emotional abuse. Only 43.86 percent of all the interviewees had not witnessed any of the three forms of abuse in their childhood. This study established that though peer pressure and dysfunctional families do play a role in contributing to underage pregnancy, the main factor is poverty which was articulated by their characteristics such as economic dependency and inability to afford a good education. It is the recommendation of this study that schools, churches and other communal institutions hold forums that engage teenage girls on how to cope with poverty and dysfunction in their homes. Moreover, The Department of Children Services should hold awareness creation campaigns in the media to publicize the rights of children, the responsibilities of parents to their children and the measures taken against fathers who abdicate their duties.

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## CHAPTER ONE: INTRODUCTION

### 1.1 Background

Being a mother surpasses the mere act of giving birth. Mothering requires a woman to take up the role of provider, protector and nurturer. Being a mother is largely a social construct and therefore, has societal expectations attached to it. For instance, societies across the world expect the mother to be a positive role model, to clean and feed the child, provide a clean and safe home, protect the child, and ensure the child is of good physical and mental health and to generally actively participate in the child's life and in its upbringing. Being a parent, the mother is expected to help the child grow and learn while also creating a conducive environment for it to develop the different skills needed to cope with life. The mother herself is also expected to be considerably equipped with various parenting skills. According to Brisbane (1988), more often than not, parenting skills are classified into 3. They comprise: physical care which involves providing food, shelter, clothing, exercise and rest; nurturing which consists of providing love, support and encouragement which ensure the child develops a healthy dose of self-confidence as well as self- esteem; and guidance which involves teaching the child how to create boundaries in its behaviours and to respect others' boundaries for their own and others' good. Guidance also entails teaching the child the accepted social and cultural values.

The terms 'underage mothers' in this study are used to refer to girls under the age of 18 who have given birth and are involved in parenting the child. The Children Act of Kenya, Chapter 141, explicitly points out that any human being under the age of 18 is indeed a child. The Children Act also states that,

home in relation to a child means the place where the child's parent, guardian, relative or foster parent permanently resides, or if there is no parent, guardian or relative living and the child has no foster parent, the child's parents' or guardians' or relatives' last permanent residence.

To add on that, The Children Act ("NO. 8 Of 2001") clearly outlines what the parental responsibility is to the child. It defines it in the following way,

‘parental responsibility’ means all the duties, rights, powers, responsibilities and authority which by law a parent of a child has in relation to the child and the child's property in a manner consistent with the evolving capacities of the child.

It goes ahead to stipulate that the duties of the parent are to maintain the child and to specifically ensure that it is provided with an adequate diet, shelter, clothing, medical care inclusive of immunisation and education and guidance. It is of note that primary education in Kenya is free in government schools and the hospital fees in government hospitals are highly subsidized. The Act further states that it is the parents' duty to protect the child from neglect, discrimination and abuse. As for the parental rights, The Children Act ("NO. 8 Of 2001") gives, the right to-

- i. Give parental guidance in religious, moral, social, cultural and other values;
- ii. Determine the name of the child;
- iii. Appoint a guardian in respect of the child;
- iv. Receive, recover, administer and otherwise deal with the property of the child for the benefit and in the best interests of the child;
- v. Arrange or restrict the emigration of the child from Kenya;
- vi. Upon the death of the child, to arrange for the burial or cremation of the child

Brisbane (1988) asserts that having a child is bound to bring changes to the lives of the parents. She further notes that, apart from the expected feelings of joy and

excitement, feelings of frustration and stress are common too. These negative feelings are often as a result of the constant need of attention by the child which can be exhausting as well as the added financial responsibilities. Underage mothers who are also new mothers are without a doubt bound to go through this rollercoaster of emotions. It is not uncommon for them to experience anxiety over their inexperience.

Brisbane (1988) classifies the changes brought about by parenthood into 4:

- i. New responsibilities- having children is a lifelong commitment with responsibilities that are unavoidable. These responsibilities range from the physical, financial and emotional care.
- ii. Lifestyle change- with children in the picture, parents can no longer make choices based on only their needs. To a large extent, personal freedom is curtailed and parents are forced to work around the children's schedule depending on the age on the children.
- iii. Emotional adjustments- this refers to the rollercoaster of emotions. Apart from the jubilation of having a child, most parents also experience confusion on how to care for the child, frustration over losing personal freedom and the added responsibilities, loneliness as a result of isolation from friends and depression from physical exhaustion due to actually being pregnant, giving birth and now caring for the child.
- iv. Changes in relationships- the dynamics of the parents' relationship changes. Most parents tend to take out the emotional frustrations on each other while others focus too much on the child and neglect each other.

In summation, Zinn and Eitzen (1999) affirm that considerable evidence shows that children do have a negative effect on marital happiness. They further expound that,

The researchers found that the child's influence on marital relationships varies with the age of the child. When parents have very young children, the parents tend to perceive positive parent – child relationships, but these couples spend less time together and have higher marital disagreements.

(Zinn and Eitzen 305)

## **1.2 Statement of the Problem**

According to STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium, as of 2014, 40 percent of the pregnancies in Kenya were unwanted. It also shows that by age 20, 46 percent of females have already given birth at least once. In 2012, Kenya Medical Research Institute (KEMRI) conducted a research on behalf of Urban Reproductive Health Initiative/ Tupange. The research indicated that 30 percent of girls in most urban centers had become pregnant before their 15<sup>th</sup> birthday with Kisumu and Kakamega topping the list with 41 percent and 36 percent respectively. In that study, they sampled 13,140 households and 279 health facilities and Nairobi came in third with 26 percent.

In February 2017, parliament started debating The Care and Protection of Child and Parents Bill, which is intended to act as a legal framework to assist to girls stay in school and finish their education even after they get pregnant. The mere existence of a bill like this shows just how common underage mothers are. Under the School Dropout Prevention and Re-Entry Programmes section of the bill, national and county governments set out to set policies for the re-admission and integration of girls who

have dropped out of school as a result of pregnancy as well as put in place programmes & interventions that help to identify of factors contributing to teenage pregnancies and the dropping out of institutions of basic education by girls. The programmes and interventions would help prevent the dropping out of girls from these institutions.

This study therefore, sets to analyze the causes of early pregnancies. It will identify the traits of these underage mothers i.e. their age, education background, family background, marital status and their parenting habits and techniques. In addition, the study will explore what drove them into the early pregnancy i.e. the push and pull factors.

### **1.3 Research Questions**

- ✧ What are the characteristics of underage mothers?
- ✧ What are the push and pull factors contributing to underage motherhood i.e. the socio- cultural and economic issues?
- ✧ What are the attitudes of teenage girls towards motherhood?
- ✧ What are the parenting habits of this adolescent mothers?

### **1.4 Research Objectives**

#### **1.4.1 Main Objective**

- ✧ To assess the factors that contribute to of underage motherhood.

#### **1.4.2 Specific Objectives**

- 1) To analyze the characteristics of underage mothers
- 2) To examine the push and pull factors that led to underage pregnancy



- 3) To analyze the attitudes of the teenage mothers towards motherhood
- 4) To analyze the parenting habits of the adolescent mothers

### **1.5 Rationale of the Study**

This study purposed to assess the factors that have contributed to underage mothers in Mwiki, Kasarani Constituency. The study further sought to establish what the characteristics of underage mothers are, the factors contributing to these characteristics as well as the coping mechanisms. By outlining the above, the study helped us to understand adolescent mothers, what led them into their current situation as well as the challenges faced.

### **1.6 Scope of the Study**

The research confined itself to 4 indicators of early motherhood. These indicators were namely:

- i. Characteristics of underage mothers i.e., their age, education background, family background, marital status, dependency on spouse or family, child welfare etc.
- ii. Their attitudes towards motherhood i.e. how they perceive their current state, how they perceive other young mothers and the dynamics of their relationships with their families and friends.
- iii. Their parenting habits i.e. discipline, health and diet of the child
- iv. The causes of early pregnancy i.e. poverty, peer pressure, love and unplanned pregnancy.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.0 Introduction**

This chapter will deeply explore and discuss the factors contributing to underage pregnancies in Kenya. It will borrow from previous research work done on similar studies to identify the characteristics of teenage mothers in relation to their age, education background, family background, their marital status, their dependency to spouse or family members for support as well as their parenting habits i.e. how they approach disciplining the child, the child's diet as well as the health of the said child. In addition, this chapter will focus on the attitude of these underage mothers towards parenting followed by the push and pull factors i.e. poverty, peer pressure, love and unplanned pregnancy.

### **2.1 Characteristics of Underage Mothers**

#### **2.1.1 Age**

Research by Centres for Disease Control and Prevention shows the majority of underage mothers are in the mid adolescent years going up. The research indicates that in 2017, 194,377 new-borns were born to women between the ages of 15–19 years where the birth rate was showed to be approximately 18.8 per 1,000 women in this age group. The World Health Organization (WHO) (2007) defines adolescence as the period between childhood and adulthood and usually ranges from 11 to 19 years. Adolescence is a key transitory stage in human

development. Physical growth during this period is fast paced. Usually, adolescence in girls is marked by:

#### Puberty/ Physical transition

- i. Development of breasts
- ii. Growth of hair in the armpits and the pubic area
- iii. Oily skin, sweating and development of acne due to hormonal changes
- iv. Widening of hips
- v. Growth spurt in terms of height
- vi. 'Adolescent sterility' winds up hence the girl is now capable of conception
- vii. Beginning of the menstruation

#### Emotional and Physiological changes

These changes occur in three stages:

- i) Early adolescence (11- 13 years)

During this stage, one seeks to form a new self- image based on the very new and continuing physical changes.

- ii) Mid adolescence (14- 15 years)

At this age, the adolescent seeks freedom / independence from parents/ guardians because of their increasing emotional and intellectual capabilities. They set out to 'think for themselves' and are more prone to experiment with their friends and the opposite sex. A study by WHO shows that they are more prone than ever to engage in high risk behaviours cheered on by their friends. Some of these high-risk behaviours include use of drugs, unprotected sex and rebellion from

authority.

iii) Late adolescence (16- 19 years)

At this point, the adolescent has established a stable identity. They are able to balance between fantasy and reality and thus are able to limit their need for self-gratification.

According to Erikson's (1959) Psychosocial Theory, people generally go through 8 stages of development. The stages begin at birth and end at death. During each one of these stages, individuals encounter a crisis and if the particular crisis is tackled accordingly, the result will be positive. Otherwise, it will result in a negative outcome. Two of the eight stages which involve conflicts that significantly affect early and late adolescent development are stage 4, the latency state (ages 6-11), and stage 5, puberty and adolescence (ages 12-18). In stage 4, the conflict faced is of industry versus inferiority. When one is able to learn a skill and implement it, they experience a sense of achievement hence industry. However, if they are unable to muster the skill and are consequently unproductive, they experience a sense of inferiority. In stage 5, the crisis is of conflict of identity versus role confusion. When the adolescent is able to formulate a plan for their future and are successfully able to plot a course of action, they are successful in creating their identity. On the other hand, if they are unable to do either of the two, they fall into a state of confusion and are quite fragile. Unfortunately, it is in this stage that most underage mothers fall under.

### **2.1.2 Education Background**

According to United Nations Fund for Population Activities (UNFPA) (2013), access to quality education, including comprehensive sexual education, is key in staging an intervention when it comes to underage pregnancies. The report further indicates that this education will help adolescents to decide on how many children they want and when to have them. This is not entirely accurate as witnessed in some areas in Kenya, where teenage girls who get pregnant are already done with their primary school education and are pursuing their secondary school education where they get sexual education. An example is the case of Chelebei Secondary School in Kopsiro, Mt Elgon Constituency where 20 girls between the ages of 14 and 18 were found to be pregnant in March 2016. 4 of the pregnant students were in form 4, 8 were in form 3, 6 in form 2 while 2 were in form 1. The school intimated that this happened despite their efforts to guide and counsel the students on the consequences of engaging in sexual intercourse.

In the 8<sup>th</sup> volume of The Analytical Report on Education after the 1999 census, it was documented that secondary schools had a lower retention rate compared to primary schools. On average, 41 percent of secondary school age adolescents had dropped out of school whereas in primary school only 8 percent had dropped out. It also showed that girls were more disadvantaged with 37 percent of the males having dropped out whereas 45.3 percent of the girls had dropped out. By age 20, 85 percent of both boys and girls had dropped out attributing it to poverty and the high cost of secondary education.

In another study conducted in Western Kenya, it was estimated that 68 percent of girls drop out from secondary school with the remaining one less likely to score a grade C+ or above compared to their male counterparts (Oruko et al. 2015). Furthermore, the study indicated that it is a well-accepted phenomenon that girls drop out of school as everyone figured education is not important to girls since they will get married anyway. *Jims Statistics on Teenage Pregnancy* (2010) found that less than 40 percent of adolescent mothers who start bearing children before age 18 ever earn a high school diploma and only a mere 1.5 percent earn a college degree by age 30.

It is of interest too that in areas where girls are enrolled in classes that do not match their corresponding ages, underage pregnancies are higher. This is especially common in rural Nyanza and Western Kenya where you find 14 and 15 year olds still in primary school and 17 and 18 year olds in forms one and two .In line with this, the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (2010) found that in the year 2007, 17 percent of lower-secondary school (forms one and two) age adolescents in sub-Saharan Africa were enrolled in primary school education (about 67 million, of which 35 million were girls).The study also found evidence that when an adolescent starts attending grades lower than the one indicated for their age, they were more likely to drop out of school.

### **2.1.3 Family Background**

Various studies put forward that underage mothers often come from financially unstable backgrounds. The study by (Oruko et al. 2015) resulted in various reasons

why girls absented themselves to school and eventually dropped out. The study further grouped the various reasons for absenteeism into 10 themes: menstruation, school expenses, gender imbalance, competing demands, poor academic performance, punishment, relationships, obligatory sex, and pregnancy with lack of resources the key driver behind these themes. For example, the 79 girls who were interviewed opened up about having to improvise and use pieces of cloth, mattress, tissue paper, and cotton wool to manage their period as, more often than not; they could hardly afford sanitary pads. They added that apart from the improvised materials being uncomfortable, their non-absorbent properties caused them pain, rashes, leaks, soiled clothes and bad odour, which earned them negative attention from their classmates. In a bid to avoid all these, the girls opted to cut school on the days of the period, which resulted in poor grades that culminated in dropping out of school.

