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Influence of Early Marriage on the Care of Infants among Adolescent Mothers in Kiserian Sub-County, Kenya

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Abstract

Customs surrounding marriage, including the desirable age and the way in which a spouse is selected, depend on a society's view of the family. Marriage over the years has been one of the contentious issues globally especially regarding increased cases of adolescent marriages. This has resulted in increased risk of adolescent mothers together with their newborns dying due to various biological and health factors associated with child bearing at a young age. The purpose of this study was to assess the influence of early marriage on the care of infants among adolescent mothers in Kenya. Objectives of the study were: to examine how psychological effects of early marriage influence care given to infants; analyse health education offered to adolescent mothers; and document policy interventions that can be used to combat early marriage in the country. The study employed a descriptive study design. Data was collected from 92 adolescent mothers, 25 nurses from Ngong District Hospital and one County Reproductive Health Officer. Quantitative data was analysed using quantitative techniques with the help of SPSS V. 23, while qualitative data was organised and summarised into thematic areas. The study found that customary regulations, illiteracy, and lack of health knowledge were experienced among most adolescent mothers. The recommendations are that the government should sensitise the community on early marriage as it contributes to teenage pregnancies, and neonatal and maternal deaths. The government should also promote health education in schools and communities.

Key words: Early Marriage, Health Education, Psychological Preparedness, Maternal Care

Introduction

1.1. Background of the Study

The concept of marriage varies across the world and is in a state of constant evolution, (Boyden, Pankhurst and Tafere, 2012). Early marriage has been defined as a formal or informal union entered by an individual(s) before the age of eighteen (18) years as at that age such a person is considered as a child or minor (Convention on the Rights of the Child, 1990). Marriage involving a child results in immense pressure on the minor to take care of another child and later on an entire family. According to UNICEF (2014), more than 700 million women worldwide were married as children. Each year 15 million girls are married before 15 years of age; this is approximately 41,000 girls per day, 28 girls per minute, and 1 girl every 2 seconds (UNICEF, 2014).

Girls are significantly affected by early marriage compared to boys, having far reaching consequences on their health, education and economic well-being. According to Girls Not Brides Report, 2014, Africa has the highest rate of early marriages globally with over 70% of girls being married off before they reach eighteen years of age. Sub-Saharan Africa has the highest number of newborn deaths; approximately 1.18 million children die in their first 28 days after birth (World Health Organisation, [WHO], 2014). Such deaths have been associated with preterm births, underweight children, and non-immunisation practices, as well as lack of proper care and attention to newborn babies.

In Kenya, approximately 40% of girls get married before their 18th birthday; 61% are from Kajiado County (Girls Not Brides, 2014). Further analysis by Plan International (2012) indicates that, 34% of girls get married before 18 years compared to boys who account for only 1% who get married at that age. With increased cases of early marriage in Kenya, the *Kenya Demographic and Health Survey* [KDHS] 2003, shows that only 10% of these girls attend postnatal care within 2 days of delivery, while 2% get care 3 to 6 days after delivery, and 7% get a checkup 7 to 41 days after delivery. These statistics are worsened by having only 11% of teenage mothers visiting postnatal clinics, increasing the vulnerability of majority of the young mothers at risk of infant mortality (KDHS, 2003). From these findings, it is evident that early marriage is still being practiced and most adolescent mothers are unaware of the importance of seeking health services from hospitals. This study was used to highlight some of the gaps in the health sector for purposes of ensuring a healthy nation.

1.2 Statement of the Problem

The right to marriage is one of the key pillars to the social fabric in society. This right has been enshrined in Article 16 of the *Universal Declaration of Human Rights*, 1948; Article 16 of the *Convention on the Elimination of all Forms of Discrimination Against Women*, 1981; Section 14 of the *Children's Act of Kenya*, 2001; and, Sections 4 and 3 of the *Marriage Act of Kenya*, 2004. These legislations and policies state that marriage is a union between two consenting adults. It is therefore expected that these legislations should be adhered to - having two consenting adults agreeing to get married to each other. This freedom and right have however been violated in most parts of the country. Kajiado County, host to Kiserian sub-County, has one of the highest rates of early marriages estimated at 61% (Girls Not Brides, 2014). This shows that young girls in Kiserian sub-County are married off before they reach eighteen years despite having legislation prohibiting the practice. These girls also fall into the risk of dying or losing their infants since a majority of them do not attend antenatal or postnatal clinics. According to KDHS (2003) approximately 11% of adolescent mothers in Kenya seek postnatal service in health facilities, resulting in increased maternal and neonatal mortalities.

