

Factors Influencing Teenage Pregnancies in Mixed Secondary Schools in Nyamira South, Nyamira County, Kenya

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Abstract: Despite various government interventions teenage pregnancies is still persistent. Such interventions include the government policy of integration of the teenage mothers in schools. The purpose of this study is to establish the factors influencing teenage pregnancies in mixed secondary schools in Nyamira South; Nyamira County, Kenya. Descriptive survey design was adopted in this study. The study targeted 42 Public Mixed Secondary schools, 42 principals, 42 guidance and counseling teachers and 5953 girls in Nyamira South Sub-County. Clustered sampling was used to select the 13 Public Mixed Secondary schools in the Sub-County whose head teachers, guidance and counseling teachers and students participated in the study. Purposive sampling was used to select the Sub-County Quality and Standards Officer, Sub-County Director of Health services as respondents in the study. Questionnaires and interview schedules were used to collect data. Quantitative data was analyzed using descriptive statistics and presented in form of percentages, frequencies and tables. Qualitative data was categorized and analyzed into various themes as they emerged. The study found out those teenage mothers in school are stigmatized, discriminated and experience financial challenges that make them drop out of school. The study concluded that the problems teenage mothers face in school affect their performance negatively. The problems teenage mothers face in school need urgent remedy for Kenya to realize the millennium development goals (MDGs) and Vision 2030. The study recommends for the formulation and implementation of stringent laws by the government to protect the rights of the girl child in school. The Ministry of Education should also ensure that teenage mothers in school are not stigmatized or discriminated. Further study is suggested on challenges facing teenage mother's integration in pure boarding schools.

Keywords: Government interventions, Teenage pregnancies, Teenage Mothers Integration in Schools.

I. INTRODUCTION

Teenage pregnancies have increased in most developing countries. In Kenya, this is attributed to the early age girls engage in sex. According to the 2010 estimates, 36.4 million women in developing countries aged between 20 and 24 reported having had a baby before age 18. Among these regions is the African continent which contributes 28 per cent of these women (UNFPA, 2013). The study also indicates that over 70,000 adolescents die annually in developing countries of cases related to pregnancy and childbirth. Most of the expectant teenagers who die in many developing countries are from lower income house-holds which are nutritionally depleted. In the developing countries, about 19 per cent of girls become pregnant before age 18. The study further indicates that 95 per cent of the teenage pregnancies in the world occurred in developing countries (UNFPA 2013). In the UK, almost half of all pregnancies to fewer than 18 years were concentrated among the 30 per cent of the most deprived population, while 14 per cent occurred among the 30 per cent of the least deprived persons. In Italy, the teenage pregnancy rate in the poorer Mezzogiorno constituted 10 per cent per 1000 girls (Males, 2001). In Nyanza Province of Kenya where Nyamira Sub-County is found, 60 percent of girls with 15 years or below were found to have started their sexual encounters. This translates to 6 in every 10 girls having had their sexual experiences before attaining 18 years. These early sexual experiences lead to teen pregnancies amongst school going girls

(Tanui, 2013). Teen mothers are less likely to complete secondary education as only 40 per cent of teenagers who give birth before age 18 complete high school compared to 75 per cent of teens from similar social economic background who do not give birth until they attain at least 20 years (National Campaign to prevent Teen pregnancy, 2009). The report further says that teen mothers may lack adequate job skills, making it hard for them to find and keep a job. This makes them to depend on family or relatives for assistance and hence live in poverty.

Statement of the problem:

Teenage pregnancy has become a serious problem in many societies. The number of teenage mothers in school keeps on increasing. The teenage mothers face many challenges as they take the roles of being both students and mothers at the same time. The young mothers experience financial difficulties in meeting the demanding requirements of their babies and also their own needs at home and in school. The stigma subjected to teen mothers and lack of support from school and parents affects their performance in school. The poor academic performance of teen mothers makes them not to progress to college or university, live in poverty and become social dependants. In Nyamira South Sub-County of Nyamira County, teenage pregnancy is a serious problem as the number of teenage mothers is on the increase. Reports obtained from the ministry of Health indicate that 311 out of 6,349 girls became pregnant in 2014. The records further indicated that an average of 332 girls were pregnant between (2013-2015). This is a setback to Millennium Development Goal No. 2 which targeted 100 percent completion of basic education by all children in Kenya by 2015. It is against this background that this research sought to investigate the factors influencing teenage pregnancies in mixed secondary schools in Nyamira South, Nyamira County, Kenya

Purpose of the study:

To investigate the factors influencing teenage pregnancies in mixed secondary schools in Nyamira Sub-County, Nyamira County.

