Going Beyond Mere Rhetoric of School Readmission for Adolescent Mothers: A Case Study in Remote Villages in Kenya with a High Prevalence of Early Pregnancy

ROSE A. OPIYO[1], Nanyama M. Elizabeth[1 *]

[1] Masinde Muliro University of Science and Technology, Kenya

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Going Beyond Mere Rhetoric of School Readmission for Adolescent Mothers: A Case Study in Remote Villages in Kenya with a High Prevalence of Early Pregnancy

Opiyo Atieno Rose & Mabele Nanyama Elizabeth
Senior Lecturer and Lecturer
Masinde Muliro University of Science and Technology
P.O. Box 190 -50100, Kakamega, Kenya
Corresponding Emails: nanyamae@yahoo.com or elizabethmabele02@gmail.com

ABSTRACT

Adolescent motherhood is widespread and can have far reaching impacts on the education and the health of girls. WHO has called for research on the interventions to promote school re-entry, retention and completion by adolescent mothers that are being implemented in diverse settings. This study answers this call in the context of the Kenyan government's current guidelines to support adolescent mothers' return to school. It documents diverse stakeholders' beliefs about the interventions that are effective in supporting continued schooling among adolescent mothers. Rich qualitative data were collected through semi-structured interviews with 32 respondents in a rural area of Kenya with a high prevalence of teenage pregnancy. A thematic analysis indicated that most, but not all school principals supported the government's 100% transition and re-entry policies. Although some principals were proactive in sensitizing students' parents/guardians about this policy, one actively resisted it. Adolescent mothers valued schools' attempts to support their parenting, provide childcare and menstrual hygiene facilities, and to promote their social acceptance by other students. The parents of adolescent mothers expressed diverse views ranging from conservative perspectives that favoured early forced marriage to preserve the family's social standing to liberal perspectives that promoted open communication about sexuality. The additional financial challenges that adolescent mothers and their families faced during the COVID-19 pandemic were identified as a special impediment to girls' continued education. In Kenya, the development and promulgation of a series of school re-entry policies has not changed the behaviour of all key stakeholders or provided the material and emotional support necessary to allow all girls to fully benefit from these policies. These findings may stimulate more innovative interventions and actions promoting school access, retention and completion of adolescent mothers in low- and middle-income countries.

Key Words: Adolescent Mothers; School principals; School counsellors; Parents; School; Gender equity; Africa; Low- and Middle-Income Countries

1. Introduction

Girls' education is addressed under Sustainable Development Goal 4 (SDG 4), which calls for access to quality education and lifelong learning for all, and SDG 5, which focuses on achieving gender equality and the empowerment of all women and girls (United Nations (UN), 2022; World Bank, 2018). Promoting girls' education is also a

prerequisite for the achievement of other SDGs, including but not limited to health (Goal 3), and work and economic growth (Goal 8). The Centre for Rights Education and Awareness (2007) stresses that educating girls is both a fundamental human right and the surest way of making significant progress toward social justice and a more equitable future. Achieving these goals requires global and national commitment to ensure that schools are safe havens for girls and that all forms of structural discrimination are eradicated (World Bank, 2018).

The World Bank and the United Nations, through its Girls' Education Initiative, support states in designing context-specific policies, programmes and services that support girls' education and wellbeing (Levin-Epstein & Greenberg, 2003; UNICEF, 2022; UNESCO, 2015, 2019; UNICEF, 2018). The World Bank's involvement reflects a recognition that education significantly alters the future opportunities available to girls, yields a 10-fold economic benefit, and contributes a triple dividend of social benefits (Patton et al., 2016). Despite recent global policy and service improvements in education and wellbeing, millions of young people are still deprived of their right to education. More than two-thirds of these are adolescent girls. In 2013, UNESCO's Global Monitoring Report indicated that 31 million girls of primary school age and another 34 million adolescent girls of lower secondary school age were not attending school.

Although adolescent pregnancy can disrupt girls' education in every country (Gyan, 2013; Rosenberg et al., 2015; Shahidul & Karim, 2015; Sandoy et al., 2016), the consequences are graver in low-income countries (UNFPA, 2015). Adolescent pregnancy is the leading cause of school dropout among girls in many low- and middle-income countries (Ferguson, 1989; Morara & Chemwei, 2013; Barmao-Kiptanui et al., 2015; Kimemia & Mugambi, 2016).

Pregnancy's adverse consequences on girls' education limits attainment of gender equality and women's empowerment (Undie et al., 2015). Adolescent mothers face health and social challenges that have a profound impact on their life opportunities, the wellbeing of their children, and their country's development. Adolescent pregnancy increases the risk of poor health outcomes due to pregnancy and delivery complications, unsafe abortion, and financial strain (Angelini & Mierau, 2018; Falci et al., 2010; Henretta et al., 2008 Cruz et al., 2021; Ochieng-Arunda et al., 2022; Sobngwi-Tambekou et al., 2022; Grundy et al., 2019; Olausson, 2001). Barriers to adolescent mothers' education diminish their chances of achieving a sustainable income and engaging in meaningful employment in adulthood (Laski, 2015; Middleman & Zimet, 2016). This far-reaching impact is rooted in the the stigma associated with adolescent pregnancy (Kvinna, 2018; Envuladu et al., 2014; Ayamolowo et al., 2019; Dare et al., 2016). Both the UN Global Strategy for Women's, Children's, and Adolescent's Health and international research recognize that failure to invest in programmes that delay motherhood compromises achievement of the SDGs, particularly those targeting poverty, health, security, education, and the reduction of inequalities (Fergussion & Woodward, 2000; Kaphagawani & Kalipeni, 2017; Laski, 2015; Middleman & Zimet, 2016; Omoro et al., 2018; Wachira et al., 2016). This compromises socioeconomic advancement for present and future generations (Chege & Sifuna 2006; Wekesa, 2010; Undie et al., 2015; Bhana et al., 2010; Maluwa-Banda, 2004).

