

**EFFECTS OF PARENTING ON TEENAGE PREGNANCY: A STUDY OF
MALAVA SUB-COUNTY, KAKAMEGA COUNTY, KENYA**

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Science and Technology**

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DECLARATION

This thesis is my original work prepared with no other than the indicated sources and support and has not been presented elsewhere for a degree or any other award.

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CERTIFICATION

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ABSTRACT

Teenage pregnancy has become a global concern. In Kenya it is prevalent where good parenting is not well exercised. Existence of children's Act mandates parents the responsibility of ultimate care and protection of children. Additionally, the National Adolescent Reproductive Health and Development policy promotes adolescent sexual and reproductive health and rights. Despite the presence of legal frameworks for care, provision and protection of children, teenage pregnancy has been on an upward trend in Kakamega County specifically Malava subcounty. The study sought to assess effects of parenting on teenage pregnancy. Specifically, the study determined to find out the influence of parenting styles on teenage pregnancy, established the influence of sexual health education by parents on teenage pregnancy, determined to find out the effects of parental supervision on teenage pregnancy and evaluated the effectiveness of parent-teenage communication on teenage pregnancy. The study focused on girls between 15 to 19 years of age. The study was guided by the theory of social learning by Albert Bandura (1925) and theory of action systems by Talcott Parsons (1951). For Social learning theory behavior is learned through observation, imitation and modelling while for the theory of action systems calls for a focus on the whole system to enhance a desired change rather than as separate units. The study was conducted in Malava subcounty, Kakamega County, Kenya. Mixed methods research design was used. The sample size for the study was 178 respondents from a target population of 321 selected based on Taro Yamane's sample determination formula. The sample size for key informants was 46 respondents. Purposive sampling and simple random sampling were employed to select respondents. Data was collected using questionnaires, key informant interviews and Focus group discussion. Instruments Validity and reliability was tested by Content validity, test-retest and Cronbach's Alpha Index for reliability. Quantitative data was analyzed using descriptive statistics such as mean, standard deviation and inferential statistics such as regression analysis while qualitative data employed content analysis. Analyzed data was presented in tables, pie charts and graphs. Study findings for objective one established that 72.3% of the variations in the teenage pregnancy can be explained by parenting style. For objective two, findings revealed that 0.7% of the variations in the teenage pregnancy can be explained by sexual health education of parents to teenagers. Third objective revealed that 47.4% of the variations in teenage pregnancy can be explained by parental supervision and consequently for the fourth objective the findings revealed that 1.7% of the variations in the teenage pregnancy can be explained by parent-teenage communication. The study contributes to academic body of knowledge and provides basis for policy formulation on parenting. The study concludes that parenting has a significant contribution to teenage pregnancy as revealed through the findings of all the four objectives. The study recommends to the ministry through the department of children services to sensitize the public about good parenting/positive parenting in order to reverse escalating teenage pregnancy.

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ABBREVIATIONS AND ACRONYMS

CHV	–	Community Health Volunteer
DHIS	–	District Health Information System
FGD	–	Focus Group Discussion
HCWs	-	Health Care Workers
HTS	–	HIV Testing Services/HIV Counselor
KDHS	-	Kenya Demographic Health Survey
KHIS	-	Kenya Health Information Management System
KNBS	-	Kenya National Bureau of Statistics
KNYS	-	Kenya National Adolescents and Youth Survey
KPSA	-	Kenya Population Situation Analysis
MCH	-	Maternal Child Health Unit
MDGS	-	Millennium Development Goals
NACOSTI	-	National Council for Science, Technology and Innovation
NCPD	-	National Council for Population and Development
NGO	-	Non-Governmental Organization
PHO	–	Public Health Officer

- RCO** - Registered Clinical Officer
- SDGs** - Sustainable Development Goals
- SPSS** - Statistical Packages for Social Sciences
- SRH** - Sexual and Reproductive Health
- STIs** - Sexually Transmitted Infections
- UNFPA** - The United Nations Population Fund

OPERATIONAL DEFINITION OF KEY TERMS

Authoritarian/Dictatorship parenting style-An approach whereby parents demand a sort of blind/total obedience from their teenagers without questioning. An act of imposing harsh rules on children for obedience failure to which attracts punishment.

Authoritative parenting style- The authoritative parenting style is an approach to child-rearing that combines warmth, sensitivity, and the setting of limits. Parents use positive reinforcement and reasoning to guide children. They avoid resorting to threats or punishments.

Early sexual activity - teenage involvement in premarital sex.

Neglectful parenting style-Is an approach whereby there is an absence of guidance from a biological parent or guardian. Teenagers are left unattended to including lack of provision for basic needs.

Parental influence – This is the ability of the parent/guardians to exercise control for desirable behaviors upon their teenagers.

Parental style – This can be described as a combination of parenting behaviors that occur in a wide range of situations that establish a favorable environment for the rearing of children.

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

Permissive parenting style-An approach whereby parents are reluctant to impose rules and standards, preferring to let their kids regulate themselves.

Sexual Health: A state of physical emotional mental and social wellbeing related to sexuality.

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

Teenage Communication: Refers to the exchange of information, attitudes and ideas on sex-related issues between parents and teenagers

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Globally, an estimated 14 per cent of young women give birth before age 18 World Health Organization (WHO ,2019). According to these statistics, an increased number of teenagers give birth at a tender age which derail their development into adulthood and have negative impact on their education, livelihoods and health. The study by (Kahurani, 2020) revealed that many girls who are pregnant are under pressure or are forced to drop out of school, which impact their educational and employment prospects and opportunities.

According to (WHO, 2018), approximately 90% of births to girls aged 15-19 in developing countries occur within early marriage where there is often an imbalance of power, no access to contraception and pressure on girls to prove their fertility. The largest number of births occur in Eastern Asia (95,153) and Western Africa (70,423). This report indicates that over sixteen million girls under 19 years become pregnant in a single year worldwide.

According to the United Nations Population Fund (UNFPA , 2023) the highest rates of teenage pregnancy were recorded in the counties of Machakos, Samburu at 50%, West Pokot at 36%, Marsabit at 29%, and Narok at 28%. Consequently, a study by (Zulaika, Bulbarelli, Nyothach, Van Eijk, Mason,Fwaya, Obor, Kwaro,Wang,Mehta & Phillips-Howard, (2022) revealed that secondary schoolgirls 15-19 years who remained out of school for 6 months due to the COVID-19 lockdown had twice the risk of becoming pregnant and three times the risk of dropping out of school when compared with similar girls graduating just prior to the outbreak. This was attributed to by the fact that girls

who were out of school, were at home while their parents were busy fending for the family. This lack of supervision and guidance exposed teenagers into early unwanted pregnancies.

The study by (Oduor & Kithuka, 2020) found out that lack of supervision and control by parents over girls resulted to increased teenage pregnancy. This was contributed by lack of direction and guidance to teenagers and as a result they are exposed to negative peer influence which escalates teenage pregnancy. Media reports in the same year as well stated that teenage pregnancies have spiked due to lack of role models at family level raising concerns about the sexual and reproductive health (SRH) education among teenagers.

The study by (Zulaika et al., 2022) reveals that teenage pregnancy constitutes a major public health concern in Kenya. The authors further states one in five girls between 15 and 19 years was either pregnant or already a mother. Early pregnancy in a mother's life course poses severe maternal and infant health risks. As the scholar point out, social harms, such as child marriage, pregnancy-related stigma and community isolation, fear of school expulsion and lack of financial or emotional support, can lead pregnant adolescent girls to risk unsafe abortions, delay necessary healthcare or leave their communities altogether. These social harms have led to poor mental health outcomes such as depression, anxiety and acute stress and the loss of income earning opportunities.

The findings on the study about effective parenting in the contemporary society, indicated that parenting plays a key role in child nurture especially if exercised during early child growth. It serves as a protection towards early teenage pregnancy. It further

reveals that involvement of both parents in child nurture prevents development of antisocial behaviors which includes unwanted teenage pregnancies. According to this study positive parental modeling is key (Jaffee, Moffitt, Caspi & Taylor, 2003)

In Sub-Saharan Africa, a large number of girls affected by teenage pregnancies and motherhood has been attributed by poor parenting evidenced by lack of parents' involvement in child development, lack of communication or close ties with children. As a result, teenagers have bonded with peers who have introduced them to early sexual adventures that have resulted to increased unwanted and unintended pregnancies (Alukagberie, Elmusharaf, Ibrahim & Poix, 2023)

In Uganda, more than one out of four adolescents (15–19 years) become pregnant with the rates being higher (27%) in rural than urban Uganda (19%). This is a particular issue in the Busoga region of eastern Uganda, raising public health concerns. Factors contributing to increased teenage pregnancies in Uganda are: high fertility rate, risky sexual behaviors, peer pressure into early sex, child marriages, lack of education, lack of family support, low socio-economic status, low education levels and low use of contraceptives (Nabugoomu, Seruwagi & Hanning, 2020).

In line with UNFPA, (2016) report, Tanzania has the highest adolescent pregnancy rate in Africa. The adolescent fertility rate increased from 116 to 132 between the 2010 and 2015. This implies that teenage pregnancy had increased by 4 per cent in Tanzania since 2010 and by 2016 one in four adolescents aged 15-19 had begun childbearing.

Kenya is not exempted from this global menace of teenage pregnancy. The findings of a study indicate a clear picture of teenage girls becoming mothers at a very young age. This 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. This is above the average global birth rate of 49 per 1000 pregnancies (Monari, Orwa & Agwanda,2022)

A study by (Mwangi, 2017), associates disparities in income among the households, economic activities, lack of sexual awareness, parenting, child headed families, 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.

Studies by (Kahurani, 2020) depicted a spike in teenage pregnancies. The study revealed that Nairobi County was leading with 11,795 teenage pregnancies followed by Kakamega county with 6,686 cases of teenage pregnancies.

1.2 Statement of the problem

Teenage pregnancies are a global problem occurring in high-, middle-, and low-income countries. The health and future of every teenage girl is threatened by risk of unplanned pregnancy. Several measures have been put in place to salvage teenage girls. For instance, the new Children's Act (2022) that provides for parental responsibility and provisions on protection and care of children such as prioritization of family-based care through fostering, adoption and maintenance. Consequently, the Children 's Act (Act No. 8 of 2001) of Kenya, a law that aims at ensuring that the children of Kenya are accorded adequate care and protection and parental responsibility is exercised.

Despite the changing lifestyles and ever-increasing personal mobility that characterize modern society, parenting remains the central element of contemporary life in child

nurture. This implies security, and a measure of protection against an often-uncaring world. Consequently, parenting determines the age at which children are exposed to sexual activity and likewise its tremendous effect upon a child's happiness, development, and future (Thomas, Liu, & Umberson,2017)

Despite existence of legal frameworks to safeguard the lives of teenagers, each year according to (Wado et al., 2019), an estimated 21 million pregnancies occur among adolescent girls of age 15–19 years in developed and developing countries, almost half of which (49%) are unintended. Child upbringing and other drivers related to economic status were directly linked to the rising cases of teenage pregnancy (Mwangi, 2017)

Although improving adolescent sexual and reproductive health is high on the global health agenda, the trend has been fairly consistent for more than two decades with little change in prevalence (UNFPA, 2013)). These is because, strategies and interventions have focused on teenage pregnancy prevention and underestimated parental influence thus the basis of this current study on assessing effects of parenting on teenage pregnancy.

1.3 Research Objectives

1.3.1 General Objective of the study

The general objective of the study was to assess the effects of parenting on teenage pregnancy in Malava Subcounty, Kakamega county, Kenya.

1.3.2 Specific Objectives

The study sought to obtain the following specific objectives;

1. To find out the influence of parenting styles on teenage pregnancy among girls of ages 15-19 years in Malava Subcounty, Kakamega County, Kenya

2. To determine the effect of Sexual Health Education by parents on teenage pregnancy among girls of ages 15-19 years in Malava subcounty, Kakamega County, Kenya
3. To establish influence of parental Supervision on teenage pregnancy among girls of ages 15-19 years in Malava Subcounty, Kakamega County, Kenya
4. To evaluate the influence of parent-teenage communication on teenage pregnancy among girls of ages 15-19 years in Malava Subcounty, Kakamega County Kenya.

1.4 Research Questions

The aim of the study was to find answers to the following questions:

1. How does parenting styles influence teenage pregnancy among girls of ages 15-19 years in Malava subcounty Kakamega County Kenya?
2. How does parental Sexual Health Education influence teenage pregnancy among girls of ages 15-19 years in Malava subcounty Kakamega County Kenya?
3. How does parental supervision influence teenage pregnancy among girls of ages 15-19 years in Malava Subcounty Kakamega county, Kenya?
4. How does parent-teenage communication influence teenage pregnancy among girls of ages 15-19 years in Malava subcounty Kakamega County Kenya?

1.5 Justification of the study

Justifications were presented from the philosophical, academic and policy perspectives.

1.5.1 Philosophical Justification

The researcher employed Interpretivist research philosophy which helped the researcher access the issue's reality from the victim's point of view. The interaction of social factors

and the aspect of teenage pregnancy and its impact on the victims could best be understood from an interpretivist perspective. Moreover, the interpretivist research philosophy appreciates the differences in parenting styles in victims and how it contributes to the different experiences' victims were subjected to when they are pregnant and experiences of teenage motherhood. Therefore, the philosophical justification for this study is that it enabled the researcher to understand the issue of teenage pregnancy and parenting challenges from the victim's perceptions.

1.5.2 Academic Justification

Teenage pregnancy and parental effects have been a commonly 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 (Wado, Sully & Mumah,2019) cited Kakamega County as one of the Counties in Western regions faced with widespread teenage pregnancy. Besides, students and academicians conducting research on effect of parenting on teenage pregnancy will use this study and its findings as a source of literature. The study will also add to existing literature on effect of parenting on teenage pregnancy.

1.5.3 Policy Justification

This study contributes to the body of knowledge and is also a basis for policy formulation on parenting. And consequently, the need for government/NGOs through the department of children services to empower parents on age-appropriate knowledge targeting teenagers on sexual health education.

1.6 Scope of the study

The study was confined to the effects of parenting on teenage pregnancy in Malava Subcounty, Kakamega County. It focused on the influence of parental styles, parent-teenage communication, parental supervision and parental sexual health education to teenagers. Teenagers targeted were of ages between 15-19 and who were currently accessing post-natal care services at Malava County Hospital Malava Subcounty, Kakamega County, Kenya.

1.7 Assumptions of the study

The research was based on the following assumptions:

- i) That the researcher would obtain appropriate number of respondents from the institutions chosen for this research.
- ii) It That the respondents would be present during the study and their parents or caretakers will freely give consent for their participation in the study for underage teenagers since most teenagers targeted would be below 18years of age.

1.8 Limitations of the study

- i. The researcher met challenges such as unresponsive respondents. The researcher addressed the challenge by explaining to the respondents that the purpose of the research was for academic purposes only.
- ii. On Suspicion of the intended use of the information obtained, the researcher guaranteed the respondents that the study was for academic purposes as evidenced by approval letter from the school and that the information they gave would be kept confidential

1.9 Chapter Summary

The chapter provides a comprehensive overview of the study. It begins by presenting the background of the research, introducing the concept of teenage pregnancy and highlighting the spike in teenage pregnancy cases worldwide, especially in Kenya, as a result of parenting and other drivers of teenage pregnancy. The problem statement emphasizes the literature gap regarding parental influence on the contribution of teenage pregnancy. The study's objectives are then outlined, focusing on as parenting styles, parental sexual health education, parental supervision and parental communication. The research questions are presented, and the chapter justifies the study from academic, policy, and philosophical perspectives. The scope of the study is Malava subcounty Kakamega County Kenya. Assumptions and limitations of the study have also been discussed.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter examined previous and existing literature pertaining on the effects of parenting on teenage pregnancy. Literature analysis was driven by the objectives of the research. Therefore, the section contained four sub-sections on parenting styles, parental sexual health education, parental supervision and parent teenage communication and its influence on teenage pregnancy. The theoretical and conceptual frameworks were examined in this chapter as well.

2.2 Influence of Parenting styles and teenage pregnancy

2.2.1 Parenting styles and teenage pregnancy from a global perspective

Each year according to WHO,(2018) an estimated 21 million pregnancies occur among adolescent girls of age 15–19 years in developed and developing countries, almost half of which (49%) are unintended. This results in an estimated 16 million births and more than 3.2 million abortions annually. In sub-Saharan Africa (SSA), an estimated 45% of the pregnancies among young women age 15–19 is unintended resulting in unintended births, unsafe abortions and miscarriages. The definition of a teenager according to World Health Organization refers to any young person between the ages of 15-19 years. Nearly half of the unsafe abortion cases in sub-Saharan Africa also occur among adolescent girls and young women under the age of 19 years (Wado et al., 2019).

A family as a social institution that has an impact on how teenagers are raised. Likewise, the type of parenting style. In the words of (Bi, Yang,Wang,Zhang, & Deater-Deckard, 2018) to develop a stable personality, teenagers need the affection of their parents as

well as security, so that they can base their lives on the feelings of being in compliance with their parents, and being loved and secure. Although parents normally fulfill the adolescents' physiological and emotional needs, their demands from their adolescents can shape and strengthen their social behaviors and values therefore a family is a place, in which skills are taught and the groundwork for enhancement of personality and increasing of adaptability is laid. It is within the family that adolescents understand their abilities, feel competent, and learn to adapt to new circumstances (Bi et al., 2018)

Based on a combination of parents' responses and demands, in line with scholar (Baumrind, 1991), parenting styles (PS) are classified into four types which are; authoritative, authoritarian, permissive and neglectful. Parenting style can affect everything from your child's self-esteem and physical health to how they relate to others. It's important to ensure parenting style is supporting healthy growth and development because the way parents interact with their teenagers and how they discipline them will influence them for the rest of their life. Each style takes a different approach to raising children, offers different pros and cons, and can be identified by a number of different characteristics. People often want to know which parenting style they are using and which is the best. The truth is that there is no perfect way to parent, but the general parenting style that most experts, including American Academy of Pediatrics (AAP)) recommend is an authoritative approach. Authoritative PS includes emotional acceptance, mental independence, and constant behavioral control. The children of parents with authoritative PS are usually autonomous, dominant and curious, whereas within the authoritarian families, the dominance of parents along with their strict and inflexible expectations may reduce the adolescents' motivation for development. The Neglectful parenting style is a type whereby there is a lack of parents' encouragement,

support, and participation, which reduces the teenagers' motivations for success and social competency while Parents with the permissive parenting style are warm and receptive however, they do not set limits for adolescents, which causes low adherence to social values. In line with the studies of (Miller, DiIorio, & Dudley, 2002) reported that aggressive reactions are observed in teenagers with permissive mothers more than those with authoritative and authoritarian mothers. The researcher believes that in order to control the emotions and limit behaviors, the personality should be adequately disciplined. Instability of personality is mostly observed in those teenagers, who have permissive parents.

According (Baumrind, 1991), a good balance on parenting style would be a blend of two or three styles depending on the uniqueness of every family. 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 (Eisenberg, Bernat, Bearinger, & Resnick, 2008)

The type of parenting style has the greatest influence on teenage pregnancy. Mwangi, (2019) indicates that authoritative parenthood is protective although young people with parents who were using authoritarian or dictatorship, the risk of teenage pregnancy is higher. These results are consistent with research that recorded the safety and surveillance effects of parental closeness on contraceptive use and pregnancy of sexual activity. A study on moderating effects of familial structure carried out by (Ellis, J., Bates, J. E., Dodge, K. A., Fergusson, D. M., John Horwood, L., Pettit, G. S., & Woodward, L., 2003) in the USA and New Zealand. This study as well indicated that

there is increased sexual activity and abortion for teenagers from dictatorship parents. The results also indicated that girls who had absent parents before the age of five had the highest rate of early and adolescent sexual activity.

Around the world, however, teenage pregnancies are more likely to occur in marginalized communities, commonly driven by poverty, poor upbringing, lack of education and employment opportunities. Social consequences for unmarried pregnant adolescents may include stigma, rejection or violence by partners, parents and peers. Girls who become pregnant before the age of 18 years are more likely to experience violence within a marriage or partnership. Teenage pregnancy and childbearing often lead girls to drop out of school, although efforts by the ministry of education on a hundred percent transition enabled them to return to school after child birth, which reduced on jeopardizing girls' future education and employment opportunities. Advocates for Youth, (2011b) acknowledge that 750,000 pregnancies are attributed to teenagers in the United States every year. This high rate of teenage births in US is attributed to irresponsibility on the part of teenagers, and complacency on the part of parents and decision makers.

There can be long-term effects on the child when teenagers have and raise children. The prevalence of poor prenatal care often results in a high incidence of illness and mortality among children born to teen parents. Children often have educational and emotional problems later on. Research has shown that the younger the mother, the more likely it is her child will have a lower IQ score. Children of teenage may become victims of child abuse or neglect simply because their parents are too immature to understand infant and child behaviors and even experience in child upbringing.

