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Influence of Low Self-Esteem Due To Teenage Pregnancy on Educational Performance among Pregnant Teenagers in Secondary Schools in Narok County

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Abstract

The aim of this paper was to establish the influence of low self-esteem due to teenage pregnancy on educational performance among pregnant teenagers in secondary schools in Narok County. The study was backed by the human capital theory and self-efficacy theory. The study adopted the Expost Facto research design. The Target population was pregnant teenagers in public secondary schools in Narok County, Kenya. The study was conducted in 78 secondary schools, with a population of 156 pregnant teenagers in schools from which as a sample size of 132 pregnant teenagers and 66 guidance and counseling teachers was drawn. Data was collected using questionnaires and interview schedules. Piloting of instruments was done in 7 public secondary schools (10 percent of the sample size in Narok County). Validity check was done with the help of supervisors, and a reliability Cronbach coefficient of 0.743 was achieved. The study computed descriptive statistics such as frequency means and percentages using SPSS 25 and presented using Tables and charts. Qualitative data was analyzed using a thematic analysis approach and presented using narrations. The study established that low self-esteem due to teenage pregnancy has a statistically insignificant negative influence on educational performance among pregnant teenagers in secondary schools. The study recommended that: The Ministry of Education should consider reviewing the policy relating to teenage program, such that pregnant teenagers are allowed to go home and come back to school after giving birth. Contextual barriers that may hinder pregnant teenagers exercising their right to education need to be attended to, and further collaboration between the school management and the community leadership fostered, so that boyfriends and parents also benefit from the G/C arrangements. The Ministry of Education's stakeholders may refer to these findings as a guide for updating and/or implementing relevant policies geared towards controlling of role of psychological constructs on educational performance among pregnant teenagers.

Introduction

Teenage pregnancy relates to conception in human females below 20 years of age at the time the pregnancy ends. Teenage pregnancies are a cause for concern worldwide (Undiyaundeye, 2015). In most parts of the World, children aged 13 years to 19 years belong to the school-going age. This means that if they become pregnant learning is disrupted. Teenage Pregnancy is argued to decelerate the achievement of the Sustainable Development Goals (SDGs), in Kenya, it slows down the realization of Kenya' Vision 2030. Teenage pregnancies in Europe and Africa were viewed as natural and sometimes generally tolerated in past centuries and also throughout the 20th century. Today, it has come out clearly that teenage pregnancy presents pregnancy-related depression challenges to these school-going girls. However, there is limited research on the influence of these aspects on the secondary school-going girls.

It is estimated that the global depression prevalence during gestation is between 11-18 percent. (Odejimi, 2011). Research by UNFPA, (2013) revealed that 20,000 teenagers deliver babies in developing countries daily. According to World Youth Data Skeet (2013), teenage pregnancy is more prevalent in developing countries where nearly 10% of teenagers give birth each year. Globally, teenage pregnancy has been classified as one of the most undesirable phenomena in human history (Kirchengast, 2016). The early age at which teenagers engage in sexual activity presents a serious problem. According to the WHO (2018), around 16 million girls between the ages of 15 and 19 and 2.5 million girls under the age of 16 give birth every year in developing countries, and some 3.9 million

women receive illegal abortions per year (Daroch, *et al.*, 2016). Worldwide, teenage pregnancy has a high prevalence in marginalized communities, owing to cultural practices, poverty and the shortage of resources for schooling and work (UNFPA, 2015). In other words, this is a problem greatly experienced among educationally and economically underprivileged females.

Statistics from the United States of America (USA) reveal that for every 1,000 girls aged 15-19 in 2016, there were 20.3 births, or 209,809 babies born to girls in this age range (Martin, *et al.*, 2018). Females who already had one or more births had one in six (17 percent) births to 15- to 19-year-olds. In West Africa, teenage birth rates vary from a high of 115 births per 1,000 women to 64 births per 1,000 women in Latin America and the Caribbean to 45 births per 1,000 women in South East Asia to a low of 7 births per 1,000 women in Eastern Asia (UNFPA, 2018).

