

“The Impact of Teenage Pregnancies on Girls’ Education in Mercy Schools in
Mukuru Slums”

Research Project

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THE IMPACT OF TEENAGE PREGNANCIES ON GIRLS' EDUCATION IN MERCY SCHOOLS IN MUKURU SLUMS



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Abstract

The Mukuru Slum is home to over 700,000 people. The slums face different challenges including floods, fire breakouts, demolitions, forceful displacements, illegal power connectivity, child labor, substance abuse and teenage pregnancies, among other challenges. Through the Mukuru Promotion Centre (MPC), the Sisters of Mercy have established more learning institutions to provide access to education for the poor.

Teenage pregnancy is a recurring challenge as reported in MPC annual reports. Between January 2020 and June 2024, 107 cases of teenage pregnancies were reported. This has affected the educational attainment of the teenage mothers.

This research is intended to examine the impacts of teenage pregnancies on girls' education at Mercy Schools in Mukuru Slums by developing culturally specific preventative programs to reduce teenage pregnancies.

Twenty teenage girls/mothers will be involved in the focus group discussion and direct interview will also be used.

The intervention for this issue is 'know your body' program, pre-pregnancy sessions, promotion of delayed marriages, and back to school initiatives. This will include comprehensive culturally accepted sexual education; counseling, mentorship and support system, community engagements and awareness, financial support and policy advocacy.

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CHAPTER ONE

INTRODUCTION

1.0 Informational Background

Mukuru Slum consists of 30 villages and is one of the biggest slums in Nairobi. It is home to over an estimated 700,000 people. As the number of people below the poverty line continues to increase due to economic crisis, the population has continued to grow. The slum is extremely congested with most dwellings being single roomed shacks made of old corrugated iron sheets. Fire outbreaks due to faulty electrical wires, kerosene lamps and stoves as well as gas explosions are very common, leaving hundreds of families homeless and with no possessions.

In 1985, the Sisters of Mercy established the first school, Mukuru Primary School. Through Mukuru Promotion Centre (MPC), the Sisters of Mercy have established educational institutions including four primary schools, a secondary school, a vocational training centre, a rehabilitation centre for street boys, a disabilities centre for children. There are outreach services such as health care, and welfare programs for empowerment of women and girls that are geared towards support for education and social transformation. Each year MPC has over 6,000 learners (pupils/students) who are fed to remain in school to focus on their education rather than think about how they will earn money to feed themselves.

Due to the effects of the Covid-19 pandemic and the rampant economic crisis, many parents lost their sources of income and they have been living in desperation ever since. Many companies have laid-off their casual workers due to the increased taxes and downturn in business. The situation has worsened the status of families in the slums. More children in MPC schools keep part of their meal to share with their families when they return home as it is their only hope/meal. The challenges of floods, fire breakouts, demolitions, forceful displacements, illegal power connectivity, child labor, human trafficking, and teenage pregnancies among other challenges are just but part of life in the slums. This research will focus on one of the many issues mentioned above.

1.1 Problem Information

Teenage pregnancy is classified as occurring in girls within the ages of 13-19 years old, (UNICEF). Kenya has a startling problem with teenage pregnancy. A total of 254,753

pregnancies were reported among adolescents aged between the ages of 10 to 19 years in 2023. Data from the National Syndetic Disease Control Council (NSDCC) shows 12, 966 of the pregnancies were reported among adolescents aged between 10 to 14 years while 241,757 were among those aged 15 to 19 years, (NSDCC, 2023).

According to the 2022 Kenya Demographic and Health Survey (KDHS), 18% of girls aged 15-19 years had either a live birth or were pregnant with their first child. This means that one in every five teenage girls in Kenya is pregnant or has already given birth. This was also impacted by long school holidays with unfavorable environments where many of those girls lived, specifically in the informal settlements, (KDHS, 2023). Despite the pregnancies, the report also showed that a substantial number of girls had faced sexual abuse cases. The County of Nairobi recorded 11,795 teenage pregnancy cases during Covid19 period as information validated by The African Institute of Development Policy (AFIDEP), with the majority being from informal settlements. Pregnancy among teenagers is a key contributor to the cycle of poverty, ill health, and child and maternal mortality (WHO, 2014, Akella & Jordan, 2015).

According to Rueben Health Centre (2023), a project started by MPC in 1987 and handed over to Christian Brothers in 2002, 186 teenagers aged between 12–19 years had delivered at the facility's maternity facility since its inception in May 2018. This is out of a total of 1811 women who had delivered at the unit. This is a typical 10% of the total deliveries recorded.

