Journal of Entrepreneurship & Project Management

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ISSN: 2616-8464

Stratford Peer Reviewed Journals and Book Publishing
Journal of Entrepreneurship & Project Management
Volume 3||Issue 4||Page 11-26||September||2019|
Email: info@stratfordjournals.org ISSN: 2616-8464

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***How to cite this article*: Mang'atu, M., B. & Kisimbii, J. (2019). Factors Influencing Teenage Pregnancies in Kenyan Public Primary Schools: A Case of Kitui County Kenya, *Journal of Entrepreneurship & Project Management,* 3(4), 11-26**

ABSTRACT

This research focused on four specific themes; to assess how individual, sex education, poverty and cultural factors influence teenage pregnancies. The study adapted descriptive study design. The targeted population was 352 out of which a sample size of 50 was utilized. Data analysis was done through help of Statistical Package for Social Science. On testing of hypothesis, a factor increase in (X_1) individual factors would lead to an increase in teenage pregnancies by 0.04, whereas a unit increase in sex education (X_2) would lead to a reduction in teenage pregnancies (Y) by 0.153, consequently, poverty factor (X_3) accounted for 30% (0.304) of teenage pregnancies in public schools. X_4(Cultural factors) was determined as the highest factor affecting teenage pregnancies accounting for 0.405 (40%). Conclusion was that, X_1, X_3 and X_4 had positive influence on Y. However, X_2(Sex education) had a negative effect, thus sex education should be taught to reduce cases of teenage pregnancies (Y).X_3 and X_4 had significance values higher than 0.05 implying that the metrics were significant in determining factors affecting teenage pregnancies (Y) except for X_2 and X_1.The significance values for the three factors were less than 0.05 thus statistically significant in determining teenage pregnancies while X_2 had a significance value of 0.312 which is above 0.05 indicating that there was strong negative relationship between the factor. Recommendation was that, public primary schools have to teach sex education to decrease cases of adolescent pregnancies. National Government and County Government of Kitui, collaborate with the community in eradicating poverty with focus to supporting needy teenager girls. A replicate of the same with an emphasis in more objectives such as peer pressure and social economic aspect to all Administrative wards in Ikutha Sub County and other Counties in Kenya.

Key Words: ***Individual Factor, Sex Education Factor, Poverty Factor, Cultural Factor and Teenage Pregnancies.***

1.1 Statement of the Problem

According to WHO, (2014) and Akella and Jordan (2015), teenage conception has health risks and socio economic aspect encountered by nations globally. According to Loaiza and Liang, (2014) affirmed that, the higher escalation is attributed by deteriorations in mortality. During an event for world population day 2016, number of girls within category of 10 to 24 was 1.8 billion out of 7.2 billion people globally. This is being in contracts to 720 million of Word population in 1950 of 2.5 billion (UNDP 2016). According to Akella and Jordan, (2015), adolescent pregnancy has its complications. The problems that come with teenage pregnancy are many, hence; a possibility of pursuing abortions, threat of infertility and reduced chance of economic success. On top of these issues, the mother and the new born baby have limited chance to living quality life.

According to data collected through KNBS, (2014) on early childbearing in the most prone counties. Samburu County, Nyamira County, Tana River County and West Pokot accounted for more than 25% respectively. The highest percentage at 40 % was in Homabay and Narok with girls between 15 to 19 years. According to UNFPA (2016) nearly 378,400 adolescent girls in Kenya aged between 10 and 19 years got pregnant between July 2016 and 2017 June. A total of 28,932 girls aged between 10 and 14 years were impregnated, while 349,465 girls were between 15 to 19 years. Information as captured through Kenya Demographic and Health Survey-KDHS (2018) that Teenage pregnancy was alarming that, at least 449 girls failed to sit for their national exams (both KCPE and KCSE) as a result of early pregnancies. In Kitui County, 41 KCSE candidates gave birth as exam progressed, 72 others were pregnant (Ministry of Education Kitui County (2018)

Teenage pregnancy and its consequences are serious. They include; public health issues, social issues, rendering them as rejects in their families, education dropout and early marriages. According to Begay, Mumah and Gottschalk (2014) they noted even though Kenya National Government has made progresses in addressing teenage pregnancy, through the as introduction of ASRH programs. There has been no progress or improvement. In view this; the essence of the study was therefore, to investigating factors influencing teenage Pregnancies in Kenyan Public Primary Schools: A case of Kitui County.

