

Topic: V Adolescent fertility in Chogoria Location ,

By

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The project is submitted in partial fulfilment of the requirements for the Postgraduate Diploma in Population Studies of the University of Nairobi.

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(i)

Declaration.

This research project is my original work, and to the best of my knowledge, has not been presented for a degree in any other University

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The project has been submitted for examination with my approval as University Supervisor

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DEDICATION

To my parents PHARES AND JESICA, SPOUSE, BROTHERS AND SISTERS.  
ANTONY HUGAMBI AND MAWIRA.

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## CHAPTER ONE

### THE NATURE AND SCOPE OF THE PROBLEM

#### Problem Statement

Adolescent fertility has raised a number of issues in the last decade, not only in Kenya but world wide. The preacher, teacher, leaders and parents are getting alarmed by the rate of adolescent pregnancies. The attendant problems associated with adolescent pregnancies affect the individual, family involved and the nation as a whole.

First, adolescent pregnancy before age 22 jeopardizes an individual life prospects. The young mother may not have completed her education and therefore not in gainful employment. At the same time both the mother and the baby require basic services that require substantial amount of money. This may force the adolescent mother to involve herself in illegal practices like prostitution or 'changaa' brewing to get some income. This magnifies the already existing problems.

Secondly, the increase in number of adolescent pregnancies is a great concern to the parents and society as a whole. The Kenya Fertility Survey 1977-78 showed 20% of women had a birth  
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before marriage. Though a large proportion may get married to the father of the baby, others leave them under the care of the already overburdened grandparents. This may result in high infant mortality in the affected areas. On the other hand the grandparents get overworked such that their life expectancy is shortened.

Finally, adolescent pregnancy is related to high school dropouts. This in turn retards women education and status in our societies which are among the two prerequisite to development. Kenya like most other developing countries is experiencing a lag in the economic growth. All these indirectly influence the failure of family planning acceptance in Kenya.

#### Justification for the study

In Kenya, adolescents make up about 20% of the National Population and is the fastest growing segment. At the same time it is the cohorts (15-19 and 20-24 years) which make up the future potential parents. A high rate of adolescent fertility interferes with growth and development of an organised society.

Adolescent fertility in Pleru is becoming an issue. For every ten girls, one is likely to drop out of school because of pregnancy. Modern education has eroded most of the cultural practices; so the cultural restraints of sex intercourse out of wedlock is no longer there. The hospitals have policies prohibiting adolescents from acquiring contraceptives. This study will show the extent of the problem and why certain policies ought to be changed.

#### Objectives of the study

##### General: •

The study will attempt to look into factors associated with adolescent fertility with the aim of determining the health, economic and social problems experienced by the mothers. In



addition the study will look into assistance they need and the response of the government to their plight.

**Specific objectives:**

1. To investigate the background characteristics of the adolescent mothers in Chogoria location.
2. To investigate their desired family size.
3. To investigate the socio-economic and cultural problems in the location.

**Scope and Liititation**

Chogoria location is about 40 square kilometres in area. It lies on the eastern slopes of lit. Kenya with a high agricultural potential and therefore the human population is quite high; with an average of 400 persons per kilometre square.

The area of research was not extensive because of the following limitations:

1. Time factor: the research was expected to take 1 month. This is about 30 days less 4 because of sundays. In addition it took 4 days to get a place for working at Chogoria Hospital Community Department. Moreover it took another two days to train research assistants on the questionnaire.
2. Area of Study: The area of fertility appeared to be a sensitive one and therefore it required the research assistants to have some background information in

psychology. In this study respondents were reluctant in answering some questions.

3. Geographical: due to ruggedness of the landscape, the research assistants were not able to interview many respondents per day. The economic activities of coffee picking limited the time between the respondents and researchers.

#### LITERATURE REVIEW

Khasiani (1985) carried out a research on adolescent fertility in Kenya with special reference to high School teenage pregnancy and childbearing. It was done for Nairobi schools. The study units were girls who were currently pregnant and had dropped out of high school as well as those who were pregnant and still enrolled in school but faced the prospects of leaving school. This study examined their social, economic, psychological and health problems as well as their training and employment possibilities.

