



INFLUENCE OF PARENTING STYLES AND OTHER FACTORS ON RISKY SEXUAL BEHAVIORS AMONG TEENAGE MOTHERS IN SECONDARY SCHOOLS IN KAJIADO COUNTY, KENYA

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Abstract: *Parenting styles help in guiding children as they develop into adults, and each style has an important implication for children's future functional development. This means that parenting plays a principal role in child socialization, providing an early understanding of identity. The purpose of this study was to examine the influence of parenting styles and other factors on teenage pregnancies among teenage mothers in Kajiado County. The study specifically sought to establish the influence of authoritative parenting style, authoritarian parenting style, permissive parenting style and uninvolved parenting style among teenage mothers in public schools in Kajiado County. The study adopted a concurrent mixed-method with a sample population of 340 participants, 298 teenage mothers, 20 parents and 22 high school Heads of counselling department. Two sub counties were selected based on the increased cases of teenage pregnancy. The study used census sampling technique to select 298 teenage mothers from the schools in Kajiado North and Kajiado west sub-counties. Systematic sampling was used to select parents on the list of the cases recorded at the sub-county offices and counseling teachers was automatically be include from 22 schools. The study employed a modified Parenting Style Four-Factor Questionnaire and interview schedule to measure parenting styles as perceived by the teenagers. The Adolescent Clinical Sexual Behaviors Inventory (ACSBI-S) tool was adopted to collect the respondents' data on teenage sexual activities. Data from the semi-structured interview guides were coded and analyzed using thematic analysis and presented in verbatim. Pearson correlation was used to test relationships between independent and dependent variables. The study findings revealed that there was a weak negative significant relationship between authoritative parenting style and sexual interest ($r = -.166$; $p < 0.05$), Sexual knowledge ($R = -187$; $p < 0.05$), Sexual risks ($r = -.222$; $p < 0.05$), and concerns about appearance ($r = -.275$; $p < 0.05$), However there was no significant correlation between authoritative parenting style and sexual discomfort ($r = -.043$; $p > 0.05$). The study found that besides parenting styles, there are other factors influencing teenager risky sexual behavior among students including socio-economic factors, Peer influence, Social media, Family support, School factors. Based on the findings, the study suggests all stakeholders in education to promote accurate sexual health knowledge, positive attitudes towards responsible sexual behaviors, effective communication within families, and supportive peer networks as crucial strategies in reducing risky sexual behaviors among students.*

Keywords: *Parenting styles, parenting styles influence, Teenage Sexual Behaviors, teenage mothers pregnancies, Teenage mothers*

INTRODUCTION

Adolescence is a crucial period in which teenagers undergo significant physical, emotional, and cognitive changes. Sexual development is an integral aspect of this transition, making it essential for parents to guide and support their teenagers as they navigate their sexual identities and relationships. Parenting styles, characterized by the level of responsiveness and control exhibited by parents, can significantly influence how teenagers approach sexuality. Parenting styles play a critical role in shaping the attitudes and behaviors of adolescents, particularly in the context of sexuality and sexual behaviors. Adolescent pregnancies are associated with disadvantaged social and economic circumstances (Sedgh, Finer, Bankole, Eilers, & Singh, 2015). This issue is recognized as a significant global public health concern (World Health Organization, 2018). In low and middle-income countries, it is estimated that approximately 21 million adolescent girls aged 15-19 years become pregnant, with around 16 million giving birth annually (Darroch et al., 2016; Ahinkorah, Kang, Perry, Brooks, F., & Hayen, A. (2021). By 2030, global rates of adolescent pregnancy are projected to rise, particularly in sub-Saharan Africa (United Nations Population Fund, 2013). Africa currently has the highest rates of teenage pregnancy worldwide (Worldatlas, 2017). Within the sub-Saharan Africa region, high prevalence rates are observed, such as 16.3% in Eastern Africa, 27.9% in Western Africa, and 28.9% in Southern Africa (Odimegwu & Mkwanzani, 2016).

Adolescent girls, particularly in Sub-Saharan Africa, bear a disproportionate burden of sexual and reproductive health challenges (Yakubu & Salisu, 2018; Ahinkorah, Kang, Perry, Brooks & Hayen (2021). The prevalence of high adolescent pregnancies in low- and middle-income countries is a pressing issue with adverse health and social consequences (Wado Sully & Mumah (2019). Adolescents who become pregnant are at a heightened risk of experiencing pregnancy-related complications, including unsafe abortion, and are more likely to become young mothers for a second time (WHO, 2021). Moreover, infants born to adolescent mothers face increased risks of prematurity and perinatal mortality (Odimegwu & Mkwanzani, 2016). Compared to infants born to women aged 20 to 24, babies born to adolescent mothers are at a significantly higher risk of mortality (United Nations Population Fund, 2015). Additionally, these infants are vulnerable to malnutrition, impaired mental and physical development, limited social connections with parents, and educational deficiencies (World Health Organization, 2018).