MPC schools, having a population of over 3,000 female learners a year, have recorded 107 cases of pregnancies between January 2020 and June 2024. Ruben Health Centre, a neighboring stakeholder recorded 186 cases within 2018 and 2023. With no effective interventions, the number could rise in the near future due to current social economic factors.

Pregnant students often miss classes due to clinic visits and pregnancy mood swings that affect their learning. They are culturally stigmatized and ostracized from society, and suffer poor mental and physical health affecting their well-being. As a result, irregular school attendance, poor school performance during and after pregnancy are notable. This inevitably influences negatively on their future work opportunities and careers, reinforces social inequality in education and hinders girls' educational attainment [obtaining entrance into university or vocational training courses], subjecting them to poverty cycle noting that they already come from poor families.

This research project examined the impact of teenage pregnancies on girls' education at Mercy Schools in Mukuru Slums by developing culturally specific preventative programs to reduce teenage pregnancies.

1.2 Research Questions

- i. What are some of the root causes of teenage pregnancies in Mukuru Slums?
- ii. How does teenage pregnancy impact girls' education in Mercy schools in Mukuru Slums?
- iii. What are some of the effective culturally preventative programs that could reduce teenage pregnancies?

1.3 General Objective

To examine the impacts of teenage pregnancies on girls' education at Mercy Schools in Mukuru Slums by developing culturally specific preventative programs to reduce teenage pregnancies.

1.3.1 Specific Objectives

- i. To identify the most common root causes for teenage pregnancies in Mukuru Slums
- i. To discover the short and long term impact of teenage pregnancies on education of girls at Mercy Schools in Mukuru Slums.
- ii. To develop educative and preventative program such as interventions to reduce teenage pregnancies.

1.4 Justification of the Study

This research aims to improve the prospects of more girls completing their education in Mukuru Slums. The study is also timely because it will open more avenues and properly laid policies for teenage mothers. It will also contribute to MPC Child Protection Office in generating new ways of teenagers understanding their rights, consent and bodies and maximizing educational attainment for girls. The study will propose new preventative measures. The research

intervention proposal will be used as a tool among teachers, parents, teenagers, community volunteers, social workers, local policy makers and other stakeholders in contributing to MPC's vision of empowerment step by step.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, literature related to the study that was used to inform this research is reviewed. The literature reviewed helped in guiding the significance of the study's findings. Literature on root causes for teenage pregnancies; impact on teenage pregnancies on girls' education and the interventions were discussed.

2.1 Root Causes for Teenage Pregnancies in Mukuru Slums

Identifying the root causes is essential as it allows for the development of effective interventions that will help reduce the occurrence of this problem. The research project focused on five elements:

- 1) Socio-Economics
- 2) Family Dynamics
- 3) Living Conditions
- 4) Early Sexual Exposure
- 5) Peer Pressure and
- 6) Sex education – and the girls understanding or knowledge of contraceptives

2.1.1 Socio – Economic Factors (Poverty)

According to Farber (2009), Poverty is a significant predictor of adolescent pregnancy. Young women from impoverished backgrounds often face a lack of resources and opportunities, which can lead to higher rates of early childbearing, (p 45). In addition, Mukuru Slum dwellers face exactly similar challenges. These challenges are intertwined and create a complex environment contributing to cases of teenage pregnancies. Abject poverty and economic hardships are huge contributors to many ills in this slum. Families live in extreme poverty, making basic necessities such as food, clothing, and shelter difficult to afford. This economic hardship can push teenage girls into relationships where they exchange sex for financial support, leading to pregnancies.

2.1.2 Family Dynamics

The presence of supportive or unsupportive family relationships, parental monitoring, and communication about sexual health can influence whether teenager engages in risky sexual behavior. Families in slum areas often face economic hardships, leading teenagers to seek financial stability or escape challenging living conditions through early marriage or relationships. This can contribute to early sexual activity and unintended pregnancies. Miller, B.C. et. al (2001) asserts that, teenagers who have open, supportive, and communicative relationships with their parents are less likely to engage in risky sexual behaviors that lead to pregnancy. Effective parental communication about sex, contraception, and the consequences of teenage pregnancy is crucial.