The study was based on primary data. The data collection mainly consisted of interviewing; researcher administered a questionnaire to the respondents. At the same time detailed unstructured interviews were administered by the researcher to the relevant government officials, heads of schools and the parents of some pregnant adolescents. In addition the researcher used the existing data in the area of study.

Research findings showed that 82.62 of female youth in the sample had sex by age 19; there was also some reluctance among

the youth to practice contraception. Though about 43.12 of the total sample had not been exposed to any kind of contraceptive information. A young school girl who becomes pregnant in Kenya has her education terminated and a stigma attached to her. It was also found that abortion presents an additional health risk to the population of pregnant adolescent mother; so this makes it an average of 11 abortions a day at Kenyatta National Hospital alone.

Still among the findings, only a few (92) attended private clinic while the majority (552) attended public maternal health clinics. 102 of them did not know about the need to attend clinics while 20.02 did not wish to expose themselves to people as pregnant.

The findings also showed that for most of the respondents (75.32), a gap had been created between them and their parents so that they did not feel as close to them as before. A substantial number of respondents from large families with of or more siblings (83.32) did not receive any financial assistance from anybody. 31.22 of those in the sample wished to go back to school after delivery.

y\_Gyepi-Garbrah (1985) studied adolescent fertility in Kenya and used secondary sources of information from censuses, surveys, research and administrative publications.

In this study Garbrah analysed the socio-economic characteristics of adolescents; under this, he looked at

educational attainment, age at marriage, marriage type, residence and economic activity they are involved in.

The study also looked at the reproductive health behaviour of adolescents. Under this he studied age at menarche, fertility, maternal mortality and morbidity, contraception, pregnancy termination and sexually transmitted diseases. He also looked at the implications of adolescent fertility.

Garbrah found that educational attainment among the adolescents has increased from 18" (1969) to 70\* (1979). Age at marriage has increased from 18.4 to about 20. A small proportion of about 24\* of adolescents were in polygynous unions. The proportion of adolescents living the urban areas has increased from 10\* (1969) to 20\* (1978) he also found that less female adolescents were involved in the labour force participation.

In connection with reproductive health behaviour, Garbrah found that the age of menarche is falling from 14.4 (1970's) to about 12.9 (1980) and fertility rate rose from 141 (1962) to 168 (1977). But noted that fertility was low among the adolescents of secondary school level. He found that maternal mortality among adolescents is high (32\*), far higher than among those aged 25 years and over. There is also low contraceptive use among the adolescents (4.7\*) pill and the condom being most popular. From figures got from Kenyatta National Hospital alone in 1978, there were 1,424 abortion cases; 84\* of the cases were adolescents. Though no data was available, he concluded that sexually transmitted diseases had declined.

By Rogo K.O. (1987) wrote the proceedings of a workshop held at Kwale, Coast province, Kenya August 1986.

The workshop looked at the state of adolescent fertility in Kenya in 1986. Social and Cultural factors associated with pregnancy among the unmarried teenage girls; the adolescent in her socio-psychological context in a changing Kenyan society.

More issues on medical aspects of adolescent fertility were discussed. Included among them were, the organisation of family planning services for adolescent in Kenya; medical consequences, a study of adolescent mothers at Pumwani Maternity Hospital Nairobi, Eldoret District hospital, Kisii District hospital and Kericho District hospital.

From the workshop, it was noted that 28% of the cases of induced abortions at the Kenyatta National hospital were from those aged below nineteen years of age and 26 were school girls. It was agreed that family planning services for adolescents in Kenya has been neglected for a long-time and it is the time something is done about it.

It was found that adolescent fertility in the hospitals studied was more than 25% of all deliveries. The highest was recorded in Kericho. However, most of the adolescents were already married. It was also agreed that most delivery complications are common among the adolescents.

The various religious groups represented in the workshop showed different concern about the adolescent. The Hindu have people who the adolescents can turn to, talk to and seek advice

from. The Catholic Bishops in Kenya condemn any indiscriminate distribution of contraceptives to youth. The Protestant churches have gone ahead to form a programme called The Youth Information and Education Towards Responsible Adulthood; it is a christian oriented programme and its main objective is to help the school adolescents to solve the problems of their irresponsible sexual behaviour.

