

**INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION  
OF TEENAGE PREGNANCY IN PUBLIC PRIMARY SCHOOLS IN  
KITUI CENTRAL SUB-COUNTY, KITUI  
COUNTY, KENYA**

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## DECLARATION AND APPROVAL

### Declaration by the Student

This research project is my original work and has not been presented for a degree in any other University or for any other award.

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### Approval by the Supervisor

I confirm that the work reported in this research project has been prepared by the candidate under my supervision.

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## DEDICATION

I dedicate this work to my wife, Iren Wamutwa Kisinga, son, Michael Muli Kisinga and daughter, Sharon Kivivya Kisinga, for their support during my studies.



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I would like to thank various individuals who have been actively involved in the research process and various other stages that have culminated in the development of this project. I am greatly indebted to Dr. Mary Mugwe Chui for her invaluable input in compiling this document due to their several, but necessary corrections. I thank God for His immeasurable divine guidance and for giving me the spirit of commitment, patience and resilience in developing and eventual production of this piece of work. For my colleagues at Mount Kenya University whom I may not be able to thank in person, I owe all of you a lot of gratitude. Thanks, and may God bless you.



## ABSTRACT

School management plays an important role in formulating policies and strategies geared towards reducing incidences of teenage pregnancy in schools. However, in Kitui Central Sub-county, many public primary schools have reported cases of increased teenage pregnancy. Thus, the purpose of this study was to assess the influence of school management strategies on reduction of teenage pregnancy in public primary schools in Kitui Central Sub-county, Kitui County, Kenya. The objectives were; to assess the influence of guidance and counseling strategies, implementation of child protection policies, involvement of parents and provision of socio-economic support on reduction of teenage pregnancy in public primary schools. The study was guided by the school management theory and theory of planned behaviour. The study adopted mixed methodology and thus, applied concurrent triangulation design. Target population was 1182 respondents which comprised 25 headteachers, 457 teachers, 200 parents' representatives and 500 prefects from which a sample of 284 respondents was determined using Yamane's Formula. Stratified sampling was applied to create four strata based on the number of zones in Kitui Central Sub-county. From each zone, 3 headteachers, 3 parents' representatives and 50 teachers were sampled using purposive sampling. However, from each sampled primary school, 6 prefects were selected using simple random sampling. This procedure realized a sample of 12 headteachers, 200 teachers, 12 parents' representatives and 72 prefects. Questionnaires were used to collect data from teachers while data were collected using interviews with headteachers and focus group discussions from prefects. Piloting was conducted among 30 respondents from a sample of public primary schools in Kitui Central Sub-county to establish validity, reliability, credibility and dependability. Validity was ascertained based on the views of experts in educational management. Reliability was determined using test re-test technique and reliability coefficient,  $r = 0.722$ , was obtained using Cronbach's Alpha Method which indicated high internal reliability. Credibility was ascertained by involving multiple analysis and dependability through detailed reporting of data collection process. Qualitative data were analyzed thematically along the objectives and presented thematically in narrative forms. Quantitative data were analyzed descriptively using frequencies and percentages and inferentially using Pearson's Product Moment Correlation Analysis with the help of Statistical Package for Social Sciences (SPSS 25) and presented using tables. The study established that many public primary schools in Kitui Central Sub-county have had most of their pupils fall victims of teenage pregnancy for the last five years (2019-2023). This is attributed to school management strategies such as include guidance and counselling, implementation of child protection policies, headteachers' involvement of parents and provision of socioeconomic support. Thus, the study recommends that headteachers should provide age-appropriate and culturally sensitive sexual education that covers reproductive health, contraception and consequences of teenage pregnancy. They should ensure that policies promote a zero-tolerance approach to discrimination against pregnant pupils. Schools should foster an inclusive and supportive environment for all learners. They should facilitate regular and open communication with all key stakeholders. Headteachers can organize frequent parent-teacher meetings to discuss issues related to teenage pregnancy, sexual health and responsible behavior. The Ministry of Education should establish financial aid programmes for pregnant learners and teenage mothers, ensuring they can access childcare, transport, and school materials.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>CBS</b>	Central Bureau of Statistics
<b>EFA</b>	Education For All
<b>FAWE</b>	Forum for African Women Educationists
<b>IDEA</b>	Individuals with Disabilities Act
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>MoE</b>	Ministry of Education
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>NCLB</b>	No Child Left Behind
<b>SPSS</b>	Statistical Package for Social Sciences
<b>TPB</b>	Theory of Planned Behaviour
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USA</b>	United States of America
<b>WHO</b>	World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

This chapter focuses on the background of the study, statement of the problem, purpose, objectives, research questions, rationale, significance, scope and limitations, delimitations and assumptions. It also provides a list of operational definitions of key terms.

#### **1.1 Background to the Study**

Teenage pregnancy is a form of pregnancy in human females under the age of 20 years. Finer and Zolna (2011) posit that teenage pregnancy can take place after the start of the puberty before first menstrual period, but usually occurs after the onset of periods. Amongst female pupils in public primary schools, teenage pregnancy has become prevalent with global statistics rating the menace at 67.9%. In the United States, for example, approximately one million teenagers become pregnant each year; most of these pregnancies are among older teenagers, that is, those 18 or 19 years old (Henshaw, 2012). Approximately 51% of teenage pregnancies end in live births, 35% end in induced abortion, and 14% result in a miscarriage or still-birth.

In Venezuela, L'Engle, Brown and Kenneavy (2012) assert that teenage pregnancy has become a real challenge in public schools with rates of teenage motherhood remain stubbornly high. L'Engle et al (2012) report that, in Venezuela, teenagers account for nearly one in four births. A similar report by the United Nations Population Fund (UNFPA) (2018) indicates that Venezuela has one of the highest teenage pregnancy rates in the world. In other words, in every 3 minutes, there is a birth from a teenage girl (UNFPA, 2018).

However, the role of school management and strategies which are adopted to mitigate challenges of teenage pregnancy have not been fully explored. According to Leithwood and Jantzi (2013), school management strategies are a set of practices and mechanism adopted by primary schools to mitigate the impact of teenage pregnancy among pupils. These measures include, but not limited to, guidance and counseling, implementation of child protection policies, involvement of parents and provision of socio-economic support.

In the Netherlands, Kauchak (2011) asserts that primary schools provide free counselling programmes, adopt lifeskills education and mentorship programmes to teenagers about reproductive health and how such programmes in the school setting can help to prevent teenage pregnancy. However, the influence of these school management strategies as effective mitigant to increasing cases of teenage pregnancy in primary schools has not been fully explored. In many countries in Sub-Saharan Africa, public primary schools have not been immune to challenges of teenage pregnancy. For example, a report by Noll and Jennie (2013) shows that African countries lead the world in teen pregnancies with Niger on the top list of 203.604 births per 100,000 teenage women. Noll and Jennie (2013) assert that Mali follows with 175.4438, Angola (166.6028), Mozambique (142.5334), Guinea (141.6722), Chad (137.173), Malawi (136.972), and Cote d'Ivoire (135.464).

In keeping with these assertions, Noll and Jennie (2013) note that the need to prevent early pregnancy among adolescent girls in Sub-Saharan Africa has been recognized increasingly over recent years. To mitigate these challenges, management of primary schools have adopted different strategies. In Tanzania, for example, Mbelwa and Isangula (2017) posit that educational policy has been revised to include the component of guidance and counseling, parental involvement, formulation and implementation of

learner-friendly policies and provision of socio-economic support for all students. For effective results in reduction of teenage pregnancy to be realized, primary school headteachers should work with all stakeholders to ensure that different management strategies are implemented. In Uganda, for example, Atuyambe, Mirembe, Johansson, Kirumira and Faxelid (2015) indicate that school heads are tasked with the responsibility of developing strategies geared towards reducing cases of teenage pregnancy.

In Kenya and Kitui Central Sub-county, the situation is not different with many primary schools having reported cases of teenage pregnancy. A report by the Ministry of Health (2015) shows that 23.1% of young women ages 10-14 years in Kitui Central Sub-county have already begun child-bearing; 20.1% are mothers and an additional 9.3% are pregnant with their first child. In the same token, Miriti and Mutua (2019) also indicate that, in Kitui Central Sub-county, cases of teenage pregnancy in primary schools at 27.9% among pupils. Despite these statistics, few studies had interrogated the influence of school management on teenage pregnancy in public primary schools; thus, the study.

## **1.2 Statement of the Problem**

School management plays an important role in formulating policies and strategies geared towards reducing incidences of teenage pregnancy in public primary schools. However, in Kitui Central Sub-county the situation is quite different with many primary schools having reported cases of increased teenage pregnancy. As noted in the background, a report by the Ministry of Health (2015) shows that 23.1% of young women ages 10-14 years in Kitui Central Sub-county have already begun child-bearing; 20.1% are mothers and an additional 9.3% are pregnant with their first child. In the same token, Miriti and Mutua (2019) also indicate that, in Kitui Central Sub-county, cases of teenage pregnancy in primary schools at 27.9% among pupils.

Efforts to mitigate these challenges have not yielded much remarkable progress. However, the problem still persisted and yet many empirical studies have not exhaustively interrogated the extent to which school management strategies influence reduction of teenage pregnancy in public primary schools, hence the need for the study.

### **1.3 Purpose of the Study**

The purpose of this study was to assess the influence of school management strategies on reduction of teenage pregnancy in public primary schools in Kitui Central Sub-county, Kitui County, Kenya.

### **1.4 Objectives of the Study**

The study was guided by the following objectives:

1. To establish the influence of guidance and counseling strategies on teenage pregnancy in public primary schools in Kitui Central Sub-county;
2. To determine the influence implementation of child protection policies on teenage pregnancy in public primary schools in Kitui Central Sub-county;
3. To examine the influence of involvement of parents on teenage pregnancy in public primary schools in Kitui Central Sub-county;
4. To assess the influence of provision of socio-economic support on teenage pregnancy in public primary schools in Kitui Central Sub-county.

### **1.4 Research Questions**

The study was guided by the following research questions:

1. What is the influence of guidance and counseling strategies on teenage pregnancy in public primary schools in Kitui Central Sub-county?
2. To what extent does implementation of child protection policies influence teenage pregnancy in public primary schools in Kitui Central Sub-county?

3. How does involvement of parents influence teenage pregnancy in public primary schools in Kitui Central Sub-county?
4. What is the influence of provision of socio-economic support on teenage pregnancy in public primary schools in Kitui Central Sub-county?

### **1.6 Rationale of the Study**

Cases of teenage pregnancy have been on the rise in many public primary schools in Kitui Central Sub-county. As indicated earlier, a report by the Ministry of Health (2015) shows that 23.1% of school-going girls aged 10-14 years in Kitui Central Sub-county have already begun child-bearing; 20.1% are mothers and an additional 9.3% are pregnant with their first child. Miriti and Mutua (2019) also indicate that, in Kitui Central Sub-county, cases of teenage pregnancy in primary schools at 27.9% among pupils. To reduce such cases, school management has adopted a multiplicity of strategies. However, the problem still persists as though unabated. Thus, this study sought to interrogate the extent to which school management strategies influence reduction of teenage pregnancy in public primary schools, thus, the study.

### **1.7 Significance of the Study**

Headteachers and teachers may benefit from this study in understanding the reasons behind the rising cases of teenage pregnancy. They may also benefit from this study by acquiring new approaches, develop positive attitude, skills and knowledge on how to handle cases of teenage pregnancy in their schools. Students may benefit from this study by having an understanding on the dangers of teenage pregnancy and how to prevent the same. School management, especially headteachers, may benefit from this study in understanding their role in reducing cases of teenage pregnancy by adopting proactive management strategies.

The Ministry of Education (MoE) may benefit from the findings of this study in formulating relevant policies geared towards a reduction of teenage pregnancy in primary schools. Researchers and academicians may benefit from this study by laying a firm foundation for those who may be interested in carrying out studies in other related areas.

### **1.8 Scope of the Study**

This study was carried out amongst public primary schools in Kitui Central Sub-county. The study focused on the influence of school management strategies on reduction of teenage pregnancy in public primary schools. Mixed methodology was adopted and thus, concurrent triangulation research design was applied. In this study, questionnaires were used to collect quantitative data from teachers whereas interviews were used to collect qualitative data from headteachers and focus group discussions from prefects. The study was conducted between December 2022 and March 2023.

### **1.9 Limitations of the Study**

The study encountered the following limitations;

1. The results of the study might not be generalized to other public primary schools since there could be different dynamics which help reduce cases of teenage pregnancy other than management strategies adopted by schools. In this case, the researcher recommended that further studies be conducted on reduction of teenage pregnancy in public primary schools, but with focus on other strategies other than the variables under investigation.
2. Some of the respondents were not willing to volunteer correct information on prevalence of teenage pregnancy in their primary schools for fear of victimization. In the same token, accessing critical documents detailing the number of cases of teenage pregnancy in primary schools may pose a big challenge for fear of

victimization. In this case, the researcher explained to them that this study aimed at complementing their efforts to reduce cases of teenage pregnancy in public primary schools.

3. The area of study has poor road network with many sampled public primary schools being inaccessible using motor vehicles. To overcome this, the researcher used motorbikes to access the sampled primary schools in remote areas.

### **1.10 Delimitations of the Study**

The study was anchored on the following delimitations;

1. In this study, data were collected from headteachers, teachers and prefects in public primary schools in Kitui Central Sub-county.
2. The study focused on the influence of guidance and counseling, implementation of child protection policies, involvement of parents and provision of socio-economic support on reduction of teenage pregnancy in public primary schools in Kitui Central Sub-county.

### **1.11 Assumptions of the Study**

The study was based on the following assumptions:

1. That cases of teenage pregnancy were on the rise in public primary schools.
2. That public primary schools in Kitui Central Sub-county adopt different management strategies to reduce cases of teenage pregnancy among students.
3. That guidance and counseling strategies, implementation of child protection policies, involvement of parents and provision of socio-economic support influence reduction of teenage pregnancy in public primary schools.
4. That all the respondents would be honest and would volunteer correct information.
5. That all the participants would be competent to respond to the research questions.

### **1.12 Operational Definitions of Key Terms**

**Guidance and Counseling Strategies:** include career and guidance activities designed by headteachers to encourage girls to enrol to schools.

**Implementation of Child Protection Strategies:** refers to the following; punishing those who abuse or bully girls and enforcement of girls' protection laws.

**Involvement of Parents:** refers to engagement of parents to advise and teacher girls on abstinence and monitor behaviour of teenagers.

**Provision of Socio-economic Support:** refers to a process of availing support to students, especially girls to keep them away from illicit behaviour patterns and reduce cases of teenage pregnancy.

**Reduction of Teenage Pregnancy:** refers to the lowering of the number of cases pregnancies which occur among students aged below 20 years.

**School Management Strategies:** are a set of activities which primary schools undertake to reduce cases of teenage pregnancy in primary schools. These include; guidance and counseling, implementation of child protection policies, involvement of parents and provision of socio-economic support.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter highlights the literature of the previous studies covered and related to the researcher's area of study. The researcher provides divergent views that are critical to different authors who raised various versions related to the issues being investigated. The review is based on the concept of teenage pregnancy in primary schools, the concept of school management strategies and the influence of guidance and counseling strategies, implementation of child protection policies, involvement of parents and provision of socio-economic support on reduction of teenage pregnancy in public primary schools. It also provides a summary of the literature showing the gaps identified during the review.

#### **2.1 Empirical Literature Review**

Empirical literature is reviewed based on the concept of teenage pregnancy in primary schools, the concept of school management strategies and the influence of guidance and counseling strategies, implementation of child protection policies, involvement of parents and provision of socio-economic support on reduction of teenage pregnancy in public primary schools.

##### **2.1.1 The Concept of Teenage Pregnancy**

Teenage pregnancy is a pregnancy that occurs for a woman under the age of twenty. Johnson (2013) asserts that, although technically not a teenager, a young woman 12 or under who is pregnant falls into this definition of teenage pregnancy as well. World Health Organization (2014) also defines teenage pregnancy as unintended pregnancy of a female occurring between the ages of 13-19 years. According to WHO (2014), about 16 million women aged 15 to 19 years old give birth each year, most in low middle-class

income countries. United Nations Children's Fund (UNICEF) (2016) also asserts that the main rise in teen pregnancy rate is among girls younger than 15 years and close to 25% of teen mothers have second child within two years of the first birth. The statistics do not include those pregnancies that began in women aged 19 years if they did not end the pregnancy on or after the woman's 20<sup>th</sup> birthday. The 2014 world health statistics indicates the average global birth rate among 15 to 19 years old is 49 per 1000 girls. The worldwide teenage pregnancy rates range from 143 per 1000 in Sub Saharan countries to 269 per 1000 in South Korea.

In the United States, with over 200,000 babies being born to teenage women, teenage pregnancy or adolescent pregnancy isn't an uncommon occurrence (Pearson, Evans & Kounali, 2013). However, that doesn't stop teenage women who are expecting from feeling daunted by their pregnancy, particularly if it was unplanned. According to Pearson et al (2013), every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 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 15 years give birth in developed regions. Despite this overall progress, because the global population of adolescents continues to grow, projections indicate the number of adolescent pregnancies will increase globally by 2030, with the greatest proportional increases in West and Central Africa and Eastern and Southern Africa (Odejimi, Fuller & Bellingham-Young, 2011).