The girls also intimated that apart from barely affording to pay school fees, they could hardly afford to buy other school- related essentials such as school uniform, books and stationery. In line with the strained financial capacities, a majority of the girls added that at some point, they would have to earn money too to supplement what their parents earned to feed their younger siblings. One of the girls chipped in that sometimes she had to miss school and work in a shamba instead, after which she would earn Ksh 150 to buy flour.

On the other hand, in Nairobi (as in most sub- Saharan African cities), underage mothers are more likely to be found in the ‘informal settlements’ otherwise known as slums. Beguy, Mumah and Gottschalk (2014) state that:

Studies of adolescents living in informal settlements in Bangladesh, Brazil and Kenya provide some of the few insights into the reproductive health challenges facing this population and suggest that adolescent girls in these communities are especially at risk for unplanned pregnancies given poor education, insecurity within the community, and low-levels of autonomy stemming from cultural norms and the desperation of poverty. Evidence from slum communities in Nairobi indicates that adolescents living in the slums engage in riskier sexual behaviours than their peers in non-slum parts of cities, including early sexual debut, transactional sex, and multiple sexual partnerships.

They also found that studies done in Brazil and Kenya show that having a present father would have delayed the sexual debut of the underage girls and therefore in part reducing underage pregnancies. *Jims Statistics on Teenage Pregnancy (2010)* carried out a survey in California and found that girls born to single mothers are more likely to give birth out of wedlock compared to those from families with both parents. Studies have showed that the biological father not being present in the home contributes to both early sexual activity and teenage pregnancy (Day, 1992). However, life-course adversity models indicate that it is not the absence of the father in itself that leads to early sexual activity and pregnancy in daughters but rather the various stressors that come with the father's absence such divorce, poverty, frictional family relationships, erosion of parental monitoring and control (Belsky, Steinberg, & Draper, 1991).

#### **2.1.4 Marital Status**

Underage pregnancy is associated with single parenthood as well as the rise of the number of single parent families all over the world. According to *Jims Statistics on Teenage Pregnancy (2010)*, about 80 percent of the teenage fathers do not marry the



teenage mothers of their children. The survey further showed that only 30 percent of the teenage mothers who got marry after childbirth remained in those marriages. The study further indicated that in the year 2003, 90 percent of all the births to girls between 15-17 years old were to unmarried mothers. This is an increase of 45 percent in comparison to 62 percent in 1980.

In Africa, however, studies reveal that 30 percent of all underage mothers were married before their 18-birthday owing largely to the deep cultural roots. The United Nation Children's Fund (UNICEF) released a report revealing that the number of women married off as child brides to older men in Africa could easily go over double to 310 million by 2050 if current trends were left unchecked. In Malawi, a recent Development Goals End Line Survey uncovered that one out of every two girls is married off before the age of 18 with some being as young as 12-years old. A survey carried out in 54 countries in 2010 on 36.4 million women between 20 and 24 years unearthed that 3 percent of the women had given birth before they were 15. The report also brought to light that one in 10 girls had had a child before the age of 15 in Bangladesh, Chad, Guinea, Mali, Mozambique and Niger. In all these countries, early marriage is very common. West and central Africa accounted for the highest percentage of documented under-15 births with Niger having the world's highest adolescent birth rate and the highest number of child marriages ("State of World Population 2016"). The African Unions initiative, *Girls not Brides*, that aims at halting child marriages has made claims that in Kenya, 23 percent of girls are married off before their 18<sup>th</sup> birthday. However, they clarified; the rates of these marriages

vary from region to region with the North Eastern and Coastal regions having the highest prevalence rates.

### **2.1.5 Dependency**

As a result of not having completed their secondary school education and consequently lacking necessary skills to land a relatively well paying and stable job, underage mothers are often financially dependent to the state, their parents or their spouses. Almost half of all teenage mothers in California and more than 75 percent of unmarried teenage mothers begin receiving welfare from the state, churches or NGOs within the first five years after giving birth to the first child. What is more, *Jims Statistics on Teenage Pregnancy (2010)* revealed that more than a quarter of teenage mothers live in utter impoverishment while in their 20s and early 30s in comparison to only 7 percent of women who got children at a later age. The destitution rate is usually especially high among the more than 60 percent of teenage mothers who live by themselves and are jobless. The survey has concluded that the younger the teenage mother is when she has her first child, the more prone she is to live in abject poverty.

Aganyoh (1997) found that in Kisii, a large number of adolescent mothers took part in domestic and manual jobs to earn a living. The mothers also engaged in agricultural activities but none took up any professional jobs (e.g. clerical, technical, managerial) since they were unqualified having not completed their secondary education.

In sub-Saharan Africa, where the underage pregnancies are because of child marriages, the husband is economically responsible for the underage mothers. Nonetheless, in

slums found in the urban centers, underage pregnancies are not as a result of early marriage and therefore the mothers are left to rely on their families for economic support. It is also of note that, with their families not being economically stable, there is only so much to go around hence the girls are required to also look for ways to earn supplementary income.

In her research, Southorn (2016) established that apart from relying on family for financial support, underage mothers also relied on them for help in caring for the baby. The teenagers' mothers were found to be critical of the daughters' pregnancy and yet were found to be the primary source of support in the family. They lent a hand in basic infant care and provided accommodation for their daughters and in some instances even their partners. The study showed that where biological mothers were absent, foster mothers, grandmothers or the partner's mother would step in.

## **2.2 Attitudes towards Motherhood**

For *A qualitative study of parenting teens in a residential living program*, Popillion (1997) interviewed 6 pregnant or mothering teenagers aged between 14 and 17 years about their past experiences and take on motherhood. The interviewees had a history of sexual, emotional, and physical abuse, had used drugs at least once and came from maladaptive families. Interestingly, they perceived motherhood as positive role. For them it presented a second chance to rewrite their past and be part of a loving family. They articulated that they wanted to give their children the kind of love and protection that they themselves missed out on growing up. In another research on *Maternal*

*Influences on Daughters' Gender Role attitudes*, Jan, C.T.G.M.E. & Janssens (1998) found that daughters' perception of motherhood was largely informed by their mothers' perception on the same. Wahn and Nissen (2005) carried out a study on young women between the ages of 15 to 19 years in Sweden who were either pregnant or who had already birthed in their research on *Becoming and being a teenage mother: How teenage girls in southwestern Sweden view their situation*. They established that the teenagers who saw motherhood as a chance for a better way of life before birthing found life to be quite difficult after giving birth. Asked why they chose to keep the pregnancy, some teenagers indicated that it was because they did want it while others said it was because they were unsure about what to do about it. Some added that being pregnant had made them more responsible and mature though the financial burden and taking care of a baby was laborious and required a lot of adjustments in the lifestyle.

Southorn (2016) found that whereas underage mothers were excited about motherhood, most of them were pretty anxious about their helplessness on basic infant care and having to depend on others to teach them. Most of them anticipated that the first couple of weeks after birthing would be the most demanding before they got the hang of it and eased into it.

### **2.2.1 Parenting habits**

Various studies show that children of underage mothers are more prone to have low IQs, low birth weight, higher risk of perinatal death and an even higher risk of having

a fatal accident before their 1<sup>st</sup> birthday. Children of teenage mothers are more likely to also get children while still underage. Studies further indicate that these children are prone to a host of social and economic problems compared to those of older parents. These health, social and economic problems are as a result of ignorance on the mother's part, inadequate diet, inadequate parental care/ supervision and generally poverty. This study has categorized the parenting habits of underage mothers into three categories to help discuss them more clearly.

#### **2.2.1.1 Discipline**

Discipline entails teaching children how to act and behave in socially and culturally acceptable ways whereas self-discipline refers to the ability to control one's behavior. Effective discipline is usually dependent on a couple of factors including the personality and age of the child in question (Brisbane, 1988).

Seay et al. (2016) found that the way underage mothers discipline their children is largely informed by the relationship they have with their own mother. A maladaptive relationship between the grandmother of the child and its mother resulted in violent disciplinary actions that could easily equate physical abuse. Children born to teenage mothers are more likely to be at the receiving end of child abuse (Afifi and Brownridge p. 19-42). They further add that the conflict of identity versus the role confusion from Erikson's Psychosocial Theory does not help matters but rather fuels the risk of child abuse. Their inability to plot a course of action for the kind of future they desire and it not materializing has them on edge coupled with other stressors

such as strained finances, loss of personal freedom, strained relationships and the expected uncertainty over how to raise a child.

## **2.2 Causes of Early Pregnancies**

### **2.2.1 Poverty**

Kempner (2013) states that poverty results in teen parenting and not vice versa. She argues that teenagers from middle-income families and wealthy families do not automatically end up in a state of destitution because of pregnancy. Usually, the girls from low – income families view pregnancy as a means of escape from their harsh realities. Teenage pregnancy is often high among adolescents who are disadvantaged in childhood and have very low expectations of education or the job market therefore low number of opportunities available to them. Plaisance (2015) asserts that early pregnancies and poverty are linked in the sense that these struggling adolescents do not have options. He further asserts, in contradiction to Kempner, that poverty is a result as well as a consequence of early pregnancies. Larson (2007) states that,

Poverty has been associated with increased total fertility rates, unintended or teenage pregnancy and being a single mother. In nearly all developed countries, youth living in poverty have a significant increase in risk for teenage pregnancy. In a recent Alberta survey, female teenagers living in poverty were found to have a five times greater risk for pregnancy. When compared with higher income women, those living in poverty were more likely to smoke, to have poorer dietary habits, lower levels of education, and engage in higher risk and health-demoting practices.

Wymelenberg (1990) found that poverty appears to contribute largely in adolescent pregnancies. Many factors that contribute to early pregnancy are characteristic of poverty. They include poor-quality education, a negative view of the future, few

employment opportunities, fatherless families, and feelings of helplessness and alienation. Adolescents who grow up with limited financial resources may not see how their dreams for education, marriage and a family, or a job can be impeded by early childbearing. As a matter of fact, may think they are without choices.

### **2.3.2 Peer pressure**

Studies indicate that peer pressure plays a significant role in teenage pregnancies as adolescents often feel pressured by their circle of friends to engage in sexual activity. Other times, the pressure is from their boyfriends who are eager to experiment. These boyfriends often ask for unprotected sex as a sign of the girls' "love" and "true feelings". Due to their ignorance of the consequences of engaging in unprotected sex, these girls get pregnant by accident. Langham (2015) stated that a research by The Kaiser Family Foundation showed that over 29 percent of pregnant adolescents reported that they were pressured to engage in sexual activity .33 percent of pregnant teenagers indicated they were unprepared for a sexual relationship, but still engaged in it due to the fear of ridicule and sometimes rejection too.

Lohmann (2012) found that sexting is a factor too in early pregnancies. She found that a research done by The University of Utah's Department of Psychology surveying 606 teenagers aged between 14 and 18 showed that approximately 20 percent of the adolescents confessed to having sent a sexual image of themselves via mobile. About 40 percent of the teenagers confessed to receiving a sext. In a study by The University of Texas Medical Branch, she found that teenagers who "sext" may be more likely to

engage in sexual activities with 68 percent of the girls feeling more pressured compared to 42 percent of the boys. Lohmann (2012) further states that these teenage girls are more prone to engage in sexual activity since their prefrontal cortex is not yet fully developed. This prefrontal cortex is in charge of problem solving, impulse control, and weighing out options. It matures fully in the early to mid-twenties.

### **2.2.3 Dysfunctional Families**

Studies by Day (1992) indicate girls from shaky families are more prone to adolescent pregnancies. Moreover, children of adolescent girls are more prone to become teenage parents themselves than those born to women who delay childbearing. This is often the case where the father is out of the picture. Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2009) conducted a research in the United States and in New Zealand that found that father absence strongly elevated the risk of early sexual activity as well as adolescent pregnancy. Other studies by Kiernan and Hobcraft (1997) concurred with these findings that the absence of a biological father from the home presents a major risk for both early sexual activity and early pregnancy.

Another study by Tamkins (2004) indicated that girls exposed to domestic strife, abuse and violence have a higher likelihood of early pregnancy. The types of strife factored in included verbal, physical and sexual abuse, domestic violence, adult household members' substance abuse, mental illness, incarceration and divorce.



## **2.3 Theoretical Framework**

### **2.3.1 Theory of Reasoned Action**

This theory that was developed by Martin Fishbein and Icek Ajzen in 1967, attempts to foresee how individuals will behave based on their ingrained attitudes and behavioral intentions. It is only concerned with behavior but acknowledges that since individuals do not exist in a vacuum, there are factors that affect the degree to which attitude influences behavior.

#### **Key concepts and conditions**

##### Behaviour

The theory requires that behaviour be clearly defined in terms of the four following concepts: Action (e.g. to have), Target (e.g. sexual intercourse), Context (e.g. with a boyfriend as a proof of love), and Time (e.g. after a month of dating). According to Theory of Reasoned Action, behavioural intention is the main motivator of behaviour, while the two key determinants on behavioural intention are people's attitudes and norms.

##### Attitudes

Attitudes refer to the way people feel towards a particular behaviour. These attitudes are influenced by two factors: the strength of behavioural beliefs regarding the outcomes of the performed behaviour (i.e. whether or not the outcome is probable) and the evaluation of the potential outcomes (i.e. whether or not the outcome is positive). The theory stipulates that there exists a direct correlation between attitudes

and outcomes, such that if one believes that a certain behaviour (e.g. having sexual intercourse with a boyfriend) will lead to a positive outcome (e.g. more intimacy or enhanced commitment by the boyfriend), then one is more likely to have a positive attitude towards the behaviour. Otherwise, if one believes that a certain behaviour (not having sex) will lead to an undesirable or unfavourable outcome (being dumped), then one is more likely to have a negative attitude towards the behaviour.