Onyancha, Casmir, and Ondicho (2016) conducted a study on factors that hinder women from accessing maternal healthcare services in health facilities in Loitoktok, Kajiado County. The study found that most women in the county used traditional means during and after child birth instead of visiting health facilities for medical care. Their decision was influenced by cultural, social, and economic constraints. The study however did not focus on how such decisions can affect how they take care of their infants. This study focuses on the need of information dissemination and training on care of newborns, especially among teenage mothers, and how early marriage influences care of infants among adolescent mothers of Kiserian sub-County, Kenya.

1.3 Objectives of the Study

The following were the specific objectives that guided this study:

- a) To examine the psychological effects of early marriage and its influence on care given to infants in Kiserian sub-County.
- b) To analyse health education offered to adolescent mothers and its effect on care provided to infants in Kiserian sub-County.
- c) To document policy interventions that can be used to strengthen community's capacity on combating early marriage in Kiserian sub-County.

Research Hypothesis

The study sought to approve or disapprove the following hypotheses:

- a) H0 There is no relationship between psychological effect of early marriage and care given to infants by adolescent mothers in Kiserian sub-County.
- b) H0 There is no relationship between health education offered to adolescent mothers and the care given to infants by adolescent mothers in Kiserian sub-County.

Theoretical and Empirical Review of Studies

2.1 Theoretical review

Radical Feminism Theory

Radical feminism is a perspective within feminism that calls for a radical reordering of society in which male supremacy is eliminated in all social and economic contexts. Primary players and the pioneers of radical feminism include Shi-Grace Atkinson, Carol Hanisch and Judith Brown (Mackay, 2015). Radical feminists seek to abolish patriarchy by challenging existing social norms and institutions, rather than through a purely political process. This includes challenging the notion of traditional gender roles opposing the sexual objectification of women, and raising public awareness about such issues as rape and violence against women. Radical feminists assert that the root cause of women being oppressed in the society is due to patriarchy. Patriarchy according to radical feminists is male dominance in the social and economic strata of society; a situation which results in oppression of women by men.

This theory can be used to explain the continued practice of early marriage and its resultant effect in society. Radical feminism can be used to help in deducing the practice of early marriage, its main purpose and its consequences. Early marriage as a practice can be viewed under the lens of radical feminism as a patriarchal practice used by men to dominate and oppress women. According to radical feminism, women are seen as sex objects and can be easily manipulated by men for their own selfish interest. This research therefore utilised Radical Feminism Theory to better understand the nature of early marriage and why it is perpetrated, and come up with ways of reducing the practice. It helped address the legal framework governing the rights of children so as to ensure that their rights are respected and implemented accordingly

2.2 Empirical review

Psychological Effects of Early Marriage

The key informant, County Reproductive Health Officer Kajiado County, was asked about the psychological effects related to early marriage and teenage pregnancy. He argued that early marriage has a psychological impact on the adolescent due to the fact that they are not yet mature and fully aware of the responsibilities associated with marriage. According to the informant, adolescents who are married at a young age and become pregnant, exhibit signs of stress and depression as compared to adults. He further adds that depression and stress come into play as a result of stigmatization and ridicule

from the society, physical and sexual violence to married minors, and, stress related to labour pains and the child bearing process. Teenage pregnancy also results in increased cases of school dropouts; this makes the pregnant teen suffer more internally as she sees her peers progress in education.

Response from the reproductive health officer has also been supported by studies from Kombo (2009) who highlighted how pregnant teenagers are affected psychologically by perpetrators of sexual and physical abuse. The same sentiments have been supported by Dulcan and Wiener (2006) who observed that childhood sexual and physical abuse results in higher levels of depression, guilt, shame, self-blame, anxiety, sexual and relationship problems, among others. This research concurs with the above views. Teenage pregnancy affects one's psychological state of self. This can have a ripple effect during child bearing. There is therefore need to address teenage pregnancy and early marriage for purposes of having healthy caregivers and children. Early marriage has affected young girls who are married off and eventually become pregnant. Onyancha, Casmir and Ondicho (2016) conducted a study on factors that hinder women from accessing maternal healthcare services in health facilities in Loitoktok, Kajiado County. The study found that most women in the Kajiado County used traditional means during and after child birth instead of visiting health facilities for medical care. Their decision was influenced by cultural, social, and economic constraints. The study however did not focus on how such decisions can affect how they take care of their infants. This study therefore highlights the need of information dissemination and training on care of newborns, especially among teenage mothers.

