

Exploring Levels of Teenage Premarital Sex and Pregnancy in Riana Division of Ndhiwa Sub-County, Kenya

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Abstract: Teenage pregnancy has existed and is conceptualized as a social problem in many parts of the world. A recent report by the Kenya Demographic and Health Survey shows Kenya as one of countries with a large number of adolescent pregnancies in Africa. The situation could be worse in poor Counties in Kenya such as Homa Bay. This study sought to examine the level of premarital sex and the prevalence of teenage pregnancy in Riana Division of Ndhiwa Sub-County in Homa Bay County, Kenya. The study was based on the Psychosocial Theory and employed Cross-sectional survey design. Data was collected using questionnaires and in-depth interview techniques from a sample of 303 girls randomly selected from the study area. The data was analyzed using descriptive statistics and results presented in tables and figures. The study established that there is high prevalence of premarital sex and teenage pregnancy in Riana Division of Ndhiwa Sub County. Lack of parental guidance and support was highly blamed as parents reportedly do very little in sharing reproductive health information with their teenage children. The study recommends that alternative approaches may be necessary to reach out to the teenagers to help solve the problem of teenage pregnancy.

Key Words: Premarital Sex, Teenage Pregnancy

I: INTRODUCTION

Teenage pregnancy has existed and is conceptualized as a social problem in many parts of the world (WHO, 2016). When it occurs, it affects the mental and physical health of the teenage mother and the child (Hogan and Kenny, 2016). It is sad to note that one-third of girls globally get pregnant before they reach age 16 years (CDC, 2016). Besides, they are at higher risk of contracting sexually transmitted infections (STIs) and coerced early sexual relationships (Mashao, 2017).

According to National Survey of Family Growth (NSFG, 2017), Since 1970 teenage pregnancy and child bearing have remained higher in the United State than in the majority of other developed countries in the world.

In Africa, worst areas affected with teenage pregnancy include; Ghana, Congo, Namibia, Kenya and Uganda. In most part of these African countries, the problem is more than pregnancy but include other reproductive health related problems that are inflated by poverty as evident from UNFPA

(2017). The highest levels of teenage pregnancy are in Africa where the average rate of teenagers' age between 15 - 19 years stands at 115 (Kurt, Sasmaz and Bugdayci, 2015). The Kenya population situation analysis points at grim picture of young girls becoming mothers at very tender ages as indicated by the Kenya Demographic and Health Survey (KDHS, 2014). The report by the Kenya Demographic and Health Survey (KDHS, 2016) shows Kenya to be among the countries with a large number of adolescent pregnancies in Africa. Kenya with 103 in every 1000 pregnancies being attributed to girls between 15 and 19 years, contributes to one of the highest rate of teenage pregnancies globally (KDHS, 2016).

African Population and Health Research (APHRC), in its recent study argues that sexuality education programs to Kenyan teenagers are failing the teenagers, and are falling short of international standards (APHRC, 2018). In the report, about one quarter of teenagers interviewed in selected Schools in Nairobi, Mombasa and Homa Bay Counties, holds the opinion that using condom during sex is an indicator of mistrust (ibid). In the same research, one out of three female teenagers and more than fifty percent of teenage boys were in agreement that the more girls say no to sex the more they mean yes. At the same time fifty percent of the female teenagers and seventy percent of the male teenagers said that protected and consensual sex with someone you love is a good thing (ibid). These contradiction from these research clearly indicated that there is a serious lack of understanding and awareness about sexuality with respect to teenage pregnancy, particularly on pregnancy avoidance.

According to the recent research by Lucia (2018), 7,182 girls aged 10 - 19 were found to be pregnant in Nairobi County between January and March 2017. Prevalence of teenage pregnancy was found to be highest in Counties within Nyanza region at 22 percent (KDHS, 2016). According to the same report, Homa Bay County has highest rate of teenage pregnancy at 33.3 percent and Riana Division may be no exception.

A 2018 report by Homa Bay County Education Office paint an alarming situation of teenage pregnancy in the County. It is suspected that high school dropout and poor performance in the Kenya certificate of primary education (K.C.P.E) could be attributable to it, with socio-economic and health consequences to affected individuals, families and the society at large.

