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TEENAGE PREGNANCIES AND GIRLS EDUCATION CAPABILITIES IN NZAMBANI WARD KITUI COUNTY IN KENYA: SCHOOL AND COMMUNITY PERSPECTIVE

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TEENAGE PREGNANCIES AND GIRLS EDUCATION CAPABILITIES IN NZAMBANI WARD KITUI COUNTY IN KENYA: SCHOOL AND COMMUNITY PERSPECTIVES

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Abstract

Purpose: This research was carried out in Nzambani sub-county, Kitui County in Kenya. It aimed to find out causes and extent of teenage pregnancies in Nzambani, the impacts of teenage pregnancies on girls' education capabilities and the current support offered to affected girls in and out of school, and proposals for future support for affected girls in getting their education capabilities.

Methodology: An exploratory case study design was used, and key research methods used were reviewing literature, semi-structured interviews, and focus group discussions. Ethical clearance was sought from the University College of London, Institute of Education and NACOSTI Kenya. Through snowballing sampling six key informants and three focus group discussions were carried out. Data analysis focused on the thematic areas drawn from the three research questions.

Findings: Teenage pregnancy was found to be a common phenomenon in Nzambani, with poverty reported as a major contributor. Other causes of teenage pregnancy were parental negligence, drug abuse, rape and moral decay, peer pressure facilitated by technology, psychological problems and low education levels among parents. The impact of teenage pregnancies and parenting on girls' education capabilities was found to be school dropout more concentrated among form ones and twos, and deteriorating school performance. The current support offered to affected girls included guidance and counseling; financial, moral and child care by parents especially mothers; and health and nursing care during national exams.

Unique contribution to theory, practice and policy: This research recommends rigorous community sensitization on importance of educating pregnant and parenting teenage mothers', financial and moral support for affected girls especially those in lower secondary since there was low support for their school resumption.

Keywords: *Teenage pregnancy, education capabilities, causes, impacts, support*

1.0 BACKGROUND OF THE STUDY

1.1 Introduction

Although recent data analysis by the World Bank (2018) indicates that global Adolescent Fertility Rates (AFR) have dropped by close to half in the last 55 years, from 87 in 1960 to 44 in 2015, rates remain relatively high in developing nations. For example, low-income countries average AFRs were 137 in 1960 and 96 in 2015 compared with an average of 95 in 1960 and 40 in 2015 for middle-income countries; and 45 in 1960 and 13 in 2015 for high-income countries (World Bank, 2018). As reported by World Bank (2018), Kenya is among the second category of countries with high AFR, with KDHS (2014) reporting a national teenage fertility rate of 18.1% among women aged 15 to 19 years. Teenage fertility rates in Kenya vary between counties depending on different factors such as religion, poverty rates, cultural factors and education levels (KDHS, 2014; MOE, 2014).

1.2 Study Area Background and Research Justification

Kitui County has an AFR of 15% compared to the national average of 18.1% (KDHS, 2014: 78-79). This means for every 100 girls, 15 have entered teenage fertility in Kitui County. According to the MOE (2014) booklet on basic education, education literacy in Kitui stands at 77.3% in contrast with the countrywide average of 71.4%. The primary enrolment rate stood at 94.4% and the secondary enrolment rates stood at 55.1% in 2014. Also, there were 15,983 out of school children in primary level and 48,813 in secondary level in Kitui County (MoE, 2014). Some reasons for low literacy in Kitui included low rates of transition from primary to secondary school; high dropout at the secondary school level partly blamed on high teenage pregnancies and poverty; and insufficient education facilities and staff (Kitui CIDP, 2014). Other challenges faced by the youth in Kitui include abuse of drugs, sexually transmitted diseases and child labour (NCPD, 2017).

On gender inequalities, communities in Kitui are universally patriarchal therefore men hold the power with women being subordinate. For example, over 90% of land is owned and controlled by men, while women are relegated to reproductive roles. Despite the patriarchal nature of the community in Kitui, about 40% of the households are managed by women. Similarly, KNBS & SID (2013) report on inequalities in Kitui reported that male-heads in households have a higher education level in comparison with female heads. In Nzambani for example percentage of male-heads with no education stood at 16.6%, while that of female-heads stood at 22.2%. Other gender issues in Kitui included gender-based violence against women and girls, low contraception prevalence (56.6%), discrimination against women, early marriage at (28%), teenage pregnancies (14.8%), and higher levels of HIV among women (5.3%) compared to men at 1.4% (Kitui CIDP, 2014; KDHS, 2014).

Further, there have been only two recent national quantitative surveys by KDHS, (2014) and

NCPD, (2017) conducted in Kitui. These surveys give a large hearing to quantitative data in terms of casual relations, causes, and impacts of teenage pregnancies on girl's life in numbers; but give limited qualitative constructions and narratives surrounding teenage pregnancy and parenting from affected girls and community perspective.

Likewise, most interventions on teenage pregnancies by Government of Kenya (GoK) and development partners focus on counties with high AFR ignoring counties with average rates. Such interventions include the GoK and DFID "let all girls learn" project targeting vulnerable girls in Marsabit, Kwale, Kilifi, Nairobi, Turkana, Mombasa and Samburu and the Federation of Women Lawyers (FIDA Kenya) and Centre for Reproductive Rights teenage sexual and reproductive health project in Nairobi and Narok (WERK, 2018). Lastly, latest local and national news such as by Kenya News Agency-KNA (2015) reported Kitui County Director of Education as a frustrated man since teenage pregnancies were frustrating education achievement in the county. In other news, rape and other forms of sexual molestation on underage school girls has been widely reported in Kitui (Star news 13th July, 2018; Nation news, 6th June, 2018; Tuko News 14th July 2018; Kitui news online, 9th June, 2018).

