

**EXPERIENCES OF FEMALE STUDENTS ON STRATEGIES ADDRESSING
TEENAGE PREGNANCIES IN SECONDARY SCHOOLS IN KHWISERO
SUB-COUNTY, KAKAMEGA COUNTY, KENYA**

BY

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**A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION,
DEPARTMENT OF EDUCATIONAL MANAGEMENT AND POLICY
STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE AWARD OF THE DEGREE OF
MASTER OF EDUCATION IN
RESEARCH**

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
MOI UNIVERSITY

2022

DECLARATION

Declaration by Candidate

This thesis is my work and has not been presented or submitted for a degree in any other university for examination. No part of this thesis may be produced without prior consent of the author and/or the consent of Moi University.

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DEDICATION

I dedicate this work to my daughter Deborah Obuyanzi Muyela and my mother Mrs. Beatrice Ambetsa Misango for their support towards the completion of this work.

ACKNOWLEDGEMENT

All the glory and honour go to Almighty God for granting me the grace to accomplish this task. I would like to acknowledge everyone who supported and contributed to the success of this thesis.

I appreciate greatly The East and South African-German Center of Excellence for Educational Research, Methodologies and Management (CERM-ESA) and DAAD for the scholarship they granted me. It enabled me to pursue this masters' degree.

I would like to thank Moi University, particularly the Department of Educational Management and Policy Studies who thoroughly prepared me during course work and offered support that enabled me to conduct this study.

I wish to extend my special thanks to my supervisors, Prof. Zachary Kosgei (Kenya) and Prof. Mathabo Khau (South Africa) for their tireless efforts in reading and correcting my work. Their constructive critique and encouragement were of great value.

I sincerely thank my research participants for agreeing to provide me with information.

I wish to acknowledge my colleagues for their immense support in refining my work. I also extend my special thanks to the study participants for accepting to provide the information needed.

Finally, I thank my family members and friends for the moral support they gave me.

Thank you.

ABSTRACT

In 2015, Kenya advanced a national Adolescent Sexual Reproductive Health Policy (ASRH) whose main objective was to reduce the rate of teenage pregnancies in the country. Despite the implementation of the ASRH policy, the rates of teenage pregnancy are still high. The rising rates of teenage pregnancies raise the need to explore strategies for addressing teenage pregnancy based on the experiences of the direct beneficiaries of such strategies. Thus, the purpose of this study was to explore the experiences of female students on strategies addressing teenage pregnancies in secondary schools in the Khwisero sub-county, Kenya. The study was guided by three objectives: to explore the experiences of female students on Life skills Education in addressing teenage pregnancies, to investigate the experiences of female students on economic support in addressing teenage pregnancies, and to establish the experiences of female students on the use of contraceptives to address teenage pregnancies in secondary schools in Khwisero sub-county, Kenya. The study was guided by Bronfenbrenner's ecological systems theory. It was based on the constructivism paradigm, where a qualitative approach was adopted and the research design was a multi-case study. Data was collected through focus group discussions and drawings. The study sample included form three female students in secondary schools in Khwisero Sub-County. Convenient sampling was used to sample schools, purposive sampling was used to sample form three female students as participants in the discussions. The findings revealed that Life Skills Education has helped in addressing teenage pregnancies. However, some students do not exercise what they are taught in Life Skills to address teenage pregnancy, instead, they still engage in sex and get pregnant. The findings further revealed that economic support has been embraced by many people in the society besides the government and it is beneficial in addressing teenage pregnancies. On the other hand, the support is not enough to meet the students' basic needs thus some end up engaging in sex for money to meet their needs. It was also established that the school holiday that was brought about by the Covid-19 pandemic led to a further increase in the rates of teenage pregnancies. This is because they did not receive the economic support that they would be offered while in school and for those who received, the amount had been reduced. Moreover, most teenagers had little to do at home, they had more free time and little hope of getting back to school. They, therefore, engaged in unprotected sex. Teenagers were aware of the use of contraceptives and they are using them. However, they faced major challenges such as unfriendly medical practitioners who were not welcoming to teenagers making them shy away, and some teenagers have negative opinions on the side effects of using contraceptives. Thus, others opted for abstinence as a strategy to address teenage pregnancies. In conclusion, the study found that female students have been assisted in addressing teenage pregnancy through Life Skills Education, economic support, and the use of contraceptives. However, there are barriers to addressing teenage pregnancies that is, some students are not receptive to Life Skills Education, poverty, and societal norms. Therefore, the study recommends that students should be involved in the formulation and revision of the strategies addressing teenage pregnancies for them to voice their opinions and concerns since they are the direct beneficiaries. Economic support is to be continued but the amount is to be increased and there should be a provision of youth-friendly contraception.

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ABBREVIATIONS AND ACRONYMS

ASRH	Adolescent Sexual Reproductive Health
CDF	Constituency Development Fund
ICPD	International Conference on Population and Development
KCB	Kenya Commercial Bank
KCIDP	Kakamega County Integrated Development Plan.
KNBS	Kenya National Bureau of Statistics
LSE	Life Skills Education
NACOSTI	National Commission for Science and Technology and Innovation
R.O.K	Republic of Kenya
SDG	Sustainable Development Goals
SRH	Sexual Reproductive Health
SSA	Sub- Sahara Africa
STI	Sexually Transmitted Infection
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
US	United States
W H O	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter presents the background of the study, statement of the problem, objectives of the study, research questions and significance of the study, assumptions of the study, limitations, and finally operational definition of terms.

1.2 Background to the Study

Teenage pregnancy is conception below the age of 20 years old (Chianzaor et al., 2017). Teenage pregnancy remains both an international and a Kenyan concern (Miriti & Mutua, 2019). The issue of teenage pregnancies does not only affect teenagers who are mothers but also the children of those mothers in many ways (Lee, 2018). Thus, teenage pregnancies lead to immediate and lasting effects on teenagers in terms of health, education, and job perspective and the effects can also be intergenerational.

United Nations Population Fund (UNFPA, 2017) explains that when a teenager becomes pregnant, her life changes. This is because her schooling is affected negatively, employment opportunities are reduced and she may become more vulnerable to poverty. This implies that dropping out of school due to teenage pregnancy can jeopardize one's future economic perspective and can deny her other opportunities in life. That is, teenage mothers tend to have less education and are more likely to live in poverty than their colleagues who are not teenage mothers.

Literature on teenage pregnancy indicates that teenage pregnancy rates have been declining especially in the developed world but the rates are still high in developing countries. For instance, data analysis done by the World Bank (2018) and a study done

by Manzi et al. (2018) on factors associated with teenage pregnancy and its effects in Uganda reveal that the rates are increasing in the developing world.

On the other hand, Kost and Maddow-Zimet (2016) argue that a decline in teenage births does not necessarily mean that the rate of teenage pregnancies has declined. That is, if abortion rates among teenagers are increasing then the pregnancy rates could have remained constant as the birth rate declines. Thus, teenagers who become pregnant could be opting for abortion rather than birth. Globally, 14% of the total unsafe abortions done every year are teenage pregnancies (Mwanzi et al., 2018).

Preventing teenage pregnancies is considered a priority by policymakers and the public for its high cost to the economy, society, and the health of young people. Solomon-Fears and Ronquillo (2015) in their study in the United States (US) report that 30% of teenage girls who have dropped out of high school cite pregnancy as the main reason and 67% of the teenage mothers who moved out of their own family's household live below poverty level. Children born to mothers under age 18 score worse in school in subjects like mathematics and reading tests. Solomon- Fears and Ronquillo add that teenage childbearing in the United States cost taxpayers about \$ 9.4 billion in 2010.

A study in Kenya by Mutegi et al. (2017), found that in the lower classes of secondary schools more girls were enrolled than boys. That is, in forms one and two, the girls were at 53% and the boys at 47% of the total enrolment. However, boys were more in upper classes than girls whereby in form three and four boys were at 56% and girls at 44%. This implies that the rate of dropout for girls is higher than that for boys. This dropout may be attributed to teenage pregnancies and early marriages.

According to the report by the World Health Organization (WHO, 2018), every year 23 million teenage girls get pregnant and 18.5 million girls give birth. The report also

indicate that because the global population of teenagers continues to grow, projections indicate that the number of teenage pregnancies will increase globally by 2030 and the greatest proportion of the increase are in Africa.

In the United States, according to the report by Solomon-Fears & Ronquillo (2015), teenage birth rates in the US are still far above those of most developed countries. That is, the rate was higher than that of the United Kingdom, Japan, and Denmark. For instance, in the year 2012, the rates were 4.3 per 1000 in Japan, 4.4 per 1,000 in Denmark, 19.8 per 1,000 in the United Kingdom, and 29.4 per 1,000 in the United States. A review done across countries by Sedgh et al. (2015) found that due to the high teenage pregnancy rate and large population, the estimated annual number of teenage pregnancies was far higher in the US which is 614,000 than in any other country in the review.

Besides, a study by Taylor (2017) in the United States indicates that the US teenage pregnancy rates are among the highest compared to other industrialized countries. However, there were disparities in the rates among racial and ethnic groups with Hispanics and Blacks almost doubling the teenage pregnancy rates of Whites in 2014. The overall teenage birth rates were highest in Southern and Southern Western regions in the US.

A research report carried out in sub-Saharan Africa by Birungi et al. (2015) reveal that in sub-Saharan Africa (SSA), teenage girls are experiencing the highest rates of pregnancy in the whole world. A high proportion of pregnancies among teenage girls aged 15-19 years in SSA are unintended, ranging from 39% in Tanzania to 59% in Kenya. In SSA an estimated 45% of pregnancies among young women aged 15-19 are

unintended resulting in unwanted births, unsafe abortion cases, and miscarriages (Darroch et al., 2016).

Kessa et al. (2018) in a study carried out in Africa conclude that teenage pregnancies prevalence was at 18.8% with the highest prevalence in the East Africa sub-region at 21.5% followed by 20.4% in South Africa and the lowest in Northern Africa at 9.2%. Kenya is among the sub-Saharan African countries hence it is not exempted from the menace of teenage pregnancies.

The Demographic Health Survey Kenya National Bureau of Statistics KNBS (2015) revealed that in Kenya, childbearing begins early where a quarter of the women give birth by the age of 18 years and almost half by age 20. Teenage pregnancies and motherhood rates stand at 18%, and about 1 in every 5 teenage girls have either had a live birth or are pregnant with their first child. Moreover, the rates increase rapidly with age, that is, 3% among girls at 15 years old and 40% among girls at 19 years old. The situation varies across counties with some counties experiencing high rates than others. This is in agreement with Woda et al. (2019) that teenage pregnancy is common in Kenya and stands at 18%. Joshua (2020) also reports that teenage birth rates in 2016 were 82 births per 1000 girls aged 15 years old to 19 years old. Another report by UNFPA Kenya (2017) reveals that nearly 378,400 teenage girls in Kenya aged between 10-19 years became pregnant between July 2016 and June 2017.

In Kakamega County, there is a reduction in natural resources and increased pressure on the available income due to high population growth (the Republic of Kenya, 2017). Thus, the poverty level in the county stands at 49% among most families in the County. The increased poverty level contributes to a high rate of school dropout among secondary enrollment. This has also led to increased incidences of teenage pregnancies

among students in the county. Kahurani (2020) reports that Kakamega county was ranked second in Kenya after Nairobi county on the rates of teenage pregnancies among teenagers at the age of 10-19 years at 6,685 cases by May 2020.

According to the statistics obtained from Khwisero Sub-County hospital under Ministry of Health (MOH) health records, Khwisero Sub-County, 711No. Adolescents aged 15-19 years presenting with pregnancy at the 1st Anti-Natal Clinic (ANC) visit the rate of teenage pregnancies in the year 2018, 2019, and 2020 is as follows in table 1.

Table 1. Teenagers appearing for the 1st Anti-Natal Clinic visit at Khwisero Sub-County

WARD	2018	2019	2020
KISA EAST	125	144	135
KISA WEST	125	105	133
KISA NORTH	140	168	197
KISA CENTRAL	140	164	162
TOTAL	530	581	627

From the statistics, it is evident that the numbers have been increasing across the years with the highest increase in 2020. It is because of these increasing rates that made it necessary to explore the strategies. The current study, therefore, looked at the experiences of female students on strategies addressing teenage pregnancies in secondary schools in the Khwisero Sub- County.

1.3 Statement of the Problem

Kenya has experienced rising rates of teenage pregnancies. This situation needs to be reversed. This is because, for Kenya to realize Sustainable Development Goals (SDGs) the number of teenage pregnancies in the country must reduce (Gutmacher Institute, 2017). In 2015, Kenya passed a national Adolescent Sexual Reproductive Health Policy

(ASRH), intending to reduce the rate of teenage pregnancies that has remained constant at 18% over the last decade (Guttmacher Institute, 2017).

The ASRH programs adopt several common approaches including peer education, youth-friendly clinic, outreach services, and mentorship. This policy contributes to realizing Kenya's Vision 2030 agenda as well as the realization of gender equality (SDG5). Despite the implementation of this ASRH policy, the rates of teenage pregnancies are still high. The high rates of teenage pregnancies contribute to high illiteracy levels with increased numbers of secondary school drop-outs (Keskin, 2020).

According to Kakamega County Integrated Development Plan (KCIDP, 2018), there are fewer girls than boys at the secondary school level. Similarly, Mutegi et al. (2017) observe that as the students progress to higher levels of education; in secondary schools and tertiary colleges, dropout rates are higher among girls than boys.

The high rates of teenage pregnancies raise a question about the strategies addressing teenage pregnancies. This study sought to explain why the issue of teenage pregnancies is still persistent and yet there are strategies put in place addressing it by exploring the experiences of female students on the strategies in terms of addressing teenage pregnancies. Moreover, many studies that have looked at teenage pregnancies in Kenya such as (Njogu 2019; Kumar et al., 2018; Kimemia, 2015; Imenti, Kiptanui et al., 2015; and Omoro et al., 2018) looked at the causes and the impact of teenage pregnancies in other parts of the country. It is necessary to explore the situation in the context of the Khwisero sub-county since there is scarce literature about Khwisero Sub-County. The findings of the study add to existing knowledge on the issue of teenage pregnancies in the Khwisero Sub-County and at the national level.

1.4 Purpose of the Study

The purpose of the study is to explore the experiences of female students on strategies addressing teenage pregnancies in secondary schools in Khwisero sub-county, Kakamega County, Kenya.

1.5 Objectives of the Study

The objectives of the study were;

- i. To explore the experiences of female students on Life Skills Education in addressing teenage pregnancies in secondary schools in Khwisero Sub-County.
- ii. To investigate the experiences of female students on economic support in addressing teenage pregnancies in secondary schools in Khwisero Sub- County.
- iii. To evaluate the experiences of female students on the use of contraceptives to address teenage pregnancies in secondary schools in Khwisero Sub-County.

1.6 Research Questions

The study was guided by the following research questions.

- i. How have female students experienced Life Skills Education in addressing teenage pregnancies in secondary schools in Khwisero Sub-County?
- ii. What are the experiences of female students on economic support in addressing teenage pregnancies in secondary schools in Khwisero Sub- County?
- iii. What are the experiences of female students on the use of contraceptives in addressing teenage pregnancies in secondary schools in Khwisero Sub-County?

1.7 Justification of the Study

Teenage pregnancy is prioritized in the global health and development agenda because of the devastating consequences associated with it (Menon, 2018). There are policies

and programs put in place that are being used to address teenage pregnancies Lee (2018). In Kenya, there has been much policy attention on the issue of teenage pregnancies (Omoro et al., 2018; Muganda-Onyando & Omondi, 2008).

The government of Kenya has taken several steps to address teenage pregnancies including free primary and secondary education, constituency bursary fund, and increasing education opportunities by constructing more schools in the country. Other policies include the Adolescent Sexual Reproductive Health policy (ASRH), and the National School Health Policy (NSHP) which recognizes the need to provide female students with the required information and skills to address teenage pregnancies, diseases or sexual violence and integration of pregnancy prevention into Life Skills Education curricula (Republic of Kenya, 2017).

Even with these reforms in place, the rates of teenage pregnancies in Kenya are still high as seen from the statistics. Thus, the need for evaluation of the policy implementation and development. However, in Kenya, there is scarce literature on strategies addressing teenage pregnancies. The current study, therefore, explored the experiences of female students on strategies addressing teenage pregnancies in secondary schools in the Khwisero sub-county, Kakamega County, Kenya.

1.8 Significance of the Study

This study is significant in the following ways:

- i. The findings of the study will add to the existing knowledge on the strategies addressing teenage pregnancies.
- ii. The findings will assist secondary school management to reformulate and or improve on the implementation of policies and measures that will address the problem of high-rate teenage pregnancies. This may lead to the improvement of

academic performance, completion rates, and reduction of pregnancies. Thus, helping in the achievement of Sustainable Development Goal number 2 and 5 of reducing poverty and achieving quality education.

- iii. The findings will inform the teachers on adopting a guidance and counseling mechanism that will ensure teenagers achieve their academic studies and complete secondary school successfully.
- iv. The findings of the study will help the Ministry of Education, educational planners, and other stakeholders at both the National and County level to devise measures that would lead to a reduction in the high rate of teenage pregnancies among teenagers enrolling in secondary schools.

1.9 Scope and Limitations

1.9.1 Scope

The study was conducted in secondary schools in Khwisero Sub-County, Kakamega County, Kenya. This is because teenage pregnancy cases in Kakamega are increasing (Nyangaresi, nd). According to KICDP (2018), Kakamega County is found in the western part of Kenya bordering Vihiga County to the South, Siaya County to the West, Bungoma, and Trans- Nzoia Counties to the North, and Nandi and Uasin Gishu to the East. Then, Khwisero Sub-County boards Butere and Lurambi Sub- Counties to the North, Ikolomani Sub-County to the east, and Emuhaya Sub-County of Vihiga to the south.

