

**IMPACT OF TEENAGE PREGNANCY ON GIRLS' ACADEMIC PROGRESSION
BASED ON THEIR EXPERIENCES IN NYATIKE SUB-COUNTY, MIGORI
COUNTY - KENYA**

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**A Thesis Submitted to the Graduate in Partial Fulfilment of the Requirements for the
Master of Arts in Gender and Development Studies of Egerton University**

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DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for an award of a degree or diploma in any other university

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DEDICATION

This thesis is dedicated to my mother, Mrs Dolly Elsa Owuonda, for being my accountability partner and her continued encouragement.

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ABSTRACT

Teenage pregnancy is a problem in both developed and developing countries with developing countries registering higher prevalence. Girls drop out of school in Kenya due to teen pregnancy with Migori County being the sixth most affected. There is little literature on the teenage pregnancies and academic transition nexus based on the girls' experience on Nyatike Sub-County which the study sought to fill. This study's specific objectives were: to establish girls' dropout rate due to teenage pregnancy in Nyatike Sub-County; to describe the pattern of re-entry into the education system of teenage mothers in Nyatike Sub-County, Migori County; and to assess the challenges that the teenage mothers experience in Nyatike Sub-County schools. The study adopted both Feminist Theory and Social Learning Theory. A mixed methods research approach was utilized in data collection and analysis to gain the advantage of both quantitative and qualitative data. The study population for this research was teenage mothers in Nyatike Sub-County who were reached through primary and secondary schools within the Sub-County. Both probability and non-probability sampling techniques were used to pick schools and respondents. The instruments were peer reviewed and the questionnaire pre-tested. Quantitative data analysis was done using the Statistical Package for Social Sciences while qualitative data was analysed using NVivo software using thematic approach. This study found that majority of the teen pregnancies take place in standard eight, form three and form two at the age of 14-16 years. Though not well communicated, most schools had policies on teenage pregnancy where girls were allowed to return to school after delivery without repeating (except at their own will). About 70-89% of girls return to school after delivery. Majority of the teachers (97.1%) attested to the fact that teenage pregnancies contributed to changes in teenage mothers' academic performance, and behaviour (100.0%). Most teenage mothers were not aware of specific provisions in the re-entry policies. Most teenage mothers faced stigma/discrimination and did not receive education/learning support, social/psychological support and peer support when they got pregnant. This study recommends that: sensitization against teenage pregnancies should be more in class eight, form two and form three; teenage mothers should be encouraged to resume their studies as soon as they can; school policies on teenage pregnancies should be well communicated to students and pupils; students, pupils and teachers should be sensitized on the need to support teenage mothers; and the government should ensure there are measures for accessible psychosocial support is in place within the schools.

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LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|----------------|---|---|
| APA | - | American Psychological Association |
| CDC | - | Centres for Disease Control |
| CEDAW | - | Convention on the Elimination of All Forms of Discrimination Against Women |
| CRC | - | Convention on the Rights of the Child |
| CSA | - | Centre of Study of Adolescence |
| EUREC | - | Egerton University Ethical Committee |
| FAWE | - | Forum for African Women Educationalist |
| FGDs | - | Focused Group Discussions |
| ICESCR | - | International Covenant on Economic Social and Cultural Rights |
| KNBS | - | Kenya National Bureau of Statistics |
| MDG | - | Millennium Development Goals |
| MOE | - | Ministry of Education |
| MOE | - | Ministry of Education |
| NACOSTI | - | National Commission for Science, Technology and Innovation |
| NCPD | - | National Council for Population & Development |
| NSHP | - | National School Health Policy |
| OHCHR | - | Office of the High Commissioner for Human Rights |
| SCAA | - | Schuyler Centre for Analysis and Advocacy |
| SDGs | - | Sustainable Development Goals |
| SPSS | - | Statistical Package for Social Sciences |
| UK | - | United Kingdom |
| UDHR | - | Universal Declaration of Human Rights |
| UNESCO | - | United Nations Educational Scientific and Cultural Organisation |
| UNFPA | - | United Nations Fund for Population Activities |
| WHO | - | World Health Organization |

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Teen pregnancy can either be intended or unintended. Globally, one in 10 new mothers is a teenager (Hill, 2011). Every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged less than 15 years become pregnant in developing regions. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under the age of 16 years give birth in developing regions (WHO, 2018). The developed world is not safe from teen pregnancy. Each year, it is estimated that some 500,000 adolescent females become parents before completing high school in the United States. The United States records the highest teen birth rates in the industrialized world, twice as high as that of the United Kingdom which is the developed nation with the second highest rate of teen pregnancy (Osulah, 2012). The UK has the highest rates of teenage births and abortions in Western Europe – five times those in the Netherlands and doubles those in France and Germany (Hill, 2011). In South Africa, at the age of 18 more than thirty per cent of teens have given birth at least once (Chigona & Chetty, 2008). Teen mothers and schooling: lacunae and challenges, 2008). This is a worrying trend impacting girls disproportionately compared to their male agemates as they are the ones who carry the pregnancies.

The adolescent problem tends to affect the less fortunate people in society more than it does the opulent. Within countries, adolescent births are more likely to occur among poor, less educated and rural populations (WHO, 2016). Births to adolescent mothers are associated with adverse outcomes, including lower educational attainment (Dehlendorf *et al.*, 2010). Pregnancy immediately places a female teenager at an educational and economic disadvantage. She may take longer to complete her studies, and may therefore be economically inactive for a longer period. She may also fail to complete her education, struggle to find proper employment and may have to make ends meet from a government grant or support from relatives (Maritim *et al.*, 2017). For an adolescent girl (aged 10-19 years old), being pregnant and having a child while still at school often means facing harsh social sanctions and difficult choices that have life-long consequences. It could mean expulsion from home and school; being shamed and stigmatized by family, community members and peers; increased vulnerability to violence and abuse, or greater poverty and economic hardship (UNESCO, 2014).

Teenage fathers, on the other hand, tend not to face most of these adversities majorly because of gender roles and also because of societal norms. They do not need to take time off school to deliver and breastfeed the young ones, and they are rarely judged harshly for their actions. Pregnant girls – and to a smaller extent, school boys who impregnate girls– have faced all kinds of punishments, including discriminatory practices that deny girls the enjoyment of their right to education (Human Rights Watch, 2018). Twenty-nine per cent of 14-19-year-olds who drop out of school due to pregnancy can return to school by age 20, but only thirty-four per cent of the girls complete (Chigona & Chetty, 2008). According to Macro (2010), seven out of ten girls have had their first sexual intercourse by the age of 18, while eighteen per cent of teenage girls have experienced a pregnancy by the same age.

Thousands of Kenyan girls have dropped out of school due to teenage pregnancy with 13,000 girls leaving school early every year due to pregnancy (Republic of Kenya, 2013). This has negatively affected the growth of the nation's half of the population and goes against the central transformative promise of the Sustainable Development Goals (SDGs) of not leaving anyone behind (United Nations, 2015). According to Mamo (2022), Kenya's Permanent Secretary to the Ministry of Health said that Kenya has the 3rd highest number of teen pregnancies worldwide where one in every five adolescents aged 15 -19 are already mothers or pregnant with their first child. Teen pregnancy is very high in Migori County with the country coming sixth nationwide at a rate of 24% (KNBS, 2018). The County's age-specific fertility rate for girls aged 15-19 is 136 births per 1000 girls, which is much higher than the national level of 96 births per 1000 (CSA Kenya, 2022). The primary school completion rate for girls in Migori County is low.

Nyatike, the largest Sub-County of Migori County in Kenya experiences teenage pregnancy and motherhood and subsequent school dropout trends acutely. According to Oduor and Kithuka (2022), one in every four girls in Nyatike Sub- County is expectant or has already begun childbearing. This is higher than the country's average teenage pregnancy rate. Oduor and Kithuka (2022) also stated that there has been a very low transition rate to institutions of higher learning, in Nyatike Sub-County, since many girls have had children before they could finish their schooling. This they say might be contributing to the consistent status of underdevelopment in the Sub-County. This report sought to bridge the gap that has been left by prior research in Nyatike Sub-County. While most of the research that has been conducted

mainly focuses on determining the prevalence of teenage pregnancy in Nyatike Sub-County, this research went a notch higher to assess the factors (Oduor & Kithuka, 2022).

Due to the high teenage pregnancy in Migori County and specifically Nyatike Sub-County, the understanding impact of pregnancy on girls' academic progression is critical as it will guide interventions to curb the problem. This departs, in scope, from most of the studies in the sub-county which have been on the causes of teenage pregnancy, the prevalence of pregnancy and the teenage pregnancy early marriage nexus. The research findings will complement the existing studies on teenage pregnancy in Nyatike Sub-County and support actors in developing evidence-based interventions. In pursuit to complement the existing data, the purpose of this cross-sectional study was to examine the impacts of teen pregnancy on girls' academic progression in the Nyatike Sub-County of Migori County, Kenya.

1.2 Statement of the Problem

Teenage pregnancy is a global problem affecting Kenya disproportionately, with the country being ranked third globally as of July 2022. In Kenya, Migori county ranks sixth hence proof that teenage pregnancy is a problem in the county that needs to be addressed. Nyatike Sub-County, the area of study, is one of the areas affected by high early school drop-out cases related to pregnancy. Although reports indicate that majority of the teen mothers go back to school after giving birth, only a few of them complete school and transit to the next level. Teenage pregnancy tends to affect teenage mothers, more negatively than teenage fathers. This is because it is the teenage mothers who take a break from the school calendar to deliver the baby and play the gender roles of breastfeeding and caregiving.

Literature review reveals significant research on teenage pregnancies in the Lake Region and other parts of the country including Migori County but there is little literature on teenage pregnancies and academic transition nexus based on the girls' experience. This specific literature on Nyatike Subcounty is almost inexistent. The lack of specific research and recommendations on the relationship between teen pregnancy and transition to secondary and tertiary education in Migori may hinder efficient and effective policy interventions to address the problem by the relevant stakeholders.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of the Study is to examine the impact of teenage pregnancy on girls' academic progression based on their experiences in Nyatike Sub-County, Migori County – Kenya.

1.3.2 Specific Objectives

The specific objectives were;

- i. To establish girls' dropout rate due to teenage pregnancy in Nyatike Sub-County.
- ii. To describe the pattern of re-entry into the education system of teenage mothers in Nyatike Sub-County, Migori County.
- iii. To assess the challenges that teenage mothers experience in Nyatike Sub-County schools.

1.4 Research Questions of the Study

The study sought to answer the following research questions:

- i. What is the rate of girls' dropout due to teenage pregnancy in Nyatike Sub-County?
- ii. What is the pattern of re-entry into the education system of teen mothers in Nyatike Sub-County, Migori County?
- iii. What are the challenges that the school-going mother experience in Nyatike Sub-County schools?

1.5 Justification of the Study

Empirical evidence on the interplay between teenage motherhood, participation in education and the attendant priority actions are needed by policymakers, advocates, programme developers, implementers and other stakeholders to address gender disparities in educational outcomes among teenagers. With only about 50% of teen female parents graduating from high school, much can be learned from those teen parents who do finish high school to inform how educational leaders and policy-makers can better support the academic success of this vulnerable group to achieve gender equitable educational outcomes. Staying out of school for long due to child delivery tend to discourage the girls from continuing with their education as they tend to need time to catch up on the lessons taught while they are out of school.

Teenage pregnancy disproportionately affects girls as society, including schools, tends to judge them harshly, guided by societal gender norms. The gender inequality that accompanies teenage pregnancy often reduces the chances of the girls' becoming empowered financially in the long run as their education is negatively affected and hence may unlikely be qualified for

well-paying jobs. This in the end exacerbates the feminisation of poverty and impacts the country's development negatively considering that about 24% of Kenya's population is aged 10-19 years (NCPD, 2021). The poverty status is often passed down to the children of teenage mothers perpetuating an intergenerational cycle of marginalisation. Basing the study on the experiences of teenage mothers will ensure future interventions do not only focus on the teenage mothers' vulnerabilities but consider them as agents of change. Teenage mothers are best placed to propose or advice actors on the most effective interventions for and against teenage pregnancy. The findings of this research will guide interventions on ensuring that teenage mothers stay in school in Nyatike and that their academic progress is not negatively impacted by their status based on their experience in school.

1.6 Scope of the Study

Three elements upon which the scope of this study is framed include, geographical, conceptual and target population scoping. Geographically, the study was confined to the Nyatike Sub-County of Migori County. Conceptually, the study examined the impact of teen pregnancy on girls' academic progression. In terms of the target population, the study involved teenage mothers currently within the formal education system at primary and secondary school levels of education, those who have dropped out of school, teachers, and the Sub-County Education Officer.

1.7 Limitations of the Study

The whole research process (the fieldwork and the analysis) can be both interesting and challenging. The main challenge in this study was that most of the out-of-school teenage mothers had opted to get married to other communities and hence were not available to fill in the questionnaires. On this, the study worked with out-of-school teenage mothers who were available in the community. These respondents were identified through teachers' support. The study focused on teenage pregnancy and academic progression nexus based on girls' experience within the schools leaving out the causes of teenage pregnancy and the nexus between teenage pregnancy outside school and within the community. Future studies can focus on these other aspects. Covid19 pandemic delayed the study process due to the disruption of the school calendar. The study was designed in a way that the target population were to be accessed through schools and teachers' support. The Ministry of Education had closed down one of the schools in the sample size (Ndemra primary School) by the time the researcher was collecting data. The narrowness of the criteria and the sensitive nature of the

research topic took a huge share in making the research work a bit intimidating. The researcher made the respondents as comfortable as possible and assured them that they were to remain anonymous.

1.8 Assumptions of the Study

The study assumed that:

- i. That the thesis would inform relevant stakeholders' actions as well as future studies hence better the education of teenage mothers.
- ii. That the teenage mothers would comprehend the questionnaires and fill them correctly, and the teachers and the Sub-County Education Officer will be willing and available to answer the study questions.
- iii. Girls re-admitted to school after becoming pregnant and delivery have a second chance to continue with their studies and perform as well as their classmates who are not mothers.

1.9 Definition of Terms

Teenage Age between 10 to 19 years.

Academic transition Advancement in learning from one class to the next measured by students' or pupils' excellence

Dropout Act of leaving school before completing a qualification

Gender Socially constructed roles of males and females based on their gender and reinforced by existing societal expectations and norms

Gender Equality Absence of discrimination based on sex

Re-entry pattern Re-entry pattern in this study means recurring routine (in form of months or years spent out of school) followed by teenage mothers returning to school after the birth

Teenage Teenage as used in this study means the period of life from puberty to adulthood characterized by the development of sexual feelings and the need to construct self-identity.

Teenage pregnancy teenage pregnancy in this study means the pregnancy in human females under the age of 20 at the time that the pregnancy ends.

Transition The word transition as used in this study means the process of moving from one class to another or from one level of education to a higher one.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on girls' dropout rate due to teenage pregnancy in Nyatike Sub-County, teenage mother re-entry pattern into the education system in Nyatike Sub-County, education transition rate of teenage mothers in Nyatike Sub-County and challenges that the teenage mothers experience in Nyatike Sub-County schools. The research gap has been highlighted based on the reviewed literature. Theoretical and conceptual frameworks have been described and the scope, assumptions and limitations of the study explained. The literature review was conducted through the use of available relevant data online and in libraries.

2.2 Teenage Pregnancy and Girls Education Nexus

Teenage parenthood is associated with adverse educational, economic, social and health outcomes that disproportionately disadvantage girls or young women compared to boys or teenage fathers. Education consequences include school dropout and absenteeism, disengagement and decreased quality of learning, poor academic performance and lower educational attainment, (UNESCO, 2014). Girls and young women who become pregnant are less likely to complete school and for those who manage to stay in school, pregnancy raises major obstacles to academic achievement and substantially exacerbates the challenge of completing elementary school and advancing to college. A truncated education has negative repercussions on the future of teen mothers, in terms of employment opportunities and general well-being.

The girls who manage to continue with their education after child birth do face several challenges as learners which makes it hard for them to succeed in their schooling. They do face pressure from parents, peers and teachers. Teenage mothers receive very little support from school and their homes. The situation is complicated further by the fact that the fathers of their children are never there to play their roles. Most often, they are treated unfairly by schools and at times not readmitted back after giving birth due to the perception that the immorality of the teen mother would set a bad example to the student body at school, hence contaminating the innocent girls (Chigona & Chetty, 2008). This exacerbates the existing gender inequality as teenage mothers are discriminated against compared to teenage fathers.

Globally, women do not access and enjoy the benefits of education as compared to their male counterparts resulting in more livelihood difficulties and social exclusion. In the United States of America, only about 50% of teen mothers have a high school diploma compared with 90% of girls who did not have a teen pregnancy. Fewer than four in 10 (38%) teen girls who have a child before they turn eighteen earn their high school diploma. Fewer than 2% of teens who have a baby before the age of eighteen obtain a college degree by age thirty (Loaiza & Liang, 2013).

In low- and middle-income countries, almost 10% of girls become mothers by the age of sixteen years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia. Teen pregnancy negatively affects the educational success of girls in sub-Saharan Africa. In many cases, the birth of a baby marks the end of schooling for teen mothers. Kenya's population is young with people between the ages of 15-19 accounting for twenty-five per cent of the population of the country (Osulah, 2012). This affirms the need to protect those who fall under this age group as the country's future greatly depends on them. The negative impacts of teenage pregnancy on girls' education, in specific, very much affect the nation's development and equality index. This is supported by stating that education forms the basis upon which the economic, social and political development of any nation is founded and investing in education can help to foster economic growth, enhance productivity, contribute to national and social development and thereby reducing social inequality (Chaaban & Cunningham, 2011)

Unfortunately, Kenyan teenage girls are at a high risk of pregnancy hence a concern not only for their individual growth but the country's development. According to Osulah (2012), 23% of young Kenyan women aged between 15-19 years are pregnant with their first child and 50% of young people have begun child bearing by age twenty. Over the years, the number of teen pregnancies has increased making it a growing problem in Kenya. Thousands of Kenyan girls have dropped out of school due to teenage pregnancy. A report by the Kenyan Government and the United Nations Population Fund states that 13,000 girls leave school early every year due to pregnancy (Republic of Kenya, 2013).

Migori County is one of the counties that have high rates of pregnancy in Kenya with the county standing at 24% and its primary school completion rate for girls at 54%. A report by

the Republic of Kenya (2020) states that 24% of girls aged 15-19 years in Migori County have begun childbearing, 3.4% are pregnant with their first child and 20.9% have ever given birth. (KNBS, 2013) indicates that 8.1 % of the girls in Migori County have had a live birth before the age of 15. According to OHCHR (2022), Migori County recorded 9342 adolescents (10-19) presenting with pregnancy at the first antenatal clinic, and this was the lowest figure recorded by the county between 2016 and 2020 (OHCHR, 2022). Nyatike Sub-County, just like Migori County, experiences high levels of teenage pregnancy and girls' school dropout. According to Awuor (2018), many pupils drop out of school in Nyatike Sub-County due to pregnancies with some of them ending up in early marriages.

