PARENTAL INVOLVEMENT IN TEENAGE PREGNANCY PREVENTION IN KENYA: A STUDY OF NYATIKE SUB-COUNTY, MIGORI COUNTY.

BY

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DECLARATION

I hereby declare that this thesis is my original work and has not been presented to any other University or any other Institution for any award.

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DEDICATION

This thesis is dedicated to my entire family for their encouragement, love and support. May God bless them.

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ABSTRACT

Teenage pregnancy is associated with social, economic and health risks. It is rampant among school going girls who depend fully upon their parents. Parental involvement is considered necessary in preventing such pregnancies. This study therefore sought to investigate parental involvement in teenage pregnancy prevention in Nyatike Sub-county, Migori County, Kenya. It specifically aimed at; establishing the influence of sexual health education on teenage pregnancy prevention; examining how monitoring and supervision of teen girls prevent teenage pregnancy; and determining the extent to which parent-teen communication can prevent teenage pregnancy. Literature was reviewed based on the specific objectives of this study. The study utilized two theories; Structural Functionalism Theory and Social Cognitive Theory. Descriptive Cross-Sectional Survey Design was employed. Target population of the study was 30, 422 households in Nyatike Sub-county, and the unit of analysis was a household with teenage girl(s) while observational unit was one parent of teenage girls in every sampled household. Krejcie and Morgan sampling formula was used to get a sample size of 138 households from the target population 10 % statistical recommendation was used to obtain a sample size of 18 key informants. Cluster sampling, purposive, random and Snowball sampling techniques were used to get the main respondents. Data was collected using a semi-structured questionnaire and Key Informant Interview guide. The data collected through questionnaire was analyzed using Statistical Package for Social Sciences (SPSS) and transcripts from interviews were analyzed by identifying and discussing common themes which emerged from the data. The key findings of the study were that majority of parents 85% teach their teenage girls sexuality related issues. However, a greater percentage, 67% were not comfortable when discussing sexuality issues with their girls. This translated to only 11% of the parents frequently discussing sex related issues with their children. The study also revealed that majority of parents 55% either knew a few or none of their daughters' friends. Findings also revealed that most of the parents 49% were not very close with their daughters, and 62% of teenage girls were not open in sexuality discussions with parents. The study also found out that there was no association between parent-teen relational closeness, and discussion of sexuality issues ($\mathbf{x^2}$=0.344 at 2 df and P<0.05). However, there was a weak association between parental comfort and sexuality discussion ($\mathbf{x^2}$=11.547 at 1df and P>0.05 and Cramer's V of 0.289). Similarly, teenage girls' openness was also associated with sexuality discussions at **($\mathbf{x^2}$**=8.9222 at 1df and P>0.05 and Cramer's V of 0.254). This study concludes that parental involvement in teenage pregnancy prevention is limited in the study area hence the high numbers of teenage pregnancies. Therefore, the National and County governments should train parents on age appropriate comprehensive sex education and provide them with educational materials and guidelines, develop a multisectoral approach to promote parental monitoring and supervision and finally, Ministry of Labour and Social Protection through Childrens' Department should organize for parent-teen communication workshops in Nyatike Sub-county, Migori County, Kenya.

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LIST OF ABBREVIATIONS AND ACRONYMS

APOC: Adolescent Package of Care

CDC: Center for Disease Control

KCSE: Kenya Certificate of Secondary Education

KDHS: Kenya Demographic Health Survey

KNBS: Kenya National Bureau of Statistics

KPSA: Kenya Population Situation Analysis

MDGS: Millennium Development Goals

HH: Household

MICS: Multiple Indicator Cluster Survey

NACOSTI: National Council for Science Technology and Innovation

NCPD: National Council for Population and Development

NGO: Non-Governmental Organization

NISR: National Institute of Statistics of Rwanda

PI: Parental Involvement

RMNCAH: Reproductive Maternal Newborn Child and Adolescent Health

RoK: Republic of Kenya

SCT: Social Cognitive Theory

SDG: Sustainable Development Goal

SPSS: Statistical Package for Social Sciences

SRH: Sexual and Reproductive Health

TPP: Teenage Pregnancy Prevention

UNFPA: United Nations Population Fund

WHO: World Health Organization

OPERATIONAL DEFINITION OF TERMS

Child: An individual who has not attained the age of 18 years

Teen: The years of persons' life between the ages 13 and 19 years.

Teenager: A person aged 13 to 19 years.

Teenage pregnancy: Refers to conception while the girl is a teen and still at school

Pregnancy prevention: The act of inhibiting pregnancy at age 13 to 19 years.

Parent: Mother, father or any person who is responsible as under law to maintain a child.

Parental monitoring: Parental awareness, watchfulness and supervision of child's activities.

Sexuality: It is a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, intimacy and reproduction

Sexual Health: A state of physical emotional mental and social wellbeing related to sexuality (World Association of Sexual Health, 2008)

Sexual Socialization: it is the way teenagers learn sexual values and norms.

Demographic dividend: It is the growth in an economy that is the resultant effect of a change in the age structure of a country's population.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Teenage pregnancy is conception that occurs to girls aged 13 to 19 years, at the time that pregnancy ends. It is currently considered a global epidemic because of the social, economic and health risks associated with it (World Health Organization (WHO), 2015). Teenage pregnancy is a worldwide social problem, which affects the future of teenage girls. Recent findings revealed that approximately 16 million teenagers aged 15 to 19 years become pregnant every year, constituting 11 % of all births worldwide (WHO, 2016).

Teenage pregnancies, births, and their associated negative outcomes remain serious problems in many countries. Complications during pregnancy and childbirth are among the major causes of death for girls aged 15 to 19 years old (WHO, 2016). Babies of teen mothers are 50 % more likely to be stillborn, die early, or develop acute and long-term health problems. Pregnant teenagers are also at high risk of dropping out of school (Rosenberg et al., 2015), and thus limited economic prospects (WHO, 2016; United Nations Population Fund (UNFPA), 2016). These and other negative outcomes of early child bearing in the well-being of young mothers and their children have resulted in heightened international efforts to identify sources of risk and protective factors, and to reduce adolescent pregnancy (ibid).

Among the developed countries, United States of America has the highest rate of teen pregnancies with roughly 38 out of 1000 girls becoming pregnant (Solomon-Fears,

2013). Another study also revealed that 750,000 pregnancies are attributed to teens in the United States every year (Kost, Henshaw & Carlin, 2010). This high rate of teen births in US is attributed to irresponsibility on the part of teens, and complacency on the part of parents and decision makers (Solomon-Fears, 2013).

In Africa, Sub Saharan region has the highest number of teenage births compared to the rest of developing countries. According to World Health Organization (WHO, 2015) report, the average adolescent birth rate in middle income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high and the proportion of births that take place during adolescence is more than 50 % in sub-Saharan Africa. In agreement with the statistics above, studies reveal that the average global birth rates among 15-19 years is 49 per 1000 girls with the highest rates in Sub-Saharan Africa (Sustainable Development Goals (SDGs) 2013, UNFPA, 2013 & Fathi, 2003).

Kenya is among the Sub-Saharan African countries and it is not exempted from this global menace of teenage pregnancy. Adolescent fertility still remains high in Kenya just like in other countries in the East and Southern Africa. The statistics that was released by Kenya Population Situation Analysis (KPSA) report revealed a clear picture of teenage girls becoming mothers at a very young age. The report shows that Kenya contributes to the global rates of teenage pregnancy by having 103 in every 1000 pregnancies being attributed to girls between 15 and 19 years which is above the average global birth rate among girls aged 15-19 years which is 49 per 1000 pregnancies (National Council for Population and Development (NCPD), 2013).

In Kenya, teenage pregnancy is highest in Coast and western Kenya. Kenya population situation analysis revealed that the incidence of teenage motherhood varies dramatically by region, with Nyanza and Coast regions recording the highest at 27 % and 25.7 % respectively (ibid). It also revealed that teenage pregnancy rate is higher along the lake regions of western Kenya. Other studies associates disparities in income and education levels among the households, economic activities, lack of sexual awareness, peer pressure, poor school performance, rape, cultural practices, abuse of alcohol, early sexual involvement and drugs and poverty with the increased rates of teenage pregnancies in Kenya (Muganda-Onyando & Omondi, 2008, Musonga, 2014, Magadi, 2006, Hallman & Grant, 2006, Behrman, Kohler, & Watkins, 2002).

Teenage pregnancy prevention is therefore considered a priority among policy makers and the public because of its high economic, social, and health costs for teen parents and their families and the nation at large. Efforts have been made to come up with various teenage pregnancy prevention programs most of which target comprehensive sex education and access to birth control (Odejimi, Bellingham-Young & Fuller, 2013; Fallon, Long & Wray, 2009).

For instance, the Kenyan government has come up with various policy and legislative frameworks to address Sexuality Education and Sexual and Reproductive Health (SRH) issues. These include Adolescent Reproductive Health and Development Policy (2003); Policy Framework for Education and Training (2004); Education Sector Policy on HIV and AIDS, first edition (2004); National Guideline for the Provision of Youth-Friendly Services (2005); National School Health Policy (2009); Guidelines for Strengthening HIV and AIDS Coordination at the District Level (2010); Education Sector

Policy on HIV and AIDS, second edition (2013); National Adolescent Sexual and Reproductive Health policy (2015), the Constitution of Kenya (2010), Sexual Offences Act (2006), Children's Act (2001), HIV and AIDS Prevention and Control Act (2006), Marriage Act (2014), National Reproductive Health Policy (2007), National Youth Policy (2007), Sessional Paper No. 3 on Population Policy for National Development (2012), Kenya Health Policy (2012-2030), Kenya Health Sector Strategic and Investment Plan (2013-2017),National Gender-Based Violence (2014) and Kenya Vision 2030.

Existence of these policies, Acts and strategies indicate that Kenya has a clear policy and legal context. However, the Kenya Demographic Health Survey (KDHS) 2014 revealed that nearly 18 % of teenage girls between the ages of 15-19 are pregnant or have become mothers and that 25 % of Kenyan women age 25–49 had given birth by age 18 years (Kenya National Bureau of Statistics (KNBS), 2015). This finding affirms the earlier results of a Kenyan study by the Ministry of Public Health and Sanitation which confirmed the fact that many young people are sexually active and are at a risk of teenage pregnancy and other adverse health outcomes that consequently affect the achievement of life goals and their optimal contribution to national development (Republic of Kenya (RoK), 2011).

However, studies done on parental involvement have majorly focused on the impact it has on children's academic achievement. The findings revealed that parents' involvement in home supervision, that is, establishing and enforcing rules regarding school, home, and leisure activities and parental expectations for their children's academic achievements, parent- child communication about school and parental attitudes toward education have

positive impact on their children's academic achievement (Hill & Tyson, 2009; Jeynes, 2012 & Wilder, 2014).

Regarding teenage pregnancy prevention, studies suggests that parents and guardians are important source of reproductive health education to adolescents, they strongly influence their teens and can play a key role in reducing teen pregnancy by helping their children make healthy, responsible and value-based decisions about sex (Overton, 2012; Makundi, 2010; Nyakubega, 2009; The National Campaign to Prevent Teen and unplanned Pregnancy, 2010).

The assumption is therefore that parents have a pivotal role to play in prevention of teenage pregnancy and it is on the basis of this that this study sought to investigate the dimensions of parental involvement in teenage pregnancy prevention in Nyatike Sub-county, Migori County, Kenya.

1.2 Statement of the Problem

Sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life and it influences thoughts, feelings, actions and interactions and thereby our mental and physical health (WHO, 2006).

The health and future of every teenage girl is threatened by risk of unplanned pregnancy. Teen pregnancy has become a public health concern. The Children's Act (Act No. 8 of 2001) of Kenya is a law that aims to make sure that the children of Kenya are happy, healthy and well taken care of. The demographic dividend concept also advocates for strategic investments in health, education, economic and governance with the view of

ensuring that the population of young people is healthy, well-educated, trained for the market and economically engaged in a well governed environment. Teenage pregnancy and childbearing, however, make it difficult to achieve these as it is associated with adverse negative health and social outcomes for teen mothers and their children (WHO, 2015, & Centre for the Study of Adolescence, 2008).

Kenya has clear policy and legal frameworks that promote adolescent sexual and reproductive health and rights. These frameworks include the Constitution (2010), National Adolescent sexual and Reproductive Health Policy (2015), National Guidelines for Provision of Adolescent Youth Friendly Services (YFS) in Kenya (2005), the Children Act (2001) and the National Youth Policy (2007) and the National Fast Track Action Plan to end HIV. However, these policies and guidelines have not been fully operationalized due to varied opinions among different actors who have dissenting opinions on contraceptive use by young people and provision of sexuality education to young people (Remare & Catherine 2012; Joyce, Murungaru, Lawrence, & Elias, 2015).

Migori County Department of Health, in collaboration with reproductive health implementing partners in the county and other key county departments, have been implementing interventions that target adolescent girls and boys to increase access to information and services on Adolescent Sexual and Reproductive Health (ASRH), and family planning. These include appointment of County ASRH focal person to coordinate ASRH planning and programming among all stakeholders involved in provision of ASRH services at all levels, formation of a Multi-Sectoral Adolescent and Youth Sexual and Reproductive Health (AYSRH) subcommittee of the Reproductive, Maternal, Newborn, Child and adolescent Health Technical working Group (RMNCAH TWG) to

provide technical support and priority setting for ASRH programming, resource mobilization and networking, dissemination of ASRH policy to health care workers, training of health care workers on Adolescent Package of Care (APOC), Scale up of Youth friendly clinics, training of community health volunteers and Adolescent champions on youth friendly services to enhance community referrals. Most recently, the County with support from UNFPA acquired a county ASRH free line where adolescents can make anonymous calls and interact with trained and skilled health care providers to address their SRH concerns, Radio platform for interaction and information sharing (District Health Information System 2 (DHIS 2) 2016). However, despite the foregoing strategies, a lot more needs to be done in order to improve the health and wellbeing of adolescents since teenage pregnancies among other reproductive health related negative outcomes still persist in Migori County.

The need for responsible teen sexual behaviors and attitudes is critical due to the fact that teens' health is affected by their knowledge and behaviors. Second, society has an interest in promoting desired future behaviors by molding teens' behaviors now and later as adults this is because sexual behavior is among the most important future adult behaviors. Third, with the growing volume of information and confusion created by competing information sources, the positive interaction of effective sex education, parent-teen communication, parental awareness and related personal factors can effectively combat harmful and misleading information thus leading teens towards healthier sexual behaviors.

This study therefore, sought to determine parental involvement in teenage pregnancy prevention. Because of the significant role that parents can potentially play in

influencing their teens to delay having sex thus reducing the risk of negative reproductive health outcomes such as teenage pregnancies, it was important to understand the extent to which the multiple dimensions of parental involvement in teenagers' lives are associated with prevention of teenage pregnancies in Nyatike Sub-county, Migori County- Kenya.

1.3 Purpose of the Study

The purpose of the study was to investigate Parental Involvement in Teenage Pregnancy Prevention in Nyatike Sub-county, Migori County-Kenya.

1.3.1 Study Objectives

1. To establish the influence of Sexual Health Education by parents on teenage pregnancy prevention in Nyatike Sub-county, Migori County.
2. To examine the extent to which Parental Monitoring and Supervision prevent teenage pregnancy in Nyatike Sub-county, Migori County.
3. To evaluate the extent to which parent-teen communication prevent teenage pregnancy in Nyatike Sub-county, Migori County.

1.4 Research Questions

1. What is the influence of Sexual Health Education provided by parents on teen pregnancy prevention in Nyatike Sub-county?
2. How does parental monitoring and supervision of teenage girls prevent teenage pregnancy in Nyatike sub-county?
3. To what extent does parent-teen communication prevent teenage pregnancy in Nyatike sub-county?

1.5 Justification of the Study

Teenage pregnancy and parenthood has been a common recorded experience throughout history. The birth of an infant to a teenager represents a sudden transition which has consequences not only for the teenager and her infant but the entire family system. A study carried out by Magadi (2006), cited Migori County as one of the

Counties in South Nyanza region faced with widespread teenage pregnancy. Most of these pregnancies are unintended thus there is need to prevent them at all cost by involvement of all stakeholders such as parents, teachers, health workers, social workers, and caregivers.

By preventing teenage pregnancies, we can significantly reduce other serious social problems including poverty, child abuse, child neglect, low birth weight, school dropout or poor preparation of work force, and most importantly infant and maternal mortality rates thus achieving the SDGs number 3.1 and 3.2 respectively. Research shows that delaying teenage pregnancies and births could also significantly lower population growth rates potentially generating broad economic and social benefits in addition to improving the health status of teenage girls, (KNBS, 2013). All these justify why this study should be done in Nyatike Sub-county, Migori County-Kenya.

1.6 Significance of the Study

This study has highlighted areas of weakness that parents and other key stakeholders can strengthen to ensure teenage pregnancy prevention. It has also revealed to the government agencies the disadvantages of partial implementation of ASRH policies. This may inform their future steps in policy implementation so as to promote adolescent reproductive health. Recommendations of this study may if actualized, ensure that teenage pregnancies are prevented in Migori County especially in Nyatike sub-county where the study was conducted. The parents, teenage girls and the community at large will benefit if teenage pregnancies are prevented. The girls will be able to complete their education and have better sexual and reproductive health status and the parents will be relieved from the stress of taking care of their girls' children or marrying off their girls

at tender ages. This will have positive social and economic impacts to the larger community.

1.7 Scope of the Study

This study was conducted in Nyatike Sub-county in Migori County. The data was collected on the three objectives of the study using a questionnaire for main respondents and a Key Informant Interview guide for key respondents in the sampled wards.

1.8 Limitations and Delimitations of the Study

Issues that affected this study included; language barrier among some of the surveyed parents, resource constrains such as time and finances. These were overcome by translating the questions on the questionnaires in Luo which was the language the respondents understood, and maximized the use of the limited but available resources by ensuring that the questionnaires were handled safely by the respondents and by starting data collection in the midmorning hours when the parents were in their homes to avoid making unsuccessful trips to the study area.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This section presents a review of literature under the following sub topics: teenage pregnancy prevention; sexual health education; Monitoring and supervision of teenagers by parents and parent-teen communication as dimensions of parental involvement in preventing teenage pregnancies. It also presents the theoretical review and Conceptual framework that guided this study.