According to a study conducted in the United States of America, stigma, abandonment, or hostility from friends, parents, and peers can be psychological implications for unmarried pregnant teenagers. Pregnant teenagers may be at an even higher risk of depression than non-pregnant teenagers. Many significant risks for teen pregnancy, birth outcomes, repeat childbearing, and parenting are associated with depressive symptoms (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010). Similar findings were noted in a study by Coelho, Pinheiro, Silva, Quevedo, *et al.* 2013) in Brazil, and Saim, Dufaker and Ghazinour (2014)'s study in Malaysia.

Birth rates among teenagers are kept low in developing countries and teenage pregnancy is prevented, discussed as a public health concern and regarded as a social challenge (Sedgh, Finer, Bankole, Eilers and Singh, 2015). By 2018, the highest-risk countries in Africa were South Sudan, Nigeria, Sierra Leone, Cameroon, Democratic Republic of Congo (DR Congo), Congo, Zambia, Liberia, Mozambique, Angola, Mali, Niger, Chad and Central Africa Republic (CAR) have the highest teenage birth rates in the world (United Nations Population Fund (UNFPA, 2018). The same is the case with Tanzania, where pregnant teenagers are not allowed to continue with their education. However, this does not help much as the problem is still high.

Kenya is a signatory to the Sustainable Development Goals (United Nations, 2017), SDGS under Goal 3 (good health and well-being), Goal 4 (education) and Goal 5 (gender equity and empowerment of women and girls) that encompass teenage SRHR and related problems. Kenya is also a member of the African Union and, as described in the AU Agenda 2063, has subscribed to the AU edition of SGDs (The Africa We Want) Under Ambition 6 (African Union (AU), 2015), the Agenda addresses youth and gender issues.

In Kenya, the teenage pregnancy rate is 18%. Around 1 in 5 young girls have either had delivered a baby or were in the state of pregnancy with their first infant (UNFPA, 2017). According to the National Population and Development Council (NCPD) (2018), between July 2016 and June 2017, 378,397 teenage girls (10-19) reported pregnancy in health care facilities across 47 counties. Half of the women in Narok County (20-49 years old) and men (20-54

years old) had first sex at the age of 17 and 18, respectively, according to a survey by the Ministry of Health (2017). Furthermore, women first had sex in Narok County a year earlier than the national average, although the trend for men in Narok County is comparable to that at the national level.

The county with the greatest prevalence rate of teen pregnancy in the country is Narok County with 40%. Figure 2 shows that the 40% prevalence is higher than the national average at 18%. This is alarming and thus its impact on educational performance among pregnant teenagers in secondary schools in the county needs to be examined. It is in this context, that this study aims to examine the role of psychological constructs on educational performance among pregnant teenagers in public secondary schools in Narok County.

Statement of the Problem

The consequences of teenage pregnancy on the girl child's educational attainment are uncertain. This is despite voluminous policy and prevention efforts adapted by the affected countries. The persistent nature of teenage pregnancy in Kenya has had negative impacts on the lives of the affected teenagers. Pregnant teenagers experience complications during pregnancy and are often less prepared to handle these issues, and this has psychological consequences. In Narok County, there are many cases of teenage pregnancy. In 2017, no student attained an A grade in the KCSE tests, with over 77.8% scoring below D+, majority of whom were girls. The difficult reality is that the age-specific fertility rate of Narok County for girls in the age bracket of 15 to 19 years (Adolescent birth rate) is 225 births/1,000 girls; more than double the national birth

rate; (96) and the 40 percent of the County is Kenya's highest rate of adolescent pregnancy. However, there is limited research on the role of psychological constructs on educational performance among pregnant teenagers in Narok County of Kenya. To fill this gap this study sets out to examine influence of pregnancy-related loss of interest on educational performance among pregnant teenagers in secondary schools in the County.

Objective of the Study

The purpose of the study to determine the influence of low self-esteem due to teenage pregnancy on educational performance among pregnant teenagers in secondary schools in Narok County.

Research Questions

How does low self-esteem due to teenage pregnancy influence educational performance among pregnant teenagers in secondary schools in Narok County?