2.0Literature Review

2.1 Objectives of the Study

This study was guided by the following objectives

i. To assess how Individual factors influence teenage pregnancies in Public primary schools in Kenya.,
ii. To establish how sex education factors influence teenage pregnancies in Public primary schools in Kenya.
iii. To determine how poverty factors influence teenage pregnancies in Public primary schools in Kenya.
iv. To examine how cultural factors influence teenage pregnancies in Public Primary Schools in Kenya.

2.1.1 Individual factors and its Influence on Teenage Pregnancy

Dowdell et al (2011) in their study among American teenagers of the effects of sexing on adolescent. Initial sex experience and consequences such as HIV, STIs and teenage pregnancy, emphasize that sexting does not typically represent a random or anonymous event; rather it usually takes place in the context of existing offline relationships. He also argues that in most cases of sexting, the sexual photos were intended to be viewed by only a romantic partner, such as boyfriend or girlfriend. In another American study among teenage girls, sexting was associated with an increased likelihood of having engaged in sexual behaviour and been at risk of STIs or adolescent pregnancy (Temple et al, 2012).

According to Willan, 2013, teenagers struggle to decide on engaging intimacy affair and use of protective measure in case they conceive, either choose to accept the position or terminate through abortion. Akella and Jordan (2015) agree that, teenagers and skill to make the correct choice considerably affect the likelihoods of being pregnant. Teenage girls age influence when they can get pregnant (Rutaremwa 2013). Descriptive data indicated that, probability of 3.3 for 15years and increased to 3.7 for 19 years' girls. In another survey by (NDHS, 2011), adolescent girls who get pregnant or had started childbearing increase fast with age factor where 1% increase was witnessed for 15years girls and 39% for 19 girls.

Teenagers age when they had their first intimacy affair according to (Xie et al., 2001) survey findings are determinants of their pregnancy. Reasons for this are due to the fact that, age status gives ability for decision making. In recent times (Xie et al., 2001) stated that intimacy ability has been an issue of concern. This is due to the number of increment to early teenage pregnancies. Panday et al., (2009) this study found out that, early first intimacy is the genesis of engaging in a number of several friends. The final outcome increases teenage pregnancies. Good parenting is a significant to the time girls make their first intimacy affair. Study done by Miller et al (2001) indicated that, continuous formal communication to teenage girls by parents helps them control their first intimacy affair, therefore avoiding early of pregnancy.

As study on investigating consequences when the right stage of first intimacy affair and violence on teenage pregnancy established that intimacy affair in early age rises the probability of adolescent conception (Baumgartner et al 2009). As a result, there were suggestions on motivating adolescent girls to avoid any advances that will encourage them to being involved in early sexual activities, thus limit chances of unwanted pregnancy. Correspondingly, Florez and Nunez (2001) on their study early sexual debut have a significant linkage to a likelihood of early motherhood among teenage girls. Teenagers from young parenting households have habits of forming group sexting at an early age according to Azevedo et al (2012).

According to Willan (2013) availability and use of contraceptives is quite minimal to teenager. They have little knowledge on contraceptives use from unanticipated pregnancies. Several testified inadequate, inappropriate practice and restricted data on conception and fertility. As per Hoffman-Wanderer et al (2013), their study recognized that adolescents who were pregnant had insufficient information regarding methods of contraceptives. In another study, adolescents got their first intimacy affair early were compelled to by their spouses who were reluctant to using protection measures, Pettifor et al (2009).

Study by Muchuruza, (2002) stated that, teenager girls may have personal features that cannot be controlled. This might be from relatives, friends, technology, parents, and teachers. Other individual factors are drinking an aspect that may cause an unexpected pregnancy to teenagers. Majority of teens are involved in such life style and more to say experiment with drugs and alcohol. Alcohol taking decreases the ability for teenagers to have control of self-discipline thus influencing too many of them of pregnancies. Approximately 91 % of pregnant teens reported that although they were drinking at the time, they did not originally plan to have sex when they conceived (Muchuruza, 2002).