2.2.1.1 Authoritarian Parenting style and teenage pregnancy

Baumrind, (1991) indicates that authoritarian parents demand some sort of blind obedience from their children. Such parents set strict rules that must be followed by children without questioning. Consequently, such parents are famous for saying, "Because I said so it must be so,". when a child questions the reasons behind a rule. They are not interested in negotiating and their focus is on obedience. They also don't allow kids to get involved in problem-solving challenges or obstacles. Instead, they make the rules and enforce the consequences with little regard for a child's opinion. Authoritarian parents use punishments instead of discipline. Durrant,2019). So, rather than teach a child how to make better choices, they are invested in making teenagers feel sorry for their mistakes. Children who grow up with s authoritarian parents tend to follow rules much of the time. But their obedience comes at a price. Children of authoritarian parents are at a higher risk of developing self-esteem problems because their opinions are not valued. They may also become hostile or aggressive. Rather than think about how to do things better in the future, they often focus on the anger they feel toward their parents or themselves for not living up to parental expectations. Since authoritarian parents are often strict, their children may grow to become good liars in an effort to avoid punishment.

2.2.1.2 Authoritative parenting style and teenage pregnancy

Hosokawa & Katsura, (2019) reveal that authoritative parents have rules and they use consequences, but they also take their children's opinions into account. They validate their children's feelings, while also making it clear that the adults are ultimately in charge. This is the approach backed by research and experts as the most developmentally healthy and effective parenting style.

Authoritative parents invest time and energy into preventing behavior problems before they start. They also use positive discipline strategies to reinforce positive behavior, like praise and reward systems. The children of authoritative parents are less likely than the children of authoritarian parents to engage in drug and alcohol use, juvenile delinquency, or other antisocial behaviors (Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M.,1991)

Researchers have found that teenagers who have authoritative parents are most likely to become responsible adults, feel comfortable are self-advocating in expressing their opinions and feelings. Children raised with authoritative discipline tend to be happy and successful. They are also more likely to be good at making sound decisions and evaluating safety risks on their own (Prapoorna, 2021). In the same research Spanish adolescents were evaluated with the same questionnaire used in the United States, and found out that authoritative parenting style was linked to the best child outcomes.

2.2.1.3 Permissive parenting and teenage pregnancy

Permissive parents are so lenient to command authority (Dittus, P. J., Jaccard, J., & Gordon, V. V. ,1999). Such parents often step in only when there is a serious problem. They are quite forgiving and they adopt an attitude of "kids will be kids." When they do use consequences, they may not make those consequences stick. They might give privileges back if a child. Permissive parents usually take on more of a friend role than a parent role. They often encourage their children to talk with them about their problems, but they usually don't put much effort into discouraging poor choices or bad behaviors. Teenagers who grow up with permissive parents often struggle academically, (Crouter,2016). They may exhibit more behavioral problems as they do not appreciate

authority and rules. They often have low self-esteem and have a higher risk for health problems.

2.2.1.4 Neglectful parenting and teenage pregnancy

Schiff & Shelov, (1997) states that neglectful parents tend to have little knowledge of what their teenagers are doing. There tend to be few rules in the household. Children may not receive much guidance, nurturing, and parental attention. Such parents expect children to raise themselves. They do not devote much time or energy into meeting children's basic needs. Some scholars argue that not all neglectful parenting is intentional. A parent with mental health issues or substance abuse problems, for example, may not be able to care for a child's physical or emotional needs on a consistent basis.

Neglectful parents lack knowledge about child development or may believe that their child will do better without their oversight. And sometimes, they are simply overwhelmed with other problems, like work, paying bills, and managing a household. Children with neglectful parents are likely to struggle with self-esteem issues. They tend to suffer psychologically and may experience mental disorders (Corocon,2016). They also exhibit frequent behavior problems and rank low in happiness.

In conclusion there's no such thing as perfect parenting style. Sometimes parents do not fit into just one category. It is hard to remain consistent when balancing life and parenting and as long as the parenting style adopted will create more warm and friendly environment for teenagers that will in turn reduces unintended teenage pregnancies. Dedication and commitment to being the best parent is helpful as long as a positive

relationship is maintained with your child while still establishing authority in a healthy manner.

2.2.2 Parenting styles and teenage pregnancy in Africa

Jonas, K., Crutzen, R., Van Den Borne, B., Sewpaul, R., & Reddy, P.,(2016), study established that teenage pregnancy has become a major contributor to maternal and child mortality. This is due to the fact that complications relating to pregnancy and childbirth are the leading cause of death for girls under 19 years. Studies of (Diabelková, J., Rimárová, K., Dorko, E., Urdzík, P., Houžvičková, A., & Argalášová, L.,2023). (Diabelková et al., 2023) also reveals that expectant girls and adolescents face other health risks and complications due to their immature bodies. It further reports that girls born from neglectful parent's majority lack necessities of life and are at greater risk of becoming victims of early teenage pregnancies

Shulman, (1993) examined the teenagers' different reactions to various family parenting styles. Their study showed that while getting exposed to stressing factors, the adolescents who were raised in a unsupportive, conflictive, and forceful environment were likely to respond to strains in a passive way. Guay & Dusek, (1992) studies also found that adolescents of authoritative parents deal with problems effectively, and that the honest and positive communication with parents brings them social acceptance. Sillars, A., Koerner, A., & Fitzpatrick, M. A.,(2005) study also stated that the expectation of failure, as well as passive and inappropriate behaviors were observed in the adolescents of authoritarian parenting type. Previous study showed that the adolescents of authoritative parents are more adaptable, have higher self-esteems, and achieve higher educational degrees, whereas, the adolescents of type

authoritarian/dictatorship parents achieve lower educational degrees and show more anti- social behavior.

Although the role of family and parenting style in the development of adolescents is not deniable, the factors influencing this development of parenting style should be evaluated in the context of the society's cultures, as well as in their society's gender roles according to scholar (Durrant & Ensom, 2012).Consequently parents who are able to have the potential to influence their teenagers by offering comfort and adequate support, monitors the independence of their teenagers, interacts regularly with teenagers and instils values both through language and role modelling create a well-balanced and whole round teenagers which in turn reduces incidences of unwanted teenage pregnancies. Miller et al., (2002) research also indicates that parental approaches may have more effect if they are implemented in a warm and positive parenting style.

2.3 Influence of Sexual Health Education by parents on teenage pregnancy

2.3.1 Sexual health education and teenage pregnancy from a global perspective

Sexuality as 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. 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 (Hewitt-Stubbs, G., Zimmer-Gembeck, M. J., Mastro, S., & Boislard, M. A.,2016)

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 (Ganji, J., Emamian, M. H., Maasoumi, R., Keramat, A., & Merghati Khoei, E.,2017). 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 (Ganji et al., 2017). 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. Therefore, the 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 sexual socialization (Ganji et al., 2017). Therefore, Sexual Education by parents, as one of the main components of sexual socialization, is one of the best strategies for children sexual health promotion.

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 traditionally left to a child 's grandparents, and often this was put off until just before a child 's marriage (Maqbool, M., Hafsa Jan, I., & Jan, H. ,2019).

Lack of knowledge about sexual health and family planning pervades Kilifi County's conservative culture. The silence led to one of the highest teen pregnancy rates in Kenya, at 22 per cent, compared to the national average of 18 per cent (UNFPA Kenya, 2021). This raises the need to bridge the gap in terms of awareness. By raising girls' awareness of their sexual and reproductive health and rights, protecting them from abuse and connecting them with education and health services, it supports the key decisions they make about their futures and bodies.

Governments as well need to strengthen national health systems, implement comprehensive education on sexuality and relationships in and out of schools, and provide affordable, safe contraception to tackle the root causes of adolescent pregnancy. Consequently, Governments need to do more to support pregnant girls and young mothers to continue and complete their education. 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 (Bomester, 2021) .

Sexual health education in the home can be an excellent opportunity for teenagers and parents need to freely talk about sex, and also the need to convey their values to their teenagers (Eisenberg et al., 2008). 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 (Advocates for Youth, n.d.). However, most parents tend to assign to schools the role of sexual education which themselves are not willing to do (Kellogg, 2009).

2.3.2 Sexual health education and teenage pregnancy in Africa

According to WHO report released in 2017, the overall prevalence of adolescent pregnancy in Africa was 18.8% and 19.3% in the Sub-Saharan African region. The prevalence was highest in East Africa (21.5%) and lowest in Northern Africa (9.2%). Factors associated with adolescent pregnancy include rural residence and lack of parent to adolescent communication on sexual and reproductive health (SRH) issues.

Interesting findings emerged from a quantitative study carried out to assess parental communication about sex and motherhood trends among students at Limpopo university which revealed that parental communication about sex and related matters is not a common practice among many of the families in the population studied (Makofane & Oyedemi, 2015). In addition, the (Mothiba & Maputle, 2012) study in South Africa revealed that many young people perceived it as a cultural taboo to discuss sex with their parents. Although sex topics were found to be a taboo by many participants, the discussion of the topic with parents was cited as being significant in influencing the sexual behavior of teenagers that could lead to unwanted pregnancy.

In Kenya, almost 2 out of 10 girls between the ages of 15 and 19 are reported to be pregnant or have had a child already. Several factors contribute to adolescent pregnancies and births. In many societies, girls are under pressure to marry and bear

children early. In least developed countries, at least 39% of girls marry before they are 18 years of age and 12% before the age of 15. In many places' girls become pregnant because they have limited educational and employment prospects. Often, in such societies, motherhood is valued and marriage or union and childbearing may be the best of the limited options available (Kumar, M., Huang, K. Y., Othieno, C., Wamalwa, D., Madeghe, B., Osok, J., Kahonge, S. N., Nato, J., & McKay, M. M. K.,2018)

Adolescents who may want to avoid pregnancies may not be able to do so due to knowledge gaps emanating from parents and health care workers. Such misconceptions can be on where to obtain contraceptive methods and how to use them. Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints.

2.4 Parental Supervision on teenage pregnancy

2.4.1 Parental supervision and teenage pregnancy form a global perspective

Parental supervision is a hypothetical psychological construct that has been used to explain a composite of parenting practice variables including awareness, communication, concern, monitoring, and tracking of adolescent behaviors (Hayes, L., Hudson, A., & Matthews, J.,2007). Parental supervision is defined by parental knowledge of teenage activity and that knowledge depends on parents 'willingness to disclose. Studies by (Oros, 2012) have demonstrated that teenagers with parents who supervise their activities had a later sexual initiation, fewer sexual partners, and more consistently used contraceptives than teenagers who were never keen on their activities.

Poor supervision is consistently associated with antisocial behavior in both cross-sectional and longitudinal studies (Patrick, M. R., Snyder, J., Schrepferman, L. M., & Snyder, J.,2005)

Adolescents who lack supervision are more likely to report depressive symptoms, lowered self-esteem, and poor academic achievement (Gil-Rivas, V., Greenberger, E., Chen, C., & Lopez-Lena, M.,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 key factor leading to increased teenage pregnancies. Supervision is more likely to be effective when combined with an authoritative parenting style. A study done by (Hayes et al., 2007) 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.

2.4.2 Parental supervision and teenage pregnancy in Africa

Parent-teenage relationship factors associated with supervision include trust, communication, adolescent disclosure, and family harmony. Parents can help prevent risky teenage behavior by supervising their adolescents 'activities and being aware of where and with whom their adolescents are when they are not at home or in school (Crouter, A. C., MacDermid, S. M., McHale, S. M., & Perry-Jenkins, M.,1990).

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 appropriate supervision (Carlos, S.,

Osorio, A., Calatrava, M., Lopez-Del Burgo, C., Ruiz-Canela, M., & De Irala, J.,2016).

This implies that parenting plays a key role in laying a good foundation for children, modelling them into adulthood by equipping them to make informed life choices that would eventually reduce unwanted teenage pregnancy.

2.5 Parent-teenage communication on teenage pregnancy

2.5.1 Parent teenage communication and teenage pregnancy from a global perspective

The relationship between parent and child must develop over time as the child's social ability grows and evolves over a long period of time (Hyde, A., Carney, M., Drennan, J., Butler, M., Lohan, M., & Howlett, E.,2009). It identified parents as the principal source of sexual knowledge for adolescents. Family dynamics refers to the patterns of interactions among relatives, their roles and relationships, and the various factors that shape their interactions. Because family members rely on each other for emotional, physical, and economic support, they are one of the primary sources of relationship security or stress. Secure and supportive family relationships provide love, advice, and care, whereas stressful family relationships are burdened with arguments, constant critical feedback, and onerous demands.

Interpersonal interactions among family members have lasting impacts and influence the development and well-being of an individual via psychosocial, behavioral, and physiological pathways. Thus, family dynamics and the quality of family relationships can have either a positive or negative impact on health. In the study of family relationships by (Thomas et al., 2017) , several factors can influence family relations. Some researchers have identified individuation, mutuality, flexibility, stability, clear communication, and role reciprocity as the primary factors contributing to healthy

family dynamics. In particular, mutuality, meaning a shared feeling of cohesion and warmth, has been identified as the strongest contributing factor. In contrast, factors contributing to unhealthy family dynamics include enmeshment, isolation, rigidity, disorganization, unclear communication, and role conflict.

Mehus et al., (2022) study pointed out that young people are informed by different sources regarding sexual behavior, but often prefer parents as primary educators. The same Study additionally revealed that there is a significant difference between what parents receive as communication about sexuality and the extent to which adolescents actually report. A problem-solver aspect should be consistent interaction between parents and children, Corcoran, (2016). This helps families to discuss sexual behavioral issues through a number of rules and standards to address potential conflicts resulting from childhood, such as teenage pregnancy.

Improved possibility of abstinence in conjunction with transparent and encouraging interaction, results in fewer sexual partners and improved use of contraceptives which in turn reduces teenage pregnancy (Advocates for Youth, 2011a). Nevertheless, the influence on teenage sexual behavior is influenced by the quality of the relationship experienced in the family (Calhoun et al., 2013). It brings out that perceived maternal disapproval of sex that involves a high degree of mother-daughter interaction and communication may delay the first sexual experience for teenagers. This denotes that parents should provide fair and accurate sexual data, independent of potential misinterpretation, other than their sexual communication with their children. The same studies indicated that delay in communication until the teenager is sexually active would not yield good results compared to when the communication was done early enough.

Communication has some level of importance as it indicates parent-child influences on the issues of sexuality (Maina, B. W., Ushie, B. A., & Kabiru, C. W.,2020). This means that the amount and quality of communication on sexuality determines the time at which teenagers indulge in sexual activity. In this way, the quality of the conversation itself will inevitably be modified, which will also influence how a young person responds. Lederman & Mian, (2003) performed a program on pre-pregnancy and sexually transmitted disease prevention in an experimental study investigating parental interaction and impact. The results indicated that interaction between parent and child is based on the value system of the family and the commitment to open discussion of sexual issues. Families with strong relationships with parents based on trust between the mother and daughter in particular, are more likely to choose abstinence or limit sexual activity.

2.5.2 Parent teenage communication and teenage pregnancy in Africa

Kliewer, W., Washington-Nortey, M., Salifu Yendork, J., Sosnowski, D. W., Wright, A. W., & McGuire, K., (2020).study researched on a group of African teenagers on mediations and tolerance found out that highly religious parents were more likely to show successful parenting activities, including interaction. Hoskins, (2014) found that good interaction between parents and adolescents is important because it is associated with positive outcomes for teenagers. The development of an atmosphere to promote positive interaction among the parent child is therefore important because it can function as a protective factor for teenage pregnancy. Zhang & Yuan, (2023) study revealed that sexual education is one of the most important issues for young people to talk to their parents However, one study shows that parents talk to their daughters more about sex than their sons (Grossman, J. M., Jenkins, L. J., & Richer, A. M. 2018)

Overall, one-fifth of adolescents become pregnant in Africa. Factors like residence, upbringing, educational status of adolescents and parent to adolescent SRH communication were associated with adolescent pregnancy (Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W.,2018)

In addressing increased teenage pregnancy, Kenya has clear policy and legal frameworks that promote adolescent sexual and reproductive health and rights, These includes National Adolescent Reproductive Health and Development policy (2015),National Guideline for the Provision of Youth-Friendly Services (YFS) (2005,Guidelines for Strengthening HIV and AIDS Coordination at the District Level (2010), the Constitution of Kenya (2010), Sexual Offences Act (2006), HIV and AIDS Prevention and Control Act (2006), Marriage Act (2014), 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. All policies and frameworks are geared towards promoting the safety, communication and welfare of teenagers and young persons.

Kakamega County Department of Health, in collaboration with reproductive health implementing partners and other key county departments, have been implementing interventions that target teenage and adolescent girls to increase access to information, communication and services on Adolescent Sexual and Reproductive Health (ASRH), and family planning. These includes 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,

training/dissemination of ASRH policy to health care workers and community health volunteers and scale up of Youth friendly clinics, to enhance community referrals. Teenage pregnancy and childbearing, however, make it difficult to achieve these as it is associated with adverse negative health and social outcomes for teenage mothers and their children (Cook & Cameron, 2020).

2.6 Theoretical Framework

The study adopted the following theories.

2.6.1 Social learning Theory (Bandura, 1925)

The theory focuses on the importance of observation in learning process through modelling and imitation. Conformity has an implication on behavior change. Bandura believes that observation, imitation and modelling are central components to learning. According to Bandura best learning only occurs if the learner is fully motivated. This can be done through acknowledgment and being commended for their speech and achievements. Teenagers feel they are all-powerful if they are appreciated, rewarded and commended (Brummelman, E., Grapsas, S., & van der Kooij, K.,2022). They will build expectations with this idealization. In time, teenagers learn their idealized ideas are wrong and replace with a more realistic assessment of themselves and their adults. This learning depends in part on adults responding positively to the unique, lovable and praiseworthy characteristics of teenagers. If parents fail to respond adequately, teenagers may not be able to develop a positive sense of self-worth and may spend the rest of their lives searching for such acceptance without success.

Since teenagers attach great importance to what they are told by the adults around them. Because they spend significant time at home, their family members are their objects of idealization. If well- used, this idealization will help teenagers fully understand

themselves and their sexuality. Consequently, effective communication between teenagers and their parents is a critical tool to promote positive sexual and reproductive behavior.

2.6.2 Theory of action Systems By Talcott Parsons(1951)

The theory is based on the principle that the component parts of a system can best be understood in the context of the relationships with each other and with other systems, rather than in isolation. The theory considers the entire business organization as one system or as a whole rather than looking at the organization as separate divisions, departments, or elements. This implies that changing one component of a system affect other components or the whole system. For systems that learn and adapt, the growth and the degree of adaptation depend upon how well the system is engaged with its environment and other contexts influencing its organization. Some systems support other systems, maintaining the other system to prevent failure. The goals of this theory is to model a system's dynamics, constraints, conditions, and relations; and to elucidate principles (such as purpose, measure, methods, tools) that can be discerned and applied to other systems at every level of nesting, and in a wide range of fields for achieving optimized equifinality. Consequently, separating the parts from the whole reduces the overall effectiveness of organizations thus the need to recognizing the interdependence between groups of individuals, structures and processes that enable an organization to function.

There are four basic elements to the action in systems theory are: output, process, input, and feedback. Process represents the operations that occur to transform the inputs to the desired outputs. Inputs represent the basic materials or resources that will be transformed to the output. The input to a system can be thought of as the raw materials

for a process that will produce a particular output. Action in system theory allows us to see that there might be more to the problem than what meets the eye. This theory demonstrates that instead of addressing just the problem we need to see what the whole system looks like to gain a better understanding of what we are seeing and why. Action in system theory is also involved in analyzing how society adapts to its environment through adjustments in its structure, with important implications for the understanding of social order.

2.7 Conceptual Model

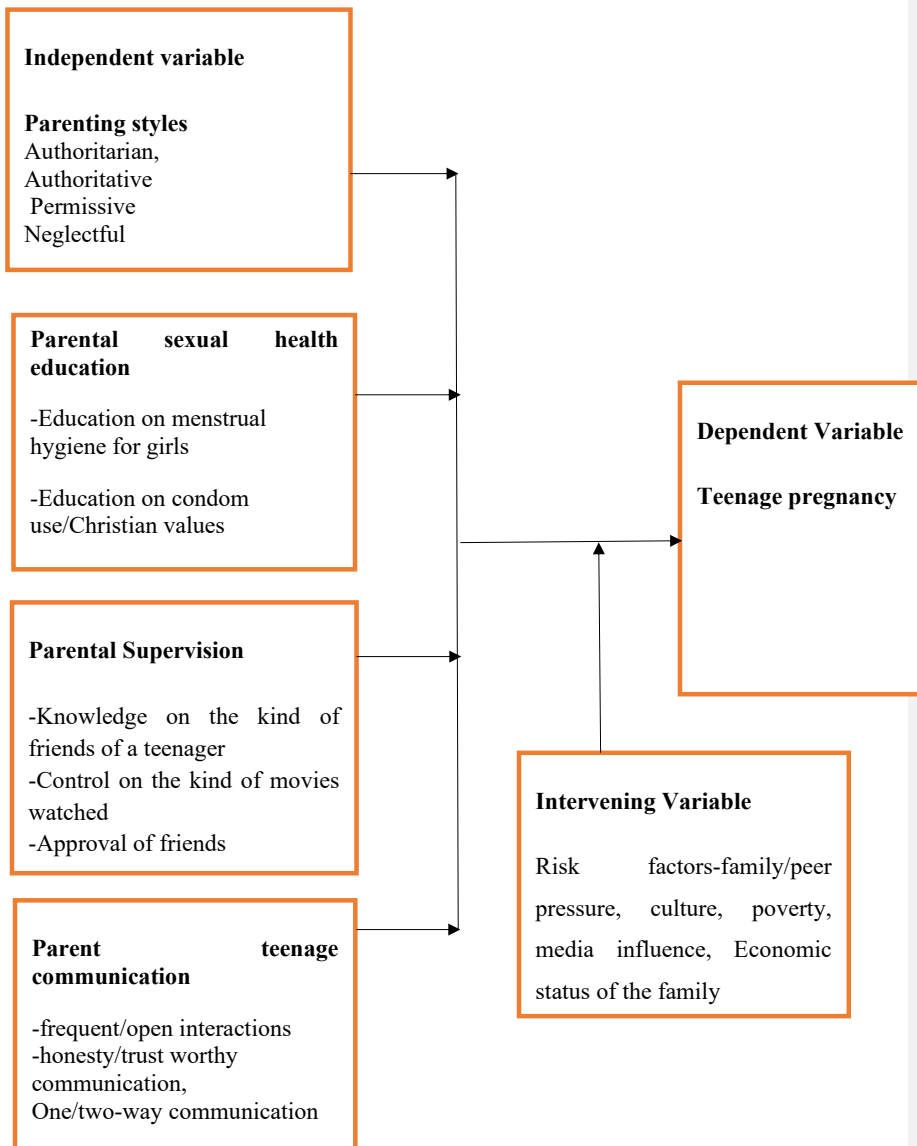


Figure 2.1: Conceptual Model

Source: Researcher, 2023

The conceptual model presents interactions between independent and dependent variables. The conceptualized study will be effect of parenting on teenage pregnancy in Malava Subcounty Kakamega County. Effects of Parenting forms the independent variable for the study and has been operationalized by Parenting styles, parent sexual health education, parental supervision and parent teenage communication. The dependent variable which is teenage pregnancy has been operationalized through the age of the teenager and formal/informal employment of the teenager. The intervening variables for the study was education and social economic status.