The family environment and parental influences also have a significant impact on teenage sexual behaviors. Parenting styles and communication play crucial roles in shaping the sexual behaviors of teenagers. Authoritative parenting, characterized by warmth, support, and clear expectations, has been associated with lower sexual risk-taking behaviors among adolescents. In contrast, authoritarian, permissive, or neglectful parenting styles have been linked to higher rates of risky sexual behaviors. Open and supportive communication between parents and teenagers about sexual health and contraception is essential (Odimegwu & Mkwanzani, 2016). Adolescents who feel comfortable discussing these topics with their parents are more likely to make informed decisions and engage in responsible sexual behaviors. Furthermore, parental monitoring, including

knowledge of teenagers' whereabouts, activities, and peers, has been shown to reduce the likelihood of engaging in risky sexual behaviors (WHO, 2021). According to the exiting research, teenage mothers who have experienced authoritative parenting are more likely to exhibit responsible sexual behaviors. Authoritative parents typically engage in open and supportive communication with their children about sex and relationships, providing accurate information and guidance. As a result, teenage mothers who come from authoritative households may have a better understanding of contraceptive options, safer sex practices, and the importance of planning future pregnancies.

Research has shown that teenage mothers who experienced authoritarian parenting tend to have higher rates of risky sexual behaviors. A study by Marhefka et al. (2019) found that adolescents raised in authoritarian households were less likely to have open discussions about sex and contraception with their parents, leading to a lack of sexual knowledge and increased risk of engaging in unprotected sex. In addition, studies have indicated that permissive parenting is associated with early sexual initiation among teenage mothers. A longitudinal study by Meade et al. (2021) found that adolescents raised in permissive households were more likely to engage in sexual activity at a younger age compared to those from authoritative households, indicating a possible link between permissive parenting and early sexual debut among teenage mothers.

The impact of neglectful parenting on teenage mothers' reproductive health has also been highlighted in various studies. A systematic review by Santelli et al. (2020) found that adolescents with neglectful parents were less likely to have access to comprehensive sex education and family planning services, leading to higher rates of unintended pregnancies and limited use of contraception. By understanding the influence of parenting styles on teenage mothers' sexual behaviors, interventions and support systems can be developed to empower these young women to make informed decisions about their sexual health and well-being. It highlights the importance of providing comprehensive sex education and parental support to promote responsible sexual behaviors and positive reproductive health outcomes among teenage mothers.

In Kajiado County, where the Maasai community predominates, the interplay of parenting styles and cultural norms plays a crucial role in shaping the sexual behaviors and reproductive health outcomes of teenage mothers. Traditional Maasai cultural norms uphold early marriage as a prevalent practice, where teenage girls may be married off at a young age to preserve cultural traditions, maintain family honor, and strengthen alliances (Talle, 2019). Within this cultural context, parenting styles are often influenced by these norms, leading to authoritarian approaches where strict adherence to cultural expectations is emphasized, and open discussions about sensitive topics like sex and relationships are limited. For teenage mothers in the Maasai community, these cultural norms shape their perception of motherhood, viewing it as a social norm and a symbol of maturity and responsibility. Consequently, their reproductive choices and family planning decisions may be influenced by these beliefs, impacting their sexual behaviors and access to reproductive health services. As interventions are developed to support teenage mothers in Kajiado County, a culturally sensitive approach is essential, recognizing the significance of traditional

norms while promoting comprehensive sex education and empowering these young mothers to make informed decisions about their sexual health and well-being. As such, this study intended to examine the Influence of Parenting Styles and other factors on Teenage Sexual Behaviors among the Teenage Mothers in Kajiado County, Kenya

METHODOLOGY

Study Design

The study used mixed method specifically concurrent design. The convergent parallel method design was useful in this study because it helped to collect simultaneously the quantitative and qualitative data from the same respondents. The assumption for this method was that what was not captured by the quantitative approach will be picked by the qualitative approach and vice versa. Concurrent design was useful for this research because the integration of qualitative and quantitative data is used to create an excellent insight beyond the information provided by either quantitative or qualitative data, therefore the design was used to overcome the weakness of either method with the strength of the other (Creswell (2018; Ngumbi (2015). For quantitative research the study employed cross-sectional study. Cross-sectional study design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time. This design was open and responsible for magnificent data collection from the respondents (Setia, 2016).