International research has identified diverse factors that singly or in combination contribute to teenage pregnancy (McCulloch, 2001; Domenica & Jones, 2007; Langille, 2007; Mothiba, Maputle & Maria, 2012; UNFPA, 2013; Mushwana et al., 2015). These factors operate at the individual level (e.g., knowledge, attitudes and beliefs; future expectations; substance use), the intrafamilial level (e.g., family structure; parent–child communication; socioeconomic status), the extrafamilial level (e.g., peer influences; sexual health education at school) and the community level (e.g., norms and values concerning teenage pregnancy; accessibility of health services) (Langille, 2007). The relationship between teenage pregnancy and school dropout has arguably been influenced by girls' socio-cultural backgrounds, knowledge about sexual and reproductive health issues, and the adequacy of the psychosocial and family support given to pregnant girls and adolescent mothers (Wekesa, 2010; Karimi, 2015).

Adolescent motherhood and school drop-out show marked geographic and demographic differences (UNFPA, 2013; Langilelle, 2007). For instance, of the 101 million girls who drop out of school annually due to pregnancy, 88% live in Africa and Asia (UNFPA, 2015, 2018).
Sub-Saharan African countries have some of the highest rates of early childbearing and out-of-school children (Human Rights Watch, 2018; Kaphagawani & Kalipeni, 2017; Omoro et al., 2018; Treffers, 2003; Yakubu & Salisu, 2018). Pregnancy is the single strongest risk factor for school drop-out by girls in sub-Saharan Africa (UNICEF & UIS, 2016; UNESCO, 2017, 2018; Sobngwi-Tambekou et al., 2022). This rate ranges from 5-10% in five Francophone West African countries (Lloyd & Mensch, 2008) to rates that are more than one-and-a-half times greater in East Africa: Uganda (14 percent), Tanzania (13.2 percent) (UNFPA, 2017; 2019; Kassa et al., 2018) and Malawi (up to 25 percent) (Martinez & Odhiambo, 2018). In most sub-Saharan African countries, the risk of dropping-out from school is higher among girls enrolled in secondary school than those enrolled in primary school (Eloundou-Enyegue, 2004).

With the recognition that teenage pregnancy is both an individual and national challenge, UNESCO and other international institutions have actively promoted school re-entry policies for pregnant and parenting girls. These are consistent with the commitment African governments have made in the *African Agenda 2063*. This agreement aspires to close gender gaps in education and spur significant progress among girls and women in Africa by leveraging partnerships and coordinating key stakeholders. Since 2017, the African Union International Centre for Girls' and Women's Education in Africa (AU/CIEFFA), in line with the *Continental Education Strategy for Africa* (CESA 16-25), has promoted a multi-sectoral approach to the empowerment of girls and women in and through education.

Over the past two decades, many sub-Saharan African countries, including Botswana, Cameroon, Guinea, Kenya, Uganda, Mozambique, Tanzania, Madagascar, Malawi, Namibia, Sierra Leone, South Africa, and Zambia, have instituted policies designed to address pregnancy-related school dropout. These policies grant adolescent mothers the legal right to return to school after giving birth (Eyster et al., 2014; Najjuma & Kyarugahe, 2006; Opondo et al., 2022; Ruzibiza, 2021; Mbugua, 2013; Chilisia, 2002;

Luntha, 2016; Nsalamba & Simpande; 2019; STEP-UP, 2016; Nkosha, 2013; Nkwemu et al., 2019; McCadden, 2015; Ntambo & Malvin, 2017; Uromi, 2014). A range of support services are also offered. For example, in Cameroon, girls can request extra classes to keep up with their studies while they are away from school, while Malawi's policy calls for guaranteed childcare. In South Africa and Botswana, the policies are designed to provide logistical and financial support to help adolescent mothers continue attending school (Chilisia, 2002; Iversen et al., 2012). Such cases are examples of best practice in re-entry policies. UNESCO has supported the development of guidelines for Ministries of Education on actions that they can implement to prevent adolescent motherhood and ensure parenting adolescents continue their education in a safe and supportive school environment, free from violence, stigma and discrimination (UNESCO, 2015).

However, these policies face implementation challenges (e.g., Chiyota & Marishane, 2020). Members of the wider community often judge re-entry policies and support for parenting adolescents to be inconsistent with social norms (Population Council, 2015; Mbugua, 2013). In many African contexts, both cultural traditions and religious convictions contribute to an ideology of abstinence among young people. Therefore, adolescent pregnancy is socially constructed as a moral problem linked with sexual promiscuity (Bonell, 2004; Breheny & Stephens, 2007; Heilborn et al., 2007; Kirkman et al., 2001; Marinho, 2006) and worthy of condemnation (Kolling et al., 2017; Marc Sommers, 2013). Premarital sexual relations have been described as an act of 'swimming against the tide of African norms that regulate reproduction' (Kirkman et al., 2001). It is associated with negative outcomes – or punishments- such as pregnancy and HIV/AIDS (Tarus, 2020). Adolescent pregnancy is 'a misfortune that goes against our community order, cultural values and ethics' (FAWE/OSSISA, 2012). As a consequence of these views, adolescent mothers face disapproval and stigma, and school re-entry policies cause widespread discomfort among stakeholders. Many African communities also frame education as a privilege offered to young people with good behaviour rather than as a right that all young people should enjoy (Mbugua, 2013; FAWE/OSSISA, 2012; Chilisa, 2002). The persistence of this traditional perspective is a barrier to pregnant and parenting girls continuing their education and makes them vulnerable to early forced marriage (Chilisa, 2002). Policies that do not provide punishments for adolescent motherhood and that instead reinforce the right of pregnant girls to continue school, are perceived to perpetuate and encourage immoral behaviour (Martinez & Odhiambo, 2018). School re-entry policies allow the moral "contamination" of other students. That is, readmission exposes students to peers who exemplify bad morals and by removing a significant punishment it encourages the vice of premarital sexual relations (Ncube & Mudau, 2017; Tracy, 2020). It is noteworthy that the same attitudes are not directed towards the adolescent boys responsible for pregnancies. Adolescent fathers are likely to remain unidentified, unburdened by childcare responsibilities and stigma, and enjoy uninterrupted schooling.