2.8 Chapter summary

The chapter presents a comprehensive literature review on the effects of parenting on teenage pregnancy. It examines the influence of parenting styles, parental sexual health education, parental supervision and parental communication on teenage pregnancy. The chapter also explores related literature to parenting styles such as Authoritarian parenting, Authoritative parenting, permissive and Neglectful parenting. On parental supervision the focus has been directed to parents ability to control and approve friends to their teenagers and control kind on movies to be watched, on parental sexual health education a focus on educating teenagers on to how to handle peers of opposite sex, on hygiene matters during their circles and on parental communication the focus on one way verses two way communication in addressing teenagers and its pros and cons. The chapter concludes with a theoretical framework that incorporates the social learning theory and the action of systems theory to understand the dynamics of how parenting contributes to the increase in teenage pregnancy cases. Furthermore, a conceptual framework is presented, outlining the relationships between the independent and dependent variables and the intervening variables. The literature review provides a solid

foundation for the subsequent chapters and contributes to a deeper understanding of the research topic.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on research methodology that was to be used in the research. This included research design, study area, study population, data collection methods and procedures, sample designs, Ethical considerations, validity, Reliability, data analysis and presentation.

3.2 Research Design

A research design according to (Pandey & Pandey, 2021) is a master plan outlining the framework of methods, procedures for the collection and analysis of data to obtain the information needed. It is a plan structure, and strategy of investigations to obtain answers to a specific research question. Research design facilitates the smooth scaling of various research operations and enables us to collect relevant data with the use of appropriate techniques.

The study employed mixed method research design. Mixed methods enabled the researcher conceptually and analytically to integrate both quantitative research and qualitative data (e.g., semi-structured interviews, focus groups). Consequently, the use of both quantitative and qualitative data in one single study provided stronger inference than using either one approach only on its own. (Grønmo,2019)

3.3 Study Area

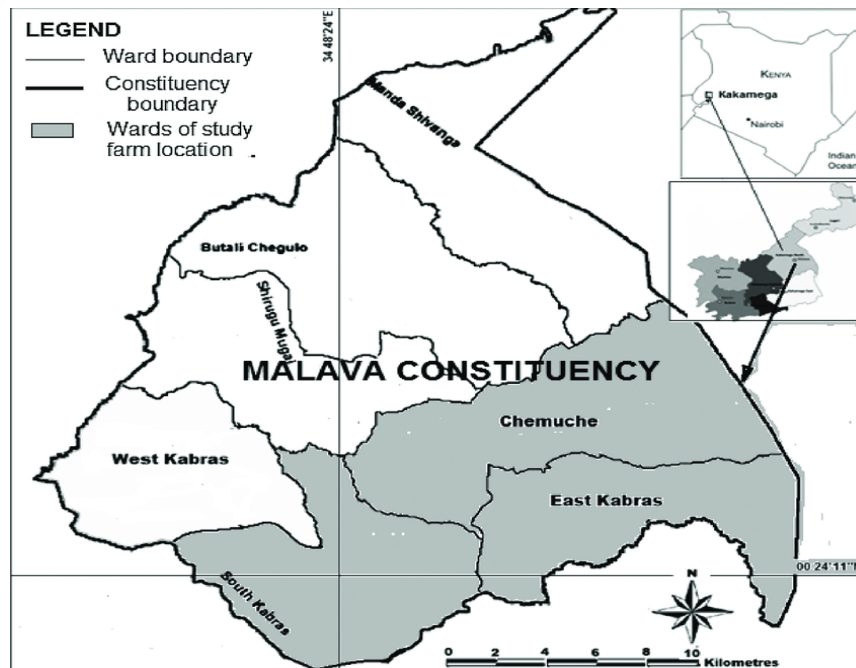


Figure 3.1. Map of the Study

Source: IEBC, 2019

The study site for this study was Malava Sub County. Malava subcounty is one of the 12 sub-counties in Kakamega County with a total estimated population of 235,000(Kenya National Bureau of Statistics,2019). It is one of the populous sub-counties in Kakamega County with rich diversity and demographics thus an ideal study site for this research. Additionally, the Sub County was ranked among the leading Sub counties that contributed to drastic spike in teenage pregnancy cases in the year 2021/2022 (Wekesa, 2024).

3.4 Target Population

Target population is defined as a group of individuals or set of units who share similar characteristics and from which findings are generalized. Target population is drawn from the entire mass of observation, population (Pandey & Pandey, 2021). The target population is an important concept in research because it determines the scope and generalizability of the study, (Costley & Fulton,2018). The study's target population was 321 teenage girls who were victims of teenage pregnancy in Malava Sub- County, sourced from Malava Sub County Hospital MCH unit. Other respondents included, 21 Health care workers in the hospital, 20 teachers from schools where teenagers learn/learned and 5 chiefs/Subchiefs from wards where teenagers resided. This is where a sample size was drawn. The target population was highly heterogeneous with diverse culture, religion, and ethnic practices thus reliable for collection of both Quantitative and qualitative data.

3.5 Sampling Procedure and Sample Size

The process of selecting and estimating a sample from a population is defined as sampling (Pandey & Pandey, 2021). A sample is a smaller representation or fractional part of a whole. Sampling entails a process to determine the number of participants in the study, derived from the larger population (Casteel & Bridier, n.d.). The study utilized purposive sampling technique to determine the participants who were accessed through Malava subcounty Hospital MCH register.

The sample size for quantitative study was determined through Taro Yamane's sample determination formula due to its high accuracy, desired confidence level, and estimated proportion attributed to the study population. The sample of 178 cases was extracted

from a population of 321 cases reported at Malava Subcounty Hospital MCH unit for the year 2020/2021.

$$\frac{N}{1+N \times (e)^2}$$

$$n = \frac{N}{1+N \times (e)^2}$$

Where: N is the study population, e is the error margin (assumed at 0.05), and n is the sample size

So, the sample size was;

$$e = 0.05$$

$$N = 321$$

$$n = \frac{321}{1+321(0.05)^2}$$

$$\frac{321}{1+0.8025}$$

$$\frac{321}{1.8025}$$

$$178 \text{ respondents}$$

Thereafter, simple random sampling was used to determine the participants in the research from the sample size of 178, where 155 participants participated in the study.

The study targeted 46 key informants, which comprised of 21 HCWs, 20 teachers and 5 chiefs/chiefs.

Table 3. 1 Distribution of Teenage pregnancy cases, Targeted Sample and Participants

		Targeted Sample	Participants
Teenage	Pregnancy	178	155
Cases			
Totals		178	155

Table 3. 2 Distribution of Key Informants Targeted Sample and Respondents

Key Informant	Targeted Sample	Participants
Health care workers	21	17
Teachers	20	16
Chiefs/subchiefs	5	4
Totals	46	37

Source: Researcher (2023)

3.6 Data Collection Tools

3.6.1 Questionnaires'

According to Flick, (2020), questionnaires are a common research tool that aids in the collection of data. In this study, the primary mode of data collecting was through a structured questionnaire. The Questionnaire involved both open and closed ended questions. This limited the respondents to the information required, while they expressed their views in open ended questionnaires. The open-ended questions provided respondents with the opportunity to freely express their views and feelings on the topic, allowing for a deeper exploration of their experiences. Meanwhile, the closed-ended questions enabled respondents to provide specific and quantifiable responses in relation to parenting and teenage pregnancy.

3.6.2 Focus Group Discussion (FGD)

The goal of the focus group discussion was to collect data purposefully from parents Focus Group discussion, comprised of 10 members each of different ages and sex. These were parents residing within 5 purposely sampled wards of Malava subcounty. FGD was done at ward level. Unstructured questions drove the focus group conversations,

allowing for flexibility in seeking information. In total the researcher formed 9 FGD groups with one group having 11 members for 91 parents. Discussions took 45 to 60 minutes. Group discussion was conducted by the researcher on varied dates to obtain varied viewpoints of different FGDs. This increased validity.

3.6.3 Key Informant Interviews

Key informant interviews are a type of research method used in social sciences and other fields to gather information and insights from individuals who have special knowledge or expertise about a particular topic or issue (Pahwa et al., 2023). Key informants were purposely selected based on their knowledge, experience, and ability to provide valuable information about the topic being studied. The researcher adopted the use of key interview guide for 46 Key informants. These comprised of 21 Health care workers (HCWs) of different cadres, 20 Teachers in 10 schools where 2 teachers were interviewed in each secondary school and four chief/subchiefs. The teachers interviewed were the deputy head teachers and guiding and counselling teachers. This provided in depth information on the effects of parenting on teenage pregnancy in Malava subcounty.

A good rapport was created to reduce tension and ensure rich data is collected for the research. To facilitate objective rich collection of data the researcher carefully listened, recorded while taking note of the key details raised by respondents during the interviews. The questions were created guided by the study's objectives, research questions, and conceptual framework.

3.7 Data Collection Methods

The study utilized both primary and secondary data. The primary data was collected using questionnaires and key informants interview schedules. On the other hand, secondary data included, Ministry of health reports demographic surveys, and statistics obtained from government agencies, peer-reviewed journals, government publications and open media platforms such as the internet and print media using content analysis. Mixed methods of data collection methods were adopted to help facilitate the collection of both qualitative and quantitative data. This was an important method as each complemented the shortcoming of the other.

3.8 Pilot Study

A pilot study was conducted prior to the main research on teenage pregnancy cases at Lurambi Sub County and revealed a value of 0.853, which implied that the study data was significantly adequate for the pilot study. The aim was to evaluate the reliability and validity of the research tools. Lurambi Sub County, like Malava Sub County, witnessed an increase in teenage pregnancy among teenagers of 15-19 years of age. During the pilot study, 18 participants completed the research instruments. Various aspects of the instruments were examined, including language appropriateness, completion time, font size and color suitability, and completeness. The feedback from the pilot study helped improve the data collection tools for the subsequent research.

3.8.1 Reliability of Research Instruments

The researcher ensured the reliability of the research instrument since it is essential to measure the instruments' ability to stand the test of time. This means that the instruments used were able to produce consistent results when used more than once. Testing the reliability of a research instrument, one can use three ways: Test-retest reliability,

Parallel form's reliability, and Inter-rater reliability (Babu & Kohli, 2023). Therefore, to test the reliability of the instruments, the researcher used the test-retest reliability method. The respondents were asked to complete the questionnaire on the same phenomena two times at an interval of two weeks. After that, the results were compared to assess the reliability of the instruments to produce the required results. The test-retest method was used to assess the reliability of the instruments.

Cronbach's alpha was used to determine the internal consistency or average correlation of items in the questionnaire used in the pilot study in order to gauge its reliability. Cronbach's alpha coefficient of 0.7 or more implies a high degree of reliability (Taber, 2018). Reliability analysis was done on all the independent variables to determine whether they met the 0.7 alpha threshold. The results of the analysis showed that all the four independent variables had Cronbach's alpha coefficients of reliability of more than 0.70, with an average inter item reliability index of 0.785, thus indicating that the instrument was sufficiently reliable for measuring the study constructs

3.8.2 Validity of Research Instruments

Validity refers to how accurately an instrument measures what it is intended to measure. Validity focuses at whether the instrument adequately covers all the content that it should with respect to the variables. In other words, does the instrument cover the entire domain related to the variables, or construct it was designed to measure (Roy et al., 2021). Therefore, the researcher employed content validity by reviewing the questionnaires and interview schedules to ensure that it reflected study objectives and provided connection between the research variables. Furthermore, the researcher submitted the instruments to the University supervisors to review and verify the content validity of the tools

3.9 Data Collection procedure

The researcher started by conducting review of secondary data related to the study. According to Martins, (2018) secondary data are a powerful source of data. These included data from, Kenya Health Information System (KHIS), Government documents, official statistics, ministry of health reports, reviewed articles and scholarly journals. The researcher engaged community leaders-chiefs and subchiefs who were entry points into the community to aid the researcher to familiarize with the area and social dynamics of the respondents.

Questionnaires were administered to 178 teenagers of ages 15-19yrs residing within Malava subcounty in the 5 purposely selected wards. This generated both qualitative from open ended questionnaires and quantitative data from closed ended questionnaires.

Key interview schedules were administered to 46 key informants to collect in-depth data. This generated qualitative data. The researcher formed 9 focus group discussions (FGDs) for parents' each containing 10 parents. FGDs yielded qualitative data.

3.10 Data Analysis and Presentation

Data collected from respondents was checked, arranged, cleaned and coded to ensure, clarity and completeness before analysis. The study collected both qualitative and quantitative data.

To analyze quantitative data, the researcher used descriptive statistics. Descriptive statistics are indexes that are used to characterize a set of data (Mugenda, 2008). Percentages and frequencies were employed as distribution measures. Means, modes, standard deviation and variance were used in the descriptive analysis. The total sample, age bracket, educational level, the teenage marital status, economic status, age of

teenager was subjected to descriptive statistics. Relationships between variables was investigated using Pearson Product Moment Correlation Coefficient. Multiple variable associations were investigated using Linear Regression. The Statistical Packages for Social Scientists (SPSS) version 29 was used to analyze quantitative data. Data obtained from the analysis was presented in tables, charts and graphs.

Qualitative data for the study was grouped using open coding for the purpose of generating theme which was analysed using thematic and content analysis and presented through narrations according to emerging themes. Qualitative data was presented alongside quantitative data.

3.11 Ethical considerations

Ethical considerations are vital for any research since they guide the researcher and ensure the study's integrity. Therefore, in line with ethical concerns, the researcher first sought authorization from the relevant authorities, including Masinde Muliro University of Science and Technology and the National Council of Science, Technology, and Innovation (NACOSTI). On top of that, the researcher informed and sought consent from the head of institutions the researcher visited, for instance Malava subcounty Hospital and education office. Furthermore, the researcher sought consent and respected the respondent's right to decline to participate in the study. Also, the researcher ensured the confidentiality of respondents by coding the questionnaires and Key informant interview schedules to hide their identities. Additionally, the researcher respected respondents' views without bias or judging them. Lastly, the researcher assured the respondent's confidence that the information given would only serve the intended purpose which was for academic purpose only.

3.12 Chapter Summary

The chapter focuses on the research methodology employed in the study. It begins by explaining the adopted research design, which involved a mixed methods approach. The chapter highlights the study site, which was Malava subcounty, Kakamega County, Kenya, providing a justification for its selection. The target population comprised teenage pregnancy victims from Malava subcounty Maternal child unit, as well as the staff working with teenage pregnancy victims, teachers, and chiefs/subchiefs. The chapter describes the sampling technique used and specifies the sample size. It further details the data collection procedures, including the instruments utilized for data collection. The reliability and validity of the research instruments are discussed. The chapter further digs into the data analysis and data presentation methods employed. Lastly, ethical considerations related to the study are addressed, ensuring the protection of participants' rights and confidentiality. This chapter outlines the rich methodology employed to gather and analyze data, enhancing the credibility and validity of the research findings.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The chapter contains findings, their interpretation and discussions of findings in relation to the objectives of the study. The general objective was to assess the effects of parenting on teenage pregnancy among girls of ages 15-19 in Malava Subcounty, Kakamega county, Kenya. Specifically, the study sought to find out the influence of parenting styles on teenage pregnancy in Malava Subcounty, Kakamega County, to determine the influence of Sexual Health Education by parents on teenage pregnancy in Malava subcounty, Kakamega County, to establish influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, to evaluate influence of parent-teenage communication on teenage pregnancy in Malava Subcounty, Kakamega County Kenya. The response rate on the study data collection instruments is also presented in this chapter.

4.2 Response Rate

The study's sample size comprised of 178 primary respondents being teenage pregnancy cases at Malava Subcounty Hospital MCH unit, 21 Health care workers, 20 Teachers and 5 Chiefs/Subchiefs. Out of the targeted sample of 178 teenage pregnancy victims 155 participated. Questionnaires were dropped and picked. For key informants out of 21 HCWs targeted 17 responded while for 20 targeted teachers ,16 responded and out of 5 chiefs targeted 4 chiefs/subchiefs responded. This gave the study a response rate of 87.1 %.

The distribution is as shown in Table 4.1

Table 4. 1: Response Rate

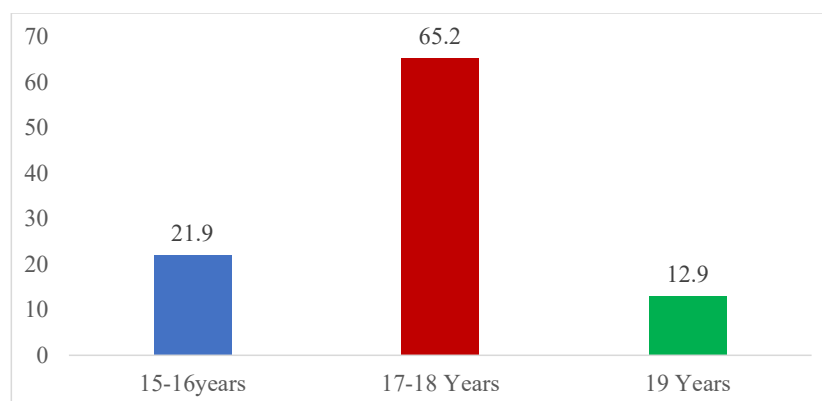
Population Unit	Administered	Participated	Percentage
Teenage Mothers	178	155	87.1%

(Questionnaires)

Source: Research data, 2023

4.3 Demographic Characteristics of the Respondents

In this section, respondents were asked to state their ages, marital status, level of education and formal and informal employment. Therefore Demographic Characteristics of the respondents included age, level of education, marital status and formal and informal employment status.

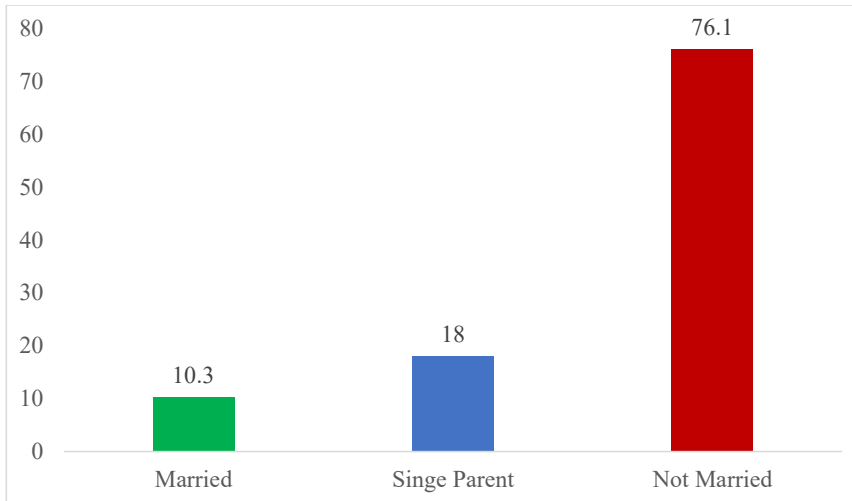


Source: Research data, 2023

Figure 4.1: Age of respondents

The figure shows the ages of respondents. Findings are discussed as below. According to this study 21.9% (34) of the respondents were aged between 15-16 years, and a further 65.2% (101) were between age 17 and 18 while 12.9% (20) of the respondents were 19 years. This implies that despite the fact all ages of teenagers being at risk of being affected by teenage pregnancy but teenagers of ages between ages 15-18 were more at risk. Contributing factors were less exposure to sexual health education with an excuse that they are still young, peer, media influence etc. This coincides with a study by (Corcoran, 2016) which revealed that younger girls were more prone to early unwanted pregnancies than older teenagers. This is because older teenagers had increased knowledge on matters sexuality as well as access and utilization of contraceptives unlike young ones.

This as well coincided with a study by (Kassa et al., 2018), which indicated that overall, one-fifth of adolescents under 18 years become pregnant in Africa and Several factors such as age, upbringing, residence/environment, exposure level, economic status of their parents, educational status was associated with such increased pregnancy.