Magadi, in a study focusing on *Poor Pregnancy Outcomes among Adolescents in South Nyanza*, found that poor maternal healthcare was one of the contributing factors resulting into still births, birth related complications, and maternal and infant mortalities, (Magadi, 2004). Reports by the Government, Ministry of Health [MoH] (2004) also agreed with the view that provision of quality healthcare among adolescent mothers is a challenge. This study therefore shows the need for a strengthened healthcare system that would focus on the needs of adolescent mothers.

Psychological Effects of Early Marriage

In the first objective, the study sought to establish the psychological effects of early marriage and its influence on care given to infants in Kiserian sub-County. Adolescent mothers were asked whether they were mentally prepared to be mothers. Table 1 below shows their responses. Based on the study findings, 93% of the respondents stated that they were not mentally prepared to be married; and 7% indicated that they were well prepared. Majority of the adolescent mothers felt that they were not mentally prepared and mature to become mothers since marriage would result into child bearing and motherhood. This can be attributed to the fact that most of them were young and thus not psychologically and mentally prepared for motherhood. Their assertion has been supported by Noushad et al., (2013), who asserts that adolescents or teenagers struggle with motherhood due to lack of mental, emotional, and physical preparedness of the teenager as compared to a mature person or an adult. Those who mentioned that they were mentally prepared stated that they were trained when they were young by their mothers regarding the roles and duties of a wife.

Materials and Methods

This study used descriptive research design to determine the influence of early marriage on the care of infants among adolescent mothers in Kiserian sub-County, Kenya. According to Kombo and Tromp (2006), descriptive design seeks to describe a unit of analysis in detail, providing a holistic analysis of the problem at hand. This design was selected as it enabled the researcher to describe early marriage practices and how the practice affected care of infants by the adolescent mother. The study used both qualitative and quantitative data.

The study was conducted in Kiserian sub-County, which is located in Kajiado County, Kenya. Kiserian sub-County was also targeted since it is widely inhabited by the Maasai community, a community considered to practice early marriage (Kakenya Centre of Excellence, 2013). The Maasai community has one of the highest rates of child marriages with over 90% of early marriages undertaken annually, with 61% of the marriages taking part in Kajiado County, (Girls Not Brides, 2014). Kajiado County has a population of 687, 312, according to the Kenya National Bureau of Statistics (2010) and occupies an area of 21,902 square kilometers.

The target population for the study was 138 respondents. This included: 35 nurses and 34 adolescent mothers from Ngong District hospital, 28 adolescent mothers from Hekima Centre and 40 from Beacon of Hope organisation in Kiserian sub-County. One County Reproductive Health Officer was also targeted as a key informant. Ngong District Hospital was selected because it is one of the biggest public hospitals in Kajiado County. Hekima Centre and Beacon of Hope organisation were selected because they run psycho-social programmes aimed at supporting adolescent mothers within Kajiado County. The total population size was 138 respondents and 118 respondents formed the total sample size.

Borg & Gall (2003), state that 30% of the accessible population form a representative sample and qualify to be studied. A total of 118 respondents formed the sample size for the study. This was drawn from 28 adolescent mothers from Hekima organisation, 34 from Ngong sub-District Hospital, 30 from Beacon of Hope, 25 nurses and 1 County Reproductive Health Officer. This study used the census sampling method to target 34 adolescent mothers at Ngong sub-District Hospital, and 28 from Hekima Organisation. Census was used since the population was not vast, ensuring minimal errors in the study. Additionally, 25 nurses within Ngong sub-District Hospital were identified through simple random sampling. Simple random sampling was used and this ensured all elements in the sample had a fair and equal chance of being picked. This made the results reliable. Purposive sampling method was used in targeting the County Reproductive Health Officer and 30 adolescent mothers from Beacon of Hope organisation since they possess critical information concerning early marriage and health consequences associated with it. Their experiences and accounts helped to form conclusions and generalization about the research objectives.