Kenya provides a useful context in which to study the tension between international and national initiatives to ensure that all girls have the opportunity to receive an education and traditional community attitudes towards pregnant and parenting adolescent girls. The rate of adolescent pregnancy in Kenya is high. At 18%, it is ranked third worldwide (Kenya National Council for Population and Development, 2016;

UNFPA, 2014; WHO, 2014, 2022). One in every 5 girls aged 15-19 years, has either had a live birth or is pregnant with her first child. Girls also become pregnant at even younger ages. For example, among girls aged 14-15 years, Kenya recorded 16,957 pregnancies in 2019, 14,374 in 2020, 14,628 in 2021, and 12,509 in 2022.

In Kenya, the COVID-19 lockdown resulted in the prolonged closure of schools, the worsening of economic conditions, and limited access to individual, family, and community resources to support adolescents. Between January and July 2020, Kenya reported a worrying increase in adolescent pregnancy statistics in more than half its counties (Relief, 2020). The small rural communities in Kakamega County experienced the second highest prevalence in the country, recording 6,686 adolescent pregnancies.

In recognition of the scale of this challenge, the Kenyan government has established an enabling policy environment as well as a range of initiatives designed to reduce the prevalence of adolescent pregnancies, affirm the right to education of pregnant or parenting students, and outlined the kind of support required from various stakeholders to enable all girls to return to school. Kenya's first 'return to school' policy for teenage mothers came into law in 1994, was supplemented by implementation guidelines in 1996, and later revised in 2009 (Achoka & Njeru, 2012; Omwancha, 2012).

The current re-entry policy and guidelines are a prevention and response resource for addressing school dropout, enhancing access, retention, transition, equity, safety and security in education as per the Basic Education Act (2013). The policy seeks to reduce adolescent pregnancy by promoting effective utilization of youth friendly reproductive health services, and sensitization of parents. The policy provides for adolescent mothers to be allowed, after delivery, to return to their former schools or to gain admission into other schools if they feel they will face stigma and discrimination (Birungi et al., 2015). Adolescent mothers and their parents should be counselled to help them cope with their new status (MoE, 2020). Importantly, the policy also mandates the counselling of adolescent boys who contribute to pregnancy, and allows legal action to be taken against men who impregnate adolescent girls. In addition, the policy provides redress for children and parents if public schools refuse to allow enrolment, and the prosecution of teachers found harassing schoolgirls (Kato, 2015).

The policy highlights the responsibilities and/or rights of adolescent mothers, their parents/guardians, schools, and government ministries. At the national level, here have been efforts to harmonize the re-entry policy with the National School Health Policy of 2009, the National Adolescent Sexual and Reproductive Health Policy of 2015, and the National Guidelines for Provision of Adolescent- and Youth-Friendly Services in Kenya (2016) (MoE, 2020; Kato, 2015). The Ministry of Education is responsible for awareness creation, monitoring, tracking progress, following up, building the capacity of school staff, and mobilizing resources for the health and social support of adolescent mothers.

Kenyan schools have been given responsibility for both reducing adolescent pregnancy and supporting pregnant and parenting adolescents to continue their education. Because many of the interventions to reduce adolescent pregnancies (Steinka et al., 2013; MoE, 2020; Sidze et al., 2017) focus on reducing girls' "irresponsible" sexual

behaviour, they convey an implication that the responsibility lies solely with girls. Consequently, many initiatives to reduce adolescent pregnancies reinforce social attitudes that disadvantage girls and women (Sidze et al., 2017). Equally, interventions provided by schools are unlikely to influence adolescent pregnancy rates unless there is also, for example, improved access to sexual health services and socio-economic empowerment of vulnerable households. At the school level, teachers are also expected to handle adolescent mothers with confidentiality to avoid stigmatization and to treat them with 'understanding'. However, it is difficult to hold school staff accountable when the policy does not specify what this requires of them.
The policy expects parents/guardians to offer moral support, ensure that appropriate medical care and resources are provided for the girl and the baby, and to maintain communication with the school on the progress of the girl (MOE, 2020).

The multisectoral stance in current policies acknowledges that pregnant schoolgirls and adolescent mothers require more than the right to school entry. Other initiatives are needed to support their attendance, retention, and completion. For example, access to reliable child-care is often a major determining factor in young parents' success in school. The current policy assumes that many of the necessary supports will be provided by parents, schools and local communities.

Despite the multi-sectorial and multi-dimensional nature of the Kenyan re-entry policy, in 2018, UNFPA estimated that each year nearly 13,000 girls continued to drop out of school due to pregnancy. Several reasons have been advanced to explain this. High levels of pregnancy persist due to barriers to access contraceptives, low understanding of their reproductive health rights among school-going youth (Nyangaresi et al., 2021), and the prevalence of coercive sexual relationships (Oruko et al., 2013). Girls' ability to continue their education is limited by poverty, inequitable school environments and the continued extra-official expulsion of pregnant students from Kenyan schools (Nyangaresi et al., 2021; Oruko et al., 2013). Moreover, past quantitative (Mbugua, 2013; Wekesa, 2014; Mwenje & Kessio, 2015; Undie et al., 2015) and qualitative (Omwancha, 2012) research has shown that the implementation of the re-entry policy has been plagued by low levels of awareness among stakeholders including teachers, school administrators, parents and schoolgirls (Macharia & Kessio, 2015; Birungi et al., 2015), continuing high levels of stigmatization and social exclusion within the school environment (Omwancha, 2013; Onyango et al., 2015), low parental involvement and support (Wekesa, 2014; Sulo et al., 2014; Karimi, 2015), inadequate resources to implement the policy (Mwenje, 2015), and inconsistencies in its implementation (Omwancha, 2013). It also seems clear that effective implementation of this policy requires a change in traditional attitudes towards unmarried girls among many school staff and other stakeholders (Mbugua, 2013; Chiyota & Marishane, 2020; Tracy, 2010).