2.1.3 Living Conditions

One of the living conditions is fire outbreaks. Many slums are faced by frequent fire outbreaks due to illegal power connections. The fire spreads rapidly due to congestion of houses. The aftermath leads to various impacts. When homes are destroyed, families may be displaced, leading to overcrowded living conditions in temporary shelters. The lack of privacy and secure living environments can sometimes lead to risky behaviors, including sexual practices. Due to lack of proper shelters, girls may seek accommodation in their friends' houses and could lead them to sexual vulnerability. Another condition is joblessness. Joblessness leads to financial instability, which can pressure teenagers into engaging in improper relationships or transactional sex for economic support. In some cases, girls may exchange sex for money, food, or other necessities, increasing the risk of pregnancy.

Illicit brew environments can be dangerous and exploitative, with higher risks of sexual coercion and assault. Teenagers, particularly girls, may be vulnerable to sexual advances or violence while under the influence or in environments where illicit brew is consumed. Proximity of houses in slums could also contribute to sexual relationships. In closely-knit slum communities, social interactions are frequent and often unavoidable. Teens are constantly exposed to the behaviors and norms of others, which can include early sexual activities, influencing their own behavior.

2.1.4 Early Sexual Exposure

Limited space in small houses can contribute to exposing girls to early sexual behaviors through several mechanisms. In small living spaces, children and teenagers are often exposed to adult behaviors, including sexual activities, due to the lack of physical separation. This exposure can normalize sexual behavior and lead to earlier sexual experimentation. Also, families often share communal facilities like bathrooms and common areas. These shared spaces can create opportunities for unsupervised interactions between boys and girls, increasing the likelihood of sexual encounters. Pornography can also be a factor leading to teenage pregnancy. Pornography presents sex as a common and expected part of relationships, potentially normalizing early sexual behavior for teens who might feel pressured to emulate what they see. Teens may take the behaviors and scenarios depicted in pornography as accurate representations of sex, leading to misunderstandings about consent, safe sex practices, and healthy relationships. This can result in risky sexual behavior and early sexual experimentation.

2.1.5 Peer Influence

Teenagers often feel the need to fit in with their peers. If their peers view sexual activity as a norm or a status symbol, an individual may feel pressured to engage in sexual behaviors to gain acceptance and avoid social isolation. Friends influence friends. East & Jacobson (2001) argue that, adolescents with friends who have positive attitudes toward pregnancy or who are already parents are more likely to view pregnancy as acceptable or desirable, increasing their risk of becoming pregnant.

There is also fear of rejection which comes with ridicule if one chooses to abstain from sexual activities. This fear makes one override personal reservations or lack of readiness, leading to risky sexual behaviors. Misinformation and myths among peer groups is of a high level, especially about sex and understanding of body changes and growth. Abuse of drugs, alcohol and substance which impairs judgment also increases high chances of sexual behaviors which could lead to cases of abuse and rape. In the slums, there is minimal adult supervision about all these. Without positive role models or mentors, teenagers are more likely to turn to their peers for advice and support, which can lead to misinformation. Adolescence is a critical stage for self-esteem and identity. Adolescents with low self-esteem may seek validation through sexual

relationships, driven by peer affirmation and desire for acceptance. Whitaker & Miller (2000) assert that, peer pressure and the desire to fit in with social networks can lead adolescents to make decisions about sex that increase their risk of pregnancy.

2.1.5 Inadequate Sex Education

The lack of sex education has significant effects on teenage pregnancy. Inadequate knowledge about sexual reproductive changes during adolescence and the absence of comprehensive sex education make teenagers more curious and vulnerable to unplanned pregnancies (Santelli, J.S., et al. (2022).

2.2 Impact on Girls' Educational Attainment

2.2.0 Introduction

This section discusses more of impact on girls' education during and after pregnancy. The research highlights the most direct impacts to the female learners and their education. They include poor concentration or divided attention, interrupted school period, poor performance, irregular school attendance or school dropout.

2.2.1 Poor Concentration on Studies

Poor concentration is one of the main issues a student experiences once they become pregnant due to divided attention and responsibilities. The student has to allocate time for frequent prenatal sessions, class sessions as well as postnatal sessions after delivery. Teenage pregnancy can impair concentration and create divided attention due to a combination of health, psychological, and emotional challenges. Teenage pregnancies often lead to increased levels of stress, anxiety, and depression, which negatively impact cognitive functions and concentration, Mollborn & Morningstar (2009). Once one loses interest in education they can be tempted to give up studies.