A study by Devi et al. (2019) on the prevalence of teenage pregnancy and pregnancy outcomes at a rural teaching hospital in India, established that the rate of teenage pregnancy is higher than the rate in the urban area. A similar sentiment is echoed by Akanbi et al. (2021) that teenagers in rural areas are 6% more likely to get pregnant

than those in urban areas. Additionally, Manzi et al. (2018) found that there were more cases of teenage pregnancy in rural areas than in urban areas. This is because teenagers in rural areas are least likely to access required sexual and reproductive services that provide adequate information on addressing teenage pregnancy and have poor parent-teenager communication. Khwisero Sub-County is a rural area and statistics from the ministry of health indicate a high rate of teenage pregnancies in the region which calls for an evaluation of the strategies addressing teenage pregnancies. This study explored the experiences of female students on strategies addressing teenage pregnancies among teenagers in secondary schools in Khwisero Sub-County. The process of data collection and analysis was carried out between February 2021 to December 2021. The findings were analyzed for recommendation and can be used by policymakers for policy development and improvement.

1.9.2 Limitations

The study was limited by the following factors:

- i. The study involved a small sample because it was a qualitative study thus the findings may not be used for generalization for female students in forms one, two, and four. However, the findings can be transferred to a group with similar characteristics that were studied.
- ii. The study was carried out in public schools thus the experiences may vary from those of female students in private schools.

1.10 Assumptions of the study

The study was guided by the following assumption;

- i. Secondary schools in the Khwisero sub-county were implementing strategies addressing teenage pregnancies.

- ii. Female students have their own experiences with the strategies addressing teenage pregnancies.

1.11 Theoretical Framework

A theoretical framework is a blueprint for the whole dissertation inquiry because it guides a study (Grant & Osanloo, 2016). For this study, Bronfenbrenner's ecological systems theory was applied.

The study was guided by Bronfenbrenner's (1979) ecological systems theory which helps in understanding why people behave differently when in different environments by showing the interconnectedness of systems in one's life. Bronfenbrenner (1979) argues that human beings are actively engaged within an interconnected, changing, and nested environment. Thus, human behaviour can best be understood through a broader approach. Understanding teenagers' multiple environments provide a more holistic understanding of their experiences in addressing teenage pregnancy and its outcomes.

The theory describes five systems in one's life and that each system contains roles, norms, and rules which may shape the behaviour of a person. The systems include microsystem which comprises the institutions and groups that are most immediately and directly influence an individual such as the school, family, and peers. Mesosystem involves interactions between microsystems. Exosystems involve links between social settings that do not involve an individual while the macrosystem involves the culture of the society and chronosystems that involves patterns of environmental events and transitions over life courses for instance divorce and epidemic.

In this study, the theory was used to frame and guide the understanding of teenagers' experiences in terms of addressing teenage pregnancies. Specifically, the concept of interconnected systems that both affect and are affected by teenagers. The teenagers

may want to address teenage pregnancies but the occurrence and attributes of the systems influence the teenagers' decisions, behaviour, and outcomes (Jordahl & Lohman, 2009). For this study, the microsystems include family, peers, religion, and the classroom. The mesosystem is the connections of these systems while the exosystem includes, school systems and health facilities. Macrosystem includes cultural values and national roles and activities and the Covid-19 pandemic forms the chronosystem.

Teenagers are taught Life Skills Education in school but a lack of affirmation from adults is a hindrance for them to apply the skills and knowledge acquired. They are also supported economically but the events and trends in society have a negative influence on addressing teenage pregnancy. Besides, teenagers would want to use contraceptives but the people who provide those contraceptives in clinics are adults who do not expect teenagers to engage in sex according to cultural values. Thus, they are not welcoming to teenagers making teenagers shy away from seeking the services.

1.12 Conceptual Framework

The study focused on the experiences of female students on the strategies addressing teenage pregnancies. These strategies exist in the environment of the students thus their decisions are influenced by the environment. The interconnectedness of the systems in their environment are influencing their behaviour. Teenagers are at the center of the systems as shown in figure 1.1.

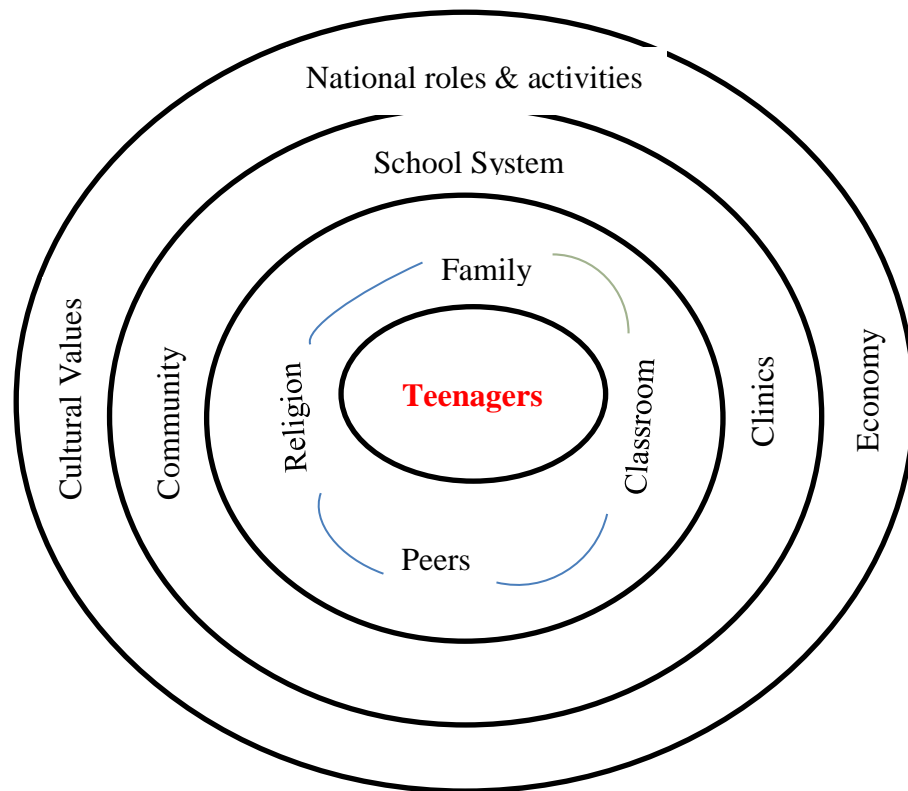


Figure 1.1: Conceptual Framework

1.13 Operational Definition of Terms

This section contains the definition of key terms used in this study. The first definition is according to various authors and the second definition is operationalized meaning for the study.

Contraceptive: This is a device, a drug, or a technique that prevents or tends to prevent conception (Dictionary.com, 2017). Fradley (2003) defines it as a way of preventing pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. In this study, it is a method or device used by teenagers to prevent teenage pregnancies.

Economic support: It refers to any form of financial assistance or inducement for persons or institutions (Omegawiki.org). In this study, it is defined as the assistance by the government or non-governmental organization to provide basic school requirements for a female student so that she is not involved in sexual activities to meet those necessities due to desperation because those sexual activities could result in teenage pregnancies.

Strategy: Freedman (2013), involves setting goals and priorities that will determine the actions to achieve the objectives and mobilizing resources that will enable the execution of the actions. It is a plan, method, or series of ways for obtaining specific goals or results (Dictionary.com, 2017). This study refers to the programs and policies put in place to help in addressing teenage pregnancies.

Teenage pregnancy: This refers to a pregnancy that occurs in human females under the age of 20 years (Chiazaor et al., 2017). WHO (2004), defines teenage pregnancy as a pregnancy in a female of age 10-19 years old while American Pregnancy Association (2017) defines it as a pregnancy that occurs for a woman under the age of 20 years old. However, this study is referring to conception by secondary school-going teenagers of ages 15- 19 years whether this result is in a live birth or abortion.

1.14 Summary of the Chapter

This chapter presented the background of the study, problem statement, purpose of the study, objectives of the study, and research questions. It also presented the justification

of the study, the significance of the study, the scope, and limitations of the study, the theoretical framework, the conceptual framework, and the operational definition of terms.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

This chapter provides a review of relevant literature related to the study. This has been done under the following subheadings: Life skills education in addressing teenage pregnancies, Economic support in addressing teenage pregnancies, and use of contraceptives in addressing teenage pregnancies.

2.1 Teenage Pregnancies In Secondary Schools

In Kenya, students attend secondary schools between the age of 15-18 years, however, others attend while they are older due to delay in joining or missing a year because they lacked funds to facilitate their education (Sellah, Jacinta, & Helen, 2018). Worku et al. (2021) claim that the rate of teenage pregnancy is higher in older teenagers because as the age increases, teenagers get more exposed to sex thus increasing cases of teenage pregnancies in secondary schools than in primary schools. Similarly, Akanbi et al. (2021) found that teenagers aged 18-19 years were more likely to get pregnant than those of age between 15-17 years old. Omoro et al. (2018) explain that the increase in the rate of teenage pregnancies with the increase in age can be attributed to reduced supervision by parents and other parents. These findings imply that teenagers in secondary schools are more likely to get pregnant than those in primary schools thus the study explored the experiences of female students on strategies addressing teenage pregnancies in secondary schools.

Worldwide, approximately 16 million teenagers aged 15-19 years get pregnant per year while those who are below the age of 15 years are 2 million (Ayele, Gebregzabher, Hailu, & Assefa, 2018). A study carried out in East Africa by Worku et al. (2021) reveal

that the rate of teenage pregnancy in East Africa among teenagers between the age of 15 -19 years was 54.6%. However, the rate of teenage pregnant was lower among teenagers in secondary schools compared to those who were not attending school. This is contrary to the findings of Mathewos, and Mekuria, (2018) who established that the rate of teenage pregnancy among secondary school teenagers in Ethiopia was high at the rate of 34.7%. In Kenya, the rate of teenage pregnancies among teenagers attending secondary school is high. For instance, Miriti and Mutua (2019) established at least 15 students in a school seat for the Kenya Certificate for Secondary Education (KCSE) examination while pregnant or with a child. Additionally, Wambui et al. (2020) established that the rate of female students' school dropout was high in lower classes of secondary school than the rate of drop out in upper classes. This is because the students in the upper classes are either already registered for national exams or they are determined to complete the four-year course. The high rate of teenage pregnancies among secondary school teenagers emphasizes the need to evaluate strategies put in place to help in addressing teenage pregnancies.

2.2 Life Skills Education in Addressing Teenage Pregnancies

Teenagers have specific developmental needs such as access to Sexual Reproductive Health (SRH) information and services. This is because it empowers them with knowledge, skills, and values to understand their sexuality and take responsibility for their sexual health and wellbeing (European Expert Group on Sexuality Education, 2016).

Venwesenbeeck et al. (2016) suggest that effective implementation of Life Skills Education may benefit teacher-student relationships in class, parent-child communication, community norms, and school social climate. Thus, school programs

that incorporate Life Skills Education can delay or reduce teenage pregnancies. However, the majority of teenagers lack the knowledge to enable them to make responsible decisions and this exposes them to risks of teenage pregnancies and Sexually Transmitted Infections (STIs) this is according to UNFPA Kenya Annual Report (2017).

A report by WHO (2018) is a clear indicator of a need for comprehensive Life Skills Education. The report states that teenage pregnancies are one of the leading causes of the intergenerational cycle of poverty, poor health, and high mortality rates. European Expert Group on Sexuality Education (2016) recommends that a good Life Skills Education program is grounded on internationally accepted human rights particularly the right to access health-related information. Koagh et al. (2018) recommend that good Life Skills Education curriculum content should cover students' sexual experiences, should be age-appropriate, and has information concerning the student's social-cultural background. In addition, sufficient time should be allocated for the lessons and the teachers should be well trained to handle the subject. The government of Kenya is committed to addressing the issues of sex and reproductive health among teenagers just like other governments globally. This is being done through the 2015 National Adolescent Sexual Reproductive Health Policy. Whereby, sex and reproductive health education are being taught both at primary and secondary school levels under the subject called Life Skills Education (LSE) which is in line with international recommendations.

Njenga (2019) reveals that Life Skills Education has been taught in secondary schools in Kenya for close to two decades. This is also in agreement with the findings of Otieno (2015) who found that Life Skills Education was being taught as the main subject.

Njenga (2019) explains that the Life Skills Education lesson is allocated one lesson per week for all form levels in secondary schools. From the curriculum, content on sexual and reproductive health is covered to a great extent. That is, it covers communication skills for teenagers that focus on refusal skills and risk avoidance. It also includes specific information for both boys and girls in different age brackets. Despite the effort of the government in the implementation of Life Skills Education in the curriculum, the rate of teenage pregnancies has been rising (UNFPA Kenya Annual Report 2017). Thus, the question of the implementation of the Sexual Reproductive Health (SRH) education program in Kenyan schools is still persistent.

A study by Oketch (2015) in Eldoret on the implication of Life Skills Education on teenagers' character development found that since the subject was not examinable, teachers preferred teaching examinable subjects and avoiding LSE. These findings are in agreement with the findings of Njenga (2019) on the significance of secondary school Life Skills Education in addressing the students' sexual and reproductive health information needs and knowledge gaps in Kiambu County, which established that, Life Skills Education in secondary schools in Kiambu had several deficiencies; that the learners were not involved in curriculum development and there were topics they preferred to be discussed on sexuality hence, there were omissions of other social and contextual aspects.

Kimemia (2015) in his study on factors influencing teenage pregnancies in public secondary schools in Meru County found that cultural background was a hindrance to the teacher in effectively teaching Life Skills Education. Unlike Njenga, he also studied the parents' involvement in informing their students about their sexuality where it was found that the parents did not talk to their students about sex because they deem them

as not old enough. However, the students would like their parents to talk to them about sex only that more students preferred that their mothers talk to them about sex than their fathers talk to them.

This agrees with a report by the Ministry of Education (MoE, 2016; Miriti et al., 2020) which states that sexuality and reproductive health issues are being handled mainly in school and not by the parents, which is also in agreement with Achieng (nd) in the study on factors contributing to a high prevalence of teenage pregnancy in Rachuonyo district, Kenya. The study found that most teenagers did not discuss matters of sexuality with their parents or guardians. On the contrary, Bhengu (2016) reports that parents do talk to their children about sex-related issues.

Another study carried out in Nairobi County by Ndirangu, Wamue–Ngare and Wango (2013) on gender factors in the implementation of Life Skills Education in Secondary schools established that there are some topics that neither teachers nor students liked due to their gender, that is they were uncomfortable. For example, boys reported that female teachers could not comfortably handle concepts on ejaculation while girls maintained that they were uncomfortable being taught by male teachers about menstruation. Ndirangu et al (2013) also concluded that Life Skills lessons were not well covered by teachers. Elsewhere in Migori County, Adhiambo (2013) in her study found out that teachers in secondary schools in Migori were inadequately trained to handle the subject. These findings are similar to those of Oketch (2015), Abobo and Orodho (2014) in Trans- Nzoia, and of Wairimu (2015) in Nairobi.

According to the literature, there are limitations in implementing LSE. These limitations are related to time allocation, teacher training, culture, and subject evaluation. It does not explain how students have applied the knowledge acquired in

LSE in addressing teenage pregnancies. Information on the experiences of female students on LSE in addressing teenage pregnancies is limited. Studies that attempted to explain the experiences (like Ndirangu et al., 2013, Kimemia; 2015) did it passively in terms of gender preferences. Moreover, information on the implementation of Life Skills Education in the Khwisero sub-county is flimsy. The current study, therefore, adds to the knowledge on the experiences of female students in Life Skills Education in addressing teenage pregnancies in secondary schools.

2.3 Economic Support in Addressing Teenage Pregnancies

There is a strong link between teenage pregnancies and low economic status (Kimemia, 2015). Poverty can be both a contributor and a consequence of teenage pregnancies. This is why many governments and households invest heavily in all forms of education. Thus, the government of Kenya has put in place several interventions to provide schooling opportunities for the poor and vulnerable. These interventions include; free secondary education, education bursaries, Constituency Development Fund bursary (CDF), and provision of sanitary towels to girls in schools. This is targeted to assist orphans, female students from arid and semi-arid areas, female students with special needs, and generally teenagers (the Republic of Kenya, 2017). Muchalwa et.al (nd) reports that the government of Kenya has invested in education to ensure that students are retained in school. Similar sentiments are echoed by Brudevold-Newman (2016) and Wambui et.al (2020).

There are also other non-governmental initiatives which include the Wings to fly scholarship by Equity bank, KCB education scholarships, and other religious sponsors. A study by Wang'anyi (2018) on the effects of the provision of sanitary towels on performance by adolescent girls in Matungu, Kenya established that the students were

being provided with sanitary towels from various NGOs and group sponsors. The government of Kenya as well as its annual budget allocates resources for the supply of sanitary towels to primary and secondary schools in the 47 counties countrywide.

Despite these initiatives, the rate of school dropout among teenage girls is still high and it is attributed to teenage pregnancies and early marriages. Muganda et al. (2016) pointed out that the data obtained from the Sub- County Education officials from their study on the relationship between subsidized free day secondary education and retention in secondary schools in Kenya showed that for all schools there were school dropouts mainly due to teenage pregnancies among girls. Mutinda et al. (2015) on the contribution of constituency development fund bursary on the provision of secondary education of Ogiek girls in Njoro sub-county, Kenya found that the majority of girls were aware of the availability of education bursary but only a few made use of the fund because only a few applied for the funds since the time for applying was not well known and application forms were inaccessible.