The qualitative dimension was approached using phenomenology. This is because it afforded the researcher “a wealth and depth of information which is not usually afforded by other methods” (Astalin, 2013). Among the hallmarks of phenomenology, as with any other qualitative design, is its concern with a rich and vivid description and chronological narrative of facts and events relevant to the case (Cohen, Manion, & Morrison, 2013). Not only does it enhance quantitative approaches, it allows for an in-depth appreciation of the phenomenon under investigation from the research participants’ perspective in light of the particular institutional and cultural context – aspects which would be lost if conclusions are drawn based on quantitative methods alone (Palmer & Bolderston, 2018).

Target Population

The study targeted all pregnant and teenage mother students in public secondary schools, teacher counselors and parents in Kajiado North and Kajiado west sub- Counties. The total number of public secondary schools in the two sub counties in Kajiado County stands at 22 secondary schools (CEO, 2020). According to the records at the county education office the girls who were reported to be pregnant in the year 2021 were 298 girls (Kurgat Marindany, 2021). Therefore, the target population was 298 students, 22 parents and 22 teacher counselor from the 22 public schools. Research used targeted group of participants in public secondary schools because it would be difficult to find these teenagers at home because some may have gone too far schools while others may have been married.

Sampling Procedures and Sample Size

In order to obtain a representative sample, different techniques were used.

The students from the sub county selected were selected using census technique because the study was only targeting the teenagers who are mothers or the pregnant one. A census is an attempt to gather information about every member of some group, called the population (Singh, and Masuku, 2014). This means all the participants in the two sub counties were used.

The parents were purposively sampled. The sample size of parents and teacher counselors was 30% of their respective target population. Each group consisted of 6 participants. Purposive sampling was used to get 6 parents because of the limited resources and time of getting all the parents. Also, most of the data required was given by the teenagers so a small sample of parents was required to spice up the data from the teenagers.

Table 1

Sampling matrix

Category of Respondents	Target Population	Sample size	Sampling Technique
Sub-counties	2	2	Automatic inclusion
Schools	22	22	Automatic inclusion
Students	298	298	Census
Parents	22	6	Systematic
Teacher counsellors	22	6	Automatic inclusion
Total		334	

Data Collection Instrument

The study employed three data collection instruments: general information questionnaire, a modified parenting style four-factor questionnaire (PSFFQ), Focused group guide and interview guide. Primary data was collected through questioning and interviewing respondents. Both self-administered questionnaires and interview guides were used. Close ended questions were used to collect data from 298 students for the quantitative data after which they were again put into groups for discussion.

The Adolescent Clinical Sexual Behaviors Inventory - Self Report (ACSBI) was also an indispensable tool for the study. The screening tool was crafted to allow assessment of sexual related behaviors within diverse clinical populations. The ACSBI has found immense relevance when assessing the sexual interest, sexual risk taking, sexual avoidance and discomfort, and conformity to sexual behaviors. It is a vital tool in devising intervention measures for detrimental behaviors. The tool is based on the Child Sexual Behaviors Inventory (CSBI), which is extensively used in analyzing sexual behaviors among children aged between 2 and 10.

Data Collection Technique and Procedure

Prior to data collection an authorization letter from the psychology department at The Catholic University of Eastern Africa was collected. This was used to process a research permit from the National commission for science and technology and innovation (NACOSTI). The letter of introduction also enabled the researcher get approvals from the director of education to allow the researcher to collect data from the schools. Approval to conduct research in Kajiado County was issued by the county education officer. Similarly, addition approval to collect data from each of private and public schools was sought.

The researcher prepared a letter of introduction to accompany the questionnaires and interview schedules so as to assure the correspondent of confidentiality. In instances where the respondent is not clear the researcher volunteered to offer any clarification sought. To ensure uniformity, the same questionnaire was administered to all respondents. The researcher worked very closely with head teachers and class teachers who helped in reaching out to the learners.

Data Analysis Procedure and Presentation

Collected data was checked to ensure that it completed, accurate and reasonable. This is to improve on quality through data cleaning and correction of detected errors and omissions. Quantitative data was organized and analyzed depending on the categorization of the research questions using descriptive statistics such as frequency tables, means and standard deviations. Descriptive statistics was used because it details the lived experiences in depth, it is simple to understand and easier to make the results known to a variety of readers (Kothari,2012). Qualitative data was analyzed by arranging responses obtained in the study according to the research questions and objective of the study for content/ thematic analysis (Kothari & Garg, 2019). Thematic analysis (TA) was employed to classify forms of meaning across a dataset that responds to the research question addressed. Statistical Package for Social Science (SPSS) version 24.0 helped analyze collected data and then present in frequencies and percentages and summarize in tables and figures. Correlation analysis was used to test the relationship between variables: Parenting styles and teenage pregnancies.

