

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Teenage Pregnancy: Causes and Counseling Approaches

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Abstract:

Teenage pregnancy continues to raise concern globally especially in developing countries including Kenya. The consequences of resultant dropping out school are far reaching for economic and social wellbeing of teenage mothers and their children. This paper gives an overview of causes of teenage pregnancy and counselling approaches that can be used by counsellors and teachers in Kenya to help teenagers delay sexual activity and or make informed choices on contraceptive use. The approaches are in no way exhaustive and are adapted from existing literature on practices in other countries.

Keywords: Teenage pregnancy, school dropout, early sexual activity, guidance and counselling approaches

1. Introduction

The incident of female adolescents aged between 13-19 years becoming pregnant is known as the Teenage pregnancy. According to Sully, Biddlecom, Darroch, Riley, Ashford, Lince, Firestein and Murro (2019) approximately 218 million women of reproductive age (15-49) in developing countries have an unmet need for modern contraception. That is, they want to avoid a pregnancy but are not using a modern method and about (49%) of pregnancies (111 million) annually are unintended. The situation is worse for adolescent women who experience many challenges to obtaining contraceptive care, including fear of exposing that they are sexually active and social pressure to have a child. It is estimated that teenagers experience 21 million pregnancies each year, half of which are unintended (Sully et al).

The trend of teenage pregnancy has been fairly consistent for more than two decades with little change in prevalence between 1993 and 2014. This could be higher given that the Kenya Health Information System (KHIS) data only captures cases reported in the health sector and so it is possible that there are many other pregnant girls who are not counted because they have not been to the healthcenters (Kahurani, 2020).

A study in Malawi showed that teenage pregnancy and school dropout rates have a two-way relationship; meaning that being out of school increases the risk of teenage pregnancy, while pregnancy also elevates the risk of dropping out of school (Glynn, Sunny, DeStavola, Dube, Chihana, Price, and Crampin 2018). The same study found that both teenage pregnancy and school dropout often have similar root causes including early sexual debut, poverty, school performance, overage-for-grade, family circumstances and community norms and attitudes to girls' education. Dropping out of school in Kenya and other developing countries has serious negative effects as it not only adversely impacts the teenagers' socio-economic wellbeing but their children too by limiting the resources available to cater for them. Teenage pregnancy is also associated with the risks of premature birth, low birth weight, and death during birth due related complications (Ajani&Mwoka, 2020).

The outbreak of COVID 19 has led to loss of livelihoods in low income communities and some children may be forced into income-generating activities to support their parents. In addition school closure has stopped the provision of school meals and sanitary towels, which children from low income families depend on for their well-being. This places teenage girls at risk of engaging in sexual activities in order to acquire basic needs for themselves and their families. This has the effect of increasing teenage pregnancy. In Kenya one survey conducted by the Kenya Health Information System found that 3,964 girls under the age of 19 were pregnant in Machakos County alone. Further, International Rescue Committee reported increased cases of pregnancy among girls living in refugee camps have been particularly affected (Partridge, 2020).

2. Causes of Teenage Pregnancies

Teenage pregnancies have been attributed to the following factors:

- Drugs and Alcohol; Adolescence may show a tendency to consumer the drugs and alcohol at the gatherings and parties. This may lead unwanted pregnancy as the drugs affect the teen's ability to logically think.
- (WoodHendricks,2007; Atuyambe, Kibira,Bukenya,Muhumuza,Apolot&Mulogo,2015).
- Low socio-economic status; teenagers from low socio-economic background may lead to teenage pregnancy (Atuyambe et.al, 2015; Were, 2007; Lambani, 2015).
- Lack of knowledge about reproduction; teens engage in unprotected and unsafe sexual activity due to lack of knowledge. Even if they have some form of contraception they are using them incorrectly (Atuyambe et.al;Tilahun,Mengistie,Egata,Reda,2012; Wood &Jewkes,2006).
- Peer pressure; females often forced by older male partner often feel forced to engage in unprotected sex (Fearon, Wiggins,Pettifor,Hargreaves,2015;Salami,Ayegboyin,Adedeji,2014).
- Early marriage due societal pressure; in many societies, girls are under pressure to marry and bear children early (Akigbo & Speizer,2015; McCleary-Sills,Douglas,Rwehumbiza,Hamisi&Mabala (2013).
- Sexual Abuse; sexual abuse has been linked to teenage pregnancies. These young kids often are unable to inform a trusted adult about the situation due to the fear of being harmed by their predators (Atuyambe et.al 2015; Hokororo, kihurnwa,Kalluvya,Changalucha,Fitzgeralde& Downs,2015).
- Early sexual activity and media Influence; the media has a large effect on teen pregnancy associated with pregnancy which encourages these teens to engage in sexual activities and may become pregnant (Were,2007; McHunu,Peltzer, Tutshana,Seutlwadi,2012).
- Lack of comprehensive sex education; a global coverage measure related to sexuality education estimates that only 36% of young men and 24% of young women aged between 15-24 years in low and middle income countries have comprehensive and correct knowledge of how to prevent pregnancy. Efforts to incorporate sex education in the education systems have faced a lot of opposition from conservative and religious groups. Currently when sex education is taught at all the focus is largely of HIV/AIDS prevention and abstinence which means teenagers knowledge of reproduction and sexual health is often limited (Martson,Beguy,Kabiru&Cleland,2013; Salami,Ayegboyin&Adedeji,2014).
- Lack of contraception; teenagers face blockades to use contraception including restrictive laws and plans about establishment of contraceptive based on age and marital status (Tilahun et.al(2012; Wood & Jewkes,2016).
- Cultural practices such as dances and funeral attendance where the girls have no parental presence making them susceptible to early sexual debut (Plan International, 2012). Studies by the Parenting Africa Network shows that poor parenting is a major factor explaining teenage pregnancies, among other problems affecting children and youth in Africa(Njoka, 2016).