2.2 Literature Review

This section presents the review of previous findings on teenage pregnancy prevention and the dimensions of parental involvement as well as the theoretical and conceptual frameworks and identified research gaps. The literature reviewed helped in guiding the significance of the study findings. It is organized in various sub headings as shown below;

2.2.1 Causes of teenage pregnancy

Teenage pregnancy is a problem caused by a wide range of factors. This factors include social, biological, cultural, economic, inadequate reproductive health education and exposure to digital mass media (WHO, 2014; Akella & Jordan, 2015; Woog, et al., 2015; Atuyambe et al., 2015). Similarly, previous study revealed that most teenagers use television, movies, music, internet, magazines, and video games as a source of entertainment (Bleakley et al., 2009). Digital media has been found to result in more

exposure to sexual content, more privately, at more times of the day and in more contexts than traditional media (Levin, 2011), thus contributing to teenage pregnancies.

Teenagers are mostly less informed about pregnancy and outcomes as well as preventive measures thus are at high risk to get pregnant (Tufail & Hashmi, 2008). Inadequate reproductive health information, either on educators or parents might increase the likelihood of teenage pregnancy (Sedgh et al., 2012). Economic factor is a significant contributor to teenage pregnancy. Every teenager has right to basic needs, health care and education. The lack of or inadequacy of basic needs compels teenagers to pursue them from outside their family (Yasmin, Kumar, & Parihar, 2014). As a result, they are exposed to exchanging economic benefits for sex. This is affirmed by Akella and Jordan, (2015) findings which indicate that more than 75% of teenagers who have babies come from poor families.

Recent Research in Vietnam by Nguyen, Shiu and Farber, (2016) shows that teenagers who cannot adequately afford basic needs are more likely to be involved in sexual activities in exchange for monetary benefits than those who can afford all basic needs. Similarly, Rutaremwa (2013) found that being from a richer family significantly reduce the probability of a girl aged 15-19 years being pregnant or starting childbearing. Another study also revealed that teenager with younger parents tend to begin sexual activity and form unions at a significantly earlier age (Azevedo et al., (2012)).

2.2.2 Teenage Pregnancy Prevention

Adolescent pregnancy is a complex problem. There is no single or simple approach that can reduce or prevent adolescent pregnancy among all groups of teenagers. The complexity of the causes of teen pregnancy requires multi-pronged strategies (Kirby,

1997). Recognizing the negative effects of teenage pregnancy on realization of sustainable development, governments and non-governmental organizations have developed measures to combat early pregnancies (Mumah et al., 2014). One approach in the education systems is the introduction of adolescent sexual and reproductive health (ASRH) policy (2015) and National School Health Policy (2009). This is aimed at bridging the gap of inadequate reproductive health education (Atuyambe et al., 2015).

The governments have initiatives that discourage early marriage and those that seek to keep girls in school. By identifying the role culture plays in supporting early marriage. The stakeholders have initiated measures that seek to change the cultures that uphold early marriage. In addition, the stakeholders have supported programs that seek to reduce early pregnancy among teenagers (Woog, et al., 2015). Governments have also provided free or subsidized contraceptives and have encouraged their use. These notwithstanding, teenage pregnancies still persist in most counties in Kenya.

Evidence shows that families play a critical role in affecting the risk of adolescent pregnancy. Research suggests that family involvement should complement any program's best practices recommendations (Rotheram-Borus, Swendeman, & Flannery, 2009). The following factors have been noted to reduce the risk of adolescent pregnancy: parents with higher education and income; parental supervision; parents who hold strong opinions about the value of abstinence; teens who have supportive family relationships (Miller, 1998); and teens who participate in a large number of shared activities with parents (Resnick et al., 1997). The following factors have also been identified to have potential of increasing the risk for adolescent pregnancy: little supervision for teens; strict/overly controlling parents; low socioeconomic status; a single parent; older,

sexually active siblings or pregnant/parenting teenage sisters (Miller, 1998); lack of religious affiliation (Kirby, 1997); and the experience of violence or abuse (Miller, 1998).

The current study focused on parent-teen communication, sexual health education and parental monitoring and supervision of their teenage children activities as three major dimensions of parental involvement in teenage pregnancy prevention. These key areas of focus in this study give adults who have sexuality information and negotiation skills an opportunity to communicate effectively with their teenage children about reducing risky sexual behavior. Some studies indicate that when parents communicate clear messages to their teens to avoid pregnancy and STDs, those teens are less likely to be engaged in negative sexual behaviors (Eisenberg, Sieving, Bearinger, Swain & Resnick, 2006).

The study was based on the assumption that parents influence teen decisions about sex more than their friends, the media, or their siblings. Comprehensive sex education teaches that abstinence is the best method for avoiding sexually transmitted infections and unintended pregnancy, and also about the use of condoms and contraception. A study by Campbell in 1971 also indicated that a common thread is apparent since the advent of sex education literature for teens in the beginning of the 20th century until the modern era: Withholding or distorting accurate information for teens can be unfair and harmful on a personal and societal scale. Communicating accurate sexuality information can enable the teenagers to develop healthy life skills and relationships.

2.2.3 Sexual Health Education by Parents and Teenage Pregnancy Prevention

Sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life and it influences thoughts, feelings, actions and interactions and thereby

our mental and physical health (WHO, 2010). It has physical, social, cultural and psychological dimensions. This dimensions, as the other aspects of human development, begins at birth reflected in one's sexual behaviors (National Sexual Violence Resource Center, 2013).

Sex education is instruction on issues relating to human sexuality. Young people need to learn to know their own personal values and beliefs about relationships and sex. This informs young peoples' sexual behavior. Sexual behavior is the result of a deeper and more complex process called sexual socialization‖ (Fourcroy, 2006; Shirpak, 2013 & Maasoumi, Lamyian, Khalaj and Montazeri, 2013). In other words, sexual behaviors are not only influenced by biological factors, but they also become complicated through sexual socialization.

Children acquire their knowledge, skills, and behavior from home, school and society, and the skills they gain can change their future (Walker, 2004). Whether sexual education occurs in school, society or in the context of the family, it should be more comprehensive than the simple provision of information. Comprehensive sexual socialization ensures that young people develop skills so that they make sound decisions about sex and relationships and be able to stand up for those decisions, have the insight to recognize situations that might turn risky or violent, and know how to avoid them and how to deal with them if they do arise, know how to find accurate information from reliable sources, know how and where to ask for help and support and know how to negotiate protected sex and other forms of safe sex including safety and refusal skills (Shtarkshall, Santelli & Hirsch, 2007; Kunkel, Farrar, Eyal, Biely, Donnerstein & Rideout, 2007).

Family, as the first social group those children belong to from the early years of their lives; is considered the first and the most important and effective aspect in children's sexual socialization (Kunkel, Farrar, Eyal, Biely, Donnerstein & Rideout, 2007; Hirsch, 2003). Therefore, Sexual Education by parents, as one of the main components of sexual socialization, is one of the best strategies for children's sexual health promotion (Sinkinson, 2009 & Kellog, 2009).

Traditionally, adolescents in many cultures were not given any information on sexual matters with the discussion of these issues being considered taboo. Such instruction, as was given was traditionally left to a child's parents, and often this was put off until just before a child's marriage (Tupper, 2013). However, in the contemporary society children begin to display sexual behavior at an early age therefore prompting the need for early sexual education (Weaver, Byers, Sears, Cohen & Randall, 2002)

There are two opposing sides of the sex education arguments among parents. Sexual liberals see knowledge on sex as equipping individuals to make informed decisions about their personal sexuality, and they are in favor of comprehensive sexual education all throughout schooling. Sexual conservatives see knowledge on sex as encouraging adolescents to have sex and they believe that sex should be taught inside the family in order for their morals to be included in the conversation. Sexual conservatives see the importance of teaching sex education but only through abstinence only programs (Luker, 2006)

Sex education in the home can be an excellent opportunity for teens and parents to communicate about sex, and can also give parents a chance to convey their values to their

teens (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006). Research suggests that comprehensive sex education and programs that incorporate parents might help teenagers delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase condom and contraceptive use. Particularly, the evidence shows that youth who receive comprehensive sex education are not more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes (Kohler, Manhart and Lafferty, 2008). However, most parents tend to assign to schools what they themselves are not willing to do with regards to sex education (Kellogg, 2009).

Sex education, both in schools and in the home, is inadequate in Kenya. Few adolescents receive comprehensive sex education, and often teachers do not have sufficient training to give students correct information. While the Ministry of Education acknowledges the need to provide information on sexuality, the lack of access to comprehensive sex education in schools contributes to teenage pregnancy and its consequences (Muganda-Onyando & Omondi, 2008). In Kenyan schools, the Ministry of Education is yet to provide comprehensive sexuality education curriculum despite the students‟ strong belief that it is within the school's responsibility to do so (ibid). A report by The United States Agency for International Development in 2010 pointed out the inadequacy of Life Skills Education as currently implemented in schools, in covering reproductive issues facing adolescents. According to Anya (2013) the main goal of the Life Skills approach is to enhance the young people's ability to take responsibility for making choices, resisting negative pressure, meet the demands of everyday life and avoiding risky behavior. From this perspective then Life Skills Education offers valuable

social skills but does not adequately respond to reproductive issues in the face of an explosive media driven youth culture that revolves around sexuality (Strasburger, 2010).

Lack of information on sexuality either at school or at home means that teenagers source their information from their peers and media (Muganda-Onyando & Omondi, 2008) that is often misleading. According to the Guttmacher Institute (2012) when knowledge about sexual health was not forthcoming then American teens turned to the media sources such as websites and television that often provided inaccurate and misleading information associated with increased risk of sex and teen pregnancies.

Another study that surveyed parents of teens asked participants about their beliefs regarding condom and birth control pill effectiveness and their teen's ability to use them properly. Less than half of parents (40 %) believed the condom was effective in preventing pregnancy, while only 52 % believed that the pill was effective. About a quarter of parents thought that teens were able to use condoms correctly (26 %), and only 40 % believed that teens were able to use the pill correctly. This finding revealed that parents tended to undervalue the effectiveness of condoms and birth control pills for pregnancy prevention (Eisenberg, Bearinger, Sieving, swain & Resnick, 2004). However, these findings contrast those of Hartman, Shafer, Pollack Wibbelsman, Chang and Tebb, (2013) which found that parental acceptability was highest for oral contraceptive pills 59 % and followed by condoms at 51 %. This study found that parents who perceived that their teens were likely to have sex were more accepting of condoms.

This is in contrast to data reported by the Center for Young Women's Health (2010) showing that contraceptive (i.e. birth control pills) had a minimum effectiveness

95 % and condom minimum effectiveness is 86 % in birth control with typical use that allows for human error. Despite the above findings that demonstrate the effectiveness of contraceptives and condoms, parents tend to believe that contraceptives and condoms are not very effective (ibid, 2010).

It has been shown that the consistent and correct use of condoms can reduce the risk of infections and unwanted teen pregnancies (Centers for Disease Control [CDC], 2010). However, teens need to be taught to correctly and consistently use condoms as a means of preventing pregnancies and diseases. The findings above imply that for parents to be effective educators of their teenage children on sexuality issues, they need to be equipped with correct knowledge about contraceptives and their use.

Globally, sexual education in schools has been suggested as one way of preventing teenage pregnancy. However, the school health programs that do teach sexual education are not giving children the information they need to enable them use birth control methods correctly and the other options they have besides abstinence. In fact, 35% of schools in the United States teach abstinence as the only option to unmarried teens and either prohibit the discussion of contraception altogether or limit the discussion to the ineffectiveness of contraception (Guttmacher Institute, 2006). For these reasons, it is important for parents to make sure their children are educated about healthy sexual behaviors, including birth control methods. In some cases, this means having to teach important sexual issues to their children on their own.

According to (Pluhar, DiIorio, & McCarty 2008), there have not been set guidelines as to what to teach children and at what age, however, research has supported that children as young as 6 years old should discuss bodily differences between girls and

boys, and discussions of pubertal changes, relationships, and sexuality should be discussed before age 12. Parents report embarrassment or anxiety in talking about sex, particularly during their children's later adolescence (age 14-18), when many young people are engaging in sexual behavior (Jerman & Constantine, 2010).Parents often wait to educate their teen children on sexuality topics until they become sexually active and at risk of pregnancy, as well as neglect to equip their teens with accurate preventive information, if parents give them preventive information at all (Eisenberg et al., 2006).

Essentially, parents struggle with their own lack of knowledge, perceived self-efficacy as communicators, situational constraints, and what information they should disclose to their children (Jerman & Constantine, 2010).

2.2.4 Parental Monitoring and Supervision

The original definition of monitoring is stated as: parental awareness of the child's activities, and communication to the child that the parent is concerned about, and aware of, the child's activities (Dishion & McMahon, 1998). Parental monitoring is a hypothetical psychological construct that has been used to explain a composite of parenting practice variables including awareness, communication, concern, supervision, and tracking of adolescent behavior. The alternative definition comes from research by Kerr and Stattin (Kerr & Stattin, 2000; Kerr, Stattin, & Trost, 1999) and purports that monitoring is defined by parental knowledge of adolescent activity and that knowledge depends on adolescents' willingness to disclose.

Some studies have demonstrated that teens with parents who monitor their activities had a later sexual initiation, fewer sexual partners, and more consistently used contraceptives than teens with less involved parents (Manlove, Logan, Moor, &

Ikramullah, 2008). Poor monitoring is consistently associated with antisocial behavior in both cross-sectional and longitudinal studies (Patrick, Snyder, Schrepferman & Snyder, 2005). It is also associated with alcohol use, tobacco and substance use, higher sexual risk taking, poorer contraceptive use, lowered safe sex practices, and unwanted sex (Farrell, & Dintcheff, 2000; DiClemente et al., 2001). Poorly monitored adolescents are also more likely to report depressive symptoms, lowered self-esteem, and poor academic achievement (Chen, & Lopez-Lena, 2003). This is in agreement with findings from a study by Makundi (2010) in Mtwara region of Tanzania that showed that poor parental monitoring and supervision is a key factor leading to teenage pregnancies.

Monitoring is more likely to be effective when combined with an authoritative parenting style. Although the initial parenting-style research was conducted in younger children, authoritative parenting that involves high level of warmth and support combined with firm limit setting, supervision and open communication also promotes healthy development in adolescents (DeVore &Ginsburg, 2005). These types of parenting approaches likely serve to enhance family connectedness, which occurs when the adolescent herself perceives and internalizes the warmth, love and caring expressed by his or her parents. High levels of family connectedness have been shown to protect against a variety of adolescent risk behaviors including early sexual activity, pregnancy and tobacco and alcohol use (Resnick et al., 1997).

A study done by Dickson, Loursen, Stattin, & Kerr, (2015) on parental supervision and alcohol abuse among adolescent girls in the USA identified significant impacts of both parental supervision and pubertal timing. The study found out that parental supervision decreased with the increase in teens drinking. Whether this can apply to parental supervision on adolescent sexuality is still unclear.

Researchers argue that the foundation for parental monitoring is the parent-adolescent relationship (Hayes, 2004; Laird, Pettit, Dodge, & Bates, 2003). Parent-adolescent relationship factors associated with monitoring include trust, communication, adolescent disclosure, and family conflict (Borawski, Ievers-Landis, Lovegreen, & Trapl, 2003; Hayes, Hudson, & Matthews, 2004). Parents can help prevent risky teen behavior by monitoring their adolescents' activities and being aware of where and with whom their adolescents are when they are not at home or in school (Crouter & Head, 2002). A study done by Ikramulla, Manlove, Cui and Moore (2009) stated that parents knew everything about whom their children were with when not at home. The study further states that teens whose parents are more aware of whom they are with when not at home are less likely to have sex by age 16. Parents can help protect against risky sexual behaviors among their teenage children by getting to know their teens' friends and being aware of their teens' activities and where-about when they are not at home.

Parents have an opportunity to play an important role in preventing their children from engaging in risky behavior during this critical period of early to middle adolescence by providing constructive parental monitoring and effective parent-teen communication (Coley, Votruba-Drza, & Schindler, 2009).

2.2.4 Parent-Teen Communication and Teenage Pregnancy Prevention

Communication concerning sexual matters between parents and teens serves as a protective factor that influences teens' sexual behaviors. Parents are expected to provide accurate information about sex and to foster positive sexual values, including responsible sexual decision-making in their teenage children. While several previous studies have examined the importance of sexual communication between parents and teens in other

settings, very little is known about sexual communication in Nyatike Sub-county, in Nyanza Province. The majority of studies have been conducted in the western countries, which found that increases in parent-teen communication about sex is associated with the delay of sexual initiation, increased condom use and more effective contraception use (Lieberman, 2006; Aspy, Vesely, Oman, Rodine, Marshall & McLeroy, 2007; Atienzo, Walker, Campero, Lamadrid-Figueroa & Gutierrez, 2009; Hadley et al., 2009).

A survey conducted by Eisenberg et al. (2006) examined parents' communication patterns with their teens about sex. The study found that a majority of parents had spoken to their teens about the negative consequences of sex (i.e., unwanted pregnancy and sexually transmitted diseases), but were less likely to discuss prevention of these consequences, such as access to condoms and birth control. Also, rather than taking a more preventive approach, researchers found that parents were 2.5 times more likely to talk to their teens about sex if they believed teens were already romantically involved, compared to those who believed their teens were not in romantic relationships. Despite findings of Somers and Eaves (2002) that early sex education is positively correlated with more communication from teens about sex, and not correlated with early initiation of sexual activity, parents appear apprehensive to bring up the topic of sex with their teens. It would seem that parents' decisions to communicate with their teens about sex is more so a reaction to their teens' romantic developments rather than as a more proactive, or preventative decision to educate their teens before teens become romantically involved (Eisenberg, et al., 2006).

Izugbara (2008) in his study of Nigerian parents found that parents preferred to be the initiators and dominators of discussions and perceived that if their child did so, it

meant they were sexually active or planning to be. Parents in this study reportedly used imprecise terminology and tended to employ warnings and threats about sexuality rather than engage their child in dialogue. Wamoyi, Fenwick, Urassa, Zaba, Stones (2010) in their recent ethnographic study conducted in rural Tanzania found that sexuality communication was most often unidirectional, initiated by parents and took the form of warnings or threats or sometimes gossip.

Studies done by Afifi, Joseph & Aldeis, (2008) and Miller, Benson & Galbraith (2001) found that frequency of parent-child communication about sex is a vital variable in determining parental impact on teenagers' sexual attitudes and behaviors. For instance, Guilamo-Ramos, Bouris, Jaccard, Gonzalez, McCoy & Aranda (2011) posited that the more parents discuss topics, such as, sex, pregnancy, and birth control with their adolescents the less likely adolescents will be to engage in risky sexual behavior and the more likely they will be to delay their first sexual interaction. The above finding is in contrast to the findings of Fingerson, (2005); Manning, Longmore, Giordano, (2005), who noted that frequency of communication between parents and teens on sex related issues increase rates of sex by adolescents. Martino, Elloitt, Corona, Kanouse, & Schuster, (2008) equally contends that repetition of sexual discussion is associated with adolescents being more open and feeling closer with their parents, which in turn relates to less risk taking.