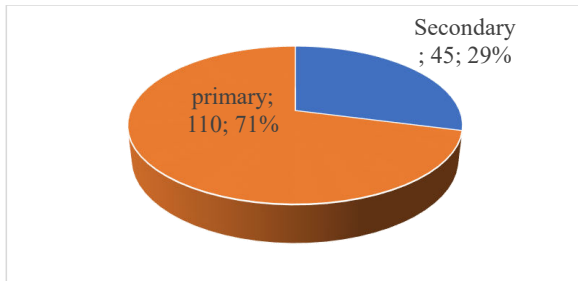


Source: Research data, 2023

Figure 4. 2: Marital Status of respondents

The figure shows marital status of respondents/teenage mothers. The results are as per the findings below;

From the findings, 10.3% (16) of the respondents were married, 18.0% (28) were single while the majority of the respondents were not married. 76.1% (111). This means that most of affected teenagers with teenage pregnancies may not get married at that time because of their young age and in fact most of them are taken back to school to continue with their studies. Most of their children are raised by their parents. Very few of such teenagers get married/are forced into early marriage or are accepted by those who have impregnated them. This concedes with the study by (Santos et al., 2015) on challenges experienced by teenage mothers that found out that the burden of raising up of teenage mothers' babies are often left in the hands of grandmothers/parents while the perpetrators are by and large.



Source: Research data, 2023

Figure 4. 3: Education Level of the respondents

The figure shows the level of education for the primary respondents. Results are as per the findings below;

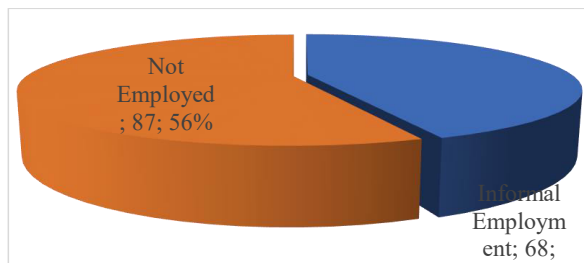
Findings show that 29% (45) of the respondents had completed secondary school, 71% (110) had completed primary school. The findings provide valuable insights into the relationship between level of education and teenage pregnancy.

The results reveal that individuals with varying levels of education were susceptible to teenage pregnancy, highlighting the complex interplay between education and teenage pregnancy.

This shows that primary school leavers were most affected by teenage pregnancy unlike secondary school leavers. Given the opportunities that come the way of secondary school leavers verses primary school leavers , and the financial independence that is attached to those opportunities, secondary school leavers are less likely get affected by teenage pregnancy according to the study by (Kumar et al., 2018). The study revealed that such persons have the confidence to walk away. They are also able to make sound decisions without wavering and seek alternative ways and that acts as a defense against being taken advantage. This is however may not the case for primary school leavers

and more so those from neglectful parents who in most cases depend on others for support. They may easily get abused and end up being impregnated.

Another key reasons for this are that individuals with lower levels of education are often more likely to be living in poverty and have limited access to resources and support (Kumar et al., 2018). This can make it more difficult for them to escape being lured, and they may also lack the knowledge to prevent teenage pregnancy.



Source: Research data, 2023

Figure 4. 4: Formal and informal employment Status of respondents

The figure shows the formal and informal employment of respondents. Results are discussed in the findings below;

According to the study findings, 56% (87) of the respondents did not have any form on employment either formal/informal while 43% (68) had some informal/formal employment. This is true to the fact that most affected group of teenagers with teenage pregnancy are mostly those with low economic status as affirmed by Mwangi, (2017) study. The study revealed that lack of access to resources, poverty and support also contributed to the high prevalence of teenage pregnancy.

This shows that majority of the victims of teenage pregnancy were not in employment and depended on their parents/Guardians. Such dependence on other people to meet

basic needs placed teenagers in a position of disadvantage and one may get sexually abused and taken advantage of as found in the study by (Chamdimba et al., 2023).

4.4 Influence of Parenting Styles on Teenage Pregnancy

The table below shows the responses on the influence of parenting on teenage pregnancy. The first objective of the study was to find out the influence of parenting styles on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved by conducting both descriptive and inferential statistics. The respondents were asked to indicate how much they agree/disagree with the following statements. Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1. Results are discussed as follows;

Table 4. 2: Influence of parenting Styles on Teenage Pregnancy

Parenting Styles	5	4	3	2	1	Mean	S. D
My parents involve me in family decision (Participatory)/involves teenagers on decision making	14.8 (23)	20.6 (32)	3.9 (6)	34.2 (53)	26.5 (41)	2.96	1.43
When I make a mistake, my parents/Guardian discuss with me before punishment (Authoritarian/ Dictatorship)	17.4 (27)	18.7 (29)	5.2 (8)	31 (48)	27.7 (43)	2.94	1.43
My parents are available whenever I need them (Neglectful parents)	2.6 (4)	17.4 (27)	10.3 (16)	46.5 (72)	23.2 (36)	2.30	1.09

My parents allow you to make own								
rules/flex on set rules without	7.7	32.9	2.6	27.7	29			
punishment /permissive parenting)	(12)	(51)	(4)	(43)	(45)	2.63	1.40	

Source: Research data, 2023

According to the results in the table above, 14.8% (23) of the respondents strongly agreed that parents involved them in family decision (Participatory) while a further 20.6% (32) agreed on the same assertion. Moreover, 3.9% (6) of the respondents were neutral, 34.2% (53) disagreed while 26.5% (41) strongly disagreed that parents involved them in family decision (Participatory). With a mean of 2.96 and a significant standard deviation of 1.43, the respondents were neutral on the statement.

In regards to whether parents/Guardian discussed with teenagers before punishment (Authoritarian/Dictatorship) when they made mistakes, 17.4% (27) of the respondents strongly agreed and 18.7% (29) agreed. Also, 5.2% (8) of the respondents were neutral, 31% (48) disagreed while 27.7% (43) strongly disagreed that parents/Guardian discuss with teenagers before punishment (Authoritarian/Dictatorship) when they made mistakes. With a mean of 2.94 and a significant standard deviation of 1.43, the respondents were neutral on the statement.

The results of the study revealed that, 2.6% (4) of the respondents strongly agreed and 17.4% (27) agreed that their parents/Guardian were always available whenever they needed them (Absent parents). On the other hand, 10.3% (16) of the respondents were neutral, 46.5% (72) disagreed while 23.2% (36) strongly disagreed that their parents/Guardian always available whenever they need them (Neglectful parenting). With a mean of 2.30 and a significant standard deviation of 1.09, the respondents disagreed on the statement.

From the table above, 7.7% (12) of the respondents strongly agreed that their parents/Guardians allowed them to make own rules/flex on set rules without punishment (Lenient/permissive parenting), while 32.9% (51) agreed on the statement. However, 2.6% (4) of the respondents were neutral, 27.7% (43) disagreed, 29% (45) strongly disagreed that their parents/Guardians allowed them to make own rules/flex on set rules without punishment (Lenient/permissive parenting). With a mean of 2.36 and a significant standard deviation of 1.40, the respondents were neutral on the statement.

From the findings it is revealed that a smaller percentage of parents involved their teenagers in decision making which creates a good environment for interaction between teenagers and parents and if sustained reduces teenage pregnancy. This is in line with a study by (Prapoorna, 2021), which found out that teenagers who are raised by authoritative/participatory parents are most likely to become responsible adults, feel comfortable are self-advocating in expressing their opinions and feelings since they are often involved. Such children are disciplined and tend to be happy and successful. They are also more likely to be good at making sound decisions and evaluating safety risks on their own.

The findings as well revealed that some parents could not discuss with their teenagers prior to punishment a sign of authoritarian/dictatorship parenting, which eventually resulted in increased rebellion among teenagers and eventually antisocial behavior including unwanted teenage pregnancy. This as well coincided with discussions from parents which stated that most parents could not involve their teenagers in family matters especially those under 18 years of age as they perceived them as minors while the few parents who involved them it was only on what concerned them directly but not always.

In the words of Baumrind, (1991) indicates that authoritarian parents demand some sort of blind obedience from their children. Such parents set strict rules that must be followed by children without questioning otherwise punishment to follow. Consequently, such parents are famous for saying, "Because I said so it must be so,". when a child questions the reasons behind a rule, they are put off very harshly They are not interested in negotiating and their focus is on obedience. They also don't allow teenagers to get involved in problem-solving challenges or obstacles. Instead, they make the rules and enforce the consequences with little regard for a child's opinion. Authoritarian parents use punishments instead of discipline.

Consequently, findings as well depicts most parents were not available whenever their teenagers needed them. This implied that such parents were neglectful and left teenagers to grow on their own, engage in whatever they wanted and at their own time. such kind of uncontrolled freedom exposed teenagers to early sexual involvement which led to teenage pregnancy. According to (Schiff & Shelov, 1997) neglectful parents tend to have little knowledge of what their teenagers are doing. There tend to be few rules in the household. Children may not receive much guidance, nurturing, and attention. Neglectful parents expect children to raise themselves. They don't devote much time or energy into meeting children's basic needs.

The study sought to establish how Authoritarian parenting influence teenage pregnancy

The table shows how Authoritarian parenting affect teenage pregnancy. The results are discussed in the findings below;

Table 4. 3: Authoritarian parenting influence on teenage pregnancy

Response	Frequency	Percentage (%)
Lack of two-way communication	35	22.6
Teenager becomes rebellious	54	34.8
Low self esteem	28	18.1
Low interactivity between parents and teenagers	23	14.8
Parents imposing their lifestyles on teenagers	15	9.7
Total	155	100.0

Source: Research data, 2023

The results indicated that Authoritarian parenting increases the incidence of teenage pregnancy due to lack of two-way communication at 22.6%, other respondents indicated that teenagers become rebellious at 34.8%, while others developed low self-esteem at 18.1%,a show of low interactivity between parents and Teenage was at 14.8% and lastly some felt that it was a way of imposing their life style to their children at 9.7%. Other reasons were teenage become rebellious to the authority, teenagers felt low self-esteem which made them to seek for help from someone else, strict parents did not allow teenagers to talk freely even when they needed help, parents forced teenagers to do what they did not want, they dictated on what was to be done, no space to talk therefore, they

sought peace from outside the home which made them easily lured and eventually become pregnant.

In this study 90% of the respondents confirmed that Authoritarian parenting increases the incidence of teenage pregnancy. This is in line with the study (Babbar & Dhankar, 2021) which found out that children of authoritarian parents grew in fear and are at a higher risk of developing self-esteem problems because their opinions aren't valued. They may also become hostile or aggressive. Rather than think about how to do things better in the future, they often focus on the anger they felt towards their parents or themselves for not living up to parental expectations. And such children end up seeking comfort from boys/male counter parts who eventually abuse them sexually and end up with pregnancy.

In this study,80% of the teachers who were interviewed revealed that Authoritarian parenting increases incidence of teenage pregnancy. This was due to that fact that the harsh environment created made teenagers to rebel and ran away from home This was well elaborated stated below:

During our time when we were growing up, dictatorship worked very well. Parents were the ones to say and all children were to follow or else you will receive beatings from your parent using any object in the vicinity and teenage pregnancy was a rear thing but with emergence of human rights and child rights dictatorship cannot work, as a parent you must handle your teenager as a fellow peer or colleague whether you like it or not. You must table everything especially what affects them and let them make decision even nowadays those who have become pregnant you are forced to take them to school as you raise their babies at home.so in this era lets embrace our teenagers befriend them, be close to them and together reduce teenage pregnancy. **(K.I.1, 06/04/23)**

Interviews with HCWs ,70% of them indicated that authoritarian as one of the parenting style increased chances of pregnancies among teenagers. According to them, this kind of parenting scares away teenagers and develops a bad relationship between parents and teenagers. Further, the parenting style according to them kills the relationship between parents and teenagers. Additionally, it brings unnecessary tension and fear and develops a bad relationship between parents and teenagers.

This coincides with (Babbar & Dhankar, 2021) which states that authoritarian parents use punishments instead of discipline. So, rather than teach a child how to make better choices, parents concentrate on making teenagers feel sorry for their mistakes. Children who grow up with authoritarian parents tend to follow rules much of the time. But their obedience comes at a price as per this study findings above.

The study further sought to find out how Neglectful parenting influence teenage pregnancy

The table shows neglectful parenting influence to teenage pregnancy. The results are discussed in the findings below;

Table 4. 4: Neglectful Parenting Influence on Teenage Pregnancy

Response	Frequency	Percentage (%)
Lack of basic needs	56	36.1
Lack of parental supervision	48	31.0
Lack of emotional support	51	32.9

Total	155	100.0
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Source: Research data, 2023

The results in Table 4.4 indicate that all the respondents agreed that neglectful parenting increases teenage pregnancy through lack of provision of basic needs shown by 36,1% while 31.0 % reporting a lack of parental supervision and 32.9 % indicated lack of emotional support. It was evident that there was nobody to buy them food, clothes and pads, no available parent to supply for needs, no one is available to provide and care for teenagers, teenagers were left alone to care for themselves, teenagers always left alone to take care of their needs.

One of the primary respondents said;

“My grandmother was never there to support me and when my boyfriend supported me in the long run, I had to give myself to him in payment for his support then, he impregnated me”. A second primary respondent indicated; “That is how I became pregnant while being provided for by a man friend who was then a boda-boda rider and would always drop me at home from school and later abandoned me when I became pregnant. Since my mother came late from the market, she never knew I was being dropped at home till when I became pregnant. (R.1, 08/04/23)

This implies that when parents are not available to offer guidance and provision to teenagers many are tempted to seek alternative ways for survival and that is what has escalated teenage pregnancy. Thus, parents need to take up their responsibility of raising up teenagers and guide them appropriately.

Additionally, 60% of the respondents said that some of their guardians were busy and not at home to support them or come late at home and could send them to buy food or paraffin or go to the posho mill, which risked their lives as well. This implied that neglectful parents are not there to help or monitor what the teenagers are doing. Lacking

someone to lead teenagers can result in teenagers being misled and can end up being impregnated, unavailability of parents for guidance/ direction giving, teenagers are left to grow alone, make irrational decisions thus high chances of becoming pregnant, nobody to keep eye on teenagers and control their behavior. parents are always missing in action to help teenagers so they can be confused and become pregnant

This coincides with the words of (Baumrind, 1991) which state that a lack of basic needs, no emotional support, no one to offer affection and provision, teenagers will be forced to seek affection from somewhere else thus unwanted pregnancy. 90% teachers who participated in this study confirmed that neglectful style of parenting increases chances of teenage pregnancy since, parents are absent, they have left teenagers in the hands of teachers even when a mistake is done at home the parent reports the teenager at school. Most of the parent were busy most of the time and they did not have time with their teenagers.

In this study ,90% of health care workers interviewed indicated that neglectful parenting increases teenage pregnancy. Reasons given was that parents were not available to care and provide for their teenagers, thus in the process of teenagers fending for themselves, girls are lured into early teenage pregnancy”. It was also revealed by the respondents that some parents were busy looking for food for their children due to high cost of living especially for a single mother with no source of income, such teenagers were normally left alone and unguided.

Consequently,80% of the chiefs interviewed indicated that neglectful parents had overlooked their responsibilities and left children to care for themselves which had resulted to increased teenage pregnancy. One of the chiefs during interview said that;

Neglectful parenting has contributed a lot to increased teenage pregnancy especially this single parent mother who is busy doing some business to provide for her family, she leaves the house so early and comes in at night having left children including teenagers alone during the day even up to 9pm, what do you expect.... increased teenage pregnancy. It's not her fault as a single parent but the situation at hand has forced her to leave the family behind as she tries to provide for them. Some parents have travelled to foreign countries and left teenagers in the hands of old grandparents who cannot exercise any authority on them.so in such a scenario teenagers can loiter the way they want and before you know---they are pregnant.
(K.I.2,09/04/23)

From the above, it is clear that teenagers left unguided or without a sense of direction have higher chances of joining a bad company or being misled and in the long run some can start abusing drugs or engaging in vices that risk their lives. Infact most of end up becoming pregnant. According to (Schiff & Shelov, 1997) neglectful parents tend to have little knowledge of what their teenagers are doing. There tend to be few rules in the household. Children may not receive much guidance, nurturing, and parental attention. Such parents expect children to raise themselves. They don't devote much time or energy into meeting children's basic needs. Neglectful parenting can be both intentional and non-deliberate. A parent with mental health issues or substance abuse problems, for example, may not be able to care for a child's physical or emotional needs on a consistent basis. Some neglectful parents may lack knowledge about child development or they may believe that their child will do better without their oversight. And sometimes, they are simply overwhelmed with other problems, like work, paying bills, and managing a household single handedly thus forced to leave the country in order to fend for the family. They also exhibit frequent behavior problems and are ranked low in performance.

Table 4. 5:Influence of permissive parenting and teenage pregnancy

The table shows the effect of permissive parenting on teenage pregnancy. The results are discussed in the findings below;

Response	Frequency	Percentage (%)
Lack of control	63	40.6
Parent too soft to effect punishment	59	38.1
Teenagers make their own rules	33	21.3
Total	155	100.0

Source: Research data, 2023

In this study all the respondents confirmed that permissive parenting increases teenage pregnancy. There was lack of control in permissive parenting as shown by 40.6% of the respondents, 38.4% indicated that parents exercising permissive parenting style are too soft to effect punishment, 21.3% indicated that some teenagers make their own rules with no punishment. There was lack of control as children are allowed to conduct themselves according to their own rules. One of the respondents said that “permissive parenting Increased teenage pregnancy since teenagers can just walk over the rules set and do what they want”. It was revealed that in that set-up, teenagers violated set rules with no punishment.

60% of the teachers who were interviewed indicated that permissive parenting increases teenage pregnancy and is mostly applied by mothers for fear of confrontation by teenage

boys and girls. This implied that, some parents did not punish their children or they used soft punishment to discipline which may not have a significant repercussion on the teenager's behavior. The practice was common with parents who were over protective on their teenagers.

According to Dittus et al., (1999) in his study of challenges of contemporary parenting, Such parents often only step in when there was a serious problem. Such parents according to the study, are quite forgiving and adopt an attitude of "kids will be kids." When they spell out consequences, they may not make those consequences stick. They might give privileges back if a child begs. Permissive parents usually take on more of a partner role than a parent role. They often encourage their children to talk with them about their problems, but they usually don't put much effort into discouraging poor choices or bad behavior. Teenagers who grow up with permissive parents are more likely to struggle academically. They may exhibit more behavioral problems as they do not appreciate authority and rules.

The study sought to establish how participatory parenting influence teenage pregnancy

The table shows the influence of participatory parenting on teenage pregnancy. Results are discussed in the findings below;

Table 4.6 Parenting Influence on Teenage Pregnancy

Response	Frequency	Percentage (%)
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Good relationship between parents and teenagers	60	38.7
Open and honest interaction	57	36.8
Teenagers are involved and feel part of the family	38	24.5
Total	155	100.0

Source: Research data, 2023

In this study all the respondents confirmed that participatory parenting decreases teenage pregnancy. It was revealed that 38.7% of the respondents indicated that there is good relationship between parents and teenagers, 36.8% indicated that there is Open and honest interaction and 24.5% indicated teenagers are involved and feel part of the family.

According to the respondents, participatory parenting reduces teenage pregnancy because of good relationship between parents and teenagers and in cases of a problem it is corrected and teenagers are well guided. It also helps resolve problems early enough as it provides an open interactive talk with teenagers. It also reduces teenage pregnancy because of free sharing and expression of one's feelings and incase of any misconception it is sorted out and good behavior is reinforced.

Consequently, participatory parenting reduces teenage pregnancy since teenagers' experience freedom and feel loved to be involved in family talks, there is room for teenagers to interact with parents and guide them in right direction, there is good rapport between parents and teenagers occasioned by open interaction talks which builds self-

esteem, Parents have meetings with teenagers, they solve problems together and provide for them, which in turn reduces pregnancy.

Interview with 60% of the teachers revealed that participatory parenting style reduces incidences of teenage pregnancy. This kind of parenting style is herald as the best approach to resolve matters between parents and teenagers. This was elaborated by the fourth key informant who said:

Participatory parenting is the way to go especially when raising these mature teenagers otherwise if you go around forcing them your way, they will shut you down and walk away on you and you will do nothing. In fact, make friendship with them and give them chance always to participate in family matters both what concerns them and what not as a parent. This will reduce teenage pregnancy. Remember such teenagers are grownups even the law recognizes them, so even as a parent recognize them and involve them as you guide them accordingly **(K.I.4,10/04/23)**.

Studies reveal that teenagers who have participatory parents are most likely to become responsible adults, and are self-advocating in expressing their opinions and feelings. Children raised with authoritative discipline tend to be happy and successful. They are also more likely to be good at making sound decisions and evaluating safety risks on their own (Prapoorna, 2021). In the same research Spanish adolescents were evaluated with the same questionnaire used in the United States, and found out that authoritative parenting style was linked to the best child outcomes and reduced unwanted teenage pregnancies.