RESULTS

Demographic Characteristics of the Respondents

Regarding the class of the students, slightly more than a third (38%) of the respondents who took part in the study were in form one, 25.3% of them were from form four, these shows that the majority of the teens who were mothers were from form ones and fours compared to the form threes who made up for 19.5%. Similarly, the number of form twos were low with a percentage of 17.2%.

With reference to the age bracket, less than a third (28.5%) of the students who took part in the study were 16 years old. This was attributed to the age at which most of the participants are either in form three or four and this is usually the age where they have perfected the art of sexual

relationships. Only 24.4% of the students were 17 years of age. The least percentage of the age group of students who took part in the study was 9%. The students from this group were of 14 years of age.

Category of school was also another factor that was assessed in this study. It was found that majority (62.4%) of the students in the quantitative aspect of the research study were from mixed day.

With Regards to the person (s) the students stayed with at home, more than a half (57%) of the students who took part in the study stayed with both parents. Those with single mothers were 23.5%, while those with single fathers were represented by 3.2%.

Regarding the gender distribution of parents/ Guardian who took part in the study, 4 of them were female, while 2 of them were male.

Regarding the age bracket, those between the ages of 36-40 years was 1. Those whose age bracket ranged from 41-45 years were 2, while those who were of the age bracket of 46 and above were 3 parents/guardians.

About the educational level, 5 parents had attained tertiary education level, while only 1 had attained secondary school educational level.

With reference to occupation, 3 of the parents were business men and women, 2 of them, while only 1 was a farmer. Students whose parents were in business were the majority and this could be attributed to the fact that maybe they spent much of the time away from family which contributed to them being unavailable to guide their children.

Regarding communication, discussions about sex amongst Kenyan parents and their children were scarce and often took place well after their sexual debut.

Regarding their marital status, 1 of the parents was married, 2 divorced, 2 single and only 1 widowed.

Influence of Parenting Styles on Teenage Sexual Behaviors among the Teenage Mothers

Parenting Styles

The study sought to find out whether students' parenting styles had a relationship with teenage sexual behaviors. Pearson correlation analysis was run to determine the relationship and the findings are presented in table 1.

Table 1
Correlation between Parenting Styles and Teenage mothers Sexual Behaviors

		Authoritative Parenting Style	Authoritarian Parenting Style	Permissive Parenting Style	Uninvolved Parenting Style	Sexual Interest	Sexual Knowledge	Sexual Risks	Sexual Discomfort	Concerns about Appearance
Authoritative Parenting Style	Pearson Correlation	--								
	N	221								
Authoritarian Parenting Style	Pearson Correlation	-.280**	--							
	Sig. (2-tailed)	.000								
	N	220	220							
Permissive Parenting Style	Pearson Correlation	.557**	-.203**	--						
	Sig. (2-tailed)	.000	.003							
	N	221	220	221						
Uninvolved Parenting Style	Pearson Correlation	-.116	.313**	-.004	--					
	Sig. (2-tailed)	.085	.000	.956						
	N	221	220	221	221					
Sexual Interest	Pearson Correlation	-.166*	.164*	-.119	.046	--				
	Sig. (2-tailed)	.014	.015	.079	.497					
	N	221	220	221	221	221				
Sexual Knowledge	Pearson Correlation	-.187**	.169*	-.088	.119	.510**	--			
	Sig. (2-tailed)	.005	.012	.192	.078	.000				
	N	221	220	221	221	221	221			
Sexual Risks	Pearson Correlation	-.222**	.264**	-.089	.285**	.381**	.360**	--		
	Sig. (2-tailed)	.001	.000	.186	.000	.000	.000			
	N	221	220	221	221	221	221	221		
Sexual Discomfort	Pearson Correlation	-.043	.148*	-.097	.130	-.256**	-.197**	-.074	--	
	Sig. (2-tailed)	.525	.028	.149	.054	.000	.003	.271		
	N	221	220	221	221	221	221	221	221	
Concerns about Appearance	Pearson Correlation	-.275**	.179**	-.234**	-.003	.238**	.169*	.233**	-.069	--
	Sig. (2-tailed)	.000	.008	.000	.969	.000	.012	.000	.308	
	N	221	220	221	221	221	221	221	221	221

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

The study indicated that there was a weak negative significant relationship between authoritative parenting style and sexual interest ($r = -.166$; $p < 0.05$), Sexual knowledge ($R = -.187$; $p < 0.05$), Sexual risks ($r = -.222$; $p < 0.05$), and concerns about appearance ($r = -.275$; $p < 0.05$). However there was no significant correlation between authoritative parenting style and sexual discomfort ($r = -.043$; $p > 0.05$). This implies that when parents talk to the teenagers the more they are exposing them to sexual interests, risks, knowledge and concerns about appearance. Maybe it could be they are interested to know experiment what they are being warned against