2.2.1 Girls' School Dropout Rate Due to Teenage Pregnancy

School dropout is a problem affecting all types of students the world over with teenage mothers being disproportionately affected. Generally, more girls drop out of school compared to boys placing them at a disadvantage. According to Omwancha (2012), girls deserve special attention as they drop out more easily than boys for various reasons, including teenage pregnancy. Seventy-five per cent of girls drop out because of pregnancy while 20% of boys drop out due to lack of interest (FAWE News, 2006). The high dropout rate among girls as a result of teenage pregnancy places girls in a disadvantaged position and reduces their financial development potential. This impacts teenage mothers negatively and they leave with the effects for most of their lives. Leaving school because of pregnancy leads to the evaporation of the girl's job prospects, and her vulnerabilities to poverty, exclusion and dependency multiply (UNFPA, 2013). According to Omedi (2014), many pregnant adolescents have to leave school, affecting the long-term prospects of themselves and their families, and they experience an increased risk of exploitation and abuse. Teenage mothers end up dropping out of school due to among others, the double responsibilities that come with gender roles (Maluli & Bali, 2014).

In Cameroon teenage pregnancies account for 13% of female dropouts in grades 6, 33-41% in grades 7-10 and 4-22% in grades 10-13, (Eloundou-Enyegue, 2004). In Botswana, 1054 teenage pregnancies contributed to 31.7% of the secondary school dropout and a further 115 reported primary school teenage pregnancy cases resulted in 2.9% of the girls' dropouts. Fifty-seven per cent of school dropouts in Botswana in 2012 were a result of teenage

pregnancy, (Molosiwa & Moswela, 2012). In South Africa, about 72,000 female teenagers missed school in 2005 due to early pregnancies (Begum & Iqbal, 2007).

Republic of Kenya (2013) report states that 13,000 girls leave school every year due to pregnancy. According to Faith to Action Network (2016), the Kenyan situation is not different concerning teenage mothers' dropout as a majority of teenage mothers end up dropping out of school. It is therefore important to understand the specific aspect within Nyatike Sub-County being that the Sub-County records high pregnancy cases. It is important to listen to teenage mothers' perspectives to design effective interventions.

2.2.2 Teenage Mothers' School Re-Entry Pattern

School re-entry of teenage mothers depends on so many conditions including social environment and legal status like government policies. According to Chasalani *et al.* (2012), pregnant learners normally experience complications that result in absenteeism and permanently leaving school; they do not attend school regularly since they miss one or two school terms and are less likely to return to school than their counterparts who drop out for other reasons. This is because they may stay out of school longer tending to the children and this often impacts their likelihood of returning to school.

For teenage mothers to continue with their education, there is a need for the development and implementation of policies and frameworks that encourage gender equality in access to education. Such policies and frameworks exist at global, national and local levels. At the global level, we have the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Sustainable Development Goals (SDGs). At the regional level, the African Charter on the Rights and Welfare of the Child encourages gender equality in education and requires State Parties to have special measures in respect of females. Agenda 2063 also calls for compulsory secondary education.

In Kenya the policies include; the Constitution of Kenya, Children's Act (2022), Kenya Vision 2030, National Reproductive Health Policy (2022-2032), National Guidelines for School Re-Entry in Early Learning and Basic Education (2020), Kenya Youth Development

Policy (2019), National Guideline for the Provision of Youth-Friendly Services (2016), National Adolescent Sexual And Reproductive Health Policy (2015), Kenya Health Policy (2014-2030) Policy Framework for Education and Training (2012), Sessional Paper No. 3 on Population Policy for National Development (2012), National School Health Policy (2009), and Sessional Paper No. 01 of 2005 on a Policy framework for Education, Training and Research. Kenya is among a handful of African governments that have put in place policies on pregnant girls within the education system.

The return to school of teenage mothers and their comfort while at it, relies on how supportive the re-entry policies are. Clear government re-entry policies encourage teenage mothers to go back to school therefore their re-entry pattern depends on the policy makers' goodwill. Some policy makers have not been supportive of teenage mothers in their formulation of school re-entry policies. In Zanzibar, for example, members of parliament had adopted an Act of Parliament prohibiting girls who got pregnant from being admitted back to school. This Act was however repealed in January 2006 (Okungu, 2013).

The policies on schoolgirl pregnancy have been categorized as either continuation or re-entry policies. Continuation policies allow for the uninterrupted continuation of schooling by pregnant schoolgirls and an immediate return to schooling after delivery; these kinds of policies are deemed to be more transformative as they challenge gendered ideologies and practices and are also sensitive to the educational needs of pregnant schoolgirls. They do not confine the girls to be out of school longer to play the caring role. On the other hand, re-entry policies necessitate disengagement with schooling and only allow for re-entry after a specified period of compulsory leave during pregnancy and lactation. The re-entry policies are deemed to have failed to engage with and transform existing gender relations as they are seen to be based on cultural and traditional ideologies on pregnancy and motherhood. These ideologies expect the new mothers to keep off productive roles and fully focus on reproductive roles hence must be out of school for a specific period.

Kenya's policy 1994, has the characteristic features of disengagement and re-engagement with schooling and therefore falls under the category of re-entry policies. More recently in 2009, the Kenya Ministry of Education, in collaboration with the Ministry of Public Health and Sanitation launched the National School Health Policy (NSHP) which also articulates the

specified action that school administrators should take when dealing with schoolgirl pregnancy cases. Both documents clearly state that girls who become pregnant while in school should be allowed to continue with their studies for as long as possible. Since there is no pre-determined mechanism for ascertaining how long is long enough, the decision is left to teachers, parents and the schoolgirls, who have interpreted and implemented this disparately. Both policy documents place a great emphasis on the counselling of the affected school girls, their parents and other girls, and encourage the parents to seek re-admission for the student-mothers in schools, other than those that they were enrolled in while pregnant, to avoid psychological and emotional trauma. This acknowledgement that pregnant schoolgirls and student-mothers are possible victims of stigmatizing discourses and practices is not accompanied by any stipulations on how to deal with the perpetrators of the abhorrent practices (Nelima, 2010).

Although Kenya's National School Health Policy states that school-age girls who become pregnant should be permitted to continue with their education for as long as possible and allowed to return to school after childbirth, implementation of this policy remains weak in practice (Walgwe et al., 2016). Furthermore, empirical evidence on how supportive and protective the school environments are towards enhancing participation and positive educational outcomes for returning teenage mothers while increasing demand for education among out-of-school teenage mothers, remains scanty.

In the year 2020, the Ministry of Education launched National Guidelines for School Re-Entry in Early Learning and Basic Education (2020). The policy defines steps to be taken if a learner is confirmed pregnant at school. In one of the steps, the school, the learner and parents/guardians are to sign a committal letter for the pregnant learner to re-enter school six months after delivery. The policy also states that the learner shall re-enter school at the beginning of the next calendar year (Republic of Kenya, 2020). This is an open statement which can keep the learner out of school for more than the stipulated six months. The policy states that this period provides the teenage mother with time to nurse the baby. The policy advances the gender roles and societal norms that confine mothers to homes until a specified period. This infringes on teenage mothers' right to decide when to return to school.

The long stay out of school results in teenage mothers lagging in studies and having to put a lot of effort to catch up with their classmates hence may negatively impact the girls' academic performance. Kenyan education term calendar normally runs for three to four months with an academic year having three terms. Keeping teenage mothers out of school, compulsory, for at least six months means they miss around two terms of studies, consistently. With this, the teen mothers may have no option but to repeat classes as they will be lagging too much behind. According to Grant and Hallman (2008), repeating a grade and being older than other students in the same grade is significantly correlated with the risk of dropping out. Charles (2014) stated that automatic promotion leads to increased completion by girls while repetition forces girls to drop out and not finish primary education in Migori District.

On the other hand, if the person responsible for the pregnancy is a schoolboy or is under the age of 18 years, the policy states that he shall be given guidance and counselling about his responsibilities by the guidance and counselling teacher, or through referral to appropriate services. The policy does not expect or encourage teenage fathers to play caregiving roles hence it does not have a provision for the boys to stay out of school but the girls. While the schools involve the teenage mothers' parents, according to the policy, the teenage fathers' parents are not involved in the actions met by the boys. The provisions reinforce the existing gender norms and exacerbate the existing gender equality.

In conclusion, the above dissonance between policy and practice points to many issues. The first issue is the fact that underneath the attempts to provide education for pregnant school girls and student-mothers, state re-entry policies have not escaped the gendered discourses that set different parameters for the male and female students involved in pregnancy cases. Secondly, with this kind of practice, Kenya's policy can't correctly be categorized as a re-entry policy, especially because of the fact pregnant girls can stay in school until a day before delivery.

2.2.3 Challenges that Teenage Mothers Experience in Schools

The leading reasons for teenage mothers' school dropouts are socially constructed and caused by society's perception of them. Kadi (2017) states that teenage mothers drop out of school due to the pressures they experience, including stigmatization associated with early

parenthood, isolation from peers, and lack of the needed support from family, friends, schools, social service agencies and other organizations. Agreement with Kadi is UNFPA, (2013) stating that for girls to be able to return to school and excel in education, new mothers are likely to need child care and one-on-one counselling to help them deal with the challenges, including stigma, of adolescent motherhood (UNFPA, 2013). The school environment determines the chances of a teenage mother staying in school and their academic performance. In the United States, teenage mothers cite school-related reasons for dropping out of school as the rigidity of some school administrators concerning school attendance policies, and the inability to provide adequate time for teen parents to complete their general child care responsibilities among others (Mangino, 2008).

The stigma that teenage mothers experience from some of the teachers slows them down and put them in a cocoon where they are judged. This affects them both physically and emotionally. Some teachers regard the presence of teen mothers in their classrooms as a threat to the overall academic performance of the class since they question the ability of teenage mothers to cope with the school's academic demands. Bhana et al. (2010) and Shawn (2012) in agreement with this states that teen mothers receive inappropriate comments and behaviour from teachers and such negative comments hinder their smooth integration forcing them to give up on their schooling. The school environment determines a lot about teenage mothers' academic progress. Shaningwa (2007) states that teen mothers become vulnerable in school environments which are not supportive and are consequently at risk of not completing their school. This is supported by the Association of Women Educators (2006), findings that stated that demoralization and criticisms experienced by Teenage Mothers make their chances of completing school very low even after they decide to return to school.

The peers of teenage mothers in school tend not to understand their behavioural change and hence isolate them. This further affects the schooling of teenage mothers. Social factors such as name-calling and bullying from school peers make attending school difficult (Passy, 2014). This situation leads to a lack of confidence among teenage mothers. Rejected students by peers are normally discontented with themselves and their relationship with other students may be wanting (Omollo & Yambo, 2017). The often outcome of this is a school dropout. On average, about 31% of low-accepted children drop out of school compared to 9% of other children (National Network for Child Care at Iowa State University, 2011).

Schools often lack the necessary support system for teenage mothers. This makes the lives of the girls to be more difficult and leads to their disaffection in school. Teenage mothers face challenges such as; lack of mentoring, lack of support to catch up with school work, lack of professional counselling, fear and loneliness, and lack of support to deal with stigma (Chigona & Chetty, 2007). The school environment in South Africa is not favourable to teenage mothers. A report by the Ministry of Education (2000) states that in 2000 the Gender Commission on Gender Equity reported to the South African Ministry of Education that they had received several complaints from teen mother learners that their schools had not allowed them to attend classes because they were mothers. Teenage mothers in Tanzania are not protected in schools from bullies. This is supported by the study carried out by UNESCO (2010) which indicated that young mothers reported that the teasing and taunting from their peers start once rumours of pregnancy start circulating. The report further revealed that the taunting of the teen mothers left them with emotional scars; they broke down and cried when talking about this experience.

The situation is not any better for teenage mothers in Kenya. School administrations have remained harsh to girls regardless of the existing national re-entry policy. According to Njoka (2016), in Kenya, one common consequence of pregnancy for girls is the loss of educational opportunities: pregnant girls are often expelled or forced to leave school when the teachers and the school administrators learn about the pregnancy. A study conducted by the Centre for the Study of Adolescents revealed that Kenyan teenage mothers face the stigma of pregnancy and discrimination by teachers and peers. Building on the existing studies' findings, it was important to find out the current status of teenage mothers in schools to ascertain the uptake of the studies' findings. The findings will prompt the stakeholders to review their interventions and adopt the most effective actions.

2.3 Research Gap

Published research findings are important in informing the policy formulation process and providing solutions to societal problems as they unearth the root causes of the problems. The literature on teenage pregnancy and its relation to dropout, re-entry and transition are important in ensuring that more girls stay in school, excel in their studies and transit to colleges even after giving birth. This will increase the girls' future income, improve their

livelihood, reduce gender inequalities and improve the nation's growth in general. Review shows that research has been carried out on teenage pregnancy and its impact on girls' academic progression. However, the majority of the research has been done internationally and at the national level. There is little literature on teenage pregnancy in Kenya about education and specifically school re-entry patterns and dropout rate. Most of the research has been on the causes of teenage pregnancy, the prevalence of teenage pregnancy, teenage pregnancy and the early marriage nexus.

Research papers on teenage pregnancy in Migori dismally show how this impacts girls' academic progression. Little research has been published on the nexus between teenage pregnancy and education in the teenage in Nyatike sub-county and the records in relevant offices do not clearly show the relationship. Studies on the school re-entry policies for teenage mothers and specifically in Nyatike Sub-County are almost inexistent. This study sought to fill the literature gaps and inform policy makers on issues of teenage pregnancy and education in Nyatike Sub-County.

2.4 Theoretical Framework

To ensure a clear understanding of the relationship between education and teenage pregnancy based on the girls' experiences, the study relied on Feminist Social Theory and Social Learning Theory.

2.4.1 Feminist Social Theory

Feminist Social Theory has a history as long and storied as feminist movements themselves hence it is impossible to tell the history of feminist theory apart from the history of feminism. The feminist movements include First-wave theorists like Mary Wollstonecraft and Susan B. Anthony, Second-wave theorists like Betty Friedan and Andrea Dworkin and Third-wave theorists like Judith Butler and Gayatri Spivak. The theory analyses women's experiences of gender subordination, the roots of women's oppression, and how gender inequality is perpetuated, and offers differing remedies for gender inequality (Budig & Jones, 2008). The theory moves its lenses from male-based encounters toward female-based experiences hence shedding light on women and girls' specific encounters that are often ignored (Crossman, 2020). Its inherent goal is not to promote females' superiority over males but to promote harmony through shunning gender-based inequality and injustices while advocating for

equality and justice. The liberal branch of the theory argues that women have the same capacity as men for moral reasoning and agency, but that patriarchy, particularly the sexist division of labour, has historically denied women the opportunity to express and practice this reasoning. These dynamics, they argue, serve to shove women into the private sphere of the household and exclude them from full participation in public life (Crossman, 2020). This theory focuses on power-relations linked to both genders. It will be used in this study to analyse gender roles and expectations, the experience of teenage mothers and their impact on teenage mothers' academic progression.

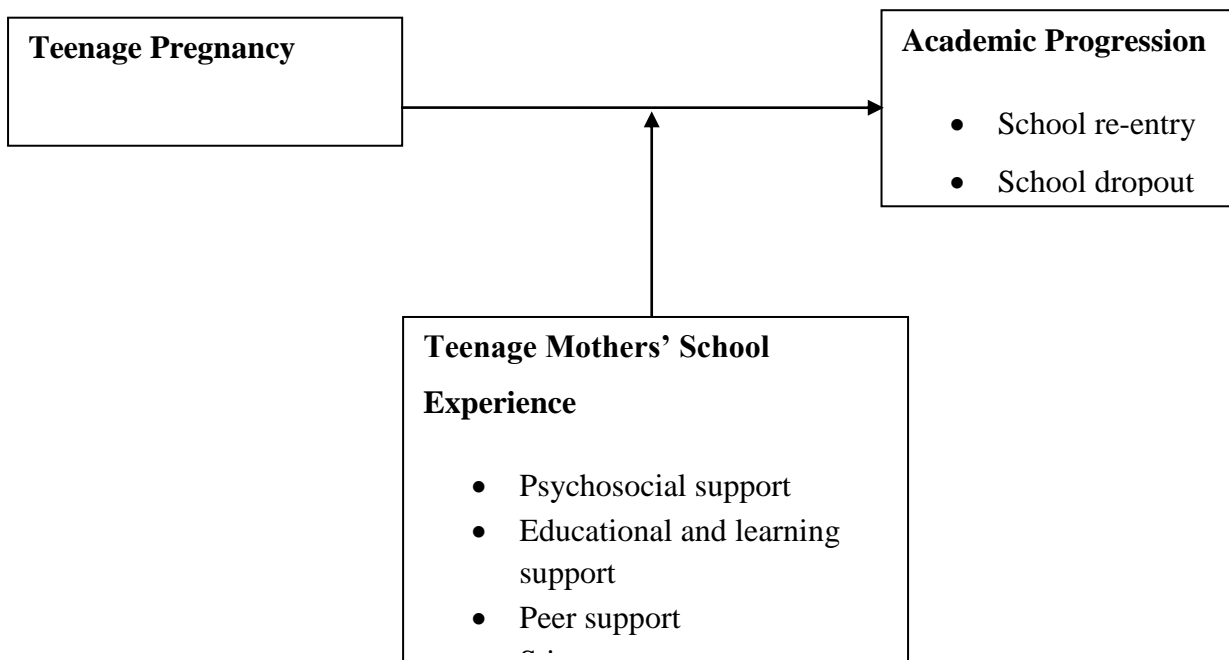
2.4.2 The Social Learning Theory

The study adopted Social Learning Theory developed by Albert Bandura in the 1960s. The theory was originally developed in behavioural psychology to emphasize the social aspect of individual learning by Albert Bandura (Bandura & Walters, 1963). The theory posits that behaviour is the result of “reciprocal determinism” - the continuing interaction between a person, the behaviour of that person, and the environment within which the behaviour is performed. The constant interaction between these factors is such that a change in one has implications for the others. Behaviour can result from the characteristics of a person or an environment, and it can be used to change that person or environment as well. Behaviour is viewed not in isolation, but rather as the outcome of the dynamic interaction of personal and environmental variables.

The two most important variables that Social Learning Theory considers are self-efficacy and modelling. Self-efficacy, or the confidence in one's ability to successfully perform a specific type of action, is considered by Bandura to be the single most important aspect of the sense of self that determines one's effort to change behaviour. Modelling or imitation entails that people learn not only from their own experience but from the actions and reactions of others as well. Other important variables include knowledge, skill, problem-solving, expectations, self-control, emotional coping, perception of the environment, attitudes, beliefs, intent, and motivation. The term “personal variable” refers to an objective notion of all the factors that can affect an individual's behaviour that is physically internal to that individual. “Environmental variables” include observational learning (modelling), reinforcement, family members, peers, friends, opportunities and norms. All the factors that can affect a person's behaviours that are physically external to that person.

Teens imitate behaviour from others in their environment through observational learning. The girls learn issues of sexuality from their environment; teachers, peers, parents, community, media and religion. These are usually known as institutions. The institutions determine what is right and what is wrong. Those who haven't conformed to what is right in the face of the institutions like premarital pregnancy which is common among teenagers will feel out of place, suffer from withdrawal syndrome and may at long last decide to drop out of school. The peers and teachers may also change their attitudes towards pregnant girls because they fail to conform to societal perception. This is likely to further affect the education progression of pregnant teens negatively. The theory will be used to analyse how modelling, reinforcements and failure to conform affects teenage mothers' academic progression.