A study by Miller, Benson and Galbraith (2001) found out that relational closeness between parents and adolescents is one of the most stable predictors of adolescents' future sexual attitudes and behaviors. Parent-adolescent relational closeness and satisfaction are associated positively with adolescents delaying their sexual debut,

engaging in less frequent sex, and having fewer sexual partners that may lead to teenage pregnancy. Martino, Elloitt, Corona, Kanouse and Schuster (2008) in their study indicated that parent-adolescent communication about sex-related topics is easier when the relationship is built on open and recurring communication.

Earlier study revealed that mothers continue to remain close and deeply involved in the lives of their children, and that maternal influence may rival and even surpass that of friends (Laursen, Wilder, Noack & Williams, 2000). One way of remaining involved in their adolescents' lives is through spending time with their children. Another study has shown that mothers spent more time with their infants and young children, as opposed to fathers (Hofferth, Cabrera, Carlson, Coley, Day & Schindler, 2007) and that they are responsible for managing their children's daily care. While mothers continued to be more involved in terms of a managerial role (feeding, bathing, clothing), fathers tend to spend more time with their children engaging in more playful interactions (Phares, Fields, & Kamboukos, 2009).

Although parent-child communication on sexual matters has been shown to have considerable influence on teen dating behavior most parents prefer not to discuss reproductive matters with their children as it is considered taboo (Panday, Makiwane, Ranchold and Letsoalo, 2009). A study conducted by Poulsen, Miller, Lin, Fasula, Vandenhoudt, Wyckoff, Ochura, and Obong'o, (2010), also found that 38 % of parents thought that talking about sexuality encourages sex. The belief that discussing sexuality with children lead to early sexual experimentation can also be a barrier to effective comprehensive sexuality education to teenagers by parents. On the other hand, 61 % of parents of 10-12-year-old children in Kenya thought that they were too young to learn

about sex. Mbugua (2007) in his article based on data collected in 1996 and 2003 in Kenya noted that residual traditional barriers, inhibitions due to European Christianity, reliance on sex education books and reliance on school teachers are the socio-cultural barriers that hinders sexuality communication. Another study in Kenya also confirmed that religious and cultural taboos prevent open dialogue about premarital sex at home and in schools, despite the fact that such sexual activity is common (Muganda-Onyando & Omondi 2008).

According to Nundwe (2012), other barriers that affect parent-child communication include gender differences, economic barriers and low levels of education among parents. A study done in Ibadan, Nigeria by Amoran, Anadeko & Adeniyi, (2005) on parental role on adolescents' sexual initiation practice revealed that mothers communicated about sexuality more frequently than fathers. This confirms that gender difference is indeed a barrier to parent child communication about sexuality issues.

Across the globe a substantial body of evidence points to the fact that poverty is one of the most consistent risk factors for early pregnancy. In South Africa poverty in some cases leads to commercial sex that decreases a girl's ability to negotiate for safe sex, meaning that she may end up pregnant or with a venereal disease (Willan, 2013). According to a study by FAWE Uganda (2011), the lack of basic necessities exposes girls to the risk of teenage pregnancy as the girls who are not strong willed end up exchanging sex for money.

However, some parents reportedly perceive discussions about sexuality between parent and child as being shameful, immoral or inappropriate given the sensitive nature of sexuality. A study conducted in Tanzania among young people aged 14-24 years and

their parents reported that euphemisms were commonly employed to discuss sex rather than explicit terminology (Wamoyi, Fenwick, Urassa, Zaba, Stones, 2010). The ability to openly discuss sexuality was however found to be moderated by parent's level of education, similar to the finding that frequency of discussion is related to parental level of education.

Lack of parent to child communication encourages adolescents to seek solace in sexual activity (Muganda-Onyando & Omondi, 2008) whereas open and age appropriate communication on reproductive matters has been shown to delay sexual debut and diminish negative peer pressure that is associated with unwanted early pregnancies (Panday, Makiwane Ranchold et al., 2009; Duchesne & Larose, 2007).

2.3 Theoretical Framework

The theoretical framework of this study is based on the topic which is Parental Involvement in Preventing Teen Pregnancy. If teenage pregnancy is to be prevented, then both the parents and their teenage girls must work together. For this reason, the study focused on two different but related theories to form the theoretical framework.

2.3.1 Structural Functionalism Theory

This theory was propounded by Talcott Parsons in 1955. It is a theory that explains the family as a social institution that performs certain essential functions in the society. It assumes that family unit is the backbone of the society and if it fails to pass on certain values and attitudes to its members then society is affected. It further states that each family performs four main functions namely sex, procreation, economic and

socialization. In every family the father performs instrumental roles of being the breadwinner while the wife performs expressive roles such as that of a home maker. According to Parsons, if these functions are not carried out then the family is said to be dysfunctional.

This theory views the family playing its role by preparing its members in a way that benefits the society through instilling good behavior, attitudes, beliefs, values and norms. This theory was relevant to this study because it highlights clearly in its assumptions, the roles and responsibilities of a family which entails socialization of young ones to become responsible members of the society by passing good values, beliefs, norms attitudes and behavior to its members. The theory also indicates that if the family fails to do this then a number of problems are experienced in the society. Taking this into consideration, teenage pregnancy is a problem that may result from poor values, beliefs, attitudes and behavior of adolescents in relation to sexual matters.

In the family, children are shaped and prepared to face external world. Protection, upbringing and development of children rest within the family. According to this study, parenting influence acquisition of behavior and social skills that shape the moral, self-discipline and responsibilities of young children. Proper socialization of girl-child by the parents can play a greater role in preventing teenage pregnancy. Provision of basic needs by the parents to the girl child also considerably reduces the chances of teenage pregnancy

This theory therefore was very significant to this study because it provides a background against which the parental involvement in teenage pregnancy prevention could be evaluated.

2.3.2 Social Cognitive Theory

Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by a Canadian psychologist known as Albert Bandura. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on social influence and its emphasis on external and internal social reinforcement. SCT considers the unique way in which individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior. The theory takes into account a person's past experiences, which factor into whether behavioral action will occur. These past experiences influences reinforcements, expectations, and expectancies, all of which shape whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

Social cognitive theory (1986) states that, people learn from one another by observation, imitation and modeling. This theory provides the framework for understanding, predicting and changing human behavior. It identifies human behavior as an interaction of: Personal factors which are knowledge, understanding, expectations, attitudes and confidence; Behavioral factors like skills, practice and self-efficacy; Environmental factors like social norms and influence of others.

This theory was therefore very important in examining parental involvement in teenage pregnancy prevention as it clearly revealed the individual, behavioral and environmental factors that might influence parents in playing their role in teenage pregnancy prevention. The variables like attitudes, expectations, skills, self-efficacy,

social norms are very important in influencing decisions to perform a given behavior. These factors determined how parents provide sexual education to their teenagers, how they monitor and supervise their teenagers and finally how they communicate to their teenagers on sexuality topics.

2.4 Summary and Gaps in the review

The reviewed literature reveals that parents communicate with their children on sexuality topics in some western and African countries; however, little is known about Nyatike Sub-county. It is also not clear whether parents are well equipped with age appropriate sexuality content for the teenage girls.

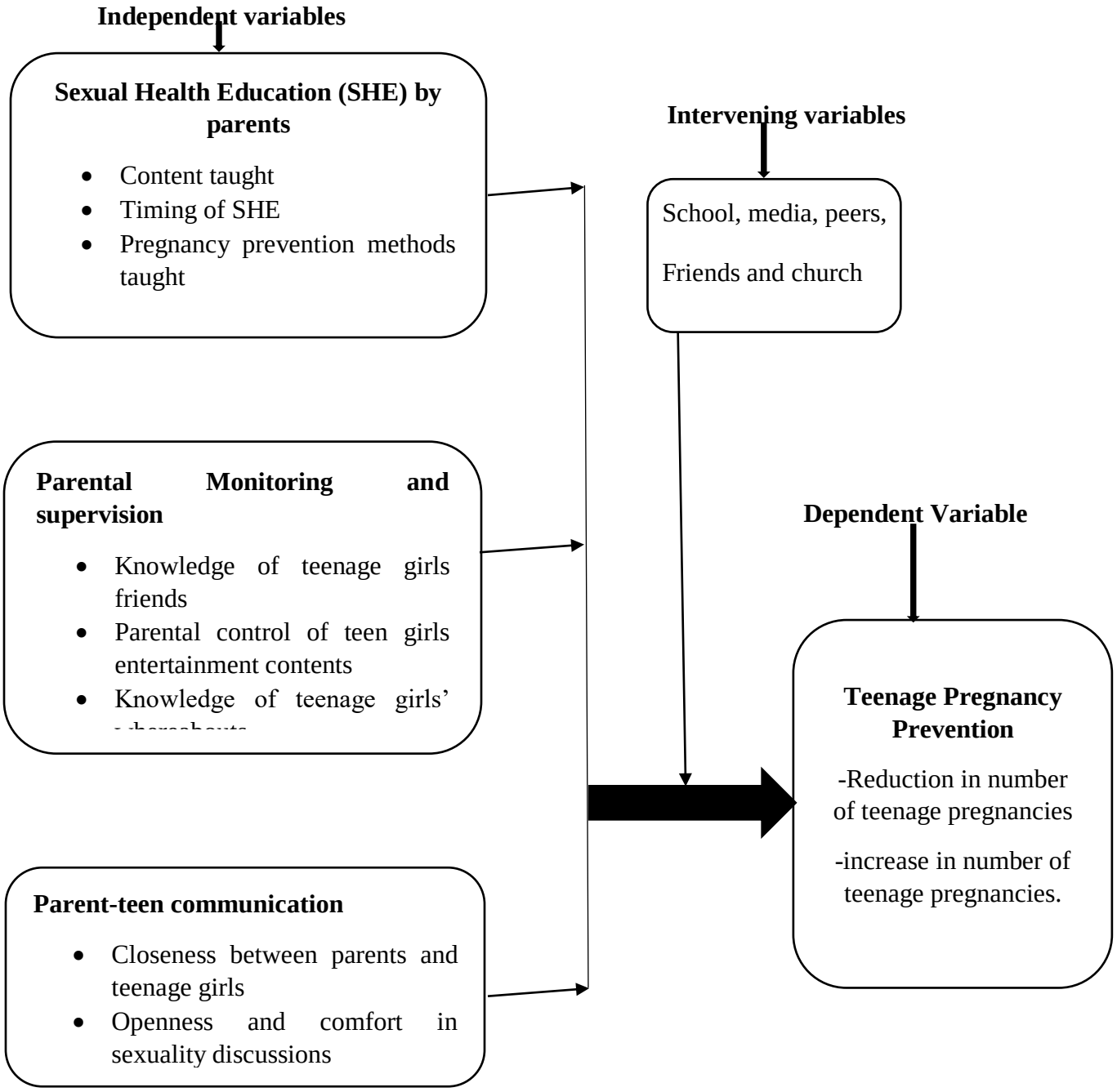
Evidence also indicate that teens with parents who monitor their activities had a later sexual initiation, fewer sexual partners, and more consistently used contraceptives than teens with less involved parents. However, in Nyatike Sub-county little is known about parental involvement in monitoring and supervision of their teenage girls. Studies done in Migori on reproductive health issues indicate a trend of persistence teenage pregnancies thus, prompting the need to find out whether parents of teenagers in this region are actively involved in their teenage girls lives with the aim of preventing teenage pregnancies.

2.5 Conceptual Framework

The following conceptual framework illustrates how the independent variables of the study; Sexual Health Education, Parental Monitoring and Supervision and Parent-

Teen Communication influence dependent variable which is teenage pregnancy prevention.

Figure 2.1: Conceptual Framework



Source: Researcher

In respect to the theoretical orientation of the study, Parents have various roles to play in the lives of their children. For instance, parents are the first agents of socialization to their children and they do this by passing their values, beliefs, norms, attitudes and

acceptable behavior to their children. The type of socialization that children receive from their parent impact on them in all stages of their lives either positively or negatively (Structural Functionalism Theory, 1955). Moreover, social cognitive theory (1986) emphasizes that people learn behavior from one another by observation, imitation and modelling therefore providing a framework for understanding, predicting and changing human behavior. Based on this theoretical background, this study sought to investigate parental involvement in teenage pregnancy prevention in Nyatike Sub-county. The conceptual framework in (Figure 2.1) illustrates that parent involvement in sexual health education, monitoring and supervision of teenage girls and parent-teen communication, which are the independent variables in the study can influence teenage pregnancy prevention either negatively or positively. The intervening variables of the study are friends, peers, church and media. These are alternative sources of sexuality education that can also influence teenage pregnancy prevention either positively or negatively.

Previous studies have revealed that inadequate sexual health education by parents, poor parental monitoring and supervision of teenagers' activities and poor parent-teen communication contribute to increased levels of teenage pregnancies. On the other hand, if parents get seriously involved in the above mentioned activities, the rates of teenage pregnancies decrease (Eisenberg, et al., 2006; Kohler, et al., 2008; Muganda-Onyando & Omondi, 2008 & Kirby 2001).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section presents the research design, study area, target population, sample size and sampling technique, research instruments/data collection, validity and reliability of study tools, data analysis, presentation and ethical consideration.

3.2 Research Design

This study adopted a Descriptive Cross-Sectional Survey Design. A descriptive study is one in which information is collected without changing the environment. In human research, a descriptive study can provide information about the naturally occurring health status, behavior, attitudes or other characteristics of a particular group. Cross sectional design is based on observations made at one point in time. Cross sectional studies can be generalized because they are representative of given populations; they are the best suited in identifying associations that can then be more rigorously studied using a cohort study or randomized controlled study. Advantage of cross sectional studies is that in general they are quick and cheap since data is collected only once and multiple outcomes can be studied hence less resources are required to run the study (Mann, 2003)

The design was considered suitable for the study as it involves gathering data from members of the population in order to determine its current status in regard to one or more variables (Setia, 2016). A survey study serves the following purposes: to obtain information that describes the existing phenomena by asking individuals about their

perceptions, attitudes and values. Surveys are used to explore the existence of two or more variables at a given point and they are useful where the study involves population which is too large for direct observation (Fowler, 2009). In this regard, the descriptive cross-sectional survey design was considered appropriate as a means of achieving the main objective of this study which was to investigate parental involvement in teenage pregnancy prevention. This is because the study focused on a naturally occurring health condition which is as a result of a naturally occurring human behavior. The study also involved human respondents in a large population therefore there was a need to use questionnaires and interviews for data collection. The design was also appropriate for the study because it allowed one-time interaction with the respondents and it lasted for short period of time which enabled the study to be completed as per the time plan and with the available resources.

3.3 Study Area

The study was undertaken in Nyatike Sub-county, in Migori County, Kenya. Migori County is one of the forty-seven counties in Kenya. It is situated in the South-western part of Kenya. It borders Homabay County to the North, Kisii and Narok Counties to the East, Lake Victoria to the West and the Republic of Tanzania to the South. The county is located between latitude $0^0\,24'$ South and $0^0\,40'$ South, and longitude 34^0 East and $34^0\,50'$ East and covers an area of 2,596.5km^2 including approximately $478\,km^2$ of water surface. Administratively, the county has 8 sub-counties, 23 divisions, 88 locations and 202 sub locations.

Nyatike Sub-county is one of the eight Sub-Counties of Migori County. Other sub-counties include; Rongo, Awendo, Uriri, Suna East, Suna West, Kuria East and Kuria West. Nyatike Sub-county covers an area of (677.7 square km) with an approximate population of 144,625 people, and a total of 30,422 households (KNBS, 2009). The sub-county also forms a political unit which is Nyatike Sub-county constituency and it is administratively divided into 7 wards, namely: Kachieng 56.00 sq kms, Kanyasa 83.20 sq kms, North Kadem 204.70 sq kms, Macalder 136.40 sq kms, Kaler 58.70 sq kms, Got Kachola 93.90 sq kms and Muhuru 44.80 sq kms. The 7 wards are further divided into 37 sub-locations. Nyatike Sub-county has an altitude of 1140m at the shores of Lake Victoria and the main physical features found in the sub-county are Lake Victoria and God Kwach hill. Some parts of Nyatike Sub-county are underlain by relatively 'acid' parent rock known as granite and it experiences a semi-arid climatic condition and unreliable and poorly distributed rainfall resulting into low agricultural production therefore the residents depend on fishing as a major economic activity. Around the area of Macalder small scale gold mining has also become a source of livelihood for the residents. Migori County was chosen because of the prevalence of teenage pregnancy and teenage motherhood. Approximately 24% of teenage girls in Migori County have begun child bearing 3.4% are pregnant with their first child and 20.9% have ever given birth. The proportion of teenagers who are already mothers is large relative to the national level which is 14.7% (ASRH Fact Sheet, 2016).

3.4 Target population

Target population is described as the aggregate or totality of all subjects or members that conform to a set of specifications (Babbie, 2005). The study targeted 30,422 households which is the estimated number of households in Nyatike Sub-county (KNBS, 2009). The study targeted all the households with teenage girls in Nyatike Sub-County. In each household, one parent or caregiver of a teenage girl was targeted.

3.5 Inclusion criteria

To be included in this study, the respondents had to be parents of teenagers, be residents of Nyatike Sub-county for a period of at least two years, be present in the study area during the time of the study, be willing to participate in the study, and give informed consent.

3.6 Exclusion criteria

The study excluded all parents who had no teenage children, those who had not resided in the sub-county for a period of at least two years, those who were not present in the study area during the study, those who were not willing to participate in the study and all those who did not consent to the study.

3.7 Sample size and sampling procedures for main respondents

Sample size is the number of individual measurements or observations used in a survey or experiment (Zamboni, 2010). Sampling on the other hand is a process used in statistical analysis in which a predetermined number of observations are taken from a

larger population. This study employed Krejcie &Morgan 1970 formula for a finite population to determine the sample size of the main respondents as shown below;

$$S = \frac{X^2NP(1-P)}{d^2(N-1)+X^2P(1-P)}$$

Where:
S = Required Sample size
X = Z value (e.g. 1.96 for 95% confidence level)
N = Population Size
P = Population proportion (expressed as decimal) (assumed to be 0.1 (10%)
d = Degree of accuracy (5%), expressed as a proportion (.05); It is margin of error

$$S = \frac{1.96^2 \times 30422 \times 0.1(0.9)}{0.05^2(30422-1)+0.96^2 \times 0.09}$$
$$S = \frac{10518.224}{76.0525+0.3457}$$
$$S = \frac{10518.224}{76.3982}$$
S =137.67
S =138

The sample size for the survey was calculated and found to be 138 households. This was proportionately distributed to the sampled wards. Table 3.1 shows the ward population and the number of households in Nyatike Sub-county.