The study used interview guide, focus group discussions (FGDs) and questionnaires to obtain information from the respondents. These research instruments were developed in line with the set objectives. An interview guide was administered to the County Reproductive Health Officer. Questionnaires were administered to the nurses, while focus group discussions were used among adolescent mothers at the Ngong sub-District Hospital. Use of Pearson correlation was applied in analysing quantitative data, while, content analysis was used in analysing qualitative data. These methods were used in analysing information gathered from the field. This helped in giving inferences about the population.

Findings and Discussions

According to the study, out of 92 adolescent mothers from the 3 locations (Ngong sub-District Hospital, Hekima organization, and Beacon of Hope organization), 14 (15.22%) were 13 years old; 8 (8.70%) were 14 years; 12 (13.04%) were 15 years; 28 (30.43%) were 16 years; 20 (21.74%) were 17 years; and 10 (10.87%) were 18 years old. This shows that majority of the respondents who participated were aged 16 years, having 28 participants, while the least age group was 14 years that had approximately 8 participants. The high number of those aged between 16 and 17 years can be attributed to increased cases of early marriage of young girls within the pastoral community as indicated by the Central Bureau of Statistics [CBS], 2005. CBS further asserts that most arranged marriages in Kenya take place among girls who are 15 or 16 years old, (CBS, 2005).

Table 1 | Were you mentally prepared to get married?

Mental Preparedness	Frequency	Percent
Agree	6	6.5
Strongly disagree	39	42.4
Disagree	47	51.1
Total	92	100.0

Source: Researchers, 2017

Respondents were also asked how mental preparedness affects their ability to raise up their new born babies. All the respondents, 92 (100%), shared a common view that due to their tender ages and immaturity, none had the knowledge on how to raise a child. This made them vulnerable towards making wrong decisions in raising up their children. Respondents' claims made the null hypothesis to be rejected.

Table 2 | Correlation between psychological effect of early marriage and care given to infants

		were you mentally prepared to be a mother	Do you think mental preparedness affected you in terms of caring for your baby
Were you mentally prepared to be a mother	Pearson Correlation	1	.232*
	Sig. (2-tailed)		.026
	N	92	92
Do you think mental preparedness affected you in terms of caring for your baby	Pearson Correlation	.232*	1
	Sig. (2-tailed)	.026	
	N	92	92

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

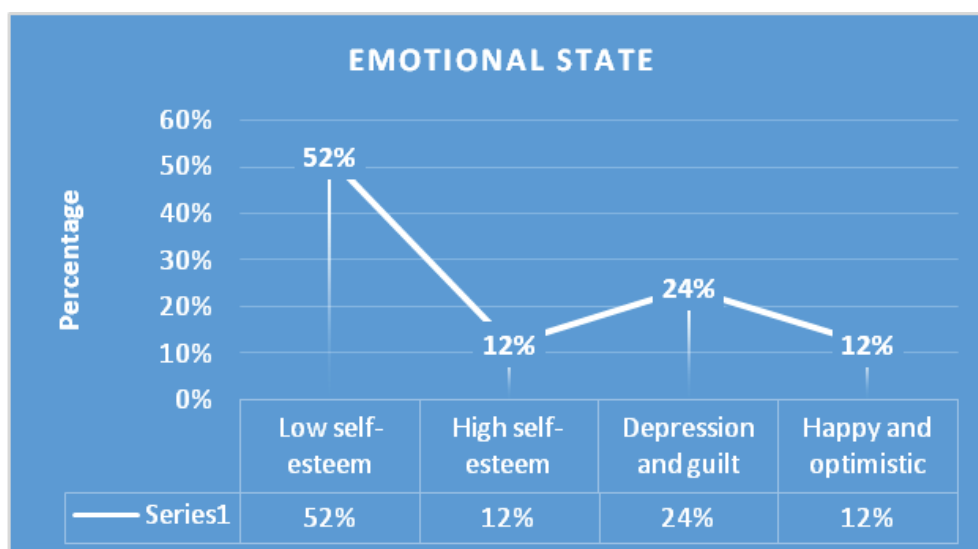
Source: Researchers, 2017

The findings presented in table 2 indicate that there was a positive correlation between the psychological effect of early marriage and care given to infants by the adolescent mothers, indicated by (rho= .232). The table also shows that the p=.026, less than 0.05, therefore leading to the conclusion that there is a statistically significant correlation between psychological effect of early marriage and care given to infants. The null hypothesis was therefore rejected since there was a significant relationship between the psychological effect associated with early marriage and care given to infants.

Emotional state of adolescent mothers

Nurses were asked about the emotional state of most adolescent mothers. Figure 16 below shows their responses.

