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**Existing Strategies for Tackling Adolescent Pregnancy in Public Boarding Girls'
Secondary Schools in Narok County, Kenya**

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Abstract

Purpose: The study sought to identify the existing strategies for tackling adolescent pregnancy in public boarding girls' secondary schools in Narok County, Kenya

Methodology: Cross- sectional descriptive research design was adopted. The target populations is the adolescent students of the public boarding girls' secondary schools in Narok county, Kenya and the sample size is 72 (8 principals, 8 counselors and 56 students). The study used purposive sampling to select the secondary school principals and school counselors while using the sampled principals to select the students to participate in the study. The research instruments were an Interview Schedule and Focus Group Discussion guide. The qualitative data was analyzed according to themes, patterns and forms.

Findings: The study established that strategies for tackling adolescent pregnancy in Narok County, Kenya in the public boarding girls' secondary schools were the strategies identified were; Guidance and Counseling, Parental Involvement, Peer Counseling amongst students, Invitation of Motivational Speakers, having General Talks at the assembly, Introduction of Life Skills lessons in the timetable and Use of Religious Leaders and Pastoral Sessions.

Unique Contribution to Theory, Practice and Policy: The study was anchored on ecological systems theory which argues that the different environments we encounter in our life span influences individual behaviors in varying degrees was the principle guide in this study. The study also recommends that all stakeholders in society should join hands in fighting the vice of adolescent pregnancies, which denies the adolescent girl her rights to education. These stakeholders include the parents, the school, the community, the church and the law enforcing agents.

Keywords: *Strategies, Adolescent Pregnancies, Public Boarding Girls' Secondary Schools*

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INTRODUCTION

Adolescent pregnancies and births are a worldwide cause of concern (UNFPA, 2013). The World Health Organization (WHO, 2017) states that of all births, women under 20 years of age account for one in ten. In addition, developing countries account for 90% or more of these births. Lately, middle income countries have been affected by having the majority of adolescent pregnancies often characterized by inadequate or poor healthcare services. This leads to complications during all phases of a pregnancy. That is, the actual pregnancy, during birth, and even during the postpartum phase. Adolescent pregnancies are a second cause of fatality among girls aged between 15 and 19 years (WHO, 2014). Barmao-Kiptanui, Kindiki, and Lelan, (2015) also points out that in contrast to children born of non-adolescent parents, children born of adolescent mothers are likely to be affected by ill health as well as unfavorable behavioral and educational effects during their lives. Developed countries have been shown (Sedgh, Finer, Bankole, Eilers and Singh, 2015) to have quite low adolescent birth rates since adolescent mother-hood is actively discouraged as well as debated and viewed as a social problem and a public health issue. However, even in the developed countries, considerable differences exist in adolescent pregnancy rates. The United States of America account for (60%) of adolescent pregnancies in the world. Similarly, the UK, Belarus, Russia, Bulgaria, and Romania are conspicuous in the European Union with the highest adolescent birth rates of 27%, 27%, 31%, 33% and 34% respectively. The Baltic States account for 21% to 23% of adolescent pregnancies (Sedgh, Finer, Bankole, Eilers and Singh, 2015). However, there are other European countries with more extraordinary levels of adolescent pregnancies. These countries are: Ukraine (38%) and Macedonia (34%).

Women below 18 years of age face irreversible consequences as a result of adolescent pregnancies since it violates the girl's rights with consequences that are life-threatening in terms of their reproductive and sexual health (UNFPA, 2013). In communities that are looking to stop the perpetuation of the cycle of poverty, adolescent pregnancies pose a high development cost. Gyan (2013) states that early childbearing interferes with an adolescent's access to education and puts an end to her economic ambitions, ability to engage in gainful employment and her livelihood. According to Teen Fatherhood and Educational Attainment, the likelihood of adolescent fathers finishing their high-school education is less than that of their peers.

According to World Health Organization (2014), 11% of all births in the world are associated with women aged between 15 and 19 years. In 2017, the United States recorded a total number of 194,377 babies who were born to women aged between 15 and 19 years. This reflects a birth rate in this age group of 18.8 per 1,000 girls which indicated another low record for US adolescents with a drop of 7% in just one year. There are no clear reasons for these declines, however, there is evidence to suggest that this is a result of more adolescents abstaining from sexual activity and the increased use of birth control options (CDC, 2019).