2.2.2 Interrupted School Time Period

In Kenya, the school completion period for basic education (Primary and Secondary School) is generally 17 years. If pregnant, the student will have at a particular period to pause or delay her studies for the care of the baby. The period that the student will take depends also on the family

and environmental background. Some will take a shorter period while others longer one depending of such factors. The stress of balancing school and parenting responsibilities can adversely affect the mental and physical health of teenage mothers. This can further hinder their ability to continue their education.

2.2.3 Poor or Reduced Performance on Studies

Teenage pregnancies are often associated with a decline in academic performance. Teenage mothers may struggle to keep up with their studies due to health issues, childcare responsibilities, and social stigma, leading to lower grades and academic achievements. Teenage mothers often face stigma and discrimination from peers and educators, which can lead to a sense of isolation and decreased motivation to continue their education. Additionally, the stress and anxiety associated with early motherhood can hinder their academic performance. Research has shown that teenage pregnancy is significantly associated with reduced school performance. According to a report by the Centers for Disease Control and Prevention (CDC), only about 50% of teenage mothers receive a high school completion by 22 years of age, compared to approximately 90% of women who did not give birth during adolescence (CDC, 2021).

2.2.4 Irregular School Attendance

Teenage pregnancy often leads to irregular school attendance due to a variety of challenges and responsibilities that teenage mothers face which include health, childcare responsibility, fatigue and stress, lack of support, stigma and socioeconomic challenges. Pregnant teenagers and teenage mothers may experience health complications that necessitate frequent medical appointments and recovery time, leading to missed school days.

The physical and emotional demands of pregnancy and parenting can lead to fatigue and stress, making it difficult for teenage mothers to attend school regularly. Teenage mothers may face stigma and discrimination from peers and teachers, creating an unwelcoming school environment that discourages regular attendance. Financial difficulties often accompany teenage pregnancy, forcing some teenage mothers to work part-time jobs to support their child, which can interfere with school attendance. McLeod & Kehily (2017) find that, balancing school and parenting responsibilities can lead to irregular school attendance, lower academic performance, and a higher likelihood of dropping out of school.

2.2.5 School Drop Out

One of the most profound impacts of teenage pregnancies on education is the increased likelihood of school dropout. Research indicates that teenage mothers are more likely to drop out of school compared to their non-pregnant peers (Kenny, 2009). This dropout is often due to the need to care for their child, lack of support from schools, and financial pressures. To some extent, many teenage mothers face significant barriers to re-entering the education system out of shame, finance, or lack of family support system. These barriers include a lack of affordable childcare, inflexible school policies, and insufficient support systems from all stakeholders within educational institutions. Without proper support, it is challenging for teenage mothers to balance educational pursuits with their parental responsibilities. Girls who become teenage mothers are less likely to complete high school. Among other determinants of school dropout such as poverty and early marriage, teenage pregnancy is a major determinant for girls not pursuing higher education. Not completing high school will limit their career opportunities and earning potential in the long term. Dropping and re-entering the education system of a teen mother requires not only the support of close related people and stakeholders but rather comprehensive policies to safeguard the future of teen mothers, not only for their wellbeing but that of the child and the society at large, Harris, K. (1996).

2.3 Conclusion

The overview of the literature shows that, the problem of teenage pregnancy has a high impact on our local society and this needs effective solutions and interventions. The literature encompassed both root causes and direct impact on the teen mother as an individual and also showed direct relationship between the pregnancy and educational progress and attainment.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Research methodology is defined as "a systematic plan for conducting research, encompassing the strategies, methods, and procedures used to collect and analyze data to ensure the research findings are reliable and valid" (Creswell & Creswell, 2023, p. 35). This chapter presents the research methodology used in the study.

3.1 Target Population

The target population for this study includes teenage mothers who are associated with the Mukuru Promotion Centre learning institutions in the Mukuru Slums. The number of the target population is 107 teenage mothers.

3.2 Data Collection Methods

Data was collected through a combination of interviews, focus group discussion and observations. A simple structured questionnaire was used for the interviews, targeting the teenage mothers. Observation was used based on the trends of what is happening in the slums and supported by the records from Child Protection Office.

3.3 Data Analysis Procedures

The data analysis was organized and described in terms of pie charts and tables and described in short paragraphs for interpretation.

3.8 Ethical Considerations

The study adhered to ethical guidelines to ensure the confidentiality and anonymity of participants. Informed consent was obtained from all participants/ their parents/guardian before data collection. Participants were informed of their right to withdraw from the study at any time.