The study also sought to find out if parents engaged teenagers before executing punishment on them. 72% of the respondents indicated that there was no need of engaging a teenager whenever a mistake has been done, as parent just execute punishment while 28% said that it was fair whenever a mistake had been done a teenager to be talked to, acknowledge the mistake so that when punishment is accorded it is not

taken in bad faith. According to one of the respondents “Just like in olden days when a mistake had been done punishment was to be given squarely without compromise” while other respondents that “When a mistake has been done by a teenager, no need to give room for discussion otherwise as a parent you will be compromised and you will end up not punishing a teenager”. It was also revealed that there was need for incorporation of other forms of punishment other than over reliance on physical punishment alone. One of the respondents said that “depending on the type of mistake, small or minor first there was need for to give a warning, if repeated punish without notification”

4.4.1 Relationship between parenting styles and teenage pregnancy.

In the table below, the study sought to establish the relationships between parenting styles teenage pregnancy. This was achieved using Pearson Correlation analysis using R coefficient with its significant level. The results are shown in Table 4.6.

Table 4. 7: Relationships between parenting styles and teenage pregnancy

	S/DP	A/NP	V11	LP	P/LP
Pearson Correlation	.416**	.522**	.449**	.797**	-.291**
Sig. (2-tailed)	0.000	0.000	0.000	0.000	0.000
N	155	155	155	155	155

S/DP=strict/Dictatorship parenting, A/NP=absent/Neglectful parenting, LP=lenient parenting, P/LP= participatory (involving teenagers) parenting

Source: Research data, 2023

As shown in Table 4.7, there was significant positive relationship between Dictatorship parenting and teenage pregnancy as shown by R=0.416, P=0.000. This implies that increase in Authoritarian/Dictatorship parenting would results to increase teenage pregnancy. There was significant positive relationship between Neglectful parenting

and teenage pregnancy as shown by $R=0.522$, $P=0.000$. This implies that increase in Neglectful parenting would results to increase teenage pregnancy. There was significant positive relationship between permissive parenting and teenage pregnancy as shown by $R=0.797$, $P=0.000$. This implies that increase in lenient parenting would results to increase teenage pregnancy.

There was significant negative relationship between participatory (involving teenagers) parenting and teenage pregnancy as shown by $R=-0.291$, $P=0.000$. This implies that increase in participatory (involving teenagers) parenting would result to decrease teenage pregnancy.

4.4.2 Multiple variable associations using Linear Regression

The first objective of this study was to find out the influence of parenting styles on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved by carrying out standard multiple regressions. The study was interested in knowing the effect of each of parenting style on teenage pregnancy when all these constructs were entered as a block on the model. This aided in coming up with the coefficients of the study model as well as R square of the study.

The results were as shown in Table 4.8

Table 4. 8: Multiple variables using Linear Regression

Model Summary				
Adjusted R				
Model	R	R Square	Square	Std. Error of the Estimate
1	.851 ^a	.723	.712	.766

a. Predictors: (Constant), S/DP= Dictatorship parenting, NP= Neglectful parenting, PP=Permissive parenting, P/LP= participatory (involving teenagers) parenting,

ANOVA^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	227.007	6	37.835	64.540	.000 ^b
Residual	86.761	148	.586		
Total	313.768	154			

a. Dependent Variable: Teenage Pregnancy

b. Predictors: (Constant), DP= Dictatorship parenting, NP= Neglectful parenting, PP=Permissive parenting, P/ = participatory (involving teenagers) parenting,

Model	Unstandardized		Standardized		t	Sig.
	B	Std. Error	Beta			
1 (Constant)	.499	.348			1.432	.154
Participatory Parenting	.400	.094	.305		4.271	.000
Neglectful Parenting	.524	.082	.513		6.385	.000

Permissive parenting	2.007	.153	1.419	13.136	.000
Participatory /parenting	-1.129	.078	1.072	14.474	.000

a. Dependent Variable: Teenage Pregnancy

Source: Research data, 2023

In Table 4.8, the findings established that there is linear relationship between teenage pregnancy and the four predictor variables; Dictatorship parenting, Neglectful parenting, Permissive parenting, participatory parenting and that the relationship is positive and linear. The coefficient of correlation was 0.851, ($r=0.851$). The coefficient of determination (R^2) was 0.723, and this shows that 72.3% of the variations in the teenage pregnancy can be explained by the four predictor variables in the study.

From Table 4.7, the ANOVA results the F test gave a value of $F(6, 148) = 64.540$, $p < .01$, which was large enough to support the goodness of fit of the model in explaining the variation in the dependent variables. It also means parenting styles was a useful predictor of teenage pregnancy in Malava Sub County.

Dictatorship parenting with a beta of 0.400 is at statistically significant level and is a good predictor of teenage pregnancy implying that an increase in dictatorship parenting by a unit will result to significant ($P < 0.05$) increase in teenage by 0.400 units.

Neglectful parenting with a beta of 0.524 is at statistically significant level and is a good predictor of teenage pregnancy implying that an increase in Neglectful parenting by a unit will result to significant ($P < 0.05$) increase in teenage by 0.524 units.

Permissive parenting with a beta of 2.007 is at statistically significant level and is a good predictor of teenage pregnancy implying that an increase in permissive parenting by a unit will result to significant ($P < 0.05$) increase in teenage by 2.007 units.

Participatory parenting with a beta of -1.129 is at statistically significant level and is a good predictor of teenage pregnancy implying that an increase in participatory parenting by a unit will result to significant ($P < 0.05$) decrease in teenage by 1.129 units.

According Baumrind's framework of parenting style (1991), a good balance would be a blend of two or three styles depending on the uniqueness of every family. 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 (Eisenberg et al., 2008)

The type of parenting style has the greatest influence on teenage pregnancy. According to Mwangi, (2019), authoritative parenthood is protective although young people with parents who were using authoritarian or dictatorship, the risk of teenage pregnancy is higher. These results are consistent with research that recorded the safety and surveillance effects of parental closeness on contraceptive use and pregnancy of sexual activity. A study on moderating effects of familial structure carried out by (Ellis et al., 2003) in the USA and New Zealand. This study as well indicated that there is increased sexual activity and abortion for teenagers from dictatorship parents. The results also indicated that girls who had neglectful parents before the age of five had the highest rate of early and adolescent sexual activity.

4.5 Influence of Sexual Health Education by Parents on Teenage Pregnancy

The second objective of the study was to determine the influence of Sexual Health Education by parents on teenage pregnancy in Malava subcounty, Kakamega County,

Kenya. This was achieved by conducting both descriptive and inferential statistics. The respondents were asked to indicate how much they agree/disagree with the following statements. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1. The findings are discussed in the table below;

Table 4.9: The influence of Sexual Health Education by Parents on Teenage Pregnancy

	5	4	3	2	1	Mean	S.D
My parents/Guardian teach me about sex	3.2 (5)	3.2 (5)	1.3 (2)	12.3 (19)	80 (124)	1.37	0.92
My parent(s) /Guardian teach me on how to handle peers of opposite sex	6.5 (10)	9.7 (15)	1.3 (2)	5.2 (8)	77.4 (120)	1.63	1.27
My parents/Guardian teach me on contraceptive use/condom use for boys	1.9 (3)	2.6 (4)	2.6 (4)	12.9 (20)	80 (124)	1.34	0.82
I am comfortable being taught by my parents about sex	2.6 (4)	3.2 (5)	1.3 (2)	10.3 (16)	82.6 (128)	1.33	0.87
My parents/Guardian teach me about protected sex	2.6 (4)	3.9 (6)	1.3 (2)	12.9 (20)	79.4 (123)	1.37	0.898

Source: Research data, 2023

According to the results in the table 4.9 3.2% (5) of the respondents strongly agreed that parents/Guardian taught them about sex while a further 3.2% (5) agreed on the same assertion. Moreover, 1.3% (6) of the respondents were neutral, 12.3% (19) disagreed while 80% (124) strongly disagreed that parents/Guardian taught them about sex. With a mean of 1.37 and an insignificant standard deviation of 0.92, the respondents strongly disagreed on the statement.

In regards to parent(s) /Guardian teaching teenagers on how to handle peers of opposite sex, 6.5% (10) of the respondents strongly agreed and 9.7% (15) agreed. Also, 1.3% (2)

of the respondents were neutral, 5.2% (8) disagreed while 77.4% (120) strongly disagreed about parent(s) /Guardian teaching teenagers on how to handle peers of opposite sex. With a mean of 1.63 and a significant standard deviation of 1.27, the respondents disagreed on the statement.

The results of the study revealed that, 1.9% (3) of the respondents strongly agreed and 2.6% (4) agreed that their parents/Guardian taught them on protective sex. On the other hand, 2.6% (4) of the respondents were neutral, 12.9% (20) disagreed while 124% (80) strongly disagreed that their parents/Guardian taught them on protected sex. With a mean of 1.34 and an insignificant standard deviation of 0.82, the respondents strongly disagreed on the statement.

From the table above, 2.6% (4) of the respondents strongly agreed that they were comfortable being taught by their parents about sex, while 3.2% (5) agreed on the statement. However, 1.3% (2) of the respondents were neutral, 10.3% (16) disagreed, 82.6% (128) strongly disagreed that they were comfortable being taught by their parents about sex. With a mean of 1.33 and an insignificant standard deviation of 0.87, the respondents strongly disagreed on the statement.

This implies that parents had not taken the responsibility of teaching teenagers on sexual education. This might have been caused by a feeling that sexual education is the role of teachers in school and not for them as parents as well as cultural issues that bar parents especially women from teaching teenagers' sexual matters yet women are the ones who stay with teenagers for a long time unlike men. This is in line with studies by (Kellogg, 2009) which revealed that most parents tend to assign to schools the responsibility of sexual education

Consequently, parents might not be teaching teenagers on sexual education due to inadequate knowledge on sexual matters, handling peers of opposite sex etc. Additionally, parents might be ignorant about age commencement on sexual health

education. This is because some parents might be illiterate or might be expertise in other fields but on age-appropriate sexual health education.

However, some parents might not be teaching health sexual education to their teenagers due to the fact that they are not role models. This makes them lack the courage and confidence to freely discuss sexual education to teenagers.

At the same time parents might be unable to teach sexual education to teenagers due to their busy schedules. For instance, due lack of time with their teenagers because of competing tasks or pre-occupation with provision for their children. This mostly is characteristic by single parents with low income while engaged in businesses to earn a living for their teenagers. Such parents wake up so early and come in late night thus no time with teenagers at all.

In conclusion the research it brings out clearly the importance of parents in bringing up teenagers. The need for parents to understand and teach teenagers on sexual health matters as well as the need to deal with retrogressive cultural issues. This will cause parents to learn and take up the responsibility of teaching teenagers and not relegate that role to teachers or any other person or organ. Teenagers as well to become willing and obedient to listen from parents on matters sexuality without fear of feelings of boredom. Lastly parents to embrace and value teaching teenagers on sexual education as their core responsibility that should be initiated right at the tender age of teenagers.

Table 4.10: Perception about their feeling on sexual education by their parents/Guardians

The table shows the feeling of teenagers on sexual education by their parents. The results are discussed as below;

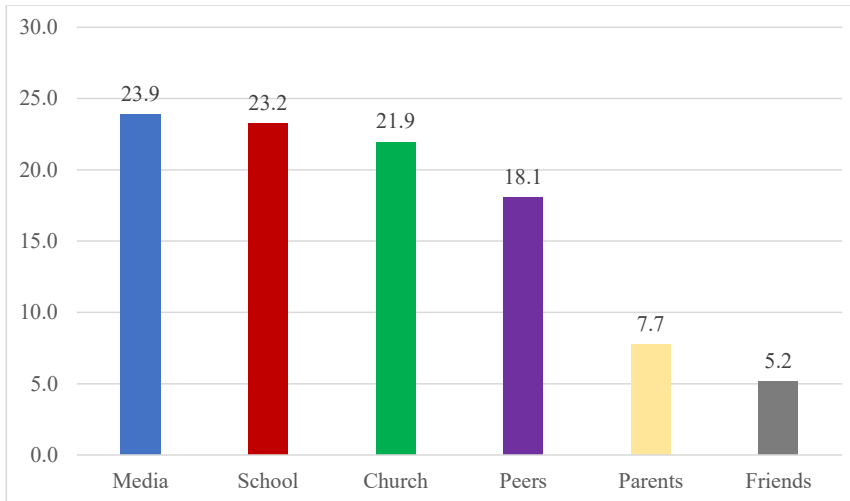
Response	Frequency	Percentage (%)
Ashamed	49	31.6
Bad	43	27.8
In denial	37	23.9
Boring	29	18.7
Against culture	55	35.5
Total	155	100.0

Source: Research data, 2023

As indicated in Table 4.10, 31.6% of the respondents felt ashamed when being taught about sex by their parents/Guardians. Further, 27.8% felt bad and 23.9% were in denial while 18.7% were bored felt bored and a larger percentage of 35,5% felt that it was against culture for their parents to teach them about sex. Traditionally, adolescents in many cultures were not given any information on sexual matters by their parents with the discussion of these issues being considered a taboo. Instead, such role was left to grandparents (Maqbool et al., 2019). However, in the contemporary society children begin to display sexual behavior at an early age therefore prompting the need for early sexual education (Madkour et al., 2010).

Perspective on the most effective agent in sexual health education

The table below shows the respondents feeling on the most effective agent on matters sexual education. Results have been discussed in the findings below;



Source: Research data, 2023

Figure 4. 5: Perspective on the most effective agent in sexual health education

In regards to figure 4.5, 23.9% of the respondents indicated that media was the most effective agent in sexual health education followed by 23.2% for schools, 21.9% church, 18.1% peers, 7.7% parents and 5.2% respectively. This is true to the fact that unlike other agents of sexual education, media has proved more powerful. This is because media covers a vast population within a shorter time at the convenience of listeners. The unfortunate part about media especially social media has heard a negative influence if not controlled. This is because stuff displayed is not age sensitive and as a result some stuff may become detrimental to teenagers.

However, if media is well regulated by the government to offer tailor made sexual education to teenagers that is age appropriate the influence will be positive and long lasting, which can aid reduce teenage pregnancy.

Interview with 60% of the teachers indicated that parents do not teach teenagers on sex education. It was noted that some parents fear discussing about sex while others do not have courage to handle sex education with their teenagers. Another reason was that, some parents were not available to teach their teenagers on sex education. Further, 40% of the healthcare workers confirmed that parents did not offer teaching on sex because they felt that was the role of teachers while some was due to ignorance. This coincides with report that revealed that lack of knowledge about sexual health and family planning pervades Kilifi County's conservative culture. Such ignorance led to one of the highest teenage pregnancy rates in Kenya, at 22 per cent, compared to the national average of 18 per cent (UNFPA Kenya, 2021).

In regards to handling of the peers of opposite sex, 80% interviewed teachers affirmed that parents failed to offer sexual health education on this issue to their children. When asked whether parent taught their teenagers on how to handle peers of the opposite sex, indicated that some parents guided their children to avoid peers of opposite sex but not how to handle peers of opposite sex in believe that opposite sex peers are dangerous thus the need to avoid them. 20% of the respondents indicated that in few cases where sexual education is done by parents, mothers handled girls while fathers handle boys but on limited scale.

These coincides with the study by (Mothiba & Maputle, 2012) in South Africa which revealed that many teenage boys perceived it as a cultural taboo to discuss sex with their mothers. The study further depicted that sex related topics shared with teenagers were found to be a taboo by many participants, but the discussion of the same topics with parents was cited significant in influencing the sexual behavior of teenagers that could lead to reduced unwanted pregnancy.

In regard to use of contraceptives, 40% of the teachers interviewed indicated that parents did not offer any sexual health education on contraceptive use or family planning but force their teenagers to use them so as to prevent teenage pregnancy. Healthcare providers indicated that parents did not offer teachings on the use of contraceptive because of lack of knowledge due to ignorance on product usage. This is because they buy those contraceptives secretly and issue to their teenage girls secretly. In most cases it came out that such plans for girls to use contraceptives was done without the knowledge of the father to the teenager. Health care workers wished such girls before utilizing contraceptives would undergo a health talk at the health facility. in the presence of their parents in order to understand side effects before making a choice on adoption.

During Focus Group Discussion on contraceptive use, it came out that some teenagers accessed and utilized contraceptives without the knowledge of their parents, some parents alluded to the fact that they were not aware of their teenage girls using contraceptives, even those whom parents knew were sexually active. Some parents were worried that due negative peer influence and media influence, teenage girls were accessing contraceptives in health facilities or over the counter without their knowledge. Though it reduces teenage pregnancy but has complications that come along as a result of the side effects and prolonged use.

During focus group discussions, the researcher sought to find out how parents handle sexual matters among their teenagers. Results indicated that 81% of the discussants revealed that they have not taught their teenagers about sex. It was difficult for some parents to start the discussion on sex with some indicating its “scary”, “unimaginable” and the culture forbids. One the discussant said that “As far as culture is concerned women are not to be allowed to teach boys (teenagers) sexual matters but men can do

during circumcision period” while another respondent said that “grandparents used to teach teenagers traditionally but it stopped since teenagers spend most of their time in school”. However, some parents indicated that it was more comfortable for teachers to teach about sexuality than parents. This was elaborated as below;

Luhya culture cannot allow mothers to teach teenagers especially boys on matters sex. The only thing I do is to tell them to avoid girls or if girls to avoid boys if they have to excel in their studies. When I was a young girl, my grandmother taught me how to avoid teenage pregnancy but nowadays teenagers spent most of their time in school and only come home for a short period of time, but also teenagers are to blame even if you take them to their grandparents for counsel they will not adhere since they see them as analogue/illiterate. That is why is better to leave teachers to continue teaching them sexual health education but not as parents or grandparents in order to reduce teenage pregnancy, **RES 04,2023. (12/04/23)**

The study through discussion group sought to find out whether parents teach their teenagers how to handle peers of opposite sex. The results indicated that less than half of the discussants who participated in the FGDs did not teach their teenagers how to handle opposite sex. Some of the reasons provided were, some parents lacked knowledge, they do not know how to teach and some parents are too busy to handle their teenagers while other parents indicted that teenagers would not listen to them as they felt ashamed being taught on matters sexuality by their parents.

Through FGDs, all the discussants indicated that they did not teach their teenage on the use of contraceptive due ignorance while one of the discussants said that “they will know ones they enter into marriage. Further some parents feared teaching them for fear that they will practice and become pregnant. However, one of the discussants said that “I take her to the hospital, if need be, especially for girls who were once impregnated, in order to help on contraceptive use and limit on second pregnancy.

4.5.1 Relationships between Sexual Health Education and teenage pregnancy

The table shows the relationships between sexual health education and teenage pregnancy. This was achieved using Pearson Correlation analysis using R coefficient with its significant level. The results are shown in Table 5.11.

Table 5.11: The Relationships Between Sexual Health Education and Teenage Pregnancy

		Sexual Health	
		Education	Teenage Pregnancy
Sexual	Pearson Correlation	1	-.086
Health	Sig. (2-tailed)		.287
Education	N	155	155
Teenage	Pearson Correlation	-.086	1
Pregnancy	Sig. (2-tailed)	.287	
	N	155	155

Source: Research data, 2023

As shown in Table 5.11, there was insignificant positive relationship between sexual health education and teenage pregnancy as shown by $R=-0.086$, $P=0.287$. This implies that increase in sexual health education would result to insignificant decrease in teenage pregnancy. The insignificant effect can be well explained by two opinions about sex education between conservative and liberals. 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 programs (Bomester, 2021).

4.5.2 Regression analysis of Sexual Health Education

The table is focused on the second objective of this study which was to determine the influence of Sexual Health Education by parents on teenage pregnancy in Malava subcounty, Kakamega County, Kenya. This was achieved by carrying out standard regressions. This aided in coming up with the coefficients of the study model as well as R square of the study. The results are as shown in Table 5.12

Table 5. 12: Regression analysis of Sexual Health Education

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.086 ^a	.007	.001	.79198	
a. Predictors: (Constant), Sexual Health Education					
ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	.716	1	.716	1.142	.287 ^b
Residual	95.968	153	.627		
Total	96.684	154			
a. Dependent Variable: Teenage Pregnancy					
b. Predictors: (Constant), Sexual Health Education					
Coefficients					

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.379	.140		24.069	.000
Sexual Health Education	-.072	.068	-.086	-1.069	.287

a. Dependent Variable: Teenage pregnancy

Source: Research data, 2023

In Table 5.12, the findings established that there is linear relationship between teenage age and the sexual health education. The coefficient of correlation was 0.086, ($r=0.086$). The coefficient of determination (R^2) was 0.007, and this shows that 0.7% of the variations in the teenage pregnancy can be explained by teenage pregnancy in the study.

From Table 5.12, the ANOVA results, F test gave a value of $F(1, 153) = 1.142$, $p > .05$, which was not large enough to support the goodness of fit of the model in explaining the variation in the dependent variables. It also means sexual health education is not a useful predictor of teenage pregnancy in Malava Sub County.

Sexual health education with a beta of -0.072 is at statistically insignificant level and is not a useful predictor of teenage pregnancy implying that an increase in sexual health education by a unit will result to insignificant ($P < 0.05$) decrease in teenage by 0.072 units. Zhang & Yuan (2023) study revealed that sexual education is one of the most important issues that parents should take note. However, one study shows that female parents talk to their daughters more about sex than their sons (Grossman et al., 2018).

Teenagers need to learn in order to know their own personal values and beliefs about relationships and sex. This informs their sexual behavior. Sexual behavior is the result of a deeper and more complex process called sexual socialization (Ganji et al., 2017). In other words, sexual behaviors are not only influenced by biological factors, but they also become complicated through sexual socialization.

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 . Therefore, the family, as the first social group to those children is considered the first and the most important and effective aspect in children sexual socialization (Ganji et al., 2017). Therefore, Sexual Education by parents, as one of the main components of sexual socialization, is one of the best strategies for children sexual health promotion.