A similar study was carried out by Mugun (2015), on the barriers to the implementation and efficiency of the Constituency Development Fund bursary in Kenya and found that the bursary had enhanced female students' retention rate by 33%. However, the general perception was that beneficiaries were divided into social classes, where the majority of the beneficiaries were children from well-off families with 63% being children of civil servants, politicians, farmers, and businessmen, and only 30% of the beneficiaries were children of peasants and small-scale traders.

Another study by Wambui et al. (2020) evaluated the impact of free secondary education on students' progression using Markov chain Model in the Kiambaa sub-county, Kiambu County, Kenya, and found that free secondary education has a negative

retention rate on form 2 female students as the rate of drop-out was high among form 2 female students. The drop-out could be attributed to teenage pregnancies and early marriages. The program had impacted positively on the completion rates of the overall students and the male students but had no impact on female completion rates.

The highlighted texts indicate that female students are being supported economically through the provision of education bursaries and sanitary towels. Moreover, the government of Kenya has subsidized education. However, this has little influence on addressing teenage pregnancies as indicated by Wambui et al (2020). Therefore, this study sought to study the experiences of female students on economic support in addressing teenage pregnancies. This would help to explain why there are still high rates of teenage pregnancies yet female students are being assisted to enable them to acquire education.

2.4 Use of Contraceptives in Addressing Teenage Pregnancies

The use of contraceptives involves traditional and modern contraceptive methods (Darroch et al., 2016). The traditional methods include mainly periodic abstinence and withdrawals while modern methods of preventing pregnancy include pills, injectables, female and male condoms, and other barrier methods. Darroch et al (2016) add that the use of pills, injectables, and condoms by teenagers to avoid pregnancy can prevent additional teenage pregnancies.

Research in the USA indicates that the use of contraceptives plays a critical role in averting teenage pregnancies. A study by Lindo and Packham (2017) in the United States on how much can be expanding access to long-acting reversible contraceptives reduce teen birth rates reveals that the use of contraceptives by teenagers in the United States of America has reduced childbearing by over 4 %, that is approximately 1,478

teen births that would have been conceived between 2009 and 2013. For instance, in Colorado in the same study, a reduction of 40% in teenage birth rate had been accomplished by increased use of contraceptives.

Many teenagers in sub-Saharan Africa are sexually active and would like to avoid pregnancy but they are not using contraceptives (Dennis et al., 2017). Interventions to reduce the unmet need for contraceptives to reduce teenage pregnancies should be a critical component of family planning programs in developing countries. This is because of the sentiments of Lindo and Packham (2017) who indicates that 86% of teenagers live in developing countries and by the time they are 19 years old, half of these teenage girls are sexually active, and about 20% have given birth.

Dorrach et al. (2016) explain that among teenagers in developing regions who use modern contraceptives, the most common methods are male condoms at 38% and pills at 27% followed by injectable at 19%. Meaning, that condoms count for half of the modern contraceptive use reported among teenage women. This is different from the finding of (Dennis et al., 2017) in an analysis of time trends in contraceptive need and uses among teenagers and young women in Kenya, Rwanda, Tanzania, and Uganda. They found that injectables had become the most popular contraceptive of choice among young women with more than 50% of modern contraceptive users except in Tanzania where condoms and injectables are used by 38% and 35% of the young users respectively.

The government of Kenya has established multiple guidelines and policies across sectors to support the sexual and reproductive health rights of young people including but not limited to the National Adolescent Sexual and Reproductive Health Policy (2015). Population Services Kenya in collaboration with the Reproductive and

Maternal Health Services Unit launched a communication campaign to encourage the use of contraceptives among youths. Thus, most teenagers know about contraceptives (Ochako et al., 2015).

A study by Hagey et al. (2015) on barriers and facilitators for teenage females living with HIV in accessing contraceptives services in Western Kenya, found that barriers to access and use of contraceptives were; the parents and peers because of the stigma of being sexually active while unmarried and the providers perceived that access of services by female teenagers who present to the health facility without a partner was challenging.

Hakansson et al (2018) in a study carried out in Kisumu on human rights versus societal norms stigma related to teenage abortion and contraceptive use established that the general resistance to contraceptives by teenagers was society norms. That is, teenagers who went for such services were considered immoral. The findings are different from those of Ochako et al. (2015) on barriers to modern contraceptive methods uptake among young women in Kenya which concludes that many teenagers shy away from the use of contraceptives because they fear the side effects of using the methods.

From the literature, the backdrop to use the of contraceptives is the perception of society toward teenage who use contraceptives and the fear of the side effects of contraceptives teenagers. Hakansson et al. (2018) used a mixed-method approach while this study employed a qualitative approach. Other studies (Ochako, 2015 and Hagey, 2015) used in-depth interviews while the current study adopted focus group discussions and drawings to generate data. Moreover, the highlighted studies specifically looked at the barriers to the use of contraceptives by teenagers while the researcher in this study intended to explore the experiences and not barriers.

2.5 Summary

This chapter presents literature related to the study. The major areas that have been discussed include; Life Skills Education in addressing teenage pregnancies, economic support in addressing teenage pregnancies, and the use of contraceptives in addressing teenage pregnancies. According to the literature, implementation of strategies addressing teenage pregnancies is being done although there are barriers to the implementation. The literature is silent on how students have applied the knowledge on addressing teenage pregnancies and their experiences in addressing teenage pregnancies. Moreover, studies explored in the literature applied a mixed-method approach where questionnaires and in-depth interviews were used to collect data. This study explored the experiences of female students on strategies addressing teenage pregnancies through a qualitative approach where focus group discussions and drawings were used to collect data.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Overview

This chapter is an overview of the research design that was used by the researcher to address the research objectives. That is the research paradigm, approach, design, location of the study, target population, sample design, data collection, data analysis procedures, and ethical issues.

3.1 Research Paradigm

A paradigm is a world view about how to conduct research (Makombe, 2017). Fraser and Robinson (2004) define it as a set of beliefs on how a problem exists and the agreements in which the problem can be investigated. This study was guided by constructivism as the research paradigm. Creswell (2014) claims that constructivism as a paradigm deals with the development of subjective meanings and understandings of personal experiences on a phenomenon based on social and historical background. Understandings about the world are constructed and interpreted by people (Crotty, 1998). The researcher believes that the experiences of the participants in this study can be constructed into knowledge through interpretations and reflections.

3.2 Research Approach

This study involved a qualitative research approach. The qualitative research approach seeks to understand and interpret personal experiences to explain social phenomena (Huston & Rowan, 1998). With this approach, the researcher got a deeper understanding of the problem by interpreting the experiences of the participants. This was done through focus group discussions and the use of drawings.

3.3 Research Design

According to Leavy (2017), a research design is a plan for a research project. The plan for this study was a multi-case study. Gustafsson (2017), recommend that if a study comprises more than one case, a multiple case study is applied. In this study, two schools (cases) were involved. The study adopted this design because the researcher intended to focus on the experiences of female students from several sites. According to Yin (2009), multiple case studies allow for the exploration of differences and similarities within and between cases thus replication of findings across cases. The participants were involved in common instruments so as attain trustworthiness.

3.4 Study Area

The study was carried out in Khwisero Sub- County in Kakamega County. This is because, cases of school dropout among teenage students in the region are many (Buliva et al., 2019). This dropout is attributed to teenage pregnancies. Nyanageresi et al. (2021) found that 8% of students in Kakamega County fall victim to teenage pregnancies. Teenage pregnancy is associated with many negative impacts on education. Kakamega County is located in the Western part of Kenya and borders Vihiga County to the South, Siaya County to the West, Bungoma and Trans Nzoia Counties to the North, and Nandi and Uasin Gishu Counties to the East. The County covers an area of 3,051.3 KM² and is the second most populous in Kenya with a large rural population (KCIDP, 2018). Khwisero sub-county is one of the sub-counties in Kakamega to the southwest bordering Siaya and Vihiga. It is further sub-divided into four zones, that is, Khwisero East, Khwisero West Khwisero North, and Khwisero Central.

3.5 Target Population

A target population is the entire set of subjects whose characteristics are of interest to the researcher (Martinez-Mesa et al., 2016). It refers to a particular group of people that have similar characteristics and is identified as the intended population for research (Duignan, 2016). It is a portion of a whole universe of people selected as the objective subjects from which the sample size is selected.

The target population for the study consisted of female students in secondary schools within Khwisero Sub-County who have experienced the mentioned strategies. The researcher was interested in this group because female students are the direct beneficiaries of these strategies.

Further, form 3 female students were targeted because they were perceived to have stayed in their respective schools longer and are perceived to have more information based on their own experiences. The form 4 students also stayed longer in their school, however, they were left out because they were anxious about the national exams ahead of them thus their focus was on the exams.

3.6 Study Sample and Sampling Procedure

A sample is a sub-set of participants drawn from the target population (Martinez-Mesa et al., 2016). This study employed convenient sampling and purposive sampling techniques. Convenient sampling is where the first available primary data sources (participants) are allowed to participate in the study (Saunders, Lewis & Thornhill, 2012). In this study, girls' schools and mixed secondary schools were targeted. The researcher selected two secondary schools based on their ease of access.

Purposive sampling allows a researcher to use cases that have the required information concerning the objectives of his/her study (Nechval & Nechval, 2016). Cases or

participants are therefore handpicked because they possess the required characteristics. The researcher purposively sampled participants based on their experience on Life Skills Education, economic support, and use of contraceptives. The researcher purposively sampled the form three female students. The participants were selected into two categories: those who are or have been victims of teenage pregnancies as the group I and those who are perceived not to have ever gotten pregnant as group II. Group I participants were three while the group II category had twenty participants who were divided into two focus group discussions of ten participants per group.

Krueger and Casey (2000) recommend that the size of each focus group discussion ought to be sufficiently large to create discussion but not so large because some members may be shy to share their insights. Thus, the optimal size is 5-10 individuals. For this study focus group discussions comprised 10 participants for group II while for group I, the number of participants was determined by the size of participants in the school and willingness to participate.

3.7 Data Collection

The data for this study was collected through Focus group discussion to collect data on objectives one and two and for objective three, both focus group discussions and drawings were applied. Focus group discussion was used for triangulation in objective three.

3.7.1 Focus Group Discussion

Focus group discussion is a qualitative data collection technique that involves a small number of participants in an informal discussion focused on a particular topic (Wilkinson, 2004). It is a type of in-depth interview accomplished in a group (Mishra, 2016). The researcher intended to use this method to explore the experiences of female

students on the strategies addressing teenage pregnancies as it is a suitable tool for obtaining information on perceptions, attitudes, opinions, and experiences from participants (Wilson, 1997).

Discussions were done in two categories as described in 3.6. Four discussion groups were carried out. Morgan (1997) recommends that three to five groups are suitable for a study, however, the number is determined by the purpose of the study, the scale of the study, and the heterogeneity of the study participants. That is, a study with a diverse range of participants requires a larger number of groups. This study involved form three female students as key informants thus reducing heterogeneity. Another major guide for the number of groups held was the concept of saturation. That is, the researcher collected data until no new concepts were obtained (Cameron, 2005).

The discussions were carried out in the school compound where the participants met in the school halls away from the rest of the students. Teachers of guidance and counseling helped in sampling participants and assembling them to ensure confidentiality, especially for the participants who were pregnant or with a child. However, this did not help fully in ensuring the anonymity of the participants because the teachers know them. Petrova et al. (2016) explain that there is no full guarantee of not harming the participants thus it is important to carry out a risk assessment to complement the ethical process. In this regard, for this study, it was estimated that the risk of harm when the teachers help in sampling was very small. During the discussion, the researcher adopted the discussion guideline recommended by Escalada and Heong (2011). First, the researcher gave a brief introduction and explained the purpose and the scope of the discussion. The participants were also allowed to give a short background about themselves. The discussion on the theme followed where the researcher asked guiding

questions that were prepared earlier. The prompting questions were standardized across groups (Cameron, 2005). The main prompting questions for the discussions were:

- i. Do you think what you are being taught here at school can help or is helping address teenage pregnancies? Explain.
- ii. Does economic support keep girls from getting pregnant?
- iii. Are there any challenges you know about that can prevent teenagers from using contraceptives?

The researcher also asked probing questions during the discussions to seek clarification. All participants were allowed to talk by encouraging the shy participants, stimulating the participants to talk to each other and the talkative participants were moderated politely by intervening when they pause. Finally, the researcher shared a summary of the discussion with the participants to confirm what they had discussed. Each discussion session was audio-recorded and later transcribed.

3.7.2 Drawings

Theron, Mitchell, Smith, and Stuart (2011) claim that drawing is a suitable technique for data collection around topics that may be difficult to express in words. Similarly, Guillemin and Westall (2008) claim that drawings create a safety net for participants to express difficult issues openly. In this regard, the researcher used drawings to collect data on the experiences of female students regarding the use of contraceptives. Keira (2011) notes that collecting data by use of drawings can be used by both adults and children thus the researcher used this technique with female students in secondary schools. Mayaba and Wood (2015) explain that drawings involve two steps where the participants respond to the prompt by drawing and later elaborate on their completed drawing through written or oral explanation. All participants in this study were engaged

in making drawing on their experiences on the use of contraceptives in addressing teenage pregnancy individually. They were also requested to write a description of their drawing to clarify the content and meaning of their drawing to them. The following prompt was provided:

- Draw a picture of your experience on how the use of contraceptives has helped or is helping in addressing teenage pregnancy.

MacPhail and Kinchin (2004) explain that drawings and small group interviews can be used to generate data. Drawings are more useful when applied alongside other instruments. Thus, in this study, the researcher carried out focus group discussions together with drawings. This allowed the participants to explain what they had drawn verbally and what the drawing meant to them in terms of how they had experienced the use of contraceptives to address teenage pregnancy. The drawings, written explanations accompanying the drawings, and oral discussions made data for the objective. The discussions were recorded and later transcribed while the drawings were scanned for presentation.

3.8 Trustworthiness

Trustworthiness is a terminology used in qualitative research to refer to the validity and reliability of the findings of the study (Guba & Lincoln, 1981). Connelly (2016); Pilot and Beck (2014) define trustworthiness as the degree of confidence in the methods used, information collected, and interpretation to ensure the quality of a study. The criteria used to ensure trustworthiness in this study is credibility, confirmability, dependability, and transferability.

3.8.1 Credibility

Credibility refers to confidence in how well the data addresses the intended focus (Pilot & Beck, 2012). Shenton (2004), defines credibility as a measure of trustworthiness that explains how the researcher establishes confidence in the truth of the findings of a particular inquiry. According to Amankwaa, (2016) credibility can be achieved through prolonged engagement in the field. In this study, the researcher achieved this by building a trusting relationship with the participants by visiting the research sites before the actual field study. During the visit, the researcher invited the participants to participate in the study by explaining to them the nature of the study, what was being studied, the reason for carrying out the study, the data collection process, and how the information would be used. Moreover, after transcription, the researcher went back to the participants to check that what was transcribed was in line with what was discussed earlier (Lincoln & Guba, 1985). Amankwaa (2016) explains that credibility can also be achieved through triangulation. The researcher employed two tools to collect data on the same objective as a triangulation technique.

Kreuter (2008) claims that voluntary participation yields credible findings, thus the researcher involved only those participants who were willing to participate in the study. Bitsch (2005) explains that in qualitative research a researcher should obtain the perception of peers in developing conclusions on the study findings. The researcher in this study sought support from supervisors and peers who offered scholarly guidance in the process of coding and developing themes.

3.8.2 Confirmability

Confirmability is the degree to which research findings are corroborated by other researchers (Baxter & Eyles, 1997). Confirmability ensures that interpretations are clearly from the data. Wallendorf and Belk, (1989) recommended audit as a method of

addressing confirmability. Thus the researcher ensured that the data generated is well kept and can be retrieved for auditing. Moreover, the researcher shared the findings with her peers to verify the accuracy of discussions and interpretation of data.

3.8.3 Dependability

According to Ary, Jacobs, and Sorensen (2018), dependability refers to the extent to which the data collected and the findings would be similar if the study is replicated. It is the stability of the data in equivalent circumstances (Pilot & Beck, 2012). The researcher applied a dependability audit and code agreement to ensure dependability. The audit was done by recording and keeping notes on research decisions, activities, and data obtained (Li, 2004). On coding the findings, the researcher carried out the first coding procedure and carried out another one after a month to determine the similarities and differences (Ary et al., 2010). The process helped the researcher to understand data patterns that helped in presenting participants' narrations.

3.8.4 Transferability

Transferability is the ability of the findings to be applied to other contexts (Curtin & Fossey, 2007). It is the degree to which research findings can be transferred to other contexts with other participants (Amankwaa, 2016). Li (2004) transferability can be achieved through a thick description of the research methodology and context. The researcher strived to provide a detailed description of the area of study and the tools used to generate data. Bitsch (2005) recommends that purposive sampling helps in achieving transferability. Purposive sampling also provides greater in-depth findings (Cohen, Manion, & Morrison, 2002). The researcher used her judgment based on the best available evidence to choose participants who know enough, can recall enough, and can respond precisely to questions asked.

3.9 Data Collection Procedures

Permission to collect data was sought from the National Commission for Science and Technology and Innovation (NACOSTI), County Commissioner, and Sub-County Education Director before proceeding to the field. An introduction letter and research permits were obtained from the dean of the school of education at Moi University after which, the researcher booked an appointment with the schools where the research was carried out. The participants were given instructions and were assured of the confidentiality of the information given. The discussions were done in central locations which included school halls and classes. During the meetings, the purpose and procedures of the study were explained. The researcher ensured that they worked within the scheduled time.