3. Guidance and Counseling Approaches to Reduce Teenage Pregnancy

The following counseling approaches are suggested to reduce teenage pregnancies and its harmful social, economic and health consequences in Kenya. The following practices are mainly borrowed from United States of America (USA) as outlined by Sawsan As-Sanie, M., Gantt,A., and Rosenthal,M.S. (2004). These programs aim to improve the use of contraception and to modify the high-risk behaviors associated with teenage pregnancy.

4. Youth Social and Psychological Skills Training and Development

Programs focusing on youth social skills which promote social and psychological skills should be encouraged. These types of programs will be effective to promote parent-child relationships, association with peers etc. This ultimately improves the social skills and attachment of students.

5. Abstinence Only Education Programs

Abstinence-only plans teach that abstinence is the only certain way to avoid unmarried pregnancy, STDs, and associated health problems was one of the programs adapted in USA.

6. Comprehensive Sex-Education Programs

These types of initiatives are quite helpful for preventing pregnancy and STDs. It helps person to take the appropriate strategy in contraception planning. Although faced huge problem by conservatives and religious organizations, still it is really effective to improve the teenage pregnancy outcomes in the Kenya. Following are some outlined characteristics of effective programs suggested by Kirby, (2001), in Sawsan As-Sanie, Gantt, and Rosenthal, (2004). These are as follows:

- Present accurate, age-appropriate, and culturally sensitive information about the risks associated with unprotected sexual activity.
- Allow adequate time for interactive exchange.
- Teach communication skills necessary to avoid social pressures that may influence sexual activity.
- Apply theoretic models that have proved effective in changing high-risk behaviors,
- Parents should be encouraged to be actively involved in sex education efforts, (Sawsan As-Sanie, 2004).

6.1. Involvement of Male Teenagers in Counselling

Teenage males usually experience first intercourse at a younger age and have more sex partners than teenage girls (Sonenstein, Ku, Lindberg, Turner, & Pleck, 1998)). Decreasing the incidence of teenage pregnancy will require focused attention on male adolescents (Sawsan As-Sanie et.al, 2004).

6.2. Options Counselling for Already Pregnant Teens

Considering the psychological burden of teenage pregnancy, health workers or counsellors can inform already pregnant teens of choices available that include either, carrying her pregnancy to delivery and raising the infant; carrying her pregnancy to delivery and making an adoption or kinship care plan; and terminating her pregnancy (Grubb, 2017).

6.3. Involvement of Teenage Mothers in Support Groups and Income Generation

Stakeholders such as counsellors, religious organizations and leaders can mobilize young mothers into support groups in which they support each other psychologically (Njoka, 2006). The mother can be trained on income generating activities and entrepreneurship. These mothers can also act as peer counsellors to other teenagers in the community.

7. Other Actions

People including adolescents, should get access to family planning services. Women should make aware about the possible options for family planning. Laws need to be strengthening on the minimum age of marriage. Awareness for education among girl child needs to be improved. Government should promote free and compulsory basic education which aims to improve the quality of the life. Promotion of gender equity also will be helpful. Elimination of detrimental practices i.e., gender-based violence; promote male involvement in reproductive health programs will also be helpful.

8. Conclusion

Teenage pregnancy and childbearing in Kenya continues to increase despite Government efforts to rectify the situation. The outcomes are often poor health outcomes. To reduce this strict focus should be placed on the counselling programs. Proper awareness is essential in this regards. Access to high quality health services is very important. The government should play a very important role here.

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