### Behavioural belief

Behavioural belief allows us to understand people's motivations for their behaviour in terms of the behaviour's consequences. This concept stipulates that people tend to associate the performance of a certain behaviour with a certain set of results. For instance, if a girl is convinced that if she engages in intercourse with her new boyfriend he will be committed to her after being dumped by her former boyfriend for withholding sex. In this instance, the behavioral belief is that engaging in intercourse is equated with commitment while the opposite is associated with a break up.

### Subjective norms

Subjective norms are also one of the key determinants of behavioural intention and refer to the way perceptions of relevant groups or individuals such as family members, friends, and peers may affect one's performance of the behaviour. For example, if one believes that recreational sex (the behaviour) is acceptable among one's peers, one will more likely be willing to engage in the activity. Alternatively, if one's friends

perceive that the behaviour is bad, one will be less likely to engage in sexual behaviours.

### Normative beliefs

Normative beliefs touch on whether or not referent relevant groups approve of the action. There exists a direct correlation between normative beliefs and performance of the behaviour. Usually, the more likely the referent groups will approve of the action, the more likely the individual perform the act. Conversely, the less likely the referent groups will approve of the action, the less likely the individual will perform the act.

### Motivation to comply

Motivation to comply addresses the fact that individuals may or may not comply with social norms of the referent groups surrounding the act. That is, depending on the teenage girl's motivations in terms of adhering to social pressures, the girl will either give in to the social pressures of performing the act if it is deemed acceptable, or alternatively will resist to the social pressures of performing the act if it is deemed unacceptable by her peers whose opinions she holds in high regard. More often than not, the motivation to comply among teenage girls is high seeing how their peers, whose approval matters most, are accepting of the act of engaging in sexual intercourse both to fit in with the group and also as a way of 'proving their love' to their boyfriends.

### Behavioural intention

Behavioural intention is a function of both attitudes and subjective norms toward that behaviour. Attitudes being how strongly one holds the inclination towards the act and subjective norms being the social norms associated with the act. The stronger the inclination and the more positive the subjective norm, the higher the Attitude

-Behaviour relationship should be. This means that, when a teenage girl has friends her age who have become pregnant, gradually she becomes inclined to do the same as it has become a social norm in their circle.

### Conditions

It is of note that there are three conditions that can affect the relationship between behavioral intention and behavior. Firstly, "the measure of intention must correspond with respect to their levels of specificity". This means that to predict a specific behavior, the behavioral intention must be equally specific. Secondly, there must be "stability of intentions between time of measurement and performance of behaviour" The intention must remain the same between the time that it is given and the time that the behavior is performed. Finally, "the degree to which carrying out the intention is under the volitional control of the individual". The individual always has the control of whether or not to perform the behavior. These conditions have to do with the transition from verbal responses to actual behaviour.

### **2.3.2 Psychosocial Theory of Human Development**

This theory was developed by Erik Erikson and articulated in collaboration with his wife Joan Mowat Erikson in the years between 1950 and 1963. This psychosocial development theory outlines 8 stages from infancy to adulthood. In each stage, the individual experiences a psychosocial crisis which results in a positive or negative outcome for their personality development.

This theory was largely shaped by the works of Sigmund Freud particularly Freud's (1923) theory concerning the structure and topography of one's personality. It is of note though that Freud was more concerned with id while Erikson focused largely on ego. That is, Erickson focused on roles of culture and society and the conflicts that sometimes occur within the ego itself, whereas Freud concentrated on the conflict between the id and the superego.

In 1959, Erikson articulated the 8 stages of psychosocial human development. He underlined the adolescent period since he was convinced that it is a key stage for molding one's identity. In 1963, he stated that the crises faced are psychosocial nature as they entail psychological needs of the person in question (i.e. psycho) clashing with the needs of society (i.e. social).

This theory gives that when one successfully finishes each stage; the outcome is a healthy personality and the acquisition of basic virtues. Failure, on the other hand, results in a decreases ability to finish the following stages hence an unhealthy personality and sense of self. The stages are as follows:

**Table 2.1: Stages of an Unhealthy Personality**

<b>Stage</b>	<b>Crisis</b>	<b>Virtue</b>	<b>Age</b>
1	Trust vs. Mistrust	Hope	Infancy (0-1 and ½)
2	Autonomy vs. Shame	Will	Early childhood (1 and ½ to 3)
3	Initiative vs. Guilt	Purpose	Play Age (3 to 5)
4	Industry vs. Inferiority	Competency	School Age (5 to 12)
5	Ego Identity vs. Role Confusion	Fidelity	Adolescence (12 to 18)
6	Intimacy vs. Isolation	Love	Young Adult (18 to 40)
7	Generativity vs. Stagnation	Care	Adulthood (40 to 65)
8	Ego Integrity vs. Despair	Wisdom	Maturity (65 +)

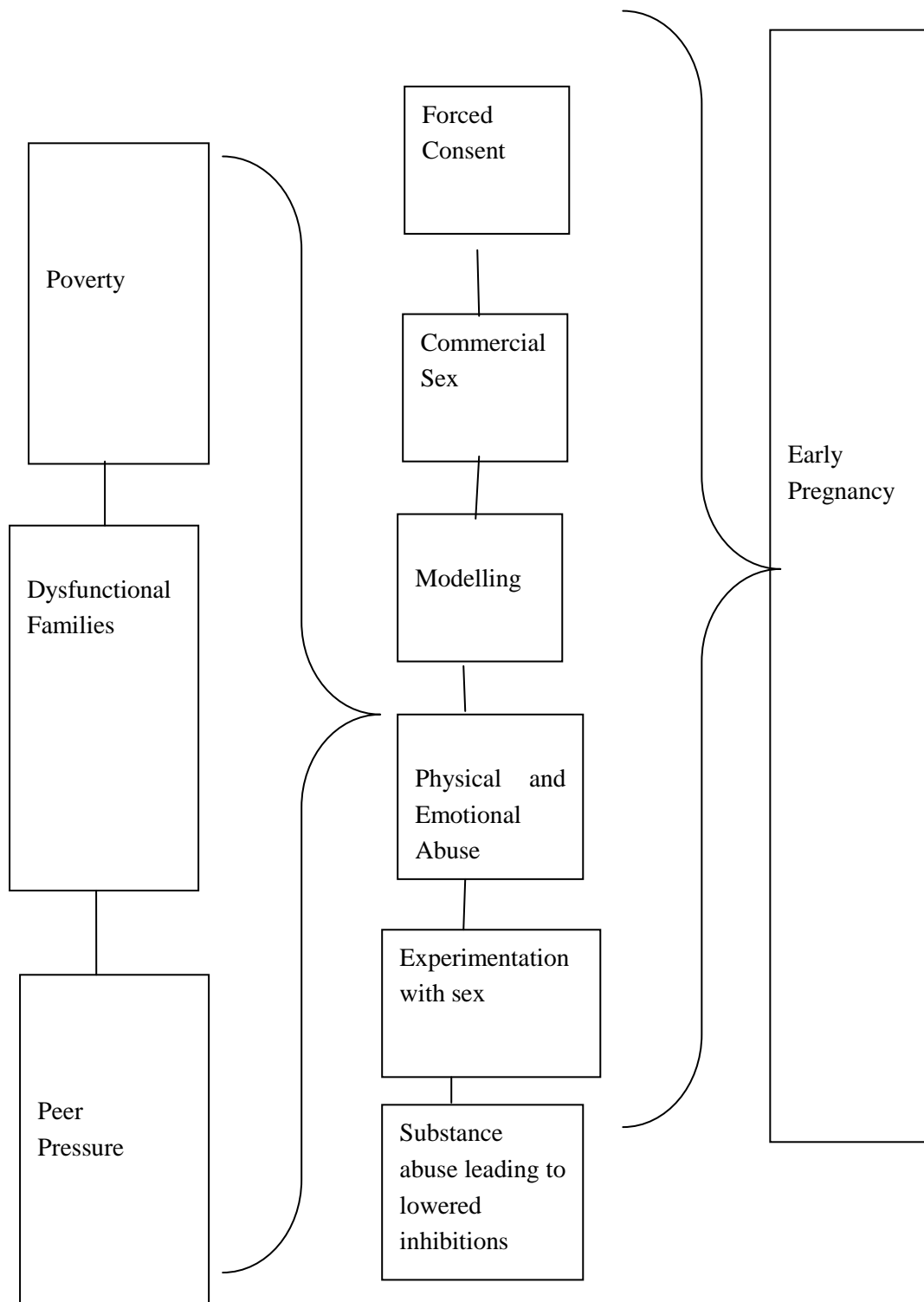
Teen mothers fall in stage 5 i.e. ego identity vs. role confusion. Adolescents are in search for a sense of self and personal identity through intense exploration of personal values, beliefs and goals.

The adolescent mind is essentially a mind or moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult (Erikson, 1963, p. 245)

It is a key stage of development as the child learns the roles he/she will take up as an adult. The adolescent re-examines his/her identity in an attempt to find out exactly who he or she is. Erikson supplies that two identities are involved: the sexual and the occupational. He adds that the adolescent may feel uncomfortable about their body for a while until they can grow into the transformation. Success in this stage leads to

fidelity i.e. the ability to commit to others and being accepting of interpersonal differences. Failure to establish a sense of identity within society i.e. occupational uncertainty, leads to role confusion. This could result in unhealthy experimentation with a variety of lifestyles and substances. The experimentation with sex without proper knowledge on how to protect oneself from unplanned pregnancies is a big contributor of underage pregnancies. Pressure to conform to an identity can result in rebellion in the form of establishing a negative identity and misery. This is clearly evident when peers engage in sex to look cool as well as to fit in with their friends. Langham (2015) found that a research by The Kaiser Family Foundation indicated that over 29 percent of pregnant adolescents stated that they were pressured to engage in sexual activity even though 33 percent of the pregnant teenagers indicated they were ill prepared for a sexual relationship yet they engaged in it due to the fear of ridicule and rejection by their friends.

## 2.5 Conceptual Framework



**Figure 2.1: Conceptual Framework**



Conceptualization refers to taking a social construct/ concept and refining it by giving it a conceptual definition. In this study, underage motherhood is where girls under the age of 18 get pregnant, carry the pregnancy to term then proceed to raise these children. The study will look at both first time mothers and those with more than one child.

This study conceptualized that there are 3 factors that contribute to adolescent motherhood. They are poverty, dysfunctional families and peer pressure. These factors are backed by The Theory of Reasoned Action which states that attitudes do influence behavior. Girls from poor and dysfunctional families grow up seeing friends and family members too who get with men to escape their harsh realities. Some girls give sex for money occasionally while others engage in commercial sex thinking that it is the only way out. Some of these girls do know that there are other ways out such as education but since they cannot afford it they settle for the next best thing.

Poverty has been found to be quite influential where teenage pregnancies are concerned. Girls from dysfunctional backgrounds often view sex as a means of escape from their harsh realities and as a way of earning a living often because their mothers or female relatives did too.

The poverty line in Kenya is consumption of less than \$1.90 (Sh197) per day or Sh5,910 monthly. Poverty in this study has taken the same definition and the indicators of poverty are the inability to access education , a balanced diet, basic health services as well as high economic dependency.

Dysfunctional families in this study refer to homes where the girls were exposed to

domestic strife, abuse and violence. The strife ranges from verbal, physical and sexual abuse, domestic violence, adult household members' substance abuse, mental illness to incarceration and divorce.

Research also indicated that peer pressure also played quite a big role in adolescent pregnancy which is covered by The Psychosocial Theory of Human Development. Failure to establish a sense of identity leads to role confusion. The peer pressure involved could result in unhealthy experimentation with sex among other things. The girls often feel pressured to engage in sexual activities to fit in with their friends. At this stage, the stamp of approval from peers is of great importance. Unfortunately, most girls are ignorant of the implications of unprotected sex hence unplanned pregnancy. Moreover, it is in this stage that adolescent girls experiment with drugs, alcohol and other substances that lower their inhibitions making them indulge in reckless sexual behaviors.

Langham (2015) found that a research by The Kaiser Family Foundation indicated that over 29 percent of pregnant adolescents stated that they were pressured to engage in sexual activity. Peer pressure in this study is the persuasion to engage in sexual activities by one's age mates and friends so as to fit in with the group.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter focuses on the research methodology that was used in this research. It will give vivid insight into the procedures that were followed highlighting their role and importance. According to Kothari (2004), research methodology refers to the systematic and theoretical analysis of the procedures to be implemented in a certain field of study. Usually it comprises procedures of describing, explaining and predicting phenomena so as to solve the problem in question. In a nutshell, it is how the research was conducted. Components of the research design included research designs, target population, sample size, sampling procedures, data collection methods as well as the data analysis procedure.

### **3.2 Research Design**

This is a roadmap or a plan of investigation that is conceived to help obtain the desired answers (Kothari, 2004). It is key as it ensures that the research problem is satisfactorily addressed. In addition, it is a model upon which the entire research is founded as it specifies how the research will be carried out in terms of the sample size, data collection instruments to be used and the analysis procedures. This study used a descriptive survey design, which sought to better define the opinions, attitudes and behaviours held by the teenage mothers. In this case, the respondents answered questions presented to them in an interview or using a questionnaire after which the researcher proceeded to describe the answers they gave.

This study set out to determine the factors that contribute to early motherhood.

The study used both quantitative and qualitative research methods. The qualitative methods were implemented during data collection and analysis whereas the qualitative methods featured during the analysis of non-numeric data.

### 3.3 Site Description



**Figure 3.1: Map of Study Area**

Source: IEBC website

The study was conducted in Mwiki Ward, Kasarani Constituency. It is the one of the five wards in Kasarani Constituency and the second largest one. According to the 2009 census, 18.80 km<sup>2</sup> area has a population of at least 39,156 people. Moreover, Mwiki is divided into 23 areas locally referred to as ‘districts’.