1.3 Research Objective

It is against this background that undertaking a qualitative research in Kitui to let communities in and out of school including teenage mothers share perceptions, construction and narratives on teenage pregnancy to complement the quantitative data findings is important. This study aimed at finding out;

- a. The causes and extent of teenage pregnancies and parenting among secondary school girls in Nzambani in Kitui?
- b. How teenage pregnancies and parenting impact on girls' education capabilities in Nzambani?
- c. How well pregnant and parenting teenage girls are currently supported in developing their education capabilities, and how best can this be improved?

2.0 LITERATURE REVIEW

2.1 Major Causes of Teenage Pregnancy

According to Macleod, (1999), there appears to be a consensus among researchers that *poor socio-economic standing* is a major cause of pregnancy among adolescents. A longitudinal study by Fergusson & Woodward (2000) on adolescent pregnancies and educational achievement in New Zealand showed that girls who come from poor backgrounds had a higher risk of becoming teenage mothers compared to those from economically stable backgrounds. Similarly, KDHS, (2014) survey revealed that majority of the teenage mothers came from the low economic quartile while Timaeus & Moultrie (2015), in their longitudinal study on adolescent, childbearing

and education achievement in South Africa, reported that girls from poor backgrounds were more likely to participate in sexual relations with men hoping they will cater for their school fees. Also see Ikamari *et al.*, (2013), UNFPA (2015), Ogori and Yusuna (2013), Mutanana and Mutara (2014), and Gyan (2013).

Accordingly, Williams (1991) quoted by Gyan (2013) in his Ghana research, noted that teenagers often engage and depend on their peers for information, which leads to getting factual or fabricated information. Equally, teenagers are likely to copy their peers and could end up engaging in drug abuse, early and unprotected sex, among other vices. Similarly, Orori and Yusuna (2013), Mutanana and Mutara (2015) and NCPD (2017) reported that *peer pressure* was a contributing factor to teenage pregnancies and drug abuse since teenagers identify and conform to their colleagues' behaviours.

Fergusson & Woodward (2000) found out that teenagers who had lived in *vulnerable families* such as single mother families, families experiencing parental conflicts, departure of some parents and living with step parents were pre-disposing factors to teenage pregnancies. Also see Gyan (2013), Taffa *et al.*, (2003) and, Okigho and Speizer (2015). Although a bivariate analysis study in Nairobi (Ikamari *et al.*, 2013) revealed that education was not associated with unintended pregnancies, other studies (Okigho and Speizer, 2015; Dulfo *et al.*, 2015; UNESCO, 2017; Mutanana and Mutara, 2015) have shown a close association between teenage pregnancy and *lack or limited education* among parents and girls. The KDHS (2014) survey results showed that advanced levels of education among women were associated with a less likelihood of being a teenage mother.

Macleod (1999), analysing various studies on causes of teenage pregnancy in South Africa, found out that *general reproductive ignorance* was a major cause of teenage pregnancies. This means inadequate knowledge on sex and reproduction biology from school or home and low knowledge on use of contraceptives were underlying factors to teenage pregnancies. Similarly, UNESCO (2017) noted that lack of information on sex and reproduction health; and access to reproduction services was a determinant of teenage pregnancies. In Kitui, the youth noted that they had access to pills and condoms however their challenge was accessing reproductive health information and inaccessibility of reproductive health services mostly due to high cost of the services or fear of being reprimanded for accessing the services (NCPD, 2017).

Cultural gender imbalances are a cause of adolescent fertility, since gender roles and power struggles within communities expose girls to early sex and marriage. For example, in rural Zimbabwe, girls going to fetch water or firewood were at a great risk of rape and men taking advantage of them (Mutanana and Mutara, 2013). Similarly, Stoebenau *et al.*, (2015) found out that girls who became pregnant while in school in Uganda were forced to get married to the men responsible for the pregnancies since fathers had the final say on the matter. Other studies have

shown that girls who previously engaged in socially unacceptable behaviour such drug abuse, truancy from school and had attention problems are pre-disposed to teenage pregnancy. Similarly, girls who were sexually abused at an early age were likely to be teenage mothers because they developed *psychological issues* such as feeling insecure, low self-worth and identity crisis worsened family problems where girls lacked appreciation, friendliness and faced rejection (Maclead, 1990; Fergusson and Woodward, 2000).

Lastly Stoebenau *et al.*, (2015) in their study in Uganda noted that girls who entered school at a later age and who performed poorly were at risk of dropping out of school than their age-appropriate and better performing peers. This could be because the girls feel out of place among the younger girls, while poor performance de-motivates them from engaging in learning (Fergusson and Woodward, 2000; Timaeus and Moultrie, 2015).

2.2 Impacts of teenage pregnancies to young women education achievement

A recent UNESCO report (2017) on Early and Unintended Pregnancies (EUP) and education capabilities revealed that pregnant teenage girls experience major challenges as they looked to the future. This is because they suffer detrimental live effects, such as health-related problems; taking adult roles of child-rearing and provision; suffering from emotional, social and physical violence; rejection by their families; discontinuation of their schooling, and - where schooling is resumed - performing below par; continuing the cycle of poverty in their families; and deprived health consequences for themselves and their infants. In education UNFPA (2015) reports that adolescent pregnancies and motherhood can limit a girl's right to pursue her education, while UNESCO (2017) noted that impacts of EUP is early school drop-out and or poor performance. This is because affected girls have limited school attendance, disassociated themselves' from learning due to stress, and are rarely noticed by teachers. Similarly, Fergusson and Woodward (2000) reported that girls' who became pregnant in adolescent ages risked performing poorly in their national examinations, leaving school with poor qualifications, risked not completing high school and reported low participation in tertiary education in comparison with single peers. Also refer to Levine and Painter (2003), Timaeus and Moultrie (2015), Stoebenau *et al.*, (2015) and Ghana Gyan (2013).