2.5 Conceptual Framework



Independent variable

Intervening Variable

Dependent Variable

Figure 2.1: Conceptual Framework

According to the framework, teenage pregnancy affects the academic progression of teenage mothers. This can be explained in terms of their school re-entry patterns and dropout rates. The pregnancies can lead to school dropout of teenage mothers hence negatively affecting their academic progression. The framework shows that the experience of teenage mothers,

within the school environment, determines their level of academic progression which is their re-entry pattern and dropout rate. The experiences captured in the study are psychosocial support, educational and learning support peer support, and stigma. The Study relied on this conceptual framework to better understand how the variables relate in the case of Nyatike Sub-County.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the research design, study area, study population and sampling techniques to be employed in picking the study sample size are described. The design and validation of data collection instruments as well as data collection procedures, analysis and presentation and ethical considerations are also described. Research Methodology refers to a systematic way of solving a research problem. It includes; what the study is about, why and where the study is being done, the type of data required, sources of required data, sampling method, data collection and analysis technique (Kothari, 2004). Mugenda and Mugenda (1999) agreed that research methodology is the process of arriving at an effective conclusion to a problem through systematic collection, analysis and interpretation of data. They further show that the purpose of research is to discover new facts, whose correct interpretation can have practical application.

3.2 Study Area

Nyatike Sub-County is in Migori County, South Nyanza region, Kenya. It is the largest Sub-County of Migori County with a population of 144, 625 out of which 69, 2009 are men and 75, 416 are women. The area is 677.7kmsq with 30, 423 households (Kenya National Bureau of Statistics, 2013). Nyatike has a poverty level estimated at 44 %. The place is mainly dependent on small-scale farming, fishing and small-scale trading and mining as the main source of livelihood. The region has a total of 214 schools. Out of the 214 schools, 155 are primary schools and 59 are secondary schools. According to Oduor and Kithuka (2022), one in every four girls in Nyatike Sub- County is expectant or has already begun childbearing. This is higher than the country's average teenage pregnancy rate.

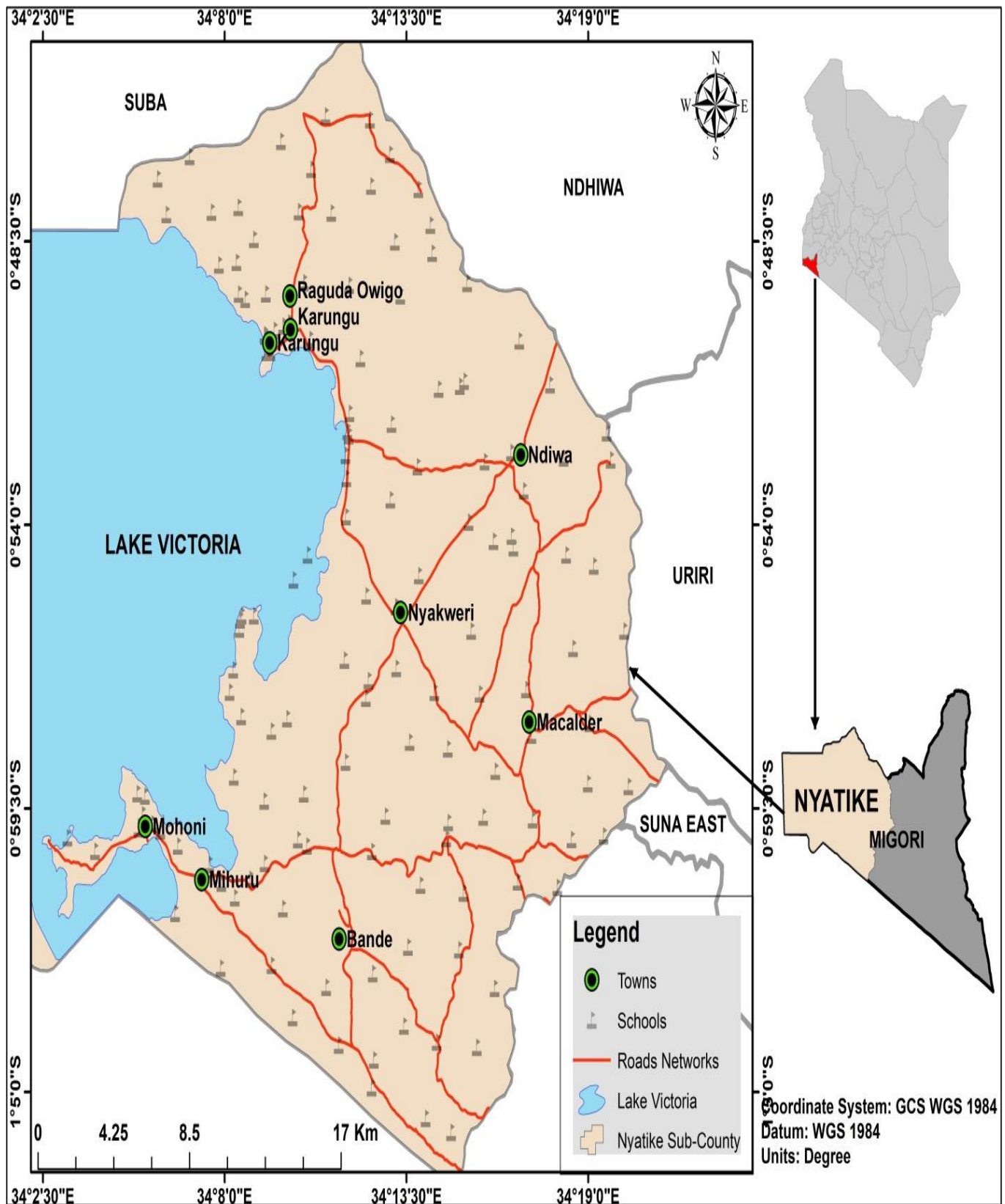


Figure 3.1: Map of Migori County Showing Nyatike Sub-County

Source: Researcher's map generated from Esri Arcgis software with data from WRI, KODI, USGS and other extracted from Earth Observation software.

3.3 Research Design

A descriptive survey design was adopted in conducting this study. This is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals (Orodho, 2003). It is a design that can be used when collecting information about peoples' attitudes, opinions, habits or any of the variety of social issues (Orodho & Kombo, 2002). The survey entails selecting samples to analyse and discover occurrences, qualitatively and quantitatively assess information and make conclusions.

A descriptive survey was the most appropriate design in this research as it targets a wide population of respondents primarily students as well as teachers and school officials within the context of a Sub-County. The study sought to interrogate the issue of teen pregnancy and therefore responses expected were characterized by factors such as attitude, beliefs, behaviour, opinions and values which are best captured through a descriptive survey. A mixed methods research approach was utilized in data collection and analysis to gain the advantage of both quantitative and qualitative data. While quantitative methods enabled analysis of data to support qualitative observations, the qualitative method provided additional analysis to explore the socio-cultural factors affecting teenage mothers' educational outcomes; and; third, it sought to increase the robustness of the empirical findings.

3.4 Study Population

The study population for this research was teenage mothers in Nyatike Sub-County. The girls were picked as respondents because of their status as teenage mothers hence all teenagers who had ever conceived were part of the population. The population comprised the school-going teenage mothers in Nyatike Sub-County schools as well as those who were out of school but previously studied in schools within Nyatike Sub-County. The girls aged 10-19 were picked for the study population because of the higher risks they face during pregnancy and motherhood. Also, most studies on teenage pregnancies have focused on this age group therefore this study is consistent with teenage pregnancy publications. Kenyan medical records on teenage pregnancies focus on girls between 10 and 9 years making this consistent

with the government records on teenage pregnancy and hence easy to be applied in policymakers' and actors' interventions.

3.5 Sampling Procedures and Sample Size

This study employed an approach utilizing both probability sampling and non-probability sampling techniques. While probability sampling is the selection of participants from a population using random procedures, in non-probability sampling some units in the sample are not likely to be selected as others because of deliberate characteristics determined by the researcher. The study employed systematic probability sampling to select the schools to be included in the survey for data collection. This means that schools were directly selected systematically from a sampling frame consisting of all the schools from the Sub- County. Specifically, every K^{th} school was selected from each sampling frame until the right sample size was acquired, where K is 3. The sampling procedure was chosen because Nyatike Sub-County is wide and there was a need to have a representative sample. Also, the procedure ensured that conflict of interests did not ensue where schools; schools were not picked based on interests or known information. The survey made use of two sampling frames, one consisting of primary schools and the other consisting of secondary schools. The first sampling frame consisted of 155 primary schools of which 51 primary schools were selected while the second sampling frame consisted of 59 secondary schools with a sample of 19 chosen for the study.

After sampling schools, purposive non-probability sampling was applied to select individual respondents from a sampling frame consisting of teenage mothers, teachers and school Sub-County Education Officers. The figures for teenage mothers varied from school to school as it depended on the number of teenage mothers in and out of each school, at the time of the study. Teachers were targeted because they are in charge of all pupils and students within the specific schools they are attached to. The study was conducted with one teacher per school. The Sub-County Education Officer was targeted because they are the National Government representatives on matters of education in Sub-Counties. Primary and Secondary school education are functions of the national government. Purposive sampling was relevant because of the nature of the study which required that individuals with specific characteristics be selected as respondents to collect specific relevant data. For example, pregnant girls, and

young mothers who had dropped out of school were more relevant for the survey than boys or other individuals not affected by pregnancy.

3.6 Data Collection Instruments Employed in the Study

Data collection instruments constitute a fundamental component of the research process, as they provide the analytical basis in the quest for answers to a given research problem (Moyo, 2017). They are tools used in a study for fact-finding. The tools are assessed on the extent to which they will assist the researcher to answer the research question, before use. Both the selection of appropriate data collection instruments and delineated instructions for their correct use reduce the likelihood of errors occurring (Kabir, 2016). The instruments include questionnaires, interview guides and observation. In this study, the researcher has used questionnaires, interview guides and desk reviews.

3.6.1 Questionnaires

A questionnaire is a predefined series of questions used to collect information from individuals. Two self-administered questionnaires were designed for data collection; a school-going teen mothers' questionnaire and an out-of-school teen mother's questionnaire. The questionnaires contained three main parts; students' bio-data (Part A); school environments' socio-cultural factors (Part B) and teen mothers' educational outcomes (Part C). Part A was used in collecting data on students' characteristics such as age, current class, and previous experiences of pregnancy among others. Part B contained items on each of the three identified socio-cultural factors: perceptions of stigma, psychosocial support services and peer support. Part C contained items on the teen mothers' educational outcomes based on the indicators identified in the conceptual framework. Questionnaire items in Parts B and C were closed-ended and based on a 5-point Likert scale.

3.6.2 Interview guide

An interview guide is a list of areas to be covered in an interview. It summarizes the content that researchers cover during interviews. This study had two interview guides: a teacher's interview guide and a Sub-County Education Officer interview guide. The guides contained open-ended questions to conduct in-depth interviews.

3.6.3 Desktop study

This instrument is exploited to collect secondary data through reviews of published studies. This was done continuously throughout the study. The desktop study informed the researcher of the existing literature gaps and guided the research objectives and questions.

3.7 Validity and Reliability Test of the Instruments

3.7.1 Validity

The validity of data collection instruments refers to how accurately it measures what it is intended to measure. In the construction of the instrument items, the researcher used simple English language that the respondents could easily understand. Clear and precise items were also constructed to avoid ambiguity. The instruments were peer-reviewed to ensure content and face validity. The supervisors reviewed the items and further ascertained their content and face validity. Feedback from reviewers was factored into the final questionnaires and interview guides.

3.7.2 Reliability

Reliability is the consistency of measurement or stability of measurement over a variety of conditions in which the same results should be obtained (Oluwatayo, 2012). The reliability of a measure ensures consistent measurement cross time and across the various items in the instruments (Hazzi & Maldaon, 2015). Typical methods to estimate test reliability in behavioural research are test-retest reliability, alternative forms, split halves, inter-rater reliability, and internal consistency. This study employed the internal consistency method in estimating the reliability of variable measurement scales. To ensure that the instrument used to collect data measured what it was intended to measure, the questionnaire was pretested in the field through a sample of subjects. Teen mothers in secondary school in Uriri Sub-County with similar characteristics as the study population were used. The number of cases in the pre-test sample was 30. The procedures used were similar to those employed during the main study. Data from the pre-test was used to assess the reliability of the questionnaire items using the Cronbach alpha coefficient. Cronbach's alpha coefficient shows whether the different items in a measurement scale complement each other (Tavakol & Dennick, 2011). The Cronbach's alpha value falls between 0 and 1; the higher the coefficient value of alpha obtained, the higher the reliability. An alpha value of 0.84 was computed suggesting that the instrument items were internally consistent (Hazzi & Maldaon, 2015).

3.8 Data Collection Procedure

Data was collected from sampled schools during normal school days. The researcher administered the questionnaire to the respondents allowed them some time to complete the questionnaire items and collected the filled-in questionnaire immediately. This ensured the maximum return rate for the questionnaire. The filling of the questionnaire was school-based, that is, it was done in each school at a time. The researcher also used open-ended interviews to collect more data from the teachers and the Sub-County Education Officer. The teachers' interviews were school-based and took place on the same days that the questionnaires were administered to teenage mothers in the specific schools. The Sub-County Education Officer's interview, on the other hand, was conducted in the officer's office.

3.9 Ethical Considerations

To ensure participants' protection, the researcher sought a clearance letter from Egerton University Ethical Committee (EUREC) before conducting the research. The EUREC clearance letter was attached to the researcher's application for National Commission for Science, Technology and Innovation (NACOSTI) permit. The researcher attached a copy of the permit when seeking permission to conduct the study from the Education Officer, the Headteachers and the Principals. The researcher sought the ascent of the respondent teenage mothers, and the consent of teachers and the education officers before administering questionnaires and conducting the interviews, respectively. The ascent or consent was sought through signed forms.

The respondents' participation in the research was voluntary. Use of offensive, discriminatory, or other unacceptable language was avoided in the formulation of Questionnaire/Interview/Focus group questions. The highest level of objectivity in discussions and analyses throughout the research was maintained. Privacy and anonymity of respondents remained paramount. The researcher ensured that the participants understood their protection throughout the research and unveil their contacts. The works of other authors used in any part of the thesis were also acknowledged with the use of the APA 7th Edition referencing system. The information derived from this study was protected with passwords and respective files burned in discs to ensure safe custody. The authorised researcher only handled the raw data.

3.10 Data Processing and Analysis

Quantitative data analysis was done using the Statistical Package for Social Sciences (SPSS Version 24) and presented using tables. The coding of questionnaires and observation schedules was done to enable data entry, cleaning and analysis. Qualitative data were analysed thematically using NVivo software. Qualitative data analysis involved establishing the categories and themes, relationships/patterns and conclusions in line with the study objectives.

CHAPTER FOUR RESULTS AND DISCUSSION

4.1 Introduction

In this chapter, results and discussion are presented. The purpose of the study was to examine the Impact of Teenage Pregnancy on Girls' Academic Progression Based on Their Experiences in Nyatike Sub-County, Migori County - Kenya. Data was collected from sixty-nine (69) teachers, three hundred and thirty-four (334) school-going teenage mothers and one hundred (100) out-of-school teenage mothers as shown in Table 4.1. Data was supposed to be collected from 70 schools. However, The Ministry of Education had closed down one of the schools in the sample size (Ndemra Primary School) by the time the data was collected.

Table 4.1: Category of respondents

| Category of respondents | Sub-categories | Frequencies | Percentage |
|-------------------------------|---------------------------|-------------|------------|
| Teacher | Secondary school teachers | 19 | 27.5% |
| | Primary school teachers | 50 | 72.5% |
| | Totals | 69 | 100.0% |
| School-going teenage mothers | Primary | 163 | 48.8% |
| | Secondary | 171 | 51.2% |
| | Totals | 334 | 100.0% |
| Out-of-school teenage mothers | Primary | 51 | 51.0% |
| | Secondary | 49 | 49.0% |
| | Totals | 100 | 100.0% |

4.2 Characteristics of respondents of the study

4.2.1 Age of out-of-school and school-going teen mothers

Age is a key factor that can influence the possibility of getting pregnant. Additionally, a girl's age can influence their ability to seek support such as guidance and counselling and hence related to teenage pregnancy. The knowledge of the most affected ages can also inform the targeted interventions. This study was interested in the age of out-of-school and school-going teen mothers. The results are summarized in Table 4.2.

Table 4.2: Teen mothers' age groups

| Categories of teenage girls | Age group | Frequency | Percentage |
|-----------------------------|-------------|-----------|------------|
| Out-of-school teen mothers | 10-13 years | 19 | 19.0% |
| | 14-16 years | 37 | 37.0% |
| | 17-19 years | 44 | 44.0% |
| | Total | 100 | 100.0% |
| School-going teen mothers | 10-13 years | 59 | 17.7% |
| | 14-16 years | 118 | 35.3% |
| | 17-19 years | 157 | 47.0% |
| | Total | 334 | 100.0% |

The majority of the out-of-school-going teen mothers were aged 17-19 years as represented by 44.0% of the total responses. This was closely followed by 14-16 years who comprised 37.0% of the total responses. About 19.0% of the out-of-school-going teen mothers were aged 10-13 years.

The majority of the school-going teen mothers were aged 17-19 years as represented by 47.0% of the total responses. This was closely followed by 14-16 years who comprised 35.3% of the total responses. About 17.7% were aged 10-13 years.

The results of the study show that the number of teenage mothers is more among the higher age groups. This could be a result of the cumulation of teenage mothers over the girls' education period with new cases added to the number every academic year.

4.2.2 Teacher's Experience (in years)

Teachers' experience does not only influence their ability to deliver learning among students but also their ability to relate to the situation of their students as well as the provision of guidance and counselling services. The teachers who have stayed in the schools longer have a history of teenage mothers hence can tell when they start to change, if they ever do, and offer solutions to their specific needs. This study was interested in the teaching experience that respondents had in their duty stations. The results are summarised in Table 4.3.

Table 4.3 Teacher's Experience (in years)

| Duration | Frequency | Percentage |
|----------|-----------|------------|
| 0-5 | 45 | 65.2% |
| 6-10 | 24 | 34.8% |
| Over 10 | 0 | 0.0% |
| Total | 69 | 100.0% |

The majority of the teachers were involved in the teaching profession in the current school for 0-5 years as represented by 65.2% of the total responses. This was closely followed by 6-10 years who comprised 34.8% of the total responses. None of the teachers had served in the same school for over 10 years. This means that unless the schools and the Education Ministries have a very well-documented history of girls with gender-responsive indicators, the teachers may not understand the underlying impacts of teenage pregnancy on the girls, including the changes in the girls' behaviour as a result of the pregnancies.

4.3 Girls' dropout rate due to teenage pregnancy in Nyatike Sub- County

The prevalence of dropout cases among girls due to teenage pregnancy should be ascertained in a bid to plan how to address the growing problem of girls' education that threatens their future success. This study sought to know the approximate number of pregnancies that the sampled schools recorded annually. The results are summarised in Table 4.4.

Table 4.4: Number of pregnancies that the school record annually

| Numbers of Pregnancies | Frequency | Percentage |
|------------------------|-----------|------------|
| 0-5 | 4 | 5.8% |
| 6-10 | 63 | 91.3% |
| Over 10 | 2 | 2.9% |
| Total | 69 | 100.0% |

The majority of the teachers indicated that the approximate number of pregnancies recorded in the school annually was about 6 – 10 as represented by 91.3% of the total responses. About 5.8% of the sampled teachers indicated that about 0-5 pregnancies are recorded annually in the school. About 2.9% of the teacher indicated that over 10 pregnancies were recorded annually in the school.