3.10 Data Analysis

Data analysis is a process of gathering, modeling, and transforming data to highlight useful information, suggesting conclusions, discussing strategies, and supporting decision-making (Güler, 2015). The researcher analyzed the data through thematic analysis. Thematic analysis is a method used to identify, analyze and report patterns within the information obtained (Braun & Clarke, 2006). Both drawings and their explanation and the focus group discussions were analyzed thematically to look for similarities, differences, and silences. The steps followed are illustrated in Table 2 while Table 3 gives a methodological matrix per objective. The data was then presented according to their categories and the drawings are presented.

Table 2. Phases of thematic analysis

Phase	Description of the process
1. Familiarizing with data:	This involves transcribing the data, reading and re-reading the data then noting down initial ideas
2. Generating codes	Here codes of interesting features of the data are made in a systematic way and grouping data belonging to each code
3. Searching for themes	It involves organizing the codes obtained into potential themes and gathering all data relevant to each potential theme
4. Reviewing themes:	Here, themes are checked if they are in line with the codes extracted at level 1 and the entire data set (Level 2) then a thematic 'map' is generated for the analysis
5. Defining and naming themes:	It's an analysis process that refines the specifics of each theme, and the overall story the analysis is telling, it generates clear definitions and names for each theme
6. Producing the report	This is the final process where the selection of vivid, compelling extract examples are done, the final analysis of selected extracts and relating the analysis to the research question and literature to produce a scholarly report of the analysis

Source: Braun and Clarke (2006, p.87)

Table 3. Methodological matrix

Objective	Concepts	Instrument	Type of data	Analysis tool
To explore the experiences of female students on life skills Education in addressing teenage pregnancies in secondary schools in the Khwisero sub-county.	Life Skills Education and teenage pregnancy	Focus Group Discussion	Qualitative	Themes
To study the experiences of female students on economic support in addressing teenage pregnancies in secondary schools in the Khwisero sub-county.	Economic support and teenage pregnancy	Focus Group Discussion	Qualitative	Themes
To establish the experiences of female students on the use of contraceptives in addressing teenage pregnancies	Use of Contraceptives and Teenage Pregnancy	Drawings	Qualitative	Themes

3.11 Ethical Consideration

In the process of carrying out the study the following ethical considerations were made:

seeking permission, voluntary participation, informed consent, and confidentiality.

3.11.1 Seeking Permission

The researcher obtained an introduction letter from the dean school of education at Moi University. A research permit was sought from the National Commission for Science and Technology and Innovation (NACOSTI). Copies of the permit granted were presented to the Sub- County Director, school principals, and teachers of guiding and counseling. The Sub-County Director of Education was requested to issue an introductory letter to visit schools under study. The researcher then contacted the principals through a letter.

3.11.2 Voluntary participation

Oslaretti (2008) defines voluntary participation as a self-made choice by an individual and the individual is ready to bear the consequences of the choice. That is, there is no coercion. Oslaretti adds that a researcher should tell the participants about what they will encounter during the research. Participants in this study were issued invitation letters that had a summary of the study. The summary included the title, purpose, significance of the study, and methods of data collection. They were given time to read the invitation letter, think and decide to participate in the study, and once they decide to participate in the study, they were asked to consent to their participation by signing an informed consent attached to the invitation letter.

3.11.3 Informed consent

Informed consent is the process by which a participant voluntarily confirms his/her willingness to participate (Yip et al., 2016). It is a way of ensuring that people understand what it means to participate in a particular study so that they can decide in a conscious deliberate way whether they will take part or not. The researcher informed the participants on the purpose of the study, the data collection procedure, and how the

information obtained would be used. They were therefore provided with a written consent form to sign once they accept to participate. For the students who were below the age of 18 years, permission was sought from their parents. The participants also filled out a form to confirm that they would participate voluntarily.

3.11.4 Confidentiality

Confidentiality involves proper safeguards put in place to protect the privacy of participants and their information from unauthorized access, use, disclosure, modification, loss, and theft (Research Ethics Board, 2017). The researchers need to maintain clear boundaries between what they are told by participants and what they tell to the participants. The researcher has to empower “vulnerable” participants to control their information (Petrova & Camilleri, 2016). The researcher in this study strived to build trust with the participants by agreeing with them that the information obtained would be used mainly for the study. Secondly, the researcher led the participants in the focus group discussions to agree that whatever would be discussed in the group was to be maintained between them.

Petrova and Camilleri (2016) claim that there are three components of confidentiality in participatory research. That is anonymity, privacy, and protection of information. To ensure anonymity, study participants were given pseudonyms. Yip et al. (2016) explain that confidentiality can be maintained when obtaining sensitive or personal information by omitting the names of the participants during data collection and storage. To ensure privacy, the group I participants had a separate discussion session from the group II participants. Further, all discussions took place in separate places like school halls where there was no interference by other people who were likely to make the participants shy from giving the information.

3.12 Chapter Summary

This chapter outlined the design and methodology applied in exploring the experiences of female students on strategies addressing teenage pregnancies. The research paradigm, approach, and design were discussed and the rationale for using them in this study. Further, the chapter presents, the area of study, target population, study sample, data collection, data analyzing, trustworthiness, and ethical considerations applied.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS, INTERPRETATION, AND
DISCUSSION

4.0 Overview

This chapter presents data obtained from the participants based on focus group discussions and drawings. It also gives data analysis, interpretation, and discussion of the findings. The data were analyzed thematically, interpreted, and discussed in relation to the literature review. A summary of the findings is shown in Table 4. The table shows the themes for each research question.

Table 4. Summary of the findings

Experiences of female students on the strategies addressing teenage pregnancies	
Research question	Theme
How have female students experienced Life Skills Education in addressing teenage pregnancies in secondary schools in Khwisero Sub-County?	Helpful and Irrelevant
What are the experiences of female students on economic support in addressing teenage pregnancies in secondary schools in Khwisero Sub- County?	Beneficial and Disadvantaged
What are the experiences of female students on the use of contraceptives in addressing teenage pregnancies in secondary schools in Khwisero Sub-County?	Acquisition

4.1 Experiences on Life Skills Education in addressing teenage pregnancies

The first objective of this study was to explore the experiences of female students on Life Skills Education in addressing teenage pregnancies. Focus group discussions with female students were carried out to generate data for the first research question. Through the discussions, the participants in this study reported that they had been taught about addressing teenage pregnancies in Life Skills Education.

In this regard, the researcher inquired how the participants had experienced Life Skills Education in addressing teenage pregnancies. Through the discussions, two themes emerged together with their underlying categories which are discussed in the next segment as summarized in figure 4.1.

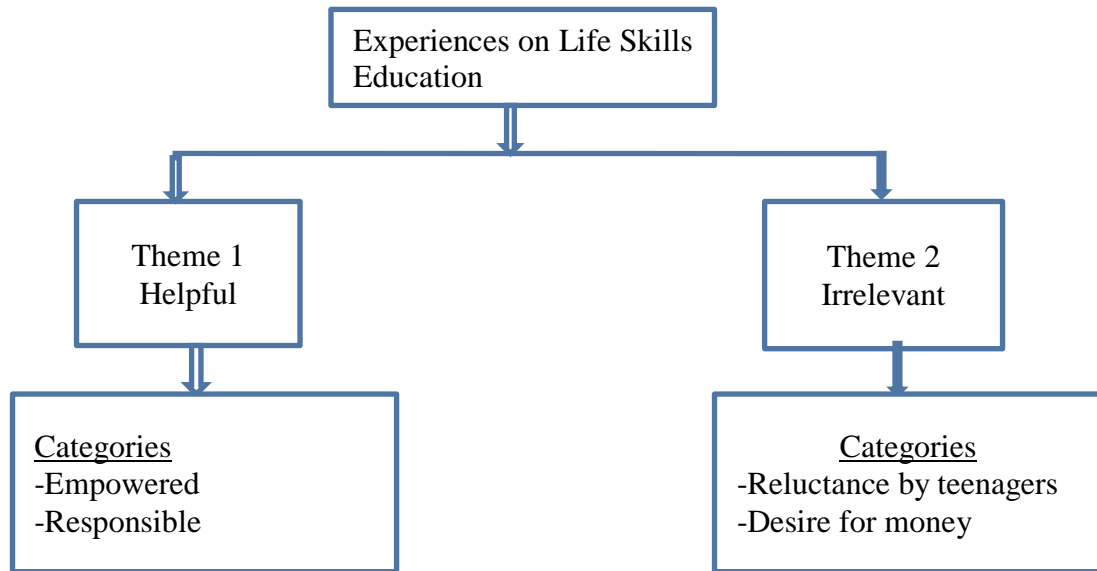


Figure 4.1: Summary of the findings on experiences on Life Skills Education

4.1.1 Theme 1: Helpful

Helpful means that whatever they are being taught is enabling them to address teenage pregnancy. The participants reported that they were able to address teenage pregnancy because of what they had gained from the discussions on life skills. According to the participants, the knowledge gained is helpful because it empowers them and they feel responsible as discussed below.

4.1.1.1 Empowerment

Empowerment involves making one confident, in terms of being able to control his/her life. This means that teenagers are being imparted with the knowledge or ways to address teenage pregnancies on their own. Participants in this study reported that they

were able to control themselves and avoid teenage pregnancy after being taught Life Skills Education. This is evident in the following quotations.

“Yes, you see they tell us how you can avoid those boy-girl relationships and when you follow what they say, you cannot get pregnant.” (Focus group discussion, Kate, line 51{13/02/2021}).

“Yes, for me through the talk, I was helped so much. I now know the consequences of boy-girl relationships. I can control myself if I don’t want to get into those consequences.” (Focus group discussion, Gift, line 56{13/02/2021}).

“Yes, they are teaching us how to say no to sex. When a boy comes to me, I remember what the teacher told us, and when I say like that, the boy leaves me alone.” (Focus group discussion, Ladasha, line 39{27/02/2021}).

“For me, I remember what we are told in school and I prevent myself from sex.” (Focus group discussion, Flavian, line 42{27/02/2021}).

“Some of us by the way would have gotten pregnant but through the advice, we can control ourselves. When a teacher talks to you, you feel and know by the way I can do this and I cannot do this and you keep away from doing wrong.” (Focus group discussion, Melody, line 46{27/02/2021}).

“I think their pieces of advice are good for they help us plan our future.” (Focus group discussion, Sharlyne, line 49{27/02/2021}).

The participants further reported that through the study of Life Skills Education, they felt encouraged to address teenage pregnancy. This is amplified by the following quotations:

“Yes, when talked to you feel encouraged, motivated and avoid doing wrong things.” (Focus group discussion, Grace, line 61{13/02/2021}).

“Yes, we are always encouraged to avoid teenage pregnancy. We are told examples of those girls who got pregnant and how they are suffering out there. When you think of that, you decide to avoid boy-girl relationships. You encourage yourself to concentrate in school and leave those relationships.” (Focus group discussion, Kind, line 54{13/02/2021}).

“It is helping because when you are just thinking of doing those things and the teacher talks to you, you feel encouraged, you see how people love you they don’t want you to get lost. You just decide to follow their instructions and avoid getting pregnant.” (Focus group discussion, Peggy, line 56{27/02/2021}).

The above statements imply that teenagers have benefited from Life Skills Education. They have been equipped on how to control themselves and this has enabled them to address teenage pregnancies. Also, these findings revealed that when they are taught by their teachers, they feel rejuvenated and consider protecting themselves from getting pregnant. These findings are consistent with the findings of Adhiambo (2013) in Migori County, who found that Life Skills Education had a positive influence on teenagers' social behaviour through fighting drugs and teenage pregnancies. Otieno (2015) reported similar findings in the study carried out in Eldoret that the teenagers felt that Life Skills Education had helped them to deal with the challenges of the modern lifestyle. The teachers played their role by teaching the teenagers what they need to do to address teenage pregnancies, but it is the responsibility of the teenagers to apply the knowledge in addressing teenage pregnancies and this brings us to the next category.

4.1.1.2 Responsible

Being responsible refers to having an obligation to do something. The participants reported that they were being taught Life Skills Education but they felt that it is their responsibility to follow the instruction and protect themselves from getting pregnant.

This is evident by the following quotations:

“Yes. For me through the talk, I was helped so much because I have not gotten pregnant. I follow all the instructions.” (Focus group discussion, Joy, line 53{13/02/2021}).

“Yes, I have followed what we were told and it has helped me so much.” (Focus group discussion, Patience, line 55{13/02/2021}).

“What we are being taught is helpful, to me I think those of us who have not gotten pregnant is because they are doing what we are told by our teachers.” (Focus group discussion, Vera, line 52{27/02/2021}).

The above quotation reveals that teenagers have control over addressing teenage pregnancies. It is upon them to implement what they are taught. According to the

participants, they feel responsible for preventing teenage pregnancies and this makes them fear failing by not following instructions. Fear of failure involves the belief that one is not or will not be accepted and will disappoint herself or other people in her life. The participants reported that they were following all they were being taught in school to address teenage pregnancies because they did not want to let down their teachers and their parents. Strack et al. (2017) explain that fear of failure can be motivating by causing positive stress and encouraging one to achieve the targeted objectives. Thus, teenagers have been able to address teenage pregnancy because they do not want to disappoint their teachers. They are doing this to appreciate their teachers' efforts. This is highlighted by the following quotations:

“They are helpful because on my part I wouldn't want to let down my teachers, after all, they have done to help me.” (Focus group discussion, Yunia, line 50{27/02/2021}).

“For me, it is helping. I better follow what we are being taught. I do not want to let down my teachers by getting pregnant.” (Focus group discussion, Patricia, line 59{27/02/2021}).

“To say the truth, the teachers are doing their work. They have talked to us again and again. I would not like to get pregnant and make their work useless. At least I should make them happy by not getting pregnant. I also do not want to embarrass my parents.” (Focus group discussion, Favour, line 62{13/02/2021}).

On the other hand, some of the participants feel that they were being conditioned to behave in a particular manner. Being conditioned means that they are being told and are expected to behave as they are trained. They reported that they felt that they are being conditioned to behave in a curtailed way which they thought was not necessary.

This is amplified by the following quotations:

“I do not see the need for us to be conditioned to a particular way. It is just our responsibility to take care of ourselves.” (Focus group discussion, Furaha, line 29{13/02/2021}).

“It is helpful only if we do what the teachers are telling us to do.” (Focus group discussion, Mercy, line 65{13/02/2021}).

The findings reveal that the teenagers wanted to have the freedom to practice their ways of addressing teenage pregnancies rather than being aligned to a particular way. This is in alignment with the sentiments of Mocheche (2018) that teenagers at the age of 15-18 years, would prefer to be independent, and be able to exercise freedom fully and the adults have little control over them. This explains why others thought that Life Skills Education was irrelevant.

4.1.2 Theme 2: Irrelevant

Irrelevant means that it is not important in addressing teenage pregnancies. Through the discussions, it was reported that studying Life Skills Education was not helping in addressing teenage pregnancies. The following categories were identified; i) Reluctance by the teenagers and ii) Desire for money

4.1.2.1 Reluctance by teenagers

Reluctance refers to the unwillingness to do something. The participants reported that the reason why the lessons learned were not helpful is that teenagers did not take the instructions seriously but instead continued engaging in unprotected sex. They explained that the teenagers ignored what they were taught as illustrated in the following quotations:

“Yes, it is helpful but because of the ignorance of some girls, they just get pregnant.” (Focus group discussion, Peace, line 50{13/02/2021}).

“We just have to follow instructions. If at all we followed their instructions, we could have not gotten pregnant. The teachers have always taught us but we just ignore.” (Focus group discussion, Amina, line 32{13/02/2021}).

“Mmmh, according to me if it was helping, we could not be getting pregnant, we could have followed the instructions and prevent teenage pregnancies.” (Focus group discussion, Furaha, line 26{13/02/2021}).

“It is helping but those who are hard-headed do not follow what we are being taught and that is why they get pregnant.” (Focus group discussion, Natal, line 54{27/02/2021}).

The findings imply that some teenagers do not benefit from Life Skills Education, they are not willing to apply what they are taught in class and that is why they get pregnant. These findings are similar to the findings of Miriti et al. (2020) which established that 23.7% of the participants reported having not benefited from the advisory of teachers on teenage pregnancies.

4.1.2.2 Desire for money

Desire refers to a strong longing to possess something. The participant reported that one of the reasons why addressing teenage pregnancy is difficult even after being taught in Life Skills Education is because of the desire to get money. They reported that the desire to get money has caused teenagers to engage in unprotected sex. This is evident in the following quotations:

“Getting pregnant was my fault. I had a desire of getting money and that is how I ended up pregnant. (Focus group discussion, Amina, line 10 {27/02/2021}).

“No, even if they are talking to us and even provide pads for us, still there are other desires one has. For example, when one sees the other with a better item than her, she would also want to get and because she does not have money to buy it, she engages in sex to get money.” (Focus group discussion, June, line 20 {27/02/2021}).

“According to me, girls are full of lust and they will admire so many things. So even if they are provided with school necessities, they will still admire other things. Since they cannot ask a parent for the extra things they admire, they will opt for sex to get money to buy them.” (Focus group discussion, Joy, 220{13/02/2021})

The quotations reveal that teenagers get pregnant because they engage in sex to get money. The findings agree with the findings of Stark (2018) that teenagers at early ages engage in transactional sexual relationships because sex is seen as the easiest way to get money. Similarly, Austrian and Anderson (2015) found that teenagers engaged in unprotected sex even though they knew it was not right but all they wanted was the money the boyfriends were providing.

4.2 Experiences in Economic Support

The second objective of the study was to explore the experiences of female students on economic support in addressing teenage pregnancies. Focus group discussions were carried out to collect data. The participants confirmed that they were receiving economic support from the government, non-governmental organizations, and well-wishers. They further reported that they were receiving education bursaries to cater for school fees, sanitary towels, and other personal needs. This is evident in the following quotations:

“When joining from one the Member of Parliament buys for the girls’ blanket, mattress, a box and pays school fees in form of bursaries and for the continuing students he provides bursaries for us.” (Focus group discussion, Patience, line 97 {13/02/2021}).