II. LITERATURE REVIEW

2.1 Prevalence of Teenage Pregnancy

According to the Natural Survey of Adolescent (NSA) by (Athar, 2017), in America, teenage pregnancy was found to vary greatly in terms of race, ethnic group and regionally within the country. Majority of the teenagers who give birth are eighteen years or older. In 2013, seventy three percent of the total teenage births involved the teenagers aged eighteen to nineteen years old. Hispanic and black teenagers had the highest birth rate than the white teenagers of the same age. This fact was attributed to the variation in their economic levels. Analysis from the data of 2013 indicated that eleven percent of teenagers in United States will give birth by their twentieth birth day; with eight percent of white female teenagers and seventeen percent being Hispanic female teenagers. According to NSA data, of the total births seventy seven percent of the pregnancies are unplanned or occurred “too soon” (Shahid, 2017).

Taking no other factors into account, the children of teenage mothers are greatly challenged in terms of education placement and other amenities, But when maternal education status are considered and level of poverty are considered and controlled, the determinant effects disappear and even some protective effects are observed. Confounding influence of associated socio – demographic factors are majorly responsible for the increased teenage pregnancy and its associated risk and related challenges (Baltag, 2015).

In Kenya, Were (2017) is of the opinion that teenage females are baited with material thing and money by their sexual partners and those teenagers from the rural areas are more likely to fall a prey. This is occasioned by the high opportunities to engage in such sexual practices in own huts, bushes, farms and isolated places like the plantations among others. According to Were (2017), when children become sexually active, they normally tend to keep most of their activities, interactions and conducts to be secret. There seemed also to be less of parental guidance and counseling on matters pertaining to sex and sexuality among the parents and even the religious leaders.

Albert and his group support that, there is greater discrepancy in handling sexuality as a topic among the majority of parents, teachers and religious leaders. Sexuality as a matter of fact is seen as a virtue in many African societies (Whyte, Albert & Geest 2017).

According to the review which was conducted by the Homa Bay County in the County Bulletin Number (14) of 2015,

teenage girls are defiled by indiscipline teachers, elderly people whom they trust most. They are baited by goodies like money, food, sanitary towels and free ride offered by the motor cyclist operators. These incidence leads these innocent teenagers into early pregnancies, school dropout and disease infections especially the STIs. The efforts by the provincial administrators to stop this problem have been futile and instead it has spread to the neighboring regions making it a pandemic, Homa Bay County Bulletin 126 (14) – (2015).

According to Milka Juma *et al.*, poverty has been cited as the major driver of teenage pregnancies as in regions where poverty index is high, girls are viewed as the source of livelihood who are expected to save the family through being used as sex pet and prostitute; selling their bodies in exchange of money and food. In the slums and suburbs, since parents are kept away for work, their teenage daughters who are left behind learn about sex through the wrong sources. Others learn about sex through the videos they sneak and watch in the unlicensed show rooms or even in an indiscipline individuals’ house, who carelessly allow children to view pornographic pictures and videos (Juma *et. al.*, 2018). Similarly, a survey by Plan International (2017), indicated a deplorable situation from where a total of 120 school girls from Kilifi County dropped out of school as a result of early pregnancy. This survey placed Nyanza region to lead followed by Coastal in teenage pregnancy, National Council for Population and Development (NCPD, 2018).

From the literature reviewed above, it emerge that the implementation of set policies and regulations that could be of vital help towards containing the problem of teenage pregnancy has been poorly jumpstarted and this has created a big gap that need to be filled up. Despite the robust policy and legal framework, the reality in Kenya is that, for effective implementation to be perfectly realized, the government has to walk the talk by ensuring that teenage girls have access to quality family planning products and services as teenage pregnancy is highly prevalence in the Kenya and the study area.

2.2 Teenage Premarital Sex

Premarital sex is sexual activity practiced by people who are unmarried. This practice was considered a moral issue which was a taboo in many cultures and considered a sin by a number of religions but has become an acceptable practice in western world since 1960s (White, 1997).

A profound question that worries every reader is the fact that there is an ever increasing case of teenage pregnancy and teenage mother hood in a more advanced and developed nations like America, Canada and Europe. The review put forth some arguments to explain the above dilemma; Contraception being one of the possible reasons that propels the teenagers to be more sexually active without any fear of becoming pregnant. In an event they forget to use them latter in their active sexual life or improperly use them then they stand a higher risk of becoming pregnant (Barber, 2017).