In all the above studies stigmatisation was a trigger for pregnant girls leaving school. While school expulsion and withdrawal of parental support caused school dropout; in dire situations, girls engaged in transactional sex for their upkeep exposing them to additional pregnancies and sexual diseases (Mumah *et al.*, 2014). To sum it up Dr. Babatunde, the UNFPA Executive Director statement on teenage pregnancy in UNFPA (2015:3) notes:

“When a girl becomes pregnant, her present and future change radically, and rarely for the better. Her health is endangered, her education and job prospects abruptly end and her vulnerability to poverty and exclusion multiplies.”

As noted in the literature review above, often teenage mothers are predisposed to earlier disadvantages such as poverty, emotional problems and parental negligence among others leading to pregnancies. Also teenage pregnancies were not necessarily the problem, rather the circumstances of exclusion and judgments that the teenage mothers face in their schools, families, and societies (Levine and Painter, 2003).

2.3 Support provided to pregnant and parenting teenage mothers in education

In Sub-Saharan Africa, there have been attempts to address teenage pregnancies through policy development; however, the re-entry to school policies have not made much progress (Stoebenau *et al.*, 2015). Kenya's back to school policy was introduced in 1994 with the aim of giving room to mothering adolescents to resume schooling (Omwacha, 2012). There was optimism that the policy would give a leeway for the teenage mothers' school resumption; however, it did not pick as expected since the guidelines to its implementation are not clear to all stakeholders (Omwacha, 2012; STEP-UP, 2016). To date, the policy still faces challenges with few pregnant and parenting girls resuming schooling with STEP-UP (2016) reporting that about 66% of the pregnancies and birth in Homabay resulted to complete school dropout. The main challenges faced by teenage mothers' in school resumption are low awareness of the back-to-school policy among parents and girls; social and cultural factors such as moral judgment; low awareness of the policy guidelines and negative attitudes towards teenage pregnancy by school heads and principals; pressure for school heads to expel girls since their schools risked damaging standings and are afraid of new pregnancies (STEP-UP, 2016; Omwacha, 2012; Wekesa's, 2014).

In Kenya there is limited empirical research on support desired and provided to pregnant and parenting teenage girls to resume schooling. However, a mixed methodology study on pregnant and parenting adolescents' support systems in USA by Brosh *et al.*, (2007) showed that major support comes from parents, nannies, school nurse, and teachers, which was highly appreciated by the girls. Getting someone to help care for their children while in school; guidance and counselling; and getting someone to talk to on matters to do with sexuality and child care were the most treasured support by the teenage mothers. In Kenya STEP-UP, (2016) reported that continued dialogues on the policy, capacity building for implementers, media engagement in publicising the back to school policy, continuous stakeholders' engagement and research to understand community views helped in changing stakeholders' perception on teenage pregnancy and school resumption.

According to UDHR 1948 article 26 (1); "every human being has a right to basic education availed by the elected government" (UN, 2015). Similarly, member countries are to observe and strive to achieve by 2030, the UN 2015 sustainable development goals (SDGs) especially SDGs number 4 and number 5 which are "to ensure inclusive and quality education for all and promote lifelong learning" and "achieve gender equality and empower all women and girls" (UNFPA,

2018). This is because limited education capabilities may limit the intrinsic and non-intrinsic value of education for pregnant and parenting adolescents (Robeyns, 2006).

2.4 Conceptual framework

This research was undertaken using interpretivist constructionism which engages the community under research and together with the researcher make out meaning and constructions of the issue being investigated (Crotty 1998; O'Donoghue, 2006; Alanen, 2015). Therefore, discussions centred around constructions on teenage pregnancy causes, impacts and support systems needed by pregnant and parenting teenage mothers' before and after delivery. The research findings were analysed using the Feminist and Capability Approach frameworks. According Wallace, (2012) feminism is a framework that aims to address and advocate for equal rights for women and girls including gender discriminations found in official and informal settings. This then empowers and brings transformation for women benefiting those around them including better jobs and incomes, non-discriminatory division of labour in the family and power sharing.

Capability Approach (CA) on the other hand is a framework that was put forward by economist Amartya Sen and further expounded as a theory concentrating on social justice by Martha Nussbaum (Miriti, 2017b; Robeyns 2003, 2005, 2006). The CA has been used to advocate against worldwide inequalities for vulnerable groups including women. Robeyns (2005, notes that CA can be used to review policy; analyse poverty and discrimination; and review the general well-being of vulnerable individuals and groups. Unlike other social welfare theories that focus on economic satisfaction to measure well-being and happiness, CA admits the importance of financial liberty to allow individuals access most basic capabilities such as health and education. Besides financial ability, CA advocates for non-financial utility, which allows an individual to choose the life they desire without any hindrances (Robeyns, 2005 and 2006; Walker and Unterhalter 2007; Sen, 1999). Key to CA is freedom of what people desire, value and choose to be to enhance their quality of life (Sen, 1999).

Further, CA emphasizes on availability of options (capability sets), which allows individuals to choose what enriches the kind of life they want. In addition to presence or absence of freedoms, restrictions may emanate from insufficient conversion factors including personal factors such as intellect; social issues like cultural gender roles, policies, and power associations; and environmental aspects like distance from social amenities. Lack of these factors contributes to creating obstacles for one to achieve valued functionings which are a person's achievements and capabilities which are freedoms and real opportunities a person has (Miriti, 2017b; Walker and Unterhalter 2007; Robeyns, 2005). According to Robeyns, (2005) Sen in addition to Nussbaum underline that education is a basic and a secondary capability since it helps in development and achievement of other capabilities such as health, civic participation, dialogue and critical thinking. As such CA has been used to evaluate educational benefits, prejudices, segregations,

and marginalisation that arise in the education sectors.