“I am being supported by a non-governmental organization known as Impact. They give us pocket money, pay school fees and give us a package of personal effects.” (Focus group discussion, Favor, line 88{13/02/2021}).

“A well-wisher from Nairobi Hospital is supporting me. The well-wisher normally sends money through my mum’s phone every month and instructs her to buy for me what I need” (Focus group discussion, Mercy, line 87{13/02/2021}).

“The school is also trying to provide sanitary towels for us because you know lack of sanitary towels is one of the reasons why girls engage in sex just to get money to buy them.” (Focus group discussion, June, line 28{27/02/2021}).

“There is a day the Chief came with her people and gave us panties and sanitary towel.” (Focus group discussion, Yunia, line 87{27/02/2021}).

The findings illustrate that government officials, NGOs, and well-wishers are active in supporting teenagers.

Through the discussions, the participants reported their experiences, and the summary is represented in Figure 4.2. The findings highlight two themes and their respective categories on the experiences of female students on economic support.

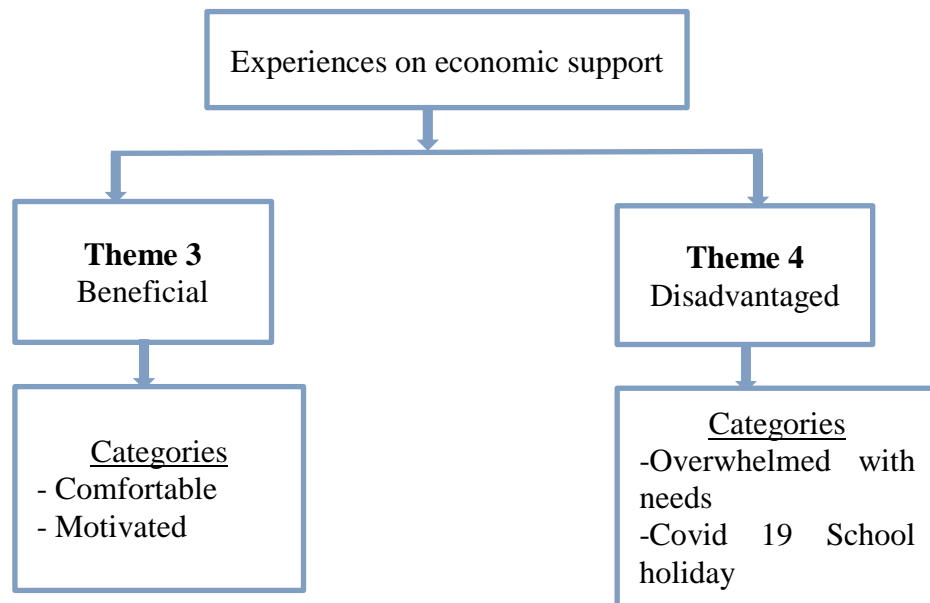


Figure 4.2: Summary of the findings on experiences on economic support

4.2.1 Theme 3: Beneficial

Beneficial refers to something helpful that can bring change in one's life. The participants reported that economic support was beneficial to them in addressing teenage pregnancies for it has enabled them to concentrate on their academic work. Brudevold-Newman (2016) concludes that payment of tuition fees by the government had helped in reducing risky behaviours that could have led to dropping out of school. They reported that they did not have to engage in unprotected sex for money. The support made them feel *comfortable* and *motivated* as discussed next.

4.2.1.1 Comfortable

Being comfortable means, one is at ease and relaxed to do something. The participants reported that they felt comfortable upon receiving the support. They explained that they did not need to engage in sex to meet their needs and that is how they were able to prevent teenage pregnancy. This is evident by the following quotations:

“Yes, it is helping. Something like panties or sanitary towels. You know when you do not have a sanitary towel and you cannot ask your parent because she will say she has paid school fees she does not have

money for other things, you feel bad, you think of getting a boyfriend to buy for you. But when the school provides what it is doing now, you feel comfortable in school, you do not have to get a boyfriend to buy for you. You just concentrate on your studies.” (Focus group discussion, Yunia, line 100{27/02/2021}).

“Yes, according to me, it has helped. When the school fee is paid and you have pads. You don’t have anything to worry about. You don’t have to look for a boyfriend because you are comfortable. Your work is to study.” (Focus group discussion, Ladesha, line 106{27/02/2021}).

“Yes, because you do not have to engage in sex for you to get money to buy what you need.” (Focus group discussion, Kind, line 109{13/02/2021}).

“For me, when I see how mum is making sure I am comfortable in school, I try my best not disappoint her because what will I say I was looking for when everything I wanted I is given?” (Focus group discussion, Kate, line 122{13/02/2021}).

The above quotations imply that teenagers can engage in sex when they are lacking something. The explanation revealed that teenagers can address teenage pregnancy when they are provided for it. This is because they feel motivated as discussed in the next segment.

4.2.1.2 Motivated

To be motivated means having a reason or being inspired to do something. Participants in this study reported that they feel motivated when they are supported. Because of this they focus on studies and avoid relationships that could make them get pregnant. This is highlighted by the following quotations:

“Yes, it is of great benefit. Like for me I was motivated when they started sponsoring me. Everything I need I am given and my work is just to study. I don’t need a boyfriend.” (Focus group discussion, Favour, line 118{13/02/2021}).

“Yes, it is helping; my mum is struggling to keep me in school. You know this is a second chance for me. When I see how she is trying to keep me in school, I am motivated to make her happy by doing well in school and not getting pregnant again.” (Focus group discussion, Amina, line 49{13/02/2021}).

“Yes, according to me the support has helped so much because you know when someone pays for your school fees, you see that person cares for you especially when it is not your parent. So you are motivated to study and avoid anything that can make you leave education.” (Focus group discussion, Melody, line 96{27/02/2021}).

The quotations imply that teenagers are motivated to address teenage pregnancies when they receive economic support. They also would not want to disappoint whoever is supporting them. However, the participants felt that they were disadvantaged in terms of the amount and form of support.

4.2.2 Theme 4: Disadvantaged

Disadvantaged means being in an unfavourable circumstance. The participants felt that much should be done on economic support because they were still facing a financial crisis. Their views were brought out in two categories; i) overwhelmed with needs and ii) Covid- 19 school holiday.

4.2.2.1 Overwhelmed with needs

The participants felt that their needs are beyond the provision of school fees. They reported that they were getting support but it was not enough to meet all their needs.

This is highlighted by the following quotations:

“It is helping although, in some situations for example the sponsor sends you money monthly, and you find that before the month ends the money is over. This makes one desperate and thinks of other means of getting money. The girl ends up engaging in sexual activities to get money and she may get pregnant.” (Focus group discussion, Mercy, 114{13/02/2021})

“Somehow, the bursaries are handy, but they are not enough. When you apply you may get it or not. I did apply recently but I have not gotten it. I am still being affected by the issue of the lack of school fees.” (Focus group discussion, Furaha, 46{13/02/2021})

“Yes, but being given bursaries is not enough. You find that it pays only for school fees but one needs escort during tea break and the parent may not be in a position to provide every day because of other responsibilities. Therefore, you find that the students now engage in

sex to get more money.” (Focus group discussion, Sharon, 92{27/02/2021})

“It is somehow helping but poverty is still a problem. You know like me; I am back in school but still, my parents are unable to pay school fees. Although at times you can apply for bursaries and you do not get or you have a huge fees balance and the parents are not in a position to offset it so the bursaries are helpful but it may be little to clear the balance. At times I need books and when I ask mum to buy them, she cannot. She is overwhelmed with other responsibilities.” (Focus group discussion, June, 35{27/02/2021})

“Because to some through the support, they were able to avoid teenage pregnancy but others are overwhelmed by other needs, so they end up getting pregnant despite the support.” (Focus group discussion, Natal, 111{27/02/2021})

June and Furaha explain that one can apply for the bursaries and fail to get them. They also report that they have huge fee balances which have not been cleared by the bursaries. The findings agree with the findings of Mutinda et al. (2015) who found out that the Ogiek girls had benefited from the education bursary fund but at a low rate. The participants explain that the support was not enough, Mercy explains that the pocket money would end before the next amount is sent rendering one desperate and vulnerable. Natal says the needs are overwhelming, Sharon says they need escort during tea breaks and June says getting books is difficult. It is also evident that the parents struggle to pay school fees and once that is done, other needs are not so important to be met. Due to this little support, one is likely to be influenced by peers to engage in sex in exchange for money.

Peer influence occurs when one accepts to do something that he/she would not have done but because of the desire to be accepted and valued by friends, he/she does it. The participant reported that because of peer influence, some teenagers got pregnant despite being supported. This is evident from the following quotations:

“Yes, but a bad company can also cause one to get pregnant despite the support.” (Focus group discussion, Patience, 110{13/02/2021})

“Yes, but you know peer pressure. You can be supported; you are in school and you are comfortable. Then maybe you have a friend who has a boyfriend and when you are storytelling you find the story about the boyfriend is good so you just ignore the fact that you are being sponsored and you decided to have a boyfriend and in the process you get pregnant.” (Focus group discussion, Grace, 113{13/02/2021})

“And another thing, the possibility of a student getting pregnant is bad company. You can get yourself in a group of people who are eating well so she starts finding ways of getting money to satisfy the members of the group.” (Focus group discussion, Furaha, 52{13/02/2021})

The quotations imply that teenagers are willing to address teenage pregnancies when they are given economic support but still peer influence is a problem.

4.2.2.2 Covid-19 school holiday

This is the period schools were closed indefinitely due to the Covid-19 pandemic. The participants reported that it was the most challenging period because they were not certain of what would come up. It was established that the rate of teenage pregnancies increased during the Covid-19 school holiday. The participants reported that the rate had increased because they had little to do at home and thus had more free time. They also reported that they had lost hope of going back to school and all one could have thought about was finding a boyfriend. This is amplified by the following quotations.

“People had given up; we were not sure if the schools would re-open. People became uncontrolled and started engaging in other activities. Just walking around, getting boyfriends and girlfriends, and even getting married.” (Focus group discussion, Patricia, line 135{27/02/2021})

“You know when you are just seated you have nothing to do and your friends are enjoying themselves with their boyfriends, what do you do? You also find one and because you are new in these things, you end up pregnant.” (Focus group discussion, Ladesha, line 139{27/02/2021})

“The rates increased because the teenagers were idle and there was no hope for the schools to re-open so the only thing left to do was to find a boyfriend.” (Focus group discussion, Kate, line 185{13/02/2021})

“They thought they would not get back to school so they started engaging in sex.” (Focus group discussion, Favour, line 194{13/02/2021})

These findings corroborate with the finds of Shikuku et al. (2020) who found out that there was a steady increase in the number of teenage pregnancies among teenagers aged between 15-19 years old compared to the number before Covid-19. This is similar to Addae (2020) who stated that there would have been some students who would have not gone back to school after the Covid-19 school holiday due to teenage pregnancies in Sub-sahara Africa.

The increase in teenage pregnancies can also be attributed to the fact that more teenagers started engaging in boy-girl relationships. Other participants reported that before the Covid-19 school holiday they didn't have boyfriends but it is during this period that they found boyfriends. This is evident from the following quotation:

“At first, I was hopeful that schools would re-open. When I learned that it would take a longer time, I thought to myself and decided to have a boyfriend.” (Focus group discussion, Patricia, line 122{27/02/2021}).

“I was in the village at my aunt's place. The girls in that village had boyfriends and they would move around with them. Since I was idle and other girls in the village had boyfriends, I also decided to join them and I also got a boyfriend. We would stay together with the boyfriends until late in the evening and I didn't like getting home late” (Focus group discussion, Kate, line 131{13/02/2021})

“At the start of the holiday, I was busy with studies because I was hopeful, we would get back to school. As time went by, I got bored and started idling, in the process, I got a boyfriend. I would stay away from home during weekends and spend time with my boyfriend.” (Focus group discussion, Joy, line 138{13/02/2021})

On the other hand, the researcher also inquired about how they had coped with the Covid-19 school holiday which occurred suddenly and unexpectedly. The participants reported that they engaged in income-generating activities for survival, others reported that they were restricted by their parents and relatives while others reported that they

were engaged in their studies. Most of the participants who reported engaging in income-generating activities, mainly engaged in business. This is evident by the following quotations:

“I went to stay with my brother who owns a cyber, he taught me how to operate, then I started working there. He used to give me little money that I could use to buy myself whatever I wanted.” (Focus group discussion, Peace, line 128{13/02/2021})

“In the beginning, we formed a discussion group where we would meet and study. Since there were no hopes of going back to school with the escalation of the pandemic, we stopped. I decided to go and stay with my elder sister where I would help her in her business. She sells shoes so I would get little money to buy myself what I needed. I stayed there until when the schools were re-opened.” (Focus group discussion, Grace, line 152{13/02/2021})

“At home, I used to work in a hotel. There was a lot of work in the hotel that I never got time to interact with my peers. We would wake up very early and get back to the house late and very tired. I am happy because we were paid good money.” (Focus group discussion, Mercy, line 157{13/02/2021})

“With the little money my sponsors used to send me as pocket money, I decided to start a small business. I used to sell clothes the entire holydays.” (Focus group discussion, Favor, line 162{13/02/2021})

“I was just in the village; I helped in farm activities and go around the village in the afternoons.” (Focus group discussion, Peggy, line 130{27/02/2021})

Other participants reported that they stayed with parents and relatives who were very strict and that their holiday was programmed. This is evident from the following quotations:

“I stayed with my elder sister and her family. Being a Christian family, my holiday was programmed. I would follow the classes that were being run on the television, and after that, I would follow preaching over the radio. I never had time to idle.” (Focus group discussion, Yunia, line 119{27/02/2021})

“I was put under restrictions at home, the only chance I had is when I was sent to the shop or the market that is when I would go see my friends.” (Focus group discussion, Ladesha, line 124{27/02/2021})

“[...] my parents in Nairobi. There, I was under restriction and my daily routine was programmed. I never got a chance to get out of the

house alone until when the holiday ended.” (Focus group discussion, Gift, line 149{13/02/2021})

“For the period that I stayed with mum, I was under a strict program until when the schools were re-opened.” (Focus group discussion, Marvel, line 164{13/02/2021})

Some participants reported that they were engaged in academic activities during the holiday as highlighted by the following quotations:

“When I gave birth, I learned a big lesson that I no longer admire to engage in a boy-girl relationship. During this holiday, I decided to concentrate on books.” (Focus group discussion, June, line 41{27/02/2021})

“[...] I was just left with one year to complete high school. I decided to go to my sister’s place. Because of embarrassment, I used to stay in the house and read until when the schools were re-opened.” (Focus group discussion, Kind, line 143{13/02/2021})

“I went to stay with my mother in Nairobi, while there I was engaged in studies.” (Focus group discussion, Melody, line 116{27/02/2021})

The findings revealed that because they were engaged, they were able to address teenage pregnancy. In addition, the parents ensured that their children did not idle or go out as often as they would like.

4.3 Experiences on the use of contraceptives

The third objective was to establish the experiences of female students on the use of contraceptives in addressing teenage pregnancies. Both focus group discussions and drawings were used to collect data as mentioned in 3.7. A presentation of the drawings is done then findings and discussion. The captions are typed as they were written by the participants.