4.6 The Influence of Parental Supervision on Teenage Pregnancy

The third objective of the study was to establish influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved by conducting both descriptive and inferential statistics. The respondents were asked to indicate how much they agree/disagree with the following statements. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1. Findings are presented in the table 4.13

Table 4.13: Influence of Parental Supervision on Teenage Pregnancy

	5	4	3	2	1	Mean	S.D
My parents know my friends	1.9	30.3	5.2	41.3	21.3		
	(3)	(47)	(8)	(64)	(33)	2.50	1.19
My parents know the activities I engage in with my friends	2.6	25.2	2.6	48.4	21.3		
	(4)	(39)	(4)	(75)	(33)	2.39	1.15
My parents know the kind of movies I watch	1.9	14.8	2.6	59.4	21.3		
	(3)	(23)	(4)	(92)	(33)	2.17	0.99
My parents control the kind of movies I watch	2.6	17.4	2.6	53.5	23.9		
	(4)	(27)	(4)	(83)	(37)	2.21	1.08

My	parents							
approves/disapprove the kind of	4.5	27.1	3.2	43.2	21.9			
friends I have	(7)	(42)	(5)	(67)	(34)	2.49	1.23	
I am comfortable about my								
parent(s) control in my life as a	3.2	2.6	5.2	52.9	36.1			
teenager	(5)	(4)	(8)	(82)	(56)	1.84	0.89	

Source: Research data, 2023

According to the results in the table 5.13, 1.9% (3) of the respondents strongly agreed that their parents knew their friends while a further 30.3% (47) agreed on the same assertion. Moreover, 5.2% (8) of the respondents were neutral, 41.3% (64) disagreed while 21.3% (33) strongly disagreed that their parents knew their friends.

A higher percentage of teenagers indicated that their parents did not know their friends. Some said that they never brought their friends at home since their parents were too harsh and could embarrass them before those friends, while others indicated that their friends only visited home whenever parents were away. Consequently, some respondents indicated that since their parents could come home late, they could entertain their friends when their parents had left for job or business and release them before parents came. That was the reason why a larger number of primary respondents were sure their parents did not know their friends.

In regards to parents knowing activities that teenagers engaged in with their friends, 2.6% (4) of the respondents strongly agreed and 25.2% (39) agreed. Also, 2.6% (4) of the respondents were neutral, 48.4% (75) disagreed while 21.3% (33) strongly disagreed that their parents knew the activities they engaged in with their friends.

The results of the study revealed that, 1.9% (3) of the respondents strongly agreed and 2.6% (4) agreed that their parents knew the kind of movies they watched. On the other hand, 2.6% (4) of the respondents were neutral, 12.9% (20) disagreed while 124% (80) strongly disagreed that their parents knew the kind of movies they watched.

From the table above, 2.6% (4) of the respondents strongly agreed that their parents controlled the kind of movies they watched, while 17.4% (27) agreed on the statement.

However, 2.6% (4) of the respondents were neutral, 53.5% (83) disagreed, 23.9% (37) strongly disagreed that their parents controlled the kind of movies they watched.

On the statement that parents approves/disapproved the kind of friends' teenagers had, 4.5% (7) of the respondents strongly agreed while a further 27.1% (42) agreed. Moreover, 3.2% (5) of the respondents were neutral, 43.2% (67) disagreed while 21.9% (34) strongly disagreed that their parents approves/disapproved the kind of friends they had.

On the statement that teenagers were comfortable about their parent(s) control in their lives, 3.2% (5) of the respondents strongly agreed and 2.6% (4) agreed. Also, 5.2% (8) of the respondents were neutral, 52.9% (82) disagreed while 36.1% (56) strongly disagreed that they were comfortable about their parent(s) control in their lives as teenagers.

This implies that for most respondents their parents did not know activities that they engaged in as well as the kind of movies they watched, for the same reasons that some parents were too busy to know activities that their teenagers engaged in while others such activities were done away from home.

For movies watched some respondents indicated that their parents went to sleep and left them watching news but then they could switch to their favorite movies as they wished while others indicated that they used to watch favorite movies outside their homes or in the friends' home as a result such parents were unable to control kind of movies watched.

Likewise, parents were unable to approve or disapprove on the kind of friends to associate with or have them bearing in mind that they were unaware of those friends.

Furthermore, a higher percentage were not comfortable whenever their parents exercised control over their lives. This made it more difficult for parents even if they desired to supervise their teenagers, monitor or advice on their activities as a result teenagers wanted to live a freelance kind of life with no parental control. This explains increased teenage pregnancy due to a hostile or strained relationship between parents and teenagers

According to studies by Crouter et al., (1990), parent-teenage relationship factors associated with supervision include trust, communication, adolescent disclosure, and family harmony, Parents can help prevent risky teenage behavior by supervising their adolescents 'activities and being aware of where and with whom their adolescents are with whenever they are not at home or in school as well creating a friendly relationship their teenagers. This in line with the study will bring teenagers close to the parents and create a conducive environment for free sharing, guidance on matters supervision.

Table 4.14: Perspective of teenagers on parents/Guardians supervise/control on decisions made by a teenager.

Response	Frequency	Percentage (%)
Bad	65	41.9
Disrespected	46	29.7
Uncomfortable	20	12.9
Disappointed	12	7.7
Discouraging	12	7.7
Isolated	8	5.2

Intimidated	4	2.6
Total	155	100.0

Source: Research data, 2023

The table above shows the feelings of respondents on parents' control on their decisions. The results are discussed as follows; As indicated in table above, 41.9% of the respondents felt bad. Further, 29.7% of the respondents felt disrespected while 12.9% felt uncomfortable. Others, felt disappointed, discouraged, isolated and intimidated when their parents/Guardians supervised/controlled them in decisions making.

Majority felt bad being controlled by their parents with reasons that they had matured according to them and thus able to make decisions at free will. This is a stage of identity crisis. This is whereby teenagers seek to know who they are and in so doing tend to believe they are adults. As a result, they conflict with parents that is why they feel bad when supervised by parents. Such uncontrolled freedom can contribute to increased teenage pregnancy.

Table 4.15: Perspective of teenagers over parents/Guardians supervise/control on the type of friends to have/keep.

Response	Frequency	Percentage (%)
Overprotected	87	56.1
Disrespected	28	18.1
Demoralized	12	7.7

Bored	8	5.2
Good	8	5.2
Rejected	8	5.2
Discouraging	4	2.6
Total	155	100.0

Source: Research data, 2023

The table above shows respondents feelings on parents' control on kind of friends to associate with. The results were discussed as follows;

As indicated in Table 4.15, 56.1% indicated that they felt overprotected when their parents/Guardians supervised/controlled them on the type of friends to have while 18.1% felt disrespected. For those respondents who felt bored, one of the respondents said that "I don't like," while another one said that "I felt bad because they don't understand how I met my friend and how my friend helps me". Only 5.2% of the respondents felt good when their parents/Guardians supervised/controlled them on the type of friends. One of the respondents said that "I feel just okay because some friends may not be worthy and may my parents may know their parents/families better than me".

From the above results,60% of the respondents indicated that they felt disrespected while being controlled by their parents on the kind of friends giving reason that some of their friends were harmless and helpful to them in many ways including studies of which parents were not aware and thus no need for parents to control them or advise them otherwise.

Table 4:16 Perspective of teenagers on parents/Guardians supervise/control on the kind of movies watched

Response	Frequency	Percentage (%)
Disrespected	78	50.3
Intimidated	49	31.6
Good	8	5.2

Asham	8	5.2
Overprotective	8	5.2
Rejected	4	2.6
Total	155	100.0

Source: Research data, 2023

The table above shows feelings of respondents on parental control on movies watched.

The results are discussed as follows;

As shown in table above, 50.3% of the respondents indicated they felt disrespected when their parents/Guardians supervised/controlled them on the kind of movies to watch. One of the respondents said that “I feel surprised because we are in a new generation but they still believe in old things”. Further, 31.6 % of the respondents felt intimidated when their parents/Guardians supervised/controlled them on the kind of movies watched. However, 5.2% of the respondents felt good as stated by one of the respondents “I feel good because some movies may not be good to me according to my parents”.

Respondents who felt disrespected were majority stated that when their parents control them on the kind of movies watched it is seen as if they do not trust them or respect their decision. This according them discourages them and that is why they develop feeling of disrespectful. Despite of how teenagers felt about parental control over them, most of the parents often do not have a bad intention but just to ensure teenagers are exposed to the right content.

In this study,80% of the teachers who interviewed indicated that it was a good idea for parents to control the kind of movies watched by their teenagers, to ensure the content is okay for them. Teachers noted that the only challenge on control is when those movies

are being watched outside the home or outside reach of parents. Technology according to teachers was a threat for parents to monitor and control that kind of movies watched by teenagers especially social media and phones of which some sites are inaccessible to some illiterate parents. In such a case it becomes difficult for parents to control and if content was destructive, it is only seen in the outcome which can be teenage pregnancy, drug abuse, poor performance in studies or weird behaviors.

In regards to approving/disapproving friends, 80% of the teachers interviewed indicated that parents had failed to approve or disapprove friends to their teenagers. Some of the reasons provided were cumbersome due to increased technology, some parents are weak thus unable to control their teenagers while other parents could not approve or disapprove friends to teenagers since they were not role models. Interview with HCWs also revealed that it was impossible and difficult for parents to approve or disapprove friends of their teenager since teenagers are away from parents especially those working away from the family while some teenagers stay with grandparents or other relatives.

In regards to knowing and controlling activities, 70% of the respondents confirmed that parents were unable to know and control activities of their teenagers due to increased technology as well some teenagers knew more than parents, some parents were not strong enough in controlling activities while others were not available to know what their teenagers were doing. The interview with HCWs revealed that it was difficult to control activities of teenagers since most of them spend most of their time in school and so little time with parents.

During focus group discussion, the study sought to find out whether parents knew friends of their teenagers. The results revealed that 40.0% of the discussants indicated

that they knew friends of their teenagers while 60% of the discussants indicated it was difficult to know. Some of the reasons provided were that those friends were never brought at home by their teenagers, parents said that it could be easier to know those friends who visit them unlike those friends in school. Some parents said it was hard to know friends of teenagers since they kept changing those friends. Those who affirmed they knew friends of their teenagers indicated they knew only those usual friends who visited their teenager regularly.

The study further sought to establish whether parents approved or disapproved friends of their teenagers. In this study (70%) of the discussants indicated that it was not easy to approve or disapprove friends of their teenager as compared to 30%. The discussants revealed that it was in the best interest of both parents, if the parents' taught teenagers on the qualities of good friends than focusing on approval and disapproval of friends. Other discussants said that "it was good if parents allowed teenagers to decide on the kind of friends while parents only advised/guided correctly and taught on effects of bad and good friendship.

The study also sought to find out whether parents-controlled activities of their teenagers. 40% of the discussants indicated it was possible only for young teenagers still under their watch but for those in boarding schools it was difficult to control. 60% of the gave reason of impossibility as some activities were done in phones by teenagers.

4.6.1 Relationships between Parental Supervision and teenage pregnancy

The study sought to establish influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved using Pearson

Correlation analysis using R coefficient with its significant level. The results are shown in Table 4.17.

Table 4. 17: Relationships between Parental Supervision and teenage pregnancy

		Parental Supervision	Teenage Pregnancy
Parental Supervision	Pearson Correlation	1	.688**
	Sig. (2-tailed)		.000
	N	155	155
Teenage Pregnancy	Pearson Correlation	.688**	1
	Sig. (2-tailed)	.000	
	N	155	155

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

Source: Research data, 2023

As shown in Table 4.17 there was significant positive relationship between parental Supervision and teenage pregnancy as shown by $R=0.688$, $P=0.00$. This implies that increase in parental supervision would result to increase in teenage pregnancy. This is in agreement with findings from a study by (Makundi, 2010) in Mtwara region of Tanzania that showed that parental monitoring and supervision is key factor leading to increased teenage pregnancies.

4.6.2 Regression analysis of Parental Supervision

The third objective of this study was to establish influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved

by carrying out standard regressions. This aided in coming up with the coefficients of the study model as well as R square of the study. The results are as shown in Table 4.18

Table 4.18: Regression analysis of Parental Supervision

Model Summary						
Adjusted R						
Model	R	R Square	Square	Std. Error of the Estimate		
1	.688 ^a	.474	.470	.69359		
a. Predictors: (Constant), Parental Supervision						
ANOVA^a						
Sum of						
Model	Squares	df	Mean Square	F	Sig.	
Regression	66.258	1	66.258	137.731	.000 ^b	
Residual	73.603	153	.481			
Total	139.861	154				
a. Dependent Variable: Teenage Pregnancy						
b. Predictors: (Constant), Parental Supervision						
Coefficients						
Model	Unstandardized		Standardized		T	Sig.
	Coefficients		Coefficients			
	B	Std. Error	Beta			
(Constant)	.907	.129		7.050	.000	
Parental Supervision	.740	.063	.688	11.736	.000	
a. Dependent Variable: Teenage Pregnancy						

Source: Research data, 2023

In Table 4.18, the findings established that the linear relationship between teenage age and the Parental Supervision. The coefficient of correlation was 0.688, ($r=0.688$). The coefficient of determination (R^2) was 0.474, and this shows that 47.4% of the variations in the teenage pregnancy can be explained by parental supervision. From Table 4.17, the ANOVA results the F test gave a value of $F(1, 153) = 137.731$, $p < .05$, which was large enough to support the goodness of fit of the model in explaining the variation in the dependent variables. It also meant that Parental Supervision is a useful predictor of teenage pregnancy in Malava Subcounty. Parental Supervision with a beta of 0.740 is at statistically insignificant level and is a predictor of teenage pregnancy implying that an increase in parental supervision by a unit will result to significant ($P < 0.05$) increase in teenage by 0.740 units. 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 appropriate supervision (Carlos et al., 2016). This implies that parenting plays a key role in laying a good foundation for children, modelling them into adulthood by equipping them to make informed life choices that would eventually reduce unwanted teenage pregnancy.

Studies by Oros, (2012) demonstrated that teenagers with parents who supervise their activities had a later sexual initiation, fewer sexual partners, and more consistently used contraceptives than teenagers who were never keen on their activities. Poor supervision is consistently associated with antisocial behavior in both cross-sectional and longitudinal studies (Patrick et al., 2005).

4.7 Effectiveness of Parent-Teenage Communication on Teenage Pregnancy

The fourth objective of the study was to evaluate the effectiveness of parent-teenage communication on teenage pregnancy in Malava Subcounty, Kakamega County Kenya. This was achieved by conducting both descriptive and inferential statistics. The respondents were asked to indicate how much they agree/disagree with the following statements. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1. Findings are presented in the table 4.19 below;

Table 4.19: Effectiveness of Parent-Teenage Communication on Teenage Pregnancy

	5	4	3	2	1	Mean	S.D
I always have open talks/interactive communication with my parent(s)	7.7 (12)	18.1 (28)	5.2 (8)	47.7 (74)	21.3 (33)	2.43	1.23
I trust the kind of interaction I have with my parent(s)	5.2 (8)	20.6 (32)	7.7 (12)	43.2 (67)	23.2 (36)	2.41	1.20
I always have a one-way communication (parents talking to you and you only respond) from my parent(s)	21.3 (33)	32.3 (50)	3.2 (5)	38.1 (59)	5.2 (8)	3.26	1.30
I always have a two-way communication (parents discussing with you and together you agree on what to do) with my parent(s)	5.2 (8)	31 (48)	2.6 (4)	30.3 (47)	31 (48)	2.49	1.35

I am comfortable with one way									
communication	from	my	1.9	2.6	2.6	59.4	33.5		
parents/Guardian			(3)	(4)	(4)	(92)	(52)	1.80	0.78
I am comfortable with two-way									
communication	with	my	32.3	28.4	2.6	27.7	9		
parents/Guardian			(50)	(44)	(4)	(43)	(14)	3.47	1.42

Source: Research data, 2023

According to the results in the table above, 7.7% (12) of the respondents strongly agreed that they always had open talks/interactive communication with their parent(s) while a further 18.1% (28) agreed on the same assertion. Moreover, 5.2% (8) of the respondents were neutral, 47.7% (74) disagreed while 21.3% (33) strongly disagreed that they always have open talks/interactive communication with their parent(s). With a mean of 2.43 and a significant standard deviation of 1.23, the respondents strongly disagreed on the statement.

Majority of respondents indicated about not having open/interactive communication with their parents. Reasons given was that due to neglectful parents for instance parents who came home very late or those who work and stay away from teenagers. Another reason was that some parents perceive that teenagers are still young thus no need for interactive talks with them rather need to be talked to just to receive orders.

In regards to teenagers trust on the kind of interaction they had with my parent(s), 5.2% (8) of the respondents strongly agreed and 20.6% (32) agreed. Also, 7.7% (12) of the respondents were neutral, 43.2% (67) disagreed while 23.2% (36) strongly disagreed that teenagers trusted the kind of interaction they had with parent(s). With a mean of

2.41 and a significant standard deviation of 1.20, the respondents disagreed on the statement.

The results of the study revealed that, 21.3% (33) of the respondents strongly agreed and 32.3% (50) agreed that they always had one-way communication from parent(s). On the other hand, 3.2% (5) of the respondents were neutral, 38.1% (59) disagreed while 5.2% (8) strongly disagreed that they always had one-way communication from parent(s). With a mean of 3.26 and a significant standard deviation of 1.30, the respondents were neutral on the statement.

From the table above, 5.2% (8) of the respondents strongly agreed they always had a two-way communication with parent(s), while 31% (48) agreed on the statement. However, 2.6% (4) of the respondents were neutral, 30.3% (47) disagreed, 31% (48) strongly disagreed that they had a two-way communication with parent(s). With a mean of 2.49 and a significant standard deviation of 1.35, the respondents disagreed on the statement.

On the statement that they were comfortable with one way communication from their parents/Guardian, 1.9% (3) of the respondents strongly agreed while a further 2.6% (4) agreed. Moreover, 2.6% (4) of the respondents were neutral, 59.4% (92) disagreed while 33.5% (52) strongly disagreed that they were comfortable with one way communication from their parents/Guardian. With a mean of 1.80 and an insignificant standard deviation of 0.78, the respondents strongly disagreed on the statement.

On the statement that they were comfortable with two-way communication with their parents/Guardian, 32.3% (50) of the respondents strongly agreed and 28.4% (44) agreed. Also, 2.6% (4) of the respondents were neutral, 27.7% (43) disagreed while 9% (14)

strongly disagreed that they were comfortable with two-way communication with parents/Guardian. With a mean of 3.47 and a significant standard deviation of 1.42, the respondents were neutral on the statement.

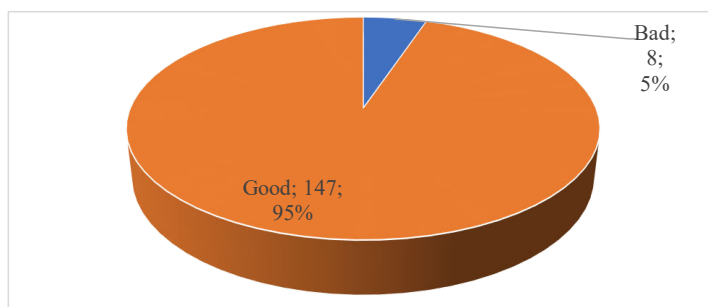
A higher percentage of teenagers who did not trust the kind of interaction with their parents indicated that it was because in the first-place parents did not value them. In fact, they noted since they had realized that their parents did not desire to have interactions with them thus no need to trust interaction with them. The few who noted of trusting interactions with their parents are the ones who noted of having frequent interactions with their parents and are given opportunity in decision making over family matters.

Most respondents as well noted that they did not have two-way communication with their parents, since parents did not see them as grown up but as children. Some parents felt it's a waste of time for such communication with minors. The few parents who had two-way communication with them respondents noted that may be on matters carrier choice or what directly concerned them. Some respondents said two-way communication was used whenever a mistake had been done and a parent demanded proper communication over that matter otherwise one way communication was the order of the day. Despite the fact that most parents embraced one way communication teenagers felt so much uncomfortable with it. The said that it made them felt that they existed only to seen not to be heard. Some noted that they felt not part of their family.

The above conceded with the findings which emerged from a quantitative study carried out to assess parental communication about sex and motherhood trends among students at Limpopo university which revealed that parental two-way communication with

teenagers was a not a common practice among many of the families in the population studied (Makofane & Oyedemi, 2015).

The study sought the opinion of the respondents in regard to having two-way interactive communication with their parents/Guardians. The results are shown in Figure below



Source: Research data, 2023

Figure 4. 6: Two-way Communication

Majority of the respondents indicated that they felt good having two-way interactive communication with their parents/Guardians as shown by 95.0% of the respondents while 5% have a bad feeling towards having two-way interactive communication with their parents/Guardians. The bad feelings involved being insecure or those few isolated cases that avoided their parents to engage in vices. Those who expressed a good feeling were associated with sense of belonging, comfort, affectionate, honorable, lovable and satisfactory. Two-way communication enhances closeness of a parent to the child and is also linked to reduced teenage pregnancy. According to the report by (Advocates for Youth, 2011a), improved possibility of abstinence by parents in conjunction with transparent and encouraging interaction, results in fewer sexual partners and improved use of contraceptives.