^ Oucho (1987) studied the social and economic consequences of adolescent fertility. The study involved secondary data from selected African countries. He considered the adolescence age to be of ages 15-24; whether married or not.

In the study, the following selected indicators of adolescent fertility were used namely total fertility; age specific fertility (15-19 and 20-24); per cent never married and mean age at first marriage. In this paper the author dealt with demographic, social and economic consequences of adolescent fertility. Kenya was among the selected countries under this study.

Findings from this study were similar to those of other j researchers but very close to what Garbrah's study had shown.

\^ Gachuhi (1980) did a similar study on teenage pregnancies in Africa. First, he looked at the causes of teenage pregnancies; being the disruption of social or traditional controls and inadequate school education. Secondly he studied the consequences of teenage pregnancies. Under this, he listed four

major consequences, psychological stress, rural-urban migrations, unemployment and nutrition problems.

In the summary he gave two suggestions of what may be done to improve the problem of adolescent fertility. First is the need for sex education (family life education) to the school going population. Then population education to the rest of the community.

The studies so far done on adolescent fertility have been carried out in urban areas and in hospitals. Again all researchers except Khasiani have used secondary data for their studies. In Khasiani's research, the respondents to the questionnaire included the adolescent girls, parents, headmistress and government officials. The interviewing for the adolescent girls was done at the researchers home.

This study will be different in that it has been carried out in a rural setting comprising of one ethnic group. The respondents were adolescent girls with children. The interviewing took place at their respective homes. It investigated the place of residence when the adolescent got pregnant and other background characteristics. However, it will be less detailed in comparison with what Khasiani did; this is due to the short time available.

#### THEORETICAL FRAMEWORK

Social-economic and cultural factors have direct influence on behaviour and biological variables of adolescents in Chogoria. In turn the two variables have their effects on starting, spacing

and stopping of childbearing. But behavioral factors have played the major role in adolescent fertility in Chogoria. For instance, lack of contraceptive use by adolescents has made them to get pregnant in large numbers.

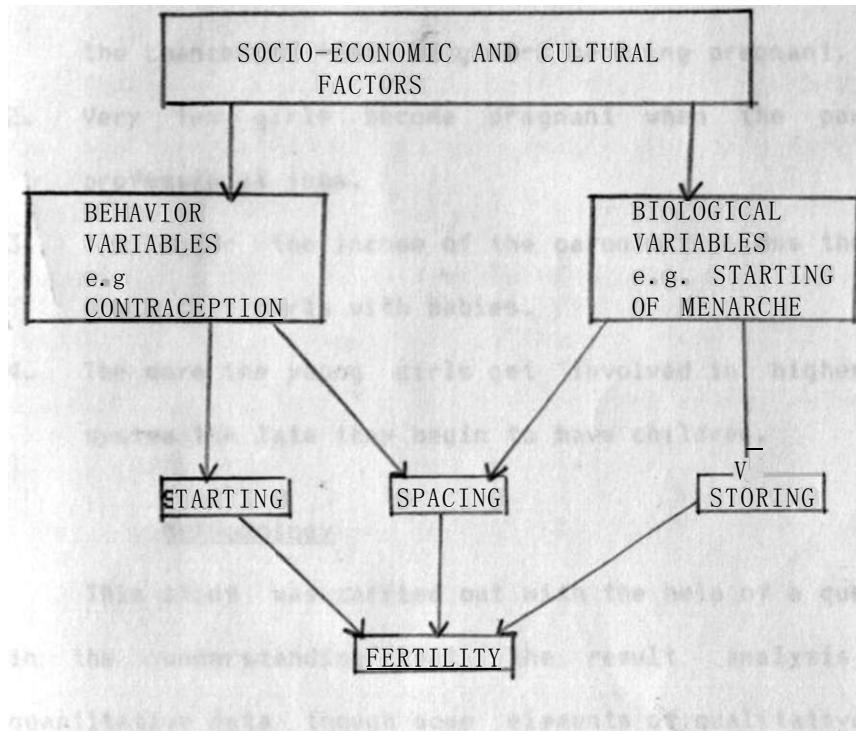
Adolescent behaviour will determine the starting of sex intercourse and therefore initiation of fertility. It will also determine the spacing, for instance by starting the use of contraceptives.