Teenage pregnancy is a global phenomenon and a public health importance affecting both high- and low-income nations with the highest prevalence in Sub-Saharan Africa. It is estimated that 13 million children are born to women under the age of 20 years worldwide annually and more than 90% of these occur in Sub-Saharan Africa (Envulada, Agbo &

Ohize, 2014). In Niger for example, 87 % of the women were married and 53% had given birth to a child before the age of 18 years (Envulada et al, 2014). In Mali, one out of five adolescent girls will give birth in a given year, and most of the births are first to which they carry the highest risk of serious medical complications and higher infant mortality rate than elder women. It also imposes heavy burden on each country's healthcare system as these young mothers also need ante-natal care and maternal child health services (Manlove, Ikramullah, Mincieli, Holcombe & Danish, 2014). The Central Bureau of Statistics of Kenya (CBS, 2014) reported that pregnancy and child births are second cause of death among 15 to 19 year old mothers. Globally, some 3million unsafe abortions among girls take place each year contributing to maternal deaths and lasting health problems, while each child-bearing increase morbidity and mortality.

In Kenya, a report by the Ministry of Public Health and Sanitation (2012) showed that teenage pregnancy has alarming statistics. Kenya is among the countries with a large number of adolescent pregnancies globally. 7.3 million births are by girls between 15 and 19 years, and 2 million are girls under 15 years. 90% of the 2 million are already married; therefore, Kenya contributes to having 103 in every 1000 pregnancies. According to Kenya National Bureau of Statistics (KNBS, 2019), Kenya is one of the countries with the highest level of teen pregnancy and nearly 3 in every 10 teen girls are having babies. The Kenya Medical Research Institute (KEMRI) indicates that 30% of teenage girls in most urban centers get pregnant before their 15<sup>th</sup> birthday.

A new report shows that Kiambu, Kisumu and Kakamega top in cases of teenage pregnancy, while Machakos has the least. The teenage pregnancy statistics indicated that nearly 80 % of teenage pregnancies are unintended and 4 out of 10 girls whose first intercourse experience happened at 13 or 14 years report that sex was unwanted.

### **2.1.2 The Concept of School Management Strategies**

School management strategies are a set of approaches designed, developed and practised by schools to reduce cases of teenage pregnancy. A critical component of reducing teenage pregnancy in primary schools has been the management strategies of offering a continuum of placements to provide the least restrictive environment appropriate to meet the needs of all students (Landrum, Katsiyannis & Archwamety, 2014). This continuum ensures that appropriate placements and necessary services will be available for students with even the most specific and intense needs. In the United States, with the passage of No Child Left Behind (NCLB) in 2001 and the reauthorization of the Individuals with Disabilities Educational Act (IDEA) in 2004, primary school management is now being held to a higher level of accountability for mitigating the scourge of teenage pregnancy among students.

As a result, many schools have, as a practice began to implement school wide academic and behavioral service delivery models designed to assist educators in providing varying levels of support for girls within school environment. According to Fuchs, Fuchs and Stecker (2010), use of different school management has helped to in reducing cases of teenage pregnancy in primary schools, with some advocates and professional organizations calling for the inclusion of all girls who have become victims of the menace. In an inclusion model, girls are educated in classrooms, and supports are provided both to the girls within that classroom environment.

Stakeholders such as teachers, educated learners and parents as role models are frequently called upon to provide these supports through a variety of consultative roles along with providing individualized assessments, specialized instruction and collaborating with teachers through the use of co-teaching arrangements (Volonino & Zigmond, 2017).

In theory, reduction of teenage pregnancy in primary schools incorporates the best of education by offering girls access to education curriculum while providing individualized socio-economic support and services. Several benefits have been associated with reduction of teenage pregnancy in primary schools including increased socialization and academic achievement (McDuffie, Landrum & Gelman, 2016). However, the educational needs of students. Especially girls extend beyond enrolment and the academic domain and include specific instruction in behavioral and coping strategies and social skills. For many girls, these skills are learned through a gradual and informal process where no specific instruction is needed (McDuffie et al, 2016).

In the past, girls were educated primarily in restrictive, separate facilities, including special schools and residential treatment centers that focused on behavioral interventions and social skills training (Simpson, 2014). In recent years due to the increasing popularity of inclusion models this practice is much less common in schools. According to a literature review conducted by Trout, Nordness and Epstein (2013) nearly 82% of girls are now being served in school buildings with less than 26% spending more than one-fifth of their day outside of classroom. Behavioral issues in the classroom are often seen as interfering with instruction, demanding teacher attention, impeding social relationships with adults and other students and damaging the educational experiences of all girls in the environment (Lane, 2014).

It might appear that the solution to the issue of inclusion of girls is to provide supports and specialized services, such as behavioral interventions and social skills training, within the general education environment. In the context of this study, school management strategies under focus will include guidance and counseling strategies, implementation of

child protection policies, involvement of parents and provision of socio-economic support.

### **2.1.3 Guidance/Counseling Strategies and Reduction of Teenage Pregnancy**

Guidance and counseling have been conceived internationally in different ways. Norwhich (2015) defined guidance and counseling as an interaction process co-joining the counselee, who is vulnerable and who needs assistance and the counselor who is trained and educated to give this assistance, the goal of which is to help the counselee learn to deal more effectively with himself or herself and the reality of his or her environment. Eddy (2013) posits that one of the functions of education is to provide opportunities for each student to reach her full potential in the areas of educational, vocational, personal, and emotional and moral development.

In a study conducted in the Netherlands, Kauchak (2011) revealed that guidance and counseling practices adopted by different schools form an integral part of lifeskills education and is centered directly on this function. Guidance and counseling services prepare students to assume increasing responsibility for their decisions and grow in their ability to understand and accept the results of their choices (Kauchak, 2011). The ability to make such intelligent choices is not innate but, like other abilities, must be developed.

Cognizant of these assertions, Nugent (2011) indicated that, next to counselors, teachers are the most important components in implementing a successful comprehensive guidance programme as a strategy for reducing cases of teenage pregnancy. Othman and Baker (2012) conducted a study in Malaysia which revealed that teachers represent the first line of defense in identifying students' special needs which positively or negatively hamper their desire to enroll and participate in school activities and desist from engaging in illicit activities which might lead to teenage pregnancy.

They are the key advisors to the children and represent the best hope of personalization of learning. Othman and Bakar (2012) indicated that teamwork between teachers and counselors is a necessity for guidance programs to thrive. However, inconsistent with these assertions, Myrick (2014) argues that some teachers hold misconceptions about the role and function of counselors. For guidance and counseling to be comprehensive, according to Eddy (2013), it should also be relevant for students and not merely maintain a status quo. It must be purposeful, and designed to meet the priority needs of the students and one aimed at enhancing their desire to enrol into schools.

Eddy (2011) further posits that these needs should be met in an efficient and effective manner. It should be stable and unaffected by the loss of personnel, as this determines the extent to which it meets the desired goals and objectives. In Moscow, Brammer (2015) and Patterson (2014) observe that the students with a problem must be willing to seek assistance from a counselor and if he or she is unable to do this, then it is very difficult to work cordially with him or her. The teacher cannot create this readiness in students; it must come from within the student who has the problem.

In most countries in Sub-Saharan Africa, it is a popular view that successful school guidance and counseling involves, to some reasonable degree, voluntary students' participation (Celestine, 2012). For example, in South Africa, Othman and Bakar (2012) have noted that how a student perceives guidance and counseling might serve as a barrier to the process to realize its key objective of shaping students' behaviours such as reducing cases of teenage pregnancy. In Kenya, provision of guidance and counseling services in schools was formally started in the 1970s (Celestine, 2012). This was as a result of the 1967 and 1968 careers conference reports. This was followed with the establishment of Guidance and counseling unit in the Ministry of Education in July, 1971.

Before this year (1971), guidance and counseling services in schools mainly concentrated on career guidance which was almost entirely based on the voluntary efforts of teachers who somehow felt motivated to provide it. In primary school settings, guidance and counseling services were commenced to cater for learners with social, personal, psychological, educational and vocational problems (Republic of Kenya, 2009). In a study carried out in Kisumu District, Jack and Enose (2010) indicated that the role of guidance and counseling in the management of students' discipline in Kenya has been recognized by the various government policy documents since independence.

The "Report of the National Committee on Educational Objectives and Policies of 1976," popularly known as the Kamunge Report, recommended that guidance and counseling be taught using subjects like Religious Education, Social Education and Ethics in primary schools to enable the school promote the growth of self-discipline among learners (Muola & Ileri, 2010). Despite this recommendation, the use of guidance and counseling services in Kitui Central Sub-county is still wanting as a strategy developed to reduce incidences of teenage pregnancy in primary schools.

Although, the Ministry of Education made a move to curb the unbecoming behavioural tendencies among students in schools by enacting the Children's Act in the year 2001, which provides that students should be entitled to protection from physical and psychological abuse by any person, incidences of teenage pregnancy among students are still being reported in most schools (Ramani, 2012). This move led to the need for a new approach to education to be formulated and a new management strategy and practice to increase reduction of teenage pregnancy in primary schools. According to Education Act Cap 212 of the laws of Kenya, (1968), corporal punishment was used as a corrective measure to instill discipline in wayward learners.

According to John (2014), increased cases of teenage pregnancy intimate that students have and face social, psychological and educational problems which can effectively be alleviated by adequate provision of guidance and counseling services. In other words, school guidance and counseling adopted should enhance the need for the students to be listened to, be understood well and then be guided out of their straining circumstances. However, these assertions need further re-examination as John (2014) and other empirical researchers had failed to articulate how each guidance and counseling practice adopted by schools influence reduction in the number of cases of teenage pregnancy in primary schools.

#### **2.1.4 Implementation of Child Protection Policies and Reduction of Teenage Pregnancy**

Girls' rights and their power to drive social change and achieve inclusive are crucial to sustainable human development. This recognition comes at a time of increased global interest in understanding and offering solutions to the challenges which girls face as they enter the second decade of their lives. Consistent with these assertions, Jayaweera (2012), in a study carried out in Sri Lanka, indicated that aspirations and struggles frequently associated with being a girl include making one's voices heard and counted; participating in community and peer activities; obtaining quality primary and higher education; avoiding girl marriage; receiving information and services related to puberty and reproductive health, which includes protecting themselves against unwanted pregnancy, sexually transmitted disease and gender-based violence. These findings affirm the fact that social protection is highly relevant to the agenda of girls' empowerment, as it brings a transformative approach, grounded in human rights. Given such a scenario, Stacki (2012) asserts that ensuring that girl, especially those in poor households, enrol to primary

schools requires not only an inclusive quality educational system but also additional support to cover informal costs associated with schooling and transportation, access adequate food, and ensure their home environments are caring and nurturing. Consistent with these assertions, Drake and Owen (2017), in a study conducted in the United Kingdom, noted that the role of school and social protection in realizing girls' right to education will differ based on each individual country context and the factors affecting girls and households' decisions around schooling. In some contexts, placing social workers in schools and providing stipends may go a long way to motivating to enrol into schools, reduce cases of teenage pregnancy and preventing them from dropping out.

According to Drake and Owen (2017), most school girls spend the majority of their waking hours in school and parents place their trust in school management and staff giving them the primary responsibility for assisting their girls to develop to their full potential. The vast majority of teachers and other school staff work tirelessly to ensure the education of future generations (Drake & Owen, 2017). There are, however, a select few who use the power inherent in their role to abuse that trust and to target vulnerable girls for sexual abuse.

In a study conducted in the Netherlands, Brosig and Kalichman (2014) suggested that most schools need to provide a safe environment for the education of girls where there are professional relationships based on care, respect and trust. Brosig and Kalichman (2014) further posited that, for many teachers and other school staff, promoting the social and emotional development of girls is a critical and central aspect of their role and there is no doubt that many who work in education have a profound effect on the lives of their girls. Conversely, the power imbalance present in this influential relationship may be abused, resulting in long-term trauma for the girl (Camblin & Prout, 2014).

This is particularly the case for some sex offenders who use their role in educating girls to target and abuse victims. Thus, if there is need to prevent sexual abuse by teachers, other school staff and those who hold positions of trust in education, it is important to gain a better understanding of what grooming behavior look in the context of those working in schools. It is therefore of critical importance that those involved in education have a greater understanding how these adults groom and entrap their school-going girls.

In another study conducted in Australia, Finlayson and Koocher (2013) asserted that this understanding will assist schools to develop and enforce effective safeguarding policies and engage in safe school protection strategies to prevent abusive behavior from occurring and deal more appropriately with concerning behaviors when they are identified so as to enhance enrolment and girl education. A guide to inter-agency working to safeguard and promote the welfare of girl, Australian Education Act (2006) sets out the duty of schools in safeguarding and promoting the welfare of girls under section 175 of the Act. The same duty applies to independent schools, academies and free schools under section 157 of the same Act. The 2006 DCSF guidance “Safeguarding school-going children and safer recruitment in education” Annex A reinforces that: ‘Under the Sexual Offences Act 2003 it is an offence for a person over 18 such as teacher and youth worker to have a sexual relationship with a girl under 18 where that person is in a position of trust in respect of that girl, even if the relationship is consensual.

This applies where the girl is in full-time education and the person works in the same establishment as the girl, even if he or she does not teach the child. Consistent with these assertions, Slavenas (2013) indicated that creating a culture that enables concerns about safeguarding and child protection to be expressed and addressed may include whistle blowing procedures.

Clear expectations of staff behavior should be set out in a code of conduct. In most countries in Sub-Saharan Africa, Volpe (2011) posits that, in creating a safe environment and culture in the school, schools should be aware of the critical importance of promoting the emotional health and wellbeing of the girl if they are to achieve their potential rather than focus exclusively on attainment. Volpe (2011) further indicated that a culture of openness and transparency should be promoted which in turn encourages vigilance and a sense of shared responsibility for the safeguarding of girls to enable them progress well in education.

In South Africa, Turbett and O'Toole (2013) asserted that this culture promotes listening and open communication whereby girl, parents/carers and all staff, irrespective of their role are facilitated to communicate about worries, are listened to and their concerns are taken seriously. Turbett and O'Toole (2013) asserted that contact names and numbers for internal and external support services should be made available to ensure that girls and their families know who they can talk to if they are worried. In Kenya, to create a positive and safe environment for girl in school, most schools have clear guidelines or a code of conduct for all those involved: staff, volunteers, pupils and parents/carers (Ministry of Education, 2019). It is essential that everyone involved in the school community knows what behaviour is acceptable and what is not.

Mwangi, Peterson and Munene (2016) posit that when expectations are clear, individuals who are not adhering to this standard of practice can be challenged. It is important that schools have procedures in place for dealing with girl protection concerns, disclosures or allegations in order to support staff/volunteers, young people and parents through the process of reporting any concerns. In a conducted in Nakuru West District, Korir (2010) asserted that it is essential for schools to keep accurate records of all incidents and

concerns arising in relation to members of staff or volunteers. Korir (2010) indicated that the significance of each seemingly small piece of information is only appreciated when all the information is considered and patterns of behavior are detected. Whole school staff, volunteers and parents must be made aware of the appropriate avenues for pursuing complaints when they are unsatisfied with the internal response to their concern. All sections of the school community need to be made aware, in an appropriate way, of the policy and procedures and their responsibilities.

Korir (2010) indicated that paramount is the understanding that the protection and welfare of the girl is the priority and that any concern about the behavior of a member of staff or other adult working in school must be reported immediately. This should be embedded in the curriculum and ethos in the school. In Kitui Central Sub-county, schools have made effective use of opportunities in the curriculum to help children and young people understand what constitutes sexual abuse and to raise awareness of behaviors that are of concern or unacceptable and teach girl and parents how to seek help appropriately (UNICEF, 2014).

Consistent with these assertions, schools have not avoided the potentially sensitive area of abuse as research indicates that there are gaps in girl's knowledge with regard to keeping themselves safe from abuse. Prevention education should include a comprehensive safety education programme for everyone in the school. However, Mwangi *et al* (2016) and Korir (2010) have not indicated how implementation of child protection policies translates into reduction of teenage pregnancy in primary schools; a research gap which this study sought to address.

### **2.1.5 Involvement of Parents and Reduction of Teenage Pregnancy**

A common motif that emerges from the literature on girls' education is the significant influence that stakeholders such as female teachers, educated learners and parents as role models can have both in encouraging more girls to enrol in school and reduce cases of teenage pregnancy. According to Hill and Hill (2013), sound discipline and safe environment underpins every aspect of school life. For successful teaching and learning to take place, it is essential that good discipline exists in every classroom in particular and in the school as a whole, and learners need to learn to the best of their abilities in an orderly and safe environment.

Parental involvement is considered vital to the success and improvement of a school by reducing cases of teenage pregnancy. In other words, involvement of parents improves communication and public understanding and allows for the incorporation of the perspectives, experiences and expertise of participating community members to improve reform proposals, strategies or processes on how to reduce cases of teenage pregnancy in primary schools. Mtsweni (2013) opines that parents share the responsibility of promoting value and standard discipline which help to establish sound behavioral codes for life for their children.

In keeping with these assertions, Castello, Gotzens, Badia and Genavard (2010) carried out a study in Spain which revealed that parents are responsible for maintenance of discipline and a reduction in cases of teenage pregnancy. According to Castello et al (2010), beyond their responsibility for school management and teaching, parents are also responsible for the moral development of learners and to ensure that they become law-abiding citizens. This implies that, within the school community, parents are expected to respond in a controlling fashion to violations of the institutional rules of the school and

forms of behaviour teenage pregnancy that has a direct bearing on the moral domain. In the same token, Kraft and Shaun (2011) report that, in the United States of America, cases of teenage pregnancy among students are rife and parents' involvement is lacking. Kraft and Shaun (2011) support this view by stating that if students with behavioural problems realize that their parents and educators are collaborating to manage difficulties, they experience more consistency and feel more contained. This implies that the relationship amongst parents has great benefits since students feel more secure and perform and behave better if their parents and other caregivers are involved in school activities.