3.0 METHODOLOGY

3.1 Methodology and Sampling

An exploratory case study design was used, and key research methods used were reviewing literature, semi-structured Interviews, and Focus Group Discussions (FGDs). Ethical clearance was sought from the UCL, IOE and NACOSTI Kenya before data collection at Hekima (synonym) Mixed Day Secondary School and its immediate community. A snowball purposeful sample was drawn to gather rich information and insights on teenage pregnancy in Nzambani. The total sample included six key informants and three FGDs- two with school girls and one with teenage mothers. Data analysis focused on the thematic areas drawn from the three research questions. Audio recorded interviews were first transcribed, then data was coded and categorised in different themes arising from data on key questions. From the themes, emerging patterns were analysed and put in writing as findings. Some narratives from the participants were included in the write-up.

4.0 RESEARCH FINDINGS AND DISCUSSIONS

4.1 Background Information of Research Participants

The research participants included the Principal Hekima Mixed Day Secondary School; the Guidance and Counselling (G&C) teacher Hekima School; the area chief; a village elder; a nurse at the health centre; sub-county education officer; *FGD1* with 7 adult teenage mothers (2 girls who completely dropped out of school and 5 girls who resumed school after birth); *FGD2* carried out with 8 girls' students from form three and four; and *FGD3* carried out with 8 girls' students from form one and two.

4.2 Extent and Causes of teenage pregnancies among teenagers in Nzambani

4.2.1 Extent

Kitui records a moderate AFR of around 15% in comparison to 18.1% national average (KHDS, 2014). However, this research revealed that teenage pregnancy and parenting were a common phenomenon in Nzambani. According to the nurse, teenage pregnancies incidences were uncommon in the past but presently were common especially in the past two years. The education officer supported this and noted that teenage pregnancies have been present for a long time. This was also confirmed by the other four key informants and during the *FGD2* and *FGD3* with girls' students. According to the area chief in 2015 for example 15 out of 16 girls sitting for their 2015 secondary school national examinations in a certain school were pregnant or nursing, while principal noted that;

“With our school being a mixed day school where students operating from home; my observation through the years, is that teenage pregnancy is a common problem. Not only in this institution but across all the day schools in the sub-county” (School Principal)

As such UNFPA (2013) notes the need to carry out interventions in areas reporting high AFR, as well as pockets of high rates in moderate or low fertility areas such as Nzambani.

4.2.2 Causes

Poverty was reported as a major contributing factor to teenage pregnancies. Discussions from with form one and two girls revealed that lack of money by parents meant most girls did not have daily basic needs. This drove girls to get themselves ‘sponsors’ (Kenyan name for men who take care of girls needs in exchange for sex) who offered them money for basic needs, in exchange for sexual relations. This was collaborated by their counterparts in form three and four with one girl stating that;

“When a girl is in need of money, for example for buying always (sanitary towel) and her mother does not have the money, the girl will go and sell herself in order to get that money” (Girl 2, FGD2)

The principal also noted that men took advantage of poor girls in pretence of financial support, while education officer too pointed out that some children were orphaned and very poor, therefore engaged in sex to cater for basic needs exposing them to teenage pregnancy and sexual illness. The G&C teacher and nurse noted that if parents are not able to provide for their children then they will look for other ways to source for the money which will include involvement in sex for money. As noted by other researchers (Macleod, 1999; Fergusson and Woodward, 2000; Ikamari *et al.*, 2013; Mutanana and Mutara, 2013; UNFPA, 2015; Gyan, 2013; and Okigho and Speizer, 2015) poverty highly contributed to teenage pregnancy in Nzambani. This was because provision of basic needs such as sanitary towels and fees was inadequate compelling young girls into unhealthy relationships with men for economic support. According to Sen Capability Approach (CA) in Robeyns (2005), lack of financial freedom leads to lack of most basic needs such as education, food, health, and clothing predisposing the young girls to teenage pregnancy and parenting.

Parental negligence: According to four key informants, some parents have neglected their duties in caring for their children, with some parents moving to urban areas and leaving the children behind. Other than completely abandoning children, participants also disclosed that some parents did not have time to guide and monitor their children’s whereabouts. As reported by Gyan, (2013); Fergusson and Woodward, (2000); and Tatta *et al.*, (2003), parental negligence and absence in Nzambani was reported to cause teenage pregnancy since girls did not have role models or supervision. Considerable blame was allocated to women who were accused of neglecting their communal role in disciplining and installing right morals in their daughters.

According to feminist and the CA frameworks, socio-cultural gender roles and undertones majorly create room for inequalities in the society (Miriti, 2017b; Walker and Unterhalter 2007; Kathryn *et al.*, 2002). In Nzambani for example instead of the communities insisting that all parents should be responsible for child care and instilling good morals, mothers were often blamed for negative outcomes including girls' teenage pregnancies.

Drug and substance abuse: Drug abuse was said to prejudice the judgments among teenagers and their parents contributing to shameful acts such as unplanned and uncontrolled sex with the opposite sex and incidences of rape. According to an FGD3 discussions with girl students; alcohol, 'miraa/muguka' (Khat), and 'marijuana' (cannabis) were the major drugs abused. This was supported by the G&C teacher and the county education officer.