Biological factors will determine the initiation of menarche and any exposure to sex intercourse imply pregnancy among the adolescent. The stopping at fertility may arise out of biological factors for instance by delayed fecundability.

The economic state of the parents is difficult to determine; one method being the income earned per year. However, it is very difficult to be precise on the income taking into consideration some parents are peasants while others are employed and still practice farming.



## Theoretical framework



## Conceptual hypothesis

1. Social factors are likely to affect adolescent fertility in Chogoria location.
2. Education attainment of parents is likely to affect adolescent fertility in the location.
3. The type of economic activity of the parents is likely to affect adolescent fertility in the area of study.
4. Delay in getting employed or training after school is likely to affect adolescent fertility.

### **Operational hypothesis**

1. The higher the education status of the parents the lesser the chances of their daughters becoming pregnant.
2. Very few girls become pregnant when the parents have professional jobs.
3. The higher the income of the parents the less the number of adolescent girls with babies.

The more the young girls get involved in higher education system the late they begin to have children.

### **Methodology**

This study was carried out with the help of a questionnaire in the understanding that the result analysis will use quantitative data though some elements of qualitative questions were included.

Data was presented in graphs and tabulation form. This is probably the best way to give clear visual impression of results; it is also easily interpreted.

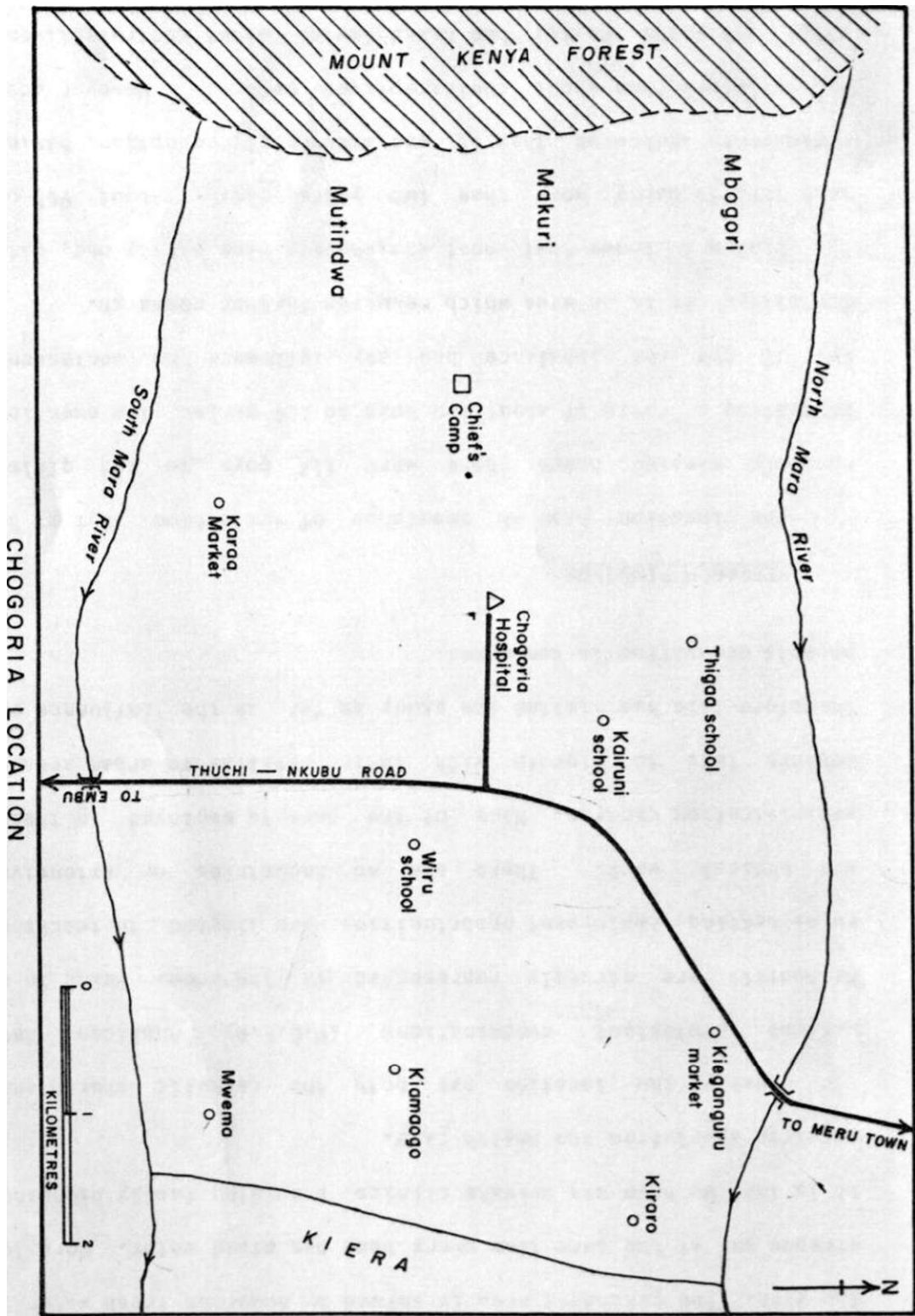
## CHAPTER TWO

### BACKGROUND INFORMATION

Chogoria location is in Nithi division, in Meru district. The average altitude of the area is about 5,500ft above sea level. It is bordering the Mt. Kenya forest on the eastern slopes. This area has an average population density of about 400<sup>2</sup> per km . The altitude has influenced the health and economic state of the people. The major cash crop being coffee, tea and cattle keeping; in addition a variety of other crops are grown. These provide some income to families leading to higher standard of living relative to other areas in the division. Therefore the area experiences low mortality rates.