Parents can have a great impact on their children's behaviour by ensuring that they arrive at school on time, behave correctly, wear relevant clothing, are in possession of required books and equipment and complete tasks on time. Besides, for teachers to maintain discipline in schools they need support from parents to promote discipline. To corroborate these assertions, Ojedapo (2011) carried out a study in the Netherlands which established that improved instruction, better learning, and enhanced school effectiveness or organizational efficiency are the most commonly cited reasons for implementing collaborative school practices such as parental involvement. According to Ojedapo (2011), this is achieved because moving the school closer to the stakeholders and listening to the sentiments of concerned parties create a synergy and interdependence or connectedness that promote a learning organization towards better decisions concerning rising cases of teenage pregnancy among students.

This is indicative of the fact that allowing parents to take part in decision-making yields salutary results and reduced cases of teenage pregnancy. In many countries in Sub-Saharan Africa, parents play an important part in school management and reducing teenage pregnancy.

A study carried out in Botswana by Garagae (2006) established that primary school management makes full use of the strengths available to it through partnerships with parents and other supporting agencies. Such relationships are all used to enhance the quality of the school since parents help maintain high expectations. According to Garagae (2006), for the smooth running of the school and for good behaviour among students to be realized, primary schools need to enlist parents as partners. Parents must be helped to feel that they are important parents in their children's education (Garagae, 2006). For this purpose, home-school links should be established through a variety of means such as frequent activities that involve parents in educational matters. On their part, parents such as parents need to regard the establishment of home-school collaboration as a responsibility.

In Kenya and Kitui Central Sub-county in particular, the scenario is similar. For example, a study conducted in Nyandarua and Laikipia Districts by Kiumi, Bosire, and Sang (2009) established that level of teenage pregnancy depends on whether the headteacher, as the chief executive of the school, enlists the support of teachers and parents in discipline management. The study hypothesized that an inclusive discipline management approach is more likely to increase teachers and parental input on discipline management. However, much still needs to be done since Kiumi et al (2009) as did other empirical studies have not interrogated the extent to which specific roles undertaken by parents help reduce cases of teenage pregnancy in public primary schools, thus, the study.

#### **2.1.6 Provision of Socio-economic Support and Reduction of Teenage Pregnancy**

Provision of socio-economic support to girls is key to reduction of cases of teenage pregnancy which acts as motivation and interest arouse a girl's curiosity to learn, respond and attend to subject matter.

In other words, creating incentives through financial support is one best example of equalizing opportunity for adolescent girls in schools which serve to reduce cases of teenage pregnancy. According to the EFA Global Monitoring Report (2011), there is a growing body of evidence which shows that financial incentive is a powerful antidote to gender disparity. These can either be through cash transfers or through measures that reduce the financial barriers to girls' education. It includes cash or in-kind incentives linked to school attendance. Incentives can help get girls into school and lower the barriers to their progress in the education system.

In a study carried out in Italy, Lazarus, Elizabeth and Winnie (2014) found that the commonest sanitary facility in schools is a toilet and when the facility is clean, girls feel comfortable and not threatened to contract any diseases. In schools where there are no provision of water and sanitary pads, menstruating girls are forced absent from school and seek help from male friends who, in turn, demand for sex. This lends credence to the assertions by FAWE (2014) that lack of sanitation facilities affects the girl child worst because facilities are unlikely to be gender responsive and the sanitary conditions of schools are often appalling, creating health hazards and other negative impacts, thus schools are not safe for girls, proper hand-washing facilities inclusive.

This points to the fact that management strategies most schools adopt play critical roles in reduction of teenage pregnancy in primary schools. To lend credence to these assertions, Unterhalter and Dutt (2015), in a study conducted in India, posit that the vast amount of research, which has been done on the relationship between these two types of motivation and learning, indicates that intrinsic motivation is of particular significance to sustained girl learning. Unterhalter and Dutt (2015) further posit that intrinsic motivation is enhanced when school management strategies promote a girl's sense of personal

autonomy, when they feel supported and safe, when their school work is challenging but also relevant to their lives and when it builds on their experiences. Unterhalter and Dutt (2015) believe that a girl's experience in the classroom such as interactions with the curriculum, teachers and peers, has a strong effect on her involvement and learning in a subject. Consistent with these assertions, Stacki and Pigozzi (2015), in a study carried out in 17 Grade III schools in South Asia, noted that, in some schools, the interest, motivation and achievement of boys is enhanced as a practice, while females experience discouragement due to factors related to curriculum, instruction and assessment.

Stacki and Pigozzi (2015) cite a commonly noted bias as the portrayal of men as "active" in the generation and application of knowledge, while females are portrayed as "passive" and occupying subordinate positions. In other words, contemporary and historical examples of the contributions of women to modern science and local scientific knowledge are often excluded from the textbooks used in African countries. Examples of local scientific practice and indigenous knowledge production in which females are directly involved are even more likely to be absent. Girls' dissatisfaction with the way in which teaching is presented in the classroom has a negative impact on their interest in learning.

In most countries in Sub-Saharan Africa, studies have shown such connections are of interest to both boys and girls, with girls particularly drawn to topics that involve helping others (Stacki & Pigozzi, 2015). Yet, despite efforts in some countries to address these biases, they persist. This lack of socio-economic support has made girls to shy away from schools which has, in turn, seen an increase in cases of teenage pregnancy in primary schools. In a study conducted in Nigeria, Igbuzor (2011) revealed in schools where school management offers different forms of socio-economic support for girls, their number tends to increase as more get enrolled.

However, Igbuzor (2011) underscore the fact that, in many schools, teachers tend to give boys more education feedback than girls, call on boys more often, give them longer time to answer, and more frequently ask them higher order questions than they do girls. In Kenya and Kitui Central Sub-county in particular, provision of incentives and other motivation strategies adopted by school management play an influential role in schools and act as a primary source of gendered messages received by girls (Sifuna, 2016). Most of the in school is spent with teachers, who are responsible for curricular and organization decisions and hold a position of authority relative to their girls. Teaching has also traditionally been done in a more competitive and teacher-centered manner, which has tended to dampen girls' interest in going to schools.

A study conducted in Kitui Central Sub-county by UNICEF (2014) echoes similar views. The study reveals that girls are given less time than boys for a task in science classrooms and boys are generally given more opportunities to ask and answer questions, to use equipment and learning materials, and to lead groups. That is, interactions with girls tend toward social, non-academic topics, and girls are less frequently called on to help with demonstrations or experiments. However, UNICEF (2014) and other empirical studies have fallen short of specifying each form of motivation strategies and approaches adopted enhance a reduction of teenage pregnancy in public primary schools. UNICEF (2014) has not indicated how provision of socio-economic support by schools enable girls to be actively engaged in going to school and undertake academic activities, boost their self-confidence and lower cases of teenage pregnancy; thus, the study.

## **2.2 Theoretical Literature Review**

The study was guided by the following two theories. These included; the school management theory and theory of planned behaviour.

### **2.2.1 The School Management Theory**

The study was guided by School Management Theory which as postulated by Kuo (2009). This theory addresses how managers and supervisors relate to their organizations in the knowledge of its goals, the implementation of effective means to get the goals accomplished and how to motivate employees to perform to the highest standard. The central focus of this study is that although school managers in different parts of the world could have achieved managerial success without having basic theoretical knowledge in management, it has to be unequivocally emphasized that those managers who have mixed management theory in their day-to-day practice, have had better chances of managing their organizations more efficiently and effectively to achieve both learners' enrolment and organizational objectives.

Thus, the rationale of using this theory in this study is that to reduce cases of teenage pregnancy and thus enhance enrolment of girls into schools, school managers ought to appreciate the important role they play and strategies therein in their respective primary schools. The school managers need to adopt strategies geared towards a reduction of teenage pregnancy in primary schools and to promote excellence among all learners in such schools.

### **2.2.2 Theory of Planned Behaviour**

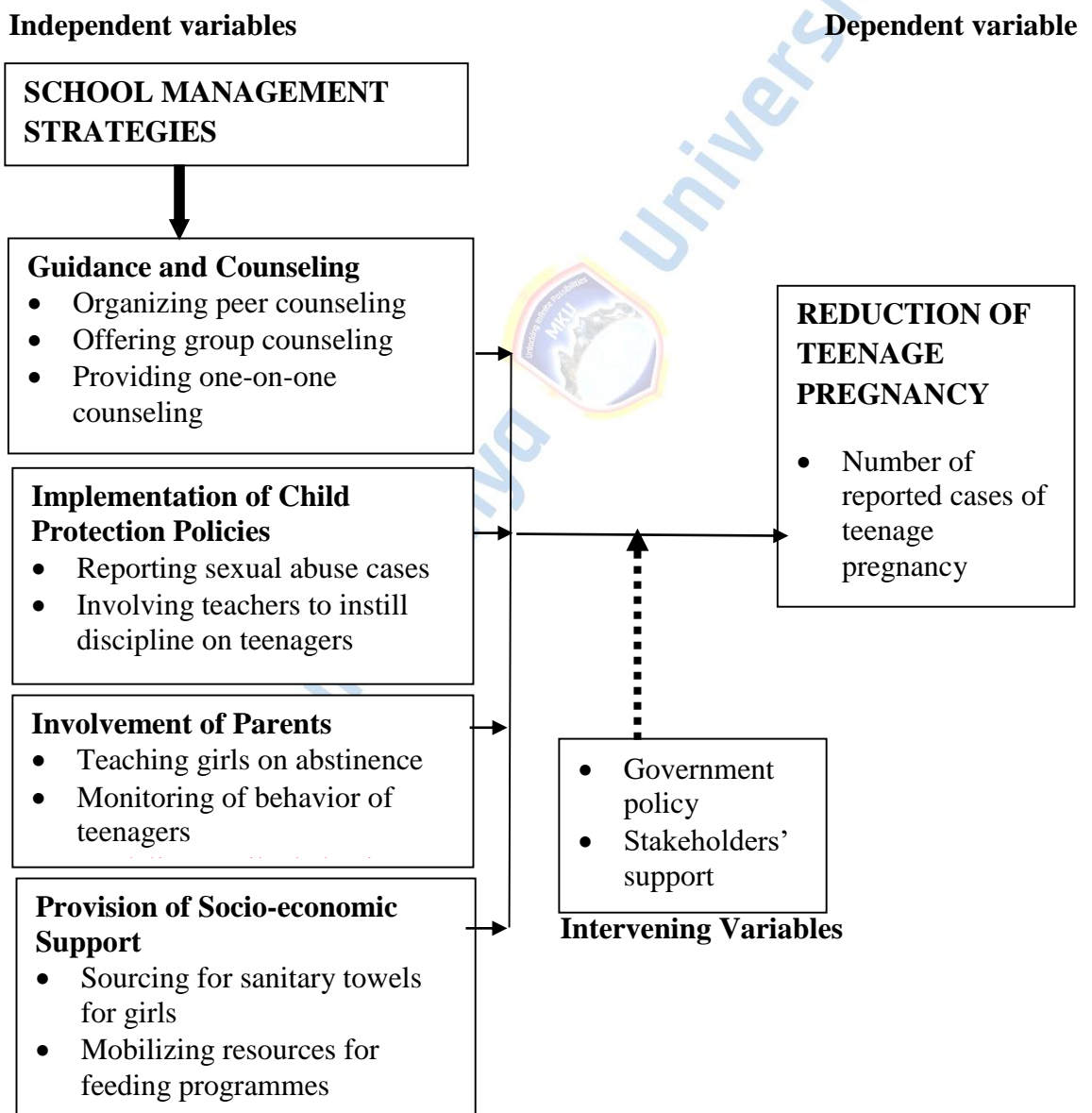
This study was also guided by theory of planned behaviour (TPB) which was postulated by Ajzen (1991). This theory was premised on a well-established social-cognitive model for predicting a variety of human behaviors. According to Ajzen (1991), TPB is a linear model which discusses attitudes, perceived norms, and perceived control which directly influence behavioral intentions, which, in turn, affect behavior. In other words, under TPB, norms and attitudes moderate the influence of perceived behavioral control on

intentions. This theory assumes that the best predictor of behavior is behavioral intention, which is guided by two major constructs. In other words, Ajzen (1991) asserts that how strong an attempt the individual makes to engage in the behavior and how much control that individual has over the behavior (behavioral control) are influential in whether he or she engages in the behavior. Behavioral intention is produced from a combination of attitude toward the behavior, subjective norm, and perceived behavioral control. In the context of this study, this theory is particularly relevant to sexuality education because it focuses on beliefs and values which strongly influence the decisions young people make about their sexual behavior. In addition, the relevance of this theory in this study is that it underscores the fact of sexual behaviour such as unprotected sex in teenage mothers as the major contributor to teenage pregnancy.



### 2.3 The Conceptual Framework

The conceptual framework for this study was based on school management strategies reflected through guidance and counseling strategies, implementation of child protection policies, involvement of parents and provision of socio-economic support which constituted independent variables. Reduction of teenage pregnancy constituted dependent variable. Government policy and stakeholders' support constituted the intervening variables as shown in Figure 1;



**Figure 1: The Conceptual Framework of the Study**

Source: Researcher (2024)

## **2.4 Research Gaps**

The literature review has revealed numerous research and knowledge gaps. For example, on guidance and counseling in relation to reduction of teenage pregnancy, John (2014) and other empirical researchers have failed to articulate how each guidance and counseling practice adopted by schools influence reduction in the number of cases of teenage pregnancy in primary schools. On implementation of child protection policies and reduction of teenage pregnancy, studies by Mwangi *et al* (2016) and Korir (2010) have not indicated how implementation of child protection policies translates into reduction of teenage pregnancy in primary schools. On involvement of parents and reduction of teenage pregnancy, Kiumi *et al* (2009) as did other empirical studies have not interrogated the extent to which specific roles undertaken by parents help reduce cases of teenage pregnancy in public primary schools.

On provision of socio-economic support and reduction of teenage pregnancy, a study by UNICEF (2014) as well as other empirical studies have fallen short of specifying each form of motivation strategies and approaches adopted enhance a reduction of teenage pregnancy in public primary schools. UNICEF (2014) has not indicated how provision of socio-economic support by schools enable girls to be actively engaged in going to school and undertake academic activities, boost their self-confidence and lower cases of teenage pregnancy. These were the research and knowledge gaps which this study sought to address.

## **2.5 Summary of Literature Review**

From the literature review, it is evident that primary school management adopt a multiplicity of strategies to reduce cases of teenage pregnancy among students. These management strategies include guidance and counseling, implementation of child

protection policies, involvement of parents and provision of socio-economic support. According to John (2014), increased cases of teenage pregnancy intimate that students have and face social, psychological and educational problems which can effectively be alleviated by adequate provision of guidance and counseling services. In other words, school guidance and counseling adopted should enhance the need for the students to be listened to, be understood well and then be guided out of their straining circumstances. Schools are required to formulate ways of protecting children at school against any form of abuse.

Mwangi et al (2016) aver that schools ought to make effective use of opportunities in the curriculum to help children and young people understand what constitutes sexual abuse and to raise awareness of behaviors that are of concern or unacceptable and teach girl and parents how to seek help appropriately. According to Mwangi et al (2016), prevention education should include a comprehensive safety education programme for everyone in the school. From the review, parents play an important role in reducing cases of teenage pregnancy among pupils. According to Kiumi et al (2009), level of teenage pregnancy depends on whether the headteacher, as the chief executive of the school, enlists the support of teachers and parents in discipline management.

UNICEF (2014) asserts that girls are given less time than boys for a task in science classrooms and boys are generally given more opportunities to ask and answer questions, to use equipment and learning materials, and to lead groups. However, much still needs to be done since the review has not established how each management strategy adopted by primary schools influence reduction of teenage pregnancy among learners, schools, hence the need for this study.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

In this chapter, the researcher presents the methodology which the study followed. It explains the design, location of study, target population, sampling procedures and sample size, research instruments, methods of testing the validity, reliability, credibility and dependability, data collection procedures, data analysis procedures and ethical considerations.

#### **3.1 Research Methodology**

In this study, mixed methodology was adopted which employed both quantitative and qualitative methods. This approach was suitable since this study involved collection and analysis of both quantitative and qualitative data in a single study. According to Creswell (2014), in quantitative method, the researcher asks specific questions and collects quantifiable data from a large number of participants. In this case, data were collected using questionnaires. At the same time, qualitative data were collected by relying on the views of participants and collecting data consisting largely of words from the participants. In this case, data were collected using interview and focus group discussion guides.

#### **3.2 Research Design**

The study used concurrent triangulation design since it is a single-phase design in which the researcher implemented the quantitative and qualitative methods during the same timeframe and with equal weight. This design generally involves the concurrent, but separate, collection and analysis of quantitative and qualitative data so that the researcher may best understand the research problem (Creswell, 2014). The researcher merged the two data sets through triangulation. This design was suitable for this study since it enabled the researcher to collect both quantitative and qualitative data.

This design enabled gathering of data that described events and then organized, tabulates, depicted and described the data collected. This was followed by in-depth and narrative descriptions of small numbers of cases.