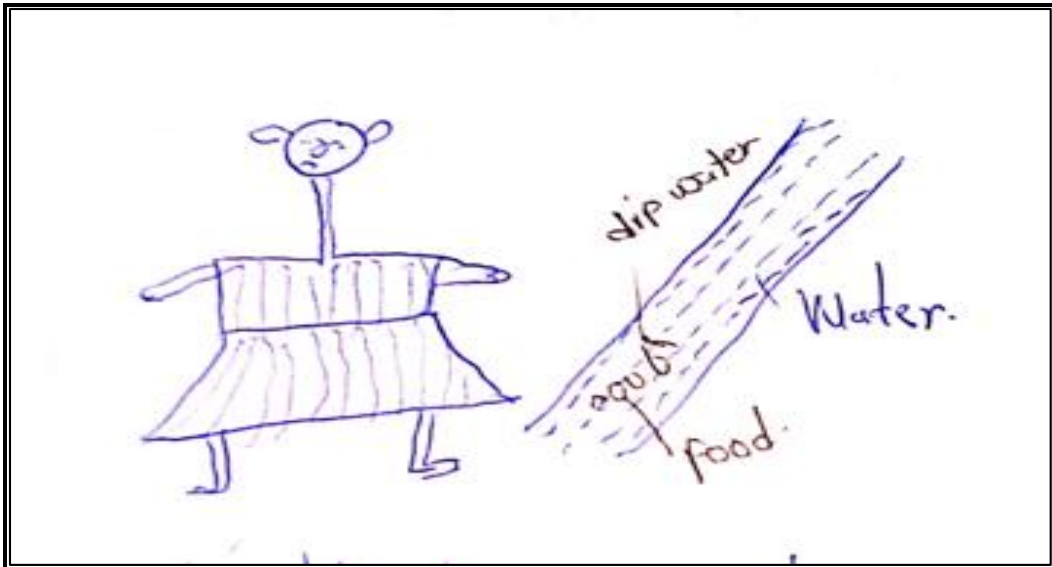


Figure 4.3: Drawing by Peace

Caption: *I have drawn a girl who wants to cross the river but she cannot. This teenager wants to go across the river but the water is dip and there is no bridge. Is like the teenager is trying to reach contraceptives but society is not giving him a chance to take them. They do not want teenagers to use contraceptives because they are not supposed to do sex when they are not married.*

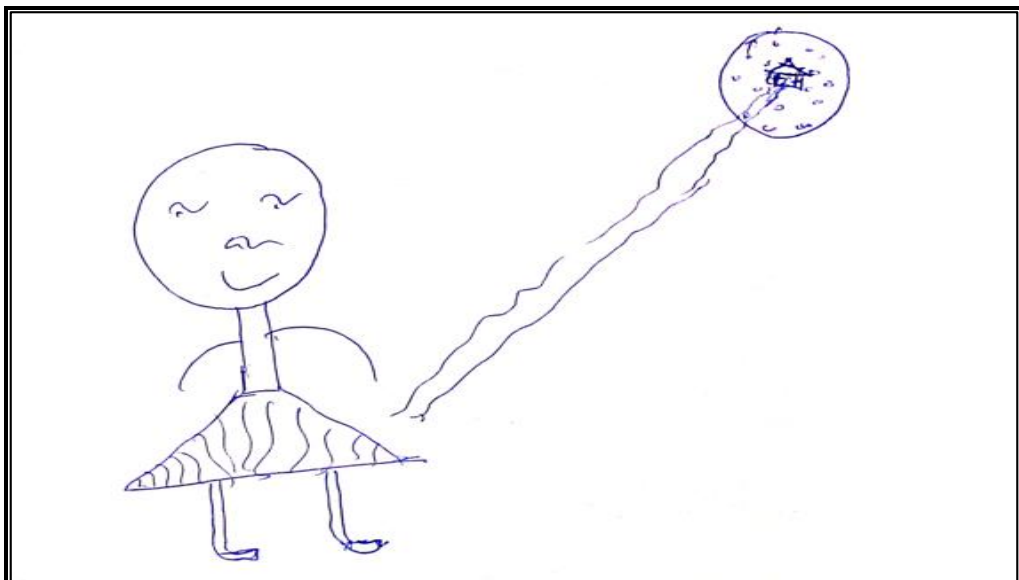


Figure 4.4: Drawing by Favor

Caption: *This girl is sad, the journey is long and the clinic is fenced. The journey of getting contraceptives is hard. It is so shameful to see a young girl walking to go to visit*

the clinics because the girls are afraid of reaching and the clinics will embarrass them.

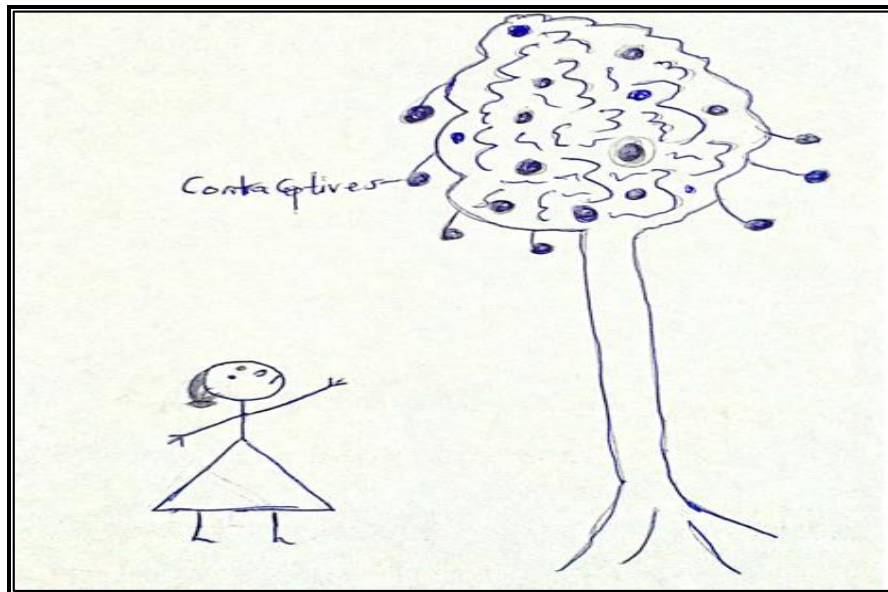


Figure 4.5: Drawing by Vera

Caption: *The girl is admiring the fruits on the tree. She cannot get the fruits because the tree is big. Teenagers want to use contraceptives because the contraceptives will help them not to get pregnant. But the people in the clinics, are making it difficult for them to get. They do not want to give contraceptives, because they think when those things are made available, even younger girls will start engaging in sex anyhow. After all, teenage pregnancy will not be a problem again.*



Figure 4.6: Drawing by Sharon

Caption: *This girl wants to cross the river to go and get the money but she cannot because there are a lot of crocodiles. The experience is that getting those drugs is very hard for teenagers because doctors and other people in society may see them as sex workers. Is that you are willing to be given those contraceptives but you are not able to go and take them. Therefore the crocodiles are the doctors.*

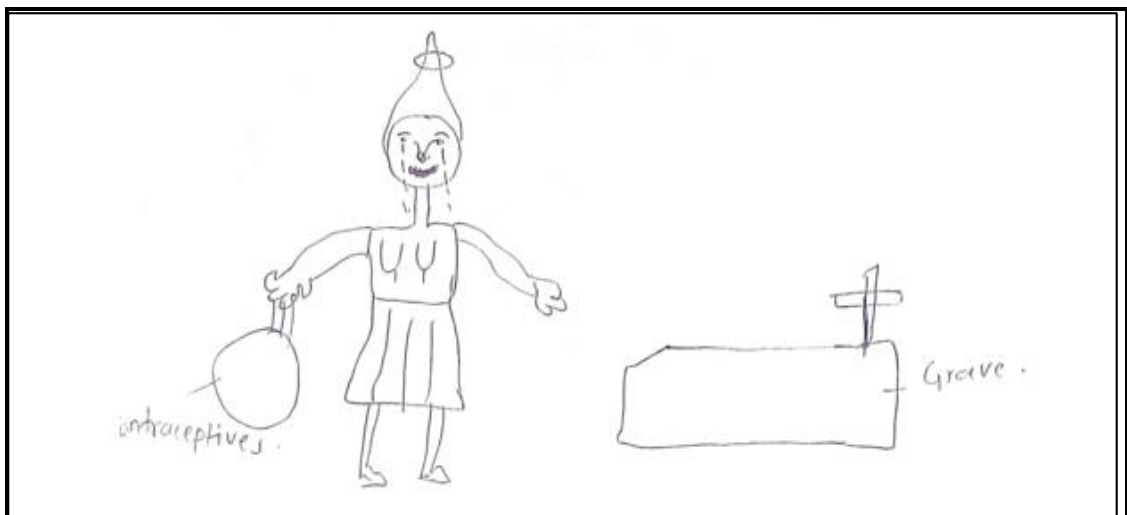


Figure 4.7: Drawing by Natal

Caption: *I have drawn a girl holding contraceptives behind and a grave in front. She is also crying. This girl used contraceptives while she was in secondary school, she was*

able to go to university but now she is crying because she cannot get children. Contraceptives are not good because they can lead to barrenness.

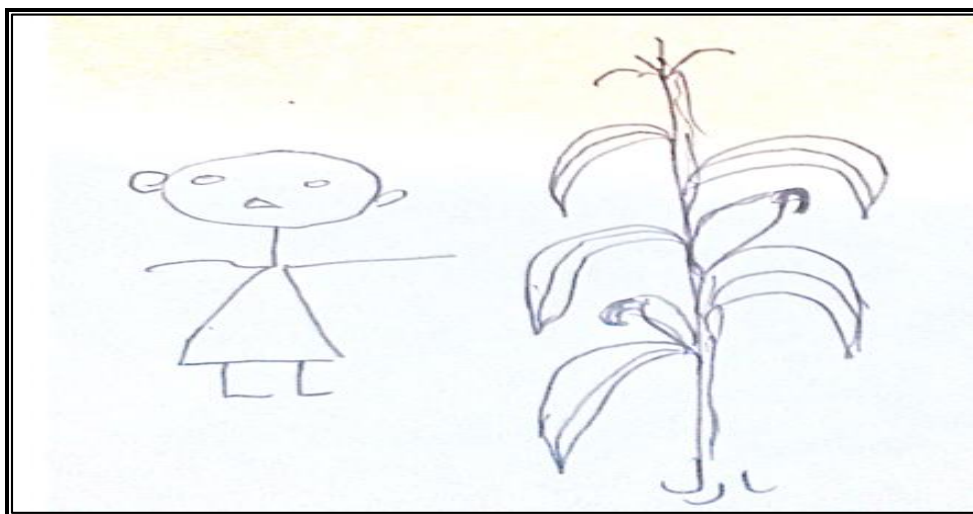


Figure 4.8: Drawing by Joy

Caption: *I am like maize, I have to be careful for me to produce. If I use contraceptives, I will not protect myself because there is also some infectious disease even if I try to abstain from pregnancy. Contraceptives can also bring wounds. For me, I say, we should abstain from sex.*

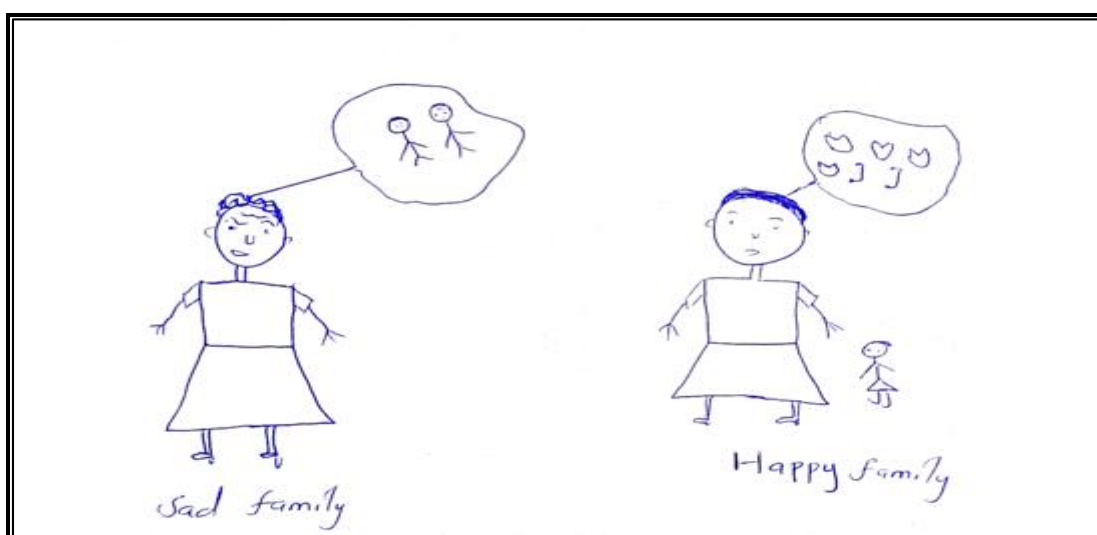


Figure 4.9: Drawing by Peggy

Caption: *I have drawn two women. The first one is sad because when she was in secondary school, she used contraceptives to prevent pregnancy. She managed to go to*

university, and she finished and got a job. Now she is married but sad because of no kids simply because of the use of contraceptives too much before conceiving. The second one did not use contraceptives, she got pregnant while in school, gave birth, and returned to school. She is happy because she can give birth.

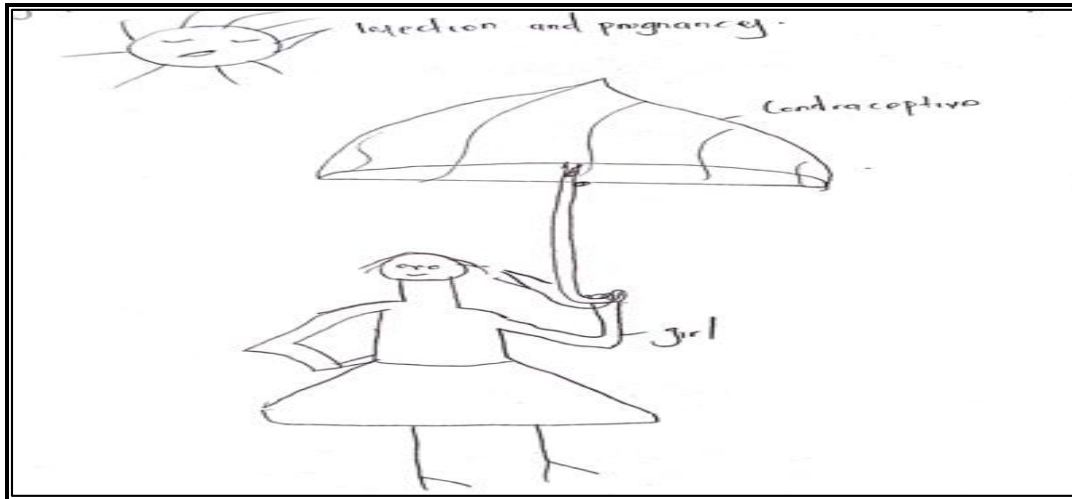


Figure 4.10: Drawing by Amina

Caption: *I have drawn a girl holding an umbrella and it is sunny. According to me, the umbrella is contraceptives, the sun is infection, and teenage pregnancy. Contraceptive is a shelter for me, the sun is not reaching me. It has helped in preventing early pregnancy. Contraceptives have helped in the prevention of both infection-STIs and pregnancy.*

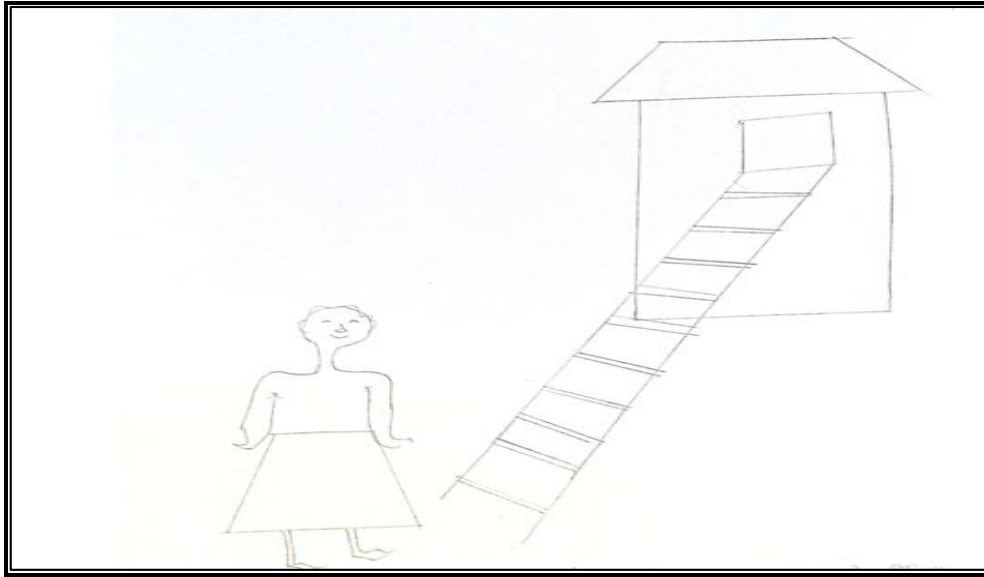


Figure 4.11: Drawing by Kate

Caption: *My experience is presented by a girl going up to the house using a ladder. Teenagers are using contraceptives and we just go to the clinic and get them. The house is the university and the ladder is contraceptives. When you use contraceptives, you don't get pregnant and you can go the university. Contraceptives are good thereby when you engage in sex it's not easy to get pregnant.*

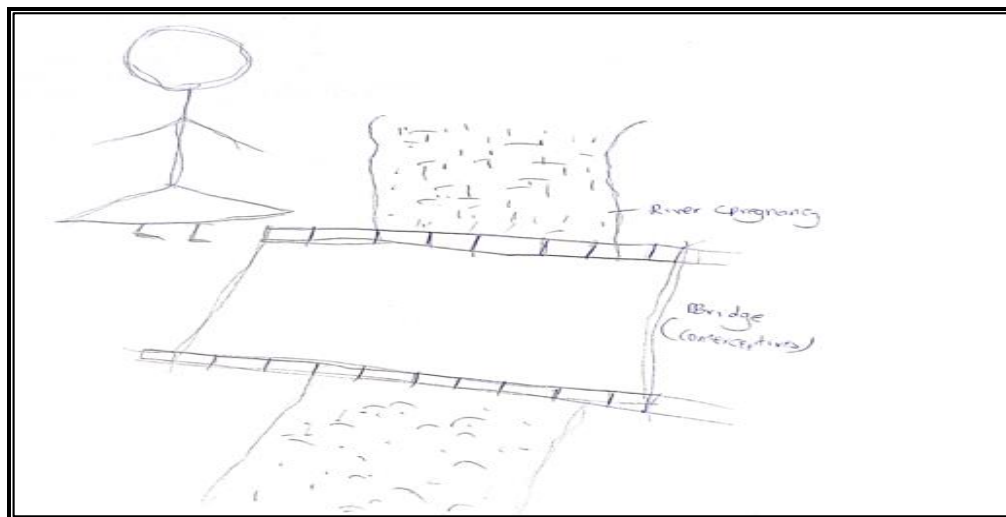


Figure 4.12: Drawing by Marvel

Caption: *I have drawn a girl who wants to cross the river using a bridge. This means contraceptives are like a bridge. This girl will not get pregnant because she is using them, she will be able to go to university.*

From the findings, one major theme was evident, that is, acquisition

4.3.1 Theme 7: Acquisition

The acquisition is how easily teenagers can get and use contraceptives. The discussions and the drawings revealed that teenagers could easily acquire contraceptives while others reported that they are not easy to access thus the two categories: i) easily acquired, ii) Unfriendly medical practitioners.

