



East African Journal of Humanities and Social Sciences

Journal homepage: <https://www.utaftionline.com/index.php/eajhss>

ISSN (online): 2958-4558

Influence of Sexuality Health Education by Parents on Teenage Girls Pregnancy Prevention in Nyandarua North sub-county, Kenya

Karimi Mathenge^a

^aSchool of Education, Humanities and Social Sciences, Kabarak University, Kenya

*Corresponding Author: karimuthima@gmail.com

Article info

Article history:

Received August 2022

Reviewed September 2022

Accepted October 2022

Published November 2022

Keywords:

Teenage girls' pregnancy

Sexuality Health Education

How to cite this article:

Mathenge, K. (2022).

Influence of Sexuality Health Education by Parents on Teenage Girls Pregnancy Prevention in Nyandarua North sub-county, Kenya. *East African Journal of Humanities and Social Sciences*. 1(1): 37-45

Abstract

The purpose of this study was to investigate the influence of sexuality health education (SHE) by parents in preventing teenage girls' pregnancy in Nyandarua North Sub- County, Kenya. The study applied Bio-ecological model of human development theory by Urie Bronfenbrenner. Using a descriptive cross-sectional survey research design, data was collected from a target population of 14 chiefs from all locations within the sub-county and 27,917 households. An accessible population of 569 households was identified to take part in the research-using cluster, purposive and snowballing sampling. Fourteen chiefs took part in the study. The data was obtained through interviewing chiefs and questionnaires for teen girls and parents. The instruments were systematically assessed for validity through review by experts in the School of Education Kabarak University and by carrying out a pilot study comprising 30 households in Nyandarua Central Sub- County to ensure questionnaires gathered the information required by the study. Qualitative data was analysed descriptively, further analysis was done using version 24.0 of the Statistical Package for Social Sciences (SPSS). The study found out that sexuality health education prevents teenage girls' pregnancy. The study concluded that; surge in teen pregnancy was because of a prolonged closure of schools during the covid-19 pandemic coupled with the fact that parents/caregivers are not aware of the proper approach to use when teaching their teens sexuality matters. This study recommends that; the government of Kenya should set up programs to train parents/caregivers on how to teach sexuality matters to teenagers, sexuality education should be taught beginning from 10yrs of age to equip teens with requisite knowledge as they approach teen hood.

Introduction

Following the Covid-19 pandemic lockdown a surge in teen pregnancies was reported across all counties in Kenya between March and September 2020. In Nyandarua North sub-county more than 857 cases of girls aged from 10-19 years were impregnated between January and June of the same year (National Council for Population Distribution report (NCPD), 2020). The statistics only included cases recorded in the health sector, there could have been many more pregnant teenagers who did not go to the health facilities. Teenage pregnancy is a serious problem in Kenya, and it must remain at the top of the government's political agenda. Teenage pregnancies may be ascribed to parental/caregivers', religious leaders', political leaders', and other stakeholders' resistance to sexual and reproductive health issues, despite rising evidence that young people are commencing sex earlier than in the past. Proven strategies such as comprehensive sexuality education are being omitted since they are perceived to encourage young people to engage in sexual activity.

Concerted attempts have been made to create multiple initiatives for the prevention of adolescent pregnancy of which majority target inclusive sex education and birth access avenues (Achille et al., 2017). For instance, to deal with issues relating to sexuality education and sexual and reproductive (SRH) wellbeing, the Kenyan government has established various policy and legislative frameworks (Musau, 2018). The policies include: HIV and AIDS Education Sector Policy, second edition (2013); National Sexual and Reproductive Health Policy for Adolescents (2015), the Kenya Constitution (2010), Marriage Act (2014), Population Policy for National Development Sessional Paper No. 3 which was developed in the year 2012, National Gender-Based Violence (2014), the Kenya Health Policy covering the period 2012 through to 2030, Kenya Health Sector Strategic and Investment Plan (2013-2017), and the popular version of Kenya Vision 2030. These are examples of policies put in place by the government of Kenya to help

prevent teenage pregnancies. Adolescent sexual reproductive policy aims to providing guidance to policymakers, planners and implementers and recommending priority actions on ways to curb teenage pregnancy. Interestingly, even with these policies, the prevalence of pregnancies among teenagers in the country is still worrisome.