In the United Kingdom (UK), it is reported by the Office of National Statistics that over the last eight years, England and Wales have almost halved the number of adolescent pregnancies in their countries (McLaren, 2016). This is the lowest level since 1969 when the recording began. In 2015, 20,351 conceptions were recorded among girls below 18 years representing a decrease of 10% from 2014. The reasons for the decline can be attributed to improved sex education as well as access to contraceptives, a focus on education and increased stigmatization aimed at adolescent

mothers. In addition, the UK's birth rates was 6.8 per 1,000 for adolescents aged between 15 and 17 years as compared to Denmark's rate of 1.1 and Netherlands' 1.3 (McLaren, 2016).

As a result of the consequences experienced by adolescents, strategies have been put in place to mitigate and reduce the cases of early adolescent pregnancies. The adolescent Pregnancy Strategy (TPS) in the United Kingdom is the first comprehensive work conducted by the UK government to reduce the high rates of adolescent pregnancy in England. This strategy was introduced in 1999 with the primary objective of halving the rate of conception under the age of 18. The success of the program was realized in 2014 where it was recorded that the adolescent pregnancy rate had dropped by 51% (Toynbee, 2013). Hadley, Alison, Chandra-Mouli and Ingham (2016) point out that the strategy's framework was centered on the following themes: First, enhanced prevention for girls and boys by increasing sex education and access to contraceptives, which was a nationwide communication initiative aimed at reaching out to young people and their parents. Second, it is evident from the UK statistics that the implementation of strategies can help to reduce the number of early pregnancies among adolescents. Therefore, it is important to evaluate the strategies for the reduction of adolescence pregnancies in public secondary schools.

In 2010, the United State Department of Health and Human Services (HHS) set in motion the Teen Pregnancy Prevention (TPP) Program to be the focal point of the newly established Office of Adolescent Health (OAH). This was due to the high rates and persistent inconsistencies in adolescent births. The federal government currently funds the adolescent pregnancy prevention policy as one of six major evidence-based policy initiatives that they currently fund (Haskins & Baron, 2011). This initiative's purpose was to ensure that in communities where they have recorded adolescent pregnancies and birth rates that exceed those of the national average, a community-wide, multi-component approach is employed to reduce adolescent pregnancy and birth rates. In addition, increasing adolescent access to adequate sexual and reproductive health services was identified as the second key element of the model (Santelli et al., 2007).

In Sub-Saharan Africa, there is an increasing urgency to prevent or reduce early pregnancy among adolescent girls. Currently, Africa is the global leader in adolescent pregnancies (World Atlas, 2017). Niger tops the list with 203.604 births for every 100,000 adolescent mothers. This is closely followed by Mali who have recorded 175.4438 births per 100,000 adolescent mothers, then Angola with a record of 166.6028, Mozambique with 142.5334, Guinea with 141.6722, Chad with 137.173, Malawi with 136.972, and lastly Cote d'Ivoire with 135.464 (World Atlas, 2017). Similar to developed countries within Sub-Saharan Africa, the proportion of women who have adolescent pregnancies below the age of 15 years differs greatly. It is stated by WHO (2017) that in Rwanda the rate is 0.3% compared to 12.2% in Mozambique. Nigeria has an estimate of 23 percent of women aged between 15 and 19 years who are mothers. Demographic Health Survey (DHS) states that 32 percent of adolescents in Nigerian rural areas have experienced child bearing as compared to the 10 percent in Nigerian urban areas (DHS, 2014).

Sierra Leone was ranked among the world's top ten countries with the largest number of adolescent pregnancies in 2013, with 28 percent of girls between the ages of 15 and 19 either pregnant or having at least one birth (UNFPA, 2016). As a result, the government in 2012 created a strategic plan to address the issue at hand. This was the National Strategy for the Reduction of Adolescent pregnancy. This strategy was commissioned by the president in 2013 with the specific goal of

reducing the fertility rate among adolescents from 122 per 1000 females to 110 per 1000 births per 1000 females between 2013 and 2015 (GOSL, 2013a). There was an acknowledgement in the strategy that successfully reducing adolescent pregnancy required a wide spectrum of interventions and strong coordination.

In addition, in 2009 Kenya formulated a National School Health Policy (NSHP) with the intention of enhancing the quality of health in school communities (NSHP, 2009). This was executed by developing a learning and teaching environment that was healthy and friendly to a child. Some of the policies include; girls undergoing voluntary medical screening at least once per term, continuation of classes for pregnant students, and creating the possibility for adolescent mothers to resume school at the level where they left. Counselling services were to be made available to adolescent mothers with an aim of preventing future unplanned pregnancies (NSHP, 2009). However, the biggest challenge of this program is that despite it being voluntary, it is not easy to get volunteers due to the fear of humiliation, victimization and or the unfriendly attitudes towards teen pregnancy (NSHP, 2009).