CHAPTER FOUR

DATA FINDINGS, PRESENTATIONS AND ANALYSIS

4.0 Introduction

This chapter presents the findings from the research conducted on the impact of teenage pregnancies on girls' education in Mercy schools in Mukuru slums. The data collected from surveys, interviews, and secondary sources are analyzed to identify key themes and patterns.

4.1 Demographic Profile of Respondents

Understanding the demographic profile of the respondents is essential to contextualizing the findings. The data collected included age, grade level attained, socio-economic status, and family background.

4.1.1 Age Distribution

The respondents were teenage girls, primarily within the following age groups:

Age	Frequency	Percentage
13-15	2	10
16-17	3	15
18-19	15	75

The research findings found that the majority of teenage mothers were between 18-19 years old at the rate of 75%, followed by 16-17 years at the rate of 15% and 13-15 years at the rate of 10%.

4.1.2 Grade Level

The educational levels of the respondents ranged from upper primary to secondary school:

Grade/Class level	Frequency	Percentage
Primary (Class 6-8)	4	20

Secondary (Form 1-4)	16	80
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The findings show that 20% of the students were pregnant at primary level while the remaining 80% were at secondary level.

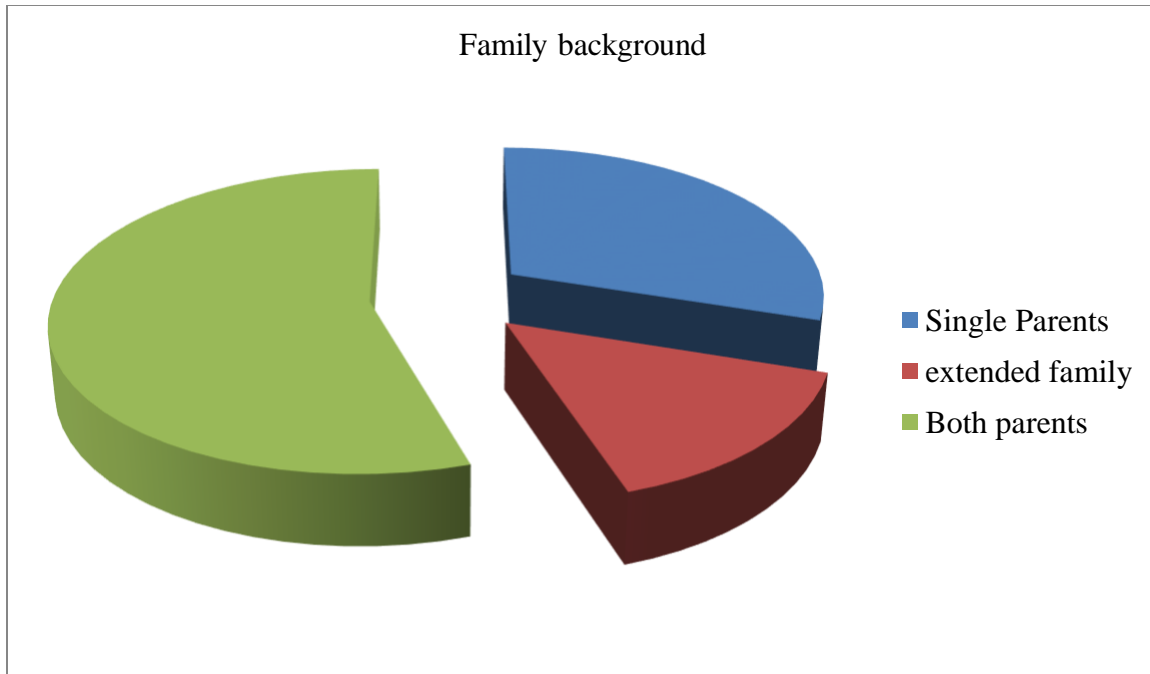
4.1.3 Socio-Economic Status

Most respondents came from low-income families, reflecting the economic conditions of the Mukuru Slums.

During focus groups, the discussions revealed various ways that contributed to teen pregnancies. Extreme poverty accounted for 16 (80%) of the participants while the other four (20%), were living in relatively low-income families who did not have a high standard of living. Some were forced by poverty and family conditions to involve themselves with men who later made them pregnant. Some were already practicing artificial family planning methods that did not work, while others had no idea of any family planning method thus leading them to get pregnant the first time they involved themselves with a man.

4.1.4 Family Background

The respondents came from single-parent households, lived with extended family members as a result of being orphaned or had both parents. Six respondents (30%) came from single parent households. Three respondents (15%) lived with extended family after being orphaned and the final 11 respondents (55%) lived with both parents. The data is tabulated in the chart below.