4.3.1.1 Easily acquired

This means that teenagers can obtain contraceptives without any difficulty. The participants reported that getting contraceptives was easy because they were being offered for free. This is amplified by the following quotations:

“They are free. You see in the same organization that sponsors me. Prep was free and made available to us.” (Focus group discussion, Favor, line 235{13/02/2021})

“It is easy, that is if you have already given birth, you are advised by the nurses to use contraceptives. They provide them as soon as you deliver for as long as you are willing.” (Focus group discussion, Amina, line 70{13/02/2021})

“It is easy because they are being provided freely, you don’t need money to get them.” (Focus group discussion, Sharon, line 174 {27/02/2021})

“The condoms are free in the hospital; you pick them by yourself.” (Focus group discussion, Yunia, line 184{27/02/2021})

“It is easy the teacher was also suggesting that they will put a box of condoms at a designated place here in school so that however wants can go and pick freely.” (Focus group discussion, Sharlyne, line 186{27/02/2021})

“I think it easy to get the contraceptives most of my friends are using them.” (Focus group discussion, Natal, line 188{27/02/2021})

The participants further indicated that they were using contraceptives and it had enabled them to prevent teenage pregnancy. This is evident by the following quotations:

“It has helped in preventing early pregnancy. Contraceptives such as condoms have helped in the prevention of both infection-STIs and pregnancy.” (Drawing, Amina, Figure 4.9 {13/2/2021})

“For me, contraceptives like implants have helped me to prevent teenage pregnancy.” (Drawing, Marvel, Figure 4.11 {13/2/2021})

“When you use contraceptives, you don’t get pregnant and you can go the university. Contraceptives are good thereby when you engage in sex it’s not easy to get pregnant.” (Drawing, Peggy, Figure 4.10 {27/2/2021})

According to the quotations above, it is evident that teenagers are aware of contraceptives. The quotations imply that teenagers have access to contraceptives. They are also not charged to get them, this is a motivation for them to use them since there is no cost incurred. The captions from the drawings provide enough evidence that teenagers are using contraceptives to address teenage pregnancies and it has worked for them. These findings agree with the findings of Dennis et al (2017) which revealed that there was an increase in access to contraceptives among adolescents in Kenya. Moreover, the use of implants had increased while the use of pills had declined and the use of condoms remained at a constant rate.

This increase in accessibility is not only attributed to free provision but also, to some parents helping their daughters acquire them. The participants reported that some parents were secretly helping their daughters to acquire contraceptives in ensuring that the teenagers are safe from teenage pregnancies. This is amplified by the following quotations:

“If the parent does not want the girl to embarrass her by getting pregnant, she decides to take the girl to the hospital and be given contraceptives although people should not know that the girl is using contraceptives.” (Focus group discussion, Gift, line 249{13/02/2021})

“Some, the parents take them to the hospital and they gave them. [...] A friend of my grandmother took her girl because she did not want the girl to embarrass her when she gets pregnant. The mother was also trying to avoid conflicts with the husband when the girl gets pregnant. So she secretly took the girl to the hospital.” (Focus group discussion, Melody, line 175{27/02/2021})

The quotations reveal that parents perceive that when a teenager gets pregnant it is an embarrassment to them. In addition, when a teenager gets pregnant, there arose a conflict between parents as highlighted by Melody. That is why some parents would prefer to help them get contraceptives secretly. The findings agree with the findings of Hagey et al. (2015) which established that some parents are aware of the consequences of teenage pregnancies and are encouraging their daughters to use contraceptives.

On the contrary, it was also established that teenagers had negative opinions on the use of contraceptives. The participants thought that if one uses contraceptives while she is a student, she is likely to develop health problems and that contraceptives cannot be used by students as told by adults. The participants reported that they are afraid of using contraceptives while in school because of the side effects. That is, contraceptives can cause barrenness, cancer, and bleeding. This is evident by the following quotations:

“Being afraid of the side effects. My mum told me that it can cause barrenness, bleeding, and cancer.” (Focus group discussion, Sharlyne, line 207{27/02/2021})

“I think when you use contraceptives while still under the age of 18 years old and you are a student, in future, you may fail to get children.” (Focus group discussion, Peggy, line 212{27/02/2021})

“If you have never given birth, you can be barren. That is why I cannot use them.” (Focus group discussion, Peace, line 264{13/02/2021})

“Contraceptives are not good because they can lead to barrenness.” (Drawing, Natal, figure 4.7 {27/02/2021})

“If I use contraceptives I will not protect myself because there are also some infectious diseases even if I try to abstain from pregnancy. Contraceptives can also bring wounds.” (Drawing, Joy, figure 4.8 {27/02/2021})

The quotations indicate that the negative opinions of teenagers on the side effects of using contraceptives are a hindrance to the use of contraceptives in addressing teenage pregnancies. These findings agree with the findings of Rehnstrom et al. (2019) who found that almost half of the students believed that the use of contraceptives could impact fertility negatively.

Additionally, the participants reported that they were not using contraceptives to address teenage pregnancies because they thought that contraceptives are meant for those who have ever given birth and or are married. This is highlighted in the following quotation:

“It applies to those who have ever given birth.” (Focus group discussion, Marvel, line 253{13/02/2021})

“Those parents only take the girls who are with a child but for those who have never given birth, they don’t. Because those who don’t have children are not supposed to use them.” (Focus group discussion, Grace, line 251{13/02/2021})

“You cannot use contraceptives if you have never given birth. It is made for the people who are married and have children.” (Focus group discussion, Joy, line 244{13/02/2021})

“For me, I would like to use contraceptives because they are free but I hear that if you use them and you have never given birth, you will never give birth.” (Focus group discussion, Yunia, line 214{27/02/2021})

The quotations reveal that teenagers believe that contraceptives are meant for women who have ever given birth. This belief is based on what they hear people say.

4.3.2 Unfriendly medical practitioners

The participants explained that they were not supposed to use contraceptives according to their social values. This is because they were not expected to be engaging in sexual activities. For this reason, they could not access contraceptives as much as they wished to be using them because the medical practitioners were unfriendly thus causing them to shy away. This means that medical practitioners are not welcoming teenagers who

go to the clinics for contraceptives. The participants reported that medical practitioners are unfriendly and that is why they don't go for contraceptives. This is evident from the following quotations:

“The experience is that to get those drugs is very hard for teenagers because doctors and other people in society may see you as a sex worker. Is that you are willing to be given those contraceptives but you are not able to go and take them.” (Drawing, Sharon, figure 4.6 {27/02/2021})

“This girl is sad; the journey is long and the clinic is fenced. The journey of getting contraceptives is hard. It is so shameful to see a young girl walking to go to visit the clinicals because the girls are afraid of reaching and the clinicals will embarrass them.” (Drawing, Favor, figure 4.4 {13/02/2021})

“Teenagers want to use the contraceptives because the contraceptives will help them not to get pregnant. But the people in the clinics, are making it difficult for them to get. They do not want to give contraceptives, because they think when those things are made available, even younger girls will start engaging in sex anyhow. After all, teenage pregnancy will not be a problem again.” (Drawing, Vera, figure 4.5 {27/02/2021})

“When you go to the clinic, you find a madam who is the same age as your mum. When you ask her for contraceptives, she looks at you and asks, ‘little girl, why are you taking contraceptives? Just go away.’” (Focus group discussion, Marvel, line 250{13/02/2021})

“It's not easy, one has to go to the hospital. There at the hospital, the officers are unfriendly to the teenagers who ask for contraceptives. That is why most of them shy away.” (Focus group discussion, Furaha, line 68{13/02/2021})

The participants reported that they would not like people to know that they are sexually active and that is why they avoided using contraceptives. This is highlighted by the following quotations:

“We are just shy; we don't want people to know we are engaging in sex.” (Focus group discussion, Kate, line 265{13/02/2021})

“It is not easy because, when you want to go get them you ask yourself, how will the one giving me judge me? Will he/she see that am addicted to sex? Also, for example, if you are taking the pills every morning, for example, at 7 am, then it happens that the classmates discover that, will form discussions on me. So, you opt not to use them.” (Focus group discussion, June, line 50{27/02/2021})

“I have drawn a girl who wants to cross the river but she cannot. This teenager wants to go across the river but the water is dip and there is no bridge. Is like the teenager is trying to reach contraceptives but

society is not giving him a chance to take them. They do not want teenagers to use contraceptives because they are not supposed to do sex when they are not married.” (Drawing, Peace, figure 4.3{13/02/2021})

Unfriendly medical providers are a hindrance to teenagers accessing contraceptives. These findings are similar to the findings of Hakansson et al (2018) who reported that teenagers were shying away from using contraceptives because any teenager who went to seek the services from the clinics were considered immoral. Hagey et al. (2015) report that the attitudes of service providers play an important role in teenagers feeling comfortable seeking contraceptive services. This agrees with the explanations of the participants in this study that they would wish to go and get the contraceptives but because of unfriendly medical providers, they opt to leave them.

4.4 Connecting Data Findings to Theory

Bronfenbrenner's ecological systems theory advances that an individual's behaviour is affected by the environment/ecosystems. The interconnectedness of these ecosystems influences decisions, behaviour, and outcomes.

The findings of this study revealed that the ecosystems are influencing the behaviour and decisions of teenagers in addressing teenage pregnancies. The participants reported that during the Covid- 19 school holiday, they had little to do at home thus they had a lot of freedom. As a result, they engaged in sexual relationships leading to an increased rate of teenage pregnancy. In line with this theory, the first level of ecosystems is the microsystem. A home, which is the closest ecosystem to an individual constitutes the microsystem. On the other hand, some participants reported that their parents were very strict with them during the holiday and that they would not get out of home easily. This prevented them from engaging in unprotected sex. The parents also constitute the microsystem.

Also, the participants reported that one of the causes of teenage pregnancy is bad company. They explained that despite being supported economically, teenagers still got pregnant due to peer influence. This implies that peers who constitute the microsystem influence the decision-making and behaviour of teenagers in addressing teenage pregnancies negatively. This also explains the interconnectedness of the ecosystems where the society and the governments are supporting teenagers economically to prevent them from engaging in unprotected sex to earn money but due to peer influence, they still engage in unprotected sex to gain a sense of belonging.

Participants further explained that they would like to use contraceptives but because society does not expect them to engage in sex and the medical practitioners were unfriendly, they shy away from using contraceptives. The exosystem (health system) and the macrosystem (social values) are influencing the behaviour of teenagers in addressing teenage pregnancies. Berk (2000) explains that the macrosystem in Bronfenbrenner's theory is a layer comprising cultural values, customs, and laws.

The findings reveal that the rates of teenage pregnancies increased during the covid-19 school holiday because teenagers had much freedom and little to do at home. This is the time most of them got boyfriends and others engaged in sex for money because they had lost hope of going back to school. The covid-19 pandemic is a chronosystem that affected the behaviour of teenagers in addressing teenage pregnancies.

The findings also revealed that Life Skills Education helps address teenage pregnancies. Participants reported that when talked to by their teachers they feel motivated to address teenage pregnancy. Moreover, they would not like to let their teachers down by getting pregnant. Bronfenbrenner in this theory highlights that bi-directional interactions with caring adults are important in determining behaviour. Evans (2020) explains that if one

has a strong nurturing relationship with the adults, then there would be a positive effect on one's behaviour.

The participants explained that teenagers would get pregnant even after being taught Life Skills on how to address teenage pregnancy because they were reluctant in addressing teenage pregnancies and some felt that Life Skills Education was restricting them to a particular way. They suggested that addressing teenage pregnancy was their responsibility thus Life Skills education is irrelevant. Addison (1992) explain that deficiencies in behaviour show up as anti-social behaviour and the inability to provide self-direction. This is caused by a lack of affirmations from the adults.

4.5 Summary of the Chapter

This chapter presented data obtained from focus group discussions and drawings. It focused on the experiences of female students on Life Skills Education, economic support, and the use of contraceptives in addressing teenage pregnancies. The chapter concludes with the connectivity of data to the theory.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Overview

This chapter provides a summary of the entire study. A summary of the findings is presented followed by conclusions made from the findings and at the end, recommendations on the implications of this study are presented.

The purpose of this study was to explore the experiences of female students on the strategies addressing teenage pregnancies to understand why the rates of teenage pregnancies are increasing yet there are strategies. This study used the constructivism paradigm; a qualitative approach and a multi-case study design were adopted. The study used focus group discussions and drawings to generate data from female students and Bronfenbrenner's ecological theory was applied to make meaning of the findings.

5.1 Summary of the Findings

Based on the research objectives, the findings of the study were summarized as follows:

5.1.1 Experiences on Life Skills Education

The first objective was to explore the experiences of female students on Life Skills Education in addressing teenage pregnancies. Two themes emerged to answer the first research question. That is, the participants experienced Life Skills Education as helpful and at times irrelevant.

The findings revealed that Life skills Education helped address teenage pregnancy because teenagers were equipped with the knowledge and techniques to address teenage pregnancies. The participants expressed that they felt empowered and encouraged to address teenage pregnancy. It was also established that teenagers felt that addressing teenagers was their responsibility because the teachers were showing them how to do

it but it is upon them to implement what they were being taught. In addition, the participants followed the instructions given because they were afraid of letting their teachers down when they get pregnant.

However, some felt that Life Skills Education was irrelevant because some were reluctant in addressing teenage pregnancy because they did not follow what they were being taught. Instead, they felt that Life Skills Education was restricting them to particular ways and thus not usable to them. The participants also reported that the desire for money was also a cause of teenage pregnancy. This is because teenagers engaged in unprotected sex for money since their parents could not afford to meet all their needs due to poverty.

5.1.2 Experiences on economic support

This objective aimed to establish experiences of female students on economic support in addressing teenage pregnancies. It was established that teenagers had benefited from economic support. They were able to address teenage pregnancies because they were comfortable having been supported and they were motivated.

On the other hand, the participants felt disadvantaged on economic support because it only catered for school fees and sanitary towels thus they were overwhelmed by personal needs like uniforms. Bursary applications were made but it was not guaranteed that one would receive the funding. Moreover, fee balances were huge to be offset by the bursaries. This agrees with Mutinda et al. (2015) who established that the amount of money being offered by the Constituency Development Fund (CDF) bursaries were low compared to the number of school fees one has to pay per year.

Besides, apart from the need for school fees, teenagers lack stationery, school uniforms, and pocket money. Teenage mothers cited poverty as the cause of their teenage

pregnancies, unfortunately, they reported that they were still affected by the same problem. Further, the participants reported that peer influence is a cause of teenage pregnancies even if they are being supported economically. This is because teenagers would influence others to engage in sexual relationships to belong to a group. Similar findings were established by Kimemia (2015) that secondary school girls reported peer pressure as a cause of pregnancy where their peers would influence others to engage in sexual relationships to attain membership in a group.

Covid- 19 school holiday led to an increase in the rate of teenage pregnancies because teenagers were idle and had little hope of going back to school. On the other hand, the participants reported having adopted coping mechanisms during the Covid-19 school holiday. Others engaged in income-generating activities while others concentrated on their studies. Moreover, parents played a significant role in ensuring that their children remained at home and were engaged in their studies.

5.1.3 Experiences on the use of contraceptives

This was the third objective of this study. It aimed to investigate the experiences of female students on the use of contraceptives. Teenagers were aware of the use of contraceptives and they are being offered for free.

It was also established that teenagers have negative opinions on the use of contraceptives. They think that students are not supposed to use contraceptives. They also believe that contraceptives can cause barrenness and cancer and are thus scared of using them. The findings show that social values are a greater hindrance to the use of contraceptives by teenagers. According to society, teenagers are not expected to engage in sex because they are not married. As a result, medical practitioners were reported to

be unfriendly to the teenagers who go to collect contraceptives and this made the teenagers shy away.

5.2 Conclusion

This study aimed to explore the experiences of female students on strategies addressing teenage pregnancies. Thematic analysis and the summary of the findings led to the following conclusions:

The findings reveal that teenagers were empowered and encouraged to address teenage pregnancies in Life Skills Education. Thus, Life Skills Education helps to address teenage pregnancies. However, others felt that what they were being taught was not enough to address teenage pregnancy because cases of teenage pregnancies were still being reported even after being taught. This is because some were reluctant to implement what they were taught and some thought that what there were being taught was not usable.

Economic support being offered to teenagers is beneficial. It has enabled them to address teenage pregnancy. However, they have more needs thus paying school fees alone is not enough.

Poverty and peer influence are causes of teenage pregnancies. The findings of this study revealed that teenagers engage in sex in exchange for money because their parents could not meet all their needs due to poverty. They also engaged in unprotected sex despite being supported economically because their peers influence them to engage in sexual relationships for them to belong in the peer groups. The covid-19 school holiday also led to an increased rate of teenage pregnancies because the teenagers had little to do at home and had little hope of getting back to school.

There are myths and misconceptions about who is supposed to use contraceptives and the consequences of using contraceptives. These myths and misconceptions have prevented teenagers from using contraceptives to address teenage pregnancies. There is a need of educating them on facts about contraceptives in Life Skills Education.

Social values are a hindrance to teenagers accessing contraceptives. The attitude of medical practitioners towards teenagers determines the use of contraceptives by teenagers to address teenage pregnancies. Medical practitioners must change their attitude towards teenagers who would like to use contraceptives.

5.3 Recommendations

This study recommends the following based on the findings and conclusions:

Life Skills Education is to be emphasized in secondary schools to help more teenagers address teenage pregnancies. This will equip teenagers with knowledge and skills that will help them address teenage pregnancy. Also, they should be taught on overcoming peer influence to equip them with knowledge on how to deal with peer influence.

Teenagers should be involved in the formulation and revision of strategies addressing teenage pregnancies. This will enable them to voice their opinions and concerns because they have a responsibility of implementing what they are taught.