2.1.2 Sex Education and its Influence on Teenage Pregnancy

Sex education is open and factual where teenage pregnancy is viewed as completely unavoidable rather than as a moral choice between right and wrong. Netherlands's sex education emphasizes the seriousness of sex in relation to consent, the significance of first sexual intercourse and crucially, potential pregnancy according to Waal (2010). Garner (2009) Media campaigns have been used to create teenage pregnancy awareness. For example, in the US teenage pregnancy rate dropped by 9% in 2010 due to media awareness campaigns that was aided by television Programmes such as '16 and pregnant teen mom' and investment on evidence based programs. (National Campaign on Prevention of Teenage pregnancies 2011).

Study by Kenya Demographic and Health Survey 2016 in collaboration with the Kenya Bureau of Statistics shows that 1 in every 4 girls aged 15-19 years in Kilifi have delivered a child. This high prevalence only comparable to Nyanza is explained by several factors where among one of the way; Low literacy, which makes the girls have limited exposure to contraceptives. A study by Population Council (2015) reveals that there are still prevailing myths about contraceptives where even those girls who know about them fear consequences such as "you can give birth to an animal", "your child will be born looking weird'', "Condoms go all the way up into the stomach and don't come out." Places like Kilifi record low contraceptives use of only 3 out of 10 women using any method compared with areas like Kiambu with double this is an element of sex education.

In a study carried out by Faith to Action Network (2016) and presented to Kilifi County, data collected from this survey showed that, that teenage girls are often discriminated against and somewhat left out of mainstream society. Part of this survey conclusion was some of the prevailing issues faced by teenage girls were; Discrimination in terms of reproductive health with only half of the adolescent girls accessing antenatal care and birth assistance by trained personnel and with many teenage girls still expected to seek parental consent on matters relating to HIV testing.

In study done in Western Kenya by Oruro, K and Nyothach et al in (2017) on 'Factors affecting secondary schoolgirl's dropout in rural Western Kenya. Conclusions drawn that sexually active adolescent have to consider using a protective health care related measure to discourage early pregnancy. The data that was collected among pregnant girls through the survey for twelve months indicated that, 64 % within the alt twelve months. In the same study, 36 % which was the variance had a common characteristic of less education and as well older teenagers and were single. Most of them (19%) agreed that, they would consider

using health related protective measure. However, 17% stated clear that, they would not use any health related measure and would not consider using the same in future. Majority had less

than a primary school education, which again highlights the significance of sex education (Oruko, K and Nyothach et al, 2017)

Teenagers may not seek for family planning services like the order women do. Their age does not allow them in fact to, however due to the fact the issue has escalated. There are not enough of such services like availability of such as like teenager's access to contraceptives use because they cannot afford to buy them hence they practice sexual activities without any protection and at the end they conceive. Contraceptives use among the teenagers is a big problem because prior planning is needed and most of them do not use any method on their first intimacy affair (Muchuruza, 2002).

2.1.3 Poverty Factors and their Influence on Teenage Pregnancy

Teenage girls from poor families are vulnerable thus may be influenced to pregnancy due to poverty affiliation according Gattmacher in (2005). Their desperateness of their parents are not able to give support for basic wants due to their income capacity, puts them underperssure to prone and attack as they are sexually vulnerable.

According to World Health Organization, Department of Child and Adolescent Health and Development in (2004) In the USA, race is a predictor of poverty with disproportionate numbers of African Americans and Hispanics being socially deprived. There is also a strong interaction between social deprivation, race and childbearing. The percentage of pregnant adolescents who are black is relatively high, especially in the youngest groups. In the United Kingdom a correlation has been found between the incidence of adolescent birth and social deprivation in the area of residence. In Latin America there is also an association between social circumstances (poverty) and the incidence of teenage pregnancy (WHO 2004, 18-19). Teenage pregnancies according to Stanley and Swietzeski (2011) are influenced by poverty. Their study established, majority of teenage pregnancies are from families with low income levels. They went on to state, girls from poor socio-economic background will most likely be involved in early intimacy affairs.