With respect to authoritarian parenting style the study reported a weak negative significant relationship between authoritarian parenting styles and all the sexual behaviors; sexual interest ($r = -.164$; $p < 0.05$), Sexual knowledge ($r = -.169$; $p < 0.05$), Sexual risks ($r = -.264$; $p < 0.05$), Sexual discomfort ($r = -.148$; $p < 0.05$), and Concerns about appearance ($r = -.179$; $p < 0.05$). This implies that when the teenage mothers are warned and discouraged from the sexual behaviors the more they engage in them.

Regarding permissive parenting style there was no significant relationship between permissive parenting style and Sexual interest ($r=-.119$; $p > 0.05$), Sexual knowledge ($r=-.088$; $p > 0.05$), Sexual risks ($r=-.089$; $p > 0.05$) and Sexual discomfort ($r=-.097$; $p > 0.05$). However, there was a weak negative significant relationship between permissive parenting style and concerns about appearance ($r=-.234$; $p < 0.05$). This indicates that when teenage mothers were given freedom to do what they wanted the more they refrain from the sexual behaviors.

Lastly with respect to uninvolved (Neglectful) parenting style there was relationship between uninvolved parenting styles and Sexual interest ($r=-.046$; $p > 0.05$), Sexual knowledge ($r=-.119$; $p > 0.05$), and Sexual discomfort ($r=-.130$; $p > 0.05$). However, there was a significant relationship between uninvolved parenting style and Sexual risks ($r=-.285$; $p < 0.05$) and concerns about appearance ($r=-.238$; $p < 0.05$).

Other Factors

Besides parenting styles, the study went further to examine other factors that determine risky sexual behaviors among students in secondary schools in Kajiado, These included socio-economic factors, Peer influence, Social media, Family support, School factors and area of residence. Responses were sought from teachers, students and parents.

Teacher Counselors' Responses

On teachers responses regarding social factors related to teenage sexual behaviors among teenage mothers in public secondary schools, the following key findings emerged:

Teacher-Student Communication: The majority of teachers reported that they have open lines of communication with their students regarding personal matters, including relationships and sexuality. However, some teachers noted that students may be hesitant to discuss these topics openly.

Parental Involvement: Teachers reported varying levels of parental involvement in discussing safe sex, contraception, and sexually transmitted infections. While some parents/guardians are actively engaged in these conversations, others may provide limited or no guidance in this regard.

Peer Influence: Teachers acknowledged that friends and peers exert a significant influence on students' decisions regarding sexual activity. They highlighted the need for positive peer relationships and the promotion of healthy behaviors among students.

Sexual Education Programs: Teachers noted the importance of extracurricular activities and community programs that promote sexual health education and awareness. However, they highlighted that the availability and effectiveness of such programs may vary across different schools and districts.



Financial constraints impact parental involvement: Many teachers noted that economic challenges often limit parental involvement in their children's lives, including discussions about sexual behaviors. Parents struggling with financial constraints may have less time and resources to engage in open conversations or provide appropriate guidance on the topic.

Limited access to comprehensive sex education: There was no significant difference between adolescents who got abstinence-only instruction and those who received comprehensive sex education in terms of their likelihood to disclose teen pregnancy.

Increased stress and emotional strain: according to TC2, 2023 and TC4, 2023, majority of the young moms get monetary welfare support and are subject to new policy requirements for their residency status and attendance at school. Upon more clarity, TC2 had the following to say:

Despite the fact that the majority seem to be complying with the new welfare standards and are content with their existing living situation, many are performing poorly on measures of psychological well-being and life stress. Receiving cash assistance is not a highly significant predictor of academic achievement, parenting stress, or financial pressure. Living with their mothers as teenagers does not seem to protect them from experiencing child care issues, depressive symptoms, or domestic violence. We go into how the findings affect teen parent families in terms of research, policy, and assistance (TC2, 2023).

Teachers observed that financial strain often results in heightened stress levels within households, making it difficult for parents to address sensitive topics effectively.

Media influence and commercialization: Teachers raised concerns about the impact of economic factors on media and advertising, which heavily shape teen perceptions of sexuality. One of the teachers had the following to say:

Limited financial resources may expose teens to media content that promotes risky behaviors or portrays unrealistic ideals, contributing to challenges in promoting responsible sexual behaviors (TC3, 2023).