A majority of the residents in Mwiki are tenants with about only a quarter being landowners. It has been of great concern to the religious institutions however, that a majority of the children of these landowners have fallen prey to vices such as dropping out of school, drug use and petty theft as a result of peer pressure. It has been noted by the religious institutions that these children are not very ambitious as they expect to inherit their parents' properties.

Incidentally, poverty is quite pronounced in some sections in Mwiki. Areas such as 'Budalangi' are best described as slums as the housing there mainly comprises tiny houses made out of iron sheets and earthen floors. Water shortage, poor drainage and lack of infrastructure such as street lights are some of the features of the area. In addition, 'Budalangi' itself, and the road leading to it (ACK Road), is pretty densely populated compared to any other area in Mwiki.

As evidenced by an observation made at the Sub- County Children's Office in Kasarani, quite a number of families residing in Mwiki are in the process of falling apart. There are cases of spousal abuse, neglect as well as custody battles day in day out.

### **3.4 Unit of Analysis and Unit of Observation**

#### **3.4.1 Unit of Analysis**

Babbie (1994:5) defines a unit of analysis as the object of attention. King, Keohane and Verba (1994) echo the same by stating that a unit of analysis refers to the major entity being analysed in a given study. In social research, these entities could be

groups, organizations etc. In this study, the unit of analysis was the factors contributing to early pregnancy.

### **3.4.2 Unit of Observation**

Unit of observation, on the other hand, refers to the entities that are described by the data collected and analysed during the study (King et al., 1994). In this study, the units of observation were the adolescent mothers.

### **3.5 Target Population and Sample Population**

This study focused on girls under 18 years who have gotten pregnant. The sample population comprised of girls under 18 years who have gotten pregnant and are raising the child (ren). This study looked at the factors that led to their pregnancy, the challenges they face raising their children and how they cope with it.

### **3.6 Sampling Design and Sampling Techniques**

Sampling refers to selecting a number of the study units (units of observation) from a defined and specifically demarcated study population. For the conclusions of the study to be valid, the sample must withhold representativeness. Representativeness is when the sample has all the characteristics of interest that are also found in the whole population.

The researcher conducted a survey in Mwiki Ward. The initial respondents with the necessary characteristics from the various districts were identified through purposive sampling. These respondents proceeded to suggest other possible respondents with

those same characteristics hence snow- ball sampling was used to derive the sample.

Snow ball sampling is a form of non- probability sampling and is also referred to as mud ball sampling,

The referrals went on until the researcher could not get any more referrals. The total sample was 57 spread out throughout the districts as follows.

**Table 3.1: Sample Size**

Area	No. of Respondents
Upper Reli	2
Lower Reli	2
Bethany	3
Bethlehem	2
Bethsaida	2
Nazareth	2
Calvary	1
Galilee	4
Gituamba	2
Jericho	3
Kwale	3
Jordan	2
Judea	2
Macedonia	1
Manguo	2
Riverside	2
Ruaka	2
Samaria	4
Karura	5
Red Soil	3
Mutirithia	2
Siloam	2
Jerusalem	4
Total no. of respondents	57



### **3.8 Methods and Tools of Data Collection**

Data collection is the process of gathering and measuring information on the targeted variables in a systematic way that helps effectively meet the set objectives. This study used both the quantitative and the qualitative methods of data collection.

#### **3.8.1 Qualitative Data Collection Methods**

Qualitative research methods focus on the qualities of entities as well as the processes and meanings that are not experimentally examined or in terms of quantity, amount, intensity, or frequency. These methods examine the why and how of decision making, not just what, where, when, or "who". For this study, interviews were the primary qualitative data collection method with observation taking a secondary role.

#### **3.8.2 Quantitative Data Analysis Methods**

These methods focus on objective measurements as well as the statistical analysis of data collected. Quantitative research methods focus on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon. It focuses on aspects such as quantity, frequency, intensity, amount, distance etc.

For this study, interviews were the primary quantitative data collection method.

#### **3.8.3 Data Collection Tools**

Data gathering involves the use of appropriate recording forms called tools or instruments of data collection. These tools of data collection translate the research

objectives into specific questions/ items, the responses to which will provide the data required to achieve the research objectives. Questionnaires were used to compliment interviews and observation.

### **3.9 Ethical Considerations**

In the research for this study, researcher – respondent ethical considerations were observed. These were meant to protect the respondent. They included:

- Proper identification by the researcher - the researcher correctly identifying themselves, clearly informing the respondent on the nature and sensitivity of the questions
- Safeguarding the minors - ensuring the respondent met no injury in course of providing information
- Voluntary participation - the respondents were also informed that their participation was voluntary and that if they felt that any of the questions asked were intrusive, they could leave the said questions blank.
- Consent - in this study, the respondents were underage girls hence the researcher obtained informed and signed consent from both the teenage mothers and their parents or guardians before undertaking the interview.
- Confidentiality and anonymity - in addition, the researcher explained to the concerned parties what the study was about, answered all their questions and assured them that their privacy and confidentiality would be observed at all times.

## **CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1 Introduction**

This chapter analyses and presents the data collected from the underage mothers in Mwiki, Kasarani constituency. The collected data was based on the conceptual framework presented in Chapter Three of this study. These findings are presented in tables & figures for quantitative data while qualitative data is presented in prose as collected.

The study was informed by the following objectives:

- i) Characteristics of teenage mothers
- ii) Push and pull factors contributing to underage motherhood
- iii) Attitudes of adolescent mothers towards motherhood
- iv) Parenting habits of the teenage mothers

### **4.2 Characteristics of Teenage Mothers**

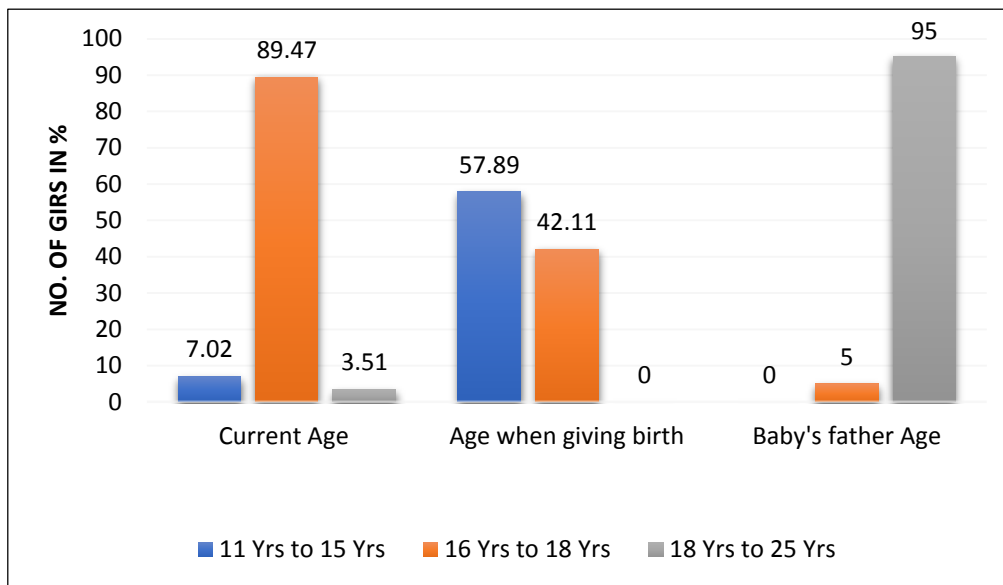
The very first objective was to determine the profile of underage mothers.

#### **4.2.1 Age of the respondents**

As per the findings of this study, over half (57.89 percent) of the teenage mothers gave birth aged between 11 years and 15 years. The remaining 42.11 percent gave birth aged between 16 years and 18 years. In essence, these minors fall under Erickson's Identity vs. Role confusion stage where the teens are in search for a sense of self and personal identity through intense exploration of personal values, beliefs and goals. Their identity is still very fragile and they are in constant need of

affirmation.

**Figure 4.1: Age of Respondents**



Of the total number of underage mothers interviewed in this study, 7.02 percent were between 11 years and 15 years, 89.47 percent were between 16 years and 18 years whereas the remaining 3.51 percent were between 18 years and 25 years meaning that they were still of school-going age. Raising a child can take away from the time and energy required to attend class. Once their baby is born, teenagers may not be able to give it the undivided attention it needs. A teen may not be an adequate mother because she is overwhelmed by the constant needs of the baby. Therefore, the young mothers were less likely to complete high school compared to women who bore children later on in life and they were at greater risk of socio-emotional problems.

It was also revealed that the babies' fathers were significantly older than the mothers with 95 percent ranging between 18 years and 25 years and only 5 percent being between 16 years and 18 years. Richards (2013) found that teenage girls often date older men as they think it is cooler as opposed to dating guys their own age. Richards

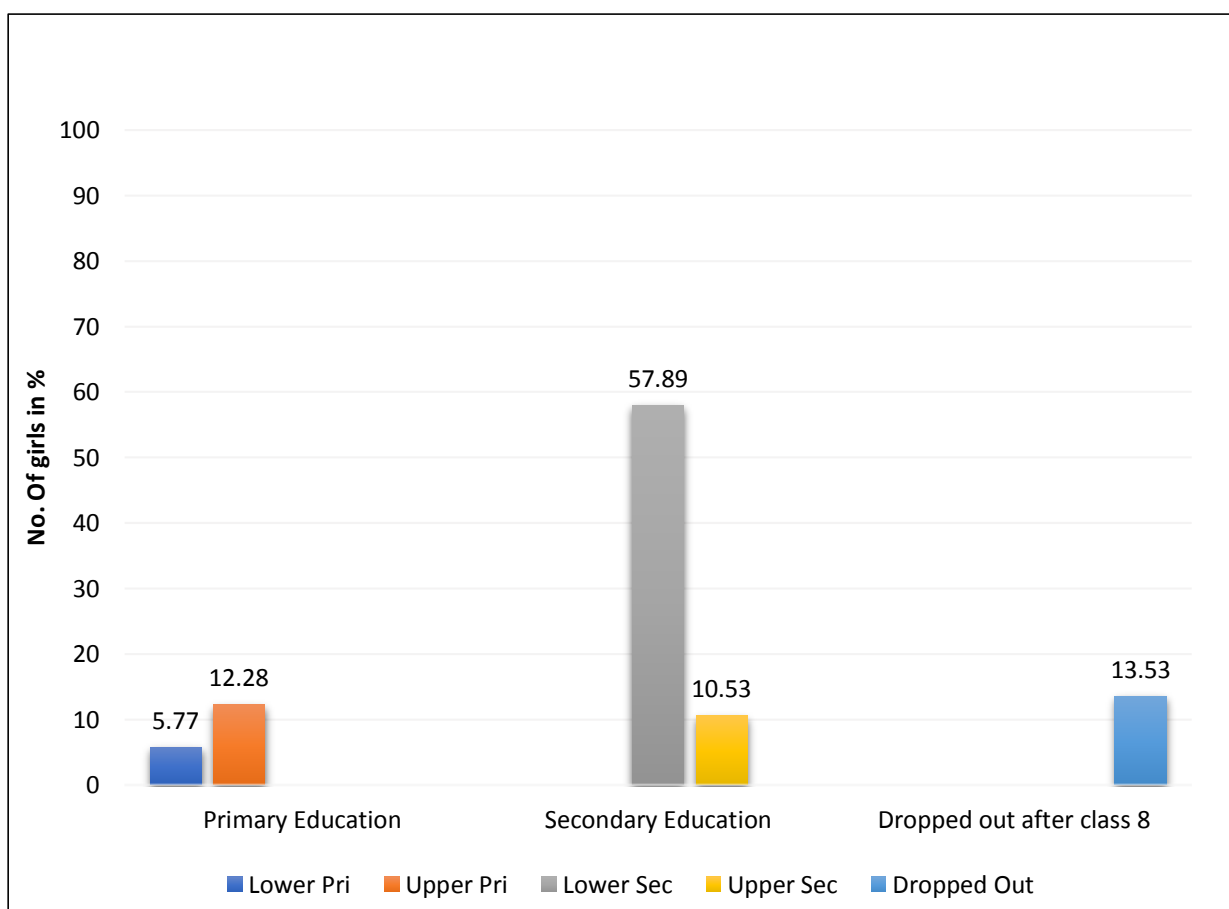
further asserts that the financial and physical independence of these older men is also very attractive to these adolescents who are themselves in search of independence from their parents and guardians. In addition, the fact that older men are more mature and more experienced also tips the scales.

#### **4.2.2 Education Background**

The study illustrates that a majority of all underage mothers were significantly behind in their school work as opposed to their age mates without children. The researcher also observed that the written and spoken communication skills of those in secondary school were not quite what one would expect from students in that level. They had a lot of trouble expressing themselves in both English and Kiswahili, they misspelt commonly used words and their handwritings were quite wanting as well.

As indicated in **Figure 4.2**, 5.77 percent of the respondents were still in lower primary (classes 1- 5), 12.28 percent were in upper primary (classes 6- 8), 57.89 percent were in lower secondary (forms 1 -2) and 10.53 percent were in upper secondary (forms 3-4).

**Figure 4.2: Education Background**



13.53 percent of the respondents did not make the transition from primary school to secondary school due to a variety of reasons including lack of school fees and poor performance in their Kenya Certificate of Primary Education exams.