In Narok County the dominant ethnic groups are the Maasai and Kalenjins, and according to Parsitau (2017) the Maasai have a heavily patriarchal culture with distinct socio-cultural norms and practices from other ethnic groups in Kenya. The gate keepers and custodians hold much power, influence and authority in the community which they use to promote and encourage several sociocultural practices which may be harmful to the young girls such as Female Genital Mutilation (FGM) and Child Marriages. These two practices perpetuate adolescent pregnancies in the community. Generally, Maasai girls are married off when they attain the ages of 10 to 18 years which occurs right after FGM, this is the age bracket for school going pupils and students. However, many of the girls are only seen as economic burdens or valued assets who can bring wealth by their families instead of staying in school. In addition, FGM for many parents is related to ritual marking of transition to womanhood that gives the girl child the permission to become pregnant. (ICRW, 2016; Kang'ethe, 2013; UNFPA, 2015; WHO, 2016).

The increase and subsequent dropout of girls due to adolescent pregnancy in schools is becoming an issue of great concern. This is because it has become rare for a girl to go back to school once she has dropped out due to the stigma associated with adolescent pregnancy. In turn, this leads to the girl cutting short her education. Additionally, adolescent fathers are not spared either as the adolescent pregnancies have also been associated with increased substance and alcohol abuse as well as reduced earning potential. In Kenya, one would struggle to find any meaningful employment if they have not completed their high school education or acquired a tertiary education. This means that for the adolescents that drop out of school due to early pregnancy, they face a very slim chance of getting employment. To mitigate this, the government has put in place strategies that can help curb early pregnancies. Despite these strategies, the numbers of adolescent pregnancies continue being on the rise thus this study sought to evaluate the strategies for the reduction of adolescent pregnancies in public boarding girls' secondary schools in Narok County, Kenya.

In various parts of the globe, many initiatives have been developed to fix the problem of adolescent pregnancy in different communities. Hadley et al., (2016) conducted a study in the United Kingdom (UK) which reported that the adolescent pregnancy strategy involved the usage of mass

media to raise awareness in schools and community environments of sexual health, sex and relationship education. These strategies led to the steady reduction of under -18 conception rate over its life span. Oyedele, Wright and Maja (2015) revealed that the prevention of unplanned adolescent pregnancy and childbirths is a critical contribution to the overall goal of improving adolescent reproductive health and fulfillment of potential due to the detrimental, long-term effects of adolescent pregnancy and childbirths.

A review of adolescent pregnancy prevention by Lavin and Cox (2012) in the United States (US) established there is broad agreement that successful strategies for preventing adolescent pregnancy should be multifaceted, with a focus on delaying sexual activity, especially in younger adolescents. Also it should promote the consistent and accurate use of reliable contraceptive methods for young people who are or expect to be sexually active. The researcher recommended that further research is required to identify efficient strategies for vulnerable populations. Solomon and Ronquillo (2014) also noted that there was a major gap in the arena of adolescent pregnancy prevention until recently. One group argued that abstinence only educational initiative is the best route, while the other group stated that what would succeed was a holistic approach to sex education. They claim that such an approach encourages young people to make educated abstinence choices and provides them with information on contraceptive use.

In Sierra Leone, Wessells, Manyeh and Lamin (2014) found out that increased access to contraception through the health center, literacy, use of life skills and conversations between children and parents are some of the interventions that have resulted in lower numbers of pregnant adolescent. Denney et al (2017) argues that the services concentrate heavily on improving the behavior and choices of girls themselves. Such approaches tend to hold narrow views on the lives of girls and the modes of sexual activity in which they participate, and to neglect the socio-economic and socio-legal dimensions. The study recommended that by promoting behavior change among men and boys, these responses should reinforce their emphasis on changing the contexts surrounding the lives and livelihoods of girls.

A research was also conducted in South Africa by Taylor, Jinabhai, Dlamini, Sathiparsad, Eggers and De Vries (2014) to assess the results of an adolescent pregnancy prevention program through a randomized control trial for 816 high school students attending 16 KwaZulu-Natal, South African schools. The findings showed dramatically healthy behaviors, intentions to abstain from sex while at school, and to engage with adolescent pregnancy partners. Increased rates of condom use were also reported among the students. Therefore, the researchers proposed a holistic strategy that incorporates schools and families in the preventive programs for adolescent pregnancy.