4.2 Impact of Teenage Pregnancy on Educational Attainment

This section explores how teenage pregnancy negatively affects the educational attainment of girls in schools generally and the higher significance at Mercy schools in Mukuru Slums.

4.2.1 School Attendance and Dropout Rates

Attendance/dropout	Frequency	Percentage
Dropped out	5	25
Continued post birth	15	75

Teenage pregnancy significantly affects school attendance and increases dropout rates among girls in Mercy schools in Mukuru Slums. Key findings as shown above indicate that 25% dropped out from school while 75% went back to school at a later date after birth.

4.2.2 Academic Performance

The academic performance of pregnant teenagers and young mothers generally declined. Factors contributing to this decline included absenteeism, health issues, and increased domestic responsibilities. Specific findings were that 70% of respondents reported a decrease in grades post-pregnancy and 20% managed to maintain their academic performance with substantial support from school and family. Only 10% had a grade C+ which is a direct entry to university when they became pregnant immediately after Form 4 exams.

4.2.3 Psychological and Emotional Effects

Teenage pregnancy has profound psychological and emotional effects, which in turn affect educational outcomes. Common issues reported included:

Psychological & Emotional Effects	Frequency	Percentage
Anxiety and depression	10	50
Low self-Esteem & Motivation	12	60
Stigma and Discrimination	11	55

All the respondents reported at some point having gone through some combined levels of psychological and emotional effects. Ten responded having experienced anxiety and depression, 12 suffered low self-esteem and motivation while 11 endured stigma and discrimination.

4.2.4 Support Systems and their Effectiveness

The effectiveness of family support systems in helping teenage mothers continue their education was a significant focus of this research.

4.2.4.1 Family Support

Family support varied among respondents and played a crucial role in educational progress. This included: legal action against the perpetrators, counseling by parents or professional counselors, encouragement to continue school and day care of the babies while the teenage mothers were in school. For the teenagers who continued their education only 35% stated that they experienced strong family support. The other 65% who had limited or no family support dropped out or struggled to attain any further education following birth.

4.2.4.2 School Policies and Programs

Mercy schools implemented various policies and programs to support pregnant students. Effective programs included flexible attendance policies and on-site/school counseling services. In connection with this, some cases were reported where some students were denied re-admission or were forced to rejoin a lower form/class from where they dropped at the time of pregnancy. This forced some to look for alternative learning institutions or lose hope in education.

4.2.5 School Interruption and Delayed Completion Calendar

All the participants responded having discontinued learning sessions for a particular period of time for child delivery and upbringing. The level of support system contributed to going back to school in good time or even discontinue completely. Those with good family support system such as, parents or close relatives supported the teenage mother with taking care of the child, the mother reported to school earlier while those with poor or no support from the family took long to report to school or did not report completely. Also many of them were affected further by government directives of delaying school opening due to Covid-19, floods, and political riots.

4.3 Conclusion

Chapter Four presented the findings from the research. The data indicates that teenage pregnancy adversely affects educational attainment, with significant consequences from academic performance to school dropout, and delayed completion periods. Effective support systems, both familial and institutional, are essential for helping teenage mothers continue their education. The variability in the effectiveness of these support systems highlights the need for more consistent and comprehensive interventions.

CHAPTER FIVE

RECOMMENDATIONS AND INTERVENTIONS

5.0 Introduction

This chapter presents proposed effective interventions to reduce teenage pregnancies in Mukuru slums and enhance educational attainment for girls in Mercy Schools.

5.1 Interventions to Reduce Teenage Pregnancies in Mercy Schools in Mukuru Slums

To address the impact of teenage pregnancies on girls' education at Mercy Schools in Mukuru Slums, MPC, as the responsible organization, can implement a comprehensive set of intervention programs. These programs, focusing on prevention, support, and reintegration, are crucial and active involvement is key to ensure that affected girls can continue their education and achieve their academic goals. Here are some recommended intervention programs:

1. Comprehensive culturally accepted Sexual Education

Teacher-student support system: Provide training for teachers to ensure the delivery of meaningful and effective supportive classroom environment for those who return to school post pregnancy.

Parental Involvement: Conduct workshops for parents to educate them on the importance of sexual education, child development and how they can support their children. By empowering parents with knowledge, we aim to prevent teenage pregnancies and post pregnancy concerns. MPC through its social office will also address the impact of sexual exposure due to lack of privacy in the single-roomed shanties in the slums, instilling hope and optimism