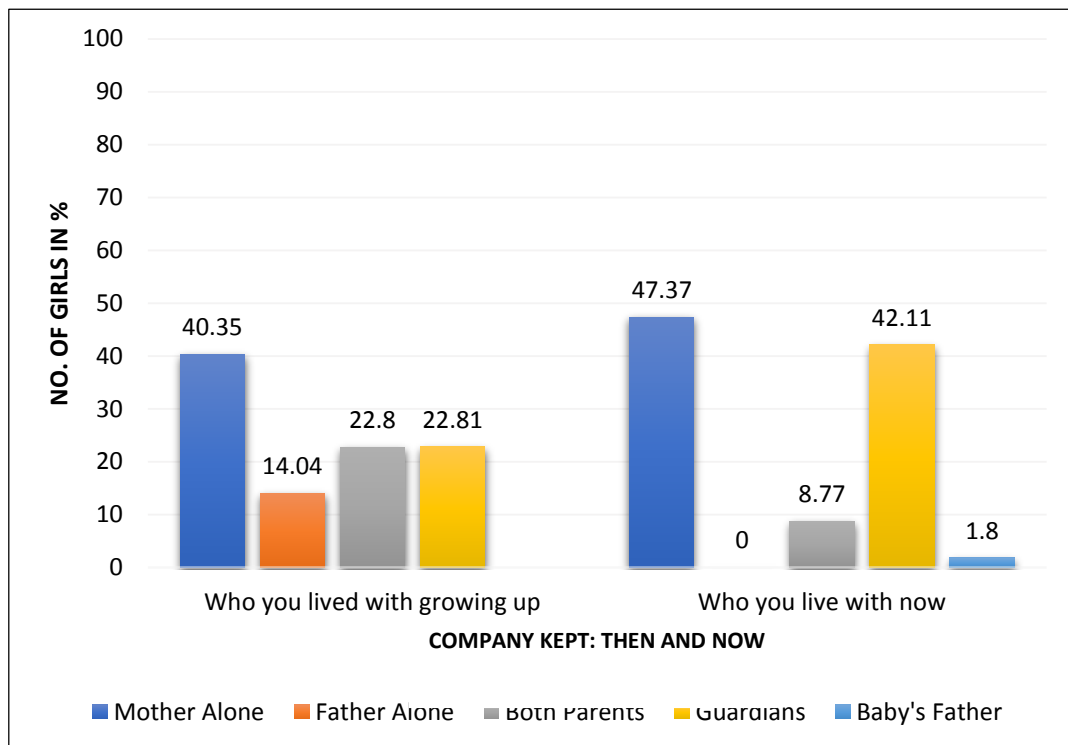
Among the factors contributing to the poor performance as well as the lagging behind of teen mothers in their studies was their having too much on their plates. Usually, the teen mother would wake up early to prepare food for her child before heading to school. While in school, instead of this teenager fully concentrating on her classwork, at the back of her mind she would wonder if her child was fed as required. More to that, if her child had clinic or fell sick, the young mother was most likely to skip

school to take her child to hospital. After school when the other students were revising and doing assignments, the teenage mother would instead be washing her baby, preparing the baby's dinner then maybe settle down to do her assignments. By then she would be too worn out to give her studies the thoroughness they deserve.

### 4.2.3 Family Background and Marital Status

This section captures information of the findings of family background in terms of who the teen mothers lived with growing up and who the teen mothers live with currently. This section further highlights the marital status of the adolescent mothers.

**Figure 4.3: Company kept: Then and Now**



As per the findings of this study, a majority of the respondents grew up either in single parent homes or with guardians. 40.35 percent of the respondents grew up with the mother alone whereas 14.04 percent grew up with the father alone. Only 22.8

percent grew up with both parents while the remaining 22.81 percent grew up with guardians who were mostly grandmothers and aunts.

However, the above was not a reflection of the current situation at the time of the research. Then, number of girls living with their mothers alone had risen to 47.37 percent while the number of those living with their fathers alone had dropped to 0. The number of respondents living with both parents had dropped to 8.77 percent while the number of those living with their guardians had risen to 42.11 percent.

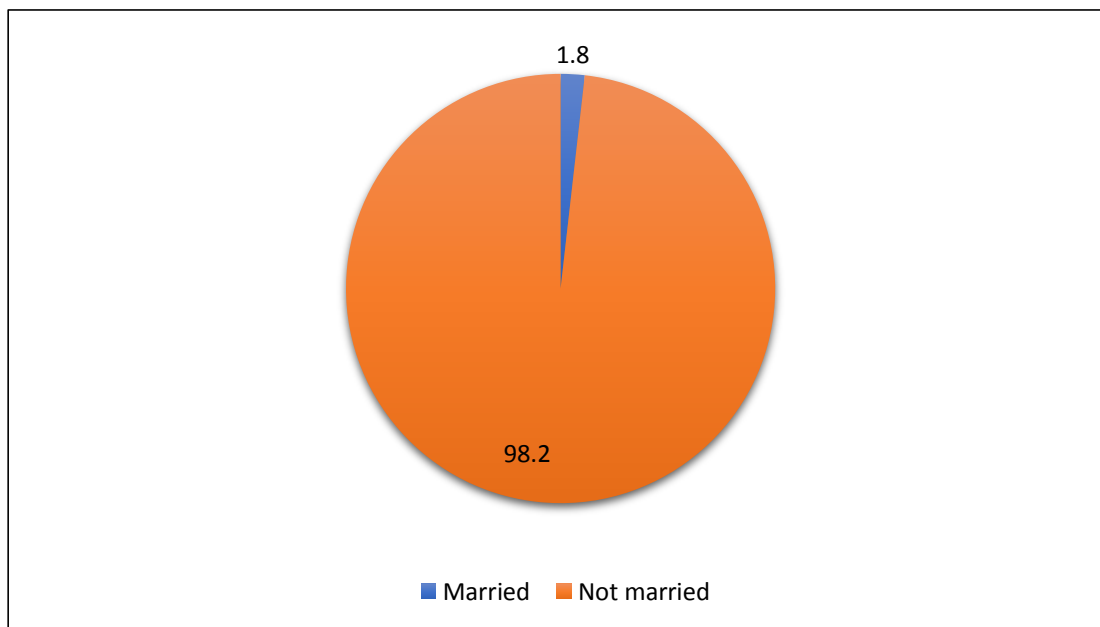
As per the study, well over half of the teenage mothers lived with their mothers and guardians who are in most cases their maternal grandmothers at the time of the research. It is of interest that nearly all of these grandmothers were unmarried and quite young i.e. most were in their mid-fifties to early sixties. One of the young mothers who was 17 years was living with her 54-year-old grandmother. She explained that her mother gave birth to her while she was 15 years old and took off a year later leaving her in her grandmother's care. She added that while growing up her grandmother constantly beat her so she would not 'become like her mother' so in defiance she 'became like her mother' and got pregnant at 16.

The study further revealed that only 1.8 percent of the teenage mothers were married to the babies' fathers meaning that the other 98.25 percent were already single mothers. Of the 98.25 percent, 69.64 percent said the babies' fathers rejected the babies, 10.72 percent intimated that the babies' fathers were already married, 3.57 percent of the teenage mothers stated that their parents / guardians barred them from



living together while 16.07 percent said they were sexually abused by their babies' fathers.

**Figure 4.4: Marital Status**



According to (Ncsl.org, 2016), 80 percent of teenage mothers do not marry the father of their children. A key factor that may have contributed to the unmarried status of 98.2 percent of the respondents was that they were still underage. As a result, any man making a wife out of the respondents would have been committing a crime i.e. child marriage. As evidenced by this study, the fathers of the children fell between 18 and 25 years. More often than not, men in this age group are more interested in finding gainfully employment and playing the field as opposed to settling down.

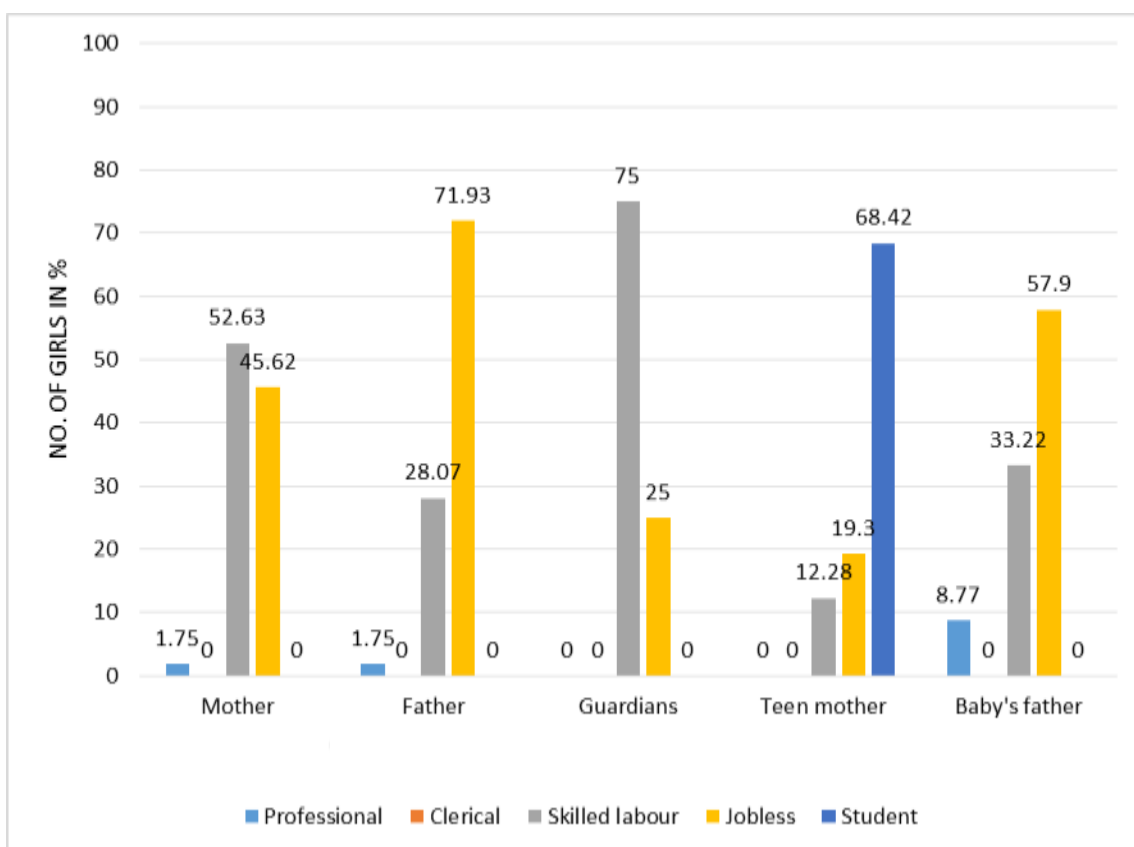
Ncsl.org (2016) further highlights that only around 20 percent of fathers of children born to teen mothers marry the mothers. This is because these fathers are often poor themselves and cannot afford to sustain a household of their own. More research

indicates that the fathers were also not very educated and as a result were less likely to earn a stable living.

#### 4.2.4 Economic Background

Occupation and income are some of the most telling economic indicators. In this section, the information captured will highlight the occupation of the respondents as well as that of their close relatives including the mother, father, guardian and the baby's father.

**Figure 4.5: Occupation of respondent and close relatives**



Various studies put forward that teen mothers often come from economically unstable backgrounds. The study proves that majority of the parents and guardians of the underage mothers were either unskilled and skilled labour or unemployed.

Those girls who grew up with their mothers intimated that only 1.75 percent of their mothers were professionals i.e. teachers. 52.63 percent were in unskilled labour i.e. mama mboga, plastic collector, mama fua etc. The remaining 45.62 percent were jobless.

The teenage girls who grew up with their fathers indicated that 1.75 percent of the fathers were professionals i.e. teacher whereas 28.07 percent were in skilled labour i.e. boda drivers, matatu drivers etc. 71.93 percent of the fathers were jobless.

In addition, the girls who grew up with their grandmothers and aunties said that 75 percent of their guardians were in unskilled labour whereas 25 percent were unemployed. Buchan (2016) notes that teen girls from the poorest areas are five times more likely to become pregnant than their peers from well off families. This is echoed by News.bbc.co.uk (2000) who highlighted that teenage pregnancy rates are much higher in areas of deprivation as well as among girls who are less educated. They further stated that teenagers from poorer backgrounds are less likely to look for abortion than girls from more affluent families as they cannot afford it.

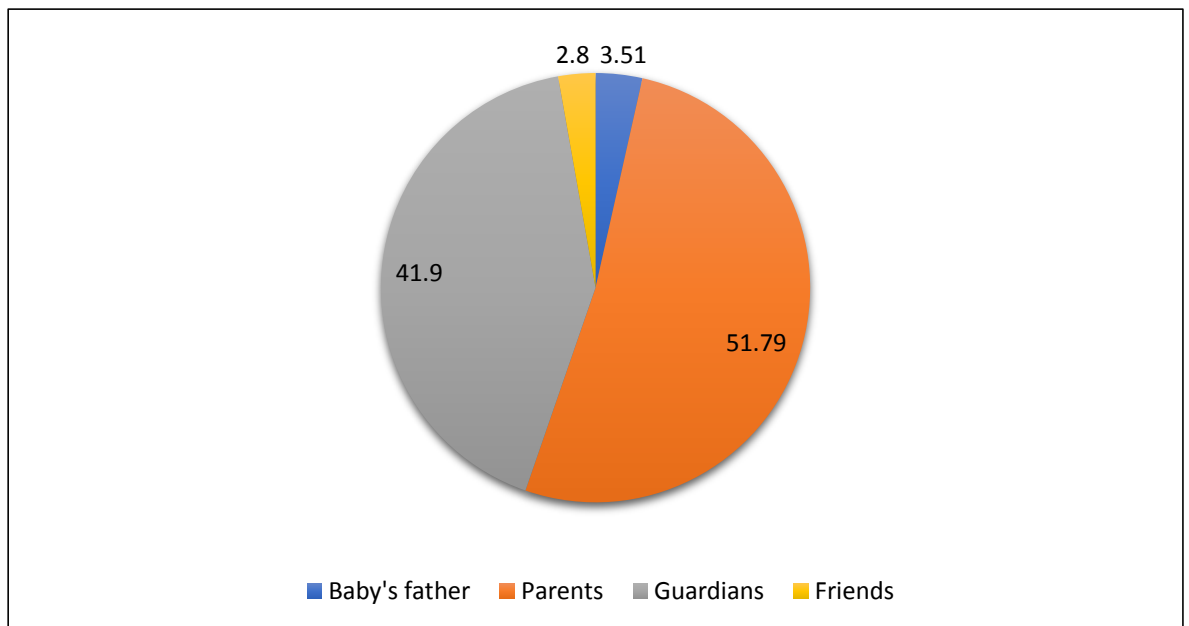
#### **4.2.5 Financial support for underage mothers**

It is of interest that while 68.42 percent of the respondents were students, 12.28 percent worked as unskilled labour while 19.3 percent were unemployed as indicated in **Figure 4.5**. All of the respondents depended on family members and friends for financial support. 51.79 percent of the mothers depended on their parents and another 41.9 percent on their guardians. Of the total teenage mothers interviewed, 2.8 percent,

said that their friends supported them financially.