This location has about six secondary schools (four mixed and two for girls); there are eighteen primary schools as well. This provides equal education opportunities to both boys and girls. Thus the literacy level is very high. So we may expect late age at marriage for girls in this area. Again the level of hygiene at homes is quite high.

Chogoria hospital is located at the center of the location; being situated 190km north of Nairobi. It has community based distribution of contraceptives by volunteers and is continuing to be very successful, And contributes over 50% of contraceptives distributed. Considerable success in promoting the adoption of family planning and lowering fertility rates in the catchment area has been achieved. Because of the altitude, income and education, there are few disease that affect the inhabitants of



CHOGORIA LOCATION

the area. The catchment area is served by numerous fresh water streams and at the same time every home has piped water. More to it is that we have six private clinics providing family planning services apart from the health care.

Finally the location has both the catholic church and various protestant denominations (P.C.E.A, Anglican and Methodist) are strongly represented in the area. Being in a rural setting, employment opportunities are limited to teaching and medical work. There are no industries or extensive administration centres. Many of the parents employed in these sectors tend to migrate with their families to urban areas. Therefore this has limited the study as far as the influence of parents occupation is concerned.

#### RESEARCH FINDINGS

The location has an imbalance of sex ration. Out of 30 randomly sampled homes there were 117 boys to 136 girls, indicating a ratio of about 100 boys to 119 girls. The question is, if the sex imbalance has any influence on adolescent fertility. It is an area which requires further research.

Figure I shows that most adolescents have parity one, with most infants being more than two years old. About 952 of respondents indicated that it was accidental conception, having had no information about contraceptives before. However most (552) indicated having had heard 'myths' about contraceptives. The cases of parity two and beyond were in ages 24 and 25; 80% had dropped out of primary school during the first birth.