Studies from South Africa give emphasis how poverty influences early pregnancy. In some cases, it leads to sexual relationships which are not ideal but provide some benefits (Flanagan et al 2013). It also decreases a girl's ability to negotiate condom use, in abusive relationships, and brings injustice as per (Mkhwanazi, 2010). In a study on drivers of teenage pregnancy by Panday et al (2009) noted that adolescent girls who are poor are often forced to make trade-offs between health and economic security. This lead to staying in abusive relationships, inter-generational relationships and multiple partners. These situations usually reduce a young women's ability to negotiate when and how to have sex leading to unplanned or unintended pregnancy. Zulu et al (2002) found that females living in slums within Nairobi had significantly take higher risks in relation to sexual activities more than other women from Kenya.

Study by Kenya Demographic and Health Survey-KDHS (2014) that, teenage pregnancies have become order of the day in Kenya. Western Kenya and Coast have 1 in every 4 girls affected as per recent studies on teenage sexual and reproductive health rights. The study also indicated that, teenage pregnancies pose serious health, psychosocial and economic hazards

to the girls including, keeping them in vicious cycles of poverty. They are also dropping out of school, affecting their reproductive health including child birth, and overall limiting their capabilities, opportunities and choices. A common psychosocial effects is the trauma faced

Following perception within schools and failure to be allowed back to school, since teachers and school management often perceive them to be a bad example to others (KDHS 2014)

Study done by Faith to Action Network (2016) on teenage pregnancy in Kilifi County; Identified poverty as evidenced by scarcity of basic needs leads to cases of teenage pregnancies. Exchange of sex for food, clothing and gifts has led to most of the affected young girls to become pregnant. Having come from family backgrounds of poverty and deprivation as well as mothers who were themselves survivors of teenage pregnancies, these girls are easily lured into arms of men who are ready to offer them cash and/or in kind payments for sex. Some parents encourage their teenagers to go out and bring money for basic survival. Poverty in Kilifi has been confirmed in latest analysis including media reports of famine and limited access to basic needs particularly in areas such as Magarini and Ganze. Kilifi is among the poorest county in Kenya, which is the reasons for vulnerability to teenagers.

On a study done by Matheka (2012) on The Boys Get the Pleasure the Girls Get the Pain in Nguluni Machakos County, the results from participants stated that some parents in the area are jobless and the teenage girls are forced to seek financial support as a coping strategy. Men take advantage of girls from poor families by demanding sexual favour in exchange for money and food. Unwanted pregnancies occur in families composed of poor orphans. The inability to get basic needs or to attend school exposes them, thus have no option other than to drop out of school, get married or engage in commercial sex to uplift the welfare of the family and which is a result of poverty.

Poverty, which drive young girls to work as sex entertainers to earn a living and are therefore easily lured into accepting payments either in cash or kind hence; (food, clothing, electronics, among others) for sex without protection leading to pregnancies. According to the Kenya Human Development Report (2013), Kilifi is rated among the poorest areas of Kenya with a Human Development Index of 0.47 compared to the national average of 0.548. This means that the populations have limited opportunities and choices, which predispose young girls to be lured into sexual activity for purposes of accessing basic necessities.

2.1.4 Cultural Factors and their Influence on Teenage Pregnancy

Traditional and culture are familiar morals, opinions, customs, rules and idioms that are people or Country (Goodman 2009). Culture embraces matrimonial norms and religious philosophies that are indigenous to particular geographical location. According to (Yasmin, Kumar and Parihar, 2014), they established, distinctive custom of societies shows the unifying characteristic of people through cultivating common ideology. They also stated that, marital ceremonies and faiths define teenage pregnancy in globally.

Many scholars have established that, traditional and cultures encourage young parenthood according McCall et al (2014). Teenage girls who give birth are never reprimanded however seen to have completed what previous generations achieved. Teenage girls whose families and societies have no restriction to being a mother are likely to get pregnant as per Nguyen, Shiu and Farber, (2016). Where families support teenage pregnancies, they are given support

as it is seen as an achievement to meeting their culture of doing what past generation did. The practice on this notion is that, parents who give out their daughters while you have a change of getting more reward it terms of dowry than when they get married at an older age (McCall et al., 2014).