The presence of the stipulated laws and regulations, actions and approaches suggest that Kenya is consistent in formulation of policy and authorized structures. However, the 2014 Kenya Demographic Health Survey (KDHS) study found almost 18% of girls aged between 15 and 19 years old had conceived or were teen-mothers while 25% of Kenyan females between 25 and 49 years of age have given birth by 18 years of age. This confirms with the earlier findings of a Kenyan Ministry of Health (MoH) study which indicated that many youths are sexually active and are in danger of getting pregnant and exposed to adverse health repercussions hindering their attainment of life goals and prime contribution to national advancement (Musyimi et al., 2019). These statistics about Kenya show that the situation in the context of this study need to be researched further. It is against this backdrop that this research sought to find out the efficacy of parental and community guidance in preventing teenage pregnancy in Nyandarua North sub-county, Kenya.

Literature Review

According to a study by the World Health Organisation (WHO), (2018), the debate between parents regarding sex education has two conflicting sides. Sexual liberals believe that sexual literacy empowers people to make educated choices about their sexuality and they support rigorous sexual education in school. On the contrary, sexual conformists perceive sex education as a way of encouraging adolescents to engage in sexual activities and they share the view that sex must only be handled by close family members for inculcation of morals. According to WHO, sexual conformists recognize the value of sex education in schools but argue that teaching should be limited to

abstinence. Sex education at home provides teenagers and parents the opportunity to interact about sex and can also give parents the opportunity to express their beliefs to their teenagers (Laurenzi et al., 2020). This implies that rigorous sex education is essential and parent-integrating services may help teenagers postpone sexual intercourse, reduce sexual activity frequency, aid in the reduction of intimate partners and use contraception more frequently (Haruna et al., 2018). Parents therefore need to take time and teach their children on matters related to sex. This study will seek to explore whether such education as provided by parents helps in prevention of pregnancy among teenagers.

Sexuality is an important aspect of a person's personality (Martyniuk & Stulhofer, 2018). It is a basic human requirement that cannot be separated from other facets of life, and it has an effect on one's emotions, perceptions, behaviors, relationships as well as one's physical and mental health (Akella & Jordan, 2015). There are physical, social, spiritual, and psychological aspects of sexuality (Johnson, 2017). Sexuality education offers guidance on human sexuality issues (Tereza et al., 2018). Tereza et al. explains that adolescents are expected to be knowledgeable about their own personal views and ideals about sex and relationships. They, therefore, need to be guided by their parents on these matters. However, the study did not look at the efficacy of parental and community guidance on teenage girls' pregnancy prevention.

Gust (2018) highlights that the family is considered to be the first social group to which children belong, the most important and successful component of sexual socialization for children. Consequently, parental sexuality education is among the most effective ways to enhance children's sexual health (Toska et al., 2019). The effect of a broader and more complicated mechanism called sexual socialization is sexual activity (Gust, 2018). Further, Gust claims that sexual activity is not only affected by biological causes but also by

sexual socialization. However, the study by Gust was in a different geographical environment with different administrative environment and policies and thus its findings may not necessarily reflect what parents are doing in Kenya.

Recto and Champion (2018) in a study in the Texas, USA explains that in case of unsafe and vicious situations, teenagers should have preventive mechanisms, develop consultation skills, negotiation skills, refusal skills and protection skills. Adolescents should be able to know whom to consult, where and when for confidentiality purposes. According to Felder et al. (2017), inadequate sexuality information, whether provided in the classroom or at home, demonstrate that adolescents gain knowledge from their peers, as well as the media that is sometimes inaccurate. In addition, Felder et al. asserted that when teenagers did not get the information they needed about sexual wellbeing from their parents, American teenagers took to websites and television, which also provided unreliable details that were misleading about the elevated risk of sex and teen pregnancy. However, the two studies in America did not explore the effectiveness of parental guidance on matters sexuality health education for teenage pregnancy prevention.