There is a clear need for systematic research on diverse stakeholders' perceptions about the acceptability, level of implementation, and effectiveness of policies designed to prevent adolescent pregnancies and promote school re-entry for adolescent mothers. Currently, there is also little research on the specific community level actions and interventions stakeholders believe are effective in encouraging adolescent mothers to

return to school and supporting their education and well-being after school re-entry. The current research addresses this gap by exploring the views of diverse stakeholders in one of the areas in Kenya with the highest adolescent pregnancy rate.

Research Questions

The aim of this study was to explore the perceptions of five groups of stakeholders who are critical for the successful implementation of school re-entry guidelines. The study sought the insights that adolescent mothers, their parents, school principals, teachers with guidance and counselling responsibilities, and education administrative officers can provide regarding three questions:

a) What are the needs of adolescent mothers readmitted to school?
b) What factors hinder the implementation of school re-entry policies for adolescent mothers?
c) What community level actions have been adopted to support access, retention and completion of education among adolescent mothers? How effective are these?

2. Methods and Procedures

2.1 Research design

The research used a cross-sectional qualitative design to generate rich, detailed data on participants' perspectives and a deep understanding of the phenomenon under study (Flick, 2009). A qualitative design allowed the diversity of participants' views, which is often overlooked in quantitative research, to be examined.

2.2 Research Site

In March 2022, qualitative data was collected in the rural county of Kakamega in western Kenya. Kakamega has reported the highest rates of adolescent motherhood in Kenya in the past 4 years (Nyangaresi et al., 2023). The study focused on two areas within this county, Mumias subcounty and Matungu ward, that have among the highest rates of adolescent motherhood. These areas also have high levels of illiteracy and poverty, and relatively few secondary schools.

2.3 Target Population

Purposive sampling ensured that recruitment targeted the participants that best fit the study's objectives (Diver & Frankel, 2000). Three types of schools were chosen: extra county (n = 1), subcounty (n = 2), and ward (n = 2). Five groups of stakeholders were recruited: principals (n = 5) and teachers with guidance and counselling responsibilities from the same schools (n = 5), adolescent mothers who had returned to the 5 schools (n = 10) and their parents/guardians (n = 6), and education administrative officers (n = 6). Respondents were screened based on the following criteria: school principals and guidance and counselling teachers had served in the community for a period of more than 7 years since the policy was revised and became effective; parents/guardians live

with an adolescent mother who has been readmitted to school; adolescent mothers were under 18 years of age and were, or had been, pregnant during the course of their education, and had returned to the same school or another.

2.4 Measures and Tools

A semi-structured individual interview guide was designed. All respondents were asked to address the same topics to allow comparisons and prevent different interviewers from introducing bias (Bhana & Morell, 2010; Ganchimeg et al., 2014). To encourage participants to think broadly about potential effective interventions, the new national school re-entry policy was not explicitly mentioned. The nine prompt questions focused on participants' lived experiences, beliefs and perspectives concerning interventions that are effective in supporting adolescent mothers to return to school; interventions that are effective in supporting the well-being and adaptation of adolescent mothers after they return to school; and family- and community-level factors that influence the prevalence of adolescent pregnancies and the well-being of adolescent mothers. Example prompt questions include, "What are the possible interventions to support adolescent mothers in your school?" and "How does this community ensure adolescent mothers get readmitted and succeed in school?" When necessary, the researchers asked follow-up questions to obtain in-depth data from the respondents.

Administration of interviews was conducted within local community centres (e.g., schools, dispensaries, chief's camps and churches) and at times convenient to the participants. Interviews lasted between 20 and 30 minutes. Interviews were conducted in English or Swahili (Kenya's national language) and transcribed and coded in the language in which they were conducted. Transcripts in Swahili were later translated into English using back translation.

2.5 Pilot Testing

As a prelude to the main research, a pilot study was conducted to refine the methods of gathering information. The pilot interview ensured that questions were acceptable, clear, and relevant to participant groups and helped to estimate the length of interview (Ganchimeg et al., 2014). The pilot study involved principals and teachers with guidance and counselling responsibilities at four schools that were not involved in the main study, and a small number of parents, adolescent mothers, and education administrative officers (n = 2 in each case).

2.6 Analysis plan

Text analysis and coding were conducted manually as suggested by Creswell (2013). The thematic analysis involved organizing data, dividing data into meaning units, developing and applying codes for meaning units, refining and defining codes, identifying patterns of association between codes, and using these associations to form themes (Cresswell, 2018). The authors adhered to the six steps in thematic analysis (Brosh et al., 2007). First, reading and re-reading the transcripts helped the researchers familiarize themselves with the data and gain an understanding of the overall picture it

conveyed. Second, a thorough reading allowed preliminary codes to be assigned, and then refined. Distinctive or frequently mentioned ideas were highlighted and organized under the three research questions, regardless of where they occurred in the transcripts. Third, relationships between codes were identified and codes were grouped into preliminary themes. Fourth, transcripts were again reviewed to check that the themes captured all relevant data. Fifth, the themes were refined and named. Links between and within themes were examined. Finally, the researchers integrated the themes to construct the narrative which is presented in the findings. The aim was to provide a thick descriptive account of the data that would describe and interpret the participants' perspectives and experiences (Patton et al., 1990; Flick 2009) and allow insights into the complexity of the meaning underlying the transcripts (Gladys & Alex, 2019).

2.7 Ethical considerations

Participants received information about the research objectives and methods so that they were able to provide informed consent to participate. They were explicitly given the option to withdraw from the interview at any point, were guaranteed confidentiality and anonymity in any report resulting from the study, and asked to provide consent for an audio-recording to be made of their interview. Informed consent was obtained verbally from student mothers prior to participation in the study. In cases in which translation assistance was necessary, participants were also asked to provide consent to allow the presence of interpreter. All audio-recordings and transcripts were de-identified and labelled with a code known only to the researchers. The research underwent an ethical review process and all approval stages.