Figure 1 | Emotional state of adolescent mother



Source: Researcher, 2017

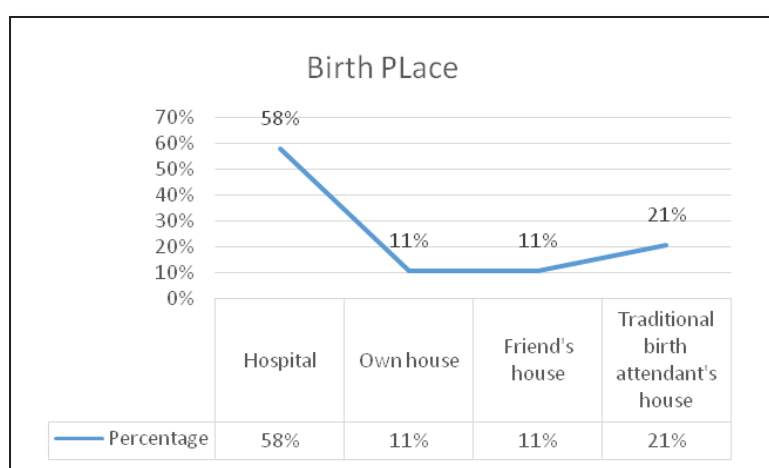
Figure 1 above shows that majority of the respondents 13 (52%) indicated low self-esteem as one of the main emotional traits experienced by adolescent mothers. This was followed by feelings of depression and guilt, represented by 6 (24%), and feelings of high self-esteem and happiness, each represented by 3 (12%) respectively. Feelings of low sense of self and depression can be attributed to various social factors such as stigma associated with teenage pregnancy, and ridicule and criticism from the society.

Respondents were then asked whether the emotional state of the mother can affect how one takes care of her child. All the nurses 25 (100%) stated that the emotional state of the mother has a direct relation towards care and upbringing of an infant. This has been supported by Noushad et al., (2013) who asserted that most teenage mothers are at risk of experiencing depression, stress, among other psychiatric disorders, compared to women who get children as adults. Such emotions if not controlled can affect one's ability to take care of a child, resulting in cases of neglect or child abuse.

Health Education Offered to Adolescent Mothers

The study sought to examine health education offered to adolescent mothers and the effect this has on caring for infants. Adolescent mothers were asked where they gave birth. Their responses are shown in figure 2 below:

Figure 2 | Place of Birth



Source: Researchers, 2017

According to the study findings, majority of the respondents stated that they gave birth in a hospital (58%), followed by those who gave birth at the house of a traditional birth attendant (21%), and lastly by (11%) giving birth in one's house and a friend's house respectively. Despite having a larger group of adolescent mothers giving birth in a hospital, there were others who used unconventional ways of childbirth such as, giving birth in a house with the help of a friend or untrained traditional birth attendant. These findings have been supported by a report by the Ministry of Health (2003) that showed 28% of births in Kenya were being carried out by traditional birth attendants and 22% were carried out in a house through the assistance of friends or relatives. The Ministry also highlighted the risk involved in using unconventional ways of childbirth, citing that it is one of the leading causes of infant and maternal mortality in the country (Ministry of Health, 2003). This research highlights a gap within the health sector where some of the people use untrained persons to help in childbirth. Such acts pose a health risk to the infant and the mother due to limited information in regards to how to take care of one's child and self. The study thus highlights the need of health education to be undertaken within communities sensitising them on the health implications of seeking unconventional means of child birth.

Attendance to Postnatal Clinics

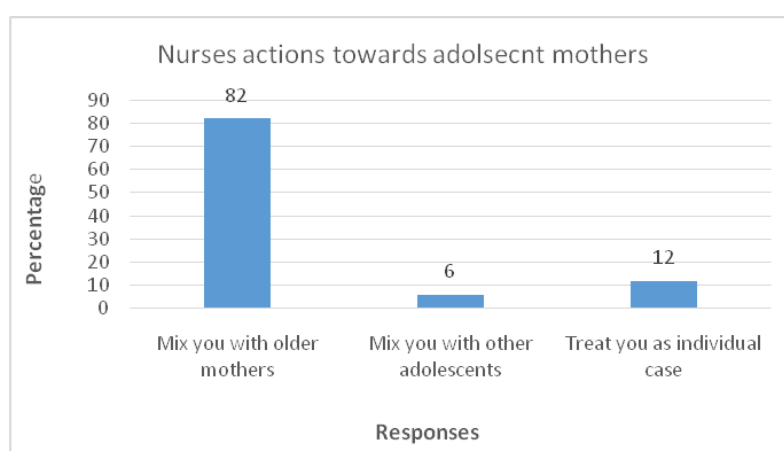
Adolescent mothers were asked whether they attended a postnatal clinic after giving birth. Majority of the respondents, 60 out of 92 respondents (65%), attended a postnatal clinic after childbirth, while 32 (35%) did not. The high number of respondents attended a postnatal clinic and this can be attributed to the proximity of health centres to Kajiado County