The ability of girls to stay in school despite their pregnancy status is a good gesture for sound policies that support girls' education and consequently gender equality. This study sought to know whether girls stayed in school during pregnancy. The results indicate that all the respondents agreed that girls stay in school during pregnancy. The results are summarised in Table 4.5.

Table 4.5: Staying of pregnant girls in school

| Staying of Pregnant girls in School | Frequency | Percentage |
|-------------------------------------|-----------|------------|
| No | 0 | 0.0% |
| Yes | 69 | 100.0% |
| Total | 69 | 100.0% |

None of the sampled teachers indicated that girls did not stay in school during pregnancy.

Period Spent Out of School

Teen mothers' respondents were asked to indicate the extent to which they were out of school due to pregnancy. This information is important because staying out of school for a long period can affect academic performance in that the rest of the students may cover much ground as the teenage mothers stay out hence, they may need to put extra effort to catch up or remain lagging. The results are summarised in Table 4.6.

Table 4.6: Period spent out of school

| Categories of teenage girls | Out-of-school period | Frequency | Percentage |
|-----------------------------|---|-----------|------------|
| Out-of-school teen mothers | Less than 1 year | 37 | 37.0% |
| | 1 to 2 years | 22 | 22.0% |
| | 3 to 5 years | 33 | 33.0% |
| | Over 5 years | 8 | 8.0% |
| | Total | 100 | 100.0% |
| School-going teen mothers | I did not stay out of school because of pregnancy | 58 | 17.4% |
| | Less than 1 year | 114 | 34.1% |
| | 1 to 2 years | 98 | 29.3% |
| | 3 to 5 years | 41 | 12.3% |
| | Over 5 years | 23 | 6.9% |
| | Total | 334 | 100.0% |

The majority of the out-of-school-going teen mothers indicated that they had been out of school for less than 1 year as represented by 37.0% of the total responses. Those who were out of school for 1 – 2 years and 3 - 5 years comprised 22.0% and 33.0% respectively. There were very few school-going teen mothers who had been away from school for more than 5 years.

About 17.4% of the school-going teen mothers indicated that they did not stay out of school because of pregnancy. The majority of the school-going teen mothers indicated that they had paused their education for less than 1 year as represented by 34.1% of the total responses. Those who were out of school for 1 – 2 years comprised 29.3% while only 12.3% were out of school for 3 - 5 years. There were very few school-going teen mothers who had been away from school for more than 5 years.

There was interest to determine at what level of education the teen mothers got expectant. This information is important in informing targeted interventions and informing future studies' focus to understand what attributes to higher pregnancy rates at certain levels and lower at other levels. The results are summarised in Table 4.7.

Table 4.7: Teenage mothers' level of education when you got expectant

| Categories of teenage girls | Education level | Frequency | Percentage |
|-----------------------------|------------------|-----------|------------|
| Out-of-school teen mothers | Primary School | 51 | 51.0% |
| | Secondary School | 49 | 49.0% |
| | Total | 100 | 100.0% |
| School-going teen mothers | Primary School | 163 | 48.8% |
| | Secondary School | 171 | 51.2% |
| | Total | 334 | 100.0% |

The proportion of out-of-school-going teen mothers who got pregnant while they were in primary and secondary schools was approximately the same as represented by 51.0% and 49.0% of the total responses, respectively.

The majority of the respondents indicated that they were in secondary school level when they got pregnant as represented by 51.2% of the total responses. About 48.8% of the school-going teen mothers were in primary school when they got pregnant.

The ability to know at which class girls in primary schools have the greatest risk of getting pregnant is a good step towards preventive measures against teenage pregnancies. The teenage mothers who were in primary school were requested to indicate which class they were in when they got expectant. The results are summarised in Table 4.8.

Table 4.8: Class when pregnancy took place

| Categories of teenage girls | Class | Frequency | Percentage |
|-----------------------------|---------|-----------|------------|
| Out-of-school teen mothers | Class 5 | 1 | 2.0% |
| | Class 6 | 11 | 21.6% |
| | Class 7 | 17 | 33.3% |
| | Class 8 | 22 | 43.1% |
| | Total | 51 | 100.0% |
| School-going teen mothers | Class 5 | 6 | 3.7% |
| | Class 6 | 33 | 20.2% |
| | Class 7 | 49 | 30.1% |
| | Class 8 | 75 | 46.0% |
| | Total | 163 | 100.0% |

The majority of the out-of-school-going teen mothers who dropped out while in primary school indicated that they did so when in class eight as represented by 43.1% of the total responses. About 33.3% and 21.6% of the school-going teen mothers that dropped out while in primary school indicated that they were in class 7 and 6, respectively. Those who were in class five were only 2.0%.

Among those who were in primary school, most (46.0%) confessed that they got pregnant while in class eight (8) and were closely followed by class seven (7) as represented by 30.1% of the responses. A few respondents got pregnant as early as when they were in classes 5 and 6 as represented by 3.7% and 20.2%, respectively.

The ability to know at which class girls in secondary schools have the greatest risk of getting pregnant is a good step towards preventive measures against teenage pregnancies. The teenage mothers who got pregnant while in secondary school were requested to indicate which form they were in when they got expectant. The results are summarised in Table 4.9.

Table 4.9: Secondary school form when pregnancy took place

| Categories of teenage girls | Class | Frequency | Percentage |
|-----------------------------|--------|-----------|------------|
| Out-of-school teen mothers | Form 1 | 10 | 20.4% |
| | Form 2 | 13 | 26.5% |
| | Form 3 | 21 | 42.9% |
| | Form 4 | 5 | 10.2% |
| | Total | 49 | 100.0% |
| School-going teen mothers | Form 1 | 19 | 11.1% |
| | Form 2 | 85 | 49.7% |
| | Form 3 | 46 | 26.9% |
| | Form 4 | 21 | 12.3% |
| | Total | 171 | 100.0% |

The majority of the out-of-school-going teen mothers who dropped out while in secondary school indicated that they did so when in form 3 as represented by 42.9% of the total responses. About 26.5% and 20.4% of the out-of-school-going teen mothers that dropped out

while in secondary school indicated that they were in form 2 and form 3, respectively. Those who were in form 4 were only 10.2%.

Among those who got pregnant while in secondary school, most (49.7%) confessed that they conceived while in form two (2) which was closely followed by form three (3) as represented by 26.9% of the total responses. A few respondents got pregnant while in form one (1) and form four (4) as represented by 11.1% and 12.3%, respectively.

These results are consistent with FAWE (2006) which found that the school dropout rate was becoming a problem affecting all types of students the world over with teenage girls being disproportionately compared with their boys' counterparts. About 75% of girls drop out of school because of pregnancy while 20% of boys drop out of school due to a lack of interest.

The results of this study agree with Eloundou-Enyegue (2004) who in his investigation of the education system in Cameroon found that teenage pregnancies account for 13% of female dropouts in grades 6, 33-41% in grades 7-10 and 4-22% in grades 10-13. Likewise, according to Botswana MDG Report (2010) as well as Molosiwa and Moswela (2012), teenage pregnancy contributed about 31.7% and 2.9% of the secondary and primary schools' dropout rates, respectively. In total, about 57% of school dropouts in Botswana in 2012 were a result of teenage pregnancy. Elsewhere in South Africa, about 72,000 female teenagers missed school in 2005 due to early pregnancies (Begum & Iqbal, 2007). According to the Republic of Kenya (2013), majority of the teenage mothers end up dropping out of school because of various reasons with about 13,000 girls leaving school every year due to pregnancy.

This study was concerned about the age at which the teen mothers were when they first got expectant. This is a good move towards understanding the age at which the greatest efforts should be exerted in fighting against the rising cases of teenage pregnancies. Teenage mothers were requested to indicate how old they were when they first got expectant. The results are summarised in Table 4.10.

Table 4.10: Age at first pregnancy

| Categories of teenage girls | Age brackets | Frequency | Percentage |
|-----------------------------|--------------|-----------|------------|
| Out-of-school teen mothers | 10-13 years | 10 | 10.0% |
| | 14-16 years | 60 | 60.0% |
| | 17-19 years | 30 | 30.0% |
| | Total | 100 | 100.0% |
| School-going teen mothers | 10-13 years | 152 | 18.9% |
| | 14-16 years | 119 | 45.5% |
| | 17-19 years | 63 | 35.6% |
| | Total | 334 | 100.0% |

The majority of the out-of-school-going teen mothers were aged 14-16 years when they got pregnant as represented by 60.0% of the total responses. This was closely followed by 17-19 years who comprised 30.0% of the total responses. About 10.0% were aged 10-13 years when they first got pregnant. On the school-going teen mothers, the majority were aged 14-16 years when they first got pregnant as represented by 45.5% of the total responses. This was closely followed by 17-19 years who comprised 35.6% of the total responses. About 18.9% were aged 10-13 years when they first got pregnant. The age when the teenage mothers first got pregnant was almost consistent between the two groups even though the specific figures were different.

4.4 Pattern of re-entry into the education system of teenage mothers in Nyatike Sub-County, Migori County

This study determined that most schools had policies on teenage pregnancy as summarised in Table 4.11.

Table 4.11: School's possession of policies on teenage pregnancy

| Possession of policy on teenage pregnancy | Frequency | Percentage |
|---|-----------|------------|
| Yes | 68 | 98.6% |
| No | 1 | 1.4% |
| Total | 69 | 100.0% |

About 98.6% of the sampled teachers agreed that the sampled schools had policies on teenage pregnancy. However, a few respondents (1.4%) indicated disagreed that the sampled schools had policies on teenage pregnancy

This study sought to know whether girls were allowed to return to school after delivery. The results are summarised in Table 4.12.

Table 4.12: Schools allowing girls to return after delivery

| Allowing girls to return | Frequency | Percentage |
|--------------------------|-----------|------------|
| No | 1 | 1.4% |
| Yes | 68 | 98.6% |
| Total | 69 | 100.0% |

An overwhelming majority of the teachers (98.6%) agreed with the statement that girls were allowed to return to school after delivery. It was only 1.4% of the sampled teachers disagreed that girls were allowed to return to school after delivery. This is consistent with the provisions in various education policies including the National Guidelines for School Re-Entry in Early Learning and Basic Education (2020).

This study determined that the percentage of teenage girls who return to school after delivery range from few to many as summarised in Table 4.13.

Table 4.13: Percentage of teenage girls who return to school after delivery

| Proportion (percentage) | Frequency | Percentage |
|-------------------------|-----------|------------|
| 0-29 | 1 | 1.4% |
| 30-49 | 3 | 4.3% |
| 50-69 | 8 | 11.6% |
| 70-89 | 38 | 55.1% |
| 90 and above | 19 | 27.5% |
| Total | 69 | 100.0% |

The majority of the sampled teachers cited that the proportion (in %) of girls who return to school after delivery was 70-89 as represented by 55.1% of the total responses. This was closely followed by 90 and above as cited by 27.5% of the total responses. About 11.6% of the teachers cited that the proportion (in %) of girls who return to school after delivery was 50-69. Those who cited a proportion of 30-49% and 0-29% comprised 4.3% and 1.4%, respectively.

Teenage mothers were requested to indicate the extent to which they agreed with a set of statements on school policies on pregnancy. The results are summarised in Table 4.14.

Table 4.14: School Policy on Pregnancy

| Categories of teenage girls | Statements on school policy on teenage pregnancy | SD | D | N | A | SA | Total |
|-----------------------------|---|-------|-------|-------|-------|-------|--------|
| Out of school teen mothers | School policy states that teenage mothers should stay out of school for a specific period of time | 10.0% | 56.0% | 16.0% | 11.0% | 7.0% | 100.0% |
| | School policy does not allow me to continue with my education after pregnancy | 12.0% | 45.0% | 15.0% | 15.0% | 13.0% | 100.0% |
| School going teen mothers | In my school pregnant girls are allowed to stay as long as they want. | 13.5% | 6.9% | 10.8% | 47.6% | 21.3% | 100.0% |
| | In my school learning for expectant girls is disrupted at one point | 5.4% | 4.2% | 17.7% | 56.9% | 15.9% | 100.0% |
| | In my school girls are allowed to resume studies as soon as they want to after delivery | 7.8% | 9.3% | 15.9% | 39.5% | 27.5% | 100.0% |

The majority of the out-of-school teen mothers disagreed with the statement that “I am out of school because the school policy states that teenage mothers should stay out of school for a specific period”. The cumulative proportion of respondents who disagreed with the statement was 66.0% against 18.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 56.0% and 10.0%, respectively while those who agreed and those who strongly agreed comprised 11.0% and 7.0%, respectively. About 16.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “I am out of school because the school policy does not allow me to continue with my education after pregnancy”. The cumulative proportion of respondents who disagreed with the statement was 57.0% against 28.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 45.0% and 12.0%, respectively while those who agreed and those who strongly agreed comprised 15.0% and 13.0%, respectively. About 15.0% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “In my school, pregnant girls are allowed to stay as long as they want”. The cumulative proportion of respondents who agreed with the statement was 68.9% against 20.3% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 47.6% and 21.3%, respectively while those who disagreed and strongly disagreed comprised 6.9% and 13.5%, respectively. About 10.8% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “In my school learning for expectant girls is disrupted at one point (e.g., must leave school to take care of the baby)”. The cumulative proportion of respondents who agreed with the statement was 72.8% against 9.5% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 56.9% and 15.9%, respectively while those who disagreed and strongly disagreed comprised 4.2% and 5.4%, respectively. About 17.7% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “In my school girls are allowed to resume studies as soon as they want to after delivery”. The cumulative proportion of respondents who agreed with the statement was 67% against 17.1% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 39.5% and 27.5%, respectively while those who disagreed and strongly disagreed comprised 9.3% and 7.8%, respectively. About 15.9% of the respondents were neutral.

The National Guidelines for School Re-Entry in Early Learning and Basic Education (2020) states that if a learner is confirmed pregnant at school, the school, the learner and parents/guardians are to sign a committal letter for the pregnant learner to re-enter school six

months after delivery. According to the findings of the study, teenage mothers are not aware of this policy as they indicate that the policies do not have a provision that restricts them from attending school for a specific period.

The study opted to know whether teenage mothers were forced to repeat classes or if they opted to repeat classes. The study was interested in this because repeating a grade and being older than other students in the same grade is significantly correlated with the risk of dropping out as has been captured in the literature review hence impacting teenage mothers' academic progression.

The responses from teachers in this study showed that girls were generally not forced to repeat a class after delivery. The results are summarised in Table 4.15.

Table 4.15: Teachers' responses on whether girls were forced to repeat a class after delivery

| Response | Frequency | Percentage |
|----------|-----------|------------|
| No | 68 | 98.6% |
| Yes | 1 | 1.4% |
| Total | 69 | 100.0% |

This study sought to know whether it was a must for the girls to repeat their classes after delivery. About 98.6% of the sampled teachers agreed that it was not a must for the girls to repeat their classes after delivery. However, about 1.4% of the respondents indicated that it was a must for the girls to repeat their classes after delivery.

At their own will, some teenage mothers opt to repeat classes at the resumption of their studies. The proportion (percentages) of teenage mothers who opted to repeat particular classes was reported as shown in Table 4.16.

Table 4.16: Proportion (percentages) of teenage mothers who opt to repeat classes

| Proportion (percentage) | Frequency | Percentage |
|-------------------------|-----------|------------|
| 0-29 | 43 | 62.3% |
| 30-49 | 12 | 17.4% |

| | | |
|--------------|-----------|---------------|
| 50-69 | 7 | 10.1% |
| 70-89 | 5 | 7.2% |
| 90 and above | 2 | 2.9% |
| Total | 69 | 100.0% |

A majority of the teachers indicated that the percentage of girls who opt to repeat the class is approximately 0-29% as represented by 62.3% of the total responses. This was closely followed by 30%-49% as cited by 17.4% of the total respondents. About 10.1% indicated that the percentage of girls who opt to repeat the class is approximately 50% - 69%. There were very few respondents who indicated a percentage higher than 69%. The girls may opt to repeat classes because staying out of school for at least six months (two academic terms out of three) may mean they are lagging in the syllabus coverage. They may then opt to repeat as the alternative might disenfranchise them further. The provision on the policy for mandatory disengagement of school by teenage mothers shoves women into the private sphere of the household and excludes them from full participation in public life regardless of their emotional and physical status as mentioned in the Feminist Theory. This policy assumes that girls are homogenous hence none of them can multitask the reproductive roles of motherhood with education.

Teenage mothers were requested to indicate whether they were at any point forced to repeat a class due to pregnancy. The results are summarised in Table 4.17.

Table 4.17: Teenage mothers' responses on repeating a class after delivery

| Categories | Statement | SD | D | N | A | SA | Total |
|-------------------------------|--|---------------|--------------|-------------|----------------|---------------|-----------------|
| Out-of-school teen mothers | I was forced to repeat classes as a result of pregnancy or childbirth | 2 (2.0%) | 7 (7.0%) | 7 (7.0%) | 74 (74.0%) | 10 (10.0%) | 100 (100.0%) |
| | I stayed in one level of education longer than I should have because of pregnancy | 10 (10.0%) | 6 (6.0%) | 8 (8.0%) | 60 (60.0%) | 16 (16.0%) | 100 (100.0%) |
| School-going teen mothers | I have been forced to repeat classes as a result of pregnancy or childbirth | 16 (4.8%) | 22 (6.6%) | 8 (2.4%) | 217 (65.0%) | 71 (21.3%) | 334 (100.0%) |

| | | | | | | |
|---|--------------|---------------|---------------|----------------|---------------|-----------------|
| I have stayed in one level of education longer than I should have because of pregnancy | 10 (3.0%) | 55 (16.5%) | 50 (15.0%) | 160 (47.9%) | 59 (17.7%) | 334 (100.0%) |
|---|--------------|---------------|---------------|----------------|---------------|-----------------|

A majority of the out-of-school teen mothers agreed with the statement that 'I was forced to repeat classes as a result of pregnancy or childbirth'. The cumulative proportion of respondents who agreed with the statement was 84.0% against 9.0% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 74.0% and 10.0%, respectively while those who disagreed and strongly disagreed comprised 7.0% and 2.0%, respectively. About 7.0% of the respondents were neutral.

The majority of the out-of-school teen mothers agreed with the statement that 'I stayed in one level of education (primary or secondary) longer than I should have because of pregnancy'. The cumulative proportion of respondents who agreed with the statement was 76.0% against 16.0% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 60.0% and 16.0%, respectively while those who disagreed and strongly disagreed comprised 6.0% and 10.0%, respectively. About 8.0% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that "I have been forced to repeat classes as a result of pregnancy or childbirth". The cumulative proportion of respondents who agreed with the statement was 86.3% against 11.3% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 65% and 21.3%, respectively while those who disagreed and strongly disagreed comprised 6.6% and 4.8%, respectively. About 2.4% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that "I have stayed in one level of education (primary or secondary) longer than I should have because of pregnancy". The cumulative proportion of respondents who agreed with the statement was 65.6% against 19.4% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 47.9% and 17.7%, respectively while those who disagreed and strongly disagreed comprised 16.5% and 3%, respectively. About 15% of the respondents were neutral.

The findings in the above table are consistent with the findings in table 4.16 and may be informed by the re-entry policy provision on mandatory disengagement for at least six months. The results of the study show that teenage mothers, generally, stay in one class or level longer than the other students or pupils as of their motherhood status. This is an issue because according to Grant and Hallman (2006), repeating a grade and being older than other students in the same grade is significantly correlated with the risk of dropping out. This exacerbates the existing gender inequalities and perpetrates gender power relations as indicated in the Feminist Theory.