The study further indicated that though 33.22 percent of the babies' fathers worked, only 3.51 percent supported their respective children financially. However, most of these fathers were in blue collar sectors such as boda riders and touts hence barely made enough to sustain themselves. Most of the fathers were in essence absent from all aspects of their children's lives and left the mothers to their own devices to make needs meet.

**Figure 4.6: Main source of financial support**



The financial woes of teen mothers can go beyond being unable to afford the daily expenses of having a child. Usually, most adolescent mothers do not get to finish their education which limits their scope of opportunities to earn a worthwhile living. Teen mothers who do not finish high school tend not to have the necessary skills to qualify for a good-paying job. To add on that, almost half of all teen mothers and more than

75 percent of unmarried teen mothers begin receiving welfare within five years of the birth of their first child (Jims Statistics on Teenage Pregnancy ,2010).

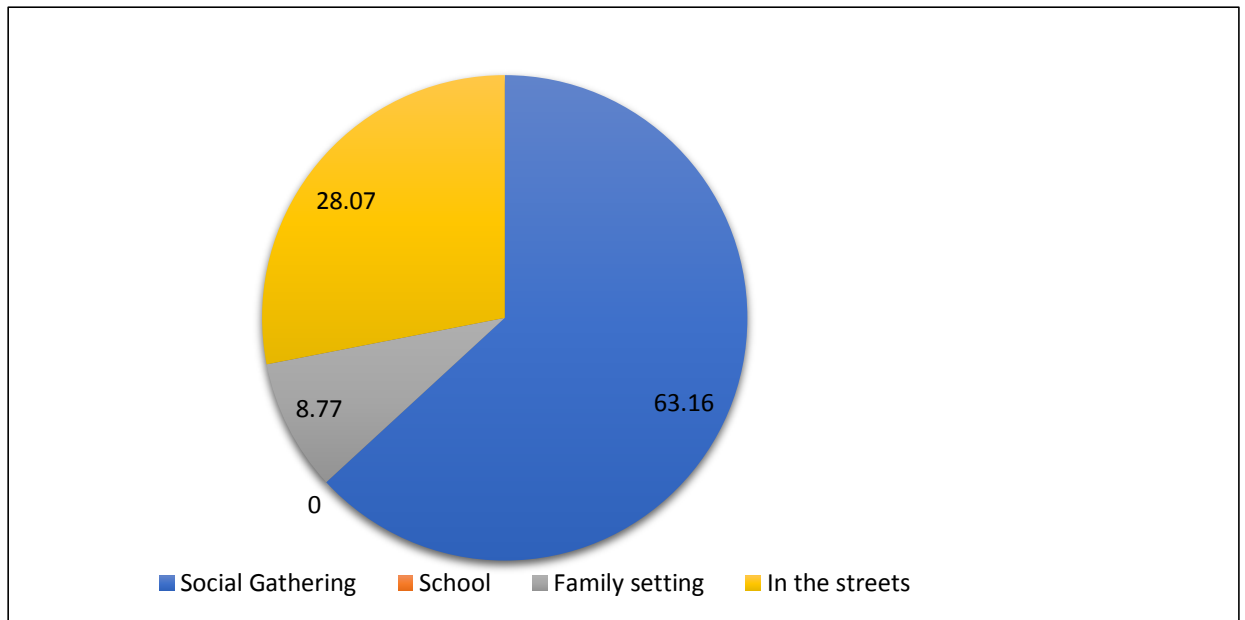
### 4.3 Push and Pull Factors

In this case, push and pull factors refer to the reasons that drove as well drew the teen mothers to early pregnancy. The push and pull factors in this study include: poverty, peer pressure and dysfunctional families.

#### 4.3.1 Poverty

For this factor, the study analyses how poverty drove the adolescent mothers to pregnancy by examining where the teen met the fathers of their babies as well as the what motivated them to engage in sexual activity with them.

**Figure 4.7: Where teenage mothers met the baby's/ babies' fathers**



While most of the respondents were from destitute backgrounds, none of them benefitted financially from having children.

A majority of the mothers, (63.16 percent) got their children with their older boyfriends (who they met in social gatherings) who at the time supported them financially by giving them pocket money while they were dating. Besides that, there is the forced consent factor whereby many adolescent girls feel pressured into having sex out of the overwhelming fear of losing the person their more mature and more experienced boyfriends if they don't agree to have sex. The girls often have to use their bodies a bargaining chip in a bid to keep their relationships going. However, in the process they chip at their self-respect and the open door to unwanted pregnancy and sexual transmitted diseases. For the teenage girls, sex is a way to deepen emotional intimacy with their boyfriends who more often than not are only seeking physical relief.

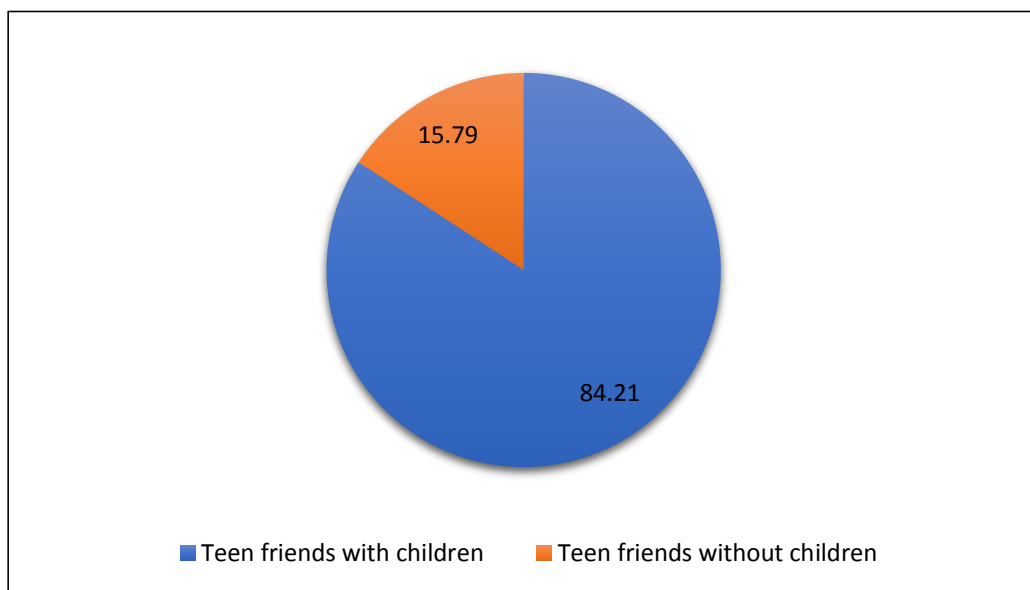
However, 28.07 percent were sexually abused by the babies' fathers who were people that they knew and 8.77 percent revealed that the babies' fathers were their biological relatives. Boyer & Fine (1993) concluded that between 11 percent and 20 percent of their respondents were pregnant as a direct result of rape as well.

#### **4.3.2 Peer Pressure**

Peer pressure contributes quite a bit in adolescent girls engaging in unhealthy sexual relationships which result in pregnancy. The pressure to fit in with friends, which is often more intense during these formative years, pushes these teenage girls to engage in reckless behaviours such as experimenting with drugs which lower inhibitions and make the girls more persuadable to engage in unprotected sex even when they are

unready simply because their friends are doing it. The sex is unprotected due to a number of reasons. They include lack of knowledge on how to protect oneself during sexual activity, inability to afford contraceptives, pressure from partner not to use protection and impulsive sexual activity which does not afford one the chance to acquire contraceptives beforehand.

**Figure 4.8: Teen friends with children**



Studies that indicate that peer pressure plays a significant role in teenage pregnancies as adolescents often feel pressured by their circle of friends to engage in sexual activities proved quite accurate in this case where 84.21 percent of the respondents had friends under 18 years who had children. Only 15.79 percent of the respondents had no friends who were minors but with children.

Often, teenage girls feel the pressure to experiment with sex earlier even when they are not ready if their friends have already done it. These girls are usually very green and often do not take measures to protect themselves from pregnancy and sexual transmitted infections. Likewise, there is the pressure to experiment with various

drugs and alcohol which inhibit one's capacity to make sound decisions and makes one more suggestible to experiment with unsafe sexual behaviours.

### 4.3.3 Dysfunctional Families

A dysfunctional family is often characterized by parental neglect or abuse towards the children. However, constant and violent conflict has been found to be present in families like this. Children from backgrounds like this grow up normalizing abuse and neglect and more often than not they carry their parents' negative traits into their own relationships with their partners as well as with their children. Below are the findings of this research on the interactions these teen mothers had with various forms of abuse in their childhood homes:

**Table 4.1: Abuse Witnessed**

<b>Abuse witnessed</b>	<b>Frequency</b>	<b>Percentage</b>
Physical Abuse	22	38.61
Sexual Abuse	17	29.82
Emotional Abuse	22	38.61
None	25	43.86

A study by Tamkins (2004) showed that girls exposed to domestic strife, abuse and violence have a higher likelihood of early pregnancy. The types of strife factored in included verbal, physical and sexual abuse, domestic violence, adult household members' substance abuse, mental illness, incarceration and divorce. This held true for this study whereby 38.61 percent of the girls had indeed witnessed physical abuse



while growing up. 29.82 percent had witnessed sexual abuse while 38.61 percent had witnessed emotional abuse. Only 43.86 percent of all the interviewees had not witnessed any of the three forms of abuse in their childhood.

**Table 4.2: Abuse Encountered**

<b>Abuse encountered</b>	<b>Frequency</b>	<b>Percentage</b>
Physical Abuse	13	23.32
Sexual Abuse	25	43.86
Emotional Abuse	13	23.32
None	20	35.09

This study proved that a majority of the girls (56.14 percent) had witnessed either physical, sexual, emotional abuse or all three. 64.91 percent of all the respondents had encountered either of the three or all of them i.e. 23.32 percent had encountered physical abuse, 43.86 percent sexual abuse and 23.32 percent emotional abuse. Research by Tamkins (2004) indicates that girls from low- income backgrounds who have also encountered maltreatment are more likely to end up as teen mothers compared to girls of medium and high- income backgrounds who are sheltered from the various forms of abuse. However, it should be noted that these forms of abuse are not a premise of the destitute demographic but they also occur in the middle- and high-income classes though not as often. Moreover, the victims of maltreatment in the middle and upper classes have access to counselling and some can even afford to pursue justice through courts which help them cope better. On the other hand, counselling and justice are luxuries girls from poor backgrounds cannot afford.

**Table 4.3: Age at first sexual encounter**

<b>Age at first sexual encounter</b>	<b>Frequency</b>	<b>Percentage</b>
Between 11 & 15	41	71.73
Between 16 & 18	16	28.07
Total	57	100

The study further revealed that 71.73 percent of the respondents had their first sexual encounter between 11 and 15 years while the remaining 28.07 percent had theirs between 16 to 18 years. This early sexual activity could be attributed to the absence of the father which Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2009) found strongly elevated the risk of early sexual activity as well as teenage pregnancy. The study further showed that 61.4 percent of the sexual encounters were consensual while 38.6 percent were not.

**Table 4.4: Consent at first sexual encounter**

<b>Consent at first sexual experience</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	22	38.6
No	35	61.4
Total	57	100

Of the interviewees, only 38.6 percent consented to their first sexual encounter while 61.4 percent did not give consent. Boyer & Fine (1993) found that adolescents who were sexually abused prior to their first pregnancy were more likely than girls not abused to:

- i) have voluntary intercourse earlier
- ii) use or have problems with drugs or alcohol or to have sex partners who use drugs or alcohol
- iii) have sex partners who are older
- iv) have had an abortion
- v) have second and third pregnancies
- vi) have been in a violent relationship
- vii) have experienced emotional abuse or physical maltreatment in childhood
- viii) have experienced repeated victimization in the past year
- ix) have had a sexually transmitted disease

#### **4.4 Attitudes towards Motherhood**

**Table 4.5: Time spent with baby on weekdays**

<b>Time spent with baby on weekdays:</b>	<b>Frequency</b>	<b>Percentage</b>
3 hours & below	7	12.28
Between 4 & 6 hours	23	40.35
Between 7 & 9 hours	7	12.28
Over 9 hours	20	35.09
Total	57	100

For *A qualitative study of parenting teens in a residential living program*, Popillion (1997) interviewed 6 pregnant or mothering teenagers aged between 14 and 17 years and found that they perceived motherhood as positive role. From the study, a majority of the mothers (40.35 percent) spent between 4 and 6 hours a day on weekdays while 53.09 percent spent over 9 hours with their babies. Spending time with babies often foster a loving relationship between mother and child and the child experiences a sense of security that comes from having a parent around. Moreover, having the disciplinarian around stifles bad behaviour. In addition, when mothers spend time with their babies, the babies grow up with a healthy self- esteem knowing that they are valued.