"There is a lot of miraa, muguka and alcohol use in this area. So when drunk or when under effect, teenagers look for another partner and they end up having sex or raping them and that child gets pregnant" (education officer)

Similar to this study, a youth and adolescent survey in Kitui by NCPD (2017) noted that drug abuse was a major challenge affecting adolescences. Capability Approach notes that inequalities instigated by insufficient conversion factors such as low economic and limited social-cultural power (Robeyns, 2006; Walker and Unterhalter 2007) largely contributed to drug abuse among girls in Nzambani. In sexual relationships, girls did not have any say nor have financial means to bring into the relationship. For this reason, girls were easily lured into drug and substance abuse and unprotected sex in exchange for material needs exposing them early pregnancy and single motherhood.

Rape and moral decay: Closely related to drug abuse and a cause for teenage pregnancy in Nzambani were rape and moral decay. As revealed by the education officer rape was closely associated with drug and substance abuse, while the principal blamed it on parents who neglect their children, by taking them to stay with relatives who took sexual advantage of them.

"Like I received a case where a girl came to my office asking for a transfer when I inquired why, she said 'Mwalimu (teacher) where I am residing am not safe. I discovered there were prospects of sexual molestation" (Principal)

During FGDs with girl students' rape occurred at home or on their way to or from school. Rape perpetrators were older men including fathers, relatives or powerful people who often were not reported because affected girls were traumatised, afraid of stigmatization and scared of powerful offenders. Also see Gyan (2013), Timaeus and Moultrie (2015) and Fergusson and Woodward (2000). In Nzambani rape and moral decay was also associated with poverty and lack of adequate conversion factors as fronted by CA (Robeyns, 2005). Environmental conversion factors such as long distances to and from school aided rape when girls walked to and from school early morning and late evening. Also due to distance some parents rented small rooms for

girls near the school, where they were unsupervised; while those living with relatives to shorten distance to school exposed some girls to sexual molestation. Power relations within the homes and school had girls sexually taken advantage of by teachers or older male relatives, who often went unpunished since they would bribe their way out of the justice system, make local arrangements with parents or intimidate girls.

Peer pressure: In this study peer pressure was related to technology use, with school girls in the FGD sessions reporting that they regularly shared pornographic materials on WhatsApp groups, and visited movie halls to watch pornography. The school girls also reported that they copied different trends from their peers such as current clothing styles and desire to get mobile phones to fit into the group. These lead girls into sexual relationships for economic benefits to buy example mobile phones and clothes to fit it in the peer circle. Similar findings on peer influence were reported by Gyan (2013), Mutana and Mutara (2015) and Kitui NCPD (2017). Miriti, (2017b) notes that CA argues that limitations to personal, socio-cultural, economic and environmental capability sets can reduce the ability of an individual to acquire capabilities and functioning. In Nzambani peer pressure was mostly through choosing harmful arrangements to fit into their peers' circles. At the same time feminist and CA frameworks note that economic and cultural restrictions bring about gender inequalities leading to social injustice such as low economic situation of some girls which lead them to enter into unhealthy relationships where men were the major providers and decision makers. This then exposed girls to early and unsafe sex, and consequently early pregnancies.

Social deviate behaviours: Although not among those factors frequently mentioned, emotional instability and lack of self-control among girls were associated with teenage pregnancies. From the FGD with girls in form three and four, lack of self-control among some girls was attributed to drugs abuse, while some girls were not able to deal with adolescent emotions. This was collaborated by the G&C teacher who gave an example of a girl in her school, who was not only addicted to drugs, but had a child being looked after by her mother, was living with a different boyfriend, accompanied old women to traditional dances and was frequently absent from school. Some similar studies are by Fergusson and Woodward (2000) and Maclead (1990). Capability approach, advocates for individual freedom to choose the kind of life one desires (Sen, 1999), however, it also points to the fact that an individual has to make wise choices which will not negatively impact on their lives such as engaging in unsafe sex exposing them to teenage pregnancy. However, feminist point to formal and informal inequities in patriarchal societies which may pre-dispose young girls to inequalities due to low self esteem and hence a curtailed agency to choose what is good for themselves.

Distances from the schools: According to school principal and nurse, long distances from schools were contributing to increased cases of teenage pregnancies in the area. The nurse gave an example of girls who left their homes for school as early 5.30 a.m. exposing them to rape;

other times parents rented small rooms for girls at the market centre exposing the girls to rape and engagement in unwanted sex since there was no one to monitor or protect them.

“Like my institution being a day school, some students come from far; and some parents ask their close relatives to accommodate the girls. So, you find a girl staying with a granny to lessen distance to school, but the granny can’t take charge of the girl. Other relatives end up sexually harassing the girls” (school principle)

With long distances to cover, and with some parents opting for their children to stay with relatives living near the school girls are exposed to rape and sexually molestation within the homes. Other relatives do not supervise the girls leaving them to do as they please. Warrington and Kiragu (2011) on girl education in Kajiado, Kenya revealed incidences where girls were raped by young men on their way to and from school, got pregnant after which they were forced into early marriage. Again, this points to CA and feminist frameworks on women and girls being among vulnerable groups; while distance exposes girls to rape to and from school. Accordingly, feminist note power struggles and subordination of women and girls within community structures in Nzambani lead to rape and sexual molestation which also contribute to teenage pregnancy.

Low education levels among parents: In Nzambani the school G&C teacher and county educational officer attached poverty to parent’s low education levels. The G&C teacher pointed out that most of the parents were not educated and had dropped in class one or two, diminishing their chances of having stable jobs and sources of income hence limited provision of basic needs to their children. This drove girls to sexual relationships with men for economic favours. Ikamari *et al.*, (2013) also established a correlation with household economic position and teenage pregnancy. Both Sen and Nussbaum advocate for education as a basic capability without which a person is not able to develop other secondary capabilities such as gainful employment hence living in poverty and inability to fight social injustices such as rape (Sen, 1999; Robeyns 2005).