Arbor (2018) discovered that 35% of learning institutions in the United States teach abstinence. Abstaining from sex seems like the only alternative for single teenagers and that talk about contraceptives is largely prohibited or limited to the ineffectiveness of contraceptives. As a result, it is critical for parents to educate their children about healthy sexual relationships, particularly contraception. In certain cases, this implies that parents must educate their children about serious sexual issues on their own.

Matteson (2016) claims that rules have been developed on when to talk to children and at what time of age. However, studies by Maria and Fiona (2015); Marconi (2016) proposed that small girls as young as six years old should be made aware of body differences between girls and boys while they are yet to attain the age of 12,

discussions about hormonal changes, relations, and sexuality can be discussed. When talking about sex, parents often feel embarrassed or anxious, especially in later childhood (14-18 years old) and when a large number of teenagers engage in sexual activity (Musau, 2018). Parents wait until their daughters are sexually mature and in danger of being pregnant before intervening by providing accurate prevention material (Mang'atu & Kisimbii, 2019). Arguably, Parents debate on their own lack of knowledge, presumed communicator effectiveness, situational shortcomings, and what information should be disclosed to their daughters (Matteson, 2016).

Achille et al. (2017), in a study in Benin observed that inclusive sexual socialization ensures that adolescents develop abilities that enable them to make all-encompassing decisions about sex and rapports, stand for those verdicts and can recognize scenarios that may become dangerous or vicious. Their study borrowed heavily from the reasoning of Bronfenbrenner ecological theory of human development, which posits that an individual develops in levels when different environments interrelate with one another to shape attitudes, belief, and behaviour. The abilities they develop will influence their sexual education in the future while at home, at school, in public or in the context of the family and therefore it should be more thorough than simply providing knowledge. However, the researchers did not look at the impact of parental provision of sexuality health education on teen pregnancy prevention.

Another study by Bongardt et al. (2017), surveyed parents of adolescents and asked about their views with regards to the efficacy of contraceptives and birth control pills and the willingness of their teenagers to use them properly. The condom was reported to be important by 40% of adolescent mothers in preventing pregnancy, while the pill was thought to be effective by only 52%. Around 26% of parents believed their girls could use contraceptives correctly, and 40% thought they

could use the pill appropriately. Parents continued to undervalue the effectiveness of condoms and contraceptive pills in preventing conception, according to findings by (Barman-Adhikari et al., 2017). However, these findings contrast those of Thobejane (2015) which identified that the greatest level of parental satisfaction was 59 percent for oral contraceptive pills, preceded by 51 percent for condoms. According to Thobejane's study, parents who believe their teens may have sex are more likely to advise them to use condoms. Contrary to WHO statistics from 2018, contraception (oral contraceptive pills) had a minimum efficacy of 20% to 95%, while condoms had a lower level of effectiveness of 86 percent in control of teenage pregnancy for normal use, which accounts for human error in preventing teenage pregnancy.

Despite the aforementioned findings demonstrating the efficacy of contraception and condoms, parents continue to believe that they are ineffective (Kumar et al., 2018). Condom usage that is accurate and consistent has been found to reduce the risk of infection and unwanted teen pregnancy (Oumer et al., 2020). Teens, however, ought to be trained to use condoms safely and reliably as a way of avoiding pregnancy and diseases. The above results indicate that, in order for parents to be effective sexual mentors for their underage daughters, they must provide accurate knowledge on contraception and how to use it. Globally, school sex education has been proposed as one way to avoid adolescent pregnancy (Laurenzi et al., 2020). Further, sexual education should be introduced through school health programs, according to Miriti and Mutua (2019) so as to provide children with the awareness they must have in order to appropriately utilize pregnancy control techniques or have alternatives to abstain.

Traditionally, due to cultural requirements and constraints, adolescents were not exposed to issues regarding sexuality since such issues were considered a taboo (Kabede et al., 2018). Customarily, sexual matters were left to the

parents and could only be discussed with children in preparation for marriage (Kimbui et al., 2018). However, according to Toska et al. (2019), in the society today, children instigate sexual behavior at an advanced stage prompting sexual education need. The studies fail to highlight the responsibility of parents in providing their daughters with sexual health education.