II. LITERATURE REVIEW

Factors influencing teenage pregnancies:

The policy of the school may influence girls to be pregnant or not. Some schools have comprehensive sex programs for their learners while others don't. A study carried out at the University of Washington in Seattle proved that teenagers who received sex education were 60 percent less likely to get pregnant or impregnate someone (CDC, 2010). Some schools advocate for abstinence only programs. A research done by Centre for Disease Control (CDC, 2007) on the effect of abstinence programs on sexual rates of teenagers shows that abstinence only programs had no impacts on rates of sexual abstinence. The research continues to say that abstinence only strategies could deter contraception use among teenagers, thus increasing their risk of unintended pregnancy.

Presler – Marshall & Jones (2012) in their study found out that few young people in school receive adequate preparation for their sexual and marriage lives. They approach adulthood faced with conflicting theories and inaccurate information about sexuality. In many cases, the adolescents have incorrect or inadequate information about sexuality, reproduction and contraception. In their research carried out in Uganda on contraceptive use by girls, they found that one out of three adolescent males, and one out of two females were not aware that condoms are only used once.

At the national level, the government's commitment in fulfilling obligations under human rights' instrument and treaties, the levels of poverty and deprivation, and stability of a country can all influence whether a teenager becomes pregnant or not. Adolescents' access to contraception may be unavailable because of the government's statutes that prohibit teenagers from accessing sexual and reproductive health services, including family planning without parental authority, thereby preventing sexually active teenagers and their partners from obtaining and using contraception. Many countries also prohibit emergency contraception or forbid adolescents' access to it. This prompts the sexually active teenagers to have unprotected sex and risk becoming pregnant (UNESCO, 2009). The report further says that in some countries, adolescents may be limited by requirements for parental consent to get services or they may have to rely on health providers to deem them capable or eligible for services. Sometimes, health providers may not allow teenagers' access to contraceptives in fear of retaliations from parent or guardians who may not want their children to obtain contraception or other sexual and reproductive health services.

Poverty and underdevelopment are also other national level forces that deny adolescents opportunities in life. With few prospects for jobs, livelihood, a good standard of living, a girl becomes more vulnerable to early marriage and pregnancy. Investigation indicates that poverty is associated with increased rates of teenage pregnancy. Poverty stricken countries such as Niger and Bangladesh have far more teenage mothers compared with economically endowed countries such as Switzerland and Japan. In addition, girls from poor families are less likely to complete their schooling and consequently, often have inadequate access to comprehensive sexuality education in school or information about preventing a pregnancy (World Health Organization, 2011).

In many emergency, conflict and war torn settings, adolescent girls are often separated from family and cut off from protective social structure. They are therefore at increased risk of being raped, sexually exploited and abuse which increases their vulnerability to pregnancy (Save the Children and UNFPA, 2009). Studies from South Africa by the Guttmacher Institute (2010) found that 11-20 percent of teenage pregnancies are a direct result of rape. During times of war or crisis, for adolescent girls to provide for themselves or the needs of their families, they may feel compelled to engage in sex work, thereby risk becoming pregnant. In addition, during these times, schools which are often the main sources of comprehensive sexuality education may be shuttered, and other providers of accurate and complete education about sexuality and reproductive education may be inadequate or non-existent. This may prompt girls to become pregnant as a result of the inaccessibility of comprehensive sex education.

Access to contraception may be made worse by norms, mores, attitude and beliefs that teenagers should not be sexually active and therefore do not require contraception. The difference between adult attitudes and adolescents' realities is a recipe for early pregnancy. A study conducted by World Health Organization indicates that in some communities, girls are supposed to marry when young and test their fertility before unions are formalized. Boys are also expected by society to gain sexual experience and prove their manhood before they marry. As a result, the boys prove their fertility by making girls pregnant before marriage (World Health organization, 2012).