A study in Ethiopia by Birhanu, Kebede, Kahsay and Belachew (2019) recommended that the Ethiopian government needs to concentrate on educating the population about the prohibition of early marriage and early sexual initiation. In addition, to protect them from early pregnancy, the government should also work to increase the use of family planning in the community. Ayanaw, Yalew and Azale (2018) also conducted research on Prevalence and adolescent Pregnancy Causes, Northeast Ethiopia, 2017 and it was concluded that; strengthening contraceptive service promotion among adolescents and giving special attention to rural ones in particular are some of the strategies that will ultimately help reduce the burden of adolescent pregnancy.

Ikamari, Izugbara and Ochako (2013) conducted a study in Kenya and noted that there is need for effective programs and strategies to increase access among young and unmarried people to contraceptive services and related education and knowledge. The research inquiry recommends concentrated initiatives to increase the quality of care and the provision of information on the efficient use of family planning strategies for all interested stakeholders.

In light of all the above studies that have already been carried out in various parts of the world, the researcher in this study, among other things sought to; look into cultural issues such as early marriages; early sexual initiations; and family planning methods inclusion in public secondary schools in Narok County and how they affect adolescent pregnancies in the county. Additionally, the study also sought to identify the specific strategies that have been put in place to tackle adolescent pregnancies as a result of the above-mentioned factors.

Statement of the Problem

In Kenya, approximately 18% of girls whose ages range from 15 to 19 are already mothers (KDHS, 2014). In Narok County, 40% of girls aged between 15 and 19 years are pregnant or have already had children; this is more than twice higher than the national level percentage. Adolescent boys and girls occupy a significant percentage of the Kenyan population therefore, whatever happens to them has a great impact on the economy and the livelihood of not only Narok County but Kenya as a whole. Various efforts and strategies have been developed in a bid to reduce adolescent pregnancy among boarding girls' secondary schools in Narok County. The study therefore sought to evaluate the existing strategies that aim to reduce adolescent pregnancy among public boarding girls' secondary schools in Narok County to gain a better understanding of the crisis.

Theoretical Framework

Ecological Systems theory

The Ecological systems theory was put forward by Urie Bronfenbrenner in 1979. Relationships within cultures, individuals and the larger community are clarified in this theory. The theory identifies and explains how five environmental aspects that influence children's development. These components include the Microsystem, the Mesosystem, the Exosystem, the Macrosystem, and the Chronosystem. (Bronfenbrenner, 1979). The organizations and groups that are nearest to a person with direct interaction are microsystems. These microsystems include family, neighborhood, school, peers and church. Microsystems propagate that if an individual interacts and is guided by these sub-systems, he or she emerges a better person morally, socially and spiritually. Hence, if an adolescent is given adequate guidance and nurturing on matters of sex and relationship education from the family, church and school that one belongs to, chances of adolescent pregnancy are low and vice versa is true.

METHODOLOGY

The study adopted Cross-sectional descriptive study. The study targeted a population of 318 comprising of 84 High School Principals, 84 Guidance Counselling Teachers and 66 form three students from 84 secondary schools in Narok South and Transmara East were the target sub-counties. The study utilized two sampling techniques to select the study participants. The first technique was purposive sampling technique which was applied in sampling the Principals and the Guidance Counselling Teachers as they are the implementers of the school's adolescent reduction

strategies. The second technique was simple random sampling technique, which was applied in sampling the schools and form three students who participated in the study. The researcher sampled 10% of the target population. As a result, the study had 8 schools, 8 principals, 8 counseling teachers and 56 form three students, totaling to 72 participants. The study used an interview Schedule that was semi structured in nature. The tool was used to collect data from principals, and the guidance and counselling teachers at the selected secondary schools. Data was collected using the interview schedules and focus discussion group and analysed using through thematic analysis and in narrative form.

FINDINGS

Demographic Characteristics of the Respondents

The study looked at the demographic characteristics of the principals and the counselling teachers. The findings are discussed as follows.