Theoretical Framework

This study is supported by the Human Capital Theory by Shultz (1961) and Becker (1962).

Human Capital Theory

The research is motivated by the theory of human capital, which considers human beings alongside property, capital, and entrepreneurship as vital elements of economic development. The Human Capital Hypothesis was developed by Shultz (1961) and Becker (1962) to take account of the rise in efficiency, according to DeSousa and Gebremedhin (1999), which could not be justified by technical or fiscal capital changes. Learning is seen as essential to the growth of human resources on the grounds that it increases the

productivity of labor and hence the importance of labor supply in the manufacturing process (Welch, 1975 as cited by DeSousa and Gebremedhin 1999). Teenage pregnancy is seen in this study as a disrupter of human capital development. This is manifested through school dropouts and poor academic grades in national examinations. The pregnant girl is denied the opportunity to rise to the apex of quality productivity.

Since schooling is used to build human capital, and the more education the better, the Human Capital Hypothesis was deemed fitting for this analysis. However, teenage pregnancy causes girls to drop out of schools, meaning their resourcefulness as human capital is diminished with limited education. Without knowledge and preparation that schooling can offer, fewer women than men are then able to enter the job market that tends to demand expanded literacy, further education, better professional skills, and lifelong learning (Lam, Harder, Lamm, et al., 2005), which only occurs at tertiary levels.

Self-Efficacy Theory

The principle of self-efficacy was postulated in 1977 by Albert Bandura. Self-efficacy refers to the confidence of a person in his or her abilities to carry out activities sufficient to yield particular achievements in success (Bandura, 1977, 1986, 1997). Self-efficacy represents confidence in the ability to assert authority over one's inspiration, behavior, and social climate. Self-efficacy is the confidence of a person in his inherent capacity to accomplish goals. Self-efficacy judgments influence the selection of personal choices and the amount and persistence of effort expended to reach the desired goal (Farley, 1999). Self-efficacy beliefs-related methods include personal

target building, which is affected by self-evaluation of one's skills, coping and mastering abilities, or tactics to alter negative perceptions of self-efficacy or self-defeating cognitions (Bandura, 1993).

Roosa and Christopher (1990) reported that the promotion of a positive sense of self-worth and the extension of the role of women in gender may be as important for adolescent girls as birth control education. In this sense of self-esteem, potential homosexuality is a consideration, and teens with narrow expectations of life opportunities have a stronger propensity at an early age to become sexually active. The theory is relevant to this study because when adolescents have feelings of unworthiness, hopelessness, depression, vulnerability, or inferiority, they can exhibit delinquent actions to hide their true emotions or acquiesce to behaviors so they think their peers would tolerate them more. This behaviour is also a way of signaling to others that they feel alone, unloved, neglected, insufficient, or less than a person. This situation makes them lose interest in many aspects of life including schooling.

Teenage Pregnancy

Spencer (2011) describes adolescent pregnancy as a pregnancy occurring between the ages of 13 and 19 in a young person. Pregnancies are either voluntary or an unintentional product of sexual intercourse. One of the most stressful and damaging impacts on adolescent pregnancy makes it almost impossible for the girl to pursue her education, and this is the subject of this research. The World Health Organisation (2011) confirmed that the consequences of early pregnancy are profound, emotionally, physically, physiologically, and economically

impacting girls and their parents. These issues include high risks of illnesses, complications of delivery, and deaths of infants, respectively. These are likely to have weighty repercussions on the girl's educational attainment. In most cases, pregnant teenagers in developing countries do not have the means or requisite skills to tackle these complications (Mangeli, Ravvani Cheraghi and Tirgari (2017). In the case of Africa, and specifically in poor families, they are abandoned and left to take care of themselves (Vincent & Alemu, 2016).

There are questions in sub-Saharan African countries regarding high rates of school dropouts due to pregnancy, often pointing to recorded gender differences in education in the developing world. Indeed, Sub-Saharan Africa has the largest incidence of adolescent pregnancy in Africa, according to the United Nations Population Fund (2013). Given tremendous expenditure and refining of these policies, in most African nations, teenage pregnancy tends to hit disaster proportions (UNFPA, 2010). Since schoolgirls who become pregnant have few chances to complete their education and have less social development prospects. Pregnancy is increasingly discussed by policymakers and even the media as a cause for premature school leaving in the country. This is the case, in Kenya where efforts are made to ensure that pregnant teenagers are encouraged to go back to school.