and the low cost of postnatal services associated with the subsidized postnatal services by the government. Those who did not seek postnatal services in hospitals gave cultural and economic reasons. Some argued that they prefer using traditional birth attendants who are cheaper and locally available.

Nurses actions towards adolescent mothers

Respondents were asked whether they were treated as individual cases during the postnatal clinic visit, mixed with other adolescents, or mixed with older mothers. This would assist in understanding whether the type of information received at the postnatal clinic would enable adolescent mothers to make informed decisions as they attend to their babies. Responses are shown in figure 3 below:

Figure 3 | Which of the following did the nurses do?



Source: Researchers, 2017

Findings shows that 71 (82%) of the respondents who visited the postnatal clinic were mixed with older mothers by the nurses; 5 (6%) were mixed with other adolescent mothers; while 11 (12%) were treated as individual cases. According to the *National Adolescent Sexual and Reproductive Health Policy, 2015*, adolescent mothers ought to receive personalised postnatal care services simply because they are minors and not yet mature. Postnatal care services in Kenya stipulated under the *National Guideline for Quality Obstetric and Perinatal Care, 2004* state that postnatal care should encompass providing health messages and counseling to the mother on proper nutrition, resumption of sexual activity, and the need to have exclusive breastfeeding for at least six months. There is therefore need to ensure these postnatal services are done on a more individual-based manner rather than people being mixed in the ward. This enables adolescent mothers to be informed on proper ways of caring for a child.

Rating Services offered by Nurses

Respondents were asked to rate the services offered by nurses during postnatal clinic visits. Table 3 below provides a summary of the responses.

Table 3 | Rate of services offered by nurses

Responses	Frequency	Percent
Very Effective	12	13.8
Effective	20	23.0
Least effective	55	63.2
Total	87	100.0

Source: Researcher, 2017

The results presented in table 3 above shows that a majority of the respondents, 63%, agreed that services offered by the nurses during the postnatal visit were least effective. This was followed by 23% of the respondents who stated that the services were effective, and 14% argued that the services were very effective. One respondent who indicated that the services were least effective stated that:

“Most public health facilities are crowded simply because of the low charges one pays for pre and postnatal services. This results in lack of proper communication and personalised care, nurses at times talk to us in groups on nutrition and breastfeeding. It is even worse when our children share incubators while lactating mothers share hospital beds” (FGD with adolescent mothers).

Most respondents agreed that postnatal services in most public health facilities are not sufficient and thus they are limited when it comes to taking care of their infants. They eluded this to the fact that healthcare resources are not sufficient to cater for the ever growing number of mothers in the country. These findings were consistent with an analysis by the Ministry of Health [MOH], 2008, which established that the country was facing a challenge in health sector infrastructure. The analysis by the institution showed that there was a limited number of health personnel (doctors and nurses), facilities, hospital beds, diagnostic machines, laboratories, among others (MOH, 2008). This therefore shows that there is need for investing in the health sector for purposes of offering personalised and intensive care to people in need.

Hospital Resources

Respondents were asked whether the hospitals they attended were well equipped with personnel and facilities for postnatal care services. Majority of the respondents 65 (75%), stated that the hospitals they visited did not have sufficient personnel and facilities for postnatal care. 22 (25%) of the respondents however indicated that the hospitals were well equipped; this can be attributed to government, non-governmental and corporate support. Majority of the respondents who were dissatisfied with medical resources within hospitals stated that they used to share hospital beds and had to wait in long queues to see the doctor. Respondents also complained of overcrowding in most public health facilities and fear of contracting some of the air-borne diseases while waiting for health service in the hospital. This research therefore illuminates the gap within the health sector and the need for addressing the same.