Inadequate support systems: Teachers emphasized that economic challenges can limit the availability of support systems for parents and teens. Regarding this point, one of the teacher councilors had the following to say:

Lack of access to community resources, counseling services, and affordable healthcare hinders parents' ability to seek guidance and support in addressing teen sexual behaviors (TC6, 2023).

Students Responses

Based on the responses from the interviewed students regarding social factors related to teenage sexual behaviors among teenage mothers in public secondary schools, the following trends were observed:

Communication with Parents/Guardians: A daughter's increased risk of becoming pregnant in her teenage years is also influenced by young mothers' lack of emphasis on their kids' education. Regarding this point, one of the students from the FGD had the following to say:

Children from single-parent families, particularly those headed by women, are more likely to suffer from conduct disorder, especially females who lack positive role models. These females are more vulnerable to early sexual initiation and the risks that come with it (FGD 1, 2023).

Conduct disorders: Teenage pregnancies are also more likely to occur in girls with conduct disorders. This was noted by one student during the discussion, who had the following to say:

Teenagers who live with both parents, communicate with them about sex, and believe that their parents are closely watching them are less likely to report engaging in high levels of sexual risk-taking (FGD 1, 2023).

A significant number of students indicated that they rarely or never communicate with their parents/guardians about personal matters, including relationships and sexuality.

Safe sex: On parental guidance on safe sex, the majority in the group reported receiving limited or no discussions about safe sex, contraception, and sexually transmitted infections from their parents/guardians.

Peer influence: Regarding the peer influence from friends, students in the group from the FGD acknowledged that their friends have a moderate to significant influence on their decisions regarding sexual activity.

When asked about their involvement in sexual health programs, students in the group reported their involvement in extracurricular activities or community programs that promote sexual health education and awareness.

Religious factors: On whether cultural/religious influences played a role, students in the group noted that cultural or religious factors have a significant impact on their attitudes and behaviors regarding sex and relationships.

Regarding comfort seeking information, students reported feeling somewhat or very comfortable seeking information about sexual health and contraception from healthcare providers or school counselors.

Peer pressure: When asked about their personal experiences, students in the group reported experiencing some form of peer pressure regarding sexual activity, while 2 reported instances of sexual abuse or coercion. Additionally, one of the student in the group felt stigmatized or judged due to her status as teenage mother.

When asked about family support, one of the student had the following to say:

Whenever I have a problem I go to my parents for advice and this has made me to free with them. I feel disappointed because let them down. My mum guides me in all issues including relationships. Even after conceiving and giving birth my parents never rejected me. My mum has always supported me. My mum encourages me to share anything without hiding (FGD, 2023)

Parents Responses

In an interview with parents regarding the factors related to risky sexual behaviors among teenage mothers in public secondary schools in Kajiado, the following key findings emerged:

Limited access to contraceptives and reproductive health services: 3 parents insinuated the following: Youth require more in-depth education on contraception as well as improved awareness on sexual and reproductive physiology. Although there is a place for tools to improve information accuracy and availability in the clinic environment, initiatives to ensure that services are teen-friendly and do not stigmatize teen sexual behavior must also be implemented.

Many students acknowledged that economic constraints can make it difficult for some families to afford contraceptives or access reproductive health services. This lack of accessibility may contribute to higher rates of unintended pregnancies or risky sexual behaviors among teens.

Limited exposure to comprehensive sex education: regarding the availability of exposure to sex education, one of the parents had the following to say:

Youth require more in-depth education on contraception as well as improved awareness on sexual and reproductive physiology. Although there is a place for tools to improve information accuracy and availability in the clinic environment, initiatives to ensure that services are teen-friendly and do not stigmatize teen sexual behavior must also be implemented (TP3, 2023).

Media and societal pressures: Parents from the interview reported that media have a significant impact on adolescent views, intentions, and behaviors.

Income status of the parents contributed to the behavior of their children, most of them agreed that it does both positively and negatively. Most of the parents whose children were in day school

reported that if they were employed they would take their children to better schools because they felt that day schooling had a bad influence on their behavior.

DISCUSSION

Ability to behave according to stipulated rules gives them more confidence in relating with peers and other people in the society.

Khasakhala, Ndeti, Mutiso, Mbwayo, and Mathai,(2012), observed that a relationship with parents who are the first authority children over encountered determined future relationships with all other forms of authority. Changanwa, Ndurumo, Barasa, and Poipoi, (2012) recorded a significant relationship between authoritative (democratic) parenting style and alcohol abuse in Kaiosi college, Kenya though the sample used rather small. The study found out a higher percentage of students who abused drugs in the college had authoritative parents. This was attributed to unsupervised free time at students who had more leisure. Drugs were therefor taken as a form of leisure time taking more alcohol.