Potjo's (2012) conducted a study in Thabo Mofutsanyane district in Eastern Free State of South Africa noted that teenage pregnancy appears to have a negative effect on educational success when the class is distracted by pregnant learners and they are distracted. This continues to influence

the average success of the school, which adversely affects schooling. Maemoko, Nkengbeza, and Chokomozi (2018) in Namibia found that teenage pregnancy was attributed to factors such as lack of parental control and care, poverty, lack of sex education, alcohol and drug abuse. Consequences of teenage pregnancy on education include poor academic performance and an increase in school dropout cases. However, Potjo's study did not describe the role of psychological constructs on educational performance among pregnant teenagers. The current study explores the effect of teenage pregnancy in the context of psychological, social, physical, and health consequences.

Waweru (2018) in a study titled 'Young girls are at risk of Untimely pregnancy in Kenya' estimates that about 11 percent of teens in Kenya have sex before their 15th birthday. The decision to commit suicide is one of the immediate societal effects of teenage-related depression. In fact, as a result, between 10,000 and 13,000 girls leave school every year out of about six million girls enrolled in school. Kenya launched a school re-entry program in 1996 to ensure that pregnant teenagers return to school shortly after weaning their infants. However, this is partially applied and there is an inconsistency in legislation and implementation, with many school officials not aware of the policy. 72 girls taking the examinations were pregnant in only one county, while 38 gave birth before the exams. The prevalence of cell phones has facilitated sexual interaction and may lead young people to be more sexually deviant because of "sex" or access to pornography.

Osok (2016) conducted a study on depression and psychotic risk factors associated with pregnant teenagers at

Kangemi Health Center, Nairobi. The study adopted a cross-sectional descriptive study using mixed methods. The study established that the majority of pregnant teenagers suffered from depression. Some of the factors associated with depression included student factors, low level of education, absent fathers, and social-economic status. However, the study did not explore the role of psychological constructs on educational performance among pregnant teenagers and this is the focus of this study.

Low Self-esteem due to Pregnancy and Educational Performance among Pregnant Teenagers

Wilburn and Smith (2005) defined self-esteem as a person's feeling of self-worth. Self-esteem is an important element in helping people cope with stressors in life. It is a significant psychological well-being determinant that is especially troublesome during the teenage period of life. Poor self-esteem and depression are linked with the ensuing suicide risk and increased sexual activity of unmarried people, underage pregnancy, and alcoholism among today's youth.

Self-esteem, which is an essential component of the self-concept of an individual, includes the perceptions and opinions of a person regarding himself (Gander and Gardiner, 2007). Gözüyılmaz and Baran (2010) in the Ankara Provincial Health Directorate in the Mamak district of Ankara established that concerning self-esteem, there was a significant difference between pregnant and non-pregnant teenagers and this had an influence on their educational attainment. Low self-esteem is considered a risk factor for adolescents to engage in risky sexual behaviour that can lead to pregnancy. In

other cases, due to early pregnancy, low self-esteem is an inevitable consequence.

White (2014) suggests that a pregnant adolescent's self-esteem heads for a toss. An adolescent will face her schoolmates' cruel banter, which will make her stop going to school, hurt her back, feel useless and out of place. In a study conducted by Bhana, Morrel, Shefer, and Ngabaza (2010), the very fact that there was a pregnant girl in a given classroom was found to be a challenge not only to her performance academically, but it also affected the collective academic success of the classroom and its requisite harmony. Furthermore, many pregnant schoolgirls are unable to address the academic criteria of the school.

When teens engage in sexual behaviour, they typically do not have a maternity plan (UNICEF, 2008). It is their reluctance to take care of the ramifications of unplanned sexual indulgence that places them at risk. Since the girl learns that she is pregnant, she discovers at a tender age the potential downsides of it. Since most young girls are ignorant of the pregnancy process, they end up not taking care of themselves and indulging in unhealthy habits such as smoking and alcohol to put off the depressive period.