A Pearson correlation was run to determine the relationship between health education offered to adolescent mothers and care given to infants. The findings are presented in table 4 below:

Table 4 | Correlation between health education and care of infants

		rate services offered by nurses	how did the postnatal care services impact you in terms of taking care of your infant
rate services offered by nurses	Pearson Correlation	1	-.469**
	Sig. (2-tailed)		.000
	N	87	87
how did the postnatal care services impact you in terms of taking care of your infant	Pearson Correlation	-.469**	1
	Sig. (2-tailed)	.000	
	N	87	87

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

Source: Researchers, 2017

The findings presented in table 4 above indicate that there was a negative correlation between health education and care given to infants by adolescent mothers, represented by (-.469). The table also shows a p value of .000 which is less than 0.05 indicating a statistically significant correlation between health education and care given to adolescent mothers. The null hypothesis was therefore not rejected because there is no relationship between health education offered to adolescent mothers and care provided to infants. These results were supported by findings in Figure 3 above, which shows that the majority of the adolescent mothers (82%) stated that they were mixed with older mothers when they visited health centres instead of being treated individually. Respondents also stated that services were least effective and information obtained had minimal impact with regards to care of their infants. Findings in the study also showed that 35% of the respondents do not attend postnatal clinics due to cost implications among other factors. This therefore limits them from accessing health related information that can be useful in raising their infants.

Policy interventions that can be used to strengthen community's capacity

The study sought to identify some of the policies that can be used in the community in fighting against early marriage. Some of the policies suggested by the key informant (County Reproductive Health Officer), include the need for strengthening policies on community policing. According to the officer, community policing can be used to create public awareness on implications of early marriage and also as a means of apprehending lawbreakers within the society. The respondent stated that the Ministry of Health has partnered with other stakeholders in the County to address the issue of early marriage. This was done through forums, seminars and workshops in the County. The forums are on-going and meant to curb early marriage. The County Reproductive Health Officer further stated that they are working to have *Community Dialogue Days* regularly to sensitise the community on early marriage and other health issues. Theme based art, plays, and sports would be used in the County to help create awareness on early marriage. Nurses also asserted that there is need for community sensitisation on use of conventional means of childbirth. This would reduce cases of infant and maternal mortalities. They mentioned that the use of trained medical professionals before, during and after child birth, would reduce the risk of complications or death of the mother and/or the infant.

Discussion of Findings

Psychological Effects of Early Marriage

In the first objective, the study sought to examine the psychological effects of early marriage and its influence on care given to infants in Kiserian sub-County. Results of this study showed that adolescents are neither psychologically prepared for early marriage or motherhood. Nurses interviewed in this study together with adolescent mothers shared a similar opinion that adolescents are not psychologically prepared to be married or have children. This therefore impacts them in terms of how they raise up their children. These results have been supported by Noushad et al., (2013) who argued that adolescents or teenagers struggle with motherhood due to lack of mental, emotional, and physical preparedness of the teenager as compared to a mature person or an adult. He further stated that most teenage mothers are at risk of experiencing depression, stress, among other psychiatric disorders, compared to women who get children as adults, (Noushad et al., 2013). Such emotions if not controlled can affect one's ability to take care of a child, resulting in cases of neglect or child abuse. Similarly, Rice and Dolgin (2008) define an adolescent as one who is transiting from childhood to adulthood, experiencing physical and psychological growth. The transition might pose a challenge for the adolescent mother if she is at the same time taking care of an infant. It is therefore important for the general community to be aware of the challenges revolving around adolescent motherhood and plan best on how to assist these young girls.

Health Education

The second objective focused on analysing health education offered to adolescent mothers and its effect on care provided to infants in Kiserian sub-County. It was established that a majority of the adolescent mothers were had limited access to obtaining health information from nurses in hospitals since most public hospitals were overcrowded, had few health

personnel, and adolescent mothers are mixed with other mothers during postnatal clinics. This prevented a more personalised treatment or care in the hospital, and made it hard for the adolescent mother to freely ask medical related questions on child care. Findings from this study were consistent with study reports by Kenya's Ministry of Health [MOH], 2008, which established that the country was facing a challenge in investing in an adequate health sector infrastructural system. Reports by the Ministry showed that there were a limited number of health personnel (doctors and nurses), facilities, hospital beds, diagnostic machines, and laboratories, among others (MOH, 2008). This therefore shows that there is need of investing in the health sector for purposes of offering personalised and intensive care to people in need. According to Essendi et al., 2010, poor health service delivery results in increased maternal and neonatal mortality. It is therefore imperative for a society to have a functional and equipped health sector for purposes of creating a healthy society. According to the *National Adolescent Sexual and Reproductive Health Policy, 2015*, adolescent mothers ought to receive personalised postnatal care services simply because they are minors and are not yet mature. This research concurs with the *National Adolescent Sexual and Reproductive Health Policy, 2015* that stipulates the importance of adolescents to be treated in a personalised manner when they visit hospitals for postnatal care services. Important messaging about the health of the mother and child should be done on a personal level instead of mixing health service seekers and relaying the same message.