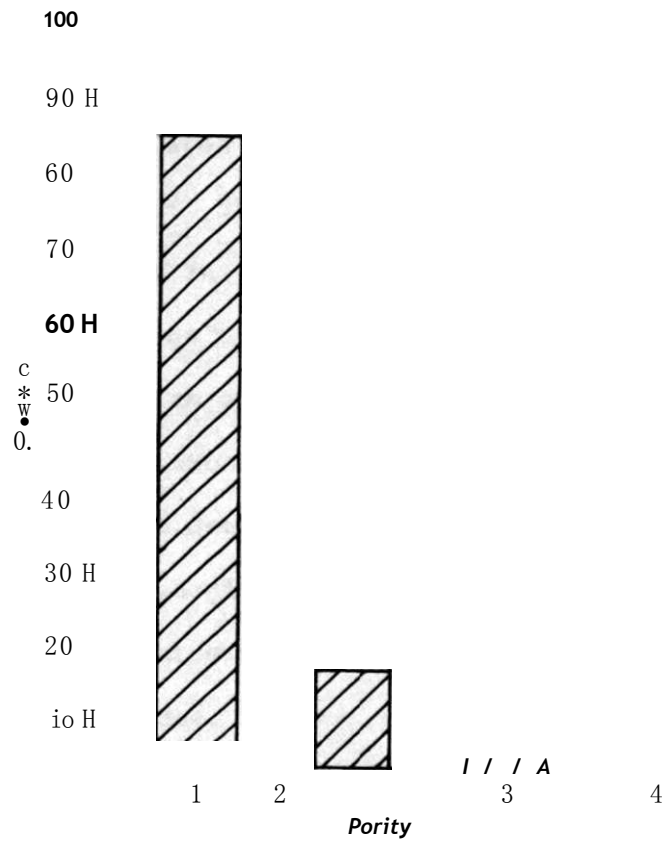


FIG. 1 ADOLESCENT RATES BY PARITY IN THE LOCATION

Figure 2 shows that girls in Chogoria location give birth at advanced age (average 21.5). Most of the time is spent in school and get pregnant after staying for one or two years after completing school. But note that 702 had completed form four whereas only 0.2% had completed form six! After all the few form six case indicated that it was intended conception. Probably most girls in higher classes have access to information and contraceptives thus lowering their chances of pregnancy.

This is an area which seems to have extremely rare cases of twins. Out of 385 respondents, only one had twins, with a history of twins in the family.

After the age of 25 most of the girls are married, while, others migrate to urban areas. That may account for the sharp decline in the number of cases appearing after age 24 (fig 2).

The average desired family size by the adolescents in the sample was 3; about 952 expressed the economic concern of high costs in upbringing of children. 22 expressed the view that children provided labour, while 12 expressed the need to name grand parents. This is probably a sign that the total fertility rate in future may be smaller than the present one.

The results show that 24 out of 385 (6.22) respondents had male guardians who are teachers and 13 (3.32) had mothers in the profession. Two respondents had both parents being teachers. This is a very small number compared with the number of teachers in this area. 4 (1.02) cases reported fathers who are in the medical profession and 7 (1.82) mothers. About 230 (59.72)





TABLE Is THE OCCUPATION/GENDER OF PARENT AND THE NUMBER OF ADOLESCENT CASES.

| OCCUPATION OF PARENT  | PARENT OR GUARDIAN | CASES OF ADOLESCENT GIRLS WITH BABIES |       |     |
|---|--------------------|---------------------------------------|-------|-----|
| TEACHING  | MALE               | 24                                    |       |     |
|   | FEMALE             | 13                                    |       |     |
|   | where both         | 2                                     | Total | 39  |
| MEDICAL   | MALE               | 4                                     |       |     |
|   | FEMALE             | 7                                     |       |     |
|   | where both         | 0                                     | Total | 11  |
| FARMING   | MALE               | 16                                    |       |     |
|   | FEMALE             | 81                                    |       |     |
|   | where both         | 133                                   | Total | 230 |
| OTHERS<br>(e. g. cooks,<br>watchmen,<br>drivers,<br>cleaners) | MALE               | 70                                    |       |     |
|   | FEMALE             | 15                                    |       |     |
|   | where both         | 8                                     | Total | 93  |

respondents had parents involved in farming activities while 93 (24% had parents involved in other activities. See table I.

First, the professional parents tend to have few incidences of their young daughters having babies. Secondly mothers profession has more influence than that of the father and finally parents with 'good' income have few cases of adolescent pregnancies.