3. Study Findings

3.1 Characteristics of the sample

The thematic analysis achieved data saturation with a subset of the target sample: 5 principals, 5 guidance and counselling teachers, 10 adolescent mothers, 6 of their parents, and 2 education administrative officers. The school staff were diverse in gender, age, and teaching experience (Gender: 60% male in both groups; Age: Principals: Mean = 37.6, SD = 10.1, Range: 22-49 years; Guidance and counselling teachers: Mean = 34.0, SD = 6.1, Range: 29-42 years; Teaching experience: Principals: Mean = 14 years, SD = 5.4, Range: 7 to 21 years; Guidance and counselling teachers: Mean = 13.0, SD = 3.4, Range: 9-18 years). Most of the adolescent mothers were under 15 years of age (Mean = 13.9 years, SD = 1.7, range = 12 to 17 years), were enrolled in upper primary grades (Range: Grades 4 to 8) and were from large families (Mean number of siblings = 6.9, SD = 3.2, Range: 2 to 13). The group consisting of parents and guardians included 4 females and 2 males who differed in age and family size (Females: Mean age = 26.3 years, SD = 3.0, Range = 22-29; Number of children: Mean = 6.3, SD = 4.6; the males were 60 and 72 years of age, with 9 and 14 children, respectively).

3.2 Interventions to encourage Adolescent Mothers to Continue their Education

Principals

Principals are responsible for implementing the re-entry policy. Four of the five principals voiced support for the policy. Moreover, several principals took a very active role in ensuring that these policies were implemented. For instance, one principal mentioned that she often traced girls who dropped out of school due to pregnancy and tried to enlist community support for their return to school. She illustrated this by describing her response when a bright Grade 8 student dropped out of school:

> "on realizing [name] was missing school due to pregnancy, with the help of the village elder, she is back in school" (Female with 21 years teaching experience).

Another principal with 17 years teaching experience reported that she holds regular meetings with students' parents/guardians to sensitize them to the government's re-entry policy, impress upon parents to support adolescent mothers to complete education, and discusses ways to improve the education of girls more generally. She drew on a Swahili saying to support the rationale for adolescent mothers' re-entry to school: "kuvunjika kwa mwiko sio mwisho wa kupika ugali" which means "the breakage of a cooking stick does not stop the process of cooking while cooking".

Male principals employed various strategies to enforce the re-entry policy. One male principal with 14 years teaching experience reiterated that:

> 'Pregnancy should not hinder a girl from pursuing her education. In this school the expectant adolescents are allowed to remain in school until she delivers her baby and is allowed to return to school after a period of maternity leave."

Surprisingly, it was the youngest principal who objected to, and declined to implement, the government's re-entry policy:

"I can't re-admit pregnant girls back to school because they will be a bad example to other schoolgirls" (Male with 7 years teaching experience).

Thus, this principal judged that adolescent pregnancy was the result of a personal moral failure, that visible examples of moral failure can contaminate the moral integrity of students, and that one of his roles as principal was to protect students' moral integrity, even if this required violating the legal rights of one or more students. The focus on moral failure and on schools' responsibility to inculcate morals, is consistent with earlier findings indicating that schools are more likely to readmit young mothers if they show remorse for their actions (Undie et al., 2015), and that adolescent mothers are excluded because of their 'inability to maintain chastity' (Onyyango et al., 2015; Mwenje, 2015). An inevitable consequence of the persistence of such attitudes is that all adolescent mothers' do not have an equal opportunity to continue their schooling. It depends on the views of stakeholders and the support structures available to them.

Principals were also concerned that the re-entry of adolescent mothers would lower the school's academic achievement: In the words of one School Principal (Male with 12 years teaching experience):

> 'We are doing the most we can to ensure the policy addresses girls plight. However, we all know that parenting and schooling incompatible roles in life. Parenting interferes with regular and timely school attendance, completion of class projects and assignments, and even classroom participation. Obviously parenting leads to girls missing important components of the curriculum. Sometimes we lack time to repeat /coach them due to the nature of their roles as students and parents, as well as many competing demands of teachers. Ultimately this compromises overall achievement. Based on my experiences most girls who struggle with these two demanding roles without adequate support from home don't maintain their grades. This makes many principals reluctant to readmit them once they fall pregnant'.

Guidance and counselling teachers

Teachers with guidance and counselling responsibilities confirmed the important role played by principals and elaborated on some of the answers their principals provided. One female teacher with 11 years' experience indicated that her principal visited adolescent mothers' homes and asked their parents to encourage them to continue to attend until they had completed primary school. However, another with 14 years' experience confirmed that the principal of her school refused to implement the re-entry policy. Her principal paid little attention to adolescent mothers in school and did not admit any adolescent mother referred from another school. In this context there was little she could do to fulfil her role in supporting adolescent mothers.

Adolescent mothers

Several adolescent mothers testified to the effectiveness of school and community interventions to support their continued education. One said,

> "... I can't miss school because my teachers and the village elder will frog march me back to school or arrest my parents" (17-year-old mother in Grade 8)

and that warnings from the principal led to her parents also prohibiting her from staying out of school.

Girls also acknowledged the importance of the Ministry of Education's 100% transition and re-entry policy for teenage mothers.

> "Previously pregnant girls were sent out of school... Today we are forgiven and allowed in school" (14- year-old mother in Grade 7).

However, the wording used by this girl shows that she too attributed her early motherhood not to the life circumstances that allowed this, but to a personal moral failing that required forgiveness.

Parents/Guardians

Many parents and guardians supported girls during their pregnancy and re-entry to school. However, concern over other community members' attitudes led some caregivers to take life-changing actions. One of the older male guardians reported that the school principal had asked him to collect his pregnant granddaughter, who was in Grade 7, and to find a

different school for her after she had delivered her child. He did so, but was angry, not with the school principal for violating the girl's legal rights, but with the girl for becoming pregnant. He arranged for her to be married to avoid shame:

> "I don't want this idiot [adolescent mother] to bring shame to my family and mosque where am a religious leader".