**Table 4.6: Time spent with baby on weekends**

<b>Time spent with baby on weekends:</b>	<b>Frequency</b>	<b>Percentage</b>
3 hours & below	4	7.02
Between 4 & 6 hours	2	3.51
Between 7 & 9 hours	5	8.77
Over 9 hours	46	80.7
Total	57	100

On weekdays, 80.7 percent of the girls spent at least 9 hours and above on the weekends with their children and only 7.02 percent spent less than 4 hours a day with the children. Mothers spending time with their children is crucial because more often than not, that is the only way to really know the child. By spending time together,

mothers learn how the child responds to various forms of discipline, what foods they like, what makes them happy etc.

Furthermore, by spending time with their children, mothers are able to instil the correct ideologies as well as shape their characters. While the mother is absent, the child is vulnerable to corruptive behaviours and beliefs from the society around them as well as from the media. It is the parent’s duty to filter out the filth so that their child only consumes wholesome ideas.

**Table 4.7: Opinions on importance of mother – baby bonding:**

<b>Opinions on importance of mother – baby bonding:</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	52	91.23
No	5	7.02
Total	57	100

Moreover, 91.23 percent of the respondents said that they thought that it was important for a mother to bond with her child and they did so through: playing with the child, feeding the child and sleeping together. In addition, most of the teens said that they played with their children on impulse as opposed to planned play. For most of these mothers, even though motherhood was a new and daunting task, it was also an opportunity for unconditional love. They felt that their children were a solace from their harsh realities and even most confided that they could not imagine their lives without their children. Therefore, the bonding with their children was for the

children's good as much as theirs. The 7.02 percent who did not place much importance on bonding indicated that mostly it was because they felt trapped and hence harboured some resentment towards the baby's father as well as baby.

**Table 4.8: Confidence in mothering skills on a scale of 1 to 5**

<b>Confidence in mothering skills on a scale of 1 to 5 with 1 being not very confident and 5 being very confident:</b>	<b>Frequency</b>	<b>Percentage</b>
Not very confident	10	17.55
Not confident	6	10.53
Neutral	21	36.84
Confident	10	17.54
Very confident	10	17.54
Total	57	100

This research established that a majority (36.84 percent) of the underage mothers who participated in this study felt confident in their mothering skills mostly because they had family or guardians backing them up. 15.79 percent admitted to not being very confident while 10.53 percent admitted to not being confident in their mothering skills. 17.54 percent of the respondents were quite confident and another 17.54 percent were very confident in their mothering skills.

Adolescent mothers experience more hardships than adult mothers during the early-parenting period as the adolescents are less cognitively prepared to engage in new-born care as essentially, they themselves are still growing. Teen mothers experience more stress in parenting, and are less adaptive in their parenting style when compared with adult mothers (Gee & Rhodes, 2003; Mercer, 2004).

#### **4.5 Parenting Habits**

Various studies show that children of underage mothers are more prone to have health, social and economic problems as a result of ignorance on the mother's part, inadequate diet, inadequate parental care/ supervision and generally poverty. Below are the findings of these study:

##### **4.5.1 Discipline**

Afifi and Brownridge (2008) stated that children born to teenage mothers are more likely to be at the receiving end of child abuse yet that was not the finding in this study. Though 63.16 percent of the teenage mothers said they were beaten and shouted at for discipline while growing up, none of these teenage mothers beat their children.

**Table 4.9: Adolescent mothers who discipline their children**

<b>Teen mothers who discipline their children:</b>	<b>Frequency</b>	<b>Percent</b>
Those who discipline children	21	36.84
Those who don't discipline children	36	63.16
Total	57	100

Out of the 57 adolescent mothers who were interviewed in this study, 36.84 percent discipline their children while 63.16 percent do not discipline their children. Asked

how they discipline their children, the 36.84 percent said that they shout at their children. Wachege (2003) notes that single mothers (such as these teen mothers) face a lot of emotional strain. The strain is often from lack of support from the male parent and family coupled with the stress of having to provide for their babies with very meagre resources and skills. The emotional strain often results in a short fuse which results in the teen mothers shouting at their children as a form of discipline but also as a form of releasing some of the stress. Cawood (2007), however, does not advocate for shouting as a form of discipline. She states that an uncontrolled adult aggressive reaction leads to an emotionally unstable and unpredictable atmosphere and that explosions can cause anxiety for children. It also dents self-esteem, as the child feels shamed and scared. The study further indicated that the 63.23 percent who did not discipline their children indicated that they felt that their children were too young to be shouted at or beaten. While disciplining toddlers can be daunting since they are too young to beat or shout at, Child development specialist Claire Lerner, director of parenting resources for the non-profit organization Zero to Three, states that routine and predictability go a long way in pre-empting fits and acting out as it keeps them calm, Watson (2009). In addition, Watson (2009) notes that according to Pediatrician Lisa Asta, associate clinical professor of pediatrics at the University of California, San Francisco, one has to plan activities around the toddler's schedule. For instance, scheduling grocery shopping during the toddler's naptime is bound to result in a fit. During this age, it key that the parent takes time to learn their toddler and the way their toddler reacts to different activities. This comes in handy when the toddler is



misbehaving repeatedly and the parents has to redirect their energy with a suitable distraction.

**Table 4.10: Swiftmess with which punishment was meted out to children for discipline**

<b>Swiftmess of punishment to children:</b>	<b>Frequency</b>	<b>Percent</b>
Immediately	2	9.52
After one warning	8	38.1
After two or more warnings	11	52.38
Total	21	100

In terms of how swiftly the teen mothers discipline their children, only 9.52 percent of the mothers indicated that they discipline their children immediately they committed a wrongdoing. The remaining felt that it was important to give the children warning of the repercussions they would face in case of a repeat of the wrongdoing with 38.1 percent saying they gave one warning and 52.38 percent saying they gave two warnings before taking disciplinary action. Morin (2017) states that parents should only give one warning before enforcing consequences. She states that too many warnings may give the child the impression that the parent is not serious about the punishment. Furthermore, Murkoff (2011) adds that reprisal should be swift because children have a short memory. She further advocates for parents to clearly explain to the child why they are being punished.

**Table 4.11: Adolescent mothers who were disciplined as children**

<b>Adolescent mothers who were disciplined as children:</b>	<b>Frequency</b>	<b>Percentage</b>
Those who were disciplined	44	77.19
Those who were not disciplined	13	22.81
Total	57	100

A majority of the teenage mothers interviewed, 77.19 percent, stated that they were indeed disciplined as children by their parents or guardians. The remaining 22.81 percent of the underage mothers indicated that they did not receive any form of discipline growing up. They were neither beaten nor shouted out even after committing any wrongdoing. This is in line with the findings of Kotwar and Prabhakar (2009) who state that single mothers are faced by financial, emotional and social problems. They suffer from loneliness, helplessness, hopelessness, lack of confidence, depression and failure to maintain child discipline due to absence of male members. These adolescents who were primarily raised by their mothers and grandmothers articulated that their guardians were too busy trying to make ends meet to keep a watchful eye over them. Bronimann (2016) established that this deficit in single parenting is as a result of the parent in question being overwhelmed by responsibilities such as singlehandedly trying to provide for the children with inadequate resources while juggling actively bringing up the children.

**Table 4.12: Ways adolescent mothers were disciplined as children**

<b>Ways adolescent mothers were disciplined as children:</b>	<b>Frequency</b>	<b>Percentage</b>
Shouted at	5	11.36
Beaten	3	6.82
Both	36	81.82
Total	44	100

Out of the 44 young mothers who was disciplined as a child, 11.36 percent indicated that they were shouted at as a form of disciplinary action, 6.82 percent indicated that they were beaten whereas 81.82 percent stated that they were shouted at and beaten to instil discipline. Findings from various research indicates that low-income parents are less likely to be nurturing or to supervise their children adequately, and more likely to use inconsistent, erratic and harsh discipline (Elder et al., 1985). This is especially true for 81.82 of the adolescents who were shouted at and beaten while growing up. Further, when low-income families suffer stress such as absence of a supportive partner, sometimes the single parents are observed to take out some of the stress on their children by being stricter and harsher. Moore and Vandivere (2000) argue that how parents cope with stressful circumstances, like destitution, influence children's experience of a stressful environment. For instance, parents who are stressed are less likely to be able to provide optimal home circumstances and more likely to use coercive and harsh methods of discipline.

#### 4.5.2 Child's Diet

**Table 4.13: Breastfeeding duration**

<b>Breastfeeding duration:</b>	<b>Frequency</b>	<b>Percentage</b>
Under 1 year	6	10.53
Under 1 year but on going	17	29.82
1 year	3	5.26
1 year but on going	25	43.86
Over 2 years	6	10.53
Total	57	100

The World Health Organization (2016) recommends breastfeeding for up to two years and beyond as it helps to reduce the chances of food intolerances and protects the baby from infections. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is particularly recommended as the perfect food for the new-born baby. Moreover, feeding should be initiated within the first hour after birth. This study revealed that though 43.86 percent of the young mothers breastfed over the one-year mark, only 10.53 percent got to the two-year mark. 85.96 percent of the girls also said that apart from breast milk, they also fed their children light foods such as porridge, mashed potatoes and bananas.

In addition, a majority of the girls (61.4percent) admitted to feeding their children on demand as opposed to following a pre-determined schedule and also relying on the child's appetite for a guide on how much to feed them. It is also of note that

28.07percent of the mothers only fed the children when food was available and whatever was available regardless of its nutritional value.

#### 4.5.3 Health of the child

**Table 4.14: Frequency of health check-ups**

<b>Frequency of health check-ups:</b>	<b>Frequency</b>	<b>Percent</b>
Monthly	2	3.51
Yearly	5	8.77
Never	50	87.72
Total	57	100

Rahman, Islam and Rahman (2010) found out that low income and exposure to mass media resulted in no or very few medical checkups. This is particularly true in this study.87.72percent of the respondents said that they did not take their children for medical check-ups whereas 3.5percent said that they did take their children for check-up monthly. It is important to note that medical check-ups are not the same as the infant clinics. The researcher observed that a majority of these teenage mothers could barely make ends meet and therefore felt that check-ups were not that necessary because they did seek medical care in cases of illness.

**Table 4.15:Frequency of hospital visit in case of a health issue**

<b>Frequency of hospital visit in case of a health issue:</b>	<b>Frequency</b>	<b>Percent</b>
Immediately	6	10.53
After a couple of days of monitoring	32	56.14
Later when you can afford it	18	31.58
Never	1	17.54
Total	57	100

In addition, 56.14 percent of the mothers stated that after noticing a health issue with their child, they took the child to hospital after a couple of days of monitoring. If the issue disappeared during the observation period, well and good. 28.07 percent of the respondents intimated that they only took their children to hospital only when they could afford it while 10.53percent claimed to take their children to hospital immediately. It is of concern that 17.54percent of the mothers did not take their children to hospital at all. One of the mothers intimated that she disliked having her child take medicines as they are just chemicals and would only result to them when it was of uttermost importance.

## **CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter will provide a summary of the findings from Chapter Four as well as the conclusions and recommendations of the study based on the objectives. The objectives of this study were as follows:

- i. To analyze the characteristics of underage mothers i.e. their age, education background, family background, marital status, economic dependency on spouse or family, child welfare etc.
- ii. To examine the push and pull factors
- iii. To analyze their attitudes towards motherhood

### **5.2 Summary of the Findings**

#### **5.2.1 Characteristics of underage mothers**

##### Age

From the study, the teenage mothers interviewed gave birth while still in the adolescent years i.e. aged between 11 years and 18 years. This is a crucial transitory stage in human development from childhood to adulthood.

##### Educational Background

The study revealed that the underage mothers were significantly behind in their school work as opposed to their age mates without children. The researcher also observed

that the written and spoken communication of those in secondary school were not quite what one would expect from students in that level. They had a lot of trouble expressing themselves in both English and Kiswahili, they misspelt commonly used words and their handwritings were quite wanting as well.

### Family Background

The study established that 54.04 percent of these young mothers come from single-parent families that were not economically stable. Most of their parents and guardians engaged in unskilled labour to earn a living.

### Marital Status

The teenage mothers did not live with the children's fathers since most of the men rejected the pregnancy while others had raped the girls hence they could not be expected to cohabit. As a result, most of the girls are single parents.

### Economic Dependency

None of these young mothers are gainfully employed since they are still underage and also lack the basic skills necessary in today's job market. As a result, they are financially dependent on their parents and guardians as the children's fathers are deadbeat. However, a few of these mothers supplement the help they get by taking on odd jobs such as washing clothes.



### **5.2.2 The push and pull factors**

#### Poverty

Though the respondents come from financially unstable backgrounds, none of them benefitted financially from engaging in sexually activities. Some of the mothers actually believed they were in love and engaged in sex to show it while others were sexually abused.

#### Dysfunctional Families

While the respondents did not grow up in homes that were particularly violent, Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2009) would suggest that the absence of the father contributed to the early sexual awakening which strongly elevated the risk of early sexual activity as well as teenage pregnancy.

#### Peer pressure

This study showed that peer pressure played a key role in early motherhood as well over three quarters of the respondents have friends who had children while under 18 years. To some extent, the girls felt it was okay that they were mothers at such a young age since their friends are too.

### **5.2.3 Attitudes towards motherhood**

The study found that the teenage mothers saw pregnancy as a positive role taking into account the amount of time they set aside to spend with their children. In addition,

though a majority of the girls confessed to not being quite confident in their mothering techniques, they all articulated that the value of bonding with their children.

### Parenting Techniques

From the study, the young mothers admitted to valuing discipline but none of them beat their children as they thought the children were still too young for that kind of discipline. Often, they warned their children in cases of misbehaviour and shouted at them when warning was not fruitful.

In terms of diet, the study established that though the respondents tried their best, a majority did not quite grasp the importance of a good diet for the children. To them, food is food and they could barely afford regular meals anyway leave alone variety.

Lastly, though the respondents noted the importance of regular health check-ups for their infants and babies, none of them could afford them save for the infant clinics that are free in public hospitals.