In a study by Opondo et al. (2017), in Kenya, it was observed that many adults, on the other hand want to assign to schools what they are unable to do in the area of sex education. In Kenya sex education, both in school and in the workplace, is insufficient. This makes the prevention of sex education among adolescents and especially school going adolescents very complex. Few instructors undergo formal sex education, and many of them (teachers) lack the necessary training to provide pupils with correct information. Although the MoE recognizes the need to provide sexual information, a rise in teenage pregnancy is linked to a lack of proper sex education (Langat et al., 2020). However, these scholars do not explore the role of parents and community in teenage pregnancy prevention through provision of sexuality health education.

According to Miriti and Mutua (2019), young people who are knowledgeable on intensive sex education are less probable to become fascinated with sex, intensify their carnal activities or suffer harmful sexual health effects. In Kenyan schools, despite the students' perceptions that it is the duty of the school to do so, MoE has yet to include a robust sexual education program (Miriti & Mutua, 2019). According to Miriti and Mutua the key purpose of the approach to life skills is to improve the capacity of adolescents by encouraging them to take charge of their own decisions, trying to come to terms with negative pressure, meeting daily life stresses and preventing unsafe actions. Life skills education in this opinion, delivers valuable social skills but fails to sufficiently address obstacles to conception in the face of overwhelming odds,

youth-driven media community centered on sexuality (Musau, 2018).

Results and Findings

The objective of the study was to investigate the influence of sexuality health education by parents on teenage girl's pregnancy prevention in Nyandarua North sub-county. SHE refers to methods taught by parents and community members on how teenagers should handle feelings, thoughts, attraction, and behavior towards people of the opposite sex. Bongardt et al., (2017) asserts that friends and social media are key sources of sexuality knowledge for teens. However, parents/caregivers contribute greatly to creating awareness to teenage girls on sexuality related matters. This variable was examined through four items in the questionnaire and the findings are discussed in this section.

Discussing Sexuality Matters with Adolescent Girls

This question sought to establish whether parents were involved in discussing with their teenage girls' sexuality matters as a way of curbing teen pregnancy. The results are shown in Table 1.1:

Table 1
Teaching Sexuality Related Issues to Teenage Girls

Sense Sexuality by parents	Frequency	Percent
YES	410	86.7%
NO	63	13.3%
Total	473	100.0%

Source: Field Data 2021

According to Table 1.1 majority of the parents represented by 86.7% instill a sense of sexuality to their teen girls, on the other hand only 13.3% of the parents do not teach girls sexuality issues. This is a pointer to a gap in the efficacy of the guidance approaches used because the number of parents instilling sexuality issues is high yet the surge of teen pregnancy within Nyandarua North sub-county is of concern to stakeholders. The findings agree with the study of Laurenzi et

al. (2020), which found out that sex education could be done to teenagers but when guidance is not offered effectively, the teenage girls' refusal and protection skills may become compromised, and this may put them at risk of becoming pregnant.

Timing of Sexuality Discussion

The study sought to find out information on timing of sexuality discussions by parents to teen girls and the results are shown in Table 1.2:

Table 2
Timing of Sexuality Discussions by Parents to Teen Girl

Sexuality discussions	Frequency	Percent
Not Involved	61	12.9%
Before teenage	139	29.4%
Onset of teenage	192	40.6%
Physical differences	50	10.6
Sexually active friends	31	6.6
Total	473	100.0