A study by Adolf (2014) found out that, some communities and parents see it offensive look it is an offensive discussing sex education. Their culture discourages that. In these communities, talking about sex suggests sexual knowledge which has a significant connection to wickedness and damages one's character. Yasmin, Kumar and Parihar, (2014) found out that, many studies done have established, intimacy affair awareness is necessary to solving adolescent pregnancy problem. Consequently, cultures that belief sex discussion is offensive oppose sex education. People and societies have been reluctant to emulate The ASRH programs. It has received opposition and mainly from Faith leads organization including Christian and Muslims who don't support the ideology as per (Yasmin, Kumar and Parihar, 2014). The researchers agreed that, teenager girls from these communities or families have no sex education awareness. Cultural beliefs control when teenager girls will get married which has a significant relationship on when her first pregnancy was conceived Sharma (2012).

Loaiza and Liang (2013) established social economic status, poverty and literacy levels are social barriers that encourage early marriage. Also they described that, age at marriage is a significant influence teenager early conception. Married adolescent (young) couples are at many times involved in intimacy activities since they are in a stable union (Loaiza and Liang 2013) in their findings, they also established that, these young couples hardly use contraceptive.

In global circles (UNFPA 2016) estimated more than 60 million mothers are between 20 to 24 years. They were married before attaining 18 years old. Most of these marriages are cultural ideology and occur mostly in least developed countries; however, they vary from one region to another (UNFPA 2016). Other researchers found out that most of the early marriages happen in rural areas with the majority from poor families. They have little levels of education, Loaiza and Liang (2013). Moreover, (Lee-Rife S, Malhotra A, Warner A, and Glinski AM,2012) noted, these young adolescents get married by order men with a big difference in relation to their age gap where their husband take full control. The teenagers by the level of their age have no equal rights where the husband takes control.

It has been evident, as per (Tamang 2009) three out of every five female including teenagers are physically forced to sexual relationship. They undertake the same under fears of victimization by their partner or husband. Some of the cultural ideologies and practices of which teenagers are identified with include faith groups. These groups are religious based and have strong perception about family planning, sex awareness and with focus to gender roles in families (Tamang 2009). Many schools or institutes of learning are managed by faith organization however policies to operate are regulated through governments. To a larger extent faith based organization have control of many school where they sponsor sex awareness and education according to (Eisenman, 1994).

3.1Research Methodology

This study adapted the descriptive survey design. The study target population was drawn from five selected primary schools through simple random from two zones namely, Athi and

Kanziko. The Schools were; - Ivukuvuku, Kakindu, Simisi, Mikongooni and Kakithya. The enrollment for pupil's teenager girls was 684. The study focused on pupil's teenager girls in Standard 6 to 8 totaling to 288 who were likely to be above 12 years of age, 44 Teachers and 20 teenager mothers who dropped out from the same schools. According to Mugenda and Mugenda (2013), when the study population is less than 10, 000, a sample size of between

10% and 30% is a good representation of the target population and hence Purposive and Random either at 10 to 15 % was adequate, thus adapted to 50 respondents for data.

4. 0. Research Findings and Discussion

4.1.1 Descriptive statistics for Individual factors and their influence on teenage pregnancies. Several dimension and tabulation in relation to individual factors were explored and examined. They included asking questions and statement from respondents in relation to

individual factors and their influence to teenage pregnancies Kenyan Public Primary Schools where data was presented in Table 1

Table 1 Descriptive Statistics on Individual Factors(X_1)

Statement	No.	Mean	Std Deviation
Age of teenager is a factors that influence teenage pregnancy	50	4.40	0.47
Family relation of teenager is a factor that influence teenage pregnancy	50	3.86	0.62
Teenage drinking is a factor that influence teenage pregnancy	50	4.71	0.35
First intimate affair of teenager is a factor that influence teenage pregnancy	50	4.32	0.48
Composite Mean and Std deviation	**50**	**4.32**	**0.48**

As prescribed from Table 1, the composite mean was 4.32 of the statements tested on X_1. Majority indicated teenage drinking is a factor that influence teenage pregnancy with a mean of 4.71=STDV of 0.35, Age of teenager is a factors that influence teenage pregnancy with a mean of 4.40= STDV of 0.47, First intimate affair of teenager is a factor that influence teenage pregnancy with a mean of 4.32= STDV of 0.48 and Family relation of teenager is a factor that influence teenage pregnancy with a mean of 3.86=STDV 0.62. Based on these findings, the study concluded that respondents agreed X_1=STD 0.48, influences teenage pregnancies in Kenyan Public Primary Schools.