Political instability, conflicts or violence in the home, the magnitude of household poverty or wealth, absence of role models and the reproductive history of the parents especially whether the parents married as children, or whether the mother became expectant as a teenager all determine whether the girl will become pregnant or not. Studies on abused boys, battered mothers and male involvement in teen pregnancy show that girls exposed to abuse, violence and poverty as children are more likely to become pregnant as teenagers. When the family environment does not include adverse childhood experiences; becoming pregnant as an adolescent does not happen. Studies have also found that boys who are raised in violent homes with a battered mother, or who experienced physical violence directly, were remarkably, more likely to impregnate a girl in revenge when they became mature (Anda, 2011).

Studies on effect of father's absence from home on teenage pregnancy have also found that girls whose fathers deserted the family early in their lives exhibited the highest rates of early sexual activity and adolescent pregnancy. Those girls whose fathers were present till their teen age had a lower rate of early sexual activity and the lowest rates were reported in girls whose fathers were present throughout their childhood. In the U.S.A, early father-absent girls were discovered to be five times more likely to become pregnant as adolescents than were father-present girls. These girls become pregnant as teenagers because they miss parental guidance from the father and protection. Sometimes, when single mother is unable to provide for the family, the young girl may engage in sex so as to receive favours and hence risk becoming pregnant (Ellis, 2013).

An individual or an adolescent may lack information of, or access to acceptable methods of preventing pregnancy as she may feel shy or frightened to seek such information. In 2012 study by the Jacobs Institute of women's health to find why women have unprotected sex, over 1000 females were surveyed to find out factors contributing to decrease or non usage of contraception. Of those surveyed, almost half had been involved in unprotected intercourse within the past three months. Among the reasons these women gave for not using contraception is the belief that they "could not get pregnant." (Darroch, 2012)

Many girls and young women say they do not use contraceptives even when they know they (contraceptives) are available and even they have a right to them because their sex partners oppose it or have a negative perception to contraception use. (Presler – Marshall & Jones, 2012). In some cases, contraception used may prove inadequate. Inexperienced teenagers may inappropriately use condoms, forget to take oral contraceptives, or fail to use the birth control methods they had previously chosen, making them risk becoming pregnant.

Research has shown that fewer than half the pregnant adolescents in developing countries receive antenatal care from skilled providers (Kothari, 2012). Young first time mothers are likely than elderly mothers to experience delays in recognizing complications and seeking care, choosing an appropriate health facility and getting quality care at a facility (UNFPA, 2007). Antenatal and postnatal cares are not only necessary for the health of the girl and her pregnancy, but they are also present opportunities to provide information and contraception that might help an adolescent prevents or delays a successive pregnancy. Lack of crucial information given during antenatal care may lead a teenage mother getting pregnant again.

Peers can influence how teenagers view becoming pregnant as well as their perceptions towards birth control, dropping out of school or staying in school till graduation. Peer pressure can thus dishearten early sexual debut and marriage, or it can reinforce the chances of early and unprotected sexual activity. Chandra(2013) indicates that if a girl's peers have children, the girl will also be influenced to have a child, too. When girls share their experiences on sexual matters, they are likely to influence those who have not had sexual experiences also to try and experience what the other girls are saying and hence risk becoming pregnant, if not well advised.

Sexual violence and coercion can lead to unwanted pregnancies. Coerced sex is the incidence of forcing or attempting to force another person through violence, threats, verbal insistence, deception, or use of material means to indulge in sexual behavior against his / her will (Flanagan et al, 2013). Young age is a leading factor for a woman's likelihood of experiencing violence at the hands of an elderly sexual partner (World Health Organization, 2010). There is a likelihood that when young girls engage in sex, they are unable to turn down sexual advances to protect themselves against pregnancy and they have no power to decide when to have sex and this may lead to teenage pregnancies.

Adolescent girls may face another form of forceful sex that makes them vulnerable to pregnancy; pressures from transactional sex. A study carried out in Zimbabwe on how sugar daddies influence girls to sex found that out of 1,313 men surveyed, 126 of them (10.4%) reported having exchanged money or gifts for sex with an adolescent girl. (Wyrod et al, 2011). The material gifts to adolescent girls reduces the girl's ability to negotiate for condom use and the gifts can keep the girl in this abusive relationship hence risk becoming pregnant. (Presler-Marshall and Jones, 2012)

The Namibia Ministry of Education (2008) report shows that, the school environment can influence girls to be pregnant or not. Girls in some parts of Africa do not start school at an early age, meaning that they are older in their secondary school years and thus, are more likely to become sexually active. Even where girls do start school early enough, the necessity of repeating classes because of poor performance may still result in high age for school girls than expected. The over – aged girls in school are more likely to engage in sexual activity leading to teenage pregnancies as compared to the other girls who are young in school. The report further point out that those girls with poor school performance are significantly more likely than better students to become pregnant. The report also noted that girls with high self esteem and hopeful about their futures are more likely to delay child bearing.