4.3 Impacts of teenage pregnancy and parenting on girls’ education

Due to challenges such as stigmatisation and judgments; physical abuse; being abandoned by the baby’s fathers; mental and emotional stress; girls being expelled from school and at times from home; limited economic power to support themselves and their infants; and overwhelming school and parenting responsibilities all impacted on girls education capabilities. These challenges were reported to lead to *school dropout* and *poor performance*. Because of stigma associated with teenage pregnancies, it was reported that a majority of affected girls dropped out and did not resume school. This particularly affected girls in the lower classes in comparison with upper classes. For example, in FGD 1, seven teenage mothers participated. Two had become pregnant in form two and immediately dropped out without resumption, while the remaining five got pregnant in form three or four resumed school after birth. The G&C noted;

“Majority in form four come back because they have registered for national exams. However, form ones and twos drop out. Like now we have around five girls in form two who have dropped out and have not yet come back” (G&C teacher)

From the above statement, the motivating factor for school resumption by form threes and fours might be because they have registered for national examinations and wanted to get their certificates notwithstanding the grade. School resumption was also largely determined by the parents’ willingness to pay school fees. The community nurse was more particular on the impact of school drop outs noting that pregnant and parenting girls who drop out had limited opportunities including inability to continue with higher education and limited job opportunities laying ground for continued cycle of poverty.

Poor school performance was predominantly mentioned by participants as an impact of teenage pregnancy and parenting. In comparison with when girls were not pregnant, their diminishing academic performance was attributed to high stress levels, stigma in and out of school, and being overwhelmed by schooling and childcare responsibilities. The county education officer noted that although girls were allowed back to school, they showed little commitment and focus in their studies since their minds were elsewhere. The school principal intimated that combining studies and child care was hard for the young girls leading to absenteeism, low concentration and later reduced performance.

“Last year I had one of my best girls that I expected to get a B+ (plus) and go to University since in our internal exams she was getting B+ (plus) and above. But she got pregnant and was nursing her young one while sitting her national exam. So her grade deteriorated from a B+ (plus) to D+ (plus)” (Principal)

Supporting other participants’ views, the five teenage mothers who resumed school noted that their performance drastically went down due to stress and new parenting responsibilities.

From the above findings, the major impacts of teenage pregnancies and parenting is school drop-out and poor academic performance among affected girls. Stigma and societal judgments; increasing emotional and mental stress; low economic power to support themselves and their infants; emotional and sexual abuse; and overwhelming school and parenting responsibilities highly contributed to school drop-out and poor performance. Similarly, Mumah *et al.*, (2014) found that majority of pregnant teenagers dropped out of school due to stigma, while in South Africa, Tamara *et al* (2013) found that stigmatisation, religious and moralist judgment and exclusion within the school negatively impacted on school dropout and performance. Also refer to Stoebenau *et al.*, (2015); Omwacha (2012); Fergusson and Woodward (2000); Levine and Painter (2003) and Gyan (2013).

A major distinction of this study with other studies is that majority of school dropouts in Hekima Mixed Secondary school in Nzambani occurred in lower classes (form one and two) compared to

upper classes (form three and four). For the form three and four, the major driver for resumption was to undertake national examinations and get a certificate notwithstanding the grade they would get. Also, the fact that parents had already paid a lot of fees to allow it to go to waste. This was unlike in form one and two where parents had not spent much; neither did the girls have any motivation to resume school.

In line with education being a basic and secondary capability, Miriti (2017b) notes that having a formal education is an achieved functioning, while education capability necessitates children being involved in schooling, and linking them with other children for education capability acquisition. Among pregnant and teenage mothers in Nzambani, the above-mentioned causes limited the freedom of girls' participation in learning while insufficient conversion factors such as discrimination and judgments in and out school and limited finances contributed to girls' school dropout and dismal performance. As a basic capability, education benefits individuals through development of a critical and independent minds to fight societal injustices; participate in societal responsibilities; get employment for economic freedom and expand other secondary capabilities like being health through practising safe sex and getting into healthy relations among others (Robeyns, 2003 and 2006).

4.4 Existing and proposed support for pregnant and parenting teenage girls in education

4.4.1 Current support offered to pregnant and mothering teenage girls

According to the teenage mothers, little support was received within and out of school. One teenage mother noted that she was not given any G&C in school before birth but was counselled after resumption. She attributed the lack of G&C to absence of a G&C teacher in the school. The parenting girls also reported that they were not exempted from hard duties within the school unless one was lucky to be a school prefect. However, other participants such as school girls and the six key informants noted that pregnant mothers were not forced to participate in some school activities such as games and reported that G&C was offered in the school, at the health centres during clinics and by their mothers.

In some instances, both the girls and their parents were counselled. However, the school principal noted that the girls and parents knew it was unacceptable to repeat the same mistakes, while also gauging how ready a girl was to resume school.

“Last week we had one of our form fours, who is six months pregnant and was afraid to tell the mother since she thought she would be chased away. I referred her to the principal who talked to both her and her mother and requested the mother not to beat or chase her away and after birth, the girl could resume school” (G&C teacher)

In the school, girls are taken to hospital if labour sets in; and if sitting for national exams the Sub-County MoE and school ensure that the girls undertake their examinations from the hospital. The county education officer gave an example where five girls from both primary and secondary

school sat their 2017 national examinations from the hospital. Within Hekima school, the principal noted that nursing mothers sitting their examinations were allocated a room to nurse their infants during breaks.