4.1.2 Descriptive statistics for Sex Education factor and influence on teenage pregnancies

The researcher sought to establish the degree to which the respondents agree with statements measuring Sex Education factor so as to make conclusions on the study as shown in Table 2

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Volume 3||Issue 4||Page 11-26||September||2019|
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Table 2 Descriptive Statistics on Sex Education Factor(X_2)

Statement	No.	Mean	Std Deviation
Awareness on sex education is a factor that influence teenage pregnancy	50	4.02	0.77
Productive health services are factors that influence teenage pregnancy	50	4.23	0.78
Family planning method is a factor that influence teenage pregnancy	50	4.40	0.89
Low literacy is a factor that influence teenage pregnancy	50	4.22	0.65
Composite Mean and Std deviation	**50**	**4.21**	**0.77**

The descriptive results from Table 2 indicated a high composite mean of 4.21 = STDV of 0.77. Majority of respondents thought that, family planning method is a factor that influence teenage pregnancy with a mean of 4.40 =STDV of 0.78, Productive health services are factors that influence teenage pregnancy with a mean of 4.23 =STDV of 0.89, Low literacy is a factor that influence teenage pregnancy with a mean of 4.22 = STDV of 0.65 and awareness on sex education is a factor that influence teenage pregnancy with a mean of 4.02 =STDV of 0.77

4.1.3 Descriptive statistics for Poverty factors and influence on teenage pregnancies

The researcher sought to determine the degree to which the respondents agree with statements measuring poverty factors so as to make conclusions on the study as is presented in Table 3.

Table 3 Descriptive Statistics on Poverty Factors(X_3)

Statement	No.	Mean	Std Deviation
Poverty levels are factors that influence teenage pregnancy	50	4.52	0.96
Level of income to parent is a factor that influence teenage pregnancy	50	4.65	0.84
Education level of parent is a factor that influence teenage pregnancy	50	3.97	1.57
Teenage girls from poor households are likely to be influenced to pregnancy than girls from wealth households	50	4.23	0.97
Composite Mean and Std deviation	**50**	**4.34**	**0.835**

As presented from Table 3, the study findings on this variable established that most respondents agreed that Poverty levels are factors that influence teenage pregnancy with a mean of 4.65= STDV0.84, Level of income to parent is a factor that influence teenage pregnancy with a mean of 4.52=STDV of 0.96, Teenage girls from poor households are likely to be influenced to pregnancy than girls from wealth households with a mean of 4.23 =STDV of 0.97 and education level of the parent had a mean of 3.97 = STDV of 1.57 showing that the responses were dispersed around the mean. The composite mean was 4.34

Stratford Peer Reviewed Journals and Book Publishing
Journal of Entrepreneurship & Project Management
Volume 3||Issue 4||Page 11-26||September||2019|
Email: info@stratfordjournals.org ISSN: 2616-8464

indicating that most respondents agree that poverty influence teenage pregnancy in Kenyan Public Primary Schools.

4.1.4 Descriptive statistics for Cultural Factors and influence on teenage pregnancies

The researcher sought to examine the degree to which the respondents agree with statements measuring Cultural Factors so as to make conclusions on the study is presented in Table 4.

Table 4 Descriptive Statistics on Cultural Factors(X_4)

Statement	No.	Mean	Std Deviation
Religion concerns are factors that influence teenage pregnancy	50	4.43	0.65
Forced marriage is factor that influence teenage pregnancy	50	4.62	0.97
Type of family structure is a factor that influence teenage pregnancy	50	4.43	0.84
Gender roles are factor that influence teenage pregnancy	50	4.78	0.35
Composite Mean and Std deviation	**50**	**4.57**	**0.702**