Secondly, Reduced Parental Supervision; to those parents who are in full time employment and normally are busy to offer supervisory role to their teenagers will always create a leeway to unsafe teenage premarital sex and ultimately teenage pregnancy. This is opposed to circumstances where girls are chaperoned by their close relatives and thirdly, The Mate Market; a phenomenon where a large number of sexually active single ladies would mean that they do not have to engage in a committed married life but instead choose to move about in search of sex partner whenever they needed to. This promoted the increased sexual activeness (Daly and Wilson, 2010).

A review from a research conducted in Iran in 2009 revealed that sexual behaviors of teenagers are categorized as one of the main health priorities of a society because of high prevalence of sexually transmitted infections (STIs) and HIV/AIDS and unwanted pregnancy. Family has been seen as an important avenue in shaping up the general behavior of the teenagers as well as mending their morals (Koohehani et al., 2018). The same research reveals that five key players in teenage premarital sex; parent-child raising habit, parent–Child interacting habit, Economic support advanced to the teenagers, religious beliefs and practices and Sexuality education and awareness. There was also a need to revive sex education and the right morals to the teenagers (Zadeh et al., 2018). Religious belief has been seen to be on the prime end towards discouraging sex education as stronger religious beliefs normally help to safeguard the teenagers from early teenage pregnancy through their teachings of moral values, and strengthening the family ties among the parents of the teenagers (Brewster et al., 2018).

A review of the study of Cornell and Halpern-felsher's study indicated that the teenagers who have family problem normally engage in teenage sexual intercourse (Cornell, 2018). Fekadu observed that ability to overcome loneliness and pressure towards boyfriend relationship is a psychosocial factor which could be the motivating factor to ignite premature sexual relationship among the teenage girls (Fekadu, 2018). Studies by Hocken and Wilson have also shown that teenagers from families with good relationship are likely to suffer less from teenage premarital sex and teenage pregnancy, (Hockenberry, 2018). In Ethiopia, Addis Ababa, a survey by (Clerie and Berhane, 2018) on teenagers concluded that teenagers who are advantaged to live with their parents are better placed in terms of social security against immorality. According to (Seme and Wirtu, 2016) in the same study also noted earlier that teenager always engage in early teenage premarital sex as a result of quest of monetary support and material gains more especially from the sexual partners (Seme and Wirtu, 2016). According to Kaiser family foundation (2017), environment play a key role in shaping the sexuality of teenagers as they feel pressured and pushed towards immorality by external factors like peer pressure, and other factors like social life style and literature and film that they watch (Kaiser family foundation, 2017).

A research which was conducted in Homa Bay County, Kenya revealed that teenage premarital sex is on the rise and teenagers value sex so much as a sign of love to their opposite sex friends. About 73% of the teenage girls who were interviewed expressed that one of the basic reason for sex is to prove for the love and commitment while 27% of the female teenagers said that one engages in sex with an opposite sex friend to maintain the relationship (UNFPA, 2017).

From these reviews, it is worth noting that an effective counseling on teenage premarital sex should be seasoned with the family structure, economic wellbeing of the family, compatibility and parental ties with the teenagers as well as religiosity of the parents and the teenagers. These are some of the missing gaps in the counseling of teenage premarital sex.

III. METHODOLOGY

3.1 Study Design

The study employed Cross-sectional survey design using both qualitative and quantitative data approaches in order to collect information about respondent attitudes, opinions or behaviors with respect to this study.

3.2 Study Population

The study target population were girls between ages 15-19 years who are estimated to be 12, 044 in Riana Division of Ndhiwa Sub – County, Kenya. This is the group mostly affected by teenage pregnancy, (Graham N. et al., 1981).

3.3 Sample size and Selection

3.3.1 Sample Size

The sample size was determined by using the formula that was used by (Fishers et al., 1998) for determining the sample size from a target population greater than 10, 000:

$$n = \frac{Z^2PQ}{d^2}$$

Where;

n = the desired sample size

z = the standard normal deviation at the required confidence level

p = the proportion in the target population estimate to have characteristic being measured

q = $1 - p$ (the proportion of the population without the characteristics)

d = the level of statistical significance set

p = 27% (estimated the prevalence rate of teenage pregnancy in Homa – Bay county)

Hence:

$$n = (1.96^2 \times 0.27 \times 0.73) / (0.05)^2$$

$$n = 303$$

3.3.2 Sample Selection

A sample of 303 teenagers were selected randomly from a target estimated population of 12, 044 teenagers aged 12 – 19 years drawn from a sample of administrative Locations in the Division. In addition, 20 youth leaders and 14 parents were selected purposively for their wide knowledge on matters teenage behavior and relations in the study area.