Respondents' Gender

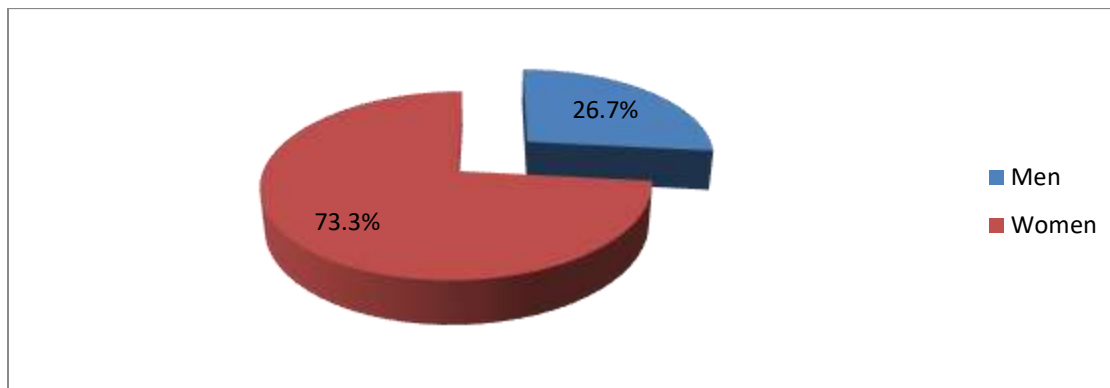


Figure 1: Respondents' Gender

Source: Survey Data (2021)

Figure 1, the women respondents were represented by 73.3% and men respondents 26.7%. This is an indication that there was no gender balance in administration in public secondary schools covered by this study. According to Sperandio and Kagoda, (2008), women head teachers are strong willed and command a lot of respect from female students and the community at large. Additionally, these teachers are also perceived to be caring and interested in the general welfare of their students. Therefore, the study sought to establish how the respondents were represented in terms of their gender to establish whether the teacher's gender influences how the strategies are implemented in the public secondary schools in Narok County, Kenya.

Respondents' Educational Level

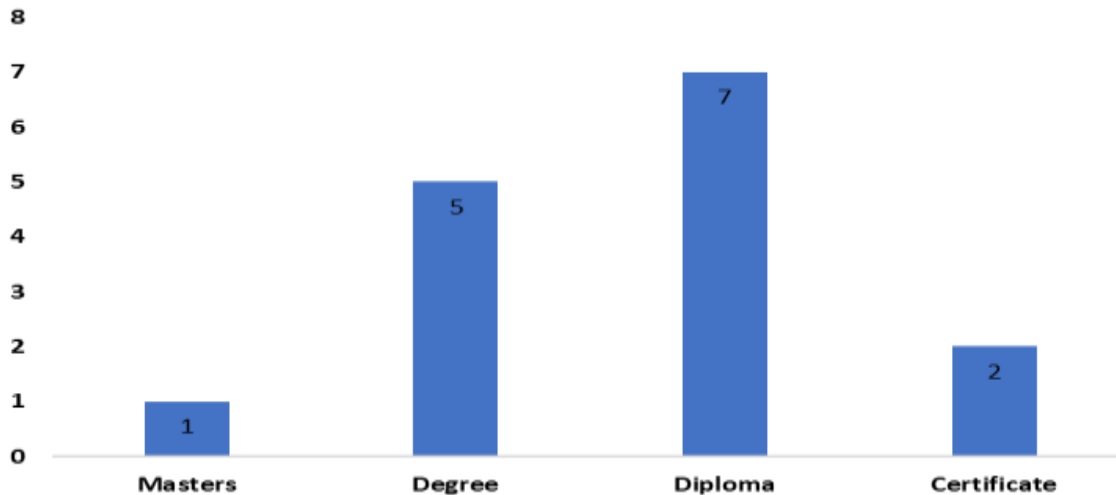


Figure 2: Respondents Educational Level

Source: Survey Data (2021)

The research established that one guidance and counseling teacher had attained a master's level, 5 guidance and counseling teachers had attained a degree level of education, 7 guidance and counseling teachers had attained diploma level of education and 2 guidance and counseling teachers had attained certificate education level. Additionally, the study established that most of the principals interviewed had attained a bachelor's degree. Lai-Yeung, (2014), argues that teachers have very many roles they play in the education field and for them to be effective, they need to be equipped with adequate skills and knowledge. Therefore, the study sought to establish the educational level of the principals and the counselling teachers to confirm if they are qualified to offer effective guidance and counselling services.

Respondents' Number of Years Worked in the School

In the Table 1 below, respondents were represented in terms of the number of years they had worked in the current school.