The findings depicted in Table 4 prescribed majority agreed, Gender roles are factor that influence teenage pregnancy with a mean of 4.78 =STDV of 0.35, forced marriage is factor that influence teenage pregnancy with a mean of 4.62 =STDV of 0.97, Type of family structure is a factor that influence teenage pregnancy with a mean of 4.43 =STDV of 0.84 and Religion concerns are factors that influence teenage pregnancy with a mean of 4.43 =STDV of 0.65. With composite mean of 4.57 = STDV of 0.702, Respondents strongly agreed that cultural factors influence teenage pregnancies in Kenyan Public Schools in Kenya

4.2 Regression Analysis of Factors affecting Teenage Pregnancies in Public Schools in Kenya.

4.2.1 Model Summary

Table 5: Model summary

Model	R	R^2	Adjusted R^2	Std. Error	Change Statistics				
					R2Change	F Change	df 1	df 2	Sig. F Change
1	0.593	0.154	0.79	0.057386	0.0154	1.05	4	45	0.0103

a. Dependent Variable: Y(Teenage Pregnancies)
b. Predictors: (Constant), Cultural factors (X4), Poverty factor (X3), sex education (X2), Individual factors(X1).

Findings from Table 5 prescribed, the value of Adjusted R Square was 0.79, which is implied that 79 % of changes in teenage pregnancies can be accounted by the four factors under study. This implied the four factors under study had an influence to teenage pregnancies in Kenyan Public Primary Schools. The significance value of 0.0103 was less than 0.05 Indicated the study variables had significant influence over the dependent variable, thus, the four factors had a degree of influence to teenage pregnancies in Kenya. The correlation coefficient value at 0.593 was close to +1 indicating positive relationship between the factors influencing teenage pregnancies in Kenyan Pubic Primary Schools.

4.2.2 The Analysis of Variance.

Analysis of variance are presented in Table 6 ANOVA

Table 6: Analysis of Variance (ANOVA)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.701	4	0.675	2.05	0.0103
	Residual	14.819	45	0.329		
	Total	17.52	49			

a. Dependent Variable: (Y)
b. Predictors: (Constant), X4, X3, X2, X1

The Analysis of Variance (ANOVA) outcome indicated in table 6 prescribed a significant value of 0.0103. The significant value means that the model had a strong correlation since the value was less than 0.05 meaning that most teenage pregnancies (Y) can be explained by the model hence that teenage pregnancies(Y)are significantly influenced by X_1(Individual Factors), X_2(Sex Education), X_3 (Poverty Level) and X_4 (Cultural Factors)

4.2.3 Regression The regression coefficient is shown in Table 7

Table 7: Regression Coefficient of Factors Influencing Teenage Pregnancies in Kenyan Public Primary Schools

Table 7 Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.753	1.143		1.534	.0132
	X_1	.040	.0231	.003	.016	.0987
	X_2	-.153	.014	-.158	-1.022	.312
	X_3	.304	.028	.179	1.083	.0284
	X_4	.405	.022	.326	1.773	.0083

a. Dependent Variable: (Y)

b. Predictors: (Constant), X_4, X_3, X_2, X_1

The results from Table 7 show that there was positive increase of teenage pregnancy by 1.753 units without the consideration or intervention of the four factors under study in Public Schools in Kenya. The study established a factor increase in (X_1) individual factors would lead to an increase in teenage pregnancies by 0.04, whereas an element rise in sex education (X_2) would lead to decrease of teenage pregnancies by 0.153, consequently poverty factor (X_3) accounted to 30% (0.304) of teenage pregnancies in public schools in Kenya. Lastly, X_4, (Cultural factors) were determined as the highest factor affecting teenage pregnancies in Kenyan Public Primary schools accounting to 0.405 (40%) of the cases.

Thus in conclusion X_1, X_3 and X_4 had positive influence on teenage pregnancies. The findings also indicated that X_2 had negative effect on teenage pregnancies. This meant sex education should be taught in Kenyan Public Primary schools to decrease cases of teenage pregnancies. From the findings it was evident X_3 (Poverty factors) and X_4(Cultural factors) factors had significance values higher than 0.05 implying the metrics were significant in determining factors affecting teenage pregnancies except for X_2 (sex education) and X1(individual factors). The significance values for all three factors were less than 0.05 thus statistically significant in determining the teenage pregnancies. X_2(sex education) had significance value of 0.312 which was greater than 0.05 indicating that there is was a strong negative relationship between the factor and teenage pregnancies in public schools in Kenya thus should be used as a measure to reduce the cases in the Public Primary Schools.