3.4 Methods of Data Collection

Data collection was done through the use of standard structured-closed ended and open ended questionnaires. This involved the researcher visiting various selected religious assemblies to administer questionnaire. Questionnaire as a tool was used to collect qualitative and quantitative data. The questionnaire was structured to bring out background factors, teenage pregnancy, and level of contraceptive use, sex education and the effect of sex education. An in-depth interview was also conducted using an interview schedule to collect qualitative data to find out the level of sex education, availability and level of use of contraceptive use among the teenage girls, the effect of sex education on teenage pregnancy. In addition, 20 youth leaders and 14 parents were subjected to in-depth interviews to augment questionnaire data.

3.5 Methods of Data Analysis

Descriptive Statistics was employed to analyze the data by use of frequencies. Qualitative data from open-ended questionnaire items and in-depth interviews were grouped under broad themes and converted into frequency counts. Thematic analysis was used to identify, analyze and report patterns within data as well as interpreting various aspects of the research topic (Braun and Clarke, 2006). Thematic analysis was chosen as it was flexible and could be applied across a range of theoretical and epistemological approaches (Braun and Clarke, 2006). This analysis started by looking for patterns of meaning and issues of potential interest in the data and organizing them into meaningful coding schemes or groups. This was followed by sorting the different codes into potential themes. A theme in this study was not dependent on quantifiable measures, but in terms of whether it captured something important in relation to the overall research question.

IV. STUDY FINDINGS AND DISCUSSIONS

4.1 Background Characteristics of Respondents

4.1.1 Age of Respondents

The ages of the respondents ranged from fourteen to nineteen years with slight majority being sixteen years 57 (18.81%) while the minority 39(12.81%) were those aged 14 years (see Table 4.1).

Table 4.1: Characteristics of study population

| Characteristic | Number | Percentage |
|--------------------------------------|------------|--------------|
| Exact Age (Single Years) | | |
| 12 | 0 | 0 |
| 13 | 0 | 0 |
| 14 | 39 | 12.87 |
| 15 | 51 | 16.83 |
| 16 | 57 | 18.81 |
| 17 | 51 | 16.83 |
| 18 | 51 | 16.83 |
| 19 | 54 | 17.82 |
| TOTAL | 303 | 100.0 |
| Religious Affiliation | | |
| SDA | 107 | 35.31 |
| Muslim | 58 | 19.14 |
| Catholic | 138 | 45.54 |
| TOTAL | 303 | 100.0 |
| Highest School Qualification | | |
| Class 1-4 | 51 | 16.83 |
| Class 5-7 | 57 | 18.81 |
| Class 8 –Form 1 | 84 | 27.72 |
| Form 1-4 | 111 | 36.63 |
| TOTAL | 303 | 100.0 |
| Source of Income of Parent(s) | | |
| At least a parent in a formal job | 20 | 6.6 |
| No formal job for either parent | 132 | 43.56 |
| Parent in active business | 40 | 13.20 |
| Parents without active business | 111 | 36.63 |
| TOTAL | 303 | 100.0 |

Source: Researcher, 2017

4.1.2 Religious Affiliation

It is evident from the Table 4.1 that majority of the sampled respondents were Catholics 138 (45.54%), followed by Seventh Day Adventists 107(35.31) and Muslims 58 (19.14%).

4.1.3 Highest School Qualification

From Table 4.1, out of 303 respondents, one hundred and eleven which translated to 36.63% had transited from form two to four and only fifty one which translated to 16.83% had passed class one to four, corresponding with the small number of teenage mothers aged fourteen. This could indicate that when teenage girls could have been given access to better knowledge about sex education and the use of contraceptives, more teenage girls who became mothers could have been empowered to complete their education before starting the life motherhood.

4.1.4 Source of Income

Results shown in Table 4.1, shows most parents to the sampled teenagers were not in formal jobs 132 (43.56%) neither in active business 111(36.63%). Only 20 (6.6%) and 40 (13.20%) had formal jobs and active business respectively.