The teenage mothers reported that most of their support comes from their parents especially mothers. The support included economic, moral, baby care and paying school costs. However, the form one and two girls and the chief reported cases where affected girls were banished from home and had nowhere to go:

“After resuming school, paying school fees was a problem; in the past, my dad was paying, but after birth, he did not see the need of paying fee. He refused to pay but mum struggled and paid” (Girl1, FGD1)

Another support offered to the girls although invading in their privacy was compulsory pregnancy testing while going home for holidays and when resuming school. This, according to the county education officer, was to control teenage pregnancies among girls, and expected all stakeholders including parents to support the initiative. Lastly, there was little support offered by partners. Often, the girls were left with the burden of bringing up the children sometimes with support from parents. The G&C teacher reported that majority of the men were out to take advantage of the girls’ vulnerability and after getting pregnant they evaded responsibility or make final decisions on the direction of the relationship:

“To me, these men are not after marriage with those small kids, they are only after sexual satisfaction”. “Like last year I had two pregnant girls once they completed form four they got married to these men, the age difference was huge and one was married as a second wife” (G&C teacher)

In some situations, and where parents were a bit educated and well-off, responsible men were forced through law to take care of the mother and baby. But in other circumstances, girls were forced against their will to terminate school and get married to responsible men occasionally with parental consent.

“For example, one girl whose mother is deceased was forced into marriage by her father after falling pregnant, despite her being admitted to college and not ready for marriage” (Nurse)

Comparable findings were reported by Brosh *et al.*, (2007) on pregnant and parenting adolescents’ support systems where parents, partners, nannies, school nurse and teachers support were valued. Similarly, this study found out that the girls appreciated G&C, parental support (economic, moral, spiritual and child care) especially from mothers, and health care and moral support such as nursing rooms provided in school and hospital.

There was little support offered by the babies’ fathers and where support was offered there were

conditions such as getting into early marriage, to older men and at times as second wives against their will. This, according to feminist frameworks, shows structural inequality within Nzambani community, where affected girls experienced social injustice against pursuant of their education due to power dominance by the older men and their parents. Similarly, the CA denotes gender inequities against the girls since they did not have freedom to choose what they desired due to power control. The girls did not have some capacity sets such as financial freedom to pursue their education and as such entered marriage or dropped from school against their will. In some instances, getting into the marriages meant adaptation preferences since they did not have a way out (Robynes, 2006; Walker and Unterhalter 2007).

4.4.2 Proposed Support for the affected girls in pursuant of their Education Capability

The first proposed support was **community sensitisation** on teenage pregnancy, parenting and back to school policy. According to the county education officer and school principal, it is important to sensitise communities in Nzambani on the threats of teenage pregnancy and parenting to girls' lives especially in education. Already, there have been attempts by the Hekima School to engage parents during school meetings but more needs to be done in the community. The county ministry of education has also been trying to sensitise head teachers and principals on impacts of adolescent pregnancies and, within the school, dialogues are held with the children on drug abuse, early marriage, and teenage pregnancies;

“Since these problems are within the community; mobilising and having community meetings with relevant stakeholders including parents where these issues are addressed is significant; with time positive mentality is inspired how to deal with teenage pregnancy and how to support those already affected” (School principal)

There is need for holistic approach to tackle teenage pregnancy as done by STEP-UP (2016) project in Homabay where community sensitisation, stakeholders' engagement, media campaign on the back to school policy, capacity building for implementers boosted knowledge on teenage pregnancy, the back to school policy and girls' education.

The second suggestion was **girls' resumption of school** especially in form one and two where majority dropped out. Resumption was not tied only to formal schooling but also technical education where girls can grow their talents into productive careers. To resume school, some participants noted that the teenage mothers required moral, spiritual, social and financial support:

“The issue is not about going back to school and getting a certificate, rather opening up their minds to make use of available opportunities, including polytechnics to pursue technical courses such as tailoring and clothes design” (Nurse)

Thirdly, **financial support** for the girls was proposed. One of the greatest constraints experienced by affected girls was lack of financial resources. While some girls receive support on basic needs from parents, others were chased away from home and got menial employment. Others lacked

school fees while some were reported to engage in transactional sex where they had limited negotiation power. Participants called upon parents to support their daughters by paying their school fees when they resumed school and called on other stakeholders for financial support including from special funds such as constituency development funds (CDF), youth and women fund. There was also a proposal to support the girls with an income generating activity (IGA) to earn a little income of their own.

Introduction of sex and reproductive health education in schools was also proposed. Although G&C was often provided to girls before and after birth within the school and health centres, there were limited G&C teachers, and those posted were overworked. In Hekima School, for example, there were only three government teachers (principal, deputy principal, and the G&C teacher), others being BoM teachers. These three taught, offered G&C and undertook administrative roles. Although sex and reproductive health education was recommended, the principal was cautious that previous attempts to introduce life skills education failed so introduction should be handled with care:

*“There is a time Life Skills Education was introduced as a lesson to impact on issues such as sex; however, it did not really take long before it dissolved and did not pick”
(School Principal)*

According to the nurse, there are attempts by health centre stakeholders to get a donor to fund a sex and reproductive health programme targeting schools in the sub-county, which had not succeeded. This was supported by the chief who proposed that the sex and reproductive health education be offered by specially trained professionals from the MoE. The G&C would be carried along with sex education to ensure that teenagers make the right decisions of sexual and reproductive matters, while availing important capability sets such as reproductive health services.

Construction of a rescue centre within Kitui County was recommended for those girls chased from home, those who have been raped, and those being forced into early marriage because of teenage pregnancies. In this centre, girls could receive G&C, give birth and continue with their education until they are able to be independent.