Table 1: Respondents' Number of Years Worked in the School

Years	Frequency	Percentage
Below 1	0	0.0
2 – 5	6	40.0
6 – 10	5	33.3
10 and above	4	26.7
Total	15	100

Source: Survey Data (2021)

The findings in Table 1 indicate that (40.0%) of the principals and guidance and counselling teachers interviewed indicated that they had worked with the current school for a period ranging from 2 to 5 years while those principals and guidance and counselling teachers who had stayed between 6 to 9 years represented 33.3%. Finally, only 26.7% of guidance and counselling teachers and principals interviewed had been in their current school for 10 or more years. This means that the principals and guidance and counselling teachers interviewed had stayed in the current school for a reasonable period and could be able to give substantial information on reduction of adolescent pregnancy among secondary schools in Narok County, Kenya. When guidance and counselling teachers are familiar with the habits and patterns of students, they can gain their trust and observe abnormal behaviors among the students (Cassidy and Jackson, 2012). Therefore, if teachers have been working in a particular school for a while, they are able to understand their students and the culture of the school and therefore able to offer effective counselling services to their students.

Strategies for the Reduction of Adolescent Pregnancies in Public Secondary Schools in Narok County, Kenya

The study's first objective was to establish strategies for tackling adolescent pregnancies in Public Secondary Schools in Narok County, Kenya. Focus group discussions and interviews were conducted. The findings are presented in Table 2.

Table 2: Illustrates the Strategies That Were Identified in the Schools from the Interviews and from the FGDs

Strategies	Number of Schools	Percentages %
Guidance and Counselling	8	100
Peer Counselling	7	87
Life skills lessons	8	100
Parental Involvement	5	67
Motivational Speakers	5	67
General Talks at the Assembly	8	100
Religious and Pastoral Sessions	8	100

Source: Survey Data (2021)

Guidance and Counselling

From the Table 2 we find that guidance and counselling practiced in all the 8 schools visited and in most of the interactions it came out as the main strategy being used in the schools. Additionally, in all the 8 schools visited there was a Counselling Teacher who is trained to handle all matters in the school that needs counselling and counselling is done for students, teachers and parents. Similarly, counselling services are done both at an individual level and in groups.

The interviews with the counselling teachers revealed that the counselling teacher is able to identify topics to be discussed in the group counselling sessions. Counselling services are continuously offered to all students even after a girl is discovered to be pregnant. The counselling sessions after one is discovered pregnant is meant to counsel her on how to accept the situation and what is expected of her. In the discussions the counselling teacher is able to gather more information. The school there after informs the parents' of the student and requests them to visit the school for further discussions. From the meeting the parents and the school management agree on the way forward.

In one of the Focus Group Discussions there was a consensus that;

Guidance and Counseling Services is one of the strategies that the schools uses to reduce the numbers of adolescent pregnancies in the school and has been in use since they joined the school in form one

This shows that the students are aware of this strategy in the reduction of adolescent pregnancy in their school.

One of the school principals stated out clearly that;

The girls' remain in school up to the time she is almost delivering, and she is also entitled to prenatal clinics. And once she is delivered, she returns to school after six months of exclusive breastfeeding.

From the view of the principal it emerged that remaining in school was something that was encouraged and being sent home when discovered to be expectant was not practiced which is a commendable practice as far as ensuring the education for the girl child is enhanced.

The finding agrees with the findings of a study done by Obi, Okafor and Idigun (2019) that examined strategies for counseling against adolescent pregnancy among female secondary school students in Anambra and the findings showed that use of dialogue, encouraging abstinence; organizing seminars on the dangers of adolescent pregnancy, among others are among the strategies for counseling against adolescent pregnancy.

Peer Counselling

A total of 7 schools out of the 8 schools visited practiced peer counselling as illustrated in Table 3.

One of the counselling teachers stated that;

Providing a platform where students can talk among themselves leads to trust building up amongst themselves and they are able to share with each other their challenges. They are able to tackle misleading information and discourage bad vices among themselves.

From the views of the counselling teacher he or she did not see it as useful strategy.

Peer counselling is a session in which students of the same class or different classes have discussions among themselves about life in general or what they are going through in life currently. These sessions are sometimes supervised by the class teacher or a prefect. The sessions happen once a week in the evening before the evening classes. The students are able to speak freely on matters of relationships and other topics without feeling judged or ashamed. The students who

have been pregnant before are able to share their experiences with the rest of the students and they are all able to learn from the sharing's.