Research conducted in South Africa by Willan (2013) indicates that being pregnant and being a mother does not usually stop a girl's education, although it is clear that the academic grades and general in-school performance of those who return to school after childbirth is often compromised. Due to the stigma related to becoming pregnant or becoming a mom whilst at school, pregnant teenagers feel

embarrassed, resulting in low self-esteem (Nkani, 2012).

In his paper, Knews (2011) stated that this poor self-esteem is seen as a health risk in unhealthy sexual behavior and early pregnancy for teens. Besides, as reported in the Internal Self-esteem Council, There is a similar connection between pregnancy and self-esteem, as there is the likelihood that girls will suffer from the physical and psychological difficulties of pregnancy in teenage stage (Knews, 2011). Malahlela (2013) in South African study found that pregnant teenagers are typically violent and suffer from complex or low self-esteem inferiority, as well as withdrawal symptoms. It is an indisputable fact that, as demonstrated by Erickson's hypothesis, social contact offers obstacles that impair the self-esteem of adolescents. As a result, the psychosocial growth of pregnant teenagers is affected.

Undiyaundeye (2012) in Nigeria posit that a pregnant girl is facing the trauma of showdowns between parents and colleagues. Their furious parents and the unborn baby refuse to have help for their preservation. They also blame the girl and her family for their colleagues and other persons with the non-challan and shameful disposition and bringing the aforementioned into disrepute. The trauma is numerous for the life of the girls: the lack of respect from peers and associates and the anger is often more from alienation by parents and also the boy who is most frequently blamed for the pregnancy and his parents.

Samukange (2015) in Zimbabwe noted that she will begin to experience a blow to her self-esteem when the pregnant teenager is caught in a hostile climate. Poor self-

esteem would discourage the pregnant teen from obtaining medical care, thereby raising her risk at the time of delivery of experiencing pregnancy complications. The girl takes solace in drug abuse to get away from the oppressive world or to be indifferent to its reality, which further weakens her concern for herself.

Research Design

The study adopted the *Ex post facto* design. The *Ex Post Facto* design of research seeks to establish causal relationships between events and circumstances.

Location of the Study

The location of the study was Narok County. Narok County borders Nakuru County to the North, Kiambu, and Kajiado to the East, Bomet to the West, and Tanzania to the South. The County has six sub-counties and these are Narok North, Narok West, Narok South, Emurua Dikirr, Narok East, and Kilgoris. Narok County is selected due to its high levels of teenage pregnancy in the country (Kenya Demographic and Health Survey, 2014; Kimanzi, 2019).

Target Population

The target population was made up of 78 secondary schools in Narok County (Narok, County Education Office, 2018), from which an accessible population of 156 pregnant teenagers and 78 guidance and counseling masters (teachers) was used. (Sayagie, 2018; Ministry of Education, (MoE) (2018). The research targeted various schools distributed across the County in diverse settings. There are six sub-counties in the county. The respondents were from public secondary schools. These were as shown in Table 1.

Sampling Procedure

Cluster sampling technique was employed whereby the respondents were identified in 6 geographical locations. The Clusters were the sub-counties, and these included: Narok South, Narok East, Narok West, Emurua Dikirr, Kilgoris, and Narok North selected according to the Sub Counties. Stratified random sampling technique was used, whereby the population comprised of Guidance and Counselling teachers and pregnant teenagers. The Guidance and Counseling teachers and pregnant teenagers were purposively selected and accessed using the snowballing technique, where girls that were pregnant were reached.

Sampling Size

The research used the multi-stage approach to sampling, whereby three steps of calculation of sample size were followed. The number of secondary schools sampled was arrived at based on the number of sampled determined using a sample determination table by Kathuri and Pals (1993). According to the table a population of 78 schools would yield a sample of 66 secondary schools. Given that there is only one Guidance and Counseling teacher per school, and that the number of schools is 66, the sample for Guidance and Counseling teachers was 66 ($n= 66$), Guidance and Counseling teachers provided information on their experience in handling pregnant teenage girls. Given that the sampled schools are 66, the study used a sample of 132 (66 schools by 2 pregnant teenagers. Pregnant teenagers attending the selected 66 schools were reached. The study targeted at least 2 pregnant teenagers per selected school and thus this translated to 132 pregnant teenagers.