The above sentiments agree with earlier findings which suggested that adolescent mothers' education is largely at the mercy of their fathers (Karimi, 2015).

3.3 Interventions to Support the Well-Being and Adaptation of Adolescent Mothers After They Return to School

Interview responses addressed five topics relevant to supporting the well-being and adaptation of adolescent mothers after they have returned to school: mother-care and childcare services in schools; facilities to support menstrual hygiene; special challenges associated with the COVID-19 pandemic; and the option of special schools for adolescent mothers.

Childcare and mother-care services

Principals, guidance and counselling teachers and adolescent mothers all commented on the importance of childcare facilities that allowed mothers to continue to care for their babies while they were at school. One female principal with 17 years teaching experience indicated that there were childcare services at her school and that adolescent mothers were allowed breaks in which they could feed their babies in designated "breastfeeding corners". Some teachers indicated that such facilities had been located within the school so that adolescent mothers had easy access to guidance and counselling:

> "The school administration has provided a breastfeeding room beside my counselling room for adolescent mothers" (Female teacher, 11 years' experience)

She noted that the room was partially equipped with beds, sanitation equipment and other materials to support adolescent mothers. Such "mother-care" influenced girls' attitude towards attending school. For example, one adolescent mother indicated that attending school was more congenial than staying at home:

"In school everyone cares including kitchen staff... [I] am given enough food and treated well'' (17-year-old mother in Grade 8).

Girls also valued interventions to ensure that they were accepted by their peers. Several adolescent mothers specifically mentioned their appreciation of the support provided by guidance and counselling teachers. These advocated on their behalf in a way that "makes other learners accept us willingly" (13-year-old mother in Grade 6), met their learning and social needs, and supported them through the difficulties they encountered in school (12-year-old mother in Grade 5). The importance of such mother-care was also reported by parents. One 27-year-old female parent/guardian reported that thanks to the support her child received she was now topping her class academically.

Some schools went to great lengths to support ongoing enrolment by adolescent mothers. One male teacher with 18 years' experience indicated that even if adolescent mothers had not paid their school levies, they were given access to all school services so that they would feel comfortable to continue attending. However, another teacher indicated that in such cases the school needed to identify a well-wisher who would be willing to cover the cost of the levies.

Two education administration officers perceived that adolescent motherhood is a consequence of poverty and shows how the vicious cycle of poverty is manifesting within the wards. One of the had this to say,

"Adolescent pregnancy and motherhood seems to be following same pattern. For instance, in my ward, sexual exploitation and abuse seems to be linked to either economic disadvantage poverty, lack of access and information on sexuality and reproduction, and at times inadequate services, such as family planning and modern contraception... Adolescent pregnancy is rampant in households of single parents, girls living with grandparents or under foster care, those living with carefree, irresponsible, parents with very little time to monitor their children, and those living in disorganized neighbourhoods where 'changaa' [illicit brewing] is rampant.... These are top factors that make girls fall into the trap of sexual exploiters as a result of seeking attention, seeking a companion or support for their basic needs (e.g., sanitary, towels soap, pants etc.) so until these needs are sorted, then we may not win this battle."

Although this administrative officer welcomed the re-entry policy, he believed that multidimensional support was necessary to allow adolescent mothers to complete their schooling:

> 'Pregnancy and adolescent motherhood comes with a range of needs for the girl and her child. Before we talk about school needs and educational supplies (uniform, books, pens etc.) required of parents, there is need for good nutrition, proper health and childcare-- all needs that must be met for the girls to be settled in school. Most girls in my ward lack most of these, and at times affect their regular attendance and completion of school".

Menstrual hygiene

Adolescent mothers also appreciated the benefit they gained from initiatives that supported education for all girls. They indicated that the Ministry of Education's menstrual hygiene initiative, which has provided affordable menstrual materials and sanitation and hygiene infrastructure, has removed barriers to education for girls by enhancing their dignity and allowing uninterrupted school attendance.

> "Having supportive facilities and services including water, sanitation, and hygiene services, I am comfortable in school" (14-year-old mother in Grade 7).

COVID-19

Adolescent mothers identified two additional challenges that resulted from the COVID-19 pandemic: school closures and loss of their family's source of income. They were grateful for multisectoral county initiatives that addressed some of their needs during the pandemic.

In particular, during the COVID 19 pandemic, there were multi-sectoral county-level supports. For example, in Mumias West, Nassio Trust, a Canadian non-government organization, established peer-to-peer mentoring and psychological support for adolescent mothers. This encouraged them to regularly attend health centres to receive childcare education and to return to school. Philanthropic organizations were also important in addressing financial stress that might otherwise have prevented girls from continuing their education. One adolescent mother reported,

> "I feel despair during this corona period. I'm a mother of a baby aged 2 years and doing class 8. Mum lost her job, and she does not get the cash to cater for our needs within this Corona period. Thanks to Upendo Charity and Top Girl organizations that offered their hands in time. Upendo charity provided basic needs while Top Girl pays my school fees".

Specialist schools

Some guidance and counselling teachers suggested that the most effective way to protect adolescent mothers from stigma and marginalization in school was to provide them with alternative, specialist schools. However, two parents/guardians (a 60-year-old male and a 27-year-old female) believed that this too would stigmatize their children.

3.4 Community Factors affecting Adolescent Mothers

Participants identified a diverse range of family- and community-level factors that influenced the prevalence of adolescent pregnancies and the well-being of adolescent mothers. Many of these factors also affected other girls (and sometimes can also affect boys).

Preventing adolescent pregnancy

Two factors were perceived to be relevant to decreasing the prevalence of adolescent pregnancies: disincentives for men to engage in sex with under-age girls and open communication about sexuality. Two parents (22- and 26-year-old females) mentioned government initiatives to increase the arrest, prosecution and fining or imprisonment of men responsible for unwanted pregnancies. Both parents and teachers talked about the importance of openly discussing issues concerning sexuality in families and in the wider community. Several parents/guardians indicated that they spoke openly about sexuality with their own children. One parent, who was herself an adolescent mother who dropped out of school in Grade 4, said,

> "I speak openly about sex and sexuality to my children. I don't want them to be like me" (29-year-old mother of 5 children).

