

# FACTORS CONTRIBUTING TO PREGNANCIES AMONG UNIVERSITY STUDENTS IN KENYAN UNIVERSITY: A CASE OF KIRIRI WOMEN'S UNIVERSITY

SAMUEL MWANGI NJUGUNA. (PhD)

LECTURER KWUST

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**Abstract:** In Kenya, unplanned pregnancies, especially among diploma and degree students remain a challenge. As colleges strive to improve student success and completion, helping students delay pregnancy and parenting means one less factor that can interfere with their study period. However, pregnancy planning and prevention is not something most universities address. In an effort to help close this gap, a survey will be conducted at KWUST to identify and describe factors that contributes to pregnancies among diploma and degree students enrolled at the university. A quantitative descriptive survey will be done by using self-administered questionnaires. The study will target diploma and degree students who are already pregnant and those who have in a near past delivered babies and are back to study. The collected data will be analyzed and presented using frequencies, descriptive analysis and multiple regression to detect which factor that contributes more to pregnancies than the other.

**Keywords:** contraception, unplanned pregnancies, College, University.

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## 1. INTRODUCTION

### Background of the Study

As colleges strive to improve student success and completion, helping students delay pregnancy and parenting (or having additional children) means one less factor that can interfere with their college education. However, pregnancy planning and prevention is not something most colleges address, especially at the community and college level. In an effort to help close this gap, a survey will be conducted at KWUST to identify and describe factors that contributes to pregnancies among diploma and degree students enrolled at the university. Some areas in Kenya have 1 in every 4 girls affected as per recent Kenya Demographic and Health Survey (2014). Studies on teenage sexual and reproductive health rights posit that teenage pregnancies pose serious health, psychosocial and economic dangers to the girls including thwarting their reproductive health including child birth, schooling and career growth, keeping them in vicious cycles of poverty (many come from already poor families), and overall limiting their capabilities, opportunities and choices.

Unplanned pregnancies and the responsibilities of being a parent can increase emotional and financial stress on the young women involved, which can impede academic performance. Unplanned pregnancies can also add to the overall costs and demands for colleges themselves, through increased need for child care and related support services. Although faculty and staff might initially be hesitant to address unplanned pregnancy, sex, and relationships, concern about pregnancy looms large in the lives of many students and students are interested in the topic. In fact, three-quarters of students report that preventing unplanned pregnancy is very important to them, and eight in 10 say that having a child while still in school would make it harder to accomplish their goals. Students with children face unique challenges, including child care, employment, student loans, and housing issues, which make

completing their education more difficult. Colleges have no initiatives to provide student parents with resources to help them stay in college. Very few colleges provide students with the knowledge, strategies, and services to avoid unplanned pregnancy in the first place, or to help those who are already parents to delay subsequent pregnancies while they are focusing on their education. World Health Organization (2008), conclude that children born to adolescent mothers are at greater health and mortality risks than those born to older women. Early pregnancies are associated with significantly worse pre-natal health care and vaccination behaviour, leading to lower birth-weights and higher mortality. Adolescent mothers also have higher health risks and lower health outcomes. Pregnancy-related deaths are the leading cause of mortality for 15-19 year-old girls worldwide.

Many faculty and staff assume that by the time students arrive at college, they are well informed about preventing pregnancy. After all, almost all college students are legal adults old enough to serve in the military, to vote, and assume adult responsibilities, three-quarters are of 18-24 year-old. However, many students grow up in homes where the topic of sex or contraception is off limits, and often the education they received in high school was inadequate or non-existent. Even if the information they received in high school was high-quality, the information may have come several years before and perhaps at a time that it wasn't yet relevant in their lives. Students themselves sometimes think they have all the information they need to prevent a pregnancy. But research shows that myths, misinformation, and magical thinking are all too common among young adults when it comes to preventing unplanned pregnancy, which puts them and their partners at risk. According to Kenya Demographic and Health Survey, (2014), 94 percent of unmarried young adults age 18-29 say that they have all the information they need to avoid having or causing an unplanned pregnancy, but 11 percent say they know little or nothing about condoms, 40 percent say they know little or nothing about birth control pills, and 71 percent say they know little or nothing about intrauterine devices (IUDs).