Table 3.1 Ward population and number of households in Nyatike Sub-County.

No.	Nyatike Sub-County wards	Ward Population	Number of HHs per Ward.
1	Kachieng	21,775	4,580
2	Kanyasa	14,331	3,015
3	North Kadem	30,697	6,457
4	Macalder	22,691	4,773
5	Kaler	9,775	2,056
6	Got Kachola	22,338	4,699
7	Muhuru	23,018	4,842
	Totals	**144,625**	**30,422**

Source: Kenya National Bureau of Statistics, 2009.

Three wards namely, Macalder, Kachieng and North Kadem were randomly selected to represent all the wards in Nyatike Sub-county. Proportionate sampling was then used to get the required sample size from each of the sampled wards using ward household population as shown in (Table 3.2). Finally, snowball sampling technique was used to get the households which had teenage girls in the three selected wards. In each household one parent was given the opportunity to participate in the study.

Table 3.2 Sample size distribution

No.	Sampled Ward	Ward Population	No. of HH	Sample size
1	Kachieng	21775	4580	40
2	North Kadem	30697	6457	56
3	Macalder	22691	4773	42
	Total	**75163**	**15810**	**138**

3.7.1 Sample Size and Sampling Procedure for Key Informants

The 10 % recommendation in statistics was employed to get a sample size of 18 key respondents from approximately 179 populations of chiefs and head teachers in Nyatike Sub-county. 10 % is recommended for very small target population (Mugenda, 2008). Three chiefs and fifteen head teachers were purposively selected as key informants. Chiefs were selected because they interact more with parents within their areas of jurisdiction. Moreover, most of the teenage pregnancies cases are reported to them for action against people responsible for the pregnancies. Similarly, head teachers were selected because they are in charge of all students and pupils in their schools. Also, no cases of teenage pregnancies in their schools escape their attention.

3.8 Data collection instruments

The main instrument used to collect data from the respondents in this study was a semi-structured questionnaire and Key informant interview guide. A Semi-Structured questionnaire was used for data collection from the parents who had teenage daughters.

Two types of question items were used in the questionnaire closed ended questions, and open-ended questions. In the open ended questions, the respondents were required to give their opinion in the spaces provided. In the closed ended questions, the respondents responded by making choices from the ones provided for. Key informant interview guide was used to collect data from the chiefs and head teachers who were the key respondents of the study.

3.9 Data collection Procedures

The questionnaire was administered to the parents of teenage girls who were the main respondents in the sampled wards. The researcher trained two research assistants who assisted the researcher in data collection. The respondents filled the questionnaires with the help of the researcher and research assistants and submitted the questionnaires back to the data collectors. The questionnaire items covered all the three research objectives and the responses helped in realizing the purpose of the study.

Key Informant Interview guide was administered to the key informants who were the area chiefs and head teachers. Note taking was used to record the responses from the key informants. It was used to get information on teenage pregnancy prevention strategies used in the area of study, challenges faced in teenage pregnancy prevention and suggestions on how to address the challenges.

3.10 Instrument Validity and Reliability

Validity explains how well the collected data covers the actual area of investigation (Ghauri & Gronhaug, 2005). Validity of research instruments basically means “the extent to which the questions provide a true measure of what is intended to be

measured" (Field, 2005). Kasomo (2007), also points out that it is the accuracy of research Instrument. Face validity and content validity of the instruments was ensured through consultation with the research supervisors and through the findings of the pilot study.

Reliability refers the extent to which a measurement of a phenomenon provides stable and consistent results even when repeated on the same group after some time. A scale is said to have high internal consistency reliability if the items of a scale "hang together" and measure the same construct (Huck, 2007, Robinson, 2009). The questionnaire was pre-tested to enhance consistency, dependency, accuracy and adequacy of the instruments (Okungu, 2010). Test-retest method was used in which questionnaires were administered twice after an interval of two weeks to a sample of 30 parents of teenage girls in a location other than where the actual study was done. Consistencies of the test items were measured by the degree to which the test items resulted in similar and related responses from the sample in the test-retest exercise.

3.11 Data Analysis and Presentation

All questionnaires were checked for data quality before data was analyzed. This involved editing of data which was done to ensure that the raw data collected was free from errors and omissions and enabled the detected errors to be corrected. Coding was done by assigning numerals to responses for the sake of classification. Classification involved arranging data in groups or classes on the basis of similarities.

Data was analyzed both quantitatively and qualitatively. Quantitative data analysis included computation of descriptive statistics such as frequencies and percentages to describe characteristics of the respondents. Chi-square test of significance

and Cramer's V test was also employed to determine association and strength of association between various variables of the study. The data was then tabulated using the frequency distribution tables and analysis was done using Statistical Package for Social Sciences (SPSS). The results were presented in tables, charts and bar graphs in form of frequencies and percentages.

The open ended questions in the survey were analyzed by transcribing the information and determining the common themes. All the responses were transcribed and the content reviewed until consistent themes emerged. These were coded, entered and analyzed (Rubin & Babbie, 2008).

3.12 Ethical considerations

A research permit was obtained from the National Council for Science and Technology (NACOSTI). An introductory letter to NACOSTI was obtained from Rongo University Graduate School. Research authorization letters were also obtained from the office of the County Commissioner, Migori County, office of the County Director of Education, Migori County and from the office of Deputy County Commissioner, Nyatike Sub-county. Participants were encouraged to participate voluntarily in the survey. The privacy of the respondents was strictly guarded by observing anonymity and confidentiality. Respondents were also assured of the confidentiality of the information gathered from them.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study. These findings are organized in relation to the specific objectives of the study which were obtained from the main objective of the study which is "Parental involvement in teenage pregnancy prevention." Data are presented in tables, bar charts and pie charts. Data was collected from 138 parents of teenage girls in the sampled wards in Nyatike Sub-county, Migori county Kenya. The response rate was 100% as shown in Table 4.1

Table 4.1: Response rate for the study

	Frequency	%	Cumulative %
Male	35	25.4	25.4
Female	103	74.6	100.0
Total	138	100.0	

Source: Field Data

4.2 Demographic information of the respondents.

Table 4.2 presents the demographic characteristics of the respondents which are gender, age, marital status, level of education, religion, employment status and income level. Demographic characteristics of the respondents, for instance economic level of the parents could be a contributing factor to teenage pregnancy. Recent Research in Vietnam by Nguyen, Shiu and Farber, (2016) shows that teenagers who cannot adequately afford basic needs are more likely to be involved in sexual activities in exchange for monetary benefits than those who can afford all basic needs.

Table 4.2 Demographic characteristics of the respondents

Number of respondents N=138				
		Frequency	**percentages**	**Cumulative**
Gender	Male	35	25.36	25.36
	Female	103	74.64	**100.00**
	Total	**138**	**100.00**	
Age in years	20-30	18	13.04	13.04
	31-40	55	39.86	52.90
	41-50	58	42.03	94.93
	51-60	7	5.07	**100.00**
	Total	**138**	**100.00**	
Level of education	Primary	76	55.07	55.07
	Secondary	30	21.74	76.81
	College	21	15.22	92.03
	University	11	7.97	**100.00**
	Total	**138**	**100.00**	
Religion	Christian catholic	34	24.64	24.64
	Christian protestant	91	65.94	90.58
	Muslim	13	9.42	**100.00**
	Total	**138**	**100.00**	
Employment status	Self employed	68	49.28	49.28
	Government employees	27	19.57	68.85
	NGO employees	9	6.52	75.37
	Not employed	34	24.64	**100.00**
	Total	**138**	**100.00**	
Income level	Kshs 0-5000	39	28.26	28.26
	Kshs.5001-10000	43	31.16	59.42
	Kshs. 10001-15000	27	19.57	78.99
	Kshs. 15001-20000	11	7.97	86.96
	Kshs. 20001-25000	11	7.97	94.93
	Kshs. 20001 & above	7	5.07	**100.00**
	Total	**138**	**100.00**	
Marital status	Married	78	56.52	56.52
	Divorced	1	0.72	57.24
	Separated	10	7.25	64.49
	Single parent	13	9.42	73.91
	Widow	26	18.84	92.75
	Widower	10	7.25	**100.00**
	Total	**138**	**100.00**	

Source: Field data

Results in Table 4.2 revealed that more than two thirds 74.64% of the parents in this study were females while male parents were only 25.36%. This may be attributed to the fact that in most traditional societies, the cultural role of socializing girl child is assigned to women which makes them more conversant with girl child sexuality issues than men. The low response rate by men could also be related to the fact that data was collected during the day in homes and traditionally men are not expected to be at home during the day hence they were not around at the time of study.

An earlier study had similarly revealed that mothers tend to volunteer more for empirical studies than fathers (Guilamo-Ramos et al., 2012). Structural functionalism theory also explains that in every family the father performs instrumental roles of being the breadwinner while the wife performs expressive roles such as that of a home maker. Therefore, the roles played by the fathers and mothers in the family could be the reason why there was a higher response rate by the female parents than male parents.

Table 4.2 also revealed that there were four categories of age groups of parents whereby age 20-30 years was represented by 13.00%, age 31-40 years was represented by 39.90%, age 41-50 years was represented by 42.00% and age 51-60 years represented by 5.10%. These results shows that all the respondents in the study were adults which were the parents of the teenage girls majority being within the range of 31-50 years

Results in Table 4.2 showed that slightly more than half of the respondents 55.10% attained primary school education while 21.70% of the parents attained secondary school education, 15.20% went to college and only 8.00% managed to go to the university. These findings show that majority of parents have attained basic education. However, transition to secondary and college or university is very low. This

could be attributed to the fact that this study was conducted in a rural setting and most college and university graduates are working or looking for jobs in the urban areas all over the country. Low transition to secondary school could also be due to poverty, teenage pregnancies and early marriages which results to school dropouts.

These results are in agreement with Kenya National Bureau of Statistics 2013 report that literacy levels vary by place of residence, age and household wealth level. It is also consistent with the evidence of 2013 economic survey of Migori County which indicates that a total of 65% of Migori county residents have a primary level of education, however, only 15% of Migori county residents have secondary school level of education or above and 20% of the county's residents have no formal education at all.

Table 4.2 indicated that 49.30% of the parents are self-employed, 19.60% were government employees, and 6.50% were NGO employees while 24.60% of the parents are not employed. These could be attributed to the fact that majority of the parents in this study were women. Generally, women have lower participation in waged employment activities which could be tied to the factors such as demands placed on women with respect to domestic and reproductive responsibilities, the constraining nature of occupations where domestic and reproductive responsibilities cannot be easily combined with economic activity and limited access to required skills given the low levels of education of the parents where most of the parents only attained primary level education.

These results correspond with the findings of Kenya Bureau of statistics 2013 report on exploring Kenya inequalities which indicate that in Nyatike Sub-county, majority of the residents, 53.20% are self-employed either engaged in farming or family business while only 13.30% of the residents work for pay and those without jobs are

5.9%. The remaining 26.60% constitute interns/volunteers, those retired, full time students and those who are incapacitated. The findings are also in agreement with the Ministry of Gender, Children and Social Development report (2009) on the implementation of the 30% affirmative action which revealed that women employed in government ministries are less than the 30% stipulated in the affirmative action and that employment and promotion is in favor of men.

Table 4.2 also revealed that most of the parents 31.20% earn between Kshs. 5001 to 10000 per month, followed by 28.30% of those earning kshs 0-5000 per month. 19.60% of the parents earn kshs. 10001-15000, 8.00% earn kshs. 15001-20000 and 8.00% earn kshs. 20001-25000 respectively while only 5.10% earned kshs. 20000 & above. These findings may be attributed to the fact that most of the parents had attained only primary level of education and therefore lack employable skills for high paying occupations. It could also be because many parents are self-employed in either farming or small scale businesses that do not pay much. The small percentage of those earning Kshs. 20000 and above could the government and NGO employees who might be college or university graduates. These findings are consistent with the results of Rob (2015) research on education, income and wealth which revealed that the more skills people have, the employable they are and that there is relationship between education and income in that those with more education earn higher incomes and have lower average of unemployment rates than those with less education. These findings are also in agreement with KNBS 2013 economic survey report which revealed that in Migori County, 9% of the residents with no formal education, 9% of those with a primary education and 22% of those with a secondary level of education or above are working for pay. However, the

findings mirror CBK (2013) assertion that only 0.8% of Kenyans earn Ksh. 100,000 or more and 81.6% earn Ksh. 10,000 or below.

Table 4.2 finally showed that majority of the parents 56.50% are married, followed by 18.80% widowed, 9.40% single parents, 7.20% separated and 7.20% widowers respectively, while only 0.70 % divorced. These findings could be attributed to the fact that in the contemporary society the most common man-woman relationship on which marriage and family life are based are monogamy, polygamy and promiscuity. By the very fact that human beings are bisexual in nature, male-female relationship is mutually enriching. Traditionally family is the only institution that offers a socially legitimate sexual outlet for adults which gives way to reproduction.

These findings reveal that the residents of Nyatike Sub-county hold marriage in high regard. The difference in the number of widows and widowers could be due to the fact that women are less likely re-marry once their husbands die while the men are more likely re-marry when they lose their wives through death. Although there is a growing trend for single parenting and separation among the minority of the Nyatike Sub-county residents, which could be attributed to premarital sex that lead to children born out of wedlock, and extra-marital affairs that lead to separation respectively, the foundations of marriage have not been shaken. These findings are in agreement with Structural Functionalism Theory by Talcott Persons in 1955 that acknowledges marriage and family by specifying the roles of husband and wife in the family.

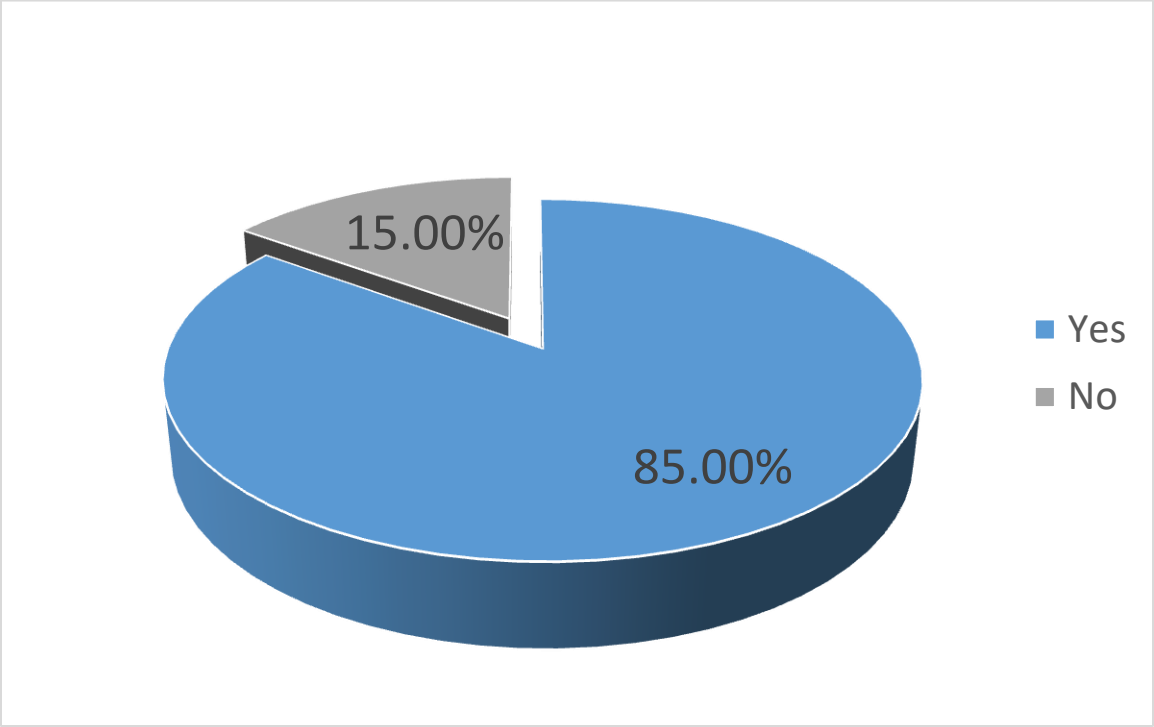
4.3: Sexual Health Education by parents in teenage pregnancy prevention

Sexuality education is a means of sexual socialization for adolescents. In as much as teenagers regard friends and social media as important sources of sexuality information, parents also play a very crucial role in socializing their teenagers on sexuality related issues. This section therefore, presents and discusses the study findings in relation to the first study objective which was to establish the influence of Sexual Health Education by parents on teenage pregnancy prevention.

4.3.1 Teaching Teenage Girls Sexuality Related Issues

This question sought to find out if the parents were involved in teaching their teenage girls sexuality issues as a way of preventing pregnancy. Results in Figure 4.1 indicates that majority of the parents 85% teach their teenage girls sexuality related issues. Only 15% reported that they do not teach their teenage girls sexuality issues.

Figure 4.1: Teaching sexuality related issues to teenage girls



Source: Field Data

The finding that majority of the parents teach their teenage girls sexuality issues could be attributed to the fact that majority of teenage girls are faced with sexuality related challenges and their parents have taken the initiative to educate them so as to help them overcome these challenges. On the other hand, the percentage of parents not educating their teenage girls could be because some parents have not acknowledged the importance of sexuality education in the lives of their girls. It could also be attributed to the fact that these parents do not know what to teach or how to teach their teenage girls sexuality issues.

This finding is supported by majority of the key informants noted that most parents are concerned with the issue of teenage pregnancy. This finding contrasts the findings of earlier studies in Kenya (Kiragu, et al 1996) and in Nigeria (Izugbara, 2008)

which reported moderate levels of parent-child sexuality education. However, it is consistent with the findings of a Lagos based study which reported that 69% of parents had talked with their children on sexuality issues (Kannuji, 2012). This finding is thereby affirming the recent trends of parent-child sexual talks in some parts of Africa.

4.3.2 Onset of Teaching Children Sexuality Related Issues

Onset of sexuality education by parents may determine whether teenagers become pregnant or not. Teenagers require adequate and comprehensive sexuality education earlier before they attain teenage to enable them make appropriate decisions regarding sexual behavior as observed by Pluhar, Dilorio & McCarty, in 2008. Table 4.3 presents the findings on the timing of sexuality education by parents to their teenage girls from the parents who talk to their girls about sexuality related topics.