### **3.3 Location of Study**

The study was carried out in Kitui Central Sub-county in Kitui County. The sub-county has an approximate population of 105, 991 persons and covers an area of 421.8 km<sup>2</sup>, that is, a population density of 251 persons per km<sup>2</sup> (KNBS, 2019). The main economic activities in Kitui Central Sub-county include; sand harvesting, farming and trade. However, as indicated in the background, cases of teenage pregnancy have been on the rise in many public primary schools in Kitui Central Sub-county. As indicated earlier, a report by the Ministry of Health (2015) shows that 23.1% of school-going girls aged 10-14 years in Kitui Central Sub-county have already begun child-bearing; 20.1% are mothers and an additional 9.3% are pregnant with their first child. Miriti and Mutua (2019) also indicate that, in Kitui Central Sub-county, cases of teenage pregnancy in primary schools at 27.9% among pupils. However, the problem still persists as though unabated. This informed the researcher's focus on Kitui Central Sub-county as the location of study.

### **3.4 Target Population**

Kitui Central Sub-county has 25 public primary schools and thus, the target population was 1182 respondents which comprised 25 headteachers, 457 teachers, 200 parents' representatives and 500 prefects as shown in Table 1:

**Table 1: Target Population of the Study**

<b>Categories</b>	<b>Target Population</b>
Headteachers	25
Teachers	457
Parents' Representatives	200
Prefects	500
<b>Total</b>	<b>1182</b>

**Source: Kitui Central Sub-county Education Office (2024)**

### 3.5 Sampling Procedure and Sample Size

To obtain a sample size that has an adequate size relative to the goals of the study, the researcher adopted the Yamane's Formula as follows:

$$N_0 = \frac{N}{1 + N(e^2)}$$

Where,  $N_0$  = desired sample size at 95% confidence interval

$N$  = Target Population

$e$  = Confidence level of 5% (decimal equivalent is 0.05)

Thus, desired sample was:

$$N_0 = \frac{1182}{1 + 1182(0.05)^2}$$

$$N_0 = 296 \text{ respondents}$$

Stratified sampling was applied to create four strata based on the number of zones in Kitui Central Sub-county. From each zone, three (3) headteachers, three (3) parents' representatives and 50 teachers were sampled using purposive sampling considering primary schools which have had many reported cases of teenage pregnancy. This is because according to Creswell (2014), the goal of purposive sampling is to make sure that one adequately understands the variation in the phenomenon of interest in the setting and

to test the developing ideas about the setting. However, from each sampled primary school, six (6) prefects were selected using simple random sampling to avoid bias. This sampling procedure enabled the researcher to realize a sample of 12 headteachers, 200 teachers, 12 parents' representatives and 72 prefects as shown in Table 2;

**Table 2: Sampling Grid**

<b>Categories</b>	<b>Target Population</b>	<b>Sample Size</b>	<b>Sampling Techniques</b>
Headteachers	25	12	Purposive sampling
Teachers	457	200	Purposive sampling
Parents' Representatives	200	12	Purposive sampling
Prefects	500	72	Simple random sampling
<b>Total</b>	<b>982</b>	<b>296</b>	

**Source: Researcher (2024)**

### **3.6 Research Instruments**

These are tools which were used to gather information about the specific set themes of research objectives. These included questionnaire for teachers, interview guide for headteachers and parents' representatives and focus group discussion for peer counselors.

#### **3.6.1 Questionnaire for Teachers**

The study will apply a questionnaire with close-ended test items to collect quantitative data from teachers. This is because, according to Morse (2010), a questionnaire is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents and is often designed for statistical analysis of the response. The questionnaire had three sections designed to acquire information on the different variables of the study. Section A of the questionnaire gathered demographic information about respondents' gender, level of education and teaching experience. Section B gathered information on the number of reported cases of teenage pregnancy which constitutes the dependent variable of the study.

Sections C, D, E and F of the questionnaire contained test items drawn from the independent study objectives. The test items containing 5-point Likert type of questions based on the research objectives were relevant since according to Creswell (2014), Likert scale illustrates a scale with theoretically equal interval responses.

### **3.6.2 Interview Guide for Headteachers and Parents' Representatives**

In this study, the researcher used structured interviews with open-ended test items to gather qualitative information from headteachers and parents' representatives. A structured interview was important for this study since, according to Kothari (2005), it enables the researcher to ask probing and supplementary questions and develop a good rapport with the respondents and a goal-directed attempt by the interviewer to obtain reliable and valid measures in the form of verbal responses from one or more interviewees.

### **3.6.3 Focus Group Discussion (FGD) for Prefects**

In this study, Focus Group Discussions were applied to collect qualitative information from prefects (the basic unit of analysis) on the extent to which school management strategies influence reduction of teenage pregnancy in public primary schools. Here, the researcher sought their views on whether there were counseling activities in their schools, whether child protection policies are enforced, parents are involved in behaviour modification and whether there is provision of socio-economic support for learners from humble backgrounds. The sampled 72 prefects were divided into 12 groups, which were equivalent to the number of sampled primary schools with each comprising of six (6) prefects.

### **3.7 Piloting of Research Instruments**

Piloting of research instruments was conducted amongst 30 respondents from a sample of public primary schools in Kitui Central Sub-county since according to Kothari (2005), pilot sample should constitute 10% of the study sample (10.0% of 296). The purpose of piloting was to check on suitability and the clarity of the questions on the instruments designed, relevance of the information being sought and the appropriateness of the language used. The results of the piloting were also used to pretest the research instruments to validate and ascertain their reliability. It also anticipated the problems or challenges the respondents encounter such as interpretation while filling the questionnaires and time management for the data collection. In addition, the interview and FGD guides were given trial runs to ensure that questions were clearly worded and drew appropriate range of responses which assisted the researcher to identify areas of revision. Respondents in the piloting were not involve din the main study to avoid bias.

#### **3.7.1 Validity**

To test validity, items were analyzed to check for content validity where the researcher, with the help of experts in educational management, went through each item and the responses given to establish whether the items generated the required information. Test items that were not adequate in terms of generating the required information were dropped and others suggested that were appropriate in generating the information. In this study therefore, soon after interviewing, the researcher transcribed the interview results and sent them back to the interviewees for approval or disapproval of the interpretations made. Suggestions given thereafter were accommodated in the study for improving the validity of the conclusions to be made. This is because according to Creswell (2014), researchers evaluate content validity by going to a panel of experts and have them identify whether the questions are valid.

### **3.7.2 Reliability**

To improve the reliability of the instruments, the researcher, with the help of the supervisor, critically assessed the consistency of the responses on the pilot questionnaires to make a judgement on their reliability. The researcher examined the research instruments for appropriateness of items to identify any ambiguous and unclear items. Such items were restated to ensure that the respondents clearly understood them. Test re-test technique was used to establish reliability of the test items. In this case, the test items were administered twice to a group of respondents. Reliability coefficient,  $r = 0.722$ , between the two sets of scores was obtained using Cronbach Alpha Method, which indicated high internal reliability. This because according to Kothari (2005), any Cronbach Alpha value between 0 and 1 implies high internal consistency.

### **3.7.3 Credibility**

The credibility was involved in establishing that the results of the research were believable and depended more on the richness of the information gathered, rather than the amount of data gathered. The researcher established the credibility of qualitative data by data triangulation through multiple analysts or experts. Creswell (2014) argues that ensuring credibility is one of the most important factors in establishing trustworthiness. In this case, the researcher linked the study's findings with reality to demonstrate the truth of the study's findings. This helped promote confidence that they had accurately accorded the phenomenon under scrutiny.

### **3.7.4 Dependability**

Dependability ensures that the research findings are consistent and could be repeated, and is measured by the standard of which the research is conducted, analyzed and presented (Bland, 2010). To address the dependability issue more directly, the processes within the study were reported in detail to gain the same results.

Such in-depth coverage also allowed the reader to assess the extent to which proper research practices had been followed. To enable the reader of the research report to develop a thorough understanding of the methods and their effectiveness, the text included the research design and its implementation, describing what was planned and executed on a strategic level.

### **3.8 Data Collection Procedures**

The researcher obtained an introductory letter from The School of Postgraduate Studies of Mount Kenya University and Authorization Letter and Research Permit from National Commission for Science, Technology and Innovation (NACOSTI). The researcher also obtained an authorization letter from The County Commissioner and County Director of Education, Kitui. These letters introduced the researcher to different sampled public primary schools to carry out the study in Kitui Central Sub-county. After obtaining the requisite letters of authorization and permits, the researcher embarked on data collection process. The researcher visited every primary school which was sampled to seek for permission and booked appointments from the participants to carry out the research and familiarize himself with the participants before the actual study. The researcher administered questionnaires to primary school teachers. At the same time, the researcher conducted interviews among the headteachers and focus group discussions among the prefects.

### **3.9 Data Analysis Procedures**

Data analysis began by identifying common themes. The relevant information was broken into phrases or sentences, which reflected a single, specific thought. The responses to the close-ended items were assigned codes and labels. Frequency counts of the responses were obtained to generate information about the respondents. Qualitative data were analyzed thematically along the study objectives and presented in narrative forms.

Quantitative data were analyzed using descriptive statistics such as frequencies and percentages and inferentially using Pearson's Product Moment Correlation Analysis with the help of Statistical Package for Social Sciences (SPSS Version 25). The quantitative findings of the study were presented using tables.

### **3.10 Ethical Considerations**

Ethical considerations in research involve outlining the content of research and what was required of participants, how informed consent was obtained and confidentiality ensured.

#### **3.10.1 Confidentiality and Privacy**

The researcher undertook to keep private any information given by the respondents that touched on their personal or their private life. The researcher assured the respondents that no private information would be divulged to a third party. The respondents were assured that no identifying information about them would be revealed.

#### **3.10.2 Anonymity**

The researcher ensured and assured the respondents that their identity would not be revealed whatsoever. Besides, no identifying information about the individual or the institution would be revealed in written or other communication.

#### **3.10.3 Informed Consent**

The nature and the purpose of the research were explained to the respondents by the researcher. The researcher explained to the respondents the procedure to be followed during data collection so that they could participate willingly.

#### **3.10.4 Storage of Data Collected**

The raw data collected were filed for easy reference. Once the data were analyzed, computer print-outs were filed while softcopies were stored in storage devices such as CDs and flash discs.

## CHAPTER FOUR

### RESEARCH FINDINGS AND DISCUSSIONS

#### 4.0 Introduction

This chapter presents the findings of the study. For clarity and chronology, it is arranged according to the four research questions that the study sought to answer. In the first section, however, demographic information about the respondents is presented, because it might be pertinent in interpreting the data that they provided.

#### 4.1 Response Rate

In this study, 200 questionnaires were administered to teachers and, in return, 179 questionnaires were filled and returned. The researcher also interviewed eight 10 headteachers and 9 parents' representatives and also conducted focus group discussions among 70 prefects. This yielded response rates shown in Table 3;

**Table 3: Response Rates**

<b>Respondents</b>	<b>Sampled Respondents</b>	<b>Those Who Participated</b>	<b>Achieved Return Rate (%)</b>
Headteachers	12	10	83.3
Teachers	200	179	89.5
Parents' Representatives	12	9	75.0
Prefects	72	70	97.2
<b>Total</b>	<b>296</b>	<b>268</b>	<b>90.5</b>

**Source: Field Data (2024)**

Table 3 shows that headteachers registered a response rate of 83.3%, teachers registered 89.5%, parents' representatives registered 75.0% whereas prefects registered a response rate of 97.2%. This yielded an average response rate of 90.5% which is consistent with the assertions of Creswell (2014) that a response rate above 75.0% is adequate. This information was important since it allowed the researcher to generalize the study outcomes to the target population.

## 4.2 Respondents' Demographic Information

The research instruments solicited demographic information of the respondents. These included gender and level of education. This was necessary because this variable could influence their ability to supply credible information about the research objectives.

### 4.2.1 Gender of the Respondents

Information about the distribution of the respondents by gender was collected and the results are shown in Table 4:

**Table 4: Distribution of the Respondents by Gender**

Gender	Headteachers		Teachers		Parents' Representatives		Prefects	
	f	%	f	%	f	%	f	%
Male	6	60.0	109	60.9	6	66.7	43	61.4
Female	4	40.0	70	39.1	3	33.3	27	38.6
<b>Total</b>	<b>10</b>	<b>100.0</b>	<b>179</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>

**Source: Field Data (2024)**

Table 4 indicates that 6(60.0%) of the headteachers were male whereas 4(40.0%) were female. In the same token, majority, 109(60.9%), of the teachers were male with 39(39.1%) being female. Similarly, two-thirds, 6(66.7%) of parents' representatives were male whereas their female counterparts constituted a third, 3(33.3%). Most of the prefects, 43(61.4%), were male while female prefects were 27(38.6%). These data reveal that there was adequate gender parity at all levels of the study and that the extent to which school management strategies influences cases of teenage pregnancy in schools concerns to male and female stakeholders. In other words, collecting information on respondents' gender is crucial in a study on school management strategies affecting teenage pregnancy because gender perspectives can reveal different experiences, roles, and responses.

Understanding these differences allows for tailored interventions, ensuring strategies are equitable and effectively address the root causes of teenage pregnancy in primary schools.

#### 4.2.2 Level of Education of Headteachers, Teachers and Parents' Representatives

The research tools also elicited information on level of education of headteachers and teachers. The results are shown in Table 5;

**Table 5: Level of Education of Headteachers and Teachers**

Level of Education	Headteachers		Teachers		Parents' Representatives	
	f	%	f	%	f	%
Secondary Education	0	0.0	0	0.0	1	11.1
Certificate	1	10.0	90	50.3	4	44.4
Diploma	4	40.0	54	30.2	2	22.2
Bachelors' Degrees	3	30.0	29	16.2	1	11.1
Postgraduate	2	20.0	6	3.3	1	11.1
<b>Total</b>	<b>10</b>	<b>100.0</b>	<b>179</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>

**Source: Field Data (2024)**

Table 5 shows that a fair majority, 4(40.0%), of the headteachers had Diplomas, 3(30.0%) had Bachelors' Degrees, 2(20.0%) had postgraduate qualifications whereas 1(10.0%) had certificate qualifications. However, slightly more than half, 90(50.3%), of the teachers had certificate qualifications, 54(30.2%) had Diplomas, 29(16.2%) had Bachelors' Degrees whereas 6(3.3%) had postgraduate qualifications. A fair majority, 4(44.4%), of the parents' representatives had certificate qualifications, 2(22.2%) had Diplomas whereas a paltry 1(11.1%) had secondary education as did those who had Bachelors' Degrees as well as postgraduate qualifications. This was important since collecting information on respondents' educational level is essential in a study on school management strategies influencing teenage pregnancy in primary schools, as it helps assess the respondents' understanding of policies, interventions, and communication

effectiveness. This insight ensures targeted strategies are informed by knowledge gaps and varying educational backgrounds, enhancing intervention success. This also reinforced the expectations that they were competent to respond to questions on the extent to which school management strategies influence reduction of teenage pregnancy in public primary schools.

#### 4.3 Prevalence of Teenage Pregnancy in Public Primary Schools

The study sought to assess the prevalence of cases of teenage pregnancy in public primary schools. The findings are presented in Table 6;

**Table 6: Prevalence of Teenage Pregnancy in Public Primary Schools (2019-2023)**

Academic Year	Number of Cases of Teenage Pregnancy
2019	18
2020	21
2021	26
2022	25
2023	30

**Source: Field Data (2024)**

Table 6 shows that a number of public primary schools in Kitui Central Sub-county have registered an increasing trend in the number of cases of teenage pregnancy from the year 2019 to 2023. This corroborates the findings of the Ministry of Health (2015) in its report which showed that 23.1% of young women ages 10-14 years in Kitui Central Sub-county have already begun child-bearing; 20.1% are mothers and an additional 9.3% are pregnant with their first child. Miriti and Mutua (2019) also indicate that, in Kitui Central Sub-county, cases of teenage pregnancy in primary schools at 27.9% among pupils. These findings point to the fact that teenage pregnancy has become a serious and common problem in many primary schools and has compromised participation rates of students in academic activities.

Many learners become pregnant and have to suspend their academic activities for a while. Though, there is an opportunity for re-admission, their focus and concentration towards academic activities is impacted negatively due to divided attention of being a parent and a student at the same time.

#### **4.3.1 Thematic Analysis**

The researcher also interviewed the headteachers and undertook focus group discussions with prefects who also admitted that cases of teenage pregnancy in their primary schools have become a commonplace. Headteacher, H1, noted;

*In my school, I have had so many cases of girls getting pregnant either in form three or form four such that they have to suspend their school attendance to focus on child bearing. Though I always admit them back after delivery, their focus in school activities is often low since they have to take care of their young ones. This has often compromised their academic performance. In some cases, teenage mothers rarely come back to finish their primary education.*

These views were corroborated by the parents' representatives and prefects who noted that they have had to attend classes with their colleagues who are teenage mothers. During the FGD, prefects reported;

*In many occasions, we have had our peers who have fallen victims of teenage pregnancy. Some of them have come back to finish their primary education while others do not come back.*

From these verbatims, it is evident that teenage pregnancy has become prevalent among students in public primary schools. These mixed findings are indicative of the fact that teenage pregnancy has become a serious problem in primary schools.