UNICEF (2003) study highlights the connection between alcohol and risky behaviour. The study found that the youth aged between 15-24 years drink alcohol daily and start drinking early in their lives. Of those who drink, almost 27 percent had participated in sexual intercourse while under the influence of alcohol. A 2002 study on girls' education in Rundu area in Namibia, found that parents, students and school administrators interviewed all cited alcohol abuse by teachers as a problematic issue, in that addicted teachers not only neglected their teaching duties, but were also more prone to solicit sex from female learners.

III. RESEARCH METHODOLOGY

Research design:

Ogula (2005) defines a research design as a plan, structure and strategy of investigation to obtain answers to research questions and control variance. In addition, a research design is the plan the research adopts for answering the research questions and sets up the framework for the study. A research design therefore collects data at a particular point in time with the intention of describing the nature of the existing conditions, identifying the standards against which existing conditions can be compared and determining the relationship that exists between specific events (Orodho, 2005)

This study adopted a descriptive survey design which involved asking a large group of respondents' questions about a particular issue or event (Mugenda & Mugenda, 1999). Orodho (2005) describes a survey research as a technique of

gathering information by interviewing or administering a questionnaire to a sample of individuals. In this method, participants answered questions administered through interviews or questionnaires. After participants have answered the questions, the researcher describes the responses given. From the research sample, the results obtained were used to draw generalizations on the entire population. The biggest advantage of the descriptive survey design is that researchers view participants in their natural environments. This design is also advantageous as it is easy to supply research instruments such as questionnaires which capture data from a large number of respondents in a relatively short period.

Sample size and sampling procedures:

A sample is a set of respondents selected from a large population for the purpose of a survey (Kombo & Tromp, 2006). According to Orodho (2005), sampling is a process of selecting a number of individuals from a population such that the selected group contains elements representative of the characteristics found in the entire group. It is a process of selecting a number of individuals in such a way that the individuals selected represent the large group from which they were selected. The study applied both clustered sampling and simple random sampling procedures to obtain the respondents. At least 30 per cent of the total population is considered representative (Gall and Borg, 2003). This is illustrated in the table below.

Table 3.1: Sample size against target population

Strata	Target 30%	Sample size
Principals	42	13
Teachers	42	13
Girls	5953	1786
DQASO	1	1
Sub-County Director of Medical services	1	1
Total	6039	1814

In this study, public mixed secondary schools were clustered into the four educational zones from which proportionate stratified random sampling was used to select a total of 13 schools to participate in the study. Simple random sampling was used to select 3 schools from Township, 4 schools from Gesiaga, 3 schools from Kebirigo and 3 schools from Nyagachi zones. The researcher considered this sample size large enough to contain all the variations in the population and equal chances were given to each individual in the population. This made sure that sample obtained was proportionately and adequately distributed among the four educational zones. All the 13 Principals and guidance and counseling teachers from the selected schools automatically qualified to participate in the study. The Sub-County Quality and Standards officer and Sub-County Medical officer were purposively included in the study because they were the only ones to be selected. According to Uma (2010), purposive sampling makes it possible for the selection of subjects on the basis of their expertise in the subject of investigation. Therefore the study sample comprised of 13 principals of schools, 13 guidance and counseling teachers, 1 Sub-County Medical officer, 1 Sub-County Quality Assurance and Standards Officer (DQASO) and 1786 form three girls from the selected schools.

The principals were involved in the survey because they are in charge of the schools from where the target population was obtained. The guidance and counseling teachers were interviewed because they handle cases of boy-girl relationships in schools and counsel expectant teenage girls and mothers in schools. The form three girls were targeted as the most experienced class since the form fours were busy preparing for the K.C.S.E examinations. The District medical officer was also to provide information on adolescents who underwent successful deliveries in hospitals, those who lost their lives and also those who aborted.