Table 4.3: Timing of Sexuality Education

Timing of sexuality education	Frequency	percentage
Before teenage	14	12.84
When they attain teenage	24	22.02
When they become sexually active.	48	44.04
When they begin to have physical body changes.	15	13.76
When they start associating with sexuality active friends	8	7.34
Total	109	100.00

Source: Field Data

Results in Table 4.3 reveals that among the parents who educate their teenage girls on sexuality almost a half of the parents 44.04% start educating them when they perceive that their teenage girls have become sexually active, 22.02% start when their girls attain teen age, 13.76% do it when they see physical body changes in their teenage girls while 12.84% and 7.34% of the parents noted that they start educating their teen

girls before they attain teenage and when they start associating with sexually active friends respectively. Majority of key respondents agreed that it is difficult to know the right time to offer sexuality education to teenagers. As one of the key informant said;

> *"Sometimes it is very difficult to know when it is the right time to start educating children on sexuality issues because some mature faster than others and start engaging in sexual intercourse when it is least expected of them."*

These findings could be attributed to the fact that there is no clear documented guideline on the sexuality related topics to teach children and at what age to start teaching them. This leaves the parents guessing the right time to begin educating their children hence waiting for signs. This could be the reason why more than a third of parents begin when their girls are already sexually active. However, a few respondents agree with the observation of Pluhar and colleagues that children should be taught sexuality related topics before attaining teen age (Pluhar, Dilorio & McCarty, 2008).

4.3.3 Reasons for Not Teaching Teenage Girls Sexuality Issues

This study also sought to establish the reasons why some parents do not teach their teenage girls' sexuality related issues despite the high number of teenage pregnancies experienced in the area of study. Findings in Table 4.4 shows that 44.83% of parents believe that their teenage girls are still young for sexuality education and 24.14% think that talking to their children about sexuality will make them become sexually active. On the other hand, 17.24% parents believe that their children are taught sexuality related topics in school while 13.79% fail to teach their children about sexuality because

they think their children already know about everything on sexuality. Similarly, in key informant interviews, it emerged that parents avoid talking to their children about acceptable sexual behaviors hence leaving their children at the mercy of what they learn in school, from friends and from the media.

Table 4.4: Reasons for not teaching sexuality education

Reasons for not teaching teenage girls sexual issues	Frequency	percentage
They are still young	13	44.83
They are taught in school	5	17.24
They will become sexually active	7	24.14
They already know.	4	13.79
Total	29	100.00

Source: Field Data

The higher percentage of parents who think that their girls are still young could be attributed to the fact they haven't seen their girls doing anything suggesting that they are ready to learn about sexuality. It could also be due to the fact that parents have no idea of various topics to discuss with their children on sexuality before they become sexually active. Another reason could be that parents believe that their children sexual involvement is determined by how much they know about sexuality therefore they avoid teaching their children hoping that they will not become sexually active.

On the other hand, those parents who fail to teach their girls because they are taught in school may be attributed to the fact that their children share with them what they learn in school. However, they have no idea that the content taught in school is also

limited to reproductive organs and this is not sufficient for their children to avoid pregnancy. Those who think that their children already know could be attributed to what they see their children do or what their children share with them on sexuality.

The finding in this study concurred with a recent study by Achille et al., (2017) which revealed that 44.4% of the parents argue that adolescents know enough about sexuality therefore no need of educating them. Other earlier studies also found that some parents believed that parent-teen sexuality talks increase the likelihood of teens engaging in sex and that parents were 2.5 times more likely to talk to their teens about sex if they believed teens were already romantically involved (Fingerson, 2005; Manning, Longmore, & Giordano, 2005; Eisenberg et al 2006). However, the results of this study regarding teenage becoming sexually active when they are taught about sexuality is in contrast with Guilamo et al, (2012) finding that parent-teen sexuality talks are associated with delay in sexual interaction.

4.3.4 Sexuality Related Topics Taught by Parents

This study sought to find out if the parents taught their teenage girls about their body organs, premarital sex and its consequences, teenage pregnancy and its consequences and birth control options. The study also sought to establish the most preferred and taught teen pregnancy prevention method.

The results are presented in Table 4.5 which reveal that among the parents who teach their children sexuality related issues, majority, 52.29% reported that they teach their girls about their body organs while 47.71% do not; 53.21% reported teaching premarital sex and its consequences while 46.79% do not; 85.32% reported to teach pregnancy and its consequences while 14.68% do not. The findings also reveal that

majority of parents 64.22% teach their girls birth control methods while only 35.78% reported that they do not. It is also revealed that the most preferred teenage pregnancy prevention method is abstinence at 53.21% followed by condoms at 32.11%. On the other hand, 11.01% of the parents' advice their girls to avoid male friends while only 3.67% prefer and teach their girls about birth control pills.

Table 4.5 sexuality topics taught

Sexual issues taught		Frequency	percentage
Body organs	Yes	57	52.29
	No	52	47.71
	Total	**109**	**100.00**
Premarital sex and its consequences	Yes	58	53.21
	No	51	46.79
	Total	**109**	**100.00**
Pregnancy and its consequences	Yes	93	85.32
	No	16	14.68
	Total	**109**	**100.00**
Birth control options	Yes	39	35.78
	No	70	64.22
	Total	**109**	**100.00**
Most preferred pregnancy prevention method	Abstinence	58	53.21
	Condom	35	32.11
	Birth control pills	4	3.67
	Avoiding male friends	12	11.01
	Total	109	100.00

Source: Field Data

These findings indicate that most parents have come to the realization that their teens engage in or are likely to engage in sexual activities hence the big number of parents who teach their children about their body organs, premarital sex and teenage

pregnancies. However, the small percentage of parents who teach their children birth control options and the emphasis put on teaching girls abstinence rather than other contraceptives like condoms and pills could be attributed to parents living in denial that their girls are already engaging in sexual intercourse. It could also be attributed to parents believing some of the myths about contraceptives for example that they cause infertility, birth defects or cancer.

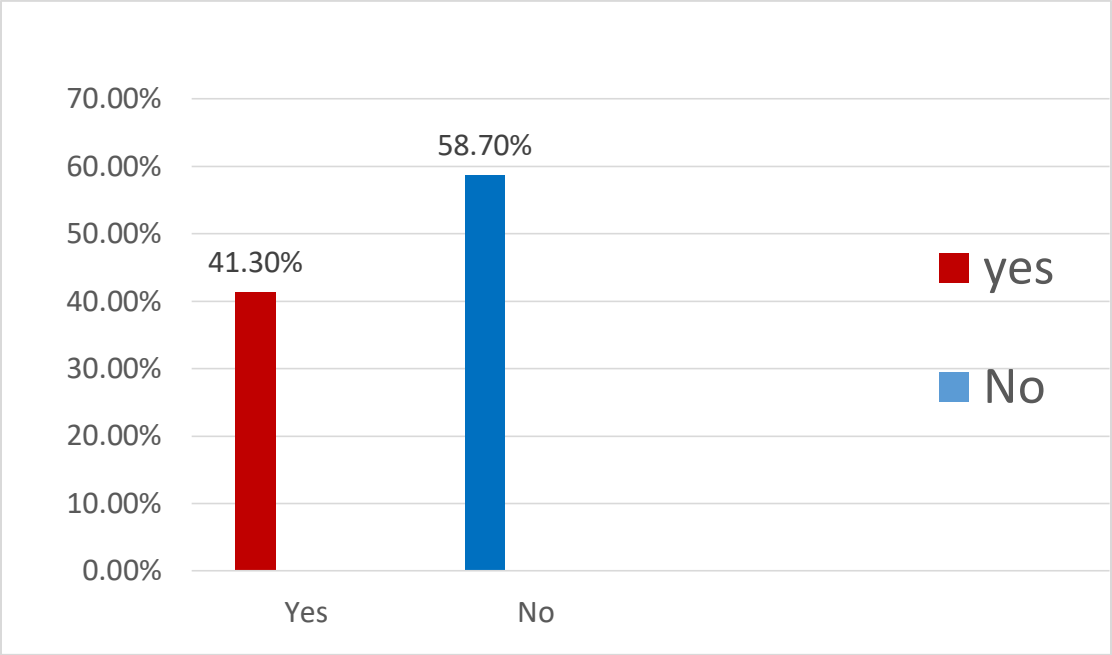
These findings agree with Eisenberg et al (2006) findings that majority of parents had spoken to their teens about the negative consequences of sex but were less likely to discuss prevention of these consequences such as access to condoms and birth control pills. These findings are contrary to Hartman et al (2013) findings 51% that parental acceptability was highest for oral contraceptive pills at 59% followed by condoms at among other contraceptives. However, Hartman et al findings can be used to explain the reason why the parents in this study prefer condoms more than any other contraceptive as it found that parents mostly preferred condoms if they believed that their teens were likely to have sex.

4.3.5 Existence of Teenage Pregnancies in Nyatike Sub-county.

This study sought to establish the existence of teenage pregnancy in the sampled households of Nyatike Sub-county. Results in Figure 4.2 shows that majority 58.70% of the teenage parents report that there had never been a pregnant teenager in their household while 41.30% agree that they have had their teenage girl get pregnant. This finding is supported by key informant interviews which revealed that many pupils and

students drop out of school due to teenage pregnancies. Some of them end up in early marriages as some go back to school after delivery.

Figure 4.2: Existence of teenage pregnancies in Nyatike Sub-county



Source: Field Data

The finding in Figure 4.2 reveals that remarkably high numbers of teenage pregnancies do occur in Nyatike Sub-county and this confirms that it is indeed a problem in the area of study. This high number of pregnant teenagers could be attributed to inadequate sexuality education, inadequate parental monitoring and other factors such as poverty and poor parent-child communication on sexuality issues.

This finding affirms District Health Information System 2 (2016) report that found that 37% teenage pregnancies had been recorded in Migori County which is slightly below the rate reported in this study 41.30%. The proportion of teenagers who have become pregnant in Nyatike Sub-county is quite large relative to Migori County level of 37 % and national level of 14.7% respectively (DHIS2, 2016). The finding is also

consistent with World Health Organization (2015) report which states that sub-Saharan Africa countries has 50% prevalence of adolescent birth rate.

4.4 Parental Monitoring and Supervision

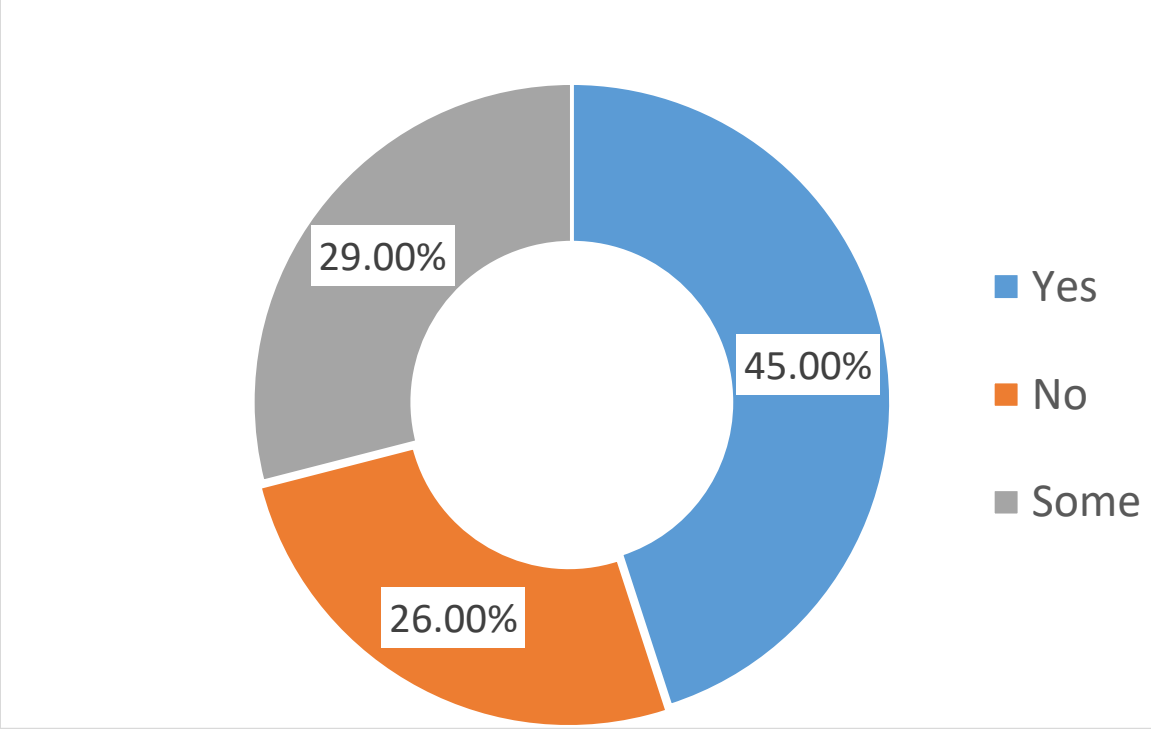
This section presents and discusses the findings of objective two which sought to examine the extent to which Parental monitoring and supervision of teenage girls prevent teenage pregnancy in Nyatike Sub-county. Data was collected on five key areas of monitoring and supervision namely; friends, entertainment, whereabouts when not in school, knowledge of girls' menstruation period, follow up of girls' academic performance.

4.4.1 Parental Knowledge of their Teenage Girls Friends

This study also sought to find out if the parents knew the type of friends their teenage girls had. Figure 4.3 presents the findings of parental knowledge of their teenage girls' friends. It reveals that 44.93% of the parents agree to know the friends of their teenage girls, 28.99% of parents' report to know only some of the friends while 26.09% report that they do not know their teenage children's friends. Key Informants agreed that it was important for parents to guide their children on how to make right choices of friends that cannot negatively influence their behavior. It emerged that most of the teenage girls who got pregnant in Nyatike Sub-county were influenced by their friends who either had been pregnant before or those boys who dropped out of school and their adult friends at the gold mines. This was evidenced in one of the key informant response which stated that;

"Some of the teenage girls are influenced by their friends who have become pregnant, or school drop outs working in the gold mines, if parents could know all these, then they could be able to prevent teenage pregnancy since their children tend to listen to them more than us teachers."

Figure 4.3: Parental knowledge of their teenage girls' friends.



Source: Field Data

The findings in Figure 4.3 indicate that most of the parents in Nyatike Sub-county have knowledge of all or some of the friends of their teenage girls. However, a smaller percentage 26.09% does not know any of the friends of their teenage girls. This percentage of parents who know the friends of their teenage girls may be attributed to teenage girls disclosing and introducing their friends to their parents. It may also suggest that these teenagers make friends within their neighborhood therefore their parents know them. Nevertheless, the fact that there are parents who feel that they do not know all the

friends that their children keep could be because the girls only introduce some of their friends and hide some. This means that these parents cannot be sure of the type of friends being hidden therefore difficulty in monitoring what their children do when they are out with the undisclosed friends.

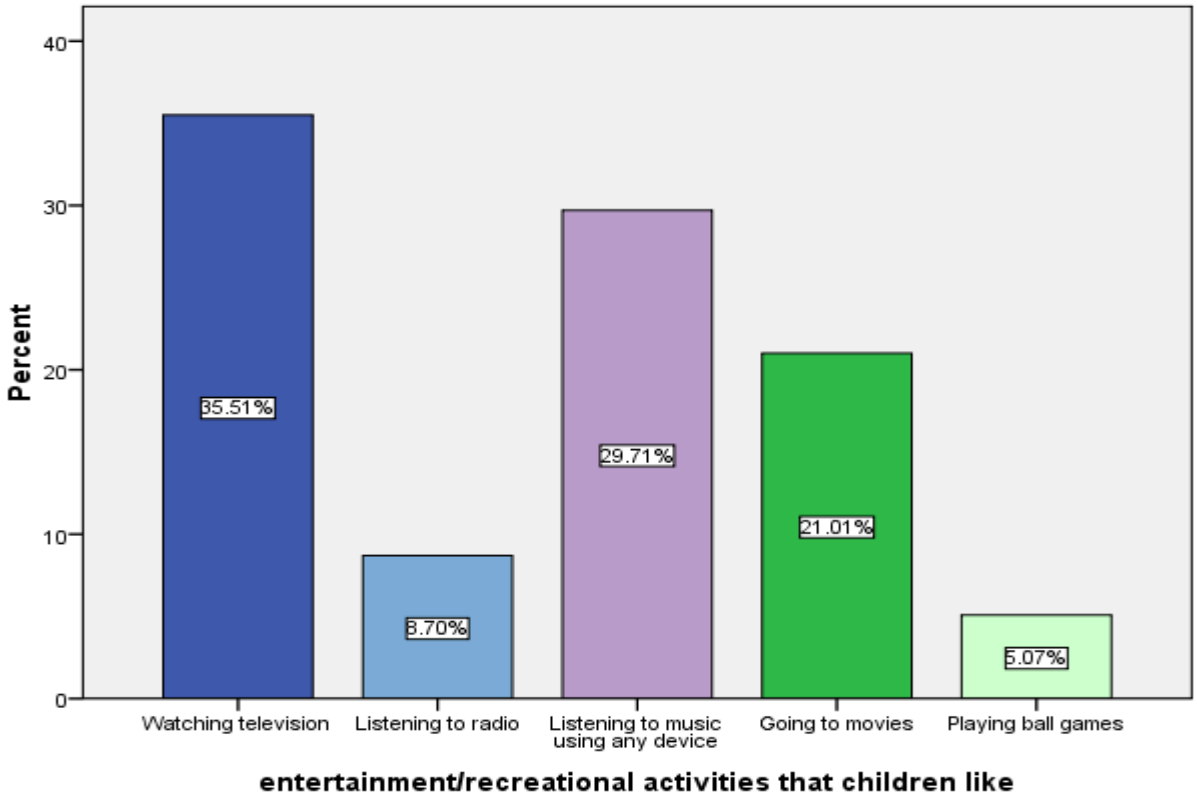
Parents not knowing any friends that their teenage girls keep could be attributed to lack of openness and closeness between teenagers and their parents or to poor relationship between them. It may also be attributed to the fact that some teenagers attend boarding schools far away from their homes where they make friends who are not known by their parents.

This finding is supported by Stattin &Kerr, (2000) who observed that knowledge of teenage activities depends on their willingness to disclose. If they do not disclose their friends it might be difficult for parents to know them. This is also affirmed by (Borawski, Levers-Landis, Lovegreen & Trapl, 2003) findings that adolescent disclosure and trust are factors that can make their parents perform monitoring role more effectively.

4.4.2 Types of Entertainment and Recreation Activities Engaged in by Teenage Girls

The study sought to find out the entertainment and recreation activities that parents see their teenage girls engage in. Result in Figure 4.4 reveals that a third of the parents, 35.51%, report that their teenage girls like watching television. This is followed closely by 29.71% who report that their girls like listening to music using various devices, 21.01% of them mentioned movies. A few of them, 8.70%, like listening to radio while only 5.07% play ball games.