Another participant (a 27-year-old mother of 2 children) reported that one of her family's routines is that each evening after dinner she sits with her children to talk openly about their academics and sexual matters. A 72-year-old male guardian noted that religious forums now also speak openly on matters concerning sexuality and encourage adolescent mothers to return to school. To further promote such openness, one of the guidance and

counselling teachers (a female with 11 years' experience) gives talks to parents during chiefs Barazas [a traditional community assembly], encouraging them to communicate freely with their children, and especially with adolescents.

Female genital cutting

Female genital cutting was identified as a multi-dimensional risk for many girls. One school principal linked the practice to both an extended absence from school and early pregnancy. She indicated that during the season in which female circumcision takes place, girls disappeared from school to celebrate and attend the ceremony but were often pregnant when they returned. She said that prior to this season, religious leaders come to school to warn students against this retrogressive practice that endangers their lives. Guidance and counselling teachers confirmed,

> "when there is a serious conflict between academic programs and cultural practices, sometimes a religious guest is invited to address the issue" (Male with 18 years' experience).

However, he also admitted that some negative cultural practices were beyond their ability to control.

Marriage

Forced early marriage was a risk for all girls, but this risk increased if girls became pregnant. One of the girls reported,

> "My father was marrying me off because I was pregnant. I reported to the village elder who rescued me" (16-year-old mother in Grade 5).

Incest

Some of the adolescent mothers became pregnant in circumstances that involved elevated levels of stigma and shame. One of the girls reported,

> "During my grandmother's funeral we were all drunk from local brew and only to wake in the morning in the same bed with my widowed grandfather." (14- year-old mother in Grade 7).

This encounter resulted in a second pregnancy by the time she was 16 years old. Although some rituals were performed, she went on to deliver a baby with disabilities.

Multiple determinants

One of the guidance and counselling teachers showed an appreciation of the complex interconnecting factors that needed to be addressed to reduce adolescent pregnancies. He had this to say:

> "This problem should be viewed within the socio-economic and socio-cultural environment in which the adolescents operate... Lack of access to educational opportunities, sex education and information regarding contraceptives and widespread poverty predisposes girls to teenage pregnancies... Also a lack of parental guidance on issues of sexuality and sex education, as well as cultural taboos in this ward, like Disco Matanga [dances and night vigil entertainment during burials] and circumcision, are events that give rise to romantic relationships. ...One other factor is

[relationships between] teachers and schoolgirls, which, although is not permitted by law, continues to happen in school because of girls' inability to make decisions and defy authority".

4. Discussion

Many governments in low- and middle-income countries are introducing policies to allow adolescent mothers to continue their education. In 2020, Kenya adopted *National School Re- Entry Guidelines*. However, there has been little research on the implementation of this policy, or on similar policies in other countries. One implementation challenge is that these policies require changes to traditional attitudes towards girls and a change in behaviour towards pregnant and parenting students. The aim of this study was to provide insights into the attitudes of five groups of stakeholders who are critical for the successful implementation of the Kenyan re-entry guidelines.

4.1 Implementation of Kenya's School Re-entry Policy

To determine the extent to which the government's policy aligned with the stakeholders' beliefs, broad questions about effective interventions to support adolescent mothers to return to school and to successfully pursue their education were asked. Despite this, most responses directly related to the *National School Re-Entry Guidelines*. When school staff were implementing the guidelines, these appeared to be embraced by both the adolescent mothers who returned to education and their parents. It was clear that all the girls who returned to school wished to do so. Therefore, the findings suggest that when schools adhere to the guidelines, these were effective in helping many adolescent mothers who wished to continue their education to do so.

However, most principals and teachers with counselling responsibilities recognized that effective implementation of the new guidelines would require attitude changes both inside the school and in the wider community, and many invested significant efforts in fostering these changes. Importantly, participants recognized the support beyond the school was necessary for the successful implemental of the policy. In addition to the right to education, health, dignity and gender equality are at the heart of this issue. Being pregnant and having a child are major life events. For an adolescent girl pregnancy often results in harsh social sanctions, difficult choices, and life-long consequences. It could mean expulsion from home; being shamed and stigmatized by family, community members and peers; increased vulnerability to violence and abuse; and economic hardship.

The cost of failing to achieve attitude change was also revealed in the data. One of the school principals admitted to actively resisting the re-entry policy, and one of the guardians admitted to using forced early marriage to limit the stigma he perceived would result from an unmarried adolescent girl becoming pregnant. Because this is not

an isolated finding (Undie et al., 2015; Onyyango et al., 2015), Mwenje, 2015), greater sensitization of school staff and members of the wider community to girls' human rights, and to the importance of girls' education for their life opportunities and for national development appears to be needed before the goals of the policy can be fully realized.

4.2 Supporting the wellbeing of pregnant students and adolescent mothers who return to school

This research also sought stakeholders' beliefs about interventions that would be effective in supporting the wellbeing and academic progress of adolescent mothers after they returned to school. Responses identified both material and social forms of support. School staff focused on the provision of material resources, such as mother-care and childcare services in schools (e.g., breastfeeding corners) and social support (e.g., counselling and actions to reduce stigma among other students) that were specific to the needs of adolescent mothers who return to school. South African research has also found that integrating school-based childcare within re-entry and continuation policies helps adolescent mothers to continue their education (Chandra-Mouli et al., 2013). Although adolescent mothers indicated that motherhood-specific support was effective, they also identified the significance of resources that were helpful for all girls, especially facilities to support menstrual hygiene.

Although none of the participants generated ideas for alternative interventions that they believed would be more effective, they believed that financial support was necessary to achieve the goals of the re-entry policy. Both adolescent mothers and school staff identified the cost of school levies and basic needs as barriers to adolescent mothers' continued education. Although this problem appears to have been particularly pronounced in the context of lost livelihoods during the COVID-19 pandemic, previous research shows that poverty increases the risk of school drop-out among both male and female students (Tracy et al., 2010). During the pandemic, adolescent mothers in Mumias Sub-County relied on financial support from charitable organizations and individual well-wishers. It seems unlikely that such support is consistent and accessible for all adolescent mothers in all communities in Kenya.