4.5 Challenges that the teenage mothers experience in Nyatike Sub-County schools

Significant changes in teenage mothers' academic performance were noted. The majority of the teachers attested to the fact that teenage pregnancies contributed to a decline in academic performance.

Table 4.18: Responses on whether there was a change in academic performance due to teenage pregnancies

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 67 | 97.1% |
| No | 2 | 2.9% |
| Total | 69 | 100.0% |

About 97.1% of the sampled teachers agreed that there was a change in teenage mothers' academic performance. A few respondents (2.9%) disagreed with the statement that there was a change in teenage mothers' academic performance. The findings confirm that teenage pregnancy has a direct impact on girls' academic performance.

These findings agree with Van Pelt (2012) who found that teenage pregnancies negatively affected girls' and women's education in the United States where only 50% of teen mothers had a high school diploma compared to 90% of girls who did not have a teen pregnancy. In addition, fewer than 38% of teen girls who had a child before turning 18 earned their high school diploma and less than 2% of teens who had a baby before 18 ever earn a college degree.

School teachers reported that there was behaviour change as a result of teenage pregnancies. The summary of responses on whether teenage mothers recorded behavioural change is presented in Table 4.19.

Table 4.19: Teachers' responses on whether teenage mothers recorded behavioural change

| Response | Frequency | Percentage |
|----------|-----------|------------|
| Yes | 69 | 100.0% |
| No | 0 | 0.0% |
| Total | 69 | 100.0% |

The results reveal that all the sampled teachers agreed that teenage mothers recorded behavioural change. None of the teachers indicated that teenage mothers did not present some level of behavioural change.

The study is consistent with the ideologies of the Social Learning Theory which states that those who haven't conformed to what is right in the face of the institutions like premarital pregnancy, which is common among teenagers, will feel out of place, suffer from withdrawal syndrome and may at long last decide to drop out of school. The behaviour change in the study indicates withdrawal syndrome as a result of the pregnancies.

The study sought to understand how the school environment affected teenage mothers' well-being hence affecting their academic progression. Most teenage mothers agreed that they faced stigma/discrimination as a result of teenage pregnancy. The results are summarised in Table 4.20.

Table 4.20: Perception of stigma

| Categories | Statement | SD | D | N | A | SA | Total |
|----------------------------|---|---------------|---------------|---------------|---------------|---------------|-----------------|
| Out-of-school teen mothers | I have faced discrimination by educators (e.g., ignored and belittled in a class by teachers) | 10 (10.0%) | 10 (10.0%) | 9 (9.0%) | 49 (49.0%) | 22 (22.0%) | 100 (100.0%) |
| | I have faced discrimination by other students (e.g., | 1 (1.0%) | 21 (21.0%) | 19 (19.0%) | 38 (38.0%) | 21 (21.0%) | 100 (100.0%) |

| | | | | | | | |
|------------|-----------------------------|---------|---------|---------|---------|---------|----------|
| | name-calling) | | | | | | |
| | I have faced discrimination | 12 | 8 | 12 | 27 | 41 | 100 |
| | by school support staff | (12.0%) | (8.0%) | (12.0%) | (27.0%) | (41.0%) | (100.0%) |
| School- | I have faced discrimination | 27 | 18 | 23 | 211 | 55 | 334 |
| going teen | by educators (e.g., ignored | (8.1%) | (5.4%) | (6.9%) | (63.2%) | (16.5%) | (100.0%) |
| mothers | and belittled in a class by | | | | | | |
| | teachers) | | | | | | |
| | I have faced discrimination | 13 | 37 | 56 | 177 | 51 | 334 |
| | by other students (e.g., | (3.9%) | (11.1%) | (16.8%) | (53.0%) | (15.3%) | (100.0%) |
| | name-calling) | | | | | | |
| | I have faced discrimination | 23 | 23 | 24 | 122 | 142 | 334 |
| | by school support staff | (6.9%) | (6.9%) | (7.2%) | (36.5%) | (42.5%) | (100.0%) |

The majority of the out-of-school teen mothers agreed with the statement that 'I have faced discrimination by educators (e.g., ignored and belittled in a class by teachers)'. The cumulative proportion of respondents who agreed with the statement was 71.0% against 20.0% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 49.0% and 22.0%, respectively while those who disagreed and strongly disagreed comprised 10.0% and 10.0%, respectively. About 9.0% of the respondents were neutral.

The majority of the out-of-school teen mothers agreed with the statement that 'I have faced discrimination by other students (e.g., name-calling)'. The cumulative proportion of respondents who agreed with the statement was 59.0% against 22.0% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 38.0% and 21.0% respectively, while those who disagreed and strongly disagreed comprised 21.0% and 1.0%, respectively. About 19.0% of the respondents were neutral.

The majority of the out-of-school teen mothers agreed with the statement that 'I have faced discrimination by school support staff '. The cumulative proportion of respondents who agreed with the statement was 68.0% against 20.0% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 27.0% and 41.0%, respectively while those who disagreed and strongly disagreed comprised 8.0% and 12.0%, respectively. About 12.0% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “I have faced discrimination by educators (e.g ignored and belittled in a class by teachers)”. The cumulative proportion of respondents who agreed with the statement was 79.7% against 13.4% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 63.2% and 16.5%, respectively while those who disagreed and strongly disagreed comprised 5.4% and 8.1%, respectively. About 6.9% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “I have faced discrimination by other students (e.g., name-calling)”. The cumulative proportion of respondents who agreed with the statement was 68.3% against 14.9% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 53% and 15.3%, respectively while those who disagreed and strongly disagreed comprised 11.1% and 3.9%, respectively. About 16.8% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “I have faced discrimination by school support staff”. The cumulative proportion of respondents who agreed with the statement was 79% against 13.8% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 36.5% and 42.5% respectively, while those who disagreed and strongly disagreed comprised 6.9% and 6.9%, respectively. About 7.2% of the respondents were neutral.

This study agrees with Bhana *et al.* (2010) who found that the stigma that teenage mothers experience from some of the teachers slows them down and put them in a cocoon where they are judged. This affects them both physically and emotionally. Some teachers regard the presence of teen mothers in their classrooms as a threat to the overall academic performance of the class since they question the ability of teenage mothers to cope with the school’s academic demands. Likewise, Shawn (2012) stated that teen mothers receive inappropriate comments and behaviour from teachers and such negative comments hinder their smooth integration forcing them to give up on their schooling.

The findings are consistent with the ideologies of Social Learning Theory which posits that behaviour is the result of “reciprocal determinism” - the continuing interaction between a

person, the behaviour of that person, and the environment within which the behaviour is performed. The discrimination of teenage mothers within the school environment explains their behaviour change as was indicated in the previous table. According to the findings, the existing policies on education and non-discrimination are not being implemented within the school environment, when it comes to teenage pregnancy. Teenage mothers are still facing discrimination within schools due to their status.

Respondents were requested to indicate the extent to which they received social and psychological support by responding to a set of statements. The results are summarised in Table 4.21.

Table 4.21: Social and psychological support

| Categories | Statement | SD | D | N | A | SA | Total |
|----------------------------|---|---------------|----------------|---------------|---------------|---------------|-----------------|
| Out-of-school teen mothers | My last school had a policy on school-going mothers | 18 (18.0%) | 23 (23.0%) | 38 (38.0%) | 15 (15.0%) | 6 (6.0%) | 100 (100.0%) |
| | My last school had a nurse to take care of expectant schoolgirls | 7 (7.0%) | 49 (49.0%) | 26 (26.0%) | 9 (9.0%) | 9 (9.0%) | 100 (100.0%) |
| | A school counsellor was available to provide support to expectant girls | 25 (25.0%) | 45 (45.0%) | 11 (11.0%) | 12 (12.0%) | 7 (7.0%) | 100 (100.0%) |
| | My school provided special support (e.g., nutrition) for pregnant schoolgirls | 35 (35.0%) | 34 (34.0%) | 9 (9.0%) | 9 (9.0%) | 13 (13.0%) | 100 (100.0%) |
| School-going teen mothers | My school has a policy taking care of school-going mothers | 59 (17.7%) | 173 (51.8%) | 59 (17.7%) | 18 (5.4%) | 25 (7.5%) | 334 (100.0%) |
| | There is a school nurse to take care of expectant schoolgirls | 43 (12.9%) | 201 (60.2%) | 51 (15.3%) | 25 (7.5%) | 14 (4.2%) | 334 (100.0%) |
| | A school counsellor is | 71 (21.3%) | 162 (48.5%) | 38 (11.4%) | 39 (11.7%) | 24 (7.2%) | 334 (100.0%) |

| | | | | | | |
|---|----------------|----------------|--------------|--------------|--------------|-----------------|
| available to provide support to expectant girls | | | | | | |
| My school provided special support (e.g., nutrition) for pregnant schoolgirls | 117 (35.0%) | 157 (47.0%) | 25 (7.5%) | 23 (6.9%) | 12 (3.6%) | 334 (100.0%) |

A majority of the out-of-school teen mothers disagreed with the statement that “My last school had a policy taking care of school-going mothers”. The cumulative proportion of respondents who disagreed with the statement was 41.0% against 21.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 23.0% and 18.0%, respectively while those who agreed and those who strongly agreed comprised 15.0% and 6.0%, respectively. About 38.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “There was a school nurse available in my school taking care of expectant school girls (e.g., to advise pregnant schoolgirls on pregnancy issues)”. The cumulative proportion of respondents who disagreed with the statement was 56.0% against 18.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 49.0% and 7.0%, respectively while those who agreed and those who strongly agreed comprised 9.0% and 9.0%, respectively. About 26.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “A school counsellor was available to provide support to expectant girls (e.g., to help pregnant girls with emotional problems)”. The cumulative proportion of respondents who disagreed with the statement was 70.0% against 19.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 45.0% and 25.0%, respectively while those who agreed and those who strongly agreed comprised 12.0% and 7.0%, respectively. About 11.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “My school provided special support for pregnant schoolgirls (e.g., nutritional food at school)”. The cumulative proportion of respondents who disagreed with the statement was 69.0% against

22.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 34.0% and 35.0%, respectively while those who agreed and those who strongly agreed comprised 9.0% and 13.0%, respectively. About 9.0% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “My school has a policy taking care of school-going mothers”. The cumulative proportion of respondents who disagreed with the statement was 69.5% against 12.8% who agreed. Specifically, those who disagreed and strongly disagreed comprised 51.8% and 17.7%, respectively while those who agreed and those who strongly agreed comprised 5.4% and 7.5%, respectively. About 17.7% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “There is a school nurse in my school taking care of expectant school girls (e.g., to advise pregnant schoolgirls on pregnancy issues)”. The cumulative proportion of respondents who disagreed with the statement was 73.1% against 11.6% who agreed. Specifically, those who disagreed and strongly disagreed comprised 60.2% and 12.9%, respectively while those who agreed and those who strongly agreed comprised 7.5% and 4.2%, respectively. About 15.3% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “A school counsellor is available to provide support to expectant girls (e.g., to help pregnant girls with emotional problems)”. The cumulative proportion of respondents who disagreed with the statement was 69.8% against 18.8% who agreed. Specifically, those who disagreed and strongly disagreed comprised 48.5% and 21.3%, respectively while those who agreed and those who strongly agreed comprised 11.7% and 7.2%, respectively. About 11.4% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “My school provides special support for pregnant schoolgirls (e.g., nutritional food at school)”. The cumulative proportion of respondents who disagreed with the statement was 82% against 10.5% who agreed. Specifically, those who disagreed and strongly disagreed comprised 47% and 35%, respectively while those who agreed and those who strongly agreed comprised 6.9% and 3.6%, respectively. About 7.5% of the respondents were neutral.

Some of the education policies emphasise the need for counselling of the affected school girls, their parents and other girls. They note that this is important because teenage mothers may face psychological and emotional trauma as they are possible victims of stigmatizing discourses and practices. However, based on the findings of the study, there are no functional mechanisms within schools to ensure that teenage mothers get psychosocial support.

Respondents were requested to indicate the extent to which they received education and learning support by responding to a set of statements. The results are summarised in Table 4.22.

Table 4.22: Education and learning support

| Categories | Statement | SD | D | N | A | SA | Total |
|----------------------------|---|---------------|----------------|---------------|---------------|---------------|-----------------|
| Out-of-school teen mothers | Expectant girls were provided with educational support | 20 (20.0%) | 51 (51.0%) | 9 (9.0%) | 14 (14.0%) | 6 (6.0%) | 100 (100.0%) |
| | My school provided special facilities for pregnant schoolgirls | 14 (14.0%) | 56 (56.0%) | 23 (23.0%) | 6 (6.0%) | 1 (1.0%) | 100 (100.0%) |
| | Teachers in my school were understanding of my situation | 28 (28.0%) | 39 (39.0%) | 13 (13.0%) | 9 (9.0%) | 11 (11.0%) | 100 (100.0%) |
| School-going teen mothers | Teachers in my school provide educational support for expectant girls | 72 (21.6%) | 167 (50.0%) | 28 (8.4%) | 47 (14.1%) | 20 (6.0%) | 334 (100.0%) |
| | My school provides special facilities for pregnant schoolgirls | 85 (25.4%) | 164 (49.1%) | 56 (16.8%) | 13 (3.9%) | 16 (4.8%) | 334 (100.0%) |
| | Teachers in my school are understanding of my situation | 53 (15.9%) | 138 (41.3%) | 63 (18.9%) | 44 (13.2%) | 36 (10.8%) | 334 (100.0%) |

The majority of the out-of-school teen mothers disagreed with the statement that “Teachers in my school provided educational support for expectant girls (e.g extension of time for submission of work)”. The cumulative proportion of respondents who disagreed with the statement was 71.0% against 20.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 51.0% and 20.0%, respectively while those who agreed and

those who strongly agreed comprised 14.0% and 6.0%, respectively. About 9.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “My school provided special facilities for pregnant schoolgirls (e.g., nursing room)”. The cumulative proportion of respondents who disagreed with the statement was 70.0% against 7.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 56.0% and 14.0%, respectively while those who agreed and those who strongly agreed comprised 6.0% and 1.0%, respectively. About 23.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “Teachers in my school were understanding of my situation (e.g., they expected me to perform and behave a little differently from the other learners depending on my circumstance)”. The cumulative proportion of respondents who disagreed with the statement was 67.0% against 20.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 39.0% and 28.0%, respectively while those who agreed and those who strongly agreed comprised 9.0% and 11.0%, respectively. About 13.0% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “Teachers in my school provide educational support for expectant girls (e.g extension of time for submission of work)”. The cumulative proportion of respondents who disagreed with the statement was 71.6% against 20% who agreed. Specifically, those who disagreed and strongly disagreed comprised 50% and 21.6%, respectively while those who agreed and those who strongly agreed comprised 14.1% and 6%, respectively. About 8.4% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “My school provides special facilities for pregnant schoolgirls (e.g., nursing room)”. The cumulative proportion of respondents who disagreed with the statement was 74.5% against 8.7% who agreed. Specifically, those who disagreed and strongly disagreed comprised 49.1% and 25.4%, respectively while those who agreed and those who strongly agreed comprised 3.9% and 4.8%, respectively. About 16.8% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “Teachers in my school are understanding of my situation (e.g., they expected me to perform and behave a little different from the other learners depending on my circumstance)”. The cumulative proportion of respondents who disagreed with the statement was 57.2% against 23.9% who agreed. Specifically, those who disagreed and strongly disagreed comprised 41.3% and 15.9%, respectively while those who agreed and those who strongly agreed comprised 13.2% and 10.8%, respectively. About 18.9% of the respondents were neutral.

Respondents were requested to indicate the extent to which they received peer support by responding to a set of statements. The results are summarised in Table 4.23.

Table 4.23: Peer support

| Categories | Statement | SD | D | N | A | SA | Total |
|------------------------------|--|---------------|----------------|----------------|----------------|---------------|-----------------|
| Out-of - school teen mothers | Students provided support with education materials (for the lessons missed) | 28 (28.0%) | 29 (29.0%) | 15 (15.0%) | 15 (15.0%) | 13 (13.0%) | 100 (100.0%) |
| | Student leaders understood that the pregnant schoolgirls may not be able to engage in some physical activities in the school | 20 (20.0%) | 39 (39.0%) | 16 (16.0%) | 14 (14.0%) | 11 (11.0%) | 100 (100.0%) |
| School-going-teen mothers | 4.1 Students provide support with education materials (for the lessons missed) | 45 (13.5%) | 28 (8.4%) | 12 (3.6%) | 173 (51.8%) | 76 (22.8%) | 334 (100.0%) |
| | 4.2 Student leaders understand that the pregnant schoolgirls may not be able to engage in some physical activities in the school | 28 (8.4%) | 123 (36.8%) | 116 (34.7%) | 24 (7.2%) | 43 (12.9%) | 334 (100.0%) |

The majority of the out-of-school teen mothers disagreed with the statement that “Students are provided support with education materials (for the lessons missed)”. The cumulative proportion of respondents who disagreed with the statement was 57.0% against 28.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 29.0% and

28.0%, respectively while those who agreed and those who strongly agreed comprised 15.0% and 13.0%, respectively. About 15.0% of the respondents were neutral.

The majority of the out-of-school teen mothers disagreed with the statement that “Student leaders understood that the pregnant schoolgirls may not be able to engage in some physical activities in the school”. The cumulative proportion of respondents who disagreed with the statement was 59.0% against 25.0% who agreed. Specifically, those who disagreed and strongly disagreed comprised 39.0% and 20.0%, respectively while those who agreed and those who strongly agreed comprised 14.0% and 11.0%, respectively. About 16.0% of the respondents were neutral.

The majority of the school-going teen mothers agreed with the statement that “Students provide support with education materials (for the lessons missed)”. The cumulative proportion of respondents who agreed with the statement was 74.6% against 21.8% who disagreed. Specifically, those who agreed and those who strongly agreed comprised 51.8% and 22.8%, respectively while those who disagreed and strongly disagreed comprised 8.4% and 13.5%, respectively. About 3.6% of the respondents were neutral.

The majority of the school-going teen mothers disagreed with the statement that “Student leaders understand that the pregnant schoolgirls may not be able to engage in some physical activities in the school”. The cumulative proportion of respondents who disagreed with the statement was 45.2% against 20.1% who agreed. Specifically, those who disagreed and strongly disagreed comprised 36.8% and 8.4%, respectively while those who agreed and those who strongly agreed comprised 7.2% and 12.9%, respectively. About 34.7% of the respondents were neutral.

This study agrees with Chigona and Chetty (2007) who found that schools often lack the necessary support system for teenage mothers. This makes the lives of the girls to be more difficult and leads to their disaffection in school. As a result of the lack of support, teenage mothers may opt to drop out of school. Those who stay in school may register poor academic performance.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter highlights the summary of key findings in this study. It also outlines the study conclusions and recommendations. Some of the suggestions for further research are also included.

5.1 Summary of findings

The majority of the out-of-school-going and school-going teen mothers were aged 17-19 years as represented by 44.0% and 47.0% of the total responses, respectively. The majority of the teachers were involved in the teaching profession in their current school for 0-5 years as represented by 65.2% of the total responses.