One of the Focus Group Discussions it was stated that;

We as students enjoy peer counselling as we are able to share freely without being judged and are able to ask our peer's questions that we cannot dare to ask our parents or the counselling teacher.

Additonally the information we get among each other is from firsthand experience. We get to see and hear the consequences of getting pregnant in our adolescent years and this scares us and makes us to take care not to get pregnant.

The findings also agree with a study done by Isuku (2019) that investigated the relationship between peer pressure and adolescent pregnancy among adolescent secondary schools girls in Ibadan Metropolis and the role of peer groups as agents of socialization could have dicey consequences on the lifestyle of adolescents especially in the area of sexual activity. Peer pressure influences the typical adolescent's perception about sexuality so much so that adolescents tend to conform to the norms about sexual behaviour which are deemed acceptable to the peer group to which he or she belongs. Ultimately, peer pressure has been found to negatively influence adolescent pregnancy.

Life Skills Lessons

In Table 3 Life Skills Lessons are practiced in all the 8 schools visited. Life skills are lessons that are scheduled in the timetable and taught once a week to the students. The teacher in charge of teaching the lesson has to come up with creative ways to deliver the message to the students to keep it captivating. This is done through poems, plays, narratives, stories and round games. These methods are both engaging to the students and they are able to learn.

One of the principals stated that;

Life skills is a subject that was introduced by the Ministry of Education to equip learners with the necessary skills and knowledge to navigate life while in school and after school. Society needs people who are all around not just book smart.

This shows that schools embraces the subject and takes it as an opportunity to educate their students with knowledge and skills. During this subject topics like adolescent pregnancy and sex education are discussed. The school has found a way to discuss sexual education in a creative manner.

One counselling teacher said:

We find it hard to bring up topics like adolescent pregnancy, sex education and contraceptives among our students as this is a sensitive matter but with the introduction of life skills subject we are able to discuss this matter openly but in a sensitive manner.

From the views shared by the counselling teacher, it clearly states that the life skills subject is an important lesson as they are able to cover many aspects of life using that subject. The students are prepared to face life after school not only with intellectual skills but also social skills which is important to navigate the outside life.

The findings of study agreed with Wessells, Manyeh and Lamin (2014) that found out that increased access to contraception through the health center, literacy, use of life skills and conversations between children and parents are some of the interventions that have resulted in lower numbers of pregnant adolescents. The introduction of life skills into the curriculum provides an opportunity for the teachers to equip the students with the necessary skills they require to face life after school.

Parental Involvement

Some schools considered the involvement of parents in adolescent pregnancy matters while some parents felt that adolescent pregnancy should be handled by the school and involve the parents as a last result. This had a percentage representation of 67 % as shown in Table 3.

One principal stated that;

As a school we strongly believe that involving the parent is very important in dealing with cases of adolescent pregnancy. This child in as much as she is under our custody , her parents need to be informed that she is pregnant and help in deciding the way forward.

The parents are called upon by the school principal or the deputy principal once their child is discovered to be pregnant for counselling and discussions on the way forward. Counselling services are offered to the parents to help them come to terms with the matter at hand and to help them make decisions in a calm and rational manner.

The findings agree with Hoyt and Broom (2018) study the examined school-based teen pregnancy prevention programs: A review of the literature and found that regardless of which activities are chosen, parent involvement is critical. In addition, helping youth create and maintain strong connections to parents and other adults and providing knowledge, reinforcing positive social norms, and enhancing social skills through various types of abstinence or sex education.

Motivational Speakers

5 out of the 8 visited schools had motivational speakers as a strategy to combat adolescent pregnancies as shown in Table 3. Motivational Speakers are invited to schools mostly on the weekend or weekday or during a function. He or she delivers a speech during their presentation that aims to inspire and motivate people to succeed. Some schools felt it was important to invite speakers both male and female to speak to the students as this helps encourage the students through their sharing's.

One principal reported that:

As a school we are keen on inviting motivational speakers to come and speak to our students as they inspire our students and they learn from them. These speakers become mentors and role models to our students. They have someone to look up to and this motivates them to work hard and not get distracted with relationships.

In one focus group discussion it was reported that:

These speakers make us picture our lives that will could also be a Manager, a CEO or prominent people in the society like David Rudisha , Julie Gichuru, Mercy Masika , James Mwangi just to mention some of the people we have met and interacted with which we thank the school for.

Some schools however did not see the need for motivational speakers; this was done occasionally.