Figure 4.4: Types of entertainment consumed by teenagers



Results in Figure 4.4 indicate that a third of teenagers like watching television. This may be attributed to the fact that there is good coverage of electricity and good signal coverage in the area thus the presence of televisions in many households. It could also be because there is specific contents the teenage girls want to consume from the televisions. A good number of teenagers equally possess mobile phones which they use to listen to music.

However, very low number listen to radio and play ball games maybe due to the fact that teenagers consider radios as outdated and ball games are played in schools.

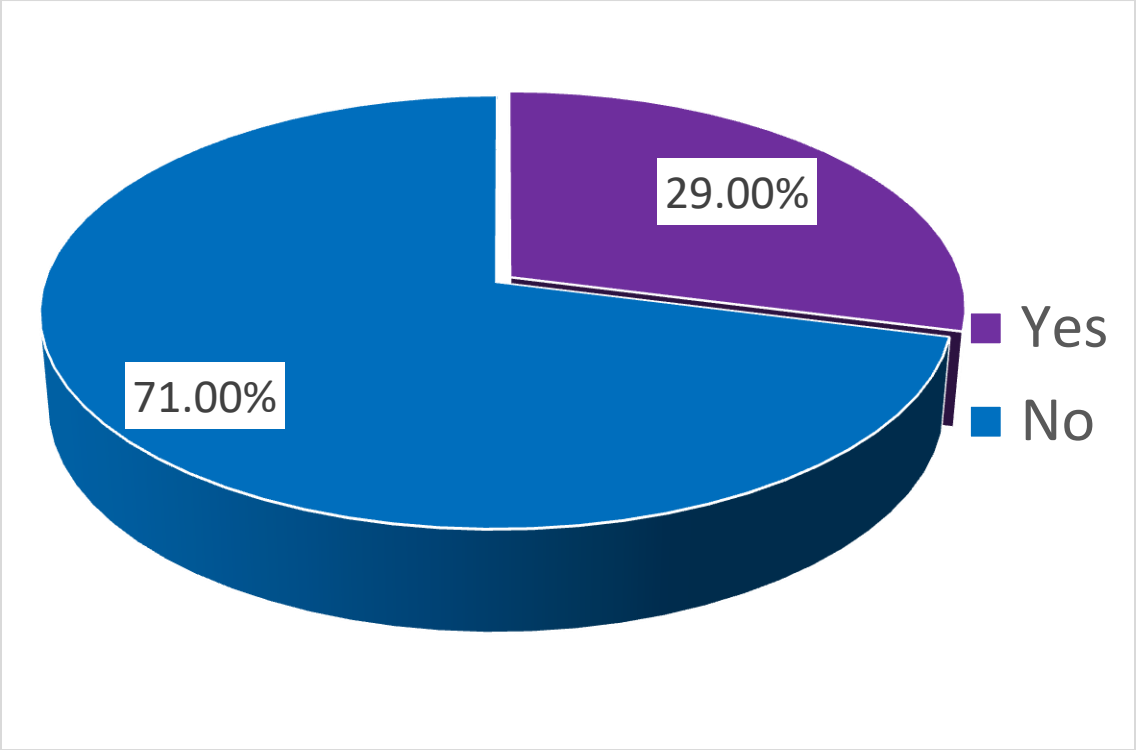
These findings suggest that teenage girls in Nyatike Sub-county prefer to use digital media devices for entertainments. Similarly, previous study revealed that most teenagers

use television, movies, music, internet, magazines, and video games as a source of entertainment (Bleakley et al., 2009). Teenagers are using these communication tools primarily to reinforce existing relationships, both with friends and romantic partners (Subrahmanyam & Greenfield, 2008). This could lead to pregnancy among the teenage girls hence the need for the parents to stay close to their girls and monitor the use of these communication media by their teenage girls.

4.4.3 Control of the Content of Entertainment

Considering the fact that access to digital media results in more exposure to sexual content, more privately, at more times of the day and in more contexts than traditional media (Levine, 2011), This study also sought to establish if parents had control over the content their teenage girls consumed from the media. The findings presented in Figure 4.5 shows that majority of parents, 71% had no control over media content their girls consumed while only 29% had control over the media content their girls consumed.

Figure 4. 5: Control of the content of entertainment



Source: Field Data

The findings in Figure 4.5 reveals that majority of parents leave their teenage girls who use media as a source of entertainment to consume any content they wish to without any control. Only a few parents control the media content that their children consume in Nyatike Sub-county. This could be because most parents do not know that most of the content aired on televisions is sexually related and that they might have negative influence on teenage girls' sexual behavior. Nevertheless, a few parents control the content of entertainment their teenage girls consume. This could be attributed to the parents understanding the influence media have on their daughters. This finding contrasts that of Holman (2014) who poised that parents often monitor what media adolescents have access to.

4.4.4 Knowledge of teenage girls whereabouts

The study sought to determine if the parents asked about the whereabouts of their teenage girls when they left home without asking for permission. Results in Table 4.6 reveal that majority of the parents, 61%, do not ask their teenage girls whom they go out with. Only 39 % reported to ask their teenage girls who they go out with. On the other hand, 73% of the parents reported to ask their teenage girls where they go to and only 27% did not ask their teenage girls the places they go to. Most of the parents, 70% equally reported to ask their teenage girls what they are going to do wherever they go to while 30% of the parents never bother to ask their teenage girls what they are going to do wherever they go to. It was highlighted by the key informants that some parents encourage their children's behaviors that lead to teenage pregnancies. For instance, some head teachers noted that in some instances, parents cover up for children who go visiting their boyfriends instead of going home during mid-term breaks.

Table 4.6 Parents inquiring their teenage girls' whereabouts

Statement	**Responses**			
	Yes	%	No	%
Who she goes out with	54	39	84	61
Where she goes to	101	73	37	27
What she is going to do	97	70	41	30

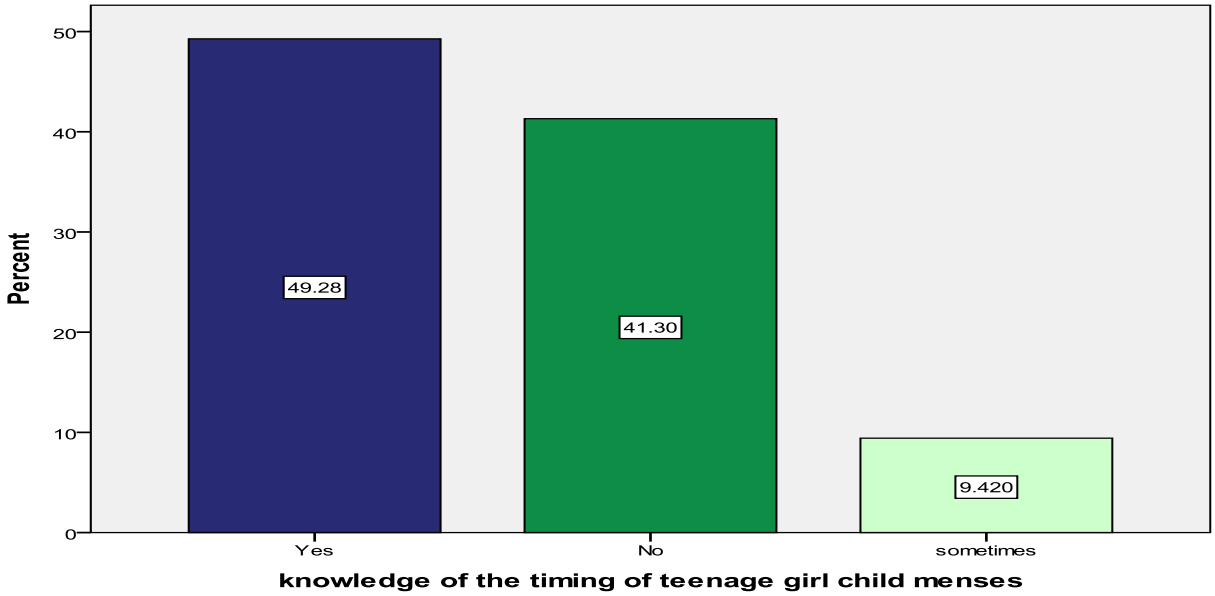
The results in table 4.6 shows that most parents are concerned with knowing where their teenage girls go to and what they are going to do but never bother to ask them who they go out with. This could probably be attributed to parents avoiding to meddle in their teenage girls affairs or to the trust they place on their girls.

These findings are contrary to the findings of Ikramulla, Manlove, Cui and Moore (2009) which stated that most parents knew everything about whom their children were with when not at home and emphasizes the assertions of Jeynes (2007) that parents and caregivers should check the whereabouts of their children before and after school, how they spend their weekends and with whom as this is very vital in ensuring that their teenage girls do not engage in irresponsible and risky sexual behavior.

4.4.5 Parent Knowledge of the Timing of their Teenage Girls' Menstrual Cycles

The study sought to establish whether parents were aware of the time when their teenage girls were menstruating. The findings in Figure 4.6 shows that 49.28 % of the parents reported that they had knowledge on when their girls were menstruating, 41.30 % had no knowledge on such. On the other hand, only 9.42 % noted that they sometimes know when their girls are having their menses.

Figure 4.6: Knowledge on your child menstruation cycle



Source: Field Data

The study went ahead to investigate if there was gender difference in knowledge of when the teenage girls were menstruating. The results in Table 4.7 shows that there is gender difference in knowledge of teenage girls' menses among the parents who know when their children are menstruating. Most female parents, 44.94% report to know, 8.70% sometimes know while 21.01% report that they don't know. On the other hand, only 4.34% of men know when their girls are menstruating, 0.72% of men report that they sometimes know while 20.29% of men do not know.

Table 4.7: Gender difference in the knowledge of teenage girls menses

		knowledge of the timing of teenage girl child menses			Total
		Yes	No	sometimes	
Gender	**Male**	6(4.34%)	28(20.29%)	1(0.72%)	35(25.35%)
	Female	62(44.94%)	29(21.01%)	12(8.70%)	103(74.65%)
Total		68(49.28%)	57(41.30%)	13(9.42%)	138(100%)

Source: Field Data

The findings in Table 4.7 and indicate that, in as much as only a few fathers participated in the study compared to mothers, the difference between fathers and mothers who know when their daughters menstruate is clear. More mothers than fathers know when their daughters menstruate (Table 4.7)

This probably could be because teenage girls are freer to inform their mothers when they are menstruating than their fathers because their mothers relate well to their situation than fathers. The mothers could also know because their daughters ask them for sanitary towels. The few fathers who know could be because their wives inform them once they get the information from their daughters. These findings are in line with Achille, et al., (2017) who found out that women mostly tend to discuss themes related to pregnancy, contraception, the adolescents desire, personal experiences with adolescents rather than men. However, those who did not have knowledge may have been men who were single parents or old grandmothers who were caregivers of the teenage girls. It is important to note that menstrual flow is a sign that the teenager have begun to ovulate and at risk of pregnancy in case of unprotected sexual intercourse. Therefore, it is important for parents and caregivers to guide teenagers during this important period of their lives.

4.5 Parent-Teen Communication in Prevention of Teenage Pregnancy

This section presents and discusses the analysis of the third specific objective of the study which was to determine the extent to which parent-teen communication prevents teenage pregnancy in Nyatike Sub-county.

4.5.1 Gender Difference in Closeness between Parents and Their Children

The study sought to establish the difference in gender and relational closeness of parents to their teenage girls in Nyatike Sub-county. Table 4.8 shows that most of the parents 49% reported that they are not very close to their teenage girls. Among those who are not very close, 13% are males while 36% are female. On the other hand, 39% of parents were very close with their teenage girls, among which 36% were females and 3% males while only 12% of parents admitted not being close at all with their teenage girls, 9% being males and only 3% being females.

Table 4.8: Comparison of Gender and Closeness between parents and their teenage girls

		Closeness between teenage girls and parents			Total
		very close	not very close	not close at all	
Gender	Male	4(3%)	18(13%)	13(9%)	35(25%)
	Female	50(36%)	49(36%)	4(3%)	103(75%)
Total		54(39%)	67(49%)	17(12%)	138(100%)

Source: Field Data

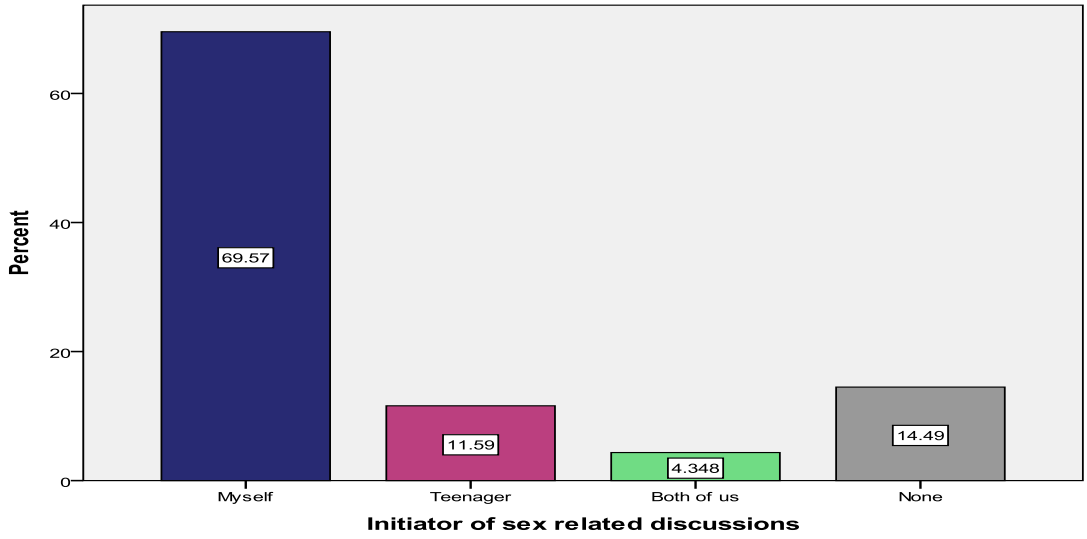
These findings indicate that majority of parents in Nyatike Sub-county are close to their teenage girls except that the degree of closeness differs as some are very close while some are just close. The finding also reveals that among parents who were close to their teenage girls, majority 88% were females while only 16% were males. It is also clear that only a few males are very close with their teenage girls. This could be attributed to the fact that mothers spend much time with their children at home as compared to fathers who spend much of their time away from home. Probably it could also be that teenage girls are closer to their mothers than fathers. On the other hand, only 3% of the teenager's parents report not being close at all with their daughters. This could be attributed to step motherhood or not spending much time with their daughters.

These findings are supported by an earlier study which observed that mothers continue to remain deeply involved in the lives of their children (Laursen, et al., 2000). One way of involving themselves in teenagers' lives is through spending time with them (Hofferth, et al., 2007). As children attain teenage, they start undergoing important physical and social changes associated with puberty which lead them to organize their attachment behaviors towards their mothers (Duchesne & Larose, 2007).

4.5.2 The Initiator of Sex Related Discussions

The study sought to find out the initiator of sex related discussions with teenage girls. Results in Figure 4.7 shows that a higher percentage of parents, 69.57%, are the initiators of sex related discussions with their teenage girls, 14.49% of parents reported that none of them initiate such discussions. 11.59% of the parents noted that teenagers are the ones who initiate such discussions. 4.35% of the parents said that such discussions are iniated by both parents and teenagers. This findings affirm the assertion of the key informants that parents are in a better position to initiate and discuss sexuality related issues with their teenage children because of the respect they get from their children. They unanimously stated that teenagers tend to avoid doing whatever parents disapprove of.

Figure 4.7: The initiator of sex related discussions



Source: Field Data

Probably a higher percentage of parents are the initiators of sex related discussions because the teenage girls are shy to initiate sex talks with their parents.Those who reported that sex talks are initiated by teenagers could be atrributed to parents not being comfortable or parents who think that the teenage girls are still young and shouldn't talk about sex. Those who reported that no one initiate this talks could be attributed to lack of relational closeness or fear among both the parent and teenager. On the other hand, the smaller percentage of parents who reported that they both initiate sex talks could be attributed to being relationally close with the teenage girls, openness by both of them, or being inquisitive of what the other knows about sexuality.

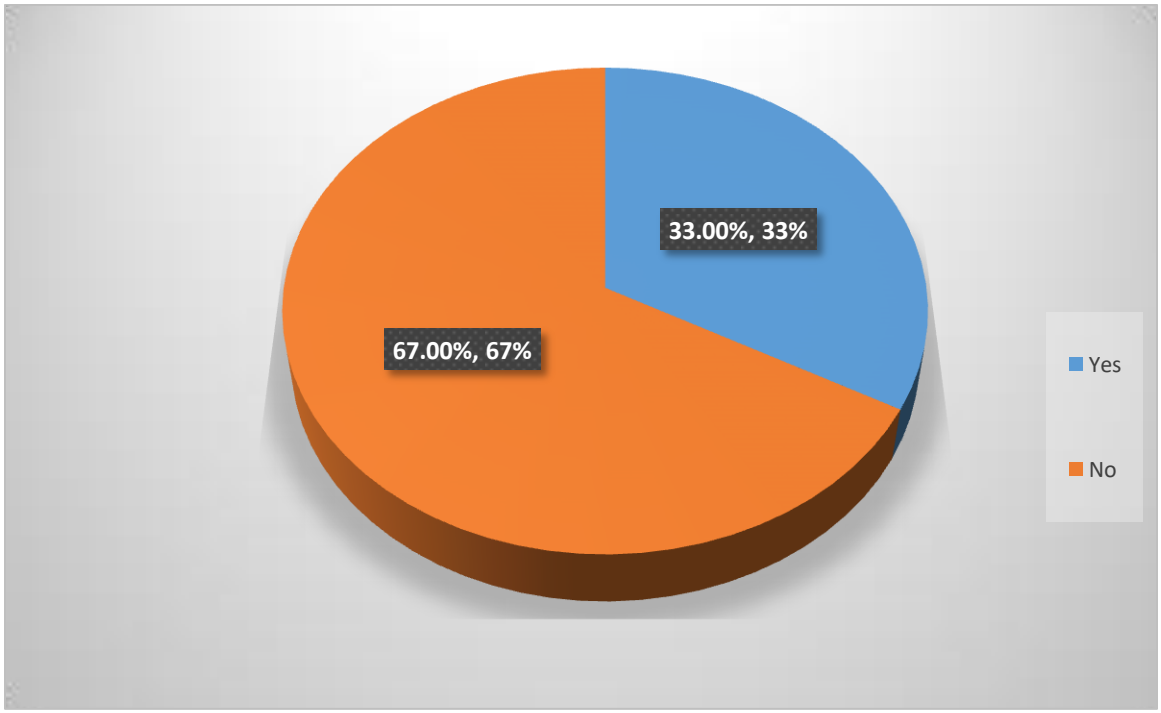
This finding concur with the findings of Izugbara (2008) which posited that in Nigeria parents preferred to be the initiators and dominators of sexual related discussions and perceived that if their child did so, it meant they were sexually active or planning to be. This finding is equally supported by the findings of Wamoyi, Fenwick, Urassa, Zaba,

Stones (2010) who found in rural Tanzania, sexuality communication was most often unidirectional, initiated by parents and took the form of warnings or threats or sometimes gossip.