The approximate number of pregnancies recorded in the school annually was about 0-5 as represented by 94.2% of the total responses. None of the sampled teachers indicated that girls could not stay in school during pregnancy. The majority of the out-of-school and school-going teen mothers indicated that they had been out of school for less than 1 year as represented by 37.0% and 34.1% of the total responses, respectively. About 17.4% of school-going teen mothers indicated that they did not stay out of school because of pregnancy. The proportion of out-of-school-going teen mothers who got pregnant while they were in primary and secondary schools was approximately the same as represented by 51.0% and 49.0% of the total responses, respectively. Most of the out-of-school and school-going teen mothers who dropped out of school while in primary school indicated that they did so when in class eight as represented by 43.1% and 46.0% of the total responses, respectively. Most of the out-of-school and school-going teen mothers who dropped out of school while in secondary school indicated that they did so when in form 3 (42.9%) and form 2 (49.7%), respectively. The majority of the out-of-school and school-going teen mothers were aged 14-16 years (60.0%) and 10-13 years (45.5%), respectively when they got pregnant.

This study determined that most schools had policies on teenage pregnancy. An overwhelming majority of the teachers (98.6%) agreed that girls were allowed to return to school after delivery. The majority of the sampled teachers cited that the proportion (in %) of girls who return to school after delivery was 70-89 as represented by 55.1% of the total

responses. The majority of the teenage mothers who were out of school indicated that it was not due to school policies that they were out of school.

The responses from teachers in this study showed that girls were generally not forced to repeat a class after delivery. At their own will, some teenage mothers opt to repeat classes at the resumption of their studies. Most teachers indicated that the proportion (percentages) of teenage mothers who opted to repeat particular classes was between 0 –29 as represented by 62.3% of the total responses.

The majority of the teachers (97.1%) attested to the fact that teenage pregnancies contributed to changes in performance. All the school teachers also reported that there was behaviour change as a result of teenage pregnancies. A majority of teenage mothers agreed that they faced stigma/discrimination as a result of teenage pregnancy. The majority of the out-of-school and school-going teen mothers agreed with the statements: I have faced discrimination by educators (e.g., ignored and belittled in a class by teachers); I have faced discrimination by other students (e.g., name-calling); and, I have faced discrimination by school support staff. The majority of school and school-going teen mothers indicated that they did not receive social and psychological support when they got pregnant. Specifically, the majority of school teen mothers disagreed with the statements: My school had a policy taking care of school-going mothers; there was a school nurse who took care of expectant school girls in my school; a school counsellor was available to provide support to expectant girls; and, my school provided special support for pregnant schoolgirls. Likewise, the majority of school-going teen mothers disagreed with the statement: My school has a policy taking care of school-going mothers; there is a school nurse is available in my school; a school counsellor is available to provide support to expectant girls; and, my school provides special support for pregnant schoolgirls (e.g., nutritional food at school).

There was little or no education and learning support for teenage mothers. Generally, most out-of-school teen mothers disagreed with the statements: teachers in my school provided educational support for expectant girls; my school provided special facilities for pregnant schoolgirls; teachers in my school were understanding of my situation. Likewise, the majority of school-going teen mothers also disagreed with the statements: Teachers in my school provide educational support for expectant girls; my school provides special facilities for

pregnant schoolgirls; and, teachers in my school are understanding of my situation. There was little or no peer support for teenage mothers. Most of the out-of-school and school-going teen mothers disagreed with the statement that “Students provided support with education materials (for the lessons missed)” and “Student leaders understood that the pregnant schoolgirls may not be able to engage in some physical activities in the school”.

5.3 Conclusions

Teenage pregnancies continue to be reported in most schools (about 0-5 cases per school annually). It is a good thing that girls are allowed to stay in school during pregnancy. The fact that girls are encouraged to resume their studies even after pregnancy contributes to less dropout rates. Those who temporarily pause schooling do so for less than 1 year while some even do not stay out of school due to pregnancy. There are however worrying cases of girls who get pregnant both in primary and secondary schools each year. The majority of pregnancy cases were reported to have taken place while the girls were in class eight (primary school) and form 2 and 3 (secondary school). The majority of the out-of-school and school-going teen mothers get pregnant when aged 14-16 years and 10-13 years, respectively.

Most schools have policies on teenage pregnancy in place. Teenage girls are allowed to return to school after delivery. This accounts for a huge number of teenage girls who return to school after delivery (70%-89%). Teenage mothers who are out of school are in a situation not contributed by school policies but through other factors. The majority of the girls who returned to school opted to repeat classes. This might be attributed to the National Guidelines for School Re-Entry in Early Learning and Basic Education which requires girls to stay out of school for a specific period.

Teen mothers (both the school-going and out of school-going) face the challenge of low academic performance and negative behaviour change as a result of teenage pregnancies. Most teenage mothers also face stigma/discrimination. Most out-of-school and school-going teen mothers do not receive social and psychological support when pregnant. There is little or no education and learning support for teenage mothers. Likewise, there was little or no peer support for teenage mothers.

5.4 Recommendations

Here are the recommendations based on the study findings;

- i) Campaigns and sensitization against teenage pregnancies should be more in class eight (primary school) and form 2 and 3 (secondary school).
- ii) To reduce dropout cases among teenage girls, teenage mothers should be encouraged to resume their studies as soon as they can and they should be supported in this.
- iii) School policies on teenage pregnancies should be well communicated to students and pupils. Though most schools have policies on teenage pregnancy in place, the specific provisions of the policies are not known to most pupils and students as was indicated in the findings.
- iv) The relevant stakeholders like government officials, the Civil Society organisation, Development Partners and Religious Organisations should sensitize pupils, students and students on the need to be supportive of teenage mothers hence reversing the stigma/discrimination that teenage mothers face in schools.
- v) The government should ensure there are measures for accessible psychosocial support are in place within the schools. This includes an accessible and trained counsellor. This will be an implementation mechanism for some of the education policies including National Guidelines for School Re-Entry in Early Learning and Basic Education (2020).

5.5 Suggestions for further research

This study examined the Impact of Teenage Pregnancy on Girls' Academic Progression Based on Their Experiences in Nyatike Sub-County, Migori County - Kenya. This study was not exhaustive. The following additional areas are recommended for further research:

- i) A country-wide (broader study) to determine the possibilities of differences in the impact of teenage pregnancy on girls' academic transition across Kenyan regions.
- ii) A study of the effectiveness of selected strategies in combating teenage pregnancies in primary and secondary school
- iii) A detailed study on how teenage mothers can be supported in their academic progress despite the additional roles and responsibilities that come with teenage motherhood.
- iv) A study on the possible causes of higher teenage pregnancies in class eight and form two and three, and possible effective intervention to reverse this within Nyatike Sub-County.

- v) A detailed study on the pupils' and students' knowledge of education provision with a focus on National Guidelines for School Re-Entry in Early Learning and Basic Education (2020), their implementation and effectiveness in promoting gender equality and equity.

References

- Alzate, M. (2021, September 13). *How Does Gender Impact Teen Pregnancy?* Retrieved October 9, 2022, from The Texas Campaign: <https://txcampaign.org/how-does-gender-impact-teen-pregnancy/>
- Association of Women Educators. (2006). *Brave Little Bear: Teenage Pregnancy and Education*. AWE Australia.
- Awuor, T. A. (2018). *Parental Involvement in Teenage Pregnancy Prevention in Kenya: A Study of Nyatike Sub-County, Migori county* (Doctoral dissertation). <http://41.89.203.227/bitstream/handle/123456789/1680/TABITHA%20AWUOR%20THESIS.pdf?sequence=1&isAllowed=y>
- Bandura, A., & Walters, R.H. (1963). *Social learning and personality development*. Holt Rinehart and Winston: New York. <https://psycnet.apa.org/record/1963-35030-000>
- Basch, C. E. (2011). Teen pregnancy and the achievement gap among urban minority youth. *Journal of School Health*, 81(10), 614-618. <https://doi.org/10.1111/j.1746-1561.2011.00635.x>
- Begum, Z., & Iqbal, A. (2007). Socioeconomic Status of Girls' Students and their drop-out rate at primary level in Kohat Pakistan. *European Journal of Social Sciences*, 20(2), 348-356. https://www.researchgate.net/publication/289241033_Socioeconomic_status_of_the_girl_students_and_their_dropout_rate_at_primary_level_in_FR_Kohat_FATA-Pakistan
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South African Teachers' Responses to Teenage Pregnancy and Teenage Mothers in Schools. *Culture, Health & Sexuality*, 12(8), 871-883. <https://doi.org/10.1080/13691058.2010.500398>
- Bongani, M. I. (2014). *Investigating The Causes of Learner Dropout at Secondary Schools in Johannesburg South, Gauteng*. University of South Africa. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=5abe6ff60ed031565a47717392e8027a293e335b>
- Brown, G. (2010). The Intersectionality of Race, Gender, and Re-entry: Challenges for African-American women. *Issue Brief. Washington, DC: American Constitution Society*.
- Budig, M., & Jones, K. (2008). Feminist Theory. In *Encyclopedia of Social Problems*. Sage.

- Canals, L. (2017). Instruments for Gathering Data. Research-publishing. net. La Grange des Noyes, 25110 Voillans, France. *Qualitative Approaches to Research on Plurilingual Education*, 390-401. <https://files.eric.ed.gov/fulltext/ED573582.pdf>
- Chaaban, J., & Cunningham, W. (2011). Measuring the economic gain of investing in girls: the girl effect dividend. *World Bank Policy Research Working Paper*, (5753). <https://ssrn.com/abstract=1907071>
- Charles, O. (2014). *School Based Factors Influencing Girls' Completion of Primary Education in Migori District of Migori County, Kenya*. University of Nairobi.
- Chalasanani, S., Kelly, C. A., Mensch, B. S., & Soler-Hampejsek, E. (2012). Adolescent pregnancy and Education Trajectories in Malawi. *Pregnancy and Education, Extended A*, 21. https://iussp.org/sites/default/files/event_call_for_papers/IUSSP%202013_PregEduc_31Oct2012_SUBMIT.pdf
- Chigona, A., & Chetty, R. (2007). Girls' education in South Africa: Special consideration to teen mothers as learners. *Journal of Education for International Development*, 3(1), 1-17. <https://www.researchgate.net/publication/242289661>
- Chigona, A., & Chetty, R. (2008). Teen Mothers and Schooling: Lacunae and Challenges. *South African Journal of Education*, 28(2), 261-281. <https://hdl.handle.net/10520/EJC32158>
- Crossman, A. (2017). Feminist theory in sociology: An Overview of Key Ideas and Issues. *Science, Tech, Math > Social Sciences*. <https://www.thoughtco.com/feminist-theory-3026624>
- CSA Kenya. (2022, October 12). *Migori County*. Adolescent Sexual and Reproductive Health Fact Sheet Retrieved from Centre for the Study of Adolescence: <https://www.csakenya.org/wp-content/uploads/2021/02/MIGORI-COUNTY.pdf>
- Dehlendorf, C., Marchi, K., Vittinghoff, E., & Braveman, P. (2010). Sociocultural determinants of teenage childbearing among Latinas in California. *Maternal and Child Health Journal*, 14(2), 194-201. <https://link.springer.com/article/10.1007/s10995-009-0443-8>
- Eloundou-Enyegue, P. M. (2004). Pregnancy-related Dropouts and Gender Inequality in Education: A Life-table Approach and Application to Cameroon. *Demography*, 41(3), 509-528. <https://doi.org/10.1353/dem.2004.0021>

- Faith to Action Network. (2016). *Teenage Pregnancy in Kenya's Kilifi County. A Quantitative Study*. Nairobi: Faith to Action Network. Retrieved from Faith to Action Network: <https://www.faithtoactionnetwork.org/resources/pdf/Kenya-Kilifi%20County%20Teenage%20Pregnancy%20Report.pdf>
- FAWE News. (2006). *Closing the Gender Gap in Education Curbing Drop out*. Nairobi: FAWE.
- Gender Equality Toolbox. (n.d.). *Agency*. Retrieved from Gender Equality Toolbox.
- Gillham, B. (1997). *The Facts about Teenage Pregnancies*. A&C Black. Retrieved from Abc Books: <http://www.abcbooks.com/sm-search-0304336149-facts-about-teenage-w/0304336149.html-3k>.
- Grant, M. J., & Hallman, K. K. (2008). Pregnancy-related school dropout and prior school performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 39(4), 369-382. <https://doi.org/10.1111/j.1728-4465.2008.00181.x>
- Gyan, C. (2013). The effects of teenage pregnancy on the educational attainment of girls at Chorkor, a suburb of Accra. *Journal of Educational and Social Research*, 3(3), 53-60. <https://doi:10.5901/jesr.2013.v4n3p53>
- Hazzi, O., & Maldaon, I. (2015). A pilot study: Vital methodological issues. *Business: Theory and Practice*, 16(1), 53-62. <https://doi.org/10.3846/btp.2015.437>
- Hill, A. (2011). *Hope and Ambition at the School for Teenage Mothers*. Retrieved June 13th, 2018, from The Guardian: <https://www.theguardian.com/society/2011/apr/19/youngpeople-schools>
- Hoffman, S. D. (2006). *By the numbers: The Public Costs of Teen Childbearing*. National Campaign to Prevent Teen Pregnancy. Retrieved national campaign.org: http://thenationalcampaign.org/sites/default/files/resource-primary-download/btn_national_report.pdf
- Human Rights Watch. (2018, June 14). *Leave No Girl Behind in Africa. Discrimination in Education against Pregnant Girls and Adolescent Mothers*. Retrieved October 12, 2022, from Human Rights Watch: <https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and>
- Kabir, S. M. S. (2016). Basic guidelines for research: An introductory approach for all disciplines. *Book Zone Publication*, 4(2), 168-180. https://www.researchgate.net/profile/Syed-Muhammad-Kabir/publication/325390597_BASIC_GUIDELINES_FOR_RESEARCH_An_Introd

[uctory Approach for All Disciplines/links/5b0a89094585157f8719626c/BASIC-GUIDELINES-FOR-RESEARCH-An-Introductory-Approach-for-All-Disciplines.pdf](https://www.aambc.edu.et/links/5b0a89094585157f8719626c/BASIC-GUIDELINES-FOR-RESEARCH-An-Introductory-Approach-for-All-Disciplines.pdf)

- Kothari, C. R. (2004). *Research Methodology: Methods and Techniques*. New Delhi: New Age International (P) Ltd., Publishers.
[http://lms.aambc.edu.et:8080/xmlui/bitstream/handle/123456789/142/Research%20Methodology%20Methods%20and%20Techniques%20by%20C.R.%20Kothari%20\(z-lib.org\).pdf?sequence=1](http://lms.aambc.edu.et:8080/xmlui/bitstream/handle/123456789/142/Research%20Methodology%20Methods%20and%20Techniques%20by%20C.R.%20Kothari%20(z-lib.org).pdf?sequence=1)
- Kadi, J. L. (2017, November). *Adequacy of School Mechanisms in the Socialization of Teen Mothers in Secondary Schools: A Case of Trans-Nzoia West Sub-County, Trans-Nzoia County, Kenya*. Retrieved from Moi University:
<http://ir.mu.ac.ke:8080/xmlui/bitstream/handle/123456789/786/JUMBA%20Nov.%202017%20final.pdf?sequence=1&isAllowed=y>
- KNBS. (2013). *Kenya Nyanza Province. Multiple Indicator Cluster Survey*. Nairobi: Government Press.
- KNBS. (2018). *Kenya Demographic and Health Survey 2018*. Retrieved July 11th, 2018, from Kenya National Bureau of Statistics: www.knbs.or.ke.
- Loaiza, E., & Liang, M. (2013). *Adolescent pregnancy: A Review of the Evidence*. Unfpa.
http://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf
- Macro, K. (2010). *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- Maluli, F., & Bali, T. (2014). Exploring experiences of pregnant and mothering secondary school students in Tanzania. *Research on Humanities and Social Sciences*, 4(1), 80-88.
https://www.academia.edu/download/34228607/Exploring_Experiences_of_Pregnant_and_Mothering_Secondary_School_Students_in_Tanzania.pdf
- Mamo, S. (2022, July 05). *Alarm As Kenya Ranks 3rd Highest Globally in Teen Pregnancies, 98 Adolescents Infected with HIV Weekly*. Retrieved October 12, 2022, from Citizen Digital: <https://www.citizen.digital/news/alarm-as-kenya-ranks-3rd-highest-globally-in-teen-pregnancies-98-adolescents-infected-with-hiv-weekly-n301543>
- Mangino, J. G. (2008). *Voices of Teen Mothers: Their Challenges, Support Systems, and Successes*. Unpublished D.Phil. Dissertation, University of Pittsburgh. http://d-scholarship.pitt.edu/7427/1/manginojg_etdPitt.May2008_final.pdf

- Marcus, R., & Page, E. (2016). *Girls' Learning and Empowerment - the Role of School Environments*. Retrieved August 15th, 2018, from United Nations Girls' Education Initiative: http://www.ungei.org/Policy_Brief_-_School_Environments-v2.pdf
- Maritim, E., Ngeno, V., & Sang, H. (2017). Effects of teenage pregnancy on academic progression of girls in primary schools in Ainamoi Sub County, Kericho County. *International Journal of Scientific and Research Publication*, 7(11), 166-171. <http://www.ijsrp.org/research-paper-1117.php?rp=P716924>
- Molapo, C. M. (2012). *Experiences of young school-going mothers in high schools at Leribe District of Lesotho* (Doctoral dissertation, University of Zululand). <http://doi:10.5901/mjss.2014.v5n20p1269>
- Molosiwa, S., & Moswela, B. (2012). Girl-pupil dropout in secondary schools in Botswana: Influencing factors, prevalence and consequences. *International Journal of Business and Social Science*, 3(7), 265-271. https://www.researchgate.net/profile/Serefete-Molosiwa/publication/273408995_Girl-Pupil-Dropout-in-Secondary-Schools-in-Botswana-Influencing-Factors-Prevalence-and-Consequences/links/552dff430cf21acb09219260/Girl-Pupil-Dropout-in-Secondary-Schools-in-Botswana-Influencing-Factors-Prevalence-and-Consequences.pdf
- Moyo, T. (2017). Data Collection Instruments in Research: An ontological and epistemological reflection. *Journal of Public Administration*, 52(1), 285-295. <https://hdl.handle.net/10520/EJC-b1d16fab8>
- Mugenda, O. M., & Mugenda, A. G. (1999). *Research Methods: Quantitative and Qualitative Approaches*. Acts press.
- National Institute of Demographic and Economic. (2015). *Analysis Current Trends for Teenage Births in New Zealand*. Retrieved August 1st, 2018, from National Institute of Demographic and Economic: http://www.superu.govt.nz/sites/default/files/Teen_Births_Report_0.pdf
- National Network for Child Care at Iowa State University. (2011). Retrieved from National Network for Child Care: www.nncc.org accessed
- NCPD. (2016). *2015 Kenya Health Facility Assessment. An Assessment of Availability of Family Planning and Maternal/Reproductive Health Commodities/Medicines and Services*. Nairobi: The Republic of Kenya.