In Nabugoomu, Seruwagi and Hanning (2020) study that focused on what can be done to reduce the prevalence of teen pregnancy in rural Eastern Uganda, motivational speakers were part of a strategy employed in rural eastern Uganda and was well received by both adolescent girls and their parents. Additionally, bringing motivational speakers to speak to the adolescent girls was found to empower not only the girls but the society, family and community members at large and support collective action to reduce adolescent pregnancies.

General Talks at the Assembly

In all the 8 schools visited, general talks at the assembly were a constant feature and strategy as indicated in Table 3. General talks were held in all schools during assembly time which were normally held three times a week; Monday, Wednesday, and Friday. The topics to be discussed were scheduled and specific teacher was assigned to prepare and share in the assembly. The assembly talks were assigned five minutes to make them short, precise, and captivating in order to make it easier for the students to stay alert and remember.

One of the counselling teachers started that;

Assembly talks are helpful to the students though they are brief. Myself I am tasked to come up with topics to be discussed in the assembly and I try to ensure they are current and relevant at the same time.

A student in one focus group also stated;

General assembly talks keep us students updated on current matters that happen in and outside our school. We appreciate the school management for them. The talks are short and at times we would like more information and we don't know who to approach.

From the views shared by the student and counselling teacher, it emerged that both the students and teachers appreciate the general talks at the assembly. The findings illustrated that general talks at the assembly are a useful strategy but they find that the talks at times are brief and they would like more information. Isuku (2019), while investigating the relationship between pressure and adolescent pregnancy among adolescent secondary schools girls in Ibadan Metropolis noted that general talks by teachers during school gatherings like the assembly helped dissuade girls against engaging in risky sexual behavior. This was achieved by talking to all the girls, including their peers so as to ensure the message is uniform and far reaching.

Religious and Pastoral Sessions

Religious and Pastoral Sessions were conducted in all the 8 schools visited as indicated in Table 3. Both are practiced in all schools. Each school has religious leader who lead them in prayers and service on Saturday and Sunday during worship. The religious leaders during their services are encouraged to have discussions on matters of adolescent pregnancies by emphasizing on abstinence as sex before marriage is a sin.

The religious leaders are also involved in solving cases of adolescent pregnancies in the school by providing an avenue for pregnant girls and their parents to discuss on the girl's future after the pregnancy. 5 schools out of the 8 schools visited had inter-week religious services which were overseen by their religious leaders. These services were conducted in the classrooms.

In one focus group it was reported that;

We enjoy the pastoral prayer sessions during the week and during the weekend. They are uplifting and the religious leaders are very encouraging. We have grown spiritually since we joined the school and we look forward to become better people in society. The religious leaders often emphasize about practicing abstinence and sex before marriage is a sin. These two phases ring in our heads whenever we get tempted to engage in sexual practice.

From one of the focus groups in a different school it was reported that;

It hurts when one is dumped because you did not want to engage in sexual activities but we are glad we get encouragement from our pastor to get through the tough times and to remind us of the benefits that comes from abstaining.

From the views of the students the pastoral and religious sessions are important for the students as they create a platform to grow spiritually and be able to confide in the religious leaders on a personal level. From the statement of the students they know that sex before marriage is a sin and they should abstain this helps reduce the number of adolescent pregnancies in the public secondary schools.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The objective sought to identify strategies for tackling adolescent pregnancy in Public Boarding Girls' Secondary Schools in Narok County, Kenya the strategies identified were; Guidance and Counseling, Parental Involvement, Peer Counseling amongst students, Invitation of Motivational Speakers, having General Talks at the assembly, Introduction of Life Skills lessons in the timetable and Use of Religious Leaders and Pastoral Sessions.

Conclusion

The existing strategies to reduce adolescent pregnancies in Narok Secondary schools are guidance and counselling sessions in these schools including peer counselling. Other strategies include life skills lessons being imparted by teachers and members of the society including the church, parental involvement, motivational speakers, general talks in the assembly and finally pastoral sessions.

Recommendations

The schools should establish adolescent social development programs that target social and psychological skills that are necessary to avoid high-risk behaviours such as early sexual activity. Conduct comprehensive sex-education that includes health care providers that present abstinence as the most effective method of preventing pregnancy and STDs but also discuss contraception as the appropriate strategy for persons who are sexually active. All stakeholders in society should join hands to fight the vice of adolescent pregnancies which denies the adolescent girl her rights to education. These stakeholders include the parents, the school, the community, the church and the law enforcing agents.

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