4.5.3 Comfort in Discussing Sexuality Issues

The study sought to establish if parents felt comfortable when discussing sexuality related issues with their teenage girls in Nyatike Sub-county. Results in Figure 4.8 shows that even though most of the parents reported that they discuss sexuality related issues with their children, a greater percentage, 67% are not comfortable with such discussions while only 33% are comfortable in discussing sexuality related issues with their teenage girls.

Figure 4.8: Comfort in Discussing Sexuality Issues



Source: Field Data

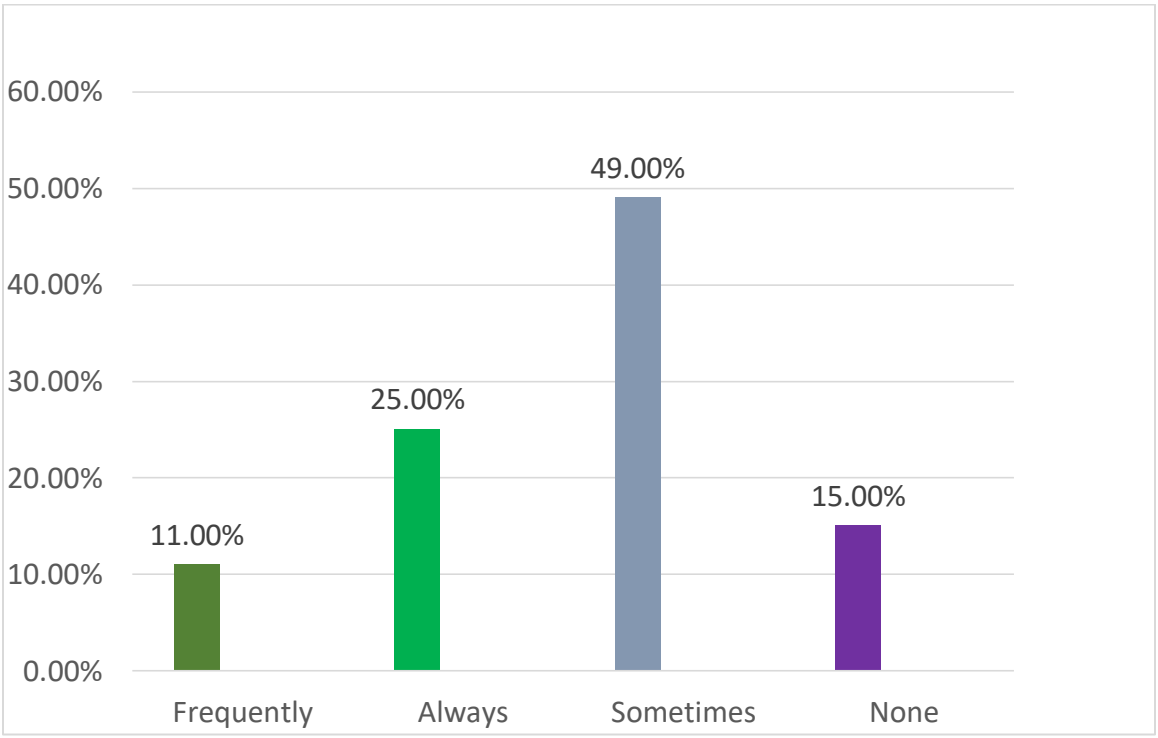
The discomfort experienced by parents discussing sexuality related issues with their teenage girls may be attributed to consideration of sex discussions with children a taboo. It can also be due to the fact that parents believe that such talks make their girls to become sexually active. On the other hand, a few had no problem with discussing sexual related issues and felt comfortable. This could suggest that this category of parents consider it their responsibility to explain to their teenage girls everything they need to know about their sexuality and that they do it often hence the comfort. It could also be due to the trust and closeness between these parents and their teenage girls.

This finding is in line with the findings of Poulsen et al, (2010), that parents fear talking about sexuality with their children as they believe that discussing sexuality with children lead to early sexual experimentation. It is equally supported by the findings of Mbugua (2007) who noted that socio-cultural and religious barriers like residual traditional barriers, inhibitions due to European Christianity, reliance on sex education books and reliance on school teachers to offer such sex education make parents uncomfortable to discuss such issues with their teenage children. The findings also concur with the results of Bastien et al (2011) study which found that some parents reportedly perceive discussions about sexuality between parent and children as being shameful, immoral or inappropriate given the sensitive nature of sexuality. Jerman & Constantine (2010) found that parents report embarrassment or anxiety in talking about sex, particularly during their children's later adolescence (age 14-18), when many young people are engaging in sexual behavior. This finding also concurred with the most recent study by Achille et al., which revealed that parents still find it difficult to hold sexuality discussions with their children in the home environment (Achille, et al., 2017).

4.5.4 Frequency of Discussing Sex Related Issues with Teenage girls

Previous studies reveal that increase in parent-teen communication about sex is associated with the delay of sexual initiation, increased condom use and more effective contraception use (Lieberman, 2006; Aspy, Vesely, Oman, Rodine, Marshall & McLeroy, 2007; Atienzo, Walker, Campero, Lamadrid-Figueroa & Gutierrez, 2009; Hadley et al., 2009). In view of the above, this study also sought to establish the frequency of sexuality communication between parents and their teenage girls in Nyatike.

Figure 4.9: Frequency of discussing sex related issues with teenage girls



Source: Field Data

Results in Figure 4.9 shows that most of the parents, 49% noted that they sometimes discuss sexuality related issues with their teenage girls, 25% indicated that they always discuss sexuality matters. On the other hand, 15% reported that they don't

discuss sexuality related issues with their teenage girls at all and only 11% of parents reported to have frequent discussions of sexuality related issues with their teenage girls.

Majority of parents discussing sex related issues with their teenagers only sometimes may suggest that, parents wait until they see anything in their teenage girls that can ignite such discussions. The percentage of parents who either always or frequently talk with their teenage girls on sexuality issues may be attributed to the fact that these teenage girls are already sexually active or parents intend to protect their girls from the consequences of premarital sex. Those parents who do not talk to their teenage girls about sexuality issues exhibited signs of giving up on their sexually active girls while some thought that their girls were too young for such talks. Some parents were also embarrassed about sexuality talks with their girls hence they completely avoid it. One parent stated that;

> "*It is so shameful to talk about sex related topics with small children, my daughter is just 13 years old, I do not think she should know about sex at this age, she is still very young for this."*

Another parent also stated that;

> *"What can I tell my girl about sex when she is already pregnant? Such a child already knows everything about sex through experience. Talking to her is a waste of time because they do not stop playing sex with their boyfriends anyway"*

This finding agree with Wamoyi et al. (2010) finding which stated that frequency of communication between parents and their teenagers range from once in a day to once a month or several months. This results also corroborates a report by Achille, et al., (2017)

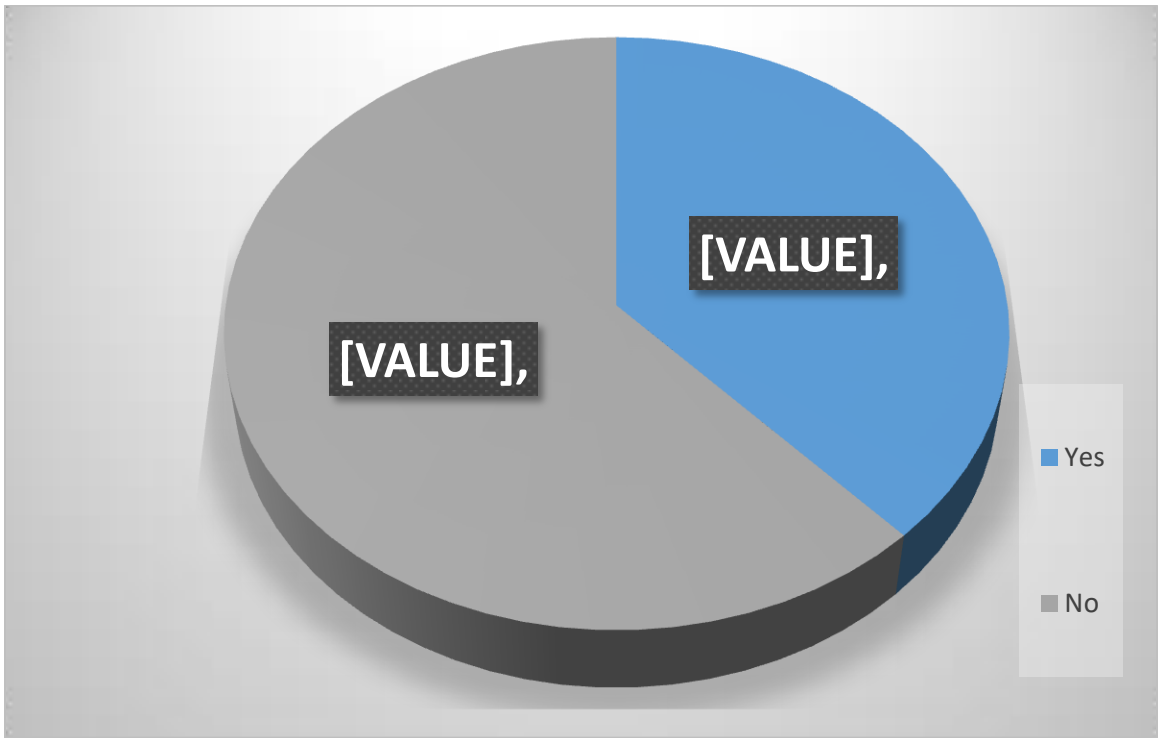
in which 76.4% of parents declared that they rarely talk about sexuality with adolescents. Among the key informants, it emerged that most parents wait for their teenage girls to get pregnant before they talk to them about dangers of unprotected premarital sex. Lack of closeness between parents and their teenage girls also emerged. The teachers reported that most of the times, the parents are surprised and are in disbelief when summoned in school to be informed of their children pregnancy status. They admit to the teachers that they had not known that their children were already involved in intimate relationship and that they had not talked to them on sex related issues. One primary school head teacher noted that;

> "*Some parents are not aware of what goes on in their daughter's lives, one day a parent fainted when I called her to inform her of her daughters' pregnancy. I was surprised that she had not known when it was already very clear that the girl was pregnant.'*

4.5.5 Teenage Girls Openness in Sexuality Discussions

The study sought to establish parents view on their teenage girls' openness when discussing with them sexual related issues. Result in Figure 4.10 reveals that majority of parents, 62% reported that their teenage girls are not open to talk with them about sexually related issues and only 37% of parents mentioned that their children are free to talk to them about sex related issues.

Figure 4:10: Parents view on their teenage girls' openness during sexuality discussions



Source: Field Data

The finding in Figure 4.10 could be attributed to teenage girls shying away from discussing sexual issues with their parents for fear of being seen as sexually active by their parents. It could also be due to the fact that teenage girls prefer talking to their age mates rather than their parents on sexuality issues.

An earlier study in Ghana similarly observed that young people are reluctant to discuss sexuality with their parents since they tend to prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality (Kumi-Kyereme, Awusabo-Asare, Biddlecom, Tanle, 2007).

Table 4.9 Association between parent-teen relational closeness, teenage girl Openness and parental comfort, and discussion of sexuality related issues

		Discussing sexuality related issues with teenage girls	
		Yes	No
Closeness between teenage girls and parents	Very close	44	10
	Not very close	52	15
	Not close	13	4
	Total	**109**	**29**
χ^2=0.344df=2P=0.05Not Significant			
Parental Comfort in sexuality discussions	Yes	44	65
	No	2	27
	Total	**46**	**92**
χ^2=11.547 df=1P=0.05 Significant **Cramer's V Test =0.289**			
Teenage girls' openness in discussing sexuality issues	Yes	48	61
	No	4	25
	Total	**52**	**86**
χ^2= 8.922, df=1, P=0.05 Significant Cramer's V=0.254			

Chi Square test of significance was applied to establish the association between, parent and teenage girl relational closeness, parental comfort and teenage girl openness and discussion of sexuality related issues. Regarding parent and teenage girl relational closeness, the chi square test yields a value of 0.344, at two degrees of freedom with a P value of <0.05 which indicates that there was no relationship between parent-teen relational closeness and discussion of sexuality related issues (Table 4.9). On the

contrary, Chi square test of significance also revealed a significant relationship between parental comfort and discussion of sexuality related issues yielding value of 11.547 at one degree of freedom and a P value of 0.05. However, the Cramer's statistical strength test value of 0.289 indicated that although the relationship is significant, the association between parental comfort and sexuality related discussion is weak.

Lastly, the Chi Square test revealed that there was a significant relationship between teenage girl openness and sexuality related discussions by yielding a value of 8.922 at one degree of freedom with a P value of >0.05. However, the Cramer's statistical strength test value of 0.254 indicates that in as much as there is a significant relationship, the association between teenage girl openness and sexuality related discussion is a weak one (Table 4.9) This results reflect the finding of Martino et al., (2008) which revealed that parent-adolescent communication about sex-related topics is easier when the relationship is built on open communication.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter introduces the summary, conclusions and recommendations of this study based on the findings. This study sought to investigate parental involvement in teenage pregnancy prevention. Particularly, the study sought to determine parental involvement in sexual health education, monitoring and supervision of teenage girls and parent-teen communication on sexuality related issues. To investigate these objectives, both quantitative and qualitative data were collected with the use of questionnaire and key informant interviews. This section therefore presents the summary of the key findings of the study, conclusions and recommendations for future interventions.

5.2 Summary of the Key Findings

This section presents the summary of the key findings of the study on the extent to which parental involvement in sexual health education, monitoring and supervision of teenage girls' activities and whereabouts as well as parent-teen communication on sexuality related issues prevent teenage pregnancy in the study area.

5.2.1 Parental involvement in sexual health education

On parental involvement in sexual health education, the study established that majority of the parents 84.78% taught their teenage daughters sexuality related issues while only 15.22% did not as is revealed in (Figure 4.1). However, in as much as most of the parents involved themselves in teaching their daughters about sexual health, the study found that close to half of them, 44.04% started offering sexual health education to their

daughters when they perceived that they had already become sexually active, in which most of them waited until their daughters became pregnant. 22.02% of the parents also reported that they started offering sexual health education once their daughters had attained teen age, 13.76% of the parents started when they saw physical body changes in their teenage daughters, 7.34% of the parents reported that they started teaching their daughters when they saw them associating with sexually active friends and only 12.84% of the parents had started offering sexual health education to their daughters before they attained teen age as shown in (Table 4.3).

The study also sought to find out why some parents did not teach their teenage daughters sexuality related issues. The findings of the study revealed that close to half of the parents 44.83% believed that their teenage daughters were still too young for sexuality education while 24.14% of the parents thought that talking to their daughters about sexuality related issues would make them become sexually active. On the other hand, 17.24% of the parents believed that their daughters were taught about sexuality in school while 13.79% failed to teach their daughters because they thought that that their daughters already knew everything about sexuality as presented in (Table 4.4).

This study also established that there were variations in sexuality related topics taught by parents in Nyatike sub-county. The study findings revealed that more than half of the parents 52.29% taught their daughters about body organs while 47.71% of them did not; slightly more than half 53.21% of the parents also reported that they taught their daughters about premarital sex and its consequences while 46.79% of the parents did not. Moreover, majority of the parents 85.32% taught their daughters about pregnancy and its consequences while 14.68% of the parents did not. The study also found that majority of

parents 64.22% taught their daughters about birth control methods while 35.78% of the parents did not as revealed in (Table 4.5). The most preferred pregnancy prevention methods taught by the parents in the study area was abstinence at 53.21%, followed by condoms at 32.11%. Another 11.01% of the parents told their daughters to avoid male friends as a pregnancy prevention mechanism while only 3.67% of the parents taught their daughters about birth control pills as it emerged in (Table 4.5).

5.2.2 Parental Monitoring and supervision of teenage girls

Regarding parental monitoring and supervision of teenage girls, this study found that close to half 44.93% of the parents knew their daughters' friends. However, majority of the parents 55.07% either knew a few or none of the friends that their teenage daughters had as is revealed in (Figure 4.3).

The study also sought to find out the sources of entertainment used by teenage girls in Nyatike Sub-county. It was revealed that a third of the parents, 35.51%, observed that their daughters liked watching television. This was followed closely by 29.71% who reported that their daughters liked listening to music using various electronic devices while 21.01% of the parents mentioned that their daughters liked watching movies. However, a few of the parents, 8.70% reported that their teenage girls preferred listening to radio while only 5.07% of the parents mentioned that their daughters liked playing ball games. This study also revealed that in as much as most of the teenage girls liked watching television as was observed by the parents, close to three quarters of the surveyed parents, 71.01% had no control over the media contents which their daughters

consumed while only 28.99% reported that they controlled the media contents that their daughters consumed as is revealed in (Figure 4.5).

Regarding parental knowledge of teenage girls' whereabouts, the study found that majority of the parents, 60.9%, did not ask their daughters who they went out with but slightly more than a third, 39.1% of the parents inquired about who their daughters went out with. On the other hand, most of the parents 73.3% reported that they inquired from their daughters about where they were going to whenever they decided to leave home before asking for permission and only 26.8% of the parents did not bother to ask. Most of the parents, 70.1% equally inquired from their daughters about what they were going to do away from home while 29.7% of the parents never bothered to find out what their daughters planned to do away from home as was revealed in (Table 4.6).

The study also sought to find out if the parents knew when their teenage girls had started menstruating. The findings revealed that close to half of the parents 49.28% knew when their daughters were menstruating, however, a good percentage, 41.30% of the parents knew nothing about it. On the other hand, only a few, 9.42% of the parents reported that they rarely knew when their daughters were having their menses as shown in (Figure 4.6). The study also revealed that there was gender difference among the parents who had knowledge and those who had no knowledge of the timing of their daughters' menstrual flows as most of the female parents 44.94% knew. On the other hand, most of the male parents 20.29% did not know as indicated in (Table 4.7).