- NCPD. (2021). *Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya*. Nairobi: Republic of Kenya, National Council for Population and Development.
- Nelima, W. (2010). *Bending the private-public gender norms: negotiating schooling for young mothers from low-income households in Kenya*.
- Njoka, J. (2016). *Research on Teenage Pregnancy in Kilifi County, Kenya*. Nairobi: Faith to Action Network. Retrieved July 1st, 2018
<https://www.faithtoactionnetwork.org/resources/pdf/Kilifi%20Teenage%20Pregnancy%20Report-%20covered.pdf>
- Oduor, K. O., & Kithuka, B. (2020). Factors Associated with High Rate of Pregnancy Among Teenagers Aged 13-19 Years in Nyatike Sub-County, Kenya. *East African Journal of Health and Science*, 2(1), 38-50. <https://doi.org/10.37284/eajhs.2.1.186>
- OHCHR. (2022, May). *Status of teenage pregnancies per county 2016-2020*. Retrieved from OHCHR: https://www.ohchr.org/sites/default/files/2022-05/kenya_annex.pdf
- Okungu, V. (2013). *Why Luo teenage mothers never go back to school*. Retrieved from Africa Files: <http://www.africafiles.org/>
- Oluwatayo, J. A. (2012). Validity and reliability issues in educational research. *Journal of Educational and Social Research*, 2(2), 391-391.
<https://dio:10.5901/jesr.2012.v2n2.391>
- Omedi, G. (2014). Adolescent Motherhood in Kenya. *Research on Humanities and Social Sciences* 4(23), 1-10.
- Omollo, A. E., & Yambo, J. M. (2017). Influence of peer pressure on secondary school students drop out in Rongo Sub-County, Migori County, Kenya. *Journal of Education and Practice* 8(9), 73-78. <http://repository.rongovarsity.ac.ke/handle/123456789/657>
- Omwancha, K. M. (2012). *The implementation of an educational re-entry policy for girls after teenage pregnancy: A case study of public secondary schools in the Kuria District, Kenya*. Victoria University of Wellington.
<http://researcharchive.vuw.ac.nz/xmlui/bitstream/handle/10063/2382/thesis.pdf?sequence=1>
- Ooms, T., & Golonka, S. (1990). *Evolving State Policies on Teen Pregnancy and Parenthood: What More Can the Feds Do to Help?* Family Impact Seminar, 1100 17th St. NW, 10th Floor, Washington, DC 20036. <https://files.eric.ed.gov/fulltext/ED330967.pdf>

- Oringanje, C., Meremikwu, M. M., Eko, H., Esu, E., Meremikwu, A., & Ehiri, J. E. (2016). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, (2) Art. No.: CD005215. <https://doi.org/10.1002/14651858.CD005215.pub3>
- Orodho, A. J. (2003). Essentials of Educational and Social Science Research Methods. *Nairobi: Mazola Publishers*, 54(1), 71-82.
- Orodho, A. J., & Kombo, D. K. (2002). Research methods. Nairobi: Kenyatta University, Institute of Open Learning. *International Journal of Economics, Commerce and Management*, 39(7), 48-50.
- Osulah, W. (2012). *The Impact of teenage pregnancy on school dropout among secondary school girls in Embu Municipality*. GRIN Verlag.
- Passy, M. (2014). *Factors Influencing Girl Child Dropout Rate in Mixed Secondary Schools in Kenya: A Case of Bumula Sub County*. Nairobi: University of Nairobi.
- Perper, K., Peterson, K., & Manlove, J. (2010). Diploma attainment among teen mothers. Washington, DC: Child Trends.
- Pillow, W. (2006). Teen pregnancy and education: Politics of Knowledge, Research, and Practice. *Educational Policy*, 20(1), 59-84. <https://doi.org/10.1177/0895904805285>
- Population Council. (2015). Nairobi: Government Press.
- Public Health England. (2016). *A framework for supporting teenage mothers and young fathers*. London: Public Health England. https://dera.ioe.ac.uk/26423/1/PHE_LGA_Framework_for_supporting_teenage_mothers_and_young_fathers.pdf
- Republic of Kenya. (2013). *Kenya Population Situation Analysis 2013*. Nairobi: Government Press.
- Republic of Kenya. (2017, May 19). *Adolescent Sexual and Reproductive Health in Migori County*. Retrieved Jan 5, 2021, from African Institute for Development Policy: https://www.afidep.org/?wpfb_dl=248
- Republic of Kenya. (2020). *National Guidelines for School Re-Entry in Early Learning and Basic Education*. Nairobi: Republic of Kenya, Government Press.
- Routledge, (n.d.). *Feminist Social Theory. Rewired*. Retrieved October 13, 2022, from Routledge: <https://routledgesoc.com/profile/feminist-social-theory>
- SCAA, (2008). *Teenage Births: Outcomes for young parents and their children*. New York: The Schuyler Center for Analysis and Advocacy.

- Shaningwa, L. M. (2007). The Educationally-related Challenges Faced by Teenage Mothers on Returning to School: A Namibian Case Study (Doctoral dissertation, Rhodes University). <https://core.ac.uk/download/pdf/145045890.pdf>
- Sharma, S. (2018, June 14). *Leave No Girl Behind in Africa. Discrimination in Education against Pregnant Girls and Adolescent Mothers*. Retrieved from Human Rights Watch: <https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discrimination-education-against-pregnant-girls-and>
- Shawn, N. (2012). Mothers and Graduates: Teen Mothers Who Stayed in School. *Ed. Doctorial, Dissertation. Piedmont College*.
<https://search.proquest.com/openview/141cc938b311fd2fc1bfa42b03d1ce61/1?pq-origsite=gscholar&cbl=18750>
- Tavakol M, Dennick R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, 2: 53-55. <https://doi:10.5116/ijme.4dfb.8dfd>
- The World Bank. (2022, February 25). *The Social and Educational Consequences of Adolescent Childbearing*. Retrieved from World Bank:
<https://genderdata.worldbank.org/data-stories/adolescent-fertility/>
- Undiyaundeye, F. A., Agba, A. A., & Mandeun, T. (2015). The Effect of Teenage Pregnancy on the Girl-Child in Nigerian Society. *International Journal of Multidisciplinary Thought*, 5(4), 283-289. https://www.researchgate.net/profile/Florence-Undiyaundeye/publication/291974990_THE_EFFECT_OF_TEENAGE_PRENANCY_ON_THE_GIRL-CHILD_IN_NIGERIAN_SOCIETY/links/56a8845208ae860e0256abab/THE-EFFECT-OF-TEENAGE-PRENANCY-ON-THE-GIRL-CHILD-IN-NIGERIAN-SOCIETY.pdf
- UNESCO. (2010). *Global Education Digest, Comparing Education Statistics across the World, Focus on Secondary education*, Toronto: UNESCO institute for Statistics. Retrieved from UNESCO: <https://uis.unesco.org/sites/default/files/documents/global-education-digest-2011-comparing-education-statistics-across-the-world-en.pdf>
- UNESCO. (2014). *Developing an Education Sector Response to Early and Unintended Pregnancy*. Retrieved August 2018, 3rd, from UNESCO:
<http://unesdoc.unesco.org/images/0023/002305/230510E.pdf>

- UNFPA. (2013). *Motherhood in Childhood. Facing the Challenge of Adolescent Pregnancy*. New York: United Nations Population Fund. Retrieved from UNFPA: <https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2013.pdf>
- United Nations. (2015). *Transforming our World: the 2030 Agenda for Sustainable Development*. United Nations. Retrieved from United Nations: <https://sdgs.un.org/2030agenda>
- Van Pelt, J. (2012). Keeping Teen Moms in School: A School Social Work Challenge. *Social Work Today*, 12(2), 24-29. <https://www.socialworktoday.com/archive/031912p24.shtml>
- Walgwe, E., Termini, N., Birungi, H., & Undie, C. (2016). *Kenya: Helping Adolescent Mothers Remain in School Through Strengthened Implementation of School Re-Entry Policies*. Retrieved July 20th, 2018, from Population Council: https://www.popcouncil.org/uploads/pdfs/2016STEPUP_AdolMothersKe
- Wanda, P. (2006). Teen Pregnancy and Education Politics of Knowledge, Research and Practice. *Roma Educational Policy* 20(1), 59-84.
- Watson, L. L., & Vogel, L. R. (2017). Educational resiliency in teen mothers. *Cogent Education*, 4(1), 1-22. <https://doi.org/10.1080/2331186X.2016.1276009>
- WHO. (2016). *Adolescent pregnancy*. Geneva: WHO. Retrieved from WHO: <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- WHO. (2018, February 23rd). *Adolescent pregnancy*. Retrieved August 9th, 2018, from WHO: <http://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

APPENDICES

Appendix A: School Going Teen Mothers' Survey Questionnaire

THE IMPACT OF TEENAGE ON GIRLS ACADEMIC TRANSITION IN NYATIKE SUB-COUNTY, MIGORI COUNTY – KENYA

My name is _____ I am a Master student at the Egerton University. I am conducting a research study as a part of my thesis. The questionnaire is about teenage pregnancy and its effects on girls' academic progression. It will take approximately 10 minutes to fill in. The answers are anonymous and confidential. Participation is entirely voluntary and you may withdraw your participation at any time during the questionnaire by closing the page. You are also free not to answer some of the questions if you wish to do so.

SECTION A: RESPONDENTS' PERSONAL INFORMATION

1. Which age group do you belong to? (Tick one)
 - 1.1 10-13 years []
 - 1.2 14-16 years []
 - 1.2 17-19 years []
2. At what level of education are you (were you when you got expectant)?
 - 2.1 Primary School []
 - 2.2 Secondary School []
3. If you are in Primary School, what class are you/ were you in when you got expectant?
 - 3.1 Class 5 []
 - 3.2 Class 6 []
 - 3.3 Class 7 []
 - 3.4 Class 8 []
4. If you are in Secondary School, what class are you/ were you in when you got expectant?
 - 4.1 Form 1 []
 - 4.2 Form 2 []
 - 4.3 Form 3 []
 - 4.4 Form 4 []

5. How old were you when you first got expectant?

5.1 10-13 years []

5.2 14-16 years []

5.3 17-19 years []

SECTION B: TRANSITION RATE AND REENTRY PATTERNS OF TEENAGE MOTHERS

1. School Policy on Pregnancy: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 1.1 In my school pregnant girls are allowed to stay as long as they want. | | | | | |
| 1.2 In my school learning for expectant girls is disrupted at one point (e.g must leave school to take care of the baby) | | | | | |
| 1.3 In my school girls are allowed to resume studies as soon as they want to after delivery | | | | | |

2. Period Spent Out of School: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 2.1 I did not stay out of school because of pregnancy | | | | | |
| 2.2 I stayed out of school for less than 1 year | | | | | |
| 2.3 I stayed out of school for a period of between 1-2 years | | | | | |
| 2.4 I stayed out of school for a period of 3 to 5 years | | | | | |
| 2.5 I stayed out of school for over 5 years | | | | | |

3. Academic Progression of Teenage Mothers: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 3.1 I have been forced to repeat classes as a result of pregnancy or childbirth | | | | | |
| 3.2 I have stayed in one level of education (primary or secondary) longer than I should have because of pregnancy | | | | | |

SECTION C: EFFECTS OF SCHOOL ENVIRONMENT ON THE WELLBEING OF TEENAGE MOTHERS

1. Perception of stigma: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1.1 I have faced discrimination by educators (e.g ignored and belittled in a class by teachers) | | | | | |
| 2.2 I have faced discrimination by other students (e.g name-calling) | | | | | |
| 2.3 I have faced discrimination by school support staff | | | | | |

2. Social and Psychological Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 2.1 My school has a policy taking care of school-going mothers | | | | | |
| 2.2 There is a school nurse available in my school to take care of expectant school girls (e.g to advise pregnant schoolgirls on pregnancy issues) | | | | | |
| 2.3 A school counsellor is available to provide support to expectant girls (e.g to help pregnant girls with emotional problems) | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 2.4 My school provides special support for pregnant schoolgirls (e.g nutritional food at school) | | | | | |
|---|--|--|--|--|--|

3. Educational and Learning Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 3.1 Teachers in my school provide educational support for expectant girls (e.g extension of time for submission of work) | | | | | |
| 3.2 My school provides special facilities for pregnant schoolgirls (e.g nursing room) | | | | | |
| 3.3 Teachers in my school are understanding of my situation (e.g they expected me to perform and behave a little differently from the other learners depending on my circumstance) | | | | | |

4. Peer Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 4.1 Students provide support with education materials (for the lessons missed) | | | | | |
| 4.2 Student leaders understand that pregnant schoolgirls may not be able to engage in some physical activities in the school | | | | | |

Appendix B: Out of School Going Teen Mothers' Survey Questionnaire

THE IMPACT OF TEENAGE ON GIRLS ACADEMIC TRANSITION IN NYATIKE SUB-COUNTY, MIGORI COUNTY – KENYA

My name is _____ I am a Master student at the Egerton University. I am conducting a research study as a part of my thesis. The questionnaire is about teenage pregnancy and its effects on girls' academic progression. It will take approximately 10 minutes to fill in. The answers are anonymous and confidential. Participation is entirely voluntary and you may withdraw your participation at any time during the questionnaire by closing the page. You are also free not to answer some of the questions if you wish to do so.

SECTION A: RESPONDENTS' PERSONAL INFORMATION

1. Which age group do you belong to? (Tick one)
 - 1.1 10-13 years []
 - 1.2 14-16 years []
 - 1.3 17-19 years []
2. At what level of education were you when you got expectant?
 - 2.1 Primary School []
 - 2.2 Secondary School []
3. If you were in Primary School, what class were you in when you got expectant?
 - 3.1 Class 5 []
 - 3.2 Class 6 []
 - 3.3 Class 7 []
 - 3.4 Class 8 []
4. If you were in Secondary School, what class were you in when you got expectant?
 - 4.1 Form 1 []
 - 4.2 Form 2 []
 - 4.3 Form 3 []
 - 4.4 Form 4 []

5 How old were you when you first got expectant?

5.1 10-13 years []

5.2 14-16 years []

5.4 17-19 years []

SECTION B: TRANSITION RATE AND REENTRY PATTERNS OF TEENAGE MOTHERS

1. School Policy on Pregnancy: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 1.1 I am out of school because the school policy states that teenage mothers should stay out of school for a specific period | | | | | |
| 1.2 I am out of school because the school policy does not allow me to continue with my education after pregnancy | | | | | |

2. Period Spent Out of School: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 2.1 I have stayed out of school for less than 1 year | | | | | |
| 2.2 I have stayed out of school for a period of between 1 to 2 years | | | | | |
| 2.3 I have stayed out of school for a period of 3 to 5 years | | | | | |
| 2.4 I have stayed out of school for over 5 years | | | | | |

3. Academic Progression of Teenage Mothers: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 3.1 I was forced to repeat classes as a result of pregnancy or childbirth | | | | | |
| 3.2 I stayed in one level of education (primary or secondary) longer than I should have because of pregnancy | | | | | |

SECTION C: EFFECTS OF SCHOOL ENVIRONMENT ON THE WELLBEING OF TEENAGE MOTHERS

1. Perception of stigma: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1.1 I have faced discrimination by educators (e.g., ignored and belittled in a class by teachers) | | | | | |
| 1.2 I have faced discrimination by other students (e.g., name-calling) | | | | | |
| 1.3 I have faced discrimination by school support staff | | | | | |

2. Social and Psychological Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 2.1 My last school had a policy taking care of school-going mothers | | | | | |
| 2.2 There was a school nurse available in my school to take care of expectant school girls (e.g., to advise pregnant schoolgirls on pregnancy issues) | | | | | |
| 2.3 A school counsellor was available to provide support to expectant girls (e.g., to help pregnant girls with emotional | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| problems) | | | | | |
| 2.4 My school provided special support for pregnant schoolgirls (e.g., nutritional food at school) | | | | | |

3. Educational and Learning Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 3.1 Teachers in my school provided educational support for expectant girls (e.g extension of time for submission of work) | | | | | |
| 3.2 My school provided special facilities for pregnant schoolgirls (e.g a nursing room) | | | | | |
| 3.3 Teachers in my school were understanding of my situation (e.g., they expected me to perform and behave a little differently from the other learners depending on my circumstance) | | | | | |

4. Peer Support: To what extent do you agree with the following statements on a scale of 1-5, where 1-disagree strongly, 2-disagree, 3-Not sure, 4- agree, 5-agree strongly

| Statement | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 4.1 Students provided support with education materials (for the lessons missed) | | | | | |
| 4.2 Student leaders understood that the pregnant schoolgirls may not be able to engage in some physical activities in the school | | | | | |

Appendix C: Teachers' Interview Guide

1. How long have you been a teacher in this school?
2. Approximately how many pregnancies do the school record annually?
3. Do the girls stay in school during pregnancy? If yes, what is the approximate percentage?
4. Are the girls allowed to return to school after delivery? If yes, what is the approximate percentage of girls who return to school after delivery?
5. Is it a must for the girls to repeat a class after delivery? If no, what percentages of them opt to repeat?
6. Does the school have any policy on teenage pregnancy?
7. Is there a change in teenage mothers' academic performance?
8. Do teenage mothers record behavioural change?

Appendix D: Education Officer's Interview Guide

1. How long have you been an education officer in Nyatike Sub-County?
2. What record do you have on teenage pregnancy in the Sub-County? (Pregnancy rate, dropout rate, transition, re-entry, challenges)
3. Does your office have any policy on teenage pregnancy that it seeks to implement in the Sub-County?
4. What are the challenges of implementing the policy if any?

Appendix E: Teenage Mothers' Ascent Form



EGERTON UNIVERSITY RESEARCH ETHICS COMMITTEE (EUREC) ASSENT FORM

{To be used for research participants aged 12-17 years and are capable of deciding to participate or not}

Study Title: This informed consent form is for parents of teenage mothers participating in the research titled, "Impact of Teenage Pregnancy on Girls' Academic Progression Based on Their Experiences in Nyatike Sub-County, Migori

Name of Principal Investigator(s): Owuonda Salome Aluoch

Co-Investigators: N/A

Name of Organization: Student

P.O Box 50002-00200

0711379412

Name of Sponsor: Self

Assent form for school-going and out-of-school teenage mothers who are below 18 years old in primary and secondary schools within Nyatike Sub-County

Investigator(s)–Local and International Collaborators: N/A

My name is ...Owuonda Salome Aluoch... I am the Principal Investigator.

Why is this study being done?

We would like to invite you to be part of this research study. A research study is a way of searching for information. In this case, we are looking for information regarding the Impact of Teenage Pregnancy on Girls' Academic Progression Based on Their Experiences in Nyatike Sub-County, Migori. This study was chosen because of the assumption that girls drop out of school because of teenage pregnancy and that with more information on the needs of school-going mothers and their academic information, the school dropout rate can reduce. The information on the impact of teenage pregnancy on education transition, dropout and performance in Nyatike Sub-County is not readily available hence the need for this study. The school-going mothers understand these needs and challenge better. For this reason, we want to engage you in the study. This form tells you about this research study and the choice that you have to take part in it. You can ask any questions that you have at any time.

Who will take part in this study?

The study participants will be based on one being teenage mothers who are between the age of 10 and 17 years in primary and secondary school in Nyatike Sub County.

Teenage mothers who have transited from primary and secondary school to college and those who are already married and out of school will be excluded from the study. You have been selected as a respondent or participant because you meet the selection criteria for this study.

How long will the study last?

You will be in this study for 2 months.

Do I have to be in the study? Can I say no?

Even when your parent/guardian has permitted you to be enrolled in this study, the final decision about your participation in this study is your choice. You can choose to take part in this study, or you can choose not to take part in the study. You can also decide to stop being in this study at any time.

Procedure:

To participate in this study, you are asked to: fill in a questionnaire or assisted to fill out the questionnaire and/or, answer some questions by the researcher. The researcher will also rely on a desktop review (secondary data) for data collection. A descriptive survey design will be adopted and a mixed methods approach will be utilized in data collection and analysis. Both probability and non-probability sampling techniques will be utilized. Qualitative data will be analysed and presented through descriptive analysis. Quantitative data analysis will be done

using the Statistical Package for Social Sciences. Your participation in this study will take approximately 10 minutes.