#### **4.4 Guidance/Counseling and Reduction of Teenage Pregnancy in Primary Schools**

The study sought to examine how guidance and counseling strategies adopted by headteachers influence reduction of teenage pregnancy in public primary schools. Descriptive data were collected from teachers and results are shown in Table 7;

**Table 7: Teachers' Views on the Influence of Guidance/Counselling Strategies on Reduction of Teenage Pregnancy in Public Primary Schools**

Test Items	Ratings				
	SA %	A %	U %	D %	SD %
In public primary schools, girls are advised on the dangers of FGM as a way of reducing cases of teenage pregnancy	51.9	11.1	5.6	5.6	25.8
In public primary schools, girls are taught how to handle menstrual challenges as way of reducing cases of teenage pregnancy	53.7	14.8	5.6	11.1	14.8
Public primary schools teach girls how behave towards members of the opposite sex as way of reducing cases of teenage pregnancy	57.4	9.3	7.4	9.3	16.7
In public primary schools, teaching girls on the dangers of teenage pregnancy and early marriage has seen a reduction in cases of teenage pregnancy	48.1	18.5	5.6	9.3	18.5
Advising girls on the need to pursue education has seen a reduction in cases of teenage pregnancy in public primary schools	66.7	11.1	3.7	5.6	13.0

**Source: Field Data (2024)**

Table 7 shows that 93(51.9%) of teachers strongly agreed with the view that, in public primary schools, girls are advised on the dangers of FGM as a way of reducing cases of teenage pregnancy as did 20(11.1%) who agreed. However, 10(5.6%) were undecided, 10(5.6%) disagreed whereas 46(25.8%) strongly disagreed. Most, 96(53.7%), of the teachers strongly agreed with the view that, in public primary schools, girls are taught how to handle menstrual challenges as way of reducing cases of teenage pregnancy while 26(14.8%) agreed. However, 10(5.6%) were undecided, 20(11.1%) disagreed whereas 26(14.8%) strongly disagreed. Most, 103(57.4%), of the teachers strongly agreed with the view that public primary schools teach girls how behave towards members of the opposite sex as way of reducing cases of teenage pregnancy, while 17(9.3%) agreed.

However, 13(7.4%) were undecided, 17(9.3%) disagreed whereas 30(16.7%) strongly disagreed. The study found that 86(48.1%) of the teachers strongly agreed with the view that, in public primary schools, teaching girls on the dangers of teenage pregnancy and early marriage has seen a reduction in cases of teenage pregnancy whereas 33(18.5%) agreed. At the same time, 10(5.6%) were undecided, 17(9.3%) disagreed whereas 33(18.5%) strongly disagreed. From Table 9, majority, 119(66.7%), of the teachers strongly agreed with the view that, advising girls on the need to pursue education has seen a reduction in cases of teenage pregnancy in public primary schools. A paltry 20(11.1%) agreed. At the same time, 7(3.7%) were undecided, 10(5.6%) disagreed whereas 23(13.0%) strongly disagreed.

These findings corroborate the findings of a study carried out by Biddle, White and Pearson (2021) which established that counseling programs focused on sexual health education have a positive impact on students' understanding of the importance of delaying sexual activity. Additionally, Matovu, Biraro and Kigozi (2020) found that pupils who received regular counseling had better communication skills with their peers and parents regarding relationships, resulting in a decrease in teenage pregnancies. Another study by Jones, Williams and Chen (2021) also emphasized the role of counselors in creating safe environments for pupils to express concerns, especially about pressure from peers and societal expectations.

Despite these benefits, the study found that there is low uptake of counseling services in public primary schools, primarily due to stigma, limited availability of trained counselors, and lack of awareness among learners and parents about the importance of such services. However, the study underscores that increasing access to counseling, especially in schools serving vulnerable populations, could significantly reduce teenage pregnancies.

By integrating counseling into the school curriculum and encouraging greater learner participation, the long-term impact on learners' reproductive health can be profound. In other words, the study found that effective school counseling programmes address the emotional, social, and psychological factors that contribute to early pregnancies among students. Counseling helps learners develop better decision-making skills, builds self-esteem, and raises awareness about reproductive health and consequences, which can reduce risky behaviors leading to pregnancy.

#### 4.4.1 Inferential Analysis

To verify the influence of counselling strategies on reduction of teenage pregnancy in public primary schools, data were collected on how often (Very Often = 5, Often = 4, Sometimes = 3, Rarely = 2 and Never = 1) the 10 sampled public primary schools undertake counselling activities and the number of cases of teenage pregnancy in public primary schools. Results are shown in Table 8:

**Table 8: Frequency of Counselling Activities and the Number of Cases of Teenage Pregnancy in Public Primary Schools**

<b>Frequency of Counselling Activities in Public Primary Schools</b>	<b>Number of Cases of Teenage Pregnancy</b>
3	13
2	14
2	10
2	12
3	18
2	14
3	18
3	6
5	7
4	9

**Source: Field Data (2024)**

Table 8 shows that, in public primary schools where counselling activities are frequently undertaken for pupils, the number of cases of teenage pregnancy is relatively low and vice versa.

This further indicates that frequent counseling activities in schools significantly reduced teenage pregnancy among pupils by providing essential guidance, emotional support, and education on reproductive health. These interventions empower the pupils with knowledge about contraception, healthy relationships, and the consequences of early pregnancy, fostering responsible decision-making and contributing to a decline in teenage pregnancies. These results were further subjected to Pearson's Product Moment Correlation Analysis and results are shown in Table 9;

**Table 9: Relationship Between Counselling Strategies and Teenage Pregnancy in Public Primary Schools**

		Frequency of Counselling	Cases of Teenage Pregnancy
Frequency of Counselling	Pearson Correlation	1	.734*
	Sig. (2-tailed)		.038
	N	10	10
Cases of Teenage Pregnancy	Pearson Correlation	.734*	1
	Sig. (2-tailed)	.038	
	N	10	10

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

Table 9 shows a Pearson Product Moment Correlation Test Analysis which generated a correlation coefficient of  $r = 0.734$  with corresponding significant level (p-value) of 0.038 which was less than the predetermined level of significance, 0.05, that is,  $p\text{-value} = 0.038 < 0.05$ . This indicates that there is a significant influence of counselling strategies adopted by public primary schools on reduction of teenage pregnancy. This further indicates that counselling strategies adopted by public primary schools play a vital role in reducing teenage pregnancy by providing pupils with essential guidance on sexual education, decision-making and personal responsibility. These strategies foster open communication, helping learners understand the consequences of early sexual activity and promoting healthy relationships. In other words, school-based counseling also creates a supportive environment where pupils discuss sensitive issues, leading to increased

awareness, prevention, and access to resources, ultimately contributing to lower rates of teenage pregnancy among young adolescents.

#### **4.4.2 Thematic Analysis**

During the interviews, headteachers and parents' representatives also responded in favour of the view that, in public primary schools, girls are advised on the dangers of FGM as a way of reducing cases of teenage pregnancy. Headteacher, H2, noted;

*In my primary school, we have set counselling centers or units within the school with full-time counsellors manning the sector. It is tasked with offering counselling services to boys and girls on how to stay safe from premarital sex. Girls are taught how to handle menstrual challenges, how behave towards members of the opposite sex as well as the dangers of teenage pregnancy and early marriage. These initiatives have seen a reduction in the number of cases of teenage pregnancy.*

Parents' representatives echoed similar sentiments by stating that schools have set counselling departments to guide boys and girls on how not fall into the trap of teenage pregnancy and its attendant consequences. During focus group discussions, the prefects also stated that their primary schools have counselling units. They affirmed;

*Despite the challenges such as lack lifeskills education materials and few counsellors, their schools have functioning counselling departments whose key responsibilities are helping us set career goals and behaviour change.*

Just like quantitative findings, these views further lend credence to the viewpoints held by Biddle et al (2021) that counseling programs focused on sexual health education have a positive impact on students' understanding of the importance of delaying sexual activity. Matovu et al (2020) also asset that pupils who received regular counseling had better communication skills with their peers and parents regarding relationships, resulting in a decrease in teenage pregnancies. These mixed findings affirm the fact that increasing access to counseling, especially in schools serving vulnerable populations, could significantly reduce teenage pregnancies.

In other words, schools which integrate counseling into their daily operations and encourage learners to take part in such sessions, cases of teenage pregnancy have relatively gone down.

#### 4.5 Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools

The study sought to examine influence of implementation of child protection policies and reduction of teenage pregnancy in public primary schools. Results are shown in Table 10;

**Table 10: Teachers' Views on the Influence of Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools**

Test Items	Ratings				
	SA %	A %	U %	D %	SD %
Public primary schools have formulated child protection policies to protect girls against any form of abuse while at school	59.3	13.0	7.4	9.3	11.1
In public primary schools, there are policies on health issues which has helped retain girls in school	61.1	14.8	5.6	9.3	9.3
Public primary school headteachers stress enforcement of policies to protect girls by involving teachers	48.1	14.8	5.6	14.8	16.7
Enforcing girl protection laws has motivated many girls not to drop out of public primary schools	51.9	13.0	7.4	18.5	9.3
In public primary schools, policies on reportage of sexual abuse have seen a reduction in cases of teenage pregnancy	55.6	11.1	3.7	9.3	20.4

**Source: Field Data (2024)**

Table 10 shows that 106(59.3%) of the teachers strongly agreed with the view that public primary schools have formulated child protection policies to protect girls against any form of abuse while at school while 23(13.0%) agreed. However, 13(7.4%) were undecided, 17(9.3%) disagreed whereas 20(11.1%) strongly disagreed.

The study also found out that 109(61.1%) of the teachers strongly agreed with the view that in public primary schools, there are policies on health issues which has helped retain girls in school while 26(14.8%) agreed. However, 10(5.6%) were undecided, 17(9.3%) disagreed whereas 17(9.3%) strongly disagreed. The study also revealed that 26(48.1%) of the teachers strongly agreed with the view that, public primary school headteachers stress enforcement of policies to protect girls by involving teachers. On the same breath, 26(14.8%) of the teachers agreed. However, 10(5.6%) of the teachers were undecided, 26(14.8%) of the teachers disagreed whereas 30(16.7%) of the teachers strongly disagreed. From table 12, 92(51.9%) of the teachers strongly agreed with the view that, enforcing girl protection laws has motivated many girls not to drop out of public primary schools whereas 23(13.0%) agreed. At the same time, 13(7.4%) were undecided, 33(18.5%) disagreed whereas 17(9.3%) strongly disagreed.

The study also revealed that 100(55.6%) of the teachers strongly agreed with the view that, in public primary schools, policies on reportage of sexual abuse have seen a reduction in cases of teenage pregnancy whereas 20(11.1%) agreed. At the same time, 7(3.7%) were undecided, 17(9.3%) disagreed whereas 37(20.4%) strongly disagreed. These findings are indicative of the fact that child protection policies play a crucial role in safeguarding children from abuse, neglect, and exploitation. However, the inability of primary schools to effectively enact and implement these policies has far-reaching consequences, including the prevalence of teenage pregnancy.

These findings are consistent with the findings of a study by Smith, Williams and Patel (2021) that lack of comprehensive child protection policies in primary schools is a major factor contributing to teenage pregnancy. The researchers argued that many schools either do not have clear policies or fail to enforce them effectively.

In communities where schools are the primary institutions responsible for the welfare of children, the failure to address issues like sexual abuse and early exposure to inappropriate content leaves children vulnerable. This study emphasized the need for stronger oversight mechanisms to ensure schools are accountable for implementing child protection policies. According to Jones and Taylor (2022), there is a direct correlation between weak child protection frameworks in schools and the increasing rates of teenage pregnancy. The research indicated that when schools are unable to protect children from abuse, especially sexual abuse perpetrated by teachers, peers, or members of the community, pupils are more likely to become victims of early pregnancy. Their study examined case studies of rural and urban schools in developing countries, showing that the issue is not limited to one geographic area. The lack of adequate training for teachers on how to identify and address child abuse contributes to a culture of silence and ignorance, allowing abuse to go unchecked.

These findings also support the findings of a report authored by the Child Protection Network (2023) which highlighted that many school leaders are unaware of the importance of child protection policies or lack the resources to implement them. This is particularly true in underfunded primary schools where resources are stretched thin, and issues like sexual and reproductive health education are often overlooked. The report also found that in many cases, teachers are reluctant to report suspected abuse due to fear of retaliation or stigmatization, both from the school administration and the community.

These findings affirm the fact that the inability of schools to effectively enact and implement child protection policies is a significant contributor to the rising cases of teenage pregnancy. Though there are limited efforts as indicated by the respondents, the lack of clear frameworks, inadequate teacher training, insufficient resources, and poor

community engagement all play a role in this issue. These findings thus, affirm the fact that, despite the challenges, child protection policies play a crucial role in reducing teenage pregnancy by establishing guidelines that safeguard children from exploitation and abuse. These policies promote comprehensive sex education, access to reproductive health services, and awareness of consent and healthy relationships. By addressing vulnerabilities, supporting at-risk youth, and involving families and communities in prevention efforts, child protection policies empower young people to make informed choices, reducing the likelihood of teenage pregnancies.

#### 4.5.1 Inferential Analysis

To verify the influence of implementation of child protection policies on reduction of teenage pregnancy in public primary schools, data were collected on how often (Very Often = 5, Often = 4, Sometimes = 3, Rarely = 2 and Never = 1) the 10 sampled public primary schools formulate and implement child protection policies and the number of cases of teenage pregnancy in public primary schools. Results are shown in Table 11:

**Table 11: Frequency of Implementation of Child Protection Policies and the Number of Cases of Teenage Pregnancy in Public Primary Schools**

<b>Frequency of Implementation of Child Protection Policies in Public Primary Schools</b>	<b>Number of Cases of Teenage Pregnancy</b>
1	13
1	14
2	10
2	12
1	18
2	14
1	18
3	6
5	7
4	9

**Source: Field Data (2024)**

Table 11 shows that public primary schools which often formulate and implement child protection policies register fewer number of cases of teenage pregnancy compared to those that do not. This further points to the fact that frequent implementation of child protection policies in primary schools significantly reduces teenage pregnancy by fostering a safer environment, raising awareness about sexual health, and enhancing monitoring mechanisms. These policies promote early education on sexual behavior, ensure timely intervention in risky situations, and empower both teachers and students to report potential threats, thus minimizing risks. These results were further subjected to Pearson's Product Moment Correlation Analysis and results are shown in Table 12;

**Table 12: Relationship Between Implementation of Child Protection Policies and Teenage Pregnancy in Public Primary Schools**

		Implementation of Child Protection Policies	Cases of Teenage Pregnancy
Implementation of Child Protection Policies	Pearson Correlation	1	.578*
	Sig. (2-tailed)		.044
	N	10	10
Cases of Teenage Pregnancy	Pearson Correlation	.578*	1
	Sig. (2-tailed)	.044	
	N	10	10

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

Table 12 shows a Pearson Product Moment Correlation Test Analysis which generated a correlation coefficient of  $r = 0.578$  with corresponding significant level (p-value) of 0.044 which was less than the predetermined level of significance, 0.05, that is,  $p\text{-value} = 0.044 < 0.05$ . This indicates that there is a significant influence of implementation of child protection policies on reduction of teenage pregnancy in public primary schools. This further demonstrates that the implementation of child protection policies significantly reduces teenage pregnancy in public primary schools by promoting awareness, safeguarding pupils from exploitation, and providing education on sexual health.

These policies ensure early intervention, foster a supportive environment, and empower children to make informed decisions, leading to a decrease in early pregnancies.

#### **4.5.2 Thematic Analysis**

During the interviews, the headteachers and parents' representatives also responded in favour of the view that public primary schools have formulated child protection policies to protect girls against any form of abuse while at school. On further probing, headteacher, H3, stated;

*In my primary school, we have developed policies to protect children. This has made it easy for us to protect our pupils, especially girls, from falling prey of sexual abuse and has thus, reduced the number of cases of teenage pregnancy.*

These views were supported by parents' representatives who also noted that public primary schools have had policies to protect children while at school. These policies include health and safety of learners as well as how to report instances of sexual abuse. Just like in quantitative findings, these views further lend credence to the assertions of Smith et al (2021) that lack of comprehensive child protection policies in primary schools is a major factor contributing to teenage pregnancy. These views further support those help by Jones and Taylor (2022) who noted that there is a direct correlation between weak child protection frameworks in schools and the increasing rates of teenage pregnancy.

In summary, these mixed findings affirm the fact that, though public primary schools have policies to protect children, their implementation is still ineffective as a mitigant to cases of teenage pregnancy. However, and despite the challenges, child protection policies play a crucial role in reducing teenage pregnancy by establishing guidelines that safeguard children from exploitation and abuse. These policies promote comprehensive sex education, access to reproductive health services, and awareness of consent and healthy relationships.