Previous research has also identified the importance of adequate financial support to allow a return to schooling (Braun et al., 2012). In South Africa, a law that prohibits schools from dismissing pregnant adolescents also provides unconditional cash transfers to assist young mothers and pregnant adolescent girls. Adolescent mothers who received unconditional cash transfers were as likely to have graduated from high school by age 22 as girls who had never been pregnant (Chandra-Mouli et al., 2013).

None of the adolescent mothers believed that provision of special schools for adolescent mothers is a potentially effective intervention. Both school staff and parents held diverse attitudes about such schools.

4.3 Interventions to Prevent or Delay Adolescent Pregnancy

Some reports have advocated for comprehensive sexual education programs and access to counselling services and contraceptive methods as effective interventions to prevent unplanned early pregnancies. Several parents and members of school staff expressed positive attitudes towards sexual education at school, in families and in the wider community. However, research suggests that the effectiveness of these programs may be dependent upon specific features of the program and the context. For example, comprehensive sexual education was effective in reducing the prevalence of early and unintended pregnancy in low- and middle- income countries including Nigeria and Mexico, and in high income countries in Europe and in the USA (Centre for the Study for Social Policy 2015; Omoro et al., 2017; Oringaje et al., 2009). However, reviews of international research have led to the conclusion that many comprehensive sexuality programmes are ineffective, and in rare cases are associated with an increase in the prevalence of early pregnancy (Gay et al., 2016; Kenya National Bureau of Statistics, 2015; Key et al., 2008; Kirby et al., 2007; Omoro et al., 2017; Oringaje et al., 2009), or a reduced age of sexual debut (Hossain et al., 2019). Two factors that appear to be important are the intensity and content of the program and the qualifications of the presenters. For example, adolescents in the USA who received sex education at least once a week, including a component of counselling by trained professionals, were 40 percent less likely to have an early unplanned pregnancy and 30 per cent more likely to have graduated from high school (DeVore et al., 2005).

Similarly, the outcome from open communication about sexuality between parents and their adolescent children shows inconsistencies. For example, one study found that when parents in the USA talked to their children about sex and contraception, their children were less likely to report having had sexual intercourse; and those who were engaging in sexual activity reported fewer sexual partners and greater use of contraception during their last sexual encounter (Bajracharya et al., 2019; Eyster et al., 2014). Communication style appears to account for some of the differences in findings. For example, adolescents in the USA whose parents' communication style was friendly, attentive, open, and receptive were less likely to engage in risky sexual behaviour that could lead to pregnancy than those whose parents used more contentious and dramatic styles of communication (Eyster et al., 2014). In addition, UNESCO has noted that a strong body of evidence indicates that girls' participation in formal education is itself an important factor in delaying marriage and childbearing.

4.4 Limitations

The findings of this study should be interpreted with an understanding of its limitations. First, although it provides insights into the views of five key groups of stakeholders, it excluded other stakeholders whose views may be important for the effective implementation of school re-entry policies: adolescent mothers who have not returned to school; parents of other students attending the girls' schools; other students; and the girls' classroom teachers. Additionally, the study used a qualitative research design to explore subjective experiences and personal opinions. This approach allows

conclusions to be drawn about the acceptability of government policies and school practices among the participants. However, data from a small non-representative sample of stakeholders does not allow conclusions to be drawn about the effectiveness of the government's new school re-entry policy or the supports provided by schools. No evidence was collected about whether the policy is reducing the prevalence of unplanned adolescent pregnancies or increasing the rate with which adolescent mothers complete a basic education. Third, the findings relate to a specific region in Kenya. The generalizability of the findings to other regions of Kenya that differ in faith and traditions and exposure to modernity, and to the other low- and middle-income countries in which adolescent motherhood is a concern, can only be determined through additional research.

4.5 Recommendations

Although most young mothers in our study had never been married, they all lived in households with other family members (such as parents, grandparents, and siblings). The current findings show that families are an important source of financial and emotional support, and many are relied on to provide the childcare necessary for mothers to continue their education. Given these dynamics, one potentially useful direction for policy development is to take a family-centred approach when assisting adolescent mothers. This may involve a wider engagement with family members than a focus on parents. However, it will be important to supplement support from families. Family members are unlikely to have expertise concerning the challenges adolescent mothers face in navigating educational institutions or the labour market, or in effective ways of exercising the legal rights granted to adolescent mothers.

Participants believed that schools need to be aware of underlying risk factors that cause adolescent mothers to drop out of school after childbirth. With this understanding, appropriate steps can be taken to ensure the necessary level of support and services without compromising the interests of adolescent mothers. For example, schools could play a pivotal role in effectively coordinating support from providers of education, social protection and health to enhance the health of the girl and her baby, her financial situation and the level of family support she receives, and options for childcare. Within schools there should be a clear referral pathway to school administrators and counsellors to enable adolescent mothers to understand the processes, roles and responsibilities of schools as well as the support services they are eligible to access. Mentoring may be one effective means of providing this guidance. In the current study, adolescent mothers who received mentoring during the COVID-19 pandemic perceived this to be valuable.

4.6 Conclusion

Across human history adolescent girls have become pregnant. In the past, and today, many of these girls provide exemplary care for their children. However, in world in which education is a key to economic opportunities and full participation in civic life, adolescent pregnancies narrow girls' life opportunities unless policies and practices support them to continue their education. The current research showed that, in the Kenyan context, the development and promulgation of a series of school re-entry

policies was insufficient to change the behaviour of all key stakeholders or to provide the material and emotional support necessary to allow all girls to fully benefit from these policies. These findings may inform the implementation strategies for other interventions that aim to promote school access, retention, and completion by adolescent mothers in contexts in which these require a change in the attitudes of multiple stakeholders.

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