The study sought the opinion of the respondents in regard to having one-way communication with their parents/Guardians. The results are shown in Figure below

Table 4.20: Perspective about one way communication by teenagers from your parents

Response	Frequency	Percentage (%)
Bad	83	53.5
Rejected	28	18.1
Demoralized	12	7.7
Uncomfortable	8	5.2
Disrespected	4	2.6
Intimidated	4	2.6
Sad	4	2.6
Sorrowful	4	2.6
Unsafe	4	2.6
Useless	4	2.6
Total	155	100.0

Source: Research data, 2023

As shown in table above, all respondents had negative feeling towards one way communication from their parents. The results further revealed that 53.5% felt bad and one of the respondents said that “I felt bad because my parents can make a decision concerning my life or my education yet I cannot have a say”. Further, 18.1% felt rejected while other respondents felt demoralized, uncomfortable, disrespected, intimidated, sad, sorrow, unsafe and useless.

The negative response about one way communication according to respondents was due to the fact that their parents felt that they were still young thus no need to be involved but just receive orders or directives. That is why they developed a bad attitudes towards their parents and some decided to rebel, cause trouble or prove difficult to be managed by their parents. This as well have contributed to conflicts between parents and teenagers. Some teenagers due to lack of room to share their issues were forced to seek advice from peers and some ended up being misled or impregnated.

The study sought the opinion of the respondents on ways to reduce teenage pregnancy. The results are shown in Figure below;

Table 4.21: Response on how to reduce high teenage pregnancy in relation to parenting

Response	Frequency	Percentage (%)
Involving teenagers	56	36.1
Open talks	47	30.3
Demoralized	26	16.8
Good relationship with teenagers	22	14.2
Supportive	4	2.6
Parents being role model	4	2.6
Total	155	100.0

Source: Research data, 2023

As indicated in Table above, 36.1% of the respondents indicated that in order to reduce high teenage pregnancy in relation to parenting, there was need for parents to be

involving teenagers, 30.3% indicated there was need of open talks, 16.8% indicated the need of good relationship with Teenagers, 14.2% stated the need for supportive parents and 2.6% stated that parents should be role models. Lederman & Mian,(2003) performed a program on pre-pregnancy and sexually transmitted disease prevention in an experimental study investigating parental interaction and impact. The results indicated that interaction between parent and child is based on the value system of the family and the commitment to open discussion of sexual issues. Families with strong relationships with parents based on trust between mother and daughter are more likely to choose abstinence or limit sexual activity.

In regards to involving teenagers, the respondents indicated that parents should always work together with teenagers, Parents to go with their children to church and holding regular meetings with teenagers. In regards to open talks, the respondents indicated a need for parents to always have free talks with teenagers, avoid dictating teenagers, interactive open talks between parents and teenagers. Regular meetings with teenagers and very interactive and two-way form of communication. One of the respondents said that “Parents should also listen to their teenagers and avoid being too strict to them and should as well allow teenagers to think on their own and make decisions more so on what directly affects them.

In regards to participatory parenting, the respondents stated that parents should be there to support and care for your children, girls to avoid asking money from boys and ask their parents, parents to be supportive to the teenagers and guide and counsel them in their decisions that they make as well as parents to provide for their children.

In regards to two-way communication, all the respondents confirmed that it was the best and effective method of communication between parents and their teenagers. However, it was not practiced. One of the interviewees said that “It is the best approach to embrace to reduce teenage pregnancy but modern parents fear their teenagers’

In this study ,70% of the teachers who participated indicated that one way communication increased incidences of teenage pregnancy and was mostly used by parents but never worked, it only resulted to rebellion. Additionally, they said that in the contemporary society one way communication would fail as teenagers understand their rights and prefer to be addressed as human beings with senses.

During interview session, the study sought to find out which kind of communication would be used in communicating with their teenagers and how it influenced teenage pregnancy. Two-way communication was found to be best way of communication however, it was not used. 40% of the respondents indicated that use of two-way communication would drastically reduce teenage pregnancy as it was the only way for teenagers to express themselves freely with their parents, share challenges of life, get corrected or guided appropriately and make the right decision.

Cosequently,60% health care workers confirmed it was noted that two way communication involved teenagers and therefore, it arrests teenager pregnancy. However, one way communication was found to be mostly used between parents and teenagers and was heavily associated with dictatorship. This was further supported by other respondents who said that one way communication could not work as it made teenagers to become rude and unable to listen to parents”. One way communication was associated with rebellion among the teenagers.

Interview with HWCs produced mixed outcome in regards to one way communication and teenage pregnancy. 40% of HCWs indicated that one way communication reduces teenage pregnancy. Some of the reasons brought forward were that it contained teenagers from moving up and down aimlessly” while other respondents said that “like dictatorship it reduces as it limits unnecessary movements among teenagers” while the rest of respondents indicated that on one way communication increases teenage pregnancy especially where teenagers are not given a chance to share their views or give feedback.

A related study indicated that influence of teenage sexual behavior is influenced by the quality of the relationship experienced in the family (Calhoun et al., 2013). It brings out that perceived maternal disapproval of sex that involves a high degree of mother-daughter interaction and communication may delay the first sexual experience for teenagers. This denotes that parents should provide fair and accurate sexual data, independent of potential misinterpretation, other than their sexual communication with their children.

The study sought to find out how age of teenager and income of the family influenced teenage pregnancy. 60% of the teachers who were interviewed indicated that young age is most at risk This is because most of them are still dependent on their parents and have no source of income. For such teenagers if they are not provided for by parents can easily be tempted to seek help from boys or men who easily take advantage of them and end up impregnating them. For older teenagers those with some sources of income are able to cater for own needs and thus less disadvantaged but for their agemates with no income is even more risky. For instance, just completed secondary level education with

no income are at risk of engaging in unhealthy relationships with married men who pretend to be providing for them but in the long run end up impregnating them.

From the interview results with 60% teachers reported that teenagers with different levels of income had mixed outcome in relation to teenage pregnancy. It was revealed that boys with adequate income could be used to lure girls from poor background, an assertion which contradicts girls with adequate income. One of the respondents said that “It is relative but poor teenage girls are more at risk of becoming pregnant” while another respondent said that “those with income (boy) take advantage of poor teenage girls”.

In this study ,60% of the HCWs interviewed indicated teenagers with income influence teenage pregnancy. One of the respondents said that “Higher income for teenage boys confuses them and they mess with girls with lower income”. Furthermore, other respondents revealed that poor teenagers especially those from low-income families were more at risk than well to do ones. Interview with teachers, revealed that teenagers, especially girls from poor family were at higher risk of teenage pregnancy. This assertion was supported by 90% of teachers who were interviewed. One of the respondents said that “teenagers from poor homes especially girls were more at risk than those from well to do families”. Teachers noted that poor teenagers are emotionally unstable, undisciplined with poor performance. Because of these, most of them end up seeking attention and in the process landed them into early marriages or unwanted teenage pregnancy.

Furthermore,60% of HCWs who were interviewed indicated that income of family was associated with teenage pregnancy. The study noted that teenage pregnancy was more

prevalent with teenage girls coming from poor families unlike those from rich families. This is because such families were unable to adequately address needs of their teenagers. This scenario caused teenagers to look for alternative ways for survival, some of which increases chances of teenage pregnancy.

The study sought to find out the view of teachers in regards to how teenage pregnancy can be prevented in regards to parenting. The interview results from 60% of respondents revealed the need to foster cooperation between teenagers and parents, timely intervention in teenager's needs, the need for parents to serve as a role model, need to embrace two-way communication, multi-party cooperation among parents, teachers, teenagers, government and NGOs. This concurred with the study by (Oros, 2012) on effectiveness of parenting in the contemporary world. The study found out that effectiveness is enhanced by mutual co-operation between parents and teenagers as well honesty friendship.

The interview with one of chiefs revealed that:

Teenage girls from poor families at more risk of becoming pregnant at their tender age. They lack basic needs and in search of that they fall in the wrong hands-boys/men who pretend to help them but with evil motive and eventually end up impregnating them. so even if parents are trying to bring up teenagers in the church but if they are unable to provide for them, most of them become victims of early pregnancy, so family income is a key driver in influencing teenage pregnancy. **RES 05,2023 (17/04/23)**

Through focus group discussions, the study sought to find out how two-way communication influence teenage pregnancy. The discussants affirmed that two-way communication had a positive influence on teenager pregnancy.

The study also sought to find out the link between family income and income of teenagers. During the discussions, the researcher noted that teenagers from low-income

family suffer more compared to teenagers from well off family. Teenager girls from poor families often became victim of early pregnancies, teenager boys from rich families are proprietors in most cases. Therefore, teenagers with no income are more at risk than teenagers with income. One the FGDs affirmed that:

The truth be told, teenagers from poor families suffer a lot. They lack basic needs and in the process of finding they get pregnant some from boda-boda men etc. while teenage boys with some cash use it as a hook to lure and cheat girls and pregnant them then dump them **(FGD 2), (19/04/23)**

This observation was seconded by one of the discussants who said that “ poverty increases teenagers’ pregnancy but for teenage girls with some income they are respected and have power to put off boys and reduce pregnancy”. Therefore, teenagers from financially stable families are less prone to early pregnancy than from poor families. Kassa et al., (2018), indicates that overall, one-fifth of poor adolescents become pregnant in Africa. Several factors like socioeconomic status , educational status of adolescents, and parent to adolescent SRH communication were associated with adolescent pregnancy.

The study also sought to find out the relationship between age and education level of a teenager. The results indicated that there is mixed perception in regards to age. 40% discussants indicated that age is not factor since teenagers between 15 and 19 are all at risk while other respondents indicated all teenagers need to be guided accordingly regardless of their age. However, 30% discussants indicated that age is a factor since teenager less than 16 years are at higher risk of teenage pregnancy. However, all the discussant revealed that there is a link between teenage pregnancy and education. Another group said that:

Teenagers less than 16 years due to ignorance and especially those in rural areas are more at risk of becoming pregnant. For education level more learned teenagers are confident and are less at risk than illiterate teenagers (FGD 3) ,20/04/23

The respondents noted that older teenagers of 18 and 19 years have more exposure and less at risk while younger teenagers are more at risk. Further, 15-19 years, older ones can use contraceptives to prevent pregnancies than younger ones because of knowledge level. One of the discussants said that “Educated teenagers can stand ground than illiterate teenagers”

The study also sought to find out from the discussants how they can reduce teenage pregnancy in relation to parenting in Malava Sub-County. The results indicated that 54.0% of the discussants indicated the need for the government to take stringent measures against perpetrators and divine intervention through prayers. They also noted that the need for parents to be always there for their teenage whenever they needed them and also provide for their teenagers.

4.7.1 Relationship between Parent-Teenage Communication and Teenage Pregnancy

The study sought to establish influence of Parent-Teenage Communication on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. This was achieved using Pearson Correlation analysis using R coefficient with its significant level. The results are shown in Table 4.22.

Table 4.22: Relationship between Parent-Teenage Communication and Teenage Pregnancy

		Parent-Teenage Communication	Teenage Pregnancy
Parent-Teenage Communication	Pearson Correlation	1	-.129
	Sig. (2-tailed)		.110
	N	155	155
Teenage Pregnancy	Pearson Correlation	-.129	1
	Sig. (2-tailed)	.110	
	N	155	155

Source: Research data, 2023

As shown in Table, there was an insignificant positive relationship between parent-teenage communication and teenage pregnancy as shown by $R=-0.129$, $P=0.110$. This implies that increase in parent-Teenage Communication would results to insignificant decrease in teenage pregnancy. In their study, Mehus et al., (2022) pointed out that young people are informed by different sources regarding sexual behavior, but often prefer parents as primary educators. Jaccard et al., (2002) suggested that there was a significant difference between what parents receive as communication about sexuality and the extent to which adolescents actually report. A problem-solver aspect should be part of interaction between parents and children. It helps families to discuss sexual behavior issues through a number of rules and standards to address potential conflicts resulting from childhood, such as teenage pregnancy (Corcoran, 2016).

4.7.2 Regression analysis of Parent-Teenage Communication

The fourth objective of this study was to evaluate the effectiveness of parent-teenage communication on teenage pregnancy in Malava Subcounty, Kakamega County Kenya. This was achieved by carrying out standard linear regressions. This aided in coming up with the coefficients of the study model as well as R square of the study. The results are as shown in Table 4.23.

Table 4.23: Regression analysis of Parent-Teenage Communication

Model Summary						
Adjusted R						
Model	R	R Square	Square	Std. Error of the Estimate		
1	.129 ^a	.017	.010	1.221		
a. Predictors: (Constant), Parent-Teenage Communication (PTC)						
ANOVA^a						
Sum of						
Model	Squares	Df	Mean Square	F	Sig.	
Regression	3.844	1	3.844	2.578	.110 ^b	
Residual	228.194	153	1.491			
Total	232.039	154				
a. Dependent Variable: Teenage Pregnancy						
b. Predictors: (Constant), Parent-Teenage Communication						
Coefficients						
Model	Unstandardized		Standardized		T	Sig.
	Coefficients		Coefficients			
	B	Std. Error	Beta			

(Constant)	2.045	.260		7.851	.000
PTC	-.112	.070	-.129	-1.605	.110

a. Dependent Variable: Teenage Pregnancy

Source: Research data, 2023

In the Table above, the findings established that there is linear relationship between teenage pregnancy and the parent-teenage communication. The coefficient of correlation was 0.129, ($r=0.129$). The coefficient of determination (R^2) was 0.017, and this shows that 1.7% of the variations in the teenage pregnancy can be explained by parent-teenage communication.

From Table 4.23, the ANOVA results the F test gave a value of $F(1, 153) = 2.578$, $p > 0.05$, which was not large enough to support the goodness of fit of the model in explaining the variation in the dependent variables. It also meant that parent-teenage communication was not a useful predictor of teenage pregnancy in Malava Sub County.

Parent-Teenage Communication with a beta of -0.112 is at statistically insignificant level and is a predictor of teenage pregnancy implying that an increase in parent-teenage communication by a unit will result to insignificant ($P > 0.05$) decrease in teenage by 0.112 units. The same studies indicated that delay in communication until the teenager is sexually active would will not yield good results compared when the communication was done early enough. Communication had some level of importance as it indicates that parent-child influences on the issues of sexuality (Maina et al., 2020). This means that the amount and quality of communication on sexuality determines the time at which teenagers indulge in sexual activity. In this way, the quality of the conversation itself

will inevitably be modified, which will also influence how a young person responds. Hoskins, (2014) found out that good interaction between parents and adolescents is important to embrace because it is associated with positive outcomes for teenagers. The development of an atmosphere to promote positive interaction among the parent child is vital and functions as a protective factor for teenage pregnancy.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study analyzed the effects of parenting on teenage pregnancy among girls of ages 15-19 in Malava Subcounty, Kakamega county, Kenya. This chapter summarizes the findings, conclusions and recommendations of the study. It also shows the extent to which objectives were addressed and research questions answered. Recommendations were guided by the findings of the study and implications for further research were also captured.

5.2 Summary of the Findings

The summary of findings focused on the following sub-headings;

5.2.1 Findings on Demographic Characteristics

Age of respondents

According to the study findings, 21.9% (34) of the respondents were aged between 15-16 years, and a further 65.2% (101) were between age 17 and 18 while 12.9% (20) of the respondents were 19 years. This implies that despite the fact all ages of teenagers being at risk of being affected by teenage pregnancy but teenagers of ages between ages 15-18 were more at risk. Contributing factors were less exposure to sexual health education with an excuse that they are still young, peer, media influence etc. This coincides with a study by (Corcoran, 2016) which revealed that younger girls were more prone to early unwanted pregnancies than older teenagers. This is because older teenagers had increased knowledge on matters sexuality as well as access and utilization of contraceptives unlike young ones.

This as well coincided with a study by (Kassa et al., 2018), which indicated that overall, one-fifth of adolescents under 18 years become pregnant in Africa and Several factors such as age, upbringing, residence/environment, exposure level, economic status of their parents, educational status was associated with such increased pregnancy.

Marital Status of respondents

From the findings, 10.3% (16) of the respondents were married, 18.0% (28) were single while the majority of the respondents were not married. 76.1% (111). This means that most of affected teenagers with teenage pregnancies may not get married at that time because of their young age and in fact most of them are taken back to school to continue with their studies. Most of their children are raised by their parents. Very few of such teenagers get married/are forced into early marriage or are accepted by those who have impregnated them. This concedes with the study by (Santos et al., 2015) on challenges experienced by teenage mothers that found out that the burden of raising up of teenage mothers' babies are often left in the hands of grandmothers/parents while the perpetrators are by and large.

Education Level of the respondents

Findings show that 29% (45) of the respondents had completed secondary school, 71% (110) had completed primary school. The findings provide valuable insights into the relationship between level of education and teenage pregnancy.

The results reveal that individuals with varying levels of education were susceptible to teenage pregnancy, highlighting the complex interplay between education and teenage pregnancy.

This shows that primary school leavers were most affected by teenage pregnancy unlike secondary school leavers. Given the opportunities that come the way of secondary

school leavers verses primary school leavers , and the financial independence that is attached to those opportunities, secondary school leavers are less likely get affected by teenage pregnancy according to the study by (Kumar et al., 2018). The study revealed that such persons have the confidence to walk away. They are also able to make sound decisions without wavering and seek alternative ways and that acts as a defense against being taken advantage. This is however may not the case for primary school leavers and more so those from neglectful parents who in most cases depend on others for support. They may easily get abused and end up being impregnated.

Another key reasons for this are that individuals with lower levels of education are often more likely to be living in poverty and have limited access to resources and support (Kumar et al., 2018). This can makes it more difficult for them to escape being lured, and they may also lack the knowledge to prevent teenage pregnancy.

Formal and informal employment Status of respondents

According to the study findings, 56% (87) of the respondents did not have any form on employment either formal/informal while 43% (68) had some informal/formal employment. This is true to the fact that most affected group of teenagers with teenage pregnancy are mostly those with low economic status as affirmed by Mwangi, (2017) study. The study revealed that lack of access to resources, poverty and support also contributed to the high prevalence of teenage pregnancy.

This shows that majority of the victims of teenage pregnancy were not in employment and depended on their parents/Guardians. Such dependence on other people to meet basic needs placed teenagers in a position of disadvantage and one may get sexually abused and taken advantage of as found in the study by (Chamdimba et al., 2023).

5.2.2 Influence of parenting styles on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya

The first objective of the study was to determine the influence of parenting styles on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. The results indicated that 49.0% of the respondents were in agreement that their parents involved them in family decision (Participatory) parenting style. Further, 45.1% also confirmed that whenever they made a mistake their parents/Guardian discussed with them before punishment (Authoritative parenting style). Additionally, 20% confirmed that their parents/Guardian were always available whenever they needed them (Neglectful parents) and 40.6% confirmed that their parent parents/Guardians allowed them to make/break set rules without punishment (permissive parenting).

From open ended question, 70% the respondents confirmed that dictatorship parenting increased tendencies of teenage pregnancy. Some of the reasons associated with increase was lack of two communication, teenage become rebellious, low self-esteem, low interactivity between parent and teenage and imposing their life style to their children.

Furthermore, respondents indicated that neglectful parenting influenced teenage pregnancy due to lack of provision of basic needs, lack of parental supervision and lack of emotional support. Similar, results were also associated with lenient parenting style since there was evidence of lack of control, too soft to effect punishment, teenagers made their own rules and had a lot of freedom. However, 90% of the respondents indicated that participatory parenting had reduced tendencies of teenage pregnancy. This kind of parenting style offered good relationship between parents and teenagers, open and honest interaction talks and teenagers are involved and they feel part of the family.

Pearson correlation analysis indicated that there was significant positive relationship between Dictatorship parenting and teenage pregnancy. There was significant positive relationship between Neglectful parenting and teenage pregnancy. There was significant positive relationship between lenient parenting and teenage pregnancy. There was significant negative relationship between participatory (involving teenagers) parenting and teenage pregnancy.

Multiple linear regression analysis revealed that up to 72.3% of the variations in the teenage pregnancy can be explained parenting style and structure. An increase in strict/dictatorship parenting by a unit will result to significant ($P<0.05$) increase in teenage by 0.400 units. An increase in absent/Neglectful parenting by a unit will result to significant ($P<0.05$) increase in teenage by 0.524 units. An increase in lenient parenting by a unit will result to significant ($P<0.05$) increase in teenage by 2.007 units. An increase in participatory (involving teenagers) parenting by a unit will result to significant ($P<0.05$) decrease in teenage by 1.129 units. An increase in two parent family by a unit will result to insignificant ($P<0.05$) decrease in teenage by 0.231 units. An increase in single parent by a unit will result to significant ($P<0.05$) increase in teenage by 0.137 units.

5.2.3 Influence of Sexual Health Education by parents on teenage pregnancy in Malava subcounty, Kakamega County, Kenya

The second objective of the study was to determine the influence of Sexual Health Education by parents on teenage pregnancy in Malava subcounty, Kakamega County,

Kenya. The results revealed that 6.4% of the respondents confirmed that their parents/Guardian taught them about sex. Further, 16.2% were in agreement that their parent(s)/Guardian taught them on how to handle peers of opposite sex. Moreover, 4.5% confirmed that their parents/Guardian taught them on contraceptive use while 5.8% revealed that they were comfortable being taught by their parents about sex. Lastly, 6.5% of the respondents confirmed that their parents/Guardian taught them about protected sex.

In this study, respondents (25.2%) were not comfortable being taught about sex by their parents/guardians. Some of them felt ashamed (52.2%). Other sampled respondents were filled with fear, were scared, were bored, as well as felt it was against their culture for their parents to teach them. According to respondents, the most effective agent in teaching sexual health education was media, followed by school, church, peers, parents and lastly friends.