Most teenage mothers indicated that they did not talk about sex at home - not with their mothers nor with anybody else. They were afraid to talk to their parents for fear of becoming an object of scorn, or being beaten, or because it was embarrassing. Most teenage mothers said that even if they are free with their parents in terms of other issues very few said are free to talk to their parents. Only one person indicated having talked to her mother about sex and another girl said she talked to her friends about sex. A few teenagers reported 'talking about pregnancy' with their guardians but this did not seem to be in-depth. This was due to parent or student related factors. Some students deliberately withheld information from parents while others avoided particular sensitive topics or parents to discourage communication. According to students, it was attributed to fear of reaction from parents, having nothing much serious to talk about with parents, belief that their opinion might never be considered, fear of being considered foolish by parents if they asked questions raised some concerns, as one of the participants in a focused group discussion said " my father always insists that his opinion is better than anyone else...." The study findings appear to be in line with an observation by Bastien et al, who reported that lack of sex communication, either with parents or with other family members or friends, is not surprising. Studies elsewhere in sub-Saharan Africa have found significant barriers to communication about sex (Bastien, Kajula, and Muhwezi 2011). Parents are reluctant to discuss more than the adverse consequences of sexual activity, and maternal communications about sex are frequently restrictive and moralistic in tone (Bastien, Kajula, and Muhwezi 2011; Manu et al. 2015).

Except for one student who was happy with the pregnancy because either she had wanted a baby or the pregnancy offered proof of her fertility, all others were shocked, saddened or unhappy to hear the news.

However, a few parents had been happy to learn of their daughters' pregnancy because they needed a baby from her before they could arrange a marriage - participants explained that expecting a daughter to give birth before marrying is a cultural practice among the Maasai tribe, made necessary when the parents do not have a male child to inherit the family heritage.

For some students, when their boyfriends denied being the father of the pregnancy, they contemplated abortion but did not do it because others had cautioned against it.

When asked about parental reaction on the respondents' pregnancy, one of them had the following to say; "My parents were sad with me when I got my pregnancy because I was still a small girl and got my pregnancy"

When asked about social factors related to teenage sexual behaviors among teenage mothers in public secondary schools, the students' parents gave the following social factors:

Relationship with Parents/Guardians: The relationship between teenage mothers and their parents or guardians can have an impact on their sexual behaviors. While individual experiences can vary widely, factors such as cultural background, personal beliefs, and family dynamics can greatly influence the level of communication and support provided (Dilebo, Lebeso, Ramathuba & Makhado, 2020). Building open, non-judgmental lines of communication and access to comprehensive sex education and reproductive health services are crucial in supporting teenage mothers and helping them make informed decisions regarding their sexual behaviors. The parent described the relationship as moderately close and supportive. When teenage mothers have a moderately close and supportive relationship with their parents, it can have several positive impacts on their sexual behaviors and overall well-being. A moderately close and supportive parental relationship can positively influence the sexual behaviors of teenage mothers, helping them make healthier choices and navigate their teenage years and parenthood with greater support and guidance (Cardwell, Mazerolle & Piquero, 2020).

Communication with Parents/Guardians: A daughter's increased risk of becoming pregnant in her teenage years is also influenced by young mothers' lack of emphasis on their kids' education. Children from single-parent families, particularly those headed by women, are more likely to suffer from conduct disorder, especially females who lack positive role models aspire to. These females are more vulnerable to early sexual initiation and the risks that come with it. Teenage pregnancies are also more likely to occur in girls with conduct disorders (Gavin, Williams, Rivera & Lachance, 2015). Teenagers who live with both parents, communicate with them about sex, and believe that their parents are closely watching them are less likely to report engaging in high levels of sexual risk-taking. According to the study, many parents reported occasional communication with their teenage child about personal matters, including relationships and sexuality.

Parental Discussions about Safe Sex: According to Muhwezi et al (2015), a better knowledge of teenagers' sexual conduct may result from knowing what parents talk about with their kids and how they talk about it. Comparably parents reported that having occasional conversations about



safe sex, contraception, and sexually transmitted infections with their teenage child will help them understand their children's behavior and attitude towards sex.

Peer Pressure: The idea of "pro-early childbearing" communities revolves around the role of peers and other social actors in neighborhood settings. Young people, particularly those who live in disadvantaged areas with limited social mobility opportunities, may be particularly susceptible to peer pressure and the influence of others in their communities (Mollborn, Domingue & Boardman, 2014; El Kazdough, El-Ammari, Bouftini, El Fakir & El Achhab, 2019). This is evident in my study where a lot of the parents indicated that friends have some influence on their teenage child's decisions regarding sexual activity.