#### 4.6 Headteachers' Involvement of Parents and Reduction of Teenage Pregnancy in Public Primary Schools

The study sought to determine how headteachers' involvement of parents influences reduction of teenage pregnancy in public primary schools. Results are shown in Table 13;

**Table 13: Teachers' Views on the Influence of Headteachers' Involvement of Parents and Reduction of Teenage Pregnancy in Public Primary Schools**

Test Items	Ratings				
	SA %	A %	U %	D %	SD %
In public primary schools, involving parents in role modeling and career guidance to girls has ensured that few girls become victims of teenage pregnancy	59.3	14.8	5.6	11.1	9.3
In public primary schools, involving parents in provision of learning materials has reduced cases of teenage pregnancy	42.6	13.0	5.6	22.2	16.7
Public primary schools have often involved parents in providing girls with sanitary towels as a way of reducing cases of teenage pregnancy	40.7	9.3	7.4	29.6	13.0
Public primary schools involve parents to create awareness on the importance of girlchild education which has lowered incidences of teenage pregnancy	68.5	14.8	3.7	9.3	3.7
Parents play a key role in retaining girls in public primary schools and reducing cases of teenage pregnancy	77.8	14.8	1.9	3.7	1.9

**Source: Field Data (2024)**

Table 13 shows that 106(59.3%) of the teachers strongly agreed with the view that, in public primary schools, involving parents in role modeling and career guidance to girls has ensured that few girls become victims of teenage pregnancy whereas 26(14.8%) agreed. However, only a paltry 10(5.6%) were undecided, 20(11.1%) disagreed whereas 17(9.3%) strongly disagreed. Despite this, 76(42.6%), of the teachers strongly agreed with the view that in public primary schools, involving parents in provision of learning

materials has reduced cases of teenage pregnancy while 23(13.0%) agreed. However, 10(5.6%) were undecided, 40(22.2%) disagreed whereas 30(16.7%) strongly disagreed. The study revealed that 73(40.7%) of the teachers strongly agreed with the view that public primary schools have often involved parents in providing girls with sanitary towels as a way of reducing cases of teenage pregnancy while 17(9.3%) agreed. However, 13(7.4%) were undecided, 53(29.6%) disagreed whereas 23(13.0%) strongly disagreed.

The study also established that 123(68.5%) of the teachers strongly agreed with the view that public primary schools involve parents to create awareness on the importance of girlchild education which has lowered incidences of teenage pregnancy whereas 26(14.8%) agreed. On the same breath, 7(3.7%) were undecided, 17(9.3%) disagreed whereas 7(3.7%) strongly disagreed. The study also found out that 139(77.8%) of the teachers strongly agreed with the view that, parents play a key role in retaining girls in public primary schools and reducing cases of teenage pregnancy. A small proportion of 26(14.8%) agreed. At the same time, 3(1.9%) were undecided, 7(3.7%) disagreed whereas 3(1.9%) strongly disagreed.

These findings indicate that parental involvement in school management has been a critical factor in addressing teenage pregnancy in public primary schools. Parents who are actively engaged in school decision-making processes, such as policy formulation, resource allocation, and curriculum development, contribute to a safer and more supportive learning environment. These findings corroborate the findings of a study carried out by John and Smith (2022) that, when parents are involved, schools tend to emphasize comprehensive sexual education, instilling values that delay early sexual activity. According to John and Smith (2022), parental involvement fosters open communication between schools and families, allowing early identification and

intervention in at-risk behaviors. These findings also support the assertions of Williams, Brown and Patel (2021) that schools with strong parental engagement report lower incidences of teenage pregnancy compared to those where parental involvement is minimal. Collaborative efforts between schools and parents help reinforce key messages about responsible behavior both at home and in the classroom. In addition, research by Jones and Carter (2023) emphasizes the importance of parent-teacher associations (PTAs) in enforcing school policies aimed at promoting reproductive health awareness and access to counseling services. As a result, involving parents in school management continues to be a vital strategy in reducing teenage pregnancy in public primary schools.

These findings affirm the fact that, despite inadequate involvement of parents in school management, their participation remains crucial in reducing teenage pregnancy in public primary schools. Parental involvement fosters better communication between children, parents, and schools, creating a supportive environment for addressing issues related to sexual health. This study indicates that, when parents engage in discussions about reproductive health, values, and expectations, children are more likely to make informed choices. Furthermore, parents who participate in school activities can advocate for comprehensive sex education and collaborate with teachers to monitor student behavior. Thus, even with limited participation, parental involvement remains a key factor in preventing teenage pregnancies.

#### **4.6.1 Inferential Analysis**

To verify the influence of headteachers' involvement of parents on reduction of teenage pregnancy in public primary schools, data were collected on how often (Very Often = 5, Often = 4, Sometimes = 3, Rarely = 2 and Never = 1) headteachers of the 10 sampled

public primary schools involve parents in school management and the number of cases of teenage pregnancy in public primary schools. Results are shown in Table 14:

**Table 14: Frequency of Parental Involvement in School Management and the Number of Cases of Teenage Pregnancy in Public Primary Schools**

<b>Frequency of Parental Involvement in School Management</b>	<b>Number of Cases of Teenage Pregnancy</b>
2	13
1	14
1	10
1	12
1	18
3	14
2	18
3	6
3	7
5	9

**Source: Field Data (2024)**

Table 14 shows that public primary schools which often involve parents in the management of school academic programmes register lower number of cases of teenage pregnancy compared to those that do not. This further indicates that frequent involvement of parents in primary school education can significantly reduce cases of teenage pregnancy. By fostering open communication, providing guidance, and setting clear expectations, parents help children make informed choices. This involvement encourages positive peer interactions, boosts self-esteem, promotes understanding of reproductive health and ultimately curbing risky behaviors. These results were further subjected to Pearson's Product Moment Correlation Analysis. Results are shown in Table 15;

**Table 15: Relationship Between Headteachers' Involvement of Parents in School Management and Teenage Pregnancy in Public Primary Schools**

		Headteachers' Involvement of Parents	Cases of Teenage Pregnancy
Headteachers' Involvement of Parents in School Management	Pearson Correlation	1	.615*
	Sig. (2-tailed)		.029
	N	10	10
Cases of Teenage Pregnancy	Pearson Correlation	.615*	1
	Sig. (2-tailed)	.029	
	N	10	10

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

Table 15 shows a Pearson Product Moment Correlation Test Analysis which generated a correlation coefficient of  $r = 0.615$  with corresponding significant level (p-value) of 0.029 which was less than the predetermined level of significance, 0.05, that is,  $p\text{-value} = 0.029 < 0.05$ . This indicates that there is a significant influence of headteachers' involvement of parents on reduction of teenage pregnancy in public primary schools. This further implies that, when headteachers collaborate with parents through open communication, education on reproductive health, and early intervention programmes, it creates a supportive environment that promotes awareness and responsible behavior among students. This partnership strengthens the school's capacity to address issues affecting pupils' well-being, empowering both parents and learners to make informed decisions and prevent early pregnancies. This combined effort fosters a more holistic educational experience.

#### 4.6.2 Thematic Analysis

On their part, the headteachers and parents' representatives also responded in favour of the view that, in public primary schools, involving parents in role modeling and career guidance to girls has ensured that few girls become victims of teenage pregnancy. Headteacher, H4, noted;

*In my school, I have often engaged parents and advised them to act as good role models to their children by manifesting desirable behaviour patterns. This is because many pupils often emulate the kinds of behaviour which they see their parents manifest. This approach has enabled us to reduce cases of misbehaviour including teenage pregnancy.*

Parents' representatives also expressed similar views by stating that parents play a key role in the academic and behavioural lives of their children. When probed further, parents' representative, PR1, noted;

*I have always ensured that I conduct myself in a manner that often motivates my child to be disciplined and remain focused on her academic activities and avoid any form of undesirable behaviour.*

During focus group discussions, the prefects also stated that their parents have often manifested behaviour patterns which have often motivated them to be disciplined. They affirmed,

*On many occasions, our parents have been good role models and has enabled most of us to act responsibly and avoid any form of behaviour which may occasion teenage pregnancy.*

On the question of sanitary towels, the interviewees and discussants stated that parents are often involved in providing girls with sanitary towels and creating awareness on the importance of girlchild education as a way of reducing cases of teenage pregnancy. These views also lend credence to the assertions of John and Smith (2022) that, when parents are involved, schools tend to emphasize comprehensive sexual education, instilling values that delay early sexual activity.

These views further support the views expressed by Williams et al (2021) that schools with strong parental engagement report lower incidences of teenage pregnancy compared to those where parental involvement is minimal. These mixed findings point to the fact that, though not fully embraced by a sizable proportion of public primary schools, involvement of parents in school management remains crucial in reducing teenage

pregnancy in public primary schools. In other words, the study found that, when parents engage in discussions about reproductive health, values, and expectations, children are more likely to make informed choices, whose consequence is lowered cases of teenage pregnancy in schools.

#### 4.7 Provision of Socio-economic Support and Reduction of Teenage Pregnancy in Public Primary Schools

The study sought to examine the influence of provision of socio-economic support on reduction of teenage pregnancy in public primary schools. The findings are shown in Table 16;

**Table 16: Teachers' Views on the Influence of Provision of Socio-economic Support and Reduction of Teenage Pregnancy in Public Primary Schools**

Test Items	Ratings				
	SA %	A %	U %	D %	SD %
In public primary schools, girls are provided with sanitary towels as way of enticing them to remain in school	50.0	14.8	7.4	11.1	16.7
Awarding bursaries to girls has ensured that they are retained in primary schools and reduce cases of teenage pregnancy	68.5	25.9	1.9	1.9	1.9
Public primary schools undertake guidance and counseling activities as a way of advising girls on the importance of education and risks of teenage pregnancy	44.4	18.5	7.4	20.4	9.3
In public primary schools, teenage mothers are always readmitted to school as a way of keeping girls in school	42.9	16.7	5.6	9.3	25.9
Despite the support provided to girls in public primary schools, cases of teenage pregnancy are still high	70.4	11.1	3.7	3.7	11.1

**Source: Field Data (2024)**

Table 16 shows that half, 90(50.0%), of the teachers strongly agreed with the view that, in public primary schools, girls are provided with sanitary towels as way of enticing them to remain in school whereas 26(14.8%) agreed. However, only a paltry 13(7.4%) were undecided, 20(11.1%) disagreed whereas 30(16.7%) strongly disagreed. These findings support the findings of a study carried out by Montgomery, Ryus, Dolan, Dopson and Scott (2016) which found that access to menstrual hygiene products, such as sanitary pads, helped increase school attendance among adolescent girls. The study observed that girls who consistently attended school were less likely to engage in risky behaviors, including unprotected sex, which is often linked to teenage pregnancies.

A study carried out by Benshaul-Tolonen, Zulaika, Nyothach, Alexander and Phillips-Howard (2020) also found that improved menstrual management correlates with better educational outcomes and lower pregnancy rates. According to Benshaul-Tolonen et al. (2020), provision of sanitary pads allowed girls to manage their menstrual periods with dignity, resulting in fewer school absences and increased focus on academic achievements. These findings point to the fact that ensuring girls have access to sanitary pads not only improves their educational participation but also contributes to lower teenage pregnancy rates by fostering a stable and supportive environment that reduces risks of early sexual activity.

Most, 123(68.5%), of the teachers strongly agreed with the view that awarding bursaries to girls has ensured that they are retained in primary schools and reduce cases of teenage pregnancy whereas 46(25.9%) agreed. However, 3(1.9%) were undecided, 3(1.9%) of the teachers disagreed whereas 3(1.9%) strongly disagreed. The study revealed that 79(44.4%) of the teachers strongly agreed with the view that public primary schools undertake guidance and counseling activities as a way of advising girls on the importance

of education and risks of teenage pregnancy while 33(18.5%) were in agreement. However, 13(7.4%) were undecided, 37(20.4%) disagreed whereas 17(9.3%) strongly disagreed. Majority, 77(42.9%), of the teachers strongly agreed with the view that, in public primary schools, teenage mothers are always readmitted to school as a way of keeping girls in school while 30(16.7%) agreed, 10(5.6%) were undecided, 17(9.3%) disagreed whereas 46(25.9%) strongly disagreed.

The study established that 126(70.4%) of the teachers strongly agreed with the view that, despite the support provided to girls in public primary schools, cases of teenage pregnancy are still high while 20(11.1%) of the teachers agreed. On the same breath, 7(3.7%) of the teachers were undecided, 7(3.7%) of the teachers disagreed whereas 20(11.1%) of the teachers strongly disagreed. This indicates that, despite increased support for girls in public primary schools, teenage pregnancy rates remain alarmingly high. These findings support the findings of research by UNESCO (2021) which established that, while access to education and resources for girls has improved, many girls still face pressures related to early marriage, poverty, and gender-based violence, all of which are risk factors for teenage pregnancy.

These findings also lend credence to the findings of a study carried out by the World Bank (2022) which identified shortcomings in sexual health education programmes, particularly in rural areas, where traditional values often dominate, and there is a lack of critical reproductive health information. The World Bank (2022) also found that family dynamics and inadequate parental support have been shown to limit the effectiveness of school-based initiatives aimed at empowering girls to make informed choices. A 2023 review by UNICEF reinforced these findings, suggesting that more culturally sensitive approaches and stronger community involvement are essential to addressing the

underlying causes of teenage pregnancy, alongside continued support for girls' education. These findings affirm the fact that socioeconomic support programmes have significantly reduced teenage pregnancy rates in schools. Providing sanitary towels ensures girls can attend school regularly, avoiding absenteeism during menstruation. Bursaries enable girls from low-income families to stay in school, thus reducing their vulnerability to early pregnancies caused by socioeconomic pressures. Guidance and counseling programmes offer essential education on sexual health and empower students to make informed decisions. Furthermore, policies that allow teenage mothers to be readmitted to school encourage them to continue their education, breaking the cycle of early pregnancies. These combined efforts create a supportive environment that promotes academic success and reduces teenage pregnancies.

#### **4.7.1 Inferential Analysis**

To verify the influence of provision of socio-economic support on reduction of teenage pregnancy in public primary schools, data were collected on how often (Very Often = 5, Often = 4, Sometimes = 3, Rarely = 2 and Never = 1) the 10 sampled public primary schools provide girls with sanitary pads and the number of cases of teenage pregnancy in public primary schools. Results are shown in Table 17:

**Table 17: Frequency of Provision of Socio-economic Support and the Number of Cases of Teenage Pregnancy in Public Primary Schools**

Frequency of Provision of Socio-economic Support	Number of Cases of Teenage Pregnancy
3	13
2	14
1	10
2	12
1	18
5	14
2	18
3	6
2	7
3	9

**Source: Field Data (2024)**

Table 17 shows that, in public primary schools where pupils are frequently accorded support, the number of cases of teenage pregnancy is relatively low and vice versa. This further implies that socioeconomic support programs, such as providing access to education, healthcare, and family planning resources, have significantly reduced teenage pregnancy in schools. By addressing poverty, improving access to contraceptives, and offering sex education, these initiatives empower young people to make informed decisions, lowering pregnancy rates and enhancing future opportunities for learners. These results were further subjected to Pearson's Product Moment Correlation Analysis. Results are shown in Table 18;

**Table 18: Relationship Between Provision of Socio-economic Support and Teenage Pregnancy in Public Primary Schools**

		Provision of Socio-economic Support	Cases of Teenage Pregnancy
Provision of Socio-economic Support	Pearson Correlation	1	.604
	Sig. (2-tailed)		.037
	N	10	10
Cases of Teenage Pregnancy	Pearson Correlation	.604*	1
	Sig. (2-tailed)	.037	
	N	10	10

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

Table 18 shows a Pearson Product Moment Correlation Test Analysis which generated a correlation coefficient of  $r = 0.604$  with corresponding significant level (p-value) of 0.037 which was less than the predetermined level of significance, 0.05, that is,  $p\text{-value} = 0.037 < 0.05$ . This indicates that there is a significant influence of provision of socioeconomic support on reduction of teenage pregnancy in public primary schools. This further indicates that socioeconomic support, such as providing sanitary towels, bursaries, and guidance and counseling, plays a crucial role in reducing teenage pregnancy and promoting the readmission of teenage mothers in schools.

Access to sanitary products ensures consistent school attendance, while bursaries offer financial relief, encouraging girls to stay in school. Guidance and counseling empower learners with information and emotional support to make informed decisions about their sexual health. Additionally, readmitting teenage mothers fosters educational continuity, reducing drop-out rates and offering a second chance for these young mothers to complete their education, thereby improving their socioeconomic future and breaking the cycle of poverty.

#### **4.7.2 Thematic Analysis**

During the interviews, headteachers and parents' representatives also noted that public primary schools have attempted to provide socioeconomic support to learners from humble backgrounds. Headteacher, H5 noted;

*In my school, albeit all the financial constraints, we have tried to provide support for pupils such as sanitary pads for adolescent girls, awarding bursaries to girls as well as guidance and counseling activities.*

These views were supported by the parents' representatives who noted that many girls fall victims of teenage pregnancy due to socioeconomic status and schools have attempted to mitigate this by providing support where they can.

On their part, prefects also stated that there has been some socioeconomic support for pupils and peers from humble backgrounds. Just like quantitative findings, these views also lend credence to the viewpoints held by Montgomery et al (2016) that support to girls such as sanitary pads, helped increase school attendance among adolescent girls. In summary, these mixed findings affirm the fact that, though not frequent, the kinds of socioeconomic support which pupils are offered to them play a key role in making them adopt desirable behaviour patterns which may lead to teenage pregnancy in primary schools. In other words, provision of sanitary towels ensures that girls attend school regularly, avoiding absenteeism during menstruation, bursaries enable learners from low-income families to stay in school, guidance and counseling programmes offer essential education on sexual health and empower learners to make informed decisions, which lower instances of teenage pregnancy.



Mount Kenya University

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents a summary of the main research findings, conclusions, recommendations and suggestions for further research as discussed under the research objectives.

#### **5.1 Summary of Research Findings**

This section provides a summary of the findings of the research objectives which included; assessing the prevalence of teenage pregnancy in public primary schools and the influence of guidance and counselling, implementation of child protection policies, headteachers' involvement of parents and provision of socio-economic support on teenage pregnancy in public primary schools in Kitui Central Sub-county.

##### **5.1.1 Prevalence of Teenage Pregnancy in Public Primary Schools**

From the study findings, it is evident that teenage pregnancy has become a serious problem among pupils with net negative effect on their pursuit for primary education. Many public primary schools in Kitui Central Sub-county have had most of their pupils fall victims of teenage pregnancy for the last five years (2019-2023). This has compromised participation rates of learners in academic activities since victims of teenage pregnancy are forced to suspend their academic activities for a while.