### Problem statement

Although the problem of teenage pregnancies is well understood in quantitative terms (e.g. Kenya Population Situation Analysis, 2013 and Kenya Demographic and Health Survey, 2014), there is scanty of evidence on the qualitative aspects. Guided by this gap, this **qualitative research will** focus on investigating the extent to which the issue of teenage pregnancy is affecting colleges and universities in Kenya a case of Kiriri University of Science and Technology (KWUST) and what role colleges and universities need to play in this regard. The researcher expects that the findings of this research will provide colleges and universities with strategies that can help address these issues; tackle root causes of teenage pregnancy in KWUST. Empower KWUST teenage girls on how to avoid pregnancy and thereby reduce pregnancy-related school dropout rates. Empower KWUST teenage mothers to successfully adapt to their new role as a parent. Strengthen involvement of KWUST Health Centre and other stakeholders in addressing the issue of teenage pregnancy.

### Objectives of the study

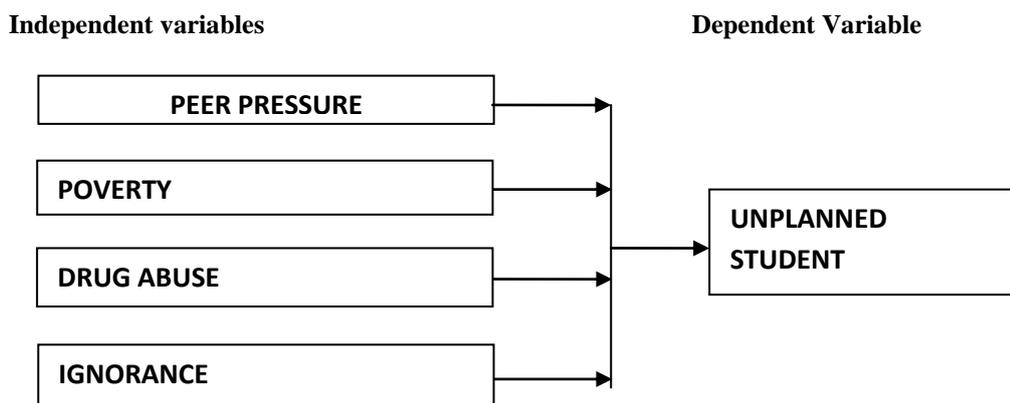
The objective of the study is to explore factors contributing to pregnancies among university students in Kenyan university. a case of Kiriri Women's University Of Science and Technology. More specifically the research will address the following objectives:

- I. To determine the influence of peer pressure contribution to pregnancies among KWUST students.
- II. To assess the extent to which poverty contributes to pregnancies among KWUST students.
- III. To find out the influence of drug abuse contribution towards pregnancies among KWUST students.
- IV. To establish the influence of ignorance as contributor towards pregnancies among KWUST students.

## 2. LITERATURE REVIEW

### Conceptual Framework

Conceptual framework is a logically developed and described network of interrelationships among variables of study that tries to explain the theory underlying these relationships, their nature as well as direction of these relationships. The conceptual framework shows how the relationship of the independent variables in this study relates to the dependent variable graphically.



### What Universities Can Do

There are several low- or no-cost ways to address the issue of unplanned pregnancy with female students, which will in turn contribute to the goal of improving student success and completion. These strategies fall into four broad categories:

1. Incorporate information about unplanned pregnancy into student support services including orientation, first-year experience, and other college success courses.
2. Integrate information about unplanned pregnancy into academic courses.
3. Raise awareness and provide resources about the connection between unplanned pregnancy and completion through the online resources, activities in residence halls, and student leaders and groups.
4. Connect students to health services, including access to effective birth control, on or off campus.

### **Incorporate information about unplanned pregnancy into student support services including orientation, first-year experience, and other college success courses.**

Lessons in Preventing Unplanned Pregnancy and Completing College help students learn how to prevent unplanned pregnancy and take action. The lessons are designed to help students understand the impact of unplanned pregnancy on their educational goals, social lives, significant relationships, and finances. Students also learn about various birth control methods; select the most appropriate method(s) for their values, lifestyles, and relationships; and create an action plan to decrease their chances of unplanned pregnancy. The lessons are ideal for a first-year experience course, but can also be used in a variety of settings, such as new-student orientation, regular academic classes, residence life programs, or through student group activities on campus. They are designed to be helpful to both male and female students, and are sensitive to students who are already parents.