Table 1: Sample Distribution

Sub Counties	Number of schools	Sample of Guidance & Counselling Teachers	Sample of Pregnant teenagers
Narok South	9	9	18
Narok East	12	12	24
Narok West	13	13	26
Emurua Dikirr	13	13	26
Kilgoris	8	8	16
Narok North	11	11	22
Total	66	66	132

Source: Researcher, (2019).

Data Collection Instruments

The use of questionnaires and interview schedules was employed to collect data required. For their suitability and simple management, questionnaires are chosen

Piloting

Pilot research was carried out in 6 public secondary schools (10 percent of the sample size) in Narok County. This translated to 6 guidance and counselling teachers and 12 pregnant teenagers. This was to ensure that piloted schools were not part of the schools sampled.

Validity of the Instruments

University managers were favoured, provided that the nature of the research is best known. Experts had input on the quality of the instruments, thus ensuring that the queries or knowledge sought in the tools are presented to all study goals. The way the questionnaires are formulated was also reviewed to ensure that the products are not confused and that only correct knowledge is collected.

Reliability of the Instruments

Questionnaires were administered in 6 schools in Narok County to assess their reliability. Data obtained during piloting was entered into an SPSS spreadsheet and reviewed for reliability checks to determine if the methods were accurate in answering key testing questions. In order to assess the reliability index of the devices, the data obtained was compared using the Cronbach Alpha coefficient. Orodho (2008) suggests that a correlation coefficient of > 0.7 is known to be fairly high to judge the methods as accurate. The study used instruments after achieving a correlation coefficient of 0.743.

Data Collection Procedures

To secure a research permit from the National Commission for Scientific Technology and Innovation (NACOSTI), the researcher received an introduction letter from Kabarak University. The Ministry of Education was notified of the proposed data collection exercise before data collection starts, in order to elicit the required cooperation from the respondents. The data collection exercise was carried out in the study for two weeks. The researcher created an atmosphere favorable to the respondents, allowing them to open up and respond correctly to the items requested.

Data Analysis Procedures

The research yielded qualitative as well as quantitative results. Quantitative data obtained from closed-ended questions was coded and keyed to version 25 SPSS computer program databases; any anomalies that may have occurred during data processing were organized and cleaned up. When analyzing the general characteristics of the respondents and all goals, descriptive statistics such as frequency means and percentages were

computed. To determine the relationship between the study variables, Pearson correlations were computed.

Qualitative data was drawn from questionnaires and schedules for interviews. The process of analysis involved the summing of responses. These data was grouped and evaluated by categories and subcategories or subjects and sub-themes on the basis of study priorities and analysis questions, findings, and conclusions drawn subsequently. The results of the quantitative data were then viewed, represented, and analyzed in tables and maps, while the descriptive description in prose form (narratives) was used to present the results of the qualitative data.

Ethical Considerations

Before, during, and after the analysis, the researcher observed the necessary ethical attention, and acquired from the appropriate authorities all required consents and permits. The researcher also took steps to ensure the preparation of a letter of introduction to respondents outlining the intention of the study and ensuring that the information provided is confidential. Consent was sought from the respondents before collecting from them. The respondents were aged between 13 years and 19 years of age, and thus consent was sought from parents for respondents below 18 years. There was no coercion. The response or data generated by research respondents was treated with confidentiality and non-disclosure of identity. Permission from the relevant government authorities to carry out the analysis would also be required. Data was handled centrally and maintained for 5 years on compact disks (CDs) after which the data was discarded off.

Results, Interpretations and Discussions

Respondents Response Rate

A total of 294 questionnaires were distributed to pregnant teenagers and 66 interview schedules were prepared to be used for interviews with guidance and counselling teachers in secondary schools in Narok County The researcher obtained a response from 164 pregnant teenagers; translating to 81.82%, and from 56 Guidance & Counselling Teachers translating to 84.85%. The average of the two response rates was 83.33%.