IV. RESULTS AND DISCUSSION

4.1 Factors influencing teenage pregnancies in mixed secondary schools in Nyamira South sub-county:

The respondents on this question were the principals, teachers, students, quality assurance and standards officers and the sub-county Director of Medical services.

Table 4.1 Students' Response on the Factors influencing Teenage Pregnancies in Mixed Secondary Schools in Nyamira South sub-county (n = 1786)

Factors	Frequency	Percentage
Peer influence	1553	86.95
Poverty	1324	74.13
Drug and substance abuse	926	51.84
Irresponsible parenthood	1051	58.84
School type: mixed school	0	0
Lack of role model in society	1122	62.82
Ignorance on sex related matters	1471	82.36
Permissive society	1161	65.00

From table 4.1 above, the following are the scores from the students on the factors influencing teenage pregnancies. Majority 5553 (86.95%) indicated peer influence as a factor leading to teenage pregnancy, 1471 (82.36%) indicated ignorance on sex related matters by teenage girls, 1161 (65%) indicated poverty, 1122 (62.82%) indicated permissive society, 1122 (62.82%) indicated lack of role models in society, 1051 (58.84%) indicated irresponsible parenthood and 926 (51.84%) indicated drug and substance abuse. School status was never indicated as a factor influencing teenage pregnancies according to the response from the students.

The major factors influencing teenage pregnancies are: peer influence followed by ignorance on sex related matters by teenage girls, poverty in the teenage girls' family and permissiveness society. Some of the factors reported by student are similar to those quoted by Presle-Marshall & Jones (2012) who argue that many teenagers approach adulthood faced with conflicting and inaccurate information leading to teenage pregnancies as a result of lack of crucial knowledge on sex education.

4.2 Teachers' Response on the Factors influencing Teenage Pregnancies in Mixed Secondary schools in Nyamira South sub-county.

When asked to give information on the factors influencing teenage pregnancy, their responses were as shown in the table below.

Table 4.2 Teachers' Response on Factors Influencing Teenage Pregnancies in Mixed secondary schools in Nyamira South sub-county (n = 13)

Factors	Frequency	Percentage
Peer influence	10	76.92
Poverty	9	69.23
Drug and substance abuse	6	46.15
Irresponsible parenthood	11	84.62
School type: Mixed school	0	0
Lack of models in society	8	61.54
Ignorance on sex related matters	6	46.15

From table 4.2 above, majority of the teachers 11(84.62%) indicated irresponsible parenthood as a factor influencing teenage pregnancy, 10 (76.92%) indicated peer influence, 9(69.23%) indicated poverty, 8(61.54%) indicated ignorance on sex related matters and 6(46.15%) indicated drug and substance abuse and permissive society respectively. School type was never indicated as a factor influencing teenage pregnancies.

The table indicates that the leading factors influencing teenage pregnancies are: irresponsible parenthood followed by peer influence and poverty in the teenage girl's family. Therefore, there is need for schools to sensitize parents on responsible parenthood. Ellis (2003) found out that when children miss parental guidance, role modeling and protection from parents, they copy the negative behaviors of their parents such as having multiple sexual relationships which makes them risk becoming pregnant.

4.3 Principals' Response on Factors influencing Teenage Pregnancies in Mixed Secondary schools in Nyamira South sub-county:

When asked to give information on the factors influencing Teenage pregnancies in Mixed secondary schools in Nyamira South sub-county their responses were as shown in the table below.

Table 4.3: Principals' Responses on Factors influencing Teenage Pregnancies in Mixed schools in Nyamira South sub-county (n = 13)

Factors	Frequency	Percentage
Peer influence	8	61.54
Poverty	8	61.54
Drug and substance abuse	5	38.46
Irresponsible parenthood	10	76.92
School type: Mixed school	0	0
Lack of models in society	3	23.08
Ignorance and sex related matters	7	53.85
Permissive society	8	46.15

From the above table 4.3, majority of Head teachers, 10(76.92%) indicated irresponsible parenthood as a factor influencing teenage pregnancies, 8(61.54%) indicated peer group influence and poverty in the teenage girl's family, 7(53.85%) indicated ignorance of the girls on sex related matters, 5(38.46%) indicated drug and substance abuse 3(23.08%) indicated lack of models in society and none of the head teachers indicated the type of school as a factor influencing teenage pregnancies.