Female students have more basic needs, the government should offer financial assistance in addition to educational bursaries. This may help them to avoid engaging in unprotected sex to meet their needs. Moreover, the amount of money allocated for the bursaries is to be increased so that fee balances are reduced.

Teenagers should be taught the facts about contraceptives in Life Skills Education. They should be taught about the users and the importance of contraceptives in

addressing teenage pregnancies. This will address the myths and misconceptions they have about the use of contraceptives.

The government should ensure that there is youth-friendly contraception by advising medical practitioners to change their attitude towards teenagers who come to collect contraceptives through seminars and public campaigns. This will help to attract more teenagers hence addressing teenage pregnancies.

5.5 Suggestions for Further Studies

This study focused on three strategies for addressing teenage pregnancies. However, strategies addressing teenage pregnancies are more. For this reason, research is to be carried out in the future on other strategies addressing teenage pregnancies.

This study was carried out in a small region that is, Khwisero Sub- County, in the future a similar study ought to be carried out in the rest of Kakamega County and Kenya at large.

The present study was carried out in public schools for there are no private secondary schools in Khwisero Sub-County. There ought to be a study in the future carried out in private schools.

Finally, this study used focus group discussions and drawings as techniques of data collection. There are more techniques of data generation in qualitative studies. For this reason, in the future another study to be carried out using the other techniques.

5.6 Summary of the Chapter

The chapter presented a summary of the findings, conclusions, recommendations, and suggestions for further studies. This study established that the strategies are beneficial to teenagers but there are loopholes to be filled. That is, for life skills, some teenagers

felt that it is irrelevant, for economic support, more financial support is needed and on the use of contraceptives, there is a need for medical providers to have a positive attitude towards teenagers who go to collect contraceptives and teenagers can be taught in life skills education on facts about contraceptives.

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APPENDICES

Appendix A: Focus Group Discussion Guide for Female Students

Material needed

Voice recorder, pens, paper, and batteries.

Life Skills Education

Do you think teenage pregnancy is a problem in this school?

Is there anything you are being taught here at school that can help to address teenage pregnancies? If yes, under which subject(s)?

Do you think what you are being taught can help to address teenage pregnancies?

Explain.

Economic Support

Have you ever been given any economic support from any person(s), here at school, organization, or government?

What form of support did you receive?

Does the support help to keep you from getting pregnant?

How did you survive during the COVID-19 school holiday?

What economic support do you think would be most effective in addressing teenage pregnancies?

Use of contraceptives

How easy is it for you to get contraceptives?

Are there any challenges you know about that can prevent teenagers from using contraceptives?

Do you or your friends use contraceptives? If yes, what kind?

Thank you for your participation.

Appendix B: Drawings Prompt

In the papers provided, make a drawing on the following prompt:

Draw a picture of your experience on how use of contraceptives has helped or is helping in addressing teenage pregnancies

On the drawing, observe the following:

Just draw without worrying how good or bad the drawing is

Below each drawing explain in writing what the drawings is about, what it means to you and why that particular drawing.

You are allowed to share with others about the drawing.

Appendix C: Letter of Invitation to the Study Participants

ANGULULA, MARGRET

M.EDR/4188/20

P.O. Box 3900-30100

Eldoret-Kenya

0701704879

Dear participants,

RE: LETTER OF INVITATION TO FEMALE STUDENTS

I am a postgraduate student at Moi University (Main campus) in the School of Education. I intend to research "Experiences of Female Students on the Strategies Addressing Teenage Pregnancies in Secondary Schools in Khwisero Sub-County, Kakamega County, Kenya." I am writing to invite you to consider taking part in this research. The whole process of the research will meet the requirements of the Research Ethics Committee of Moi University.

In this study, focused group discussions and drawings will be used to collect data. Your participation in the data collection process will be voluntary. You may decide to continue, withdraw or skip any step during the study and your decision will be respected.

Any information you give for this study shall be treated with utmost confidentiality during and after the study. The information you give will only be used for this study. If you are willing and able to participate in this study please complete and return the attached consent form.

Thank you.

Sincerely,



Angulu Ayako Margret

Researcher

Appendix D: Consent Form for Female Students-Participants

CONSENT FORM FOR FEMALE STUDENTS-PARTICIPANTS

I give consent to participate in the research study “Experiences of female Students on strategies addressing teenage pregnancies in secondary schools in Khwisero Sub-County, Kakamega County, Kenya”. I have read the accompanying letter and understood that:

The role of the participant is voluntary

Only those who consent will participate in the study

All information obtained will be treated with the utmost confidence

Participants may choose to continue or withdraw from the study without any penalty

A report of the findings will be availed to the school

Participant ...*Noam Ngapala*..... Date ...*07th/02/2021*.....

Signature...*Noam*.....

Appendix E: Consent Form for the Principals

CONSENT FORM FOR THE PRINCIPALS

I give consent for my institution to participate in the research study **“Experiences of Female Students on the strategies addressing teenage pregnancies in secondary schools in Khwisero Sub-County, Kakamega County, Kenya”**. I have read the project information statement explaining the purpose of the research and understanding that:

The role of my school is voluntary

Only form three female students will be invited to participate in the study

Only the students who consent will participate

All information obtained will be treated with the utmost confidentiality.

The participants from my school will be free to withdraw from the study at any time without any penalty.

A report of the findings of this study will be made available to the school.

The principal of the school

Date.....

Signature

Appendix F: Consent Letter for Parents

ANGULU.A. MARGRET
 M.EDR/4188/20
 P.O. Box 3900-30100
 Eldoret-Kenya
 0701704879

Dear parent/Guardian,


RE: LETTER OF CONSENT

I am a post postgraduate student at Moi University (Main campus) in the School of Education. I intend to research "Experiences of Female Students on the Strategies Addressing Teenage Pregnancies in Secondary Schools in Khwisero Sub-County, Kakamega County, Kenya." The study will involve form three female students in secondary schools in Khwisero Sub-County in discussions and drawings to generate data.

The information obtained from them will be used in the process of data analysis and presentation. A report of the whole research study will also be compiled and availed in school. Your student's participation will not harm her in any way. The research details will be explained to her so that she understands.

As a parent/guardian you are therefore expected to grant permission to allow your student to take part in the study. Your decision to grant permission is voluntary. Besides, even with your permission, the student can still choose to participate in the study, refuse or withdraw. During the study, the student will remain under the care of the teachers. If you agree to allow your student to take part in the study please provide the details below.

Thank you in advance.

Name of the Parent/Guardian DPINGO SAMUEL Name of the student RUTH NYONA
 Signature  Date 13/2/2021

Appendix G: NACOSTI Research Permit


REPUBLIC OF KENYA


NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 205348 Date of Issue: 04/February/2021

RESEARCH LICENSE



This is to Certify that Miss. MARGRET AYAKO ANGULU of Moi University, has been licensed to conduct research in Kakamega on the topic: EXPERIENCES OF FEMALE STUDENTS ON STRATEGIES ADDRESSING TEENAGE PREGNANCIES IN SECONDARY SCHOOLS IN KHWISERO SUB-COUNTY, KAKAMEGA COUNTY, KENYA for the period ending : 04/February/2022.

License No. NACOSTI/P/21/8834

205348
Applicant Identification Number



Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix H: Moi University Research Permit


MOI UNIVERSITY
 Office of the Dean School of Education

Tel: (053) 43001-8
 (053) 43555
 Fax: (053) 43555

P.O. Box 3900
 Eldoret, Kenya

REF: M.EDR/4188/20 **DATE: 27th January, 2021**

The Executive Secretary
 National Council for Science and Technology
 P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

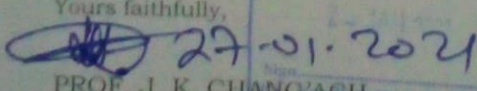
RE: RESEARCH PERMIT IN RESPECT OF ANGULU AYAKO MARGRET - (M.EDR/4188/20)


The above named is a 2nd year Master of Education (M.Ed) student at Moi University, School of Education, Department of Educational Management & Policy Studies, School of Education.

It is a requirement of her M.Ed Studies that she conducts research and produces a thesis. Her research is entitled:

"Experiences of Female Students on Strategies Addressing Teenage Pregnancies in Secondary Schools in Khwisero Sub-County, Kakamega County, Kenya."

Any assistance given to enable her conduct research successfully will be highly appreciated.

Yours faithfully,

 PROF. J. K. CHANG'ACH
 DEAN, SCHOOL OF EDUCATION

 (ISO 9001 - 2015 Certified Institution)

Appendix I: Authorization to Get Teenage Pregnancy Statistics

Altri
SCHOLO/SCRHC
9/03/2021

The bearer has been authorized to get statistics on teenage pregnancies with Sub County for 2018, 2019 and 2020 kindly help her get the

SCM Sign Altri

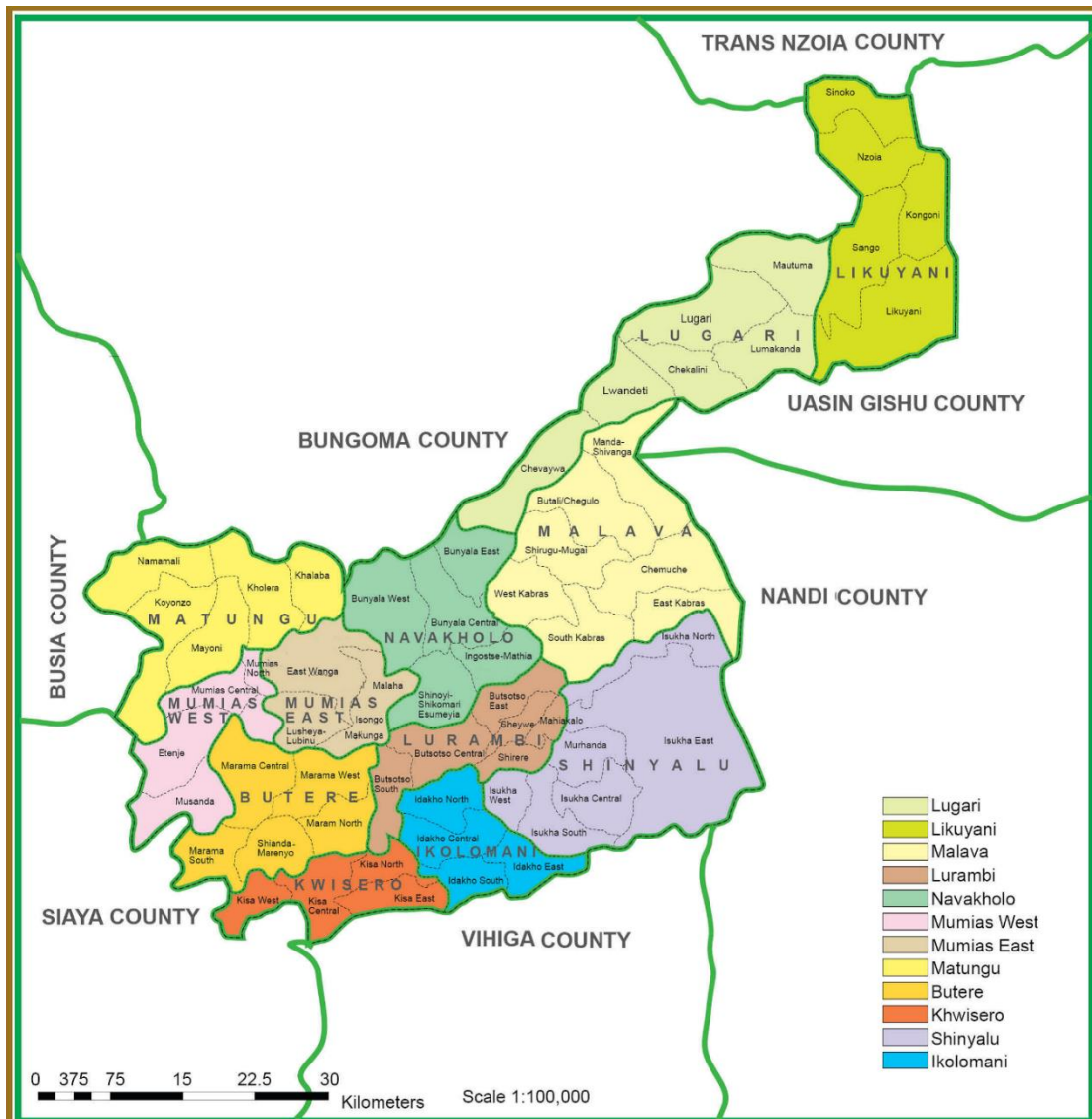
SUB-COUNTY MEDICAL OFFICER
OF HEALTH-KHWISERO
P.O. Box 31-50135, KHWISERO
Sign

SUB-COUNTY MEDICAL OFFICER
OF HEALTH-KHWISERO
P.O. Box 31-50135, KHWISERO
Sign

Appendix J: Statistics on Teenage Pregnancy

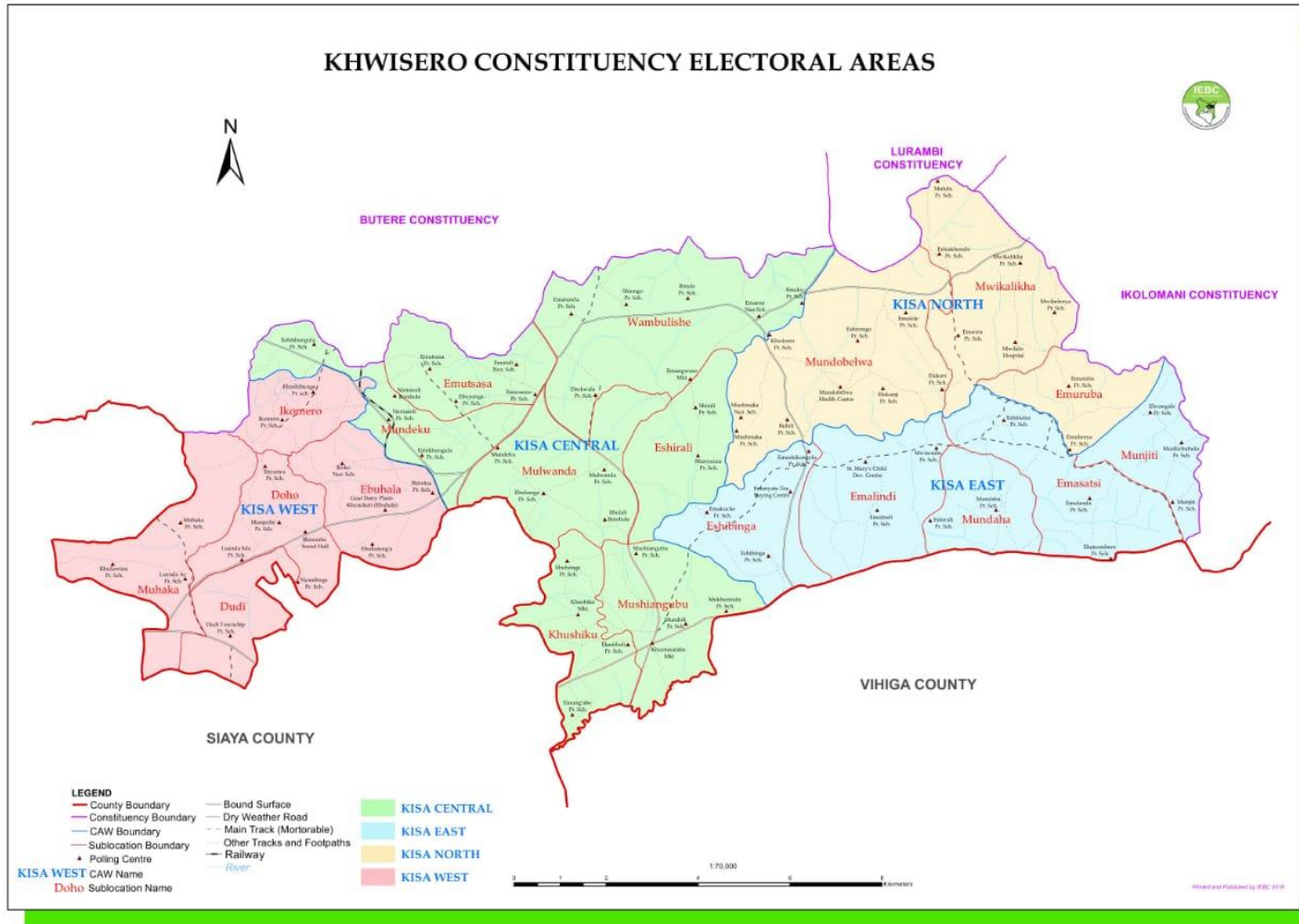
Organisation unit	Period	MOH 711 No. Adolescents (10-14 years) Presenting With Pregnancy at 1st ANC Visit	MOH 711 No. Adolescents (15-19 years) Presenting With Pregnancy at 1st ANC Visit
Khwisero Sub County	2018	4	530
Khwisero Sub County	2019	15	581
Khwisero Sub County	2020	11	627
Kisa Central Ward	2018	1	140
Kisa Central Ward	2019	2	164
Kisa Central Ward	2020	2	162
Kisa East Ward	2018		125
Kisa East Ward	2019	1	144
Kisa East Ward	2020	1	135
Kisa North Ward	2018	1	140
Kisa North Ward	2019	6	168
Kisa North Ward	2020	2	197
Kisa West Ward	2018	2	125
Kisa West Ward	2019	6	105
Kisa West Ward	2020	6	133

Appendix K: Map of Kakamega County



Source: Kenya National Bureau of Statistics (2010)

Appendix L: Map of Khwisero



Source: Kenya Bureau of Statistics (2010)