The results of the finding in Table 1.2 depict that teenage girls' parents represented by 40.6% discuss sexuality matters with their teen girls at the onset of teenage. This could be because many teenage girls are likely to encounter sexuality related matters thus their parents take the initiative to create awareness to help them tackle the problems. Conversely, some parents represented by 12.9% do not educate their teen girls and this might be because parents are unaware of the necessity of sexuality education in their daughters' lives, or because they are uncertain of what to educate their adolescent girls about sexuality concerns or how to teach them. This therefore would make the teen girls engage in maladaptive sexual behaviors thus contributing to an upsurge in teenage pregnancy in Nyandarua North sub-county. The majority of respondents believed that determining the best moment to provide sexuality education to teen females was challenging. In addition, most key respondents stated that they discuss the type of teenage friends they have and what they do with them during leisure time. These results may be

due to the lack of a well stated standard on what sexuality-related issues should be taught to teens and at what age they should be taught. The parents are left guessing the time to start discussing with their teen girl's sexuality issues thus waiting for signs. This contrasts the findings of Kemigisha et al. (2019), who found modest levels of parent-teen sexuality education in Uganda. Nevertheless, it is in line with the results of a research conducted by Awuor and Otengah (2018) in Nyatike sub-county, which found that 85 percent of parents address sexuality issues with their teen daughters.

Number of siblings with Children

The number of siblings of adolescent girls having children was also determined in this study, and the results are shown in Table 1.3:

Table 3
Number of Siblings

Siblings with Children	Frequency	Percent (%)
Yes	38	8.0
No	435	92.0
Total	473	100.0

Table 1.3 depicts that majority of the teen girls represented by 92% did not have siblings with children before they turned 20 years of age, this could therefore mean that teen girls are not learning this behaviour from their close family members. It is likely that the surge in teen pregnancy within Nyandarua North could be attributed to the prolonged closure of schools and places of worship during the Covid-19 pandemic period. This could be a pointer to the ineffectiveness of guidance approaches by parents and members of the local community when teen girls are at home. This contradicts the findings of a study on the effect of maternal adolescent pregnancy and childbirth and older sister's teenage pregnancy on a younger sister by Wall-Wieler et al. (2016), who discovered that much of the steadily increasing risk of pregnancy among teenage children of mothers who had a child before the age of 20 appears to be owing to

the adverse conditions frequently associated with early childbirth.

Sexual Encounter with another Person

The study analysed information on teenage girls who had sexual encounters with other persons and the results are shown in table 1.4:

Table 4

Sexual Encounter with other Persons

Sexual Encounter	Frequency	Percent (%)
Yes	35	7.4
No	438	92.6
Total	473	100.0

From the information presented in table 1.4 the teenage girls who took part in the study represented by 92.6% indicated that they have not had a sexual encounter with another person. This could be attributed to the fact that teenagers heed to the guidance by their parents to avoid teen pregnancies through abstinence. However, parents should move further and enlighten their teen girls on the need to use protection in case they choose not to abstain. With reference to the research question, Sexuality Education by parents/caregiver when carried out effectively prevents teenage pregnancies since teen girls are equipped with knowledge and skills to overcome challenges they may encounter during teen period.

Conclusion

The study established that parents instill a sense of sexuality to their teen girls. This is a pointer to a gap in the efficacy of the guidance approaches used because the number of parents instilling sexuality issues is high yet the surge of teen pregnancy within Nyandarua North sub-county is of concern to stakeholders. Secondly some parents do not educate their teen girls on sexuality matters. This could be due to failure to acknowledge the importance of sexuality education, not knowing what to teach and not knowing how to educate their teenage girls on sexuality related matters. This could lead to teen girls engaging in maladaptive sexual behaviors which may contribute to a surge in teen

pregnancy. Thirdly Majority of teen girls did not have siblings with children before they turned 20 years of age, this therefore means that teen girls are not learning this behaviour from their close family members. It is likely that the surge in teen pregnancy within Nyandarua North could be attributed to the prolonged closure of schools and places of worship during the Covid-19 pandemic period which is a pointer to the ineffectiveness of guidance approaches by parents and members of the community when teen girls are at home.

Recommendations

The government through the Ministry of Health in liaison with the Ministry of Interior and National Co-ordination should come up with programs to train parents/caregivers on sexuality matters to be taught to teenagers and how to effectively impart the knowledge with a view to averting teen pregnancy. Government should employ counselors to educate parents and teenagers on issues of sexuality education. Secondly, sexuality education to be taught beginning from 10yrs of age to equip teenagers with requisite knowledge on how to overcome the challenges before getting to that period.

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