“I think we could have a rescue centre like those in Kajiado and Narok Counties where teenagers not willing to undergo FGM and early marriage can stay” (Nurse)

Lastly, increased ***government and development partners’ intervention in Nzambani*** was proposed. According to majority of the participants, Kitui has limited government and development partner interventions despite high poverty rates (63.3%). A few interventions were in Mutomo sub-county targeting water, sanitation, and health by AMREF and World Vision with no such intervention in Nzambani. Surprisingly, there was no social worker in the community at the time of this research, where nurses combined their healthcare with social work. Comparing

Marsabit and Kitui, the County education officer was astonished that teachers in the area did not receive hardship allowance, there were no school feeding programmes, and neither were girls offered free sanitary pads like Marsabit. However, during data collection for this study, the national government launched a pilot project on provision of free sanitary pads for all girls in upper primary and in secondary schools in Nzambani. The county education officer was hopeful that this would be sustained. Locally, the MoE also tries to borrow relief food for some needy schools but this has not been sustainable. However, Nzambani MoE stakeholders are hopeful that the school feeding programme will be rolled out in the area as promised by the government. Similarly, other stakeholders such as the nurses are reaching out to donors to fund their school sex and reproductive health education programme. Key areas of intervention proposed by participants were provision of free sanitary pads for school going girls, introduction of a feeding programme and provision of back to school packages for teenage mothers more so in day schools.

Robeyns (2006) states that having an education which helps one to flourish, plus being well informed is an important capability. However, inadequate community structures can influence how one is able to convert education to an important capability (Walker and Unterhalter, 2007). For this reason, where support was given to pregnant and parenting teenage girls, they were able to pursue their education which is intrinsically and non-intrinsically beneficial. But where support was denied, girls either dropped out or performed dismally which reduced development of their education as a basic and secondary capability, missing the intrinsic and non- intrinsic benefits of education (Robeyns, 2006). Regarding ‘freedom as development’; Sen (1999) notes that without freedom, particularly among women and girls due to discrimination and sub-ordination, social and economic development is curtailed. This includes directly or indirectly excluding women and girls from formal schooling since they will not develop education capability a strong tool to fight exclusion and discrimination. Therefore, Sen (*ibid*) commends a need for democratic participation in dealing with development issues such as teenage pregnancy which this research focused on, especially in choosing the above proposed support needed by the girls to develop their education capability in Nzambani.

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This study like many others in the past found out that poverty was a cross-cutting issue amongst other causes of teenage pregnancy and parenting in Nzambani. Robeyns (2005) summarising Sen’s CA notes that; without finances development of the most basic capabilities including education is reduced, thereafter affecting development of any other capabilities and functioning. Other causes included parental negligence, peer pressure and technology, rape and moral decay, drug abuse, psychological problems among teenagers and low education levels among parents.

That school dropout and lowered school performance were the main impacts of teenage pregnancy and parenting to education capabilities achievement. However, this study reported concentrated dropout in form one and two compared to form three and four, the most probable reason being that the girls were not registered for their national examinations unlike those in form three and four who were looking forward to getting a certificate notwithstanding the grade they got. Accordingly, feminist frameworks revealed gender imbalances such as power control within relationships with girls being forced to dropout out of school to get into early marriage or not being able to choose a marriage partner. This brought about social injustices such as curtailing affected girls' right to education. On the other hand, CA analysis revealed limited freedom and inadequate factors of conversion comprising poverty; social-cultural gender roles and undertones such as child care; stigmatisations and judgement; and environmental factors such as distances from the schools putting girls' education at stake.

On current support given to girls, key support was provided by parents especially mothers and in school G&C, health care during child birth and a few instances where nursing rooms were available during national examinations. According to feminist (Wallace, 2012) and CA (Sen, 1999; Walker and Unterhalter, 2007), social-cultural roles and discrimination contribute to on-going inequalities in the world. In Nzambani, girls often dropped out of school to endure child care while fathers neglected their duties. Similarly, support was mainly forthcoming from mothers, and the blame was placed on them for not installing discipline in their girls on claims it is the reason they fell pregnant. A constructionist analysis might advocate that while these are what Nzambani hold and believe to be truths, new constructions to do away with such forms of discrimination embedded in patriarchal societies can be developed to address the teenage pregnancy phenomenon. Sen (1999) proposes the need to do away with old and discriminative constructions against women and girls if development must take place. Therefore, all research participants proposed community sensitisation on the teenage pregnancy; supporting the girls financially, morally, and socially to resume school; building a rescue centre to house vulnerable girls; introducing sex and reproduction health in schools; and inaugurating government and development partners' interventions in Nzambani to address poverty including provision of sanitary pads, back to school packs and school feeding programme.

5.2 Recommendations

Through a participatory approach, stakeholders be sensitised on the teenage pregnancy and parenting touching on the causes, the impacts, the back to school policy and what support to be offered to affected girls so they pursue their education while reducing the teenage fertility rates among other girls. By doing this, girls can gain an education which is a basic and secondary capability with economic and non-economic benefits.

Since poverty was mentioned as the greatest trigger of teenage pregnancy and parenting in

Mixed Day Schools in Nzambani, government and development partners' interventions such as back to school packs, provision of sanitary pads and a school feeding programme can help keep the vulnerable girls in school. Such interventions have been implemented in counties with high poverty rates such as Kajiado, Homabay, Kilifi and Narok and found to be instrumental in keeping girls in school.

There is need for sustained G&C as well as seeking funding for sex and reproduction health initiatives for schools within Nzambani by the national and county governments and bringing in all stakeholders such as health, community, education and local administration. Such education would engage students and improve their knowledge on handling safe sex and reproductive health issues.

That additional research be undertaken in Kitui to understand why there is high concentration of girls in form one and two dropping out due to pregnancy, as compared to form three and four whose resumption was better. This would guide policy makers on what interventions to be undertaken in each level of secondary education.

Involvement of boys and parents in a future research is recommended since societal roles, undertones and power relations would be understood better so that stakeholders have an overall approach to deal with teenage pregnancy. This is because the impact of teenage pregnancy impacts on the wider society including the boy child who grows without fathers and parents who take up the burden of raising their grandchildren.

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