Policy Documentation

The third objective of this study focused on documenting policy interventions that can be used to strengthen community's capacity on combating early marriage in Kiserian sub-County. Results of this study showed that there is need for an effective network system between the law enforcement agents and the community members in addressing early marriage. An effective network system would result in early detection of people undertaking early marriage and reporting of the same to law enforcement agents to arrest the culprits in a timely fashion. The study also established that there was need to educate and sensitise the community on early marriage and the importance of antenatal and postnatal care. This would see the decline on maternal and infant mortalities in the county.

The research also had two null hypotheses. The first null hypothesis stated that there was no relationship between the psychological effect of early marriage and care given to infants by adolescent mothers in Kiserian sub-County. The relationship between psychological effect and care given to infants was investigated using Pearson Correlation. The study found that there was a positive correlation between the psychological effect of early marriage and care given to infants by the adolescent mothers, indicated by ($r_{bo} = .232, p = .026, n = 92$). This was statistically significant at a significance level of 0.05. The null hypothesis was therefore rejected since there is a significant relationship between the psychological effect associated with early marriage and care given to infants.

The second null hypothesis stated that there was no relationship between health education offered to adolescent mothers and care given to infants. The relationship was tested using Pearson Correlation where a negative correlation was established with $r = -.469, p = .000$. The null hypothesis was therefore not rejected showing that there is no relationship between health education and care provided to infants by adolescent mothers. The negative relationship was associated with limited health information accessible by adolescent mothers. Adolescent mothers stated that there is a high cost of going to the hospital that hinders them from seeking health services. Others indicated that schools and parents shy away from sexual and reproductive health topics.

Conclusion

The study sought to examine the influence of early marriage and care of infants among adolescent mothers. Based on the findings, it can be concluded that adolescents are not psychologically prepared for marriage or becoming mothers. This was exhibited by similar findings obtained from nurses and adolescent mothers that showed they are not mentally prepared to be mothers. The study therefore concludes that communities need to be sensitised to help curb the practice of early marriage. The study also sought to examine health education offered to adolescent mothers and its impact on care provided to infants. It was established that most adolescents do not regularly go to health centres for postnatal care due to the high cost associated with accessing the hospitals. It was also observed that most public hospitals have limited

personnel making it hard for adolescents to access health information on child and maternal care. This therefore results in the conclusion that there is a gap in terms of accessibility to healthcare information on maternal and child health. It was also observed that there was need for community sensitisation on early marriage and the need to attend antenatal and postnatal clinics. Community dialogues and networking skills were also mentioned as useful in preventing early marriage practices in the county. Research Null hypothesis one showed there was a significant relationship between psychological effect of early marriage and care provided to infants. The study established a positive correlation between the psychological effect of early marriage and care provided to infants. The null hypothesis was therefore rejected. The second null hypothesis was not rejected, the study showed a negative relationship between health education offered to adolescent mothers and care provided to infants.

Recommendations

The following recommendations were made for purposes of addressing early marriage and its influence on care given to infants by adolescent mothers.

Firstly, it was observed that early marriage as a practice is still taking place in Kiserian sub-County, and a small percentage of the target respondents stated that the practice should continue. There is need for the government to initiate talks and discussions with the community on addressing early marriage and its effects. The community needs to be enlightened on the impacts of early marriage especially on the adolescent and unborn child. This would result in a decline in the practice and a more conscious community.

Secondly, there is need to sensitise adolescent mothers on the importance of seeking antenatal and postnatal healthcare services. This would see a decline in maternal and neonatal mortalities associated with over bleeding and other complications triggered by births procured by untrained medical persons in the community. Thirdly, there is need for the government to work with communities to arrest those who encourage forced or arranged teenage marriages. This would result in a decline of the practice and lead to a healthy society.

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