Distribution of the Student Respondents by Age

The findings show that the pregnant teenagers that participated in the study comprised of 33 Form 1 students (30%), 28 Form 2 students (26%), 30 Form 3 students (28%) and 17 Form 4 students (16%). The results suggest that though the distribution was almost even, the highest number was in among the Form 1 and Form 3 students, while the lowest was among the Form 4 students. Distribution by age appeared to advance as the level of class advances. In Form 1, the age of most pregnant teenagers was 15 years and 16 years, In Form 2, the age was 16 and 17 years, in Form 3 the age was 17 years and 18 years, while in Form 4, the age was 7 years and 18 years.

Table 2: Distribution of the Pregnant Teenagers by Age

Age	School level							
	Form 1		Form 2		Form 3		Form 4	
	F	%	F	%	F	%	F	%
15 years	19	57.6	4	14.3	0	0.0	1	5.9
16	6	18.2	11	39.3	3	10.0	1	5.9

years

17 years	4	12.1	9	32.1	19	63.3	3	17.6
18 years	3	9.1	0	0.0	6	20.0	5	29.5
19 years	1	3.0	3	10.7	2	6.7	3	17.6
20 years	0	0.0	1	3.6	0	0.0	3	17.6
21 years	0	0.0	0	0.0	0	0.0	1	5.9
22 years	0	0.0	0	0.0	0	0.0	0	0.0
Totals	33	100.0	28	100.0	30	100.0	17	100.0

Student's Age when they became Pregnant

The study shows that most girls (78.7%) became pregnant at the ages between 15 years and 17 years. The age of 16 years had the highest score followed closely by 15 years and 17 years. This means that they became pregnant before attaining the majority of 18 years in Kenya. Some schools had children above 18 years, owing to the fact that some of the girls had returned to school after giving birth. Interestingly, some overage girls (19 years to 20 years) got pregnant. This shows that as interventions are mapped up to address the stress related issues these age range should also be included.

Dropping out of School

The results from interviews conducted for guidance and counselling teachers show that all the pregnant teenagers students participating in the study indicated that they had not at any point during pregnancy dropped out of school. However, results from some of the

guidance and counselling teachers revealed that there were cases of drop outs.

ID 21: "In this school there are no cases of pregnant teenagers, this is because those who are pregnant do not return back to school".

ID 26: "Teenage mothers are likely to have lower school achievement and drop out of high school."

Plans with Regards to Education

The results in Table 3 show that 91.7% of the pregnant teenagers participating in the study indicated that they planned to continue with school that is to complete their secondary school education, 4.6% indicate they were not sure, while 3.7% indicate that they planned to get married. The results suggest that a high number of the pregnant teenagers realized the importance of education and were determined to attend school and complete their education.

The guidance and counseling teachers were asked whether they agreed that after giving birth, pregnant teenagers were more likely to return to school. The results show that most of the G/C teachers agreed that the students should be allowed to come back to school. Some of the responses were as follows.

ID 5: "Yes, because the girls wants to finish their academics."

ID 17: "Yes, for their betterment."

ID24: "Yes due to re-entry policy they stay in school until delivery time then they come back after delivery."

Nevertheless, some of the G/C teachers felt that the students should not be allowed for they are likely to negatively influence other students.

ID 21: "No, the students who are pregnant are likely to be a negative influence to others."

ID 11: "No due to lack of parental support."

ID27: "No most of them are forced to get married according to their cultural practices"

The G/C teachers were asked to indicate why breastfeeding adolescents are more likely to drop out of school than those who have never been pregnant, and they gave the following responses.

ID 8: "Breastfeeding adolescent are more likely to drop out of school to attend to their babies."

ID10: "Most affected with absenteeism on opening days-3 days to 1 week attending to the baby"

ID35: "Their school attendance is irregular, and they feel wasted and have responsibilities to cater for."

The G/C teachers were asked to indicate if it is appropriate for the school authorities to exempt or encourage pregnant teenagers to stay at home and return to school after giving birth, and the results show that most of the teachers felt that the pregnant teenagers should be allowed to stay home and return only after delivery.