4.2 Prevalence of Teenage Premarital Sex

Prevalence of teenage premarital sex was established alongside other measures such as age at first sexual debut

among sampled teenagers in the study area. Further, the study sought to unravel the reasons for first sexual debut. From the study survey, it emerged that almost all the respondents 300 (99%) had engaged in premarital sex in their lives, only 3 (15) had not. This finding is in support of the previous research which was conducted by the UN Centre of Reproductive Health, which indicated that teenage pregnancy is a global problem which affects both the developed and developing nations. Globally, from the statistical data by the study which was conducted by the UNFPA, Kenya posted the fourth position after Guinea at 100.2 in thousands in teenage pregnancy (UNFPA, 2017).

From in-depth interviews, this study revealed that teenage girls involved in premarital sex as a way of salvaging their families economically, sourcing meals, peer pressure, and cultural norms. These sexual encounters were in most cases unprotected leading to early pregnancy.

Parental guidance has failed the teenagers especially the girls as was noted during these in-depth interviews in the study area.

“... I don’t discuss issues to do with sex and sexuality with my children. That is the responsibility of the religious leaders. Let them be told in the church and their mothers” IDI Key Respondent Riana Division.

“...my mother always teach me how to relate with boys. She gives me advice Concerning the gifts to accept from boyfriends and where to meet the boyfriend....” IDI -Teenage girl respondent in Riana.

4.2.1 Age at First Sexual Debut

Sexual debut is taken to mean the first time the teenagers engaged in an act of sex. This was necessary in order to critically understand their sex life. It emerged the majority of the respondents had their sexual debut the age of 16 and 17 years. This implies that sex education should start much earlier before age twelve for an effective management of teenage pregnancy.

Table 4.2 Age at First Sexual Debut

| Age at first Sexual Debut | Frequency | Percentage |
|---------------------------|------------|------------|
| 12 Years | 7 | 2.41 |
| 13 Years | 27 | 8.92 |
| 14 Years | 56 | 18.59 |
| 15 Years | 81 | 26.73 |
| 16 Years | 69 | 22.77 |
| 17 Years | 44 | 14.64 |
| 18 Years | 12 | 3.96 |
| 19 Years | 3 | 0.99 |
| Never had sex | 3 | 0.99 |
| TOTAL | 303 | 100 |

Source: Researcher, 2017

The age at sexual debut differs principally with age with fifteen being the modal class at 26.73%. Sex education should be provided to teenagers before reaching age fifteen actually as from age twelve. Evidently, at age fourteen, out of thirty nine respondents five (5) were reportedly teenage mothers which translated to 12.82%. This could imply that teenagers aged fourteen probably became pregnant while they were only thirteen years old.

This could be of greater significance to these respondents in terms of unplanned pregnancy. Were (2017), in her research which was conducted in Western Kenya found that teenagers become sexually active as early ages as eight years old. It will be of greater moral value to monitor the level of teenage interaction and modify the interaction environment for the teenagers to help solve the problem of teenage pregnancy.

4.2.2 Reasons for sex for the first time

This theme was aimed at identifying reasons why the respondents could have engaged in sexual intercourse for their first time and the statistical findings were as in the Table 4.2.

Table 4.3 Reasons for respondents’ sexual debut

| Reason | Frequency | Percentage |
|--------------------------|------------|------------|
| Did not Know exactly why | 175 | 58.30 |
| Loved partner | 94 | 31.00 |
| Requested by partner | 12 | 4.00 |
| Peer pressure | 19 | 6.30 |
| No response | 3 | 1.00 |
| TOTAL | 303 | 100 |

Source: Researcher, 2017

From Table 4.3, respondents had various reasons for having engaged in sex for the first time. It is interesting to know that a total of 175 (58.30%) respondents indicated that they did not know why they had sex for the first time, an indication of how naïve they were. A total of 94 (31.00%) engaged in sex as a way of expressing the love they had for the opposite partner, 12 (4.00%) had sex as a way of responding to the demand from their partners, 19 (6.30%) blamed peer pressure as a reason for their involvement in sex while 3 (1.00%) though they accepted to have involved in sex, they declined to disclose their reasons. From this statistics, it was clear that teenage premarital sex is prevalent in Riana Division of Ndhiwa Sub-County, Kenya.

V. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Based on the findings of the study, it is clear that teenage premarital sex and teenage pregnancy are real occurrences in Riana Division.

5.2 Recommendations

- i. The school stakeholders should consider strengthening guidance programs both at school and

home so that teenagers are given reproductive health information and counseling particularly regarding boy – girl relationship to help manage run a way cases of pre-marital sex and pregnancies.

- ii. The teachers especially class advisors should act as second parent especially to those teenagers who need parental guidance.

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