5.2.3 Communication between Parents and their Teenage girls.

In parent-teen communication, the study sought to establish the level of closeness between parents and their teenage daughters. The study findings revealed that most of the

parents 49% not very close with their daughters. In addition, among the parents who were not very close with their daughters, 13% were males while 36% were females. However, 39% of the parents were very close with their teenage daughters, among which 36% were females and 3% males. Nevertheless, only 12% of parents reported that they were not close at all with their teenage girls, out of which 9% were males and 3% were females as shown in (Table 4.8).

Previous studies observed that parents preferred to be the initiators and dominators of sexual related discussions. Similarly, this study also revealed in (Figure 4.7) that a higher percentage 69.57% of parents were the initiators of sex related discussions with their teenage daughters, 11.59% of the parents also reported that their daughters initiated sexuality discussions, a smaller percentage 4.35% of the parents said that sexuality discussions was iniated by both parents and teenager girls while 14.49% reported that none of them initiated such discussions.

Naturally, for any effective communication to take place, the people involved have to be comfortable with the message. This study revealed that even though most of the parents discussed sexuality related issues with their daughters, majority of them, 66.67% were not comfortable with such discussions. Only 33.33% of the parents were comfortable in discussing sexuality related issues with their daughters as indicated in (Figure 4.8)

Consequently, the frequency of sexuality discussions has been found to be associated with the level of comfort among parents who engage in such discussions. The findings of this study showed that most of the parents, 49.28% sometimes discussed sexuality related issues with their daughters. On the other hand, 24.64% of the parents

agreed that they always discussed sexuality related issues with their daughters. On the contrary, 15.22% of the parents did not discuss sexuality related issues with their teenage girls at all. Nevertheless, 10.87% of the parents had frequent discussions with their teenage daughters on sexuality.

The study also revealed that majority of parents, 62.32% reported that their teenage daughters were not open to talk with them about sexuality related issues and that only 37.68% of the parents mentioned that their daughters were open in sexuality related discussions as was presented in (Figure 4.10).

Finally, this study sought to establish if there was any association between parent-teen relational closeness, teenage girl Openness & parental comfort, and discussion of sexuality related issues. The study found that there was no association between parent-teen relational closeness and discussion of sexuality related issues with teenage girls at (χ^2=0.344 at 2 df and P<0.05). However, there was a weak association between parental comfort and discussion of sexuality related issues with their teenage girls at (χ^2=11.547 at 1df and P>0.05 and Cramers' V value of 0.289. There was also a significant though weak association between teenage girls' openness and sexuality discussion with their parents at **(**χ^2=8.9222 at 1df and P>0.05 and Cramer's V of 0.254) as was revealed in (Table 4.9).

5.3 Conclusions

This study established that many parents offer Sexual Health Education to their teenage daughters. However, the timing of sexuality education is circumstantial with most of them starting when their teenage girls are already sexually active. Also, the most preferred birth control method taught by the parents was abstinence despite the fact that

most of them started teaching their daughters once they were already sexually active and some had even been pregnant and needed to learn about more effective methods of pregnancy prevention like use of condoms and birth control methods like injectable contraceptives and pills.

Regarding Parental Monitoring and Supervision of teenage girls, many parents did not know all their daughters' friends. Most parents were concerned about their daughters' whereabouts but failed to care about who their girls spent time with. Also, important to note is the fact that most parents observed that their teenage girls liked watching television as a source of entertainment. However, they never controlled the contents consumed by their daughters from televisions. The extent of parental involvement in monitoring and supervision of teenage girls in the study area is therefore inadequate to ensure prevention of teenage pregnancy.

On Parent-Teen Communication, the study found that most of the teenage girls are close to their teenage girls. However, being close does not necessarily mean that they will communicate with their girls about sexuality issues. Parent-teen communication on sexuality is dependent on parents' comfort with such discussions and openness of teenage girls. Lack of comfort among the parents and lack of openness among the teenage girls regarding sexuality discussions is therefore the cause of lack of frequent sexuality discussions between the parents and their teenage girls. The extent of parent-teen communication on sexuality issues is therefore not sufficient in ensuring that pregnancies are prevented among the teenage girls in Nyatike Sub-county.

5.4 Recommendations

1. National and Migori county governments should engage parents in workshops to train them on comprehensive sex education and provide them with educational materials and guidelines.
2. The Ministry of Health through the department of Public Health at the county level should develop interventions to promote parental monitoring and supervision of teenage girls.
3. Children's department and Non-Governmental organizations dealing with children issues in Nyatike Sub-County should organize for parent-teen communication workshops to help parents and teens learn new skills and practice important communication techniques.

5.5 Suggestion for further study

1. Research should be done on the barriers of parental involvement in teenage pregnancy prevention.
2. More research should be done in other areas in Kenya to get a wider scope of Parents and other stakeholders involvement in teenage pregnancy prevention.

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APPENDIX I: QUESTIONNAIRE FOR PARENTS

My name is Tabitha Awuor of Reg No. MSOC/8016/2014. I am pursuing Master of sociology degree at Rongo University, School of Arts and Social Sciences. I am currently doing an academic research whose title is **"PARENTAL INVOLVEMENT IN TEENAGE PREGNANCY PREVENTION."** Kindly assist me fill this questionnaire by answering the questions there in to enable me conduct research on the above mentioned topic. I will strictly observe confidentiality.

Section A: Socio- Demographic Information

(Instruction: tick the appropriate choice where asked).

1. Gender of the parents
   a. Male [ ] b. Female [ ]
2. Age of the parents

a) 20-30 years b). 30-40 year c). 41-50 years d). 51-60 years e). 61 & above years

3. Marital status of the parents
   a) Married [ ] b) Divorced [ ] c) Separated [ ] d) Single parent [ ]
   e) Widow [ ] f) Widower [ ]
4. What is your highest level of Education?

a. Primary [] b) Secondary [] c) Middle level college [] d) University [ ]

b. Any other, specify……

5. Employment status
   a) Self employed [] b) Government employee [] c) NGO employee []

d) Not employed [ ] e) Any other, specify……

6. Approximately how much do you earn per month?

a) 0-5000 [ ] b) 5001-10000 [ ] c) 10001-15000 [ ] d) 15001-20000 [ ] e) 20000 & Above[ ]

Section B: Sexual HealthEducation by parents andTeenage Pregnancy Prevention

7. Do you teach your teenage children sexuality related issues?
    a. Yes [ ]
    b. No [ ]
8. If yes in question 7 above, when do you start teaching them?
    a. Before teen age
    b. When they attain teenage
    c. When they become sexually active
    d. When they begin to acquire physical body changes
    e. When they associate with sexually active friends
    f. Any other, specify……..
9. If no in question 7 above, why?

    ……
    ……
    ……
    ……

10. If yes in question 7 above, what do you teach your teenage girls on sexuality?
    a) ……
    b) ……
    c) ……
    d) ……
    e) ……

11. Which is the most preferred pregnancy prevention methods you teach your teenage girls?
    a) ……
    b) …….....
    c) ……
    d) ……
12. Has any of your teenage girls been pregnant before attaining 20 years?

a. Yes [ ] No [ ]

13. If yes, in question 12, how many?

a. One [ ] b. Two [ ] c. Three [ ] d. More than three [ ]

14. Has there been any repeat pregnancies among teenage girls in your household?

a. Yes [ ] b. No [ ]

Section C: Parental Monitoring and Supervision in Teenage Pregnancy Prevention

15. Do you know the friends that your teenage girl have?

a. Yes [ ]

b. No [ ]

16. If No in question 25 above, do you ask your teenage child/children the following;

i. Type of friends she has a) Yes [ ] b) No [ ]

ii. Where she goes to a) Yes [ ] b) No [ ]

iii. What she is going to do a) Yes [ ] b) No [ ]

17. What type of entertainment or recreational activities do your teenage child/children like?

a. Watching television

b. Listening to radio

c. Listening to music

d. Going to movies

e. Swimming

f. Playing ball games

g. Any other, specify…….……...

18. Do you have control on the content of entertainment and recreational activities of your children?

a) Yes [ ]b) No [ ]

19. Do you know the time when your teenage girl child is menstruating?

a) Yes [ ]b) No [ ]

20. If yes in question 19 above, what is your role in her life during this time?

a) ……

b) ……

Part D: The influence of parent-teen communication in prevention of teenage pregnancy

21. In your view, how close are you with your child/children?

a. Very close

b. Not very close

c. Not close at all

22. In case you are close, is your teenage girl open to talk to you about sexuality related issues?

a) Yes [ ] b) No [ ]

23. Are you comfortable when discussing sexuality related topics with your teenage girls?

a) Yes b) No

24. If yes in question 23, how often do you discuss sexuality related issues with your teenage girls?

a. Always

b. Sometimes

c. Rarely

d. Never

25. Who initiates the discussions on sex related issues?

a. Myself

b. The teenager

c. Any other, specify……..

Thank You for your Cooperation.

APPENDIX II: KEY INFORMANT INTERVIEW GUIDE

My name is Tabitha Awuor of Reg No. MSOC/8016/2014. I am pursuing Master of sociology degree at Rongo University, School of Arts and Social Sciences. I am currently doing an academic research whose title is **"PARENTAL INVOLVEMENT IN TEENAGE PREGNANCY PREVENTION."**Kindly give your views on the questions asked herein to assist me answer the research questions. I will strictly observe confidentiality.

Part A:

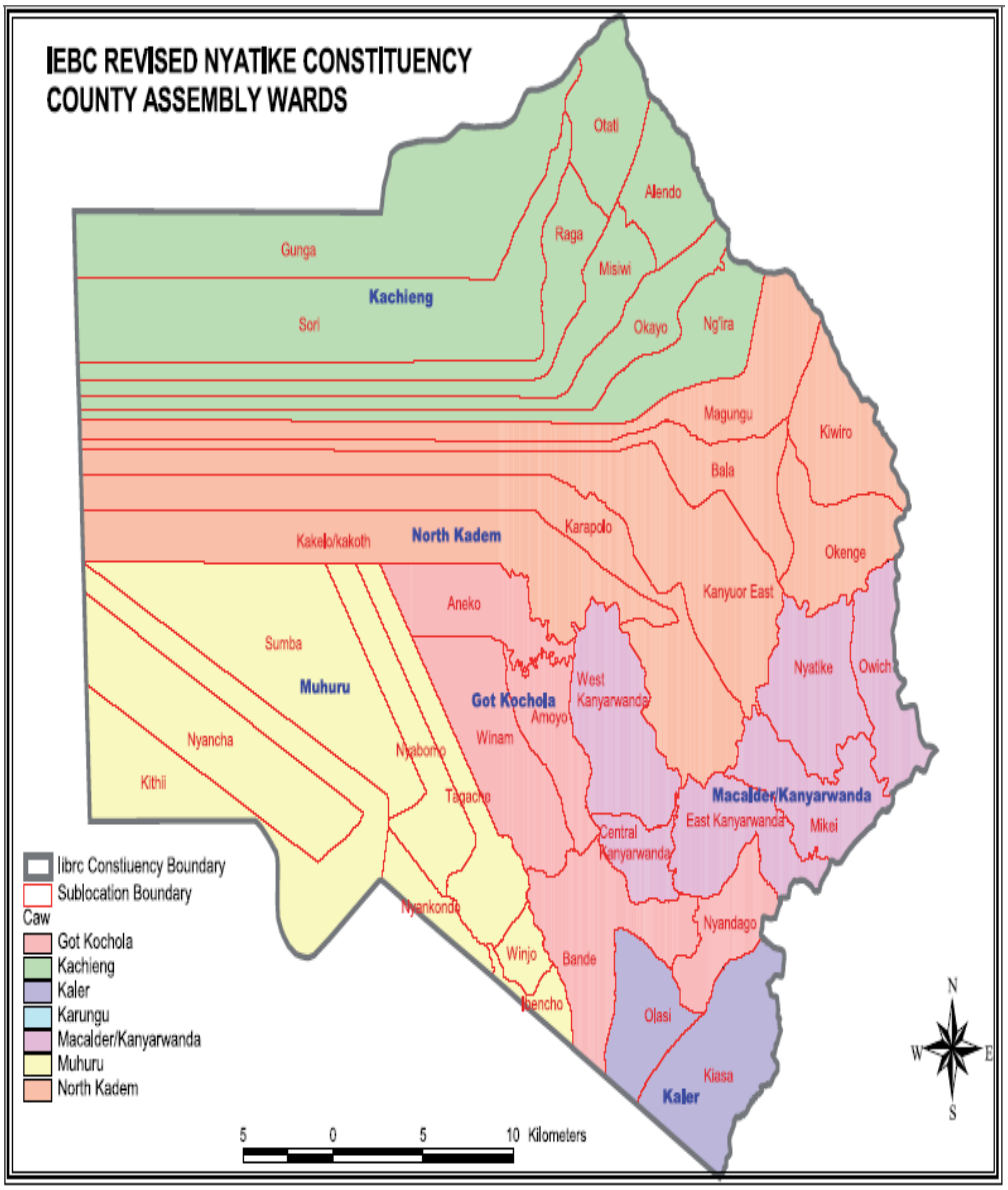
1. What is your opinion about teenage pregnancies in Nyatike Sub-county?
2. Are you aware of the numbers of teenage pregnancies in this area?
3. What are the consequences of teenage pregnancies in this area?
4. In your view, what are the possible causes of teenage pregnancies in this area?

Part B: Parental involvement in teenage pregnancy prevention

1. In your view, what should parents do to prevent teenage pregnancy?
   (Probe for educative roles, supervisory roles and communicative role of parents)
2. In your view, are the parents effective in their involvement in teenage pregnancy prevention?
3. What do you think should be done to enhance parent capacities in preventing teenage pregnancies?
4. What is your view on parent-teen relational closeness in teenage pregnancy prevention?

Thank you.

APPENDIX III: MAP OF THE STUDY AREA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APPENDIX IV: RONGO UNIVERSITY INTRODUCTION LETTER

RONGO UNIVERSITY COLLEGE
Goldmine of Knowledge and Innovation
(A Constituent of Moi University)

OFFICE OF THE DEAN

SCHOOL OF GRADUATE STUDIES

Tel. 0771349741 P.O. Box 103 - 40404
RONGO

Our Ref: **MSOC/8016/2014** **Date:** Wednesday, July 20, 2016

The Chief Executive Officer,
National Commission for Science, Technology & Innovation,
Utalii House,
Off Uhuru Highway, Nairobi,
P.O Box 30623-00100,
Nairobi-KENYA.

Dear Sir,

RE: RESEARCH PERMIT FOR MS. AWUOR TABITHA AUMA-MSOC/8016/2014.

We wish to inform you that the above person is a bona fide graduate student of Rongo University College in the School of Arts and Social Sciences pursuing a Master of Arts degree in Sociology. She has been authorized by the University to undertake research titled; ***"Parental Involvement in Teenage Pregnancy Prevention: A Study of Nyatike Sub-County, Migori County, Kenya."***

This is, therefore, to request the commission to issue her with a research permit to enable her proceed for field work.

Your assistance to her shall be highly appreciated.

Thank you.

Prof. Hezborn Kodero
DEAN, SCHOOL OF GRADUATE STUDIES

Copy to: Principal
Deputy Principal (Academic and Student Affairs).
Dean, School of Arts and Social Sciences.
HoD, Humanities and Social Sciences.

APPENDIX V: NACOSTI RESEARCH AUTHORIZATION

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

NACOSTI/P/16/18716/13089

30th August, 2016

Tabitha Auma Awuor
Rongo University College
P.O. Box 103-40404
RONGO.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Parental involvement in teenage pregnancy prevention: A study of Nyatike Sub-County, Migori County-Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Migori County** for the period ending **26th August, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Migori County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Migori County.

The County Director of Education
Migori County.

APPENDIX VI: NACOSTI RESEARCH CLEARANCE PERMIT

THIS IS TO CERTIFY THAT:
MS. TABITHA AUMA AWUOR
of RONGO UNIVERSITY COLLEGE,
0-40401 sori,has been permitted to
conduct research in *Migori County*

on the topic: *PARENTAL INVOLVEMENT IN TEENAGE PREGNANCY PREVENTION: A STUDY OF NYATIKE SUB-COUNTY, MIGORI COUNTY-KENYA.*

for the period ending:
26th August,2017

Permit No : NACOSTI/P/16/18716/13089
Date Of Issue : 30th August,2016
Fee Recieved :Ksh 1000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
2. Government Officer will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

HARAMBEE

REPUBLIC OF KENYA

NACOSTI

National Commission for Science, Technology and Innovation

RESEACH CLEARANCE PERMIT

Serial No.A 11870

CONDITIONS: see back page

APPENDIX VII: COUNTY COMMISSIONER AUTHORIZATION LETTER

OFFICE OF THE PRESIDENT

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telephone: (059) 20511
FAX (059)20361
Email:
countycommissionermigori@yahoo.com

OFFICE OF THE COUNTY COMMISSIONER
MIGORI COUNTY
P.O. BOX 2 - 40400
SUNA- MIGORI.

When replying please quote

Ref. No: ED.12/19 VOL.I/188

Date: 1st December, 2016

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION

Tabitha Auma Awuor NACOSTI/P/16/18716/13089 a student at Rongo University College has been authorized to carry out research on ***"Parental involvement in teenage pregnancy prevention: A study of Nyatike Sub-county, Migori County, Kenya"*** for the period ending 26th August, 2017.

Assist her as it is a major requirement for partial fulfillment for the award of Masters in Sociology.

COUNTY COMMISSIONER
P.O BOX 2 – 40400
SUNA – MIGORI
MIGORI COUNTY

PETER G. MUTU
FOR: COUNTY COMMISSIONER
MIGORI COUNTY

CC
The County Director of Education
MIGORI COUNTY

APPENDIX VIII: MINISTRY OF EDUCATION AUTHORIZATION LETTER

MINISTRY OF EDUCATION

State Department of Education

Telephone: (059) 20420
Fax: 05920420
When replying please quote

COUNTY DIRECTOR OF EDUCATION
MIGORI COUNTY
P.O. Box 466-40400
SUNA – MIGORI

REF: MIG/CDE/ADMN./1/VOL.III/207

DATE:1st December, 2016

TABITHA AUMA AWUOR
Rongo University College
P.O. Box 103-40400
RONGO

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"parental involvement in teenage pregnancy prevention: A study of Nyatike Sub-county, Migori County Kenya"***. I am pleased to inform you that you have been authorized to undertake research in **Migori County** for a period ending 26th **August, 2017.**

On completion of the research, you are expected to submit one hard copy and a soft copy of the research report/Thesis to this office.

Thank you.

Asyago B. A. (Mrs.)
County Director of Education
MIGORI COUNTY