Benefits

The benefit of this study will be the recommendations that will stop/reduce teenage pregnancy recurrence, make the school environment comfortable for teenage mothers, and, improve the academic performance and education transition of teenage mothers. The recommendations also intend to improve the performance of teenage mothers.

Risks

Talking about motherhood as a student might be a discomfort and the interviews may interfere with the student's classes hence the risk in this study is interfering with the classes or societal roles of the participants. An additional risk is the possible psychological harm that talking about pregnancy and motherhood may cause to teenage mothers. The interviews may open the wounds caused by a horrific experience that led to or came with the pregnancy and/or delivery process.

To mitigate this, the participants are assured that their identities will be concealed both during the study period and after the study. The engagement will be scheduled for break hours in schools and take the shortest time possible. Counselling services from the school counselling department will be integrated with cases where the participants may be psychologically affected during this study. The participants will be assured that the data will be used purely for academics and that the information they have shared will not be used against them.

Are there any costs for me if I agree to join the study?

There will be no monetary costs to you for participating in this study.

Confidentiality:

The only personal information that will go on record is the age of the teenage mother and her education level. In the case of a narrative, a name, which is not the real one, will be picked. The raw data will be stored for a period of six months and will only be handled by the researcher. The data will be stored in a computer with a password accessible to only the researcher.

Contact: Whom do I call if I have questions about the study?

Principle Investigator: Owuonda Salome Aluoch

Postal Address: P.O Box 50002-00200, Nairobi.

Email: sowuonda@gmail.com

Telephone Number: 0711379412

Questions about your rights as a research subject: You or your parent/guardian may contact Egerton University Research Ethics Committee [P. O. Box 536-20115 Egerton, eurec@egerton.ac.ke, 051-2217808]. A research ethics committee is a group of people that review studies for safety and to protect the rights of study subjects.

Assenter statement

I have read the information provided or has been read to me. I have been allowed to ask questions and the questions have been answered satisfactorily. I voluntarily give assent to participate in the project knowing that I have a right to withdraw at any time.

Participant’s Name:

Signature-----or Thumb-print-----

Date:

Witness (if the minor gives oral assent and not signed

Signature

Date

assent and parent
(s)/legal guardian(s)
should be present)
type/print name

I the undersigned affirm that assent has been sought with full disclosure of project details to the participant to consent. (I have explained the study to the extent compatible with the subject’s capability, and the subject has agreed to be in the study)

OR

The subject is not able to assent because the capability of the subject is so limited that the subject cannot reasonably be consulted.

Name of the presenter (who presented/explained the consent document):

Signature:

Date:

Principal Investigator:

Signature:

Date:

Appendix F: Parents' Consent Form



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This informed consent form is for parents of teenage mothers participating in the research titled, “The Impact of Teenage Pregnancy on Girls' Academic Transition in Nyatike Sub-County, Migori County – Kenya”

Principle Investigator: Owuonda Salome Aluoch

Institution: Egerton University – Institute of Women, Gender and Development Studies

Sponsor: Self-sponsored

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you agree that your daughter may participate)

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am Owuonda Salome Aluoch, a student at Egerton University carrying out a study which might help your schools do more to help teenage mothers stay in school and perform better. In our research, we will talk to teenage mothers and ask them several questions. Whenever researchers study children, we talk to the parents and ask them for their permission. After you have heard more about the study, and if you agree, then the next thing I will do is ask your daughter for their agreement as well. Both of you have to agree independently before I can begin.

You do not have to decide today whether or not you agree to have your daughter participate in this research. Before you decide, you can talk to anyone you feel comfortable with.

There may be some words that you do not understand. Please ask the researcher to stop as we go through the information and I will take time to explain. If you have questions later, you can ask the researcher

Purpose

A majority of teenage mothers may drop out of school and those who stay do not make it to the next level because of a lack of a supportive school environment. In this study, the researcher will invite teenage mothers to share their experiences with us so that we can inform educational leaders and policy-makers to ensure that they better support the academic success of this group of girls. The researcher will talk to them about the following: the support they get from schools; the challenges they experience as teenage mothers; and, how this impacts their education.

Type of Research Intervention

A questionnaire

Selection of Participants

The research aims to collect information from teenage mothers in Nyatike Sub-County about their experience in school and how their status has impacted their education. The researcher would like to ask your daughter to participate because she is a teenage mother and lives in this region.

Voluntary Participation

You do not have to agree that your daughter can talk to us. You can choose to say no and any services that you and your family receive in the schools will not change. We know that the decision can be difficult when it involves your daughter and it can be especially hard when the research includes sensitive topics like pregnancy. You can ask as many questions as you like and the researchers will take the time to answer them. You don't have to decide today. You can think about it and tell me what you decide later.

Procedure

Your daughter will fill out a questionnaire which will be provided and collected by Owuonda Salome Aluoch or, the questionnaire can be read aloud and she/he can give me the answer which she/he wants me to write.

If your daughter/son does not wish to answer some of the questions included in the questionnaire, she/he may skip them and move on to the next question. The information recorded is confidential, and no one else except Owuonda Salome Aluoch will have access to her questionnaire. The questionnaires will be destroyed after six months.

Duration

We are asking your child to participate in an interview which will take about 1 hour of her time. We can do this outside of school hours.

Risks and Discomforts

We are asking your daughter to share with us some very personal and confidential information, that she may feel uncomfortable talking about. You must know that she does not have to answer any question she doesn't wish to do so, and that is also fine. She does not have to give us any reason for not responding to any question

Benefits

There will be no immediate and direct benefit to your daughter or you, but your daughter's participation is likely to help us find out more about the needs of teenage and mothers in education and, inform the education leaders and policymakers to formulate policies that will improve education performance of this group of girls in the future.

Reimbursements

Your daughter/son will not be provided with any payment to take part in the research.

Confidentiality:

The information about your daughter will not be shared outside of the research team. The information that we collect from this research project will be kept confidential. The only personal information that will go on record is the age of the teenage mother and her education level. In the case of a narrative, a name, which is not the real one, will be picked

Sharing of Research Findings

At the end of the study, what has been learnt will be shared with the participants through a written report. The results will be published so that other interested people may learn from our research to shape the education outcome of the teenage mother. Nothing that your daughter will tell us today will be shared with anybody outside the research team, and nothing will be attributed to her by name.

Right to refuse or withdraw

You may choose not to have your daughter participate in this study and your daughter does not have to take part in this research if she does not wish to do so. Choosing to participate or not will not affect either your own or your daughter's future treatment in school in any way. You and your child will still have all the benefits that would otherwise be available in schools in Nyatike Sub-County. Your daughter may stop participating in the interview at any time that you or she wish without either of you losing any of your rights

Whom to Contact

If you wish to ask questions later, you may contact: Owuonda Salome Aluoch of 0711379412

PART II: Certificate of Consent

Certificate of Consent

I have been asked to give consent for my daughter to participate in this research study which will involve her completing one questionnaire I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Name of Parent or Guardian:

Signature of Parent or Guardian:

Date:

If illiterate

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness:

Signature of witness:

Date:

Statement by the researcher/person taking consent

I, Owuonda Salome Aluoch, have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

1. The information will be kept confidential
2. The data will be destroyed after six months
3. The research results will be published and disseminated to interested people
4. The participants are free to refuse to participate in the study or refuse to answer some of the questions.

I confirm that the parent was allowed to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant

Owuonda Salome Aluoch

Appendix G: Teachers and Education Officer's Consent Form



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Study Title: The Impact of Teenage Pregnancy on Girls' Academic Transition in Nyatike Sub-County, Migori County Kenya

Name of Principal Investigator(s): Owuonda Salome Aluoch

Co-Investigators: N/A

Name of Organization: Student

P.O Box 50002-00200

0711379412

Name of Sponsor: Self

Informed Consent Form for Parents or guardians of school-going teenage mothers in primary and secondary schools, school-going teenage mothers in primary and secondary schools who are 18 years old and above, teachers in Nyatike Sub-County schools with school-going teenage mothers, and Nyatike Sub-County Education Officer.

Investigator(s)–Local and International Collaborators: N/A

My name is ...Owuonda Salome Aluoch..., I am the Principal Investigator.

Purpose of study/project:

We would like to invite you to be part of this research study. A research study is a way of searching for information. In this case, we are looking for information regarding the impact of teenage pregnancy on girls' academic transition in Nyatike Sub-County, Migori County – Kenya. This study was chosen because of the assumption that girls drop out of school because of teenage pregnancy and that with more information on the needs of school-going mothers and their academic information, the school dropout rate can reduce. The information

on the impact of teenage pregnancy on education transition, dropout and performance in Nyatike Sub-County is not readily available hence the need for this study. The school-going student mothers and their parents or guardian, their teachers and education officers understand the needs and challenges of school-going mothers better. For this reason, we want to engage you in the study. This form tells you about this research study and the choice that you have to take part in it. You can ask any questions that you have at any time.

Who will take part in this study?

The study participants will be based on one being a teenage mother in or outside a primary and secondary school in Nyatike Sub-County as well as a teacher or an education officer in the area. The school-going mothers will only be included if they fall between the age of 10 – 19 years. The teachers will only be included if they teach in the primary and secondary schools in Nyatike Sub-County that have school-going teenage mothers. The Education Officer will be included in the study if he/she is in charge of the sub-county.

Teenage mothers who have transited from primary and secondary school to college and those who are already married and out of school will be excluded from the study. You have been selected as a respondent or participant because you meet the selection criteria for this study.

How long will the study last?

You will be in this study for 2 months.

Do I have to be in the study? Can I say no?

Participating in this study is your choice. You can choose to take part in this study, or you can choose not to take part in the study. You can also decide to stop being in this study at any time.

Procedure

To participate in this study, you are asked to: fill in a questionnaire or assisted to fill out the questionnaire and/or, answer some questions by the researcher. The researcher will also rely on a desktop review (secondary data) for data collection. A descriptive survey design will be adopted and a mixed methods approach will be utilized in data collection and analysis. Both probability and non-probability sampling techniques will be utilised. Qualitative data will be analysed and presented through descriptive analysis. Quantitative data analysis will be done

using the Statistical Package for Social Sciences. Your participation in this study will take approximately 10 minutes.

Benefits

The benefit of this study will be the recommendations that will stop/reduce teenage pregnancy recurrence, make the school environment comfortable for teenage mothers, and, improve the academic performance and education transition of teenage mothers. To the teachers, the recommendations intended to improve the performance of schools by improving the performance of teenage mothers. The Sub-County education officer will benefit through improved academic performance in Nyatike Sub-County as a whole.

Risks

Talking about motherhood as a student might be a discomfort and the interviews may interfere with the student's classes. As parents, accepting that one has a child who became pregnant while still, a teenager might be a discomfort. The risk in this study is interfering with the classes or societal roles of the participants. An additional risk is the possible psychological harm that talking about pregnancy and motherhood may cause teenage mothers and parents. The interviews may open the wounds caused by a horrific experience that led to or came with the pregnancy and/or delivery process.

To mitigate this, the participants are assured that their identities will be concealed both during the study period and after the study. The engagement will be scheduled for break hours in schools and take the shortest time possible. For participants out of school, the engagement will target the time of the day when gender roles have been reduced. Counselling services from the school counselling department will be integrated into cases where the participants may be psychologically affected during this study. The participants will be assured that the data will be used purely for academics and that the information they have shared will not be used against them.

Are there any costs for me if I agree to join the study?

There will be no monetary costs to you for participating in this study.

Confidentiality:

The only personal information that will go on record is the age of the teenage mother and her education level. In the case of a narrative, a name, which is not the real one, will be picked. Teachers will only be referred to as teachers without names. Coding will be applied to differentiate the teachers. The sub-county officer will only be referred to as an education officer. The raw data will be stored for a period of six months and will only be handled by the researcher. The data will be stored in a computer with a password accessible to only the researcher.

Contact: Whom do I call if I have questions about the study?

Principle Investigator: Owuonda Salome Aluoch.

Postal Address: P.O Box 50002-00200, Nairobi.

Email: sowuonda@gmail.com

Telephone Number: 0711379412

Questions about the study: If you have any questions regarding this study or you want any clarification about this research you may contact the study Principal Investigator/Lead researcher indicated here:

Salome Owuonda

P.O Box 50002-00200

sowuonda@gmail.com

0711379412

Questions about your rights as a research participant:

If you want to know more about your rights while participating in this research or if you feel that your rights have been violated you may contact the Egerton University Research Ethics Committee (EUREC), P.O. Box 536-20115, EGERTON-Kenya, Egerton University, email: eurec@egerton.ac.ke, Phone number: (Chairperson): +254722443717. A research ethics committee is a group of people that review studies for safety and to protect the rights of study participants.

Consenter statement

I have read the information provided or has been read to me. I have been allowed to ask questions and the questions have been answered satisfactorily. I consent voluntarily to participate in the project knowing that I have a right to withdraw at any time.

Participant’s Name (Optional):.....

Signature-----or Thumbprint-----

Date:

[In case the adult is unable to consent and a Legally Authorized Representative (LAR) is consenting on behalf of the participant]

I have read the information provided or has been read to me as the legally authorized representative. I have been allowed to ask questions and the questions have been answered satisfactorily. I consent voluntarily for the person I am representing to participate in the project knowing that I have a right to withdraw the consent and stop the person I am representing from further participating in the research at any time.

LAR’s Name (Optional):

Signature-----or Thumb-print-----

Date:

I the undersigned affirm that consent has been sought with full disclosure of project details to the participant to consent. (I have explained the study to the extent compatible with the participant’s capability, and the participant has agreed to be in the study)

Name of the presenter (who presented/explained the consent document):.....

Signature:

Date:

Principal Investigator:

Signature:

Date:

Appendix H: Egerton University Research Ethics Committee (EUREC) Approval Letter

EGERTON



VERSITY

TEL: (051) 2217808 P. O. BOX
EGERTON

536 FAX: 051-2217942

EGERTON UNIVERSITY RESEARCH ETHICS COMMITTEE

EU/RE/DVC/009

Approval No. EUREC/APP/120/2021

21st April, 2021

Owuonda Salome Aluoch

P.O Box 41753–00100

Nairobi

Telephone +254711379412

E-mail sowuonda@gmail.com

Dear Salome,

RE: ETHICAL CLEARANCE APPROVAL: THE IMPACT OF TEENAGE PREGNANCY ON GIRLS ACADEMIC TRANSITION IN NYATIKE SUB-COUNTY, MIGORI COUNTY KENYA

This is to inform you that *Egerton University Research Ethics Committee* has reviewed and approved your above research proposal. Your application approval number is *EUREC/APP/120/2021*. The approval period is *21st April 2021 – 22nd April 2022*.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, and MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for

review and approval by *Egerton University Research Ethics Committee*.

- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Egerton University**

Research Ethics Committee within 72 hours of notification iv. Any changes, anticipated or otherwise, that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Egerton University Research Ethics Committee** within 72 hours

- v. Clearance for Material Transfer of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days before the expiry of the approval period. Attach a comprehensive progress report to support the renewal.

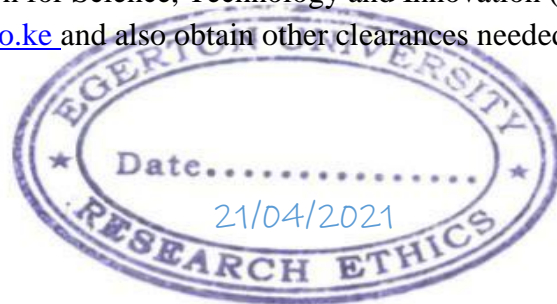
“Transforming Lives through Quality Education”

- vii. Submission of an executive summary report within 90 days upon completion of the study to **Egerton University Research Ethics Committee**.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI)

<https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,



Prof. R. Ngunjiri,

CHAIRMAN, EGERTON UNIVERSITY RESEARCH ETHICS CTTEE

RN/BK/BK

“Transforming Lives through Quality Education”

**Appendix I: National Commission for Science, Technology & Innovation (NACOSTI)
Research Permit**

| | |
|---|---|
|  REPUBLIC OF KENYA |  NATIONAL COMMISSION SCIENCE TECHNOLOGY & INNOVATION |
| Ref N 38192 | Date of 1 / Jun 2022 |
| RESEARCH LICENSE | |
|  | |
| This is to Certify that Miss Salome Aluoch Owuonda of Egerton University has been licensed to conduct research in the field of Artificial Intelligence for a period ending 31/12/2022. | |
| License NACOSTI/P/21/105 | |
| 38192 Applicant Identification |  Director NATIONAL COMMISSION SCIENCE TECHNOLOGY INNOVATION |
| | Verification QR Code  |
| NOTE: This is a computer generated License. To verify the authenticity Scan the QR Code using QR scanner | |

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation
(Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License and any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before the commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation off Waiyaki Way,
Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Landline: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke /
registry@nacosti.go.ke Website:
www.nacosti.go.ke

Appendix J: Research Publication

International Academic Journal of Education & Literature
ISSN Print : 2708-5112 | ISSN Online : 2708-5120
Frequency : Bi-Monthly
Language : English
Origin : Kenya
Website : <https://www.iarconsortium.org/journal-info/IAJEL>



OPEN ACCESS JOURNALS

Research Article

Challenges that the teenage mothers experience in Nyatike Sub-county, Kenya

| Article History | |
|--|------------|
| Received: | 10.05.2022 |
| Revision: | 15.05.2022 |
| Accepted: | 20.05.2022 |
| Published: | 30.05.2022 |
| Author Details | |
| Owuonda, Salome Aluoch ¹ , Chesikaw, Lilian (PhD) ¹ and Akinyi, Marygorety (PhD) ² | |
| Authors Affiliations | |
| ¹ Institute of Gender, Women and Development Studies, Egerton University, Kenya | |
| ² African Women's Studies Centre, University of Nairobi, Kenya | |
| Corresponding Author* | |
| Owuonda, Salome Aluoch | |
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Abstract: Teenage pregnancy is a problem in both developed and developing countries with developing countries registering higher prevalence. Girls drop out of school in Kenya due to teen pregnancy with Migori County being the sixth most affected. This study sought to examine the education related challenges faced by teenage mothers in Nyatike Sub-County, Migori County – Kenya. Descriptive survey design was used and a mixed methods approach utilized in data collection and analysis. The target population consisted of 145 primary schools and 27 secondary schools in Nyatike Sub-County. Both probability and non-probability sampling techniques were used. The instruments were peer reviewed and the questionnaire pilot-tested. Quantitative data analysis was done using the Statistical Package for Social Sciences. Qualitative data was analysed using NVivo software using thematic approach. This study found that teen mothers (both the school going and out of school going) face a challenge of low academic performance and negative behaviour change as a result of teenage pregnancies. Most teenage mothers also face stigma/discrimination. Most out of school and school going teen mothers do not receive social and psychological support when pregnant. There is little or no education and learning support for teenage mothers. Likewise, there was little or no peer support for teenage mothers. The government should aim to reduce (or eliminate) the many challenges that teen mothers (both the school going and out of school going) face in their life both socially and academically. Measures to support teenage mothers in their academic progress and positive behaviour change is timely. There should be sensitization and campaigns to reverse stigma/discrimination that teenage mothers face. Out of school and school going teen mothers should be accorded with social, psychological, education/learning and peer support.

Keywords: Challenges, teenage mothers, Nyatike Sub-county, schools, education.