ID1: "No, they should be allowed to stay at school until the time of delivery"

ID2: "Yes, because pregnancy moods cannot allow them to school"

ID16: Encourage them to stay at school until delivery period and after some time they come back to school

However, some of the guidance and counseling teachers felt that the pregnant teenagers should be allowed to stay in school.

ID40: "No they should be allowed to stay in school"

ID47: "Yes, because there is a re-entry policy, where allowed them to study until delivery time".

Table 3: Plans with Regards to Education

Response	Freq.	Percent.
Get Married	4	3.7%
Continue / Complete my education	99	91.7%
I am not sure	5	4.6%
Total	108	100%

Causes that May cause a Pregnant Teenager to Permanently Leave School

The guidance and counselling teachers were asked to indicate the causes or conditions that may cause a pregnant teenager to permanently leave school. The reasons stated include: Stigmatization from the fellow students, depression, Isolation from peers, unfriendly school environment, lack of financial support, rejection by family members and boyfriend, and Forced marriage

ID1: Stigmatization from the fellows, and Cultural mindset

ID5 - "Depression, and Isolation from peers

ID8: "If the school environment is not friendly"

ID 35: "Forced marriage, Stigmatization, and Cultural practices

Educational Performance of Pregnant Teenagers

The results show that 75.9% of the pregnant teenagers indicated that since they got pregnant their performance was poor, 21.3% fairly performed, while only 2.8% indicated that their performance was

poor. The results suggest that pregnancy created psychological problems which subsequently negatively affected the educational performance of the pregnant teenagers. The performance of majority of the girls was poor.

The responses resonate with those from the guidance and counselling teachers revealed that pregnancy made the affected girls drop in educational performance. This was caused by irregular class attendance and lack of concentration. Some of the responses were as follows:

Id 43 is quoted stating “The drop in the educational performance of the pregnant teenagers in this school is poor. Their performance is very poor.”

ID 52 – “Girls ‘pregnancy leads to low academic results because students do not attend their classes fully.”

ID 53 – “Because most pregnant teenage would not be able to concentrate in their classes.”

ID 61 – “Teenage pregnancy has led to low academic performance since the student would not concentrate in class due to stigmatization”

The guidance and counselling teachers were asked whether it is possible for a young girl in her academic success to keep up with her classmates after she missed her communication period with the teachers when she went to give birth. Almost all the teachers indicated that this was not possible. Some of the common responses were:

ID 11 – “No, because the peers will have moved to the next grades hence her repeating to catch up with her studies.”

ID 13 – “No, the peers will have moved to the next class during delivery.”

Id 44 – “No because they find others have already continue with their academics and they have to repeat grades for them to catch up with others.”

The findings are in agreement with those in a study by Spencer (2011) who indicated that teenage pregnancy was associated with psychological conducts that stressful and damaging impacts on adolescent pregnancy makes it impossible for the girl to pursue her education.

Conclusions

The study concludes that low self-esteem due to teenage pregnancy has a statistically insignificant negative influence on educational performance of the girls. The issues that contributed to this negative influence on educational performance included: feeling rejected by parents and friends, being unaccepted by social groups, feeling unwanted or rejected by boyfriend, and considering oneself a failure in life.

Recommendations

The following are the recommendations of the study.

The school management should consider reviewing the policy relating to teenage program, such that pregnant teenagers are allowed to go home and come back to school after giving birth to their babies. Despite the existence of a policy guaranteeing certain rights to girls such as education (“continuation” or “re-entry” policies, and strategies), closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights

The study found that in some schools, there was pregnancy related stigmatization. The schools should consider sensitizing the rest of the students on the need to be supportive to pregnant teenagers; consider strengthening the guidance and counselling so as to be able timeliness in tackling the psychological problems faced by pregnant teenagers, for instance, those that can prompt contemplation for suicide attempts; There is need for collaborative efforts between the school management and the community leadership, so that the fathers to the baby as well as the pregnant teenagers' parents also benefit from the guidance and counselling arrangements.

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