Pearson correlation analysis indicated that there was insignificant positive relationship between sexual health education and teenage pregnancy as shown by $R=-0.086$, $P=0.287$. This implies that increase in sexual health education would result to insignificant decrease teenage pregnancy implying there is room for improvement.

The coefficient of determination (R^2) was 0.007, and this shows that 0.7% of the variations in the teenage pregnancy can be explained by teenage pregnancy. Sexual health education with a beta of -0.072 is at statistically insignificant level and is not a useful predictor of teenage pregnancy implying that an increase in sexual health education by a unit will result to insignificant ($P<0.05$) decrease in teenage by 0.072 units.

5.2.4 Influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya

The third objective of the study was to establish influence of parental Supervision on teenage pregnancy in Malava Subcounty, Kakamega County, Kenya. The results indicated that 32.2% of the respondents confirmed that their parents knew their friends, 27.8% were in agreement that their parents knew the activities they engaged in with their friends. Further, 16.7% of the respondents confirmed that their parents knew the kind of movies they watched while 20% of the respondents confirmed that their parents controlled the kind of movies they watched. Besides, 31.6% were in agreement that their parents approved/disapproved the kind of friends they had and 5.8% were in agreement that they were comfortable about their parent(s) control in their lives as teenagers.

The results revealed that 41.9% of the sampled respondents felt bad while 21.3% felt disrespected while 12.9% were uncomfortable when their parents/Guardians supervised/controlled in the decisions they made as teenagers. Other respondents felt disappointed, discouraged, isolated and intimidated. Furthermore, 56.1% of the respondents felt bad and 18.1% of the sampled students felt overprotected when their parents/Guardians supervised/controlled them on the type of friends they had. Others felt demoralized, disrespected and rejected. However, 5.2% of the sampled respondents felt good. The results also revealed that 50.3% of the sampled respondents felt disrespected and 31.6% of them felt bad when their parents/Guardians supervised/controlled them on the kind of movies to watch. On the other hand, 5.2% felt good when controlled on movies watched.

There was significant positive relationship between parental Supervision and teenage pregnancy as shown by $R=0.688$, $P=0.00$. This implies that increase in parental

supervision would result to increase teenage pregnancy. The coefficient of determination (R^2) was 0.474, and this shows that 47.4% of the variations in the teenage pregnancy can be explained by parental supervision. Parental Supervision with a beta of 0.740 is at statistically insignificant level and is a predictor of teenage pregnancy implying that an increase in parental supervision by a unit will result to significant ($P < 0.05$) increase in teenage by 0.740 units.

5.2.5 Influence of parent-teenage communication on teenage pregnancy in Malava Subcounty, Kakamega County Kenya

The fourth objective of the study was to evaluate the effectiveness of parent-teenage communication on teenage pregnancy in Malava Subcounty, Kakamega County Kenya. The results revealed that 25.8% of the respondents confirmed that they always had open talks/interactive communication with their parent(s). Similarly, 25.8% of the respondents were in agreement that they trusted the kind of interaction they had with their parent(s). Furthermore, 53.6% of the respondents were in agreement that they always had a one-way communication from their parent(s). In addition, 36.2% of the respondents were in agreement that they always had a two-way communication with their parent(s). Besides, 4.5% of the respondents confirmed that they were comfortable with one-way communication from their parents/Guardian while 60.7% of the respondents agreed that they were comfortable with two-way communication with their parents/Guardian.

Further, majority of the sampled respondents had the opinion that they felt good regarding having two-way interactive communication with their parents/Guardians as shown by 95.0%. However, 53.5% of the respondents felt bad whenever they had one-way communication with their parents and 18.1% felt rejected. Others felt demoralized,

uncomfortable, disrespected, intimidated, sad, sorrowful, unsafe and useless. Slight majority indicated that there was need to involve teenagers so as to reduce high levels teenage pregnancy in relation to parenting as indicated by 36.1%, a further, 30.3% indicated there was need for open talks while 16.8% indicated that there was need to foster good relationship with teenagers and 14.2% revealed that parents should be supportive.

There was an insignificant positive relationship between parent-teenage communication and teenage pregnancy as shown by $R=-0.129$, $P=0.110$. This implies that increase in parent-Teenage Communication would results to insignificant decrease in teenage pregnancy. The coefficient of determination (R^2) was 0.017, and this shows that 1.7% of the variations in the teenage pregnancy can be explained by parent-teenage communication. Parent-Teenage Communication with a beta of -0.112 is at statistically insignificant level and is a predictor of teenage pregnancy implying that an increase in parent-teenage communication by a unit will result to insignificant ($P>0.05$) decrease in teenage by 0.112 units.

5.3 Conclusions of the study

The conclusions on the specific objectives were presented as below;

5.3.1 Conclusions Specific to Objectives

The first objective of the study sought to determine how parenting style influenced teenage pregnancy in Malava subcounty Kakamega County Kenya. Research findings revealed that parenting style had a significant influence on teenage pregnancy in Malava subcounty Kakamega County Kenya. Dictatorship parenting, Neglectful parenting,

lenient parenting had resulted in increased teenage pregnancy while participatory (involving teenagers) parenting had resulted to decrease in teenage pregnancy.

The second objective of the study sought to determine how parental Sexual Health Education influenced teenage pregnancy in Malava subcounty Kakamega County, Kenya. The research findings established that parental sexual health education had an insignificant positive influence on teenage pregnancy. Even though the influence was positive, it was minimal to have a substantial impact on teenage pregnancy due to the fact parents rarely taught their teenagers about sex, handling peers of opposite sex, contraceptive use. Most teenagers were not comfortable being taught by parents and they preferred their friends or social media platform.

The study's third objective sought to determine how parental supervision influenced teenage pregnancy in Malava Subcounty Kakamega county, Kenya. Basing on the finding, the study established that parental supervision had significant positive influence on teenage pregnancy in Malava Subcounty Kakamega county, Kenya. Parents supervision role had been on periphery since most of them did not know their teenager's friends, the activities they engaged with their friends, the kind of movies they watched and parents failed to approve and disapprove on the kind of friends for their teenagers. On the other hand, the teenagers were not comfortable about their parent(s) controlling their lives as teenagers.

The study's fourth objective sought to determine how parent-teenage communication influence teenage pregnancy in Malava subcounty Kakamega County Kenya. The research findings revealed that parent-teenage communication had an insignificant positive effect on teenage pregnancy since most of the parents had embraced one-way communication instead of two-way communication. There was evidence of minimal

open talks/interactive communication and most of the teenagers were not comfortable with one-way communication which was commonly used by parents.

The overall conclusion of this study is that parenting has a significant effect on teenage pregnancy. This is revealed through the findings of this study, for instance in objective one, findings indicated that there is a significant positive relationship between dictatorship, neglectful, permissive parenting and teenage pregnancy. Implying that increase in these 3 predictor variables increases teenage pregnancy. Additionally, findings in objective one revealed a significant negative relationship between participatory parenting and teenage pregnancy, an implication that an increase in participatory parenting decreases teenage pregnancy.

Consequently, findings in objective two established that there is an insignificant positive relationship between parental sexual health education and teenage pregnancy. Likewise, findings in objective three revealed that there is an insignificant positive relationship between parent-teenage communication and teenage pregnancy, an implication that increase in the 2 variables will result in insignificant decrease in teenage pregnancy.

Lastly findings in objective four revealed a significant positive relationship between parental supervision and teenage pregnancy, in implication that that an increase in parental supervision will increase teenage pregnancy.

5.4 Recommendations

5.4.1 Recommendation on first objective on parenting

The study recommends to the ministry through the department of children services to sensitize the public about good parenting/positive parenting in order to reverse teenage pregnancy, the need for the parental empowerment on effective teenage parenting, the need to embrace open interactive talks with their teenagers right from tender age. Need

Kommentiert [U1]: This must be related to the general objective

to embrace two-way communication in raising up teenagers, parents to handle teenagers as friends as well as create a conducive environment for free and open sharing with their teenagers. Parents to ensure that there are available for their teenagers and the need to address their needs adequately and appropriately.

5.4.2 Recommendation on the second objective on parental sexual health education

The study recommends to the government through the ministry of health to undertake capacity building to parents with the knowledge on sexuality matters, how and when to disseminate sexual information to teenagers, help deal with matters on cultural barriers to sharing matters sexuality by parents. implement dissemination on sexuality and relationships in and out of schools, and provide affordable, safe contraception to tackle the root causes of adolescent pregnancy. Consequently, Governments through the department of children services to intensify support to pregnant girls and young mothers to continue and complete their education and introduce more stringent measures to perpetrators who impregnate underage girls no matter their status.

Research as well suggests a comprehensive sex education and programs that incorporate parents and other stakeholders to help teenagers delay onset of sexual activity, reduce the frequency of sexual activity, reduce number of sexual partners, and increase contraceptive use.

5.4.3 Recommendation on the third objective on parental supervision on teenagers

The study recommends to the government through the department of children department to sensitize parents about the need to be friend and cultivate a positive relationship with their teenagers to help know their friends, also the need to advise and guide teenagers on right association not choosing friends for their teenagers or force

their way into teenagers Also to sensitize parents as well to ensure they are good role models to their teenagers. Also, the need for parents to know the kind of media stuff that their teenagers are exposed to, more so when they are at home with them and to regularly advise them on the right content for exposure.

5.4.4 Recommendation on the fourth objective on effectiveness of parental – teenage communication with teenagers

The study recommends to the government through the department of children department about the need to value and embrace a two-way communication when dealing with teenagers and avoid one way communication. This will minimize on rebellion from teenagers. Also, the need for, involving them in family matters. Allowing them to have a say or make a decision and advise on consequences of decision made. All these will make teenagers feel part of the family and see their parents as friends to openly share with them life issues/questions which in turn will reduce teenage pregnancies.

5.5 Suggestions for Further Research

The present study sought to assess effects of parenting on teenage pregnancy among girls of ages 15-19 in Malava Subcounty, Kakamega county, Kenya. This study confined itself to general parenting therefore, further studies should be conducted on a specific aspect/dimension of parenting for instance single or two parenting effects on teenage pregnancy. There is need to expand the scope, in more than one county. This would enhance external validity of the findings.

A comparative research design can be undertaken between Malava Sub County with another Sub County in western region or other regions in the country where

marginalization is still high. This would aid to come up with recommendation and suggestion, applicable not only to a specific region, but the whole country.

Arresting teenage pregnancy is not an end to itself, as far as parenting is concerned.

Therefore, further studies should focus on other contributors/drivers/enablers of teenage pregnancy.

5.6 Chapter Summary

The Chapter provides a comprehensive summary of the major findings, conclusions, and recommendations based on the study's objectives. The chapter begins by summarizing the findings related to demographic characteristics of the respondents, follows through to findings of each objective for instance; how parenting styles influences teenage pregnancy, how parental Sexual Health Education influences teenage pregnancy, how parental supervision influences teenage pregnancy and how parent-teenage communication influences teenage pregnancy. The study concludes that parenting have a significant effect on teenage pregnancy among girls of ages 15-19 in Malava Subcounty, Kakamega county, Kenya. In this chapter, precise conclusions were presented for each objective, and recommendations as well. In addition to this, it makes suggestions for areas where more study should be conducted to get a deeper grasp of the subject. This chapter brings out the relevance of the research.

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LIST OF APPENDICES

APPENDIX I: INFORMED CONSENT FOR RESPONDENTS

EFFECTS OF PARENTING ON TEENAGE PREGNANCY: A STUDY OF MALAVA SUB COUNTY, KAKAMEGA COUNTY, KENYA.

Dear Respondent,

Good morning/afternoon/evening? I am student of Masinde Muliro University of Science and Technology in the faculty of Arts and Social sciences. I am conducting research on **Effects of Parenting on teenage pregnancy in Malava Sub County Kakamega County, Kenya**. I welcome your ideas, explanations, comments and suggestions. Please feel free to participate. Any information you give will be kept confidential. You will be required to fill a questionnaire or participate in an interview or a focus group discussion containing questions pertaining with parental effect on teenage pregnancy.

Thank you for your co-operation

Parent Signature-----

APPENDIX II: QUESTIONNAIRE FOR TEENAGERS

I am a student of Masinde Muliro University in the school of Arts and Social sciences. As part of the requirement of the course, I am to conduct a research based on the study entitled “EFFECTS OF PARENTING ON TEENAGE PREGNANCY.A STUDY OF MALAVA SUBCOUNTY, KAKAMEGA COUNTY, KENYA.” Kindly give your views on the questions asked herein to assist me achieve my objectives. I will strictly observe confidentiality.

Section A: Socio- Demographic Information

(Instruction: Tick the appropriate choice where asked).

1. Age of the respondent

a) (15-16years), (17-18years), (19years of age)

2. Marital status

a) Married [] c) Single parent [] e) Not married

4. Level of Education

a. Primary [] b) Secondary []

b. Any other, specify.....

5. Employment status/Occupation

a) Formal employment b) Informal employment

SECTION B: PARENTING STYLES

OBJECTIVE ONE: INFLUENCE OF PARENTING STYLES ON TEENAGE PREGNANCY (The section is to request you to give your opinion if the type of parenting can increase or reduce or have no change on prevalence of teenage pregnancy. Parenting styles include strict /Dictatorship/Authoritarian parenting, Lenient parenting, absent parenting or participatory (involves teenagers in decision making) parenting styles.

The following statements are on influence of parenting styles on teenage pregnancy. Read carefully and indicate how much you agree/disagree with the statements by ticking in a given box. Strongly agree-5, Agree-4, Neutral-3,Disagree-2,strongly Disagree-1					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7.Do your parents/Guardian/foster/single parents involve you in family decision (Participatory)/involves teenagers on decision making					
8.When you make a mistake, do your parents/Guardian discuss with you before punishment (Authoritarian/Dictatorship)					
9.Are your parents/Guardian always available whenever you need them (Neglectful parents)					
10.Do your parents/Guardians allow you to make own rules/flex on set rules without punishment (Lenient/permissive parenting)					

11. How can Neglectful parenting influence (positive influence, negative influence or no influence) teenage pregnancy. Write your answer on spaces provided-----

12. How can leniently parenting influence (positive influence, negative influence or no influence) teenage pregnancy. Write your answer on spaces provided.-----

13. How can participatory (involving teenagers) parenting influence (positive influence, negative influence or no influence) teenage pregnancy. Write your answer on spaces provided-----

OBJECTIVE TWO: INFLUENCE OF PARENTAL SEXUAL HEALTH EDUCATION ON TEENAGE PREGNANCY

The following statements are on influence of sexual health education on teenage pregnancy. Read carefully and indicate how much you agree/disagree with the statements by ticking in a given box. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. My parents/Guardian teach me about sex					
15. My parent(s)/Guardian teach me on how to handle peers of opposite sex					
16. My parents/Guardian teach me on contraceptive use/condom use for boys					
17. I am comfortable being taught by my parents about sex					
18. My parents/Guardian teach me about protected sex					

19. How do you feel when being taught about sex by your parents/Guardians. Write your answer in the spaces provided-----

20. In your opinion which agent is effective in teaching sexual health education (Choose from options provided and Rank from highest to lowest) (church, media, peers, parents, school)-----

**OBJECTIVE THREE: INFLUENCE OF PARENTAL SUPERVISION ON
TEENAGE PREGNANCY**

<p>The following statements are on influence of parental supervision on teenage pregnancy. Read carefully and indicate how much you agree/disagree with the statements by ticking in a given box. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1</p>					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. My parents know my friends					
22. My parents know the activities I engage in with my friends					
23. My parents know the kind of movies I watch					

24. My parents control the kind of movies I watch					
25. My parents approve/disapprove the kind of friends I have					
26. I am comfortable about my parent(s) control in my life as a teenager					

27. How do you feel when your parents/Guardians supervise/control you in decisions you make as a teenager?-----

28. How do you feel when your parents/Guardians supervise/control you on the type of friends to have. Write your answer in the spaces provided-----

29. How do you feel when your parents/Guardians supervise/control you on the kind of movies to watch. Write your answer in the spaces provided-----

OBJECTIVE FOUR: INFLUENCE OF PARENT- TEENAGE COMMUNICATION ON TEENAGE PREGNANCY

The following statements are on influence of parent-teenage communication on teenage pregnancy. Read carefully and indicate how much you agree/disagree with the statements by ticking in a given box. Strongly agree-5, Agree-4, Neutral-3, Disagree-2, strongly Disagree-1					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
30.I always have open talks/interactive communication with my parent(s)					
31.I trust the kind of interaction I have with my parent(s)					
32.I always have a one-way communication (parents talking to you and you only respond) from my parent(s)					
33.I always have a two-way communication (parents discussing with you and together you agree on what to do) with my parent(s)					
34.I am comfortable with one way communication from my parents/Guardian					
35.I am comfortable with two way communication with my parents/Guardian					

36. How do you feel when you have a two-way interactive communication with your parents/Guardians. Write your answer in the spaces provided-----

37. How do you feel when you have a one-way communication from your parents. Write your answer in the spaces provided-----

38. In your opinion what can be done to reduce high teenage pregnancy in relation to parenting? Write your answer in the spaces provided.....

**APPENDIX III: KEY INFORMANT INDEPTH GUIDE FOR
CHIEFS/SUBCHIEFS, TEACHERS AND HEALTHCARE WORKERS**

I am a student of Masinde Muliro University in the school of Arts and Social sciences. You have been selected purposively in this study. This questions below are intended to collect information on the effects of parenting on teenage pregnancy. A Study of Malava Subcounty, Kakamega County, Kenya. It is purely for academic purpose and your assistance will be appreciated; I will strictly observe confidentiality.

OBJECTIVE ONE: INFLUENCE OF PARENTING STYLE ON TEENAGE PREGNANCY

In your capacity, how can each of the following parenting style influence teenage pregnancy;

- 1.Participatory parenting style-Involving teenagers in decision making
- 2.Dictatorship parenting-parents make strict rules that must be followed without questioning.
- 3.Permissive parenting-parents allow teenagers to make rules and only come in whenever a mistake occurs
- 4.Neglectful parenting

OBJECTIVE TWO: INFLUENCE OF PARENTS' SEXUAL HEALTH EDUCATION ON TEENAGE PREGNANCY

In your capacity, do parents teach teenagers about the following YES/NO EXPLAIN

A) sex

B) How to handle peers of opposite sex

C) Contraceptive use

OBJECTIVE: THREE: INFLUENCE OF PARENTAL SUPERVISION ON TEENAGE PREGNANCY

In your capacity, how can parents exercise control on teenagers through the following;

A) Knowing Their Teenagers Friends

B) Approving/Disapproving Their Friends

C) Knowing and Controlling Activities

OBJECTIVE FOUR: EFFECTIVENESS ON PARENT-TEENAGE COMMUNICATION ON TEENAGE PREGNANCY

1. In your capacity, which kind of communication do you use in communicating with your teenager and how can it influence teenage pregnancy

A) Two Way Interactive Communication

B) One Way Interactive Communication

2. In your capacity how can the following influence teenage pregnancy

A) Age of The Teenager

B) Income of The Teenager

C) Income of Family of The Teenager

D) In your view How can you prevent teenage pregnancy in relation to parenting

APPENDIX IV: FOCUS GROUP DISCUSSION (FGD) TO PARENTS

I am a student of Masinde Muliro University in the school of Arts and Social sciences. As part of the requirement of the course, I am to conduct a research based on the study entitled “EFFECTS OF PARENTING ON TEENAGE PREGNANCY.A STUDY OF MALAVA SUBCOUNTY, KAKAMEGA COUNTY, KENYA.” Kindly give your views on the questions asked herein to assist me achieve my objectives. I will strictly observe confidentiality.

Influence of parenting style on teenage pregnancy

1.As a parents/Guardian;

- how do you involve your teenager in decision making in the family
- how do you make yourself available for your teenager
- how do you correct your teenager when he/she has done a mistake

2.Influence of parents’ health education on teenage pregnancy

1.As a parent do you teach your teenager the following and is it important

- i. Sex
- ii. How to handle peers of opposite sex
- iii. Contraceptive use

3.What is your perspective on talking about sex to your teenager

Influence of parental supervision on teenage pregnancy

1.As a parent/Guardian Do you know;

- i. Know friends to your teenager
- ii. Approve and disapprove teenagers’ friends

- iii. Control activities that teenagers engage in with friends

Influence on parent-teenage communication on teenage pregnancy

1. In your view as a parent/Guardian how can the following influence teenage pregnancy

- i. Two way/interactive communication VS a one-way communication
- ii. Family income Vs income of teenager
- iii. Age and level of education of a teenager
- iv. In your opinion how can teenage pregnancies be prevented in relation to parenting

Thank you

APPENDIX V: APPROVAL LETTER

APPENDIX VI: RESEARCH PERMIT


REPUBLIC OF KENYA


**NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **522005** Date of Issue: **06/December/2022**

RESEARCH LICENSE



This is to Certify that Ms. VALENTINE RASOAH KHAEMBA of Masinde Muliro University of Science and Technology, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kakamega county on the topic: EFFECTS OF PARENTING ON TEENAGE PREGNANCY: A STUDY OF MALAVA SUB-COUNTY KAKAMEGA COUNTY, KENYA for the period ending : 06/December/2023.

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APPENDIX VII: FIELD PHOTOGRAPHS FOR DATA COLLECTION