##### **5.1.2 Guidance/Counseling and Reduction of Teenage Pregnancy in Public Primary Schools**

The research found that public primary schools have established guidance and counseling departments dedicated to providing counseling services to both boys and girls on maintaining safety from premarital sexual activities. Girls receive education on managing menstrual issues, appropriate interactions with the opposite sex, and the risks associated

with teenage pregnancy and early marriage. Although these initiatives are limited, they have contributed to a decline in teenage pregnancy cases. This suggests that counseling programmes centered on sexual health education positively influence students' awareness of the significance of postponing sexual activity. In essence, pupils who participate in regular counseling demonstrate improved communication skills with their peers and parents regarding relationships, leading to a reduction in teenage pregnancies. These varied findings reinforce the notion that enhancing access to counseling is crucial for decreasing teenage pregnancy rates. Furthermore, it indicates that public primary schools that incorporate counseling into their daily routines and actively support learners have experienced a notable decrease in teenage pregnancy incidents.

### **5.1.3 Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools**

The research indicated that public primary schools have developed child protection policies aimed at safeguarding girls from various forms of abuse while on school premises. These policies encompass the health and safety of students and outline procedures for reporting incidents of sexual abuse. Nevertheless, the execution of these policies has proven to be problematic, resulting in a failure to decrease the incidence of teenage pregnancy. The findings highlight that, despite the existence of protective policies in public primary schools, their ineffective implementation does not serve as a sufficient deterrent to teenage pregnancy. However, the study suggests that child protection policies are vital in mitigating teenage pregnancy by providing frameworks that protect children from exploitation and abuse. These policies advocate for comprehensive sex education, facilitate access to reproductive health services, and enhance understanding of consent and healthy relationships.

#### **5.1.4 Headteachers' Involvement of Parents and Teenage Pregnancy in Public Primary Schools**

The research indicated that parents play a significant role in the administration of school programmes. Their involvement includes serving as role models, providing sanitary products for girls, and delivering life skills education to their children. However, the level of participation varies across different public primary schools. These results suggest that when parents are actively engaged, schools are more likely to prioritize comprehensive sexual education, promoting values that help delay early sexual activity. This underscores the importance of parental involvement in school management, which, although not universally adopted by many public primary schools, is essential in mitigating teenage pregnancy. Furthermore, when parents discuss reproductive health, values, and expectations with their children, it increases the likelihood of informed decision-making, leading to a reduction in teenage pregnancy rates within schools.

#### **5.1.5 Provision of Socioeconomic Support and Teenage Pregnancy in Public Primary Schools**

The research revealed that a significant number of pupils come from modest socioeconomic backgrounds, and public primary schools have made efforts to assist these pupils. This assistance includes providing sanitary pads for adolescent girls, offering scholarships to female pupils, and implementing guidance and counseling programmes. Such initiatives have contributed to a reduction in teenage pregnancy rates within schools. These results suggest that, while not widespread, the socioeconomic support provided to students is crucial in fostering positive behavior patterns that can mitigate the risk of teenage pregnancy in primary education settings. Specifically, the distribution of sanitary products helps ensure that girls maintain regular school attendance during their menstrual periods, bursaries allow pupils from economically disadvantaged families to continue

their education, and guidance and counseling services deliver vital information on sexual health, empowering learners to make informed choices, thereby decreasing the likelihood of teenage pregnancy.

## **5.2 Conclusions**

Drawing from the above findings, many public primary schools in Kitui Central Sub-county have had most of their pupils fall victims of teenage pregnancy for the last five years (2019-2023). To mitigate these challenges, public primary schools have adopted a multiplicity of strategies which include guidance and counselling, implementation of child protection policies, headteachers' involvement of parents and provision of socioeconomic support. The research found that public primary schools have established guidance and counseling departments dedicated to providing counseling services to both boys and girls on maintaining safety from premarital sexual activities.

The research indicated that public primary schools have developed child protection policies aimed at safeguarding girls from various forms of abuse while at school. These policies encompass the health and safety of students and outline procedures for reporting incidents of sexual abuse. Nevertheless, the execution of these policies has proven to be problematic, resulting in a failure to decrease the incidence of teenage pregnancy. The research indicated that parents play a significant role in the administration of school programmes.

Parents' involvement includes serving as role models, providing sanitary products for girls, and delivering life skills education to their children. However, the level of participation varies across different public primary schools. The research revealed that a significant number of pupils come from modest socioeconomic backgrounds, and public primary schools have made efforts to assist these pupils.

### **5.3 Recommendations of the Study**

This section outlines the study recommendations in terms of practice, policy and further research.

#### **5.3.1 Recommendations for Practice**

The study makes the following recommendations;

- i. On guidance and counselling in relation to teenage pregnancy in public primary schools, headteachers should provide age-appropriate and culturally sensitive sexual education that covers reproductive health, contraception, and the consequences of teenage pregnancy. This education should help learners understand how to make informed choices regarding their sexual health. Schools should further strengthen guidance and counselling units by having well-trained guidance counselors who can offer psychological and emotional support to students, especially those affected by or at risk of teenage pregnancy.
- ii. On implementation of child protection policies and teenage pregnancy in public primary schools, headteachers should ensure that policies promote a zero-tolerance approach to stigmatization and discrimination against pregnant pupils. Schools should foster an inclusive and supportive environment for all learners, including those who are pregnant or parenting.
- iii. On headteachers' involvement of parents and teenage pregnancy in public primary schools, headteachers should facilitate regular and open communication between headteachers, parents, and students. Headteachers can organize frequent parent-teacher meetings to discuss issues related to teenage pregnancy, sexual health, and responsible behavior. Headteachers and the Ministry of Education should support headteachers in developing educational programmes aimed at educating parents

about the factors contributing to teenage pregnancy, its impact on learners' academic and social development, and the role parents play in preventing it.

- iv. On provision of socioeconomic support and teenage pregnancy, the Ministry of Education should establish financial aid programmes for pregnant learners and teenage mothers, ensuring they can access childcare, transport, and school materials. These programmes can reduce dropout rates and help teenage mothers continue their education. Ministry of Education should partner with Public Benefits Organizations (PBOs) to facilitate peer support groups where teenage mothers can share experiences and advice, creating a sense of community and reducing feelings of isolation, which often accompany teenage pregnancy.

### **5.3.2 Recommendations for Policy**

The Ministry of Education should formulate and enforce a policy on implementation of comprehensive sexual and reproductive health education programmes. These programmes should be age-appropriate, culturally sensitive, and integrated into the school curriculum from an early stage. The policy should emphasize collaboration between schools, parents, healthcare providers, and local communities to promote awareness, provide access to reproductive health services, and ensure students have a supportive environment to address concerns related to sexual health.

### **5.3.3 Recommendations for Further Research**

- i. A study should be carried out to assess the extent to which headteachers' attitude influences reduction of teenage pregnancy in public primary schools.
- ii. A study could be conducted to examine the influence of headteachers' management experience on teenage pregnancy in public primary schools.
- iii. A study ought to be undertaken to assess how teachers' gender influences reduction of teenage pregnancy in public primary schools.

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## APPENDIX I

### LETTER OF INTRODUCTION

February 2023

Dear Sir/Madam,

#### RE: PERMISSION TO CARRY OUT RESEARCH

I am a student taking a course in Master of Education in Administration, Leadership and Management at Mount Kenya University. My topic is: **Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub-county, Kitui County, Kenya**. To achieve this, you have been selected to participate in the study. I kindly request the respondents to, fully, participate in the study. This information will be used purely for academic purpose and your name will not be mentioned in the report. Findings of the study, shall upon request, be availed to you.

Your assistance and cooperation will be highly appreciated.

Thank you in advance.

Yours faithfully,

Muli Daniel Kisinga

**APPENDIX II**  
**INFORMED CONSENT**

Dear respondent,

The researcher is a student undertaking a degree course in Master of Education in Administration, Leadership and Management at Mount Kenya University carrying out a research on **Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub-county, Kitui County, Kenya**. For this study I will request you to give me some time as you will be asked some questions. I will maintain your privacy and confidentiality about your information. Your name will not be written on any of the materials, and only the researcher will have access to your information. The research will not benefit you personally. Your participation is totally voluntary, and you may change your mind and withdraw at any time before and during the study. We will not pay or give any facilitation for this participation. If you want to take part and participate in this research, please sign the form below. In case of any complaint, please contact;

**THE CHAIRMAN,**  
**P. O. Box 342-01000,**  
**THIKA**

**Participant:**

-----	-----	-----
Code of Participant	Signature	Date

**Researcher:**

-----	-----	-----
Name of Researcher	Signature	Date



## APPENDIX IV

### QUESTIONNAIRE FOR TEACHERS

Dear respondent,

The researcher is a student undertaking a degree course in Master of Education in Administration, Leadership and Management at Mount Kenya University carrying out research on **Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub-county, Kitui County, Kenya**. The information you provide will be confidential and entirely used for the purpose of this study.

#### Section A: Demographic Information

*Instruction: Please tick against your most appropriate answer and fill in the spaces provided.*

1. Gender: Male [ ]

Female [ ]

2. Highest qualification

Certificate [ ]

Diploma [ ]

Degree [ ]

Post-graduate [ ]

#### Section B: Teenage Pregnancy in Public Primary Schools

1. Please, indicate the number of cases of teenage pregnancy in your primary school for the last five years (2016-2020)

Year	Number of Cases of Teenage Pregnancy
2016	
2017	
2018	
2019	
2020	

**Section C: Guidance and Counseling in Relation to Reduction of Teenage Pregnancy  
in Primary Schools**

1. In a scale of 1-3, please rate how often your school undertakes the following guidance and counseling tasks

<b>Guidance and counseling</b>	<b>Very Often (3)</b>	<b>Rarely (2)</b>	<b>Never (1)</b>
Dangers of FGM			
Handling of menstrual challenges			
Behaviour towards members of the opposite sex			
Dangers of teenage pregnancy and early marriage			

2. Rate the extent to which you agree with the following statements on how implementation of guidance and counseling influence reduction of teenage pregnancy in primary school

Key: **SA**-Strongly Agree **A**-Agree **U**-Undecided **D**-Disagree **SD**-Strongly Disagree

<b>No.</b>	<b>Test Items</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1	In my primary school, girls are advised on the dangers of FGM as a way of reducing cases of teenage pregnancy					
2	In my primary school, girls are taught how to handle menstrual challenges as way of reducing cases of teenage pregnancy					
3	My primary school teach girls how behave towards members of the opposite sex as way of reducing cases of teenage pregnancy					
4	In my primary school, teaching girls on the dangers of teenage pregnancy and early marriage has seen a reduction in cases of teenage pregnancy					
5	Advising girls on the need to pursue education has seen a reduction in cases of teenage pregnancy in my primary school					

**Section D: Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools**

1. In a scale of 1-3, please rate how often your school formulates child protection policies

<b>Child Protection Polices</b>	<b>Very Often (3)</b>	<b>Rarely (2)</b>	<b>Never (1)</b>
Involvement of teachers to instill discipline			
Policies on health issues			
Policies on reportage of sexual abuse			

2. Rate the extent to which you agree with the following statements on the influence of implementation of child protection policies adopted by your school on reduction of teenage pregnancy in your primary school

Key: **SA**-Strongly Agree **A**-Agree **U**-Undecided **D**-Disagree **SD**-Strongly Disagree

<b>No.</b>	<b>Test Items</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1	My school has formulated child protection policies to protect girls against any form of abuse while at school					
2	In my primary school, there are policies on health issues which has helped retain girls in school					
3	My principal stresses enforcement of policies to protect girls by involving teachers					
4	Enforcing girl protection laws has motivated many girls not to drop out of school					
5	In my school, policies on reportage of sexual abuse have seen a reduction in cases of teenage pregnancy					

**Section E: Principals' Involvement of Parents and Reduction of Teenage Pregnancy in Public Primary Schools**

1. In a scale of 1-3, please rate how often your school involves parents to undertake the tasks below

<b>Tasks Undertaken by Parents</b>	<b>Very Often (3)</b>	<b>Rarely (2)</b>	<b>Never (1)</b>
Role modeling/career guidance			
In provision of learning materials			
In provision sanitary towels			
In promoting girlchild education			

2. Rate the extent to which you agree with the following statements on how involving parents influence reduction of teenage pregnancy in primary schools

Key: **SA**-Strongly Agree **A**-Agree **U**-Undecided **D**-Disagree **SD**-Strongly Disagree

<b>No.</b>	<b>Test Items</b>	<b>SA</b>	<b>A</b>	<b>U</b>	<b>D</b>	<b>SD</b>
		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1	In my school, involving parents in role modeling and career guidance to girls has ensured that few girls become victims of teenage pregnancy					
2	In my school, involving parents in provision of learning materials has reduced cases of teenage pregnancy					
3	My school has often involved parents in providing girls with sanitary towels as a way of reducing cases of teenage pregnancy					
4	My school involves parents to create awareness on the importance of girlchild education which has lowered incidences of teenage pregnancy					
5	Parents play a key role in retaining girls in primary schools and reducing cases of teenage pregnancy					

### **Section F: Provision of Socio-economic Support and Reduction of Teenage Pregnancy in Primary Schools**

1. In a scale of 1-3, please rate how often your school provides support to girls

<b>Support Systems</b>	<b>Very Often (3)</b>	<b>Rarely (2)</b>	<b>Never (1)</b>
Sanitary towels			
Bursaries			
Guidance and counseling			
Readmission of teenage mothers into school			

2. Rate the extent to which you agree with these statements on influence of provision of socio-economic support on reduction of teenage pregnancy in your school

Key: **SA**-Strongly Agree **A**-Agree **U**-Undecided **D**-Disagree **SD**-Strongly Disagree

No.	Test Items	SA	A	U	D	SD
		5	4	3	2	1
1	In my school, girls are provided with sanitary towels as way of enticing them to remain in school					
2	Awarding to bursaries to girls has ensured that they are retained in primary school and reduce cases of teenage pregnancy					
3	My primary school undertakes guidance and counseling activities as a way of advising girls on the importance of education and risks of teenage pregnancy					
4	In my school, teenage mothers are always readmitted to school as a way of keeping girls in school					
5	Despite the support provided to girls in my primary school, cases of teenage pregnancy are still high					

Thank you,

Muli Daniel Kisinga

**APPENDIX V**  
**INTERVIEW GUIDE FOR HEADTEACHERS AND PARENTS’**  
**REPRESENTATIVES**

Dear respondent,

The researcher is a student undertaking a degree course in Master of Education in Administration, Leadership and Management at Mount Kenya University carrying out research on **Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub-county, Kitui County, Kenya**. The information you provide will be confidential and entirely used for the purpose of this study.

**Section A: Demographic Information**

1. Gender:.....
2. What is your highest level of education?.....

**Section B: Teenage Pregnancy in Public Primary Schools**

1. How many cases of teenage pregnancy have you registered in your primary school for the last five years (2016-2020)?

**Section C: Guidance and Counseling in Relation to Reduction of Teenage Pregnancy in Primary Schools**

1. How often does your primary school undertake guidance and counseling tasks?.....
2. How has implementation of guidance and counseling influenced reduction of teenage pregnancy in your primary school?

**Section D: Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools**

1. How often does your primary school formulate and implement child protection policies?

2. What are some of the child protection policies which your primary school formulate and implement?
3. How has implementation of child protection policies in your primary school influenced reduction of teenage pregnancy?

**Section E: Principals' Involvement of Parents and Reduction of Teenage Pregnancy in Public Primary Schools**

1. How often does your primary school involve parents in modification of their children's behaviour?
2. How has involvement of parents influenced reduction of teenage pregnancy in your primary school?

**Section F: Provision of Socio-economic Support and Reduction of Teenage Pregnancy in Primary Schools**

1. How often does your primary school provide socio-economic support for girls?
2. Which kinds of socio-economic support does your primary school provide to girls?
3. To what extent has provision of socio-economic support for girls influenced a reduction in cases of teenage pregnancy in your primary school?

Thank you,

Muli Daniel Kisinga

## APPENDIX VI

### FOCUS GROUP DISCUSSION GUIDE FOR PREFECTS

Dear respondent,

The researcher is a student undertaking a degree course in Master of Education in Administration, Leadership and Management at Mount Kenya University carrying out research on **Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub-county, Kitui County, Kenya**. The information you provide will be confidential and entirely used for the purpose of this study.

#### **Section A: Teenage Pregnancy among Students in Public Primary Schools**

1. Have there been cases of teenage pregnancy in your school?
2. If question 1 is Yes, would say that your school has had high or low number of cases of teenage pregnancy?

#### **Section C: Guidance and Counseling in Relation to Reduction of Teenage Pregnancy in Primary Schools**

1. How often does your primary school undertake guidance and counseling tasks?.....
2. In your opinion, has implementation of guidance and counseling influenced reduction of teenage pregnancy in your primary school?

#### **Section D: Implementation of Child Protection Policies and Reduction of Teenage Pregnancy in Public Primary Schools**

1. How often does your primary school formulate and implement child protection policies?
2. What are some of the child protection policies which your primary school formulate and implement?

3. How has implementation of child protection policies in your primary school influenced reduction of teenage pregnancy?

**Section E: Principals' Involvement of Parents and Reduction of Teenage Pregnancy in Public Primary Schools**

1. How often does your primary school involve parents in modification of their children's behaviour?
2. How has involvement of parents influenced reduction of teenage pregnancy in your primary school?