The multiple regression model was

Y = 1.753 + 0.04X1 – 0. 153X2 + 0.304X3 + 0.405X4.

4.3 Testing the Hypothesis

To test hypothesis, the study used correlation analysis for X_1(individual factors), X_2(Sex education), X_3(poverty factors and X_4(cultural factors) Correlations between the factors influencing teenage pregnancies in Public Schools in Kenya. The study tested hypotheses at 95 percent level of significant.

Table 8: Correlations

		X_1	X_2	X_3	X_4	Y
	Pearson Correlation	1	.313*	.526**	.588**	.239**
X_1	Sig. (2-tailed)		.027	.000	.000	.009
	N	50	50	50	50	50
	Pearson Correlation	.313*	1	.279*	.460**	.042*
X_2	Sig. (2-tailed)	.027		.050	.001	.002
	N	50	50	50	50	50
	Pearson Correlation	.526**	.279*	1	.450**	.283*
X_3	Sig. (2-tailed)	.000	.050		.001	.014
	N	50	50	50	50	50
	Pearson Correlation	.588*	.460**	.450**	1	.336*
X_4	Sig. (2-tailed)	.000	.001	.001		.017
	N	50	50	50	50	50
	Pearson Correlation	.239	.042*	.283*	.336*	1
Y	Sig. (2-tailed)	.095	.007	.046	.017	
	N	50	50	50	50	50

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

The results as prescribed in Table 8 indicated that there was a significant relationship between individual factors and teenage pregnancies in Kenyan Public Primary Schools, thus the null hypothesis was rejected at a 95 level of significance with a Pearson correlation of 0.239*. The second hypothesis was accepted as the model indicated a Pearson correlation of 0.42* thus the outcome indicated there was significant relationship between sex education and teenage pregnancies in Kenyan Public Primary Schools. The findings further indicated that there was significant relationship between poverty factors influence and teenage pregnancies in Kenyan Public Primary School, thus was accepted with strong Pearson of 283*. The fourth hypothesis was also significant and thus accepted. The study concluded there was significant relationship between cultural factors influence and teenage pregnancies in Kenyan Public Primary Schools represented by strong positive correlation of 0.336*. From the hypothesis testing, the investigator established there was significant positive relationship between individual factors and teenage pregnancies in Kenyan Public Primary Schools. There was significant relationship between sex education and teenage pregnancies in Kenyan Public Primary schools. There was significant relationship between cultural factors and teenage pregnancies and there was significant connection between poverty factors and teenage pregnancies in Kenyan Public Primary Schools.

5.1 Conclusion

On Individual factors influence, it was clear that, age of teenager, family relation Teenage drinking and first intimate affair of teenager were all factors influence teenage pregnancy in Kenyan Public Primary Schools. Teenage drinking where majority of respondents agreed to a great influence to teenage pregnancies. Sex education influence, statements on awareness on sex education, productive health services are, family planning method and low literacy as factors that influence teenage pregnancies with a combine mean of 4.21= STDV of 0.77 where majority agreed the variable prepositions made in the tool of study.

The study concluded, poverty was a major factor as level of income to parent is a factor education level of parent and that girls from poor households were likely to be influenced into teenage pregnancy. The combined mean was 4.34 =STDV of 0.835 where majority agreed poverty influence teenage pregnancy in Kenyan Public Primary Schools. Respondents rated the level of income to parent the highest rated statement with a mean of 4.65=STDV of 0.84. On Cultural factors, it had a major effect to teenage pregnancies where forced marriage and gender roles were the most highly rated statements of this objective. The two statements with means of 4.78 and 4.62 respectively which is why they were rated very great extent of effect.

6.1 Recommendations

The study recommended that public primary schools have to teach sex education to decrease cases of adolescent pregnancies. National Government and County Government of Kitui, collaborate with the community in eradicating poverty with focus to supporting needy teenager girls. A replicate of the same with an emphasis in more objectives such as peer pressure and social economic aspect to all Administrative wards in Ikutha Sub County and other Counties in Kenya

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