### **Integrate information about unplanned pregnancy into academic courses.**

Preventing unplanned pregnancy is often viewed as a health issue, but there are opportunities to include the topic in many other disciplines. Faculty can create curriculum-based strategies in a variety of disciplines to help students prevent unplanned pregnancy and complete their college goals. Faculty members who incorporate unplanned pregnancy into their courses will find that discussing this topic increases student engagement, supports learning, and meets academic course objectives.

### **Raise awareness and provide resources about the connection between unplanned pregnancy and completion through university website and student activities.**

**Online Resources:** Providing students with resources is as easy as making them aware of The National Campaign's online birth control support network. The information must be honest, accurate, unbiased, and delivered with a humorous but always factual tone. Its goal is to help people find the method of birth control that's right for them and learn how to use it consistently and effectively. Content must be designed for women age 18-29. The website will be a great resource for resident advisors, student groups, and health center staff. Universities can also include it in their online orientations, websites, courses, student activities, residence life activities, and other places where it will help their students make smart

decisions.

It will be a one-stop source of information for university students, faculty, and health care providers. It makes the connection between preventing of unplanned pregnancy and completing one's education, and includes specific resources of interest to university students.

#### **Connect students to health services, including access to effective birth control, on or off campus.**

Many universities have on-campus health clinics that provide students with a variety of services, including birth control. When there isn't a health center on campus or there is one but it doesn't provide contraceptive services, there are often health centers or clinics nearby where students can obtain information and contraception to help them prevent unplanned pregnancy and avoid sexually transmitted infections. Colleges should consider building partnerships with these clinics and educating students about what is available to them in the community. Clinic staff can come to campus periodically to provide information to students, set up a table in the student services center, and serve as a resource on contraception. College faculty and staff also know now how that they can refer students to the clinic

#### **Root causes of teenage pregnancies**

Research by the Kenya Bureau of Statistics shows that 1 in every 4 girls aged 15-19 years in have delivered a child. This high prevalence is explained by three core factors including: Low literacy, which makes the girls have limited exposure to contraceptives. A study by Population Council (2015) reveals that there are still prevailing myths about contraceptives where even those girls who know about them fear consequences such as "you can give birth to an animal", "your child will be born looking weird", "Condoms go all the way up into the stomach and don't come out." universities record low contraceptives use. University cultural practices such as Fresher night where the girls have no parental presence making them susceptible to early sexual debut. Poverty, which drive young girls to work as sex entertainers to earn a living and are therefore easily lured into accepting payments either in cash or kind (food, clothing, electronics, etc) for sex without protection leading to pregnancies.

### **3. RESEARCH METHODOLOGY**

The research design constitutes the blue print for the collection, measurement and analysis of data, Kothari, (2003). A descriptive research design is used in this study. Descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals Orodho (2003). Research design can be used when collecting information about people's attitudes, opinions habits or any other social issues Orodho and Kombo, (2002). The choice of this design is appropriate for this study since it utilizes a questionnaire as a tool of data collection. This is supported by (Gall et al 2003) who assert that this type of design enables one to obtain information with sufficient precision so that hypothesis can be tested properly. It is also a framework that guides the collection and analysis of data. Creswell (2003) observes that a descriptive research design is used when data is collected to describe persons, organizational settings or phenomenon. The design also has enough provision for protection of bias and maximized reliability (Kothari, 2008). Descriptive design uses a pre-planned design for analysis (Mugenda and Mugenda, 2003). Target population for this study will consist of 100 KWUST university students inclusive of the expectant and those who have already delivered in the centre of their course. According to Kombo & Tromp (2006), an effective population should have ideas on the topic investigated. The target populations have adequate information to address the study objectives of the research. According to Creswell (2002) data collection is the means by which information is obtained from the selected subject of an investigation. The tool of data collection for this study is questionnaires addressed to KWUST students. The questionnaire is used for data collection because it offers considerable advantages in its administration. Quantitative data will be analyzed by employing descriptive statistics and inferential analysis using statistical package for social science (SPSS). This technique will give simple summaries about the sample data and present quantitative descriptions in a manageable form, Gupta (2004). Together with simple graphics analysis, descriptive statistics forms the basis of virtually every quantitative analysis to data, Kothari (2004). Correlation analysis will be used to establish the relationship between the independent and dependent variables. The purpose of doing correlation is to allow the study to make a prediction on how a variable deviates from the normal. The hypothesis testing will be done at 5% level of significance and SPSS package will be used for this purpose.

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