### **5.3 Conclusion**

This study has established that though peer pressure and dysfunctional families do play a role in contributing to underage pregnancy, the main factor is poverty. It is due to poverty that teenage girls lack the necessary exposure that would help them combat peer pressure. Moreover, this study established that the dysfunction in their families was largely attributed to lack of resources. In addition, poverty was articulated by

their characteristics such as economic dependency as well as the lack of a good education. The researcher also noted that the cycle of poverty and dysfunctional families was carried forward by the teenage mothers who are now single parents with no means of earning a living.

#### **5.4 Recommendations**

From the findings of this study, it is recommended that schools, churches and other communal institutions hold forums that engage teenage girls on how to cope with poverty and dysfunction in their homes. These forums should give the girls a chance to talk about the challenges they face in their day-to-day lives and also help them come up with ways to withstand these challenges.

In addition, it is recommended that the parents and guardians of teenage mothers are sensitized on how crucial it is for the young mothers who dropped out of school as a result of pregnancy to seek re-admission into schools for them to complete their education. It is also key that these young mothers are made to understand that education will as a matter of fact lay the groundwork for their escape from poverty.

Lastly, the study unearthed that none of the teenage mothers who participated in the study are aware of that the children's fathers are required by law to support the children. The same was the case with their parents and guardian. In this case, it is recommended that The Department of Children Services hold communal forums or even hold awareness creation campaigns in the media to publicize the rights of children, the responsibilities of parents to their children and the measures taken against parents who abdicate their duties.

## REFERENCES

- Abdullah, K., Malek, M A., Faruque, A S G., Salam, M A. & Ahmed, T. (2007). Health and nutritional status of children of adolescent mothers: experience from a diarrhoeal disease hospital in Bangladesh. *Acta Paediatrica*, 96(3), 396–400.
- Afifi, T. O., & Brownridge, D.A.(Ed.). (2008). *Physical Abuse of Children Born to Adolescent Mothers: The Continuation of the Relationship into Adult Motherhood and the Role of Identity* (1<sup>st</sup> ed.). Hauppauge, NY: Nova Science Publishers.
- Aganyoh, E. N.S. (1997). *Adolescent Fertility and the Characteristics of Adolescent Mothers in Kisii District*. Unpublished Post Graduate Diploma.Nairobi, University of Nairobi.
- BBC News. (2000). Teenage pregnancies highest in poor areas. BBC. Retrieved from BBC News website: <http://news.bbc.co.uk/2/hi/health/1056025>
- Beguy, Do., Mumah, J. & Gottschalk. L. (2014). Unintended Pregnancies among Young Women Living in Urban Slums: Evidence from a Prospective Study in Nairobi City, Kenya. *Plos One*, 9(7), 23-38.
- Belsky, J., Steinberg L., & Draper, P. (1991) *Childhood experience, interpersonal development, and reproductive strategy: An evolutionary theory of socialization. Child Development*. New Jersey: Blackwell Publishing.
- Bloom, D.E., Edmeades, J., & Luchsinger, G. (2016). The State of World Population 2016. New York: UNFPA, 12-30.
- Brisbane, H. E. (Ed.). (1988). *The Developing Child: Understanding Children and Parenting* (5<sup>th</sup> ed.). California: Macmillan/McGraw-Hill Company Mission Hills.
- Buchan, L. (2016, July 5). Teen pregnancies higher in poor areas but overall rate at record low. *The Scotsman*. Retrieved from The Scotsman Website: <https://www.scotsman.com/news-2-15012/teen-pregnancies-higher-in-poor-areas-but-overall-rate-at-record-low-1-4169674>
- Cawood, A. (Ed.). (2007). *Children Need Boundaries: Effective Discipline without Punishment* (1st ed.). Cape Town: Metz Press.
- Centers for Disease Control and Prevention. (2019). Reproductive Health: *Teen Pregnancy* Retrieved from Centers for Disease Control and Prevention website : <https://www.cdc.gov/teenpregnancy/about/index.htm>

- Day, R. D. (1992). The transition to first intercourse among racially and culturally diverse youth. *Journal of Marriage and the Family*, 54, 749–762.
- Elder, G., Van Nguyen, T., & Caspi, A. (1985) ‘Linking family hardship to children’s lives’, *Child Development*, 56, 361–75.
- Gicobi, M. (2013, October 30). Teenage pregnancies: Kenya’s alarming statics. *Daily Nation*. Retrieved from Daily Nation Website: <https://mobile.nation.co.ke/lifestyle/women-and-style/Teenage-pregnancies-Kenya-alarming-statistics/3116140-2053588-format-xhtml-rcdytcz/index.html>
- Katz, I., Corlyon, J., & La Placa, V. (2007). The relationship between parenting and poverty. York: *Joseph Rowntree Foundation*.
- Kempner, M. (2013, April 29). Poverty Causes Teen Parenting, Not the Other Way Around. *Rewire News*. Retrieved from Rewire News Website: <https://rewire.news/article/2013/04/29/poverty-causes-teen-parenting-not-the-other-way-around/>
- Kiernan, K.E., & Hobcraft J. (1997). Parental Divorce during childhood: Age at first intercourse, partnership and parenthood. *Population Studies* ,51, 41-55.
- Kotwal, N., & Prabhakar, B. (2009). Problems Faced by Single Mothers. *Journal of Social Sciences*, 21(3), 197- 204.
- Larson, C P. (2007). Poverty during pregnancy: Its effects on child health outcomes. *Paediatr Child Health* ,12(8) ,673–677.
- Lewis, J. (1991). *The Physiological and Psychological Development of the Adolescent*. Retrieved from Yale-New Haven Teachers Institute website: <http://teachersinstitute.yale.edu/articles/>
- Loaiza, E., & Mengjia, L. (2013). Adolescent Pregnancy: A Review of the Evidence. New York: *UNFPA*, 1-58.
- Lohmann, R. C. (Ed.) (2009). *The Anger Workbook for Teens: Activities to Help You Deal with Anger and Frustration*. (6<sup>th</sup> ed.). Oakland, New Harbinger Publications.
- McLeod, S. A. (2018). Erik Erikson's Stages of Psychosocial Development. *Simply Psychology*. Retrieved From Simply Psychology: <https://www.simplypsychology.org/Erik-Erikson.html>

- Moore, K. A. & Vandivere, S. (2000). *Stressful Family Lives: Child and Parent Well Being*, Child Trends Series B-17. Washington DC: *The Urban Institute*.
- Morin, A. (2017). *Behavior Problems: Use Warnings to Teach Children Self-Discipline*. Retrieved from Verywell Family website: <https://www.verywellfamily.com/>
- Murkoff, H. (Ed.). (2011). *What to Expect the Second Year: From 12 to 24 Months*, (1<sup>st</sup> ed.). New York, Workman Publishing Company.
- National Legislative Bodies / National Authorities, Kenya: The Children Act, 2001 (No.8 of 2001), December 2001, Retrieved from: <https://www.refworld.org/docid/5b3e24344.html>
- National Conference of State Legislatures. (2018) *Teen Pregnancy Prevention. Our American States*. Retrieved from National Conference of State Legislatures website: <http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx>
- Oruko, K., Nyothach, E., & Gutierrez, E. Z. (2015). He Is the One Who Is Providing You with Everything So Whatever He Says Is What You Do: A Qualitative Study on Factors Affecting Secondary Schoolgirls' Dropout in Rural Western Kenya. *Plos One*, 10 (12).
- Oteba, T. (2016, March 10). 20 Girls Confirmed Pregnant at Chelebei Secondary School in Mt Elgon. *The Standard*. Retrieved from The Standard Digital Website: <https://www.standardmedia.co.ke/article/2000194465/20-girls-confirmed-pregnant-at-chelebei-secondary-school-in-mt-elgon>
- Palma, J. L., & Estela, R. (2017). Report on early unions in Mexico: A National, State and Regional Analysis. *Insad*, 52- 66.
- Rahman, M., Islam, R., & Rahman, M. (2010) .Antenatal Care Seeking Behaviour among Slum Mothers: A Study of Rajshahi City Corporation, Bangladesh. *Sultan Qaboos University Med Journal*, 1, 50–56.
- Richards, T. C. (2013) *The perplexed minds of teenagers: teenage girls and older men: what every parent should know*. Retrieved from Licensed Mental Health Counsellor website: <https://licensedmentalhealthorgcounselor./2013/02/20/teenage-girls-and-older-men-w-hat-every-parent-should-know/>
- Seay, D. M., Jahromi, L. B., & Updegraff, K. A. (2016). Intergenerational Transmission Of Maladaptive Parenting Strategies In Families Of Adolescent Mothers: Effects From Grandmothers To Young Children. *Journal of Abnormal Child Psychology* ,44 (8), 1097-1109.

- Smith, P. H., Coley, S. L., Lobbok, M. H. et al. (2012). "Early Breastfeeding Experiences of Adolescent Mothers: A Qualitative Prospective Study". *International Breastfeeding Journal*, 7(1), 17-30.
- Southorn, D. (2016). *I'M Just A Young Mother'' Teenage Mothers' Perspectives On Early Parenthood'*. Unpublished Masters thesis. Otago, University of Otago.
- Stephanie, S. (2014). *Sampling Frame / Sample Frame Definition. Statistics How To*  
Retrieved from Statistics How To website:  
<http://www.statisticshowto.com/sampling-frame/>
- Vo, C.N. (2008) "*Pregnant and Parenting Teens' Attitudes toward Pregnancy and Motherhood and Their Perceptions of Social Support*". Unpublished Masters thesis. Iowa, Iowa State University.
- Wachege, P. (2003). *Third Millennium African Single Mothers and Mother Widows: Ethno- Religion-Philosophical Touch*. Nairobi: University of Nairobi Press.
- World Health Organization (2018). *Children: reducing mortality*. Retrieved from World Health Organization website:  
<https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>
- Wymelenberg, S. (Ed.) (1990). *Science and Babies: Private Decisions Public Dilemmas*. (1<sup>st</sup> ed.). Washington (DC), National Academies Press.
- Zinn, M. B., & D. Stanley, E. (Ed.). (1999). *Diversity in Families*. (5<sup>th</sup> ed.). New York, Longman.

**APPENDICES**

**APPENDIX I: INTRODUCTION LETTER**

Dear Respondent,

This is to invite you to participate in the research study entitled **Assessment of Factors Contributing to Underage Motherhood: The Case of Mothers Who Are below Age 18 in Mwiki, Kasarani Constituency.**

I am currently enrolled in the Rural Sociology and Community Development program at The University of Nairobi and I am in the process of writing my Master project.

Your participation in this research is voluntary. You may decline to participate at all or leave blank whichever questions you do not wish to answer. However, kindly endeavour to be as honest as possible in answering the questions. Your identity and responses will be confidential. No one but the researchers will have access to your responses. It should take approximately 5 minutes to answer the questions and please feel free to ask for clarification where need be.

Kindly sign below to indicate your consent to participate in the research. Moreover, you being a minor, I will require your parent/ guardian to sign alongside you giving their consent too.

Respondent signature.....

Date.....

Parent/Guardian signature .....

Date.....

Thank you for assistance.

Kind Regards,

Caroline W. Gichure



## APPENDIX II: QUESTIONNAIRE

### CHARACTERISTICS OF UNDERAGE MOTHERS

- 1) How old are you? .....
- 2) At what age did you have your first baby?.....
- 3) Have you completed your primary school education? ..... If not, what level did you reach?
- 4) Have you completed your secondary school education? ..... If not, what level did you reach?
- 5) Where did you give birth?
  - St. Francis Hospital
  - Maternity Hospital
  - Kasarani Health Centre
  - Home
- 6) What is your mother's main occupation?.....
- 7) What is your father's main occupation?.....
- 8) Do you get financial support from anyone? ..... If so, from who, how much and how often? .....
- 9) When growing up, whom did you live with?
  - Mother alone
  - Father alone
  - Both parents
  - Guardians

- 10) Whom do you live with currently? .....
- 11) Are both of your parents alive? .....
- 12) If yes are they
- a. Living together...
  - b. Separated...
  - c. Divorced...
- 13) How many children do you have? ... If more than one, are they all from the same father?.....
- 14) How did you meet your baby's father? .....
- 15) How old is your baby's father?.....
- 16) Do you live with your baby's father?..... If not, why?.....
- 17) Do you work?..... If yes, where? .....
- 18) Does your baby's father work? ..... If yes, where?.....

**PUSH AND PULL FACTORS**

19) Have you ever witnessed:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- None

20) Have you ever encountered:

- Physical Abuse
- Sexual Abuse

Emotional Abuse

None

21) At what age did you have your first sexual experience? .....

22) Was the sexual encounter consensual? .....

23) Do any of your friends under 18 have children?.....

### **ATTITUDES TOWARDS MOTHERHOOD**

24) How much time do you spend with your baby on average in a day?.....

25) Do you think it is important for a mother to bond with her child?.....If so, how do you bond with your child?.....

26) Do you play with your child?..... If yes, is it on impulse or planned play?.....

27) On a scale of 1 to 5 with 1 being not very confident and 5 being very confident, how confident are you with your mothering skills?.....

### **PARENTING HABITS**

28) How old are your children?.....

29) How long did you breastfeed your baby?.....

30) What is your children's daily diet?.....

31) When feeding your children, do you follow a routine or do you feed on demand?.....

32) Is how much you feed your children guided by their appetite, growth or the quantity of food available? .....

33) How often do you feed your children in a day? .....

34) How often do you take your children for health check-ups? .....

35) How soon do you take your children to the hospital after noticing a health issue?

- Immediately
- After a couple of days of monitoring
- Later when you can afford it
- Never

36) Do your children attend school?.....If so, is the school private or public? .....

37) Who pays the school fees?.....

38) Do you help your children with the schoolwork?.....If not, who does?.....

39) Is the children's father involved in raising the child?..... If yes, how?.....

40) Do your families help in raising the child?.....If yes, how? .....

.....

41) When your children do something wrong, do you shout out at them, beat them or both?.....If not, how do you discipline them?.....How often do you do this?.....

42) Did your parents/ guardians beat you, shout at you etc. when you did something wrong when you were growing up?..... If not, how did they discipline you? .....