What is unique about professional parents? One can only guess that they are in a position to give family life education to their daughters, so they are not shy unlike their counterparts. In other words counselling is done at home however informal it may appear. The peer group among the daughters of professional parents may have some influence in information exchange. Probably their children have access to family planning services unlike their counterparts. One may also not rule out the possibility that they have access to abortion done by specialists at high costs which their parents can afford. But again these girls immediately after completing their 'O' level education join training institutions, others are employed or enter into high schools. Therefore they mind about their careers than having babies and thus representing few cases in the study.

Denomination seem to have no influence on adolescent fertility in the study. There were 31 catholics, 16 pentecosts, 6 methodist and 325 PCEA. A few indicated that they did not belong to any denomination. But note that the area is dominated by PCEA; and therefore one should not make a hasty conclusion.

We may expect a higher number among the catholics to have parity 2 and 3 because they do not allow the use of contraceptives. However looking at the catholics, 26 had parity one and 4 parity 2. The average age was also not different from the others. Therefore more representatives of other denominations other than PCEA are required before any conclusion is made.

The study also looked at the place of residence when pregnancy occurred. Table 2 shows that the chances of getting pregnant is 3 times higher at home than when in school. It is least when in training and when employed as maids. The 95 cases represents the school dropouts that have occurred over a number of years. Therefore the rate of school dropout is low in this area particularly in secondary school; most likely this is due to Youth Education Programmes provided by Community Health Department; it is quite effective and seriously conducted. Young girls staying at home seem to have very little to do especially after their level exams and that's why they fall prey to adolescent pregnancy; probably the temptation of money, now that they are no longer in school to get pocket money.

The number of adolescent girls employed in the location in particular as untrained teachers is quite high yet few have babies; so the 11 cases are but few in comparison. This group of girls has economic independence which can enable them get access to and abortion if need be. Otherwise I think the exposure to intercourse may be the same or even higher than of other groups. In addition they don't operate on myths as far as sexuality is


TABLE 2: THE INCIDENCE OF PREGNANCY AND THE PLACE OF RESIDENCE

| PLACE OF RESIDENCE AT THE TIME<br>WHEN PREGNANCY OCCURED | NUMBER OF<br>CASES | 2    |
|--|--------------------|------|
| HOME   | 263                | 68.3 |
| SCHOOL   | 95                 | 24.6 |
| EMPLOYED AWAY FROM HOME                                  | 11                 | 2.8  |
| UNCLE/AUNTS HOME   | 8                  | 2.1  |
| TRAINING AWAY FROM HOME                                  | 5                  | 1.2  |
| MAID (HOUSE GIRL)  | 4                  | 1.0  |
| FRIEND' S HOME   | 0                  | 0    |

concerned; their counterparts suffer from ignorance. Therefore the overall rates are quite low.

The result findings indicated that 702 among the primary school dropouts had no information about contraceptives before contraception; whereas this group comprised of 102 among the secondary school dropouts. This indicates some information gap between primary and secondary schools. However, they all get information during delivery from the hospital staff. Henceforth family planning services are provided despite being married or not. In 1983 Community Health Department started a Youth Education Programme to educate primary and secondary school going pupils on family life education within the catchment area. Unfortunately the programme has met resistance in Catholic sponsored schools because of the suspicion that the programme has something to do with contraceptives. But still most of the information is passed on by the peer groups. However, due to fear or shyness, no respondent indicated having used contraceptives before the first child. Therefore adolescent girls have no access to contraceptives unless those who have had babies; it is the policy of the hospital.

Like in other areas, adolescent mothers have many problems ranging from economic to psychological. 952 of the respondents indicated that their relationship with the parents became bad after falling pregnant; in particular the male parents. This is because most male parents are the 'breadwinners' of the family and feel that this is an additional problem. Some blame their

|   |   |             |              |
|---|---|-------------|--------------|
|   |  | y           |              |
|   |   | £           |              |
| NONE                                      | PRIMARY   | L.SECONDARY | H.SECONDARY  |
|   |   | EDUCATION   | LEVEL        |
| KEY                                       |   |             |              |
|   | PARITY 1  | E 3         | PARITY 2     |
|   |   |             | ;;; parity 3 |
| L   | - Lower secondary (up to form 4)  |             |              |
| H   | - High secondary (up to form 6)   |             |              |
| FIG. 3 SHOWING EDUCATION LEVEL AND PARITY |   |             |              |

wives for having not counselled their daughters. So in most cases family problems arise as a result of adolescent pregnancy.