The results in the above table indicate irresponsible parenthood as the leading factor influencing teenage pregnancies. The figures are in agreement with those of Guidance and counseling teachers who also cited irresponsible parenthood as the leading factor influencing teenage pregnancies. The other leading factors influencing teenage pregnancies are: peer group influence and poverty. The study findings are supported by Ellis (2003) who found out that teenagers copy the behaviour of their parents. For instance a girl who sees her mother repeatedly sleep out or come home in the morning after spending the night out will also copy what the mother is doing out of curiosity to start coming home late or dating boys. Chandra (2013) also supports the study findings when he says that girls influence each other to start relationships and if the girl's peers have children, the girl will also be influenced to have a child too.

Through interview schedule the sub-county QASO was asked to comment on the factors influencing teenage pregnancies. The respondent said the following: Many cases of teenage pregnancies in school are not reported for appropriate action to be taken as parents and teachers keep them secret.

The study established that teachers fear that if the public is aware of the teenage pregnancy cases, the school might lose its popularity and the parents will transfer their children to other schools while others will not send their children to that school to learn. For parents, they fear that society will perceive them as failures and irresponsible parents if it is discovered that their daughter is expectant. For those few cases that reach Education office, their causes range from poverty in the girl's family to advanced technology. Girls from the poor family want to live and have what the other girls in the school especially from rich families have. To access this, the only option is to engage in transactional sex and hence risk becoming pregnant. It was difficult for the study to establish why girls from rich families become pregnant as they are well provided for by their parents.

Falling standards of morality in society also leads to teenage pregnancies. The rules that governed on relationships in society are no longer observed.

Moral decadence is noted when elderly people especially the working class have relationships with school going girls. The fear of HIV/AIDS makes the elderly people to date teenage girls because they consider them not contaminated and free from the dreaded HIV virus which may not be the case. Presently, the boda boda (motor bike) riders are a threat to school going girls. Most of these riders are young school dropouts with few or no responsibilities at home. As a result, the riders have multiple love relationships with school girls whom they lure with presents and money to win their love. Sometimes, the riders give the girls free rides so as to befriend them (Psimol et al,2005)

The respondent also said that learners abuse drugs especially during sporting activities leading to teenage pregnancies. During sports, students have a lot of freedom to do what they want and the teachers who accompany them do not closely monitor what they do, giving them room to abuse drugs and to engage in unprotected sex. The study findings are supported by UNICEF (2003) which says that there is a connection between alcohol and risky behavior. The study found out that learners engage in risky activities while drunk and do not fear being infected with HIV/AIDS or becoming pregnant.

Some girls copy what their parents are doing or behaviour and this seems to affect many school going girls. Some girls are aware of the many illicit affairs their parents have with other men or women. The parents openly have extra-marital affairs which the children know and thus copy what their parents are doing, which, according to the young girls is a 'norm'. The permissive society influences teenage pregnancies as the elderly people in the society who see youths have relationships do not take any step to warn or advise them against the vice. They just assume what the youths are engaged in is not wrong because they (youths) are unknown or not related to them. To some youths, advice is only given to them by their parents or teachers and even if they are warned by other people against their risky behavior, they do not heed to the advice. This is in agreement with Flanagan (2003) who concludes that permissive society has led to increase in teenage pregnancies as a result of cultural erosion."

When asked to comment on the factors influencing teenage pregnancies through interview schedule, the sub-county Medical officer said the following:

Young girls nowadays are engaging in sex leading to teenage pregnancies. Ignorance on family planning methods is one of the leading causes of teenage pregnancies. Teenage girls are sexually active but lack knowledge on appropriate pregnancy prevention methods appropriate to the youth leading to teenage pregnancies.

To others (the youth) they inappropriately use contraceptives leading to teenage pregnancies. The study established that some religious beliefs prohibit girls from using contraceptives and advocate for abstinence which makes risk being pregnant. The parents were also found to be against contraceptive use by the youth when they claim that it would lead the girls to immorality. However, the current study did not find a connection between contraceptives use and increased cases of immorality among the youth. The study findings are in agreement with UNESCO (2009) which concludes that exposure of the youth to contraceptive use does not lead to increased sexual activity amongst the youth.