Involvement in Sexual Health Programs: According to Jerome et al (2017), sex education was used to build awareness on sex issues among adolescents. A notable portion of parents reported that their teenage child is not involved in any extracurricular activities or community programs that promote sexual health education and awareness.

Sexual Education in School: Studies conducted in the United States have revealed that adolescents who have pledged to abstain from sexual activity until marriage are equally likely to do so as adolescents who have not participated in abstinence-only sex education and are less likely to utilize protection than their peers who have a thorough education on sex (Thomas, 2009). This is probably due to the teens' ignorance of the effectiveness of condoms and other forms of birth control (Oyinloye, 2014). The third style of sex education is comprehensive sex education, commonly known as abstinence plus (Lindberg & Maddow-Zimet, 2012) which promotes abstinence while simultaneously educating students about condoms and contraception. However a majority of the parents reported that their teenage child did not receive comprehensive sexual education in school.

Cultural or Religious Factors: According to Goodman (2009), culture is made up of a people's particular behaviors and involves the development of a population towards a common goal while also serving a unifying and, more significantly, a directive function. This is where the genus of culture comes from the unique customs of a certain group. According to studies conducted in the United States, Hispanic immigrants frequently view sexuality as a taboo subject, and parental communication regarding sexuality is frequently lacking in Hispanic homes (Meneses et al., 2006). These cultural values, attitudes, and behaviors have been shown to influence sexual and contraceptive behavior. A significant number of parents reported that there are no significant cultural or religious factors that influence their teenage child's attitudes and behaviors regarding sex and relationships.

Economic factors:

Financial strain: Teen pregnancy and poor socioeconomic position go hand in hand. A major risk factor for teenage pregnancy is poverty. At the individual level, gender inequity, illiteracy, and the inability to bargain for safer sex are all linked to poverty.



Poverty was a frequent factor linked to teen pregnancy. According to five studies conducted in the UK, there is a clear correlation between exposure to local area disadvantage and pregnancy. The areas with higher degrees of deprivation were also found to have higher rates of conception (Simons et al, 2016; Muhwezi, 2015; Lindberg & Maddow-Zimet, 2012). A majority of the parents reported that managing their finances is a constant challenge, and it affects their ability to provide the necessary resources and support for their teens to make informed decisions about their sexual behaviors.

Misinformation on contraceptives: Medically incorrect beliefs about how conception occurs and unfounded anxieties about the effects of contraception on fertility and menstruation were obstacles to continuous use of contraception. The effective use of contraception by girls was hampered by nurses' efforts to stigmatize teenage sexuality, their reprimanding and harsh treatment of adolescent females, and their refusal to recognize adolescents' experiences as contraceptive users, Wood et al (2006). In my study, a notable portion of parents reported that they have different myths on contraceptives, making it harder for them to ensure their teens have the means to protect themselves and make responsible choices.

Employment instability: According to Vikat et al. (2002), there is a substantial correlation between teenage pregnancy and the occupation and educational level of the fathers or guardians. Teenage pregnancies are ten times more likely to occur in girls whose families work in manual labor than in girls whose families don't. Girls have backgrounds in the workforce. Ineffective parenting has more direct effects on child behavior problems than does family economic deprivation, which makes parenting more challenging. Similarly, majority of parents reported that unstable employment and low wages make it challenging for them to provide a stable home environment, which can impact our ability to guide our teens and provide the necessary support they need.

CONCLUSION

Teenage sexual behaviors among teenage mothers are influenced by a multitude of factors operating at individual, familial, social, and contextual levels. Understanding these factors is essential for developing comprehensive interventions and support systems. Promoting accurate sexual health knowledge, positive attitudes towards responsible sexual behaviors, effective communication within families, and supportive peer networks are crucial strategies in reducing risky sexual behaviors. Additionally, addressing contextual factors such as socioeconomic disparities and ensuring accessible healthcare services and comprehensive sex education are important in preventing teenage pregnancies. By considering these multifaceted factors and tailoring interventions to the specific needs of teenage mothers, we can promote responsible sexual behaviors and improve the overall well-being of both teenage mothers and their children. To effectively address teenage sexual behaviors among teenage mothers, it is crucial to implement comprehensive interventions and support systems. This includes promoting accurate sexual health knowledge, positive attitudes towards responsible sexual behaviors, and effective communication within families. Additionally, creating supportive peer networks, addressing contextual factors



such as socioeconomic disparities, ensuring accessible healthcare services, and tailoring interventions to the specific needs of teenage mothers are vital. By adopting these multifaceted strategies, we can reduce risky sexual behaviors, prevent teenage pregnancies, and improve the overall well-being of both teenage mothers and their children.

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