**Section F: Provision of Socio-economic Support and Reduction of Teenage Pregnancy in Primary Schools**


1. How often does your primary school provide socio-economic support for girls?
2. Which kinds of socio-economic support does your primary school provide to girls?
3. To what extent has provision of socio-economic support for girls influenced a reduction in cases of teenage pregnancy in your primary school?

Thank you,

Muli Daniel Kisinga

## APPENDIX VII

### ETHICAL CLEARANCE FROM MOUNT KENYA UNIVERSITY

  
**Mount Kenya University**

REF: **MKU/ISERC/2652** Date: 15 March 2023

TO: **MULI DANIEL KISINGA**

REG: **MED/2018/40343**

Dear Sir/Madam,

**RE: INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION OF TEENAGE PREGNANCY IN PUBLIC PRIMARY SCHOOLS IN KITUI CENTRAL SUB-COUNTY, KITUI COUNTY, KENYA**

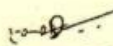
This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **1710**. The approval period is **15/03/2023 - 14/03/2024**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- 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 **Mount Kenya University** 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 **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

- The Chairman  
**Mount Kenya University**  
Ethics Review Committee  
P. O. Box 342 - 0100, Thika

Yours sincerely,  
  
**Dr. Peter G. Kirira**  
Chairman, Mount Kenya University ISERC

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Main Campus, General Kago Road, P.O. Box 342-01000 Thika.  
Tel: 020-2878 000, Cell: +254 709 153 000

**APPENDIX VIII**  
**INTRODUCTION LETTER FROM THE SCHOOL OF POSTGRADUATE**  
**STUDIES OF MOUNT KENYA UNIVERSITY**

  
**Mount Kenya University**

**DIRECTORATE OF GRADUATE STUDIES**

MED/2018/40343

12<sup>th</sup> April, 2023

*National Commission for Science Technology & Innovation (NACOSTI)*  
*Off Waiyaki, Upper Kabete*  
*P.O Box 30623- 00100*  
**NAIROBI, KENYA**

Dear Sir/Madam,

**RE: MULI DANIEL KISINGA - REGISTRATION NO. MED/2018/40343**

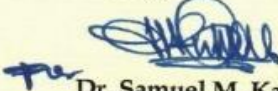
The purpose of this letter is to introduce the above named student who is pursuing **Master of Education Degree** in the **Department of Educational Management and Curriculum Studies** in the **School of Education**.

The title of the research is *"Influence of School Management Strategies on Reduction of Teenage Pregnancy in Public Primary Schools in Kitui Central Sub- County, Kitui County, Kenya."*

It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **April, 2023 and June, 2023**.





Any assistance accorded to the student will be highly appreciated.

Thank you.

  
**Dr. Samuel M. Karenga, Ph.D**  
**Director, Graduate Studies**  
Enc.

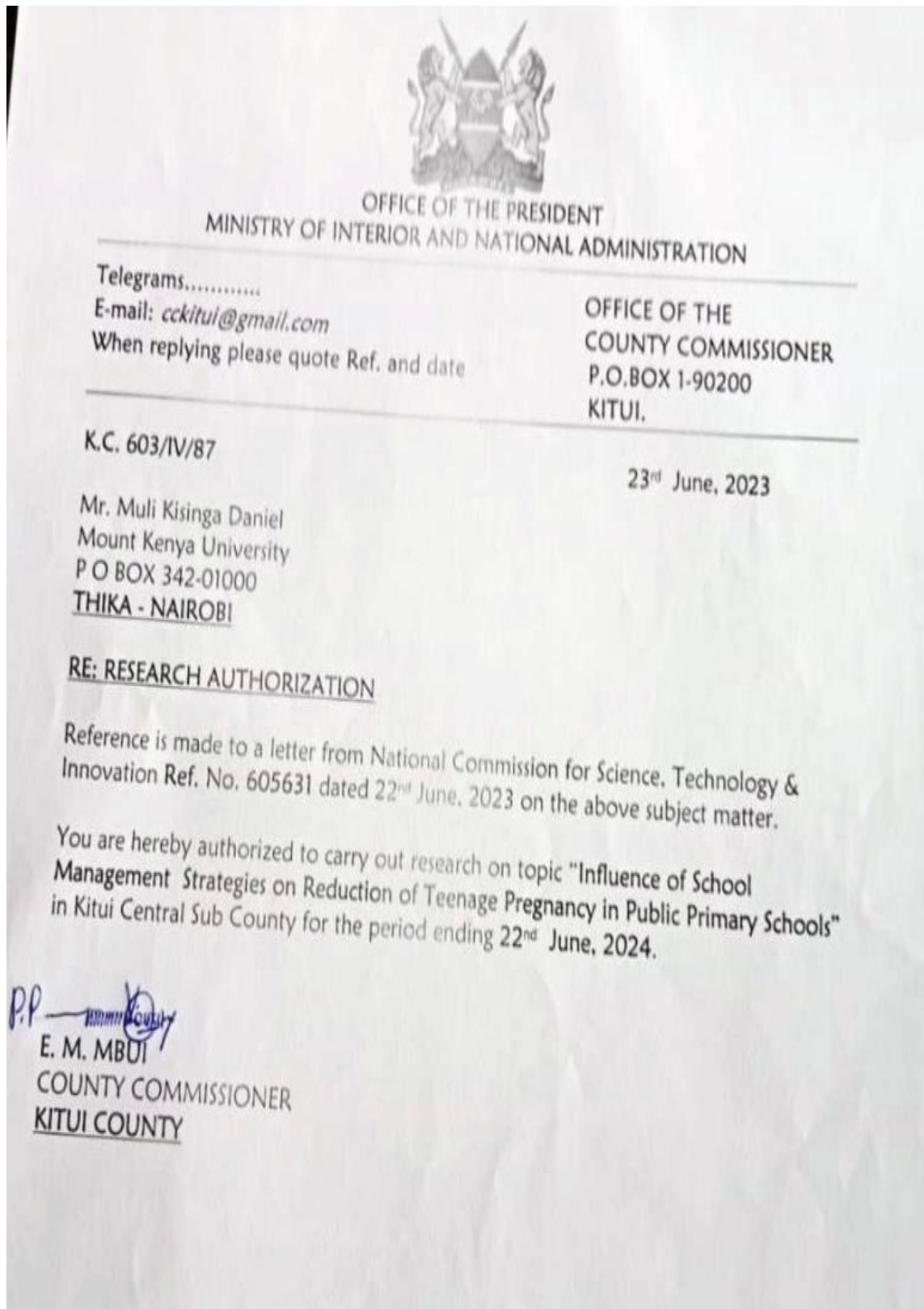
Mount Kenya University  
P.O. Box 342 - 01000, THIKA  
Office of the Director  
Graduate Studies

**APPENDIX IX**  
**AUTHORIZATION LETTER FROM NATIONAL COMMISSION FOR**  
**SCIENCE, TECHNOLOGY AND INNOVATION, NACOSTI**

 <p style="text-align: center;"><b>REPUBLIC OF KENYA</b></p> <p>Ref No: <b>605631</b></p> <p style="text-align: center;"><b>RESEARCH LICENSE</b></p>  <p style="text-align: center;">Applicant Identification Number</p>	 <p style="text-align: center;"><b>NATIONAL COMMISSION FOR</b> <b>SCIENCE, TECHNOLOGY &amp; INNOVATION</b></p> <p style="text-align: right;">Date of Issue: <b>22/June/2023</b></p> <p>License No: <b>NACOSTI/P/23/26799</b></p> <p style="text-align: right;">Director General <b>NATIONAL COMMISSION FOR</b> <b>SCIENCE, TECHNOLOGY &amp; INNOVATION</b></p> <p style="text-align: center;">Verification QR Code</p> 
<p><b>This is to Certify that Mr. MULI KISINGA DANIEL of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kitui on the topic: INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION OF TEENAGE PREGNANCY IN PUBLIC PRIMARY SCHOOLS IN KITUI CENTRAL SUB-COUNTY, KITUI COUNTY, KENYA for the period ending : 22/June/2024.</b></p> <p><b>NOTE: This is a computer generated License. To verify the authenticity of this document,</b> <b>Scan the QR Code using QR scanner application.</b></p> <p style="text-align: center;"><b>See overleaf for conditions</b></p>	

**APPENDIX X**


**RESEARCH AUTHORIZATION LETTER FROM COUNTY COMMISSIONER,  
KITUI**



APPENDIX XI

RESEARCH AUTHORIZATION LETTER FROM COUNTY DIRECTOR OF  
EDUCATION, KITUI

**MINISTRY OF EDUCATION**  
**State Department for Basic Education**

<p>Telegrams 'EDUCATION' Kitui Telephone: Kitui 22759 Fax :04444-22103 E-Mail : <u>cde.kitui@gmail.com</u></p>	 <p>REPUBLIC OF KENYA</p>	<p>COUNTY EDUCATION OFFICE KITUI COUNTY P.O BOX 1557-90200 <u>KITUI</u></p>
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*When replying please quote;*

Ref. No: KTIC/ED/Res/Vol. I/22/137 Date: 23<sup>rd</sup> June, 2023

Muli Kisinga Daniel  
c/o Kenyatta University  
Nairobi

**RE: AUTHORITY TO CONDUCT RESEARCH – LICENSE NO: NACOSTI/P/23/26799**

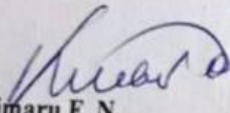
Reference is made to letter Ref. MED/2018/40343 dated 12<sup>th</sup> April, 2023 from Mount Kenya University and Ref. No. 605631 dated 22<sup>nd</sup> June, 2023 from the National commission for Science, Technology and innovation.

You are hereby authorized to conduct research on: **INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION OF TEENAGE PREGNANCY I PUBLIC PRIMARY SCHOOLS IN KITUI CENTRAL, SUB-COUNTY KITUI COUNTY, KENYA for the period ending 22<sup>nd</sup> June, 2024.**


Please liaise with the **Sub County Directors of Education** and Headteachers of schools for further arrangements so as not to interfere with the schools' programmes.

A copy of the research findings should be shared with this office upon completion.

FOR:  
**COUNTY DIRECTOR OF EDUCATION**  
KITUI  
P. O. Box 1557- 90200,  
KITUI

  
**Kimaru F. N.**  
**For: County Director of Education**  
**Kitui County**

CC  
County Commissioner  
Kitui



**APPENDIX XII**  
**RESEARCH AUTHORIZATION LETTER FROM COUNTY GOVERNMENT**  
**OF KITUI**

**COUNTY GOVERNMENT OF KITUI**

Cell Phone:  
0702615888/0702615444  
0731717100  
Email: [Kituicounty@kenya.go.ke](mailto:Kituicounty@kenya.go.ke)



Tanathi Water Services Board  
Building, Ground Floor  
P.O BOX 33 - 90200  
**KITUI**

**MINISTRY OF EDUCATION, TRAINING AND SKILLS DEVELOPMENT**

Ref: CGKTI/MET&SD/ADM/1/6

26<sup>th</sup> June, 2023

Muli Kisinga Daniel  
C/o Mt. Kenya University  
Thika

**RE: PERMISSION TO CARRY OUT ACADEMIC RESEARCH - LICENSE NO:  
NACOSTI/P/23/26799**

Reference is made to your letter Ref. MED/208/40343 dated 12<sup>th</sup> April, 2023 from Mt. Kenya University and Ref. No. 605631 dated 22<sup>nd</sup> June, 2023 from the National Commission for Science, Technology and Innovation.

You are hereby granted permission to carry out your academic research as per your request.

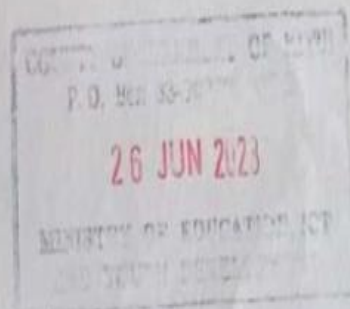
A copy of the research findings should be shared with the office upon completion.

  
Rosaline Njiru

**Director – Basic Education**

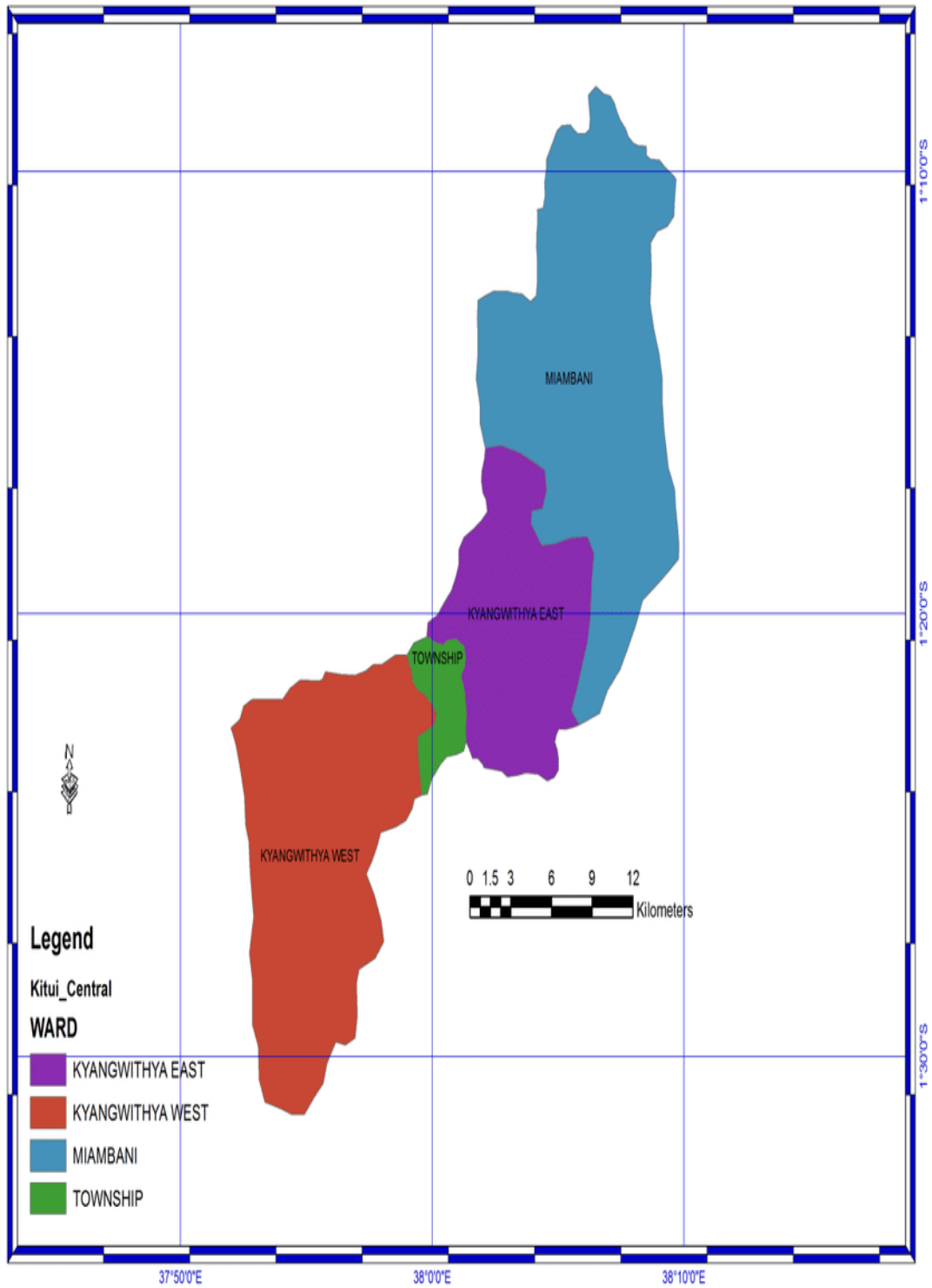
CC

County Secretary  
Kitui County



**APPENDIX XIII**

**THE MAP OF KITUI CENTRAL SUB-COUNTY**



**Source: IEBC (2012)**

**APPENDIX XIV**

**SIMILARITY INDEX REPORT**

**INFLUENCE OF SCHOOL  
MANAGEMENT STRATEGIES ON  
REDUCTION OF TEENAGE  
PREGNANCY IN PUBLIC  
PRIMARY SCHOOLS IN KITUI  
CENTRAL SUB-COUNTY, KITUI  
COUNTY, KENYA**

*by Muli Daniel Kisinga*

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**Submission date:** 07-Nov-2024 07:34AM (UTC-0800)

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# **SIMILARITY INDEX REPORT**

**INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION  
OF TEENAGE PREGNANCY IN PUBLIC PRIMARY SCHOOLS IN  
KITUI CENTRAL SUB-COUNTY, KITUI  
COUNTY, KENYA**

**MULI DANIEL KISINGA**

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT  
OF THE REQUIREMENT FOR THE AWARD OF MASTER  
OF EDUCATION DEGREE IN ADMINISTRATION,  
LEADERSHIP AND MANAGEMENT OF  
MOUNT KENYA UNIVERSITY**

**NOVEMBER 2024**

## SIMILARITY INDEX REPORT

### INFLUENCE OF SCHOOL MANAGEMENT STRATEGIES ON REDUCTION OF TEENAGE PREGNANCY IN PUBLIC PRIMARY SCHOOLS IN KITUI CENTRAL SUB-COUNTY, KITUI COUNTY, KENYA

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