The difficult economic situations and poverty influence teenage pregnancies. As a consequence, most girls in school cannot afford all the necessary requirements they need in school such soap, sanitary towels and pocket money which the other girls from rich families have"

The respondent said that girls are compelled to seek alternative sources of accessing these requirements, such as engaging in sexual activity and hence risk becoming pregnant. The study also found out that morally upright girls from poor and economically challenged families do not engage in transactional sex even when faced with lack of essential commodities. The study further established that engagement in immoral activities by school girls is attributed to lack of morals."

V. CONCLUSION

Based on the findings, the study concludes that the main factors influencing teenage pregnancies are poverty in girl's home, irresponsible parents and teachers and girls being ignorant on sex-related matters. If these factors are addressed, then the problem of teenage pregnancies in mixed secondary schools will be solved.

VI. RECOMMENDATIONS

All stakeholders in society should join hands to fight the vice of teenage pregnancies which denies the teenage girl her rights to education. These stakeholders include the parents, the school, the community, the church and the law enforcing agents

REFERENCES

- [1] Anda R.F, Fellitt, V.J., Chapman, D.P., Croft, J.B., Williamson, D.F., Santelli, J. (2001). Abused Boys, Battered Mothers and Male Involvement in Teen Pregnancy. *Pediatrics* 107(2) PMID 11158493.
- [2] Centers for Disease Control and Prevention. (2007) *Teenage pregnancy and Birth Rates*. United States (2007). Retrieved on March 10, 2015 from <http://www.cdc.gov/nchs/pressroom>.

- [3] Centers for Disease control and prevention. (2010). *Youth Risk Behaviour Surveillance Systems*. Retrieved from <http://www.cdc.gov/Healthyyouth/yrbs/index.htm>
- [4] Daroch, J., Jennifer, J., & Frost, S. (2010). *Teenage Sexual and Reproductive Behavior in Developed Countries; Can more progress be made?* The Allan Guttmacher Institute.
- [5] Ellis B.J., Bates, J.E., Dodge, K.A., Fergusson, D.M., Horwood, L.J., Pettit, G.S & Woodward, L. (2003). *Does Father Absence Place Daughters at Special Risk for Early Sexual Activity and Teenage Pregnancy?* Child Development 73.
- [6] Flanagan, A., Lince, N., Durao de Menezes, I & Mdlopane, L., (25 February, 2013). *Teenpregnancy in South Africa. A literature review examining contributing factors and unique interventions*. Ibis Reproductive Health Publishers.
- [7] Kombo, J & Tromp (2006) *Proposal and Thesis writing*. Nairobi. Paulines Publications, Kenya.
- [8] Kothari, C.R (2009). *Research Methodology: Methods and Techniques*. New Age International Publishers. New Delhi.
- [9] Males, M. (2001). *Americas pointless "Teen sex"*. Retrieved on Sept 17th 2014 from home.earthlink.net/N.m
- [10] Mugenda & Mugenda, (1999). *Research Methods. Qualitative and quantitative approaches*. Nairobi Acts Press, Nairobi. Kenya.
- [11] Ministry of Education Science & Technology (2008). *Education Basic Statistics*. Lilongwe, Malawi.
- [12] National Campaign to Prevent Teen pregnancy and Unplanned Pregnancy (2011). *Teen childbearing cost taxpayers & 10.9 Billion in 2008, New national and State – by state data released*. Retrieved from <http://www.thenationalcampaign.org/costs/pdf/counting-itup/press-release-national.pdf>
- [13] Ogula, P.A (2005). *Research Methods*. Nairobi. CUEA Publication.
- [14] Orodho, A. J (2005). *Techniques of Writing Research Proposals and Reports in Education and Social Sciences*. Nairobi. Kanezja HP Enterprises.
- [15] Presler-Marshall, E. & Jones, N. (2012). *Charting the Future: Empowering Girls to Prevent Early Pregnancy*. London. Overseas Development Institute and Save the Children.
- [16] Tanui, N. (2013, June 25), More Drop out of School over Pregnancy. *The standard Newspaper*, P.27.
- [17] UNESCO. (2009). *EFA Global Monitoring report 2008: Education for All by 2015: will we make it?* Paris. UNESO and Oxford University Press.
- [18] WHO. (2006). *Pregnant Adolescents. Delivering on Global Promise of Hope*. WHO Press, Geneva, Switzerland.
- [19] WHO (2011) *Preventing early pregnancy and poor Reproductive outcomes Among Adolescents in Developing countries*. WHO Press. Geneva Switzerland.