Among the respondents, 370 (96%) expressed economic problems. The 4S is only those whose child's father remitted some money to meet the expenses. Some adolescent mothers have decided to be employed as 'daymaids' to meet their economic needs. Yet the money earned is not enough to meet her needs. The situation becomes too difficult and so a few may resort to prostitution. Prospects of training or rejoining school is out by this time.

It is quite unfortunate that girls who get pregnant in government schools are expelled while those in private or harambee schools are given a chance to rejoin after delivery. It may act as a deceiver, but I think in the long run it does help the situation anyway. Thanks to these private and harambee schools which give a chance to such girls. A few have made it through this system.

The chances of joining training institutions are very slim. For one, they are school dropouts without certificates. Those who drop before sitting the form four exams are forced to use the primary school certificates and with the current output from schools, they stand no chance. Finally they have to join institutions of low calibre like village polytechnics for dressmaking course. So far the respondents interviewed never wished to join such polytechnics but had higher ambitions yet their academic attainment does not allow.

After such a trying moment, the adolescent girl feel frustrated. It is like being at crossroads, where the girl is not considered to belong to the women group and as well not a school kid; they are in a class of their own. A class with no clear objectives in life. This retards the status of such women in all aspects and then it is a countrywide phenomenon. What should be done to prevent the situation from taking place or solutions to it? This is not all because the young babies also do not have easy time in life. They require special upbringing to help them cope with the environment, otherwise the number of parking boys and girls is likely to soar.



## CHAPTER THREE

### Conclusion

Adolescent fertility is one area that ought not to be neglected anymore; all the relevant organisations and institutions can unite and come up with some solutions. If one location alone has more than 400 adolescent mothers, how about the whole country?

Most of these adolescent mothers are not employed, or if employed, not in gainful employment. One fact is clear about adolescent fertility in Chogoria, and that is most girls get pregnant after having completed their form four level of education.

The highest incidences are from families where the parents have low income, not employed in professional jobs and low education status. Mothers' occupation is important in influencing adolescent fertility. Religion seem to have little effect on adolescent fertility however, further research in a wider heterogeneous community is recommended.

The future of adolescent girls becoming mothers lies on the planning and programmes meant for young people. Leaving young girls idle at home after their '0' level education has contributed most to adolescent pregnancies; accompanied by lack of guidance and counselling from parents.

No single body can help solve the problem of adolescent fertility and the associated problems. It is the high time all people from the preacher, teacher, parent and politician come

together to discuss this issue instead of continued criticism about the whole affair, especially the victim girls.

#### Policy recommendations

This study has looked at the causes and consequences of adolescent motherhood and therefore it is appropriate for the policy makers to adjust the policies accordingly; to help in the reduction of the pregnancies.

It is clear that the number of adolescent mothers is big and most are form four leavers, so the government ought to sort for ways and means of creating vocational training for all the girls who complete their 'O' level education. Special institutions for courses like dressmaking and catering may do. Tenders for school uniforms can be made through such institutions to create ready-made market.

The 'KANU' Maendeleo Ya Wanawake ought to start projects in every division which would involve the young school leavers. The projects would vary according to the region; we can expect farming projects in the rural areas but not in urban centers. This will not only keep the young girls busy but also provide them with some income; thus boosting Kenya's economy and the ever unemployment problems. Improvement in the economic status of women may help in the long-run to reduce the high fertility rate in Kenya.

The Ministry of Education on the other hand ought to review its policies as far as school pregnancies are concerned. School dropouts ought to be given another chance to resume studies and

thereafter sit for their exams. Expulsion is not the best alternative as it is at the moment. Infact this is a contradiction to the education objectives of sessional paper No.4 of 1984.

Family Planning polices should be reviewed to cater for the problem of single women above the age of eighteen, if mothers or not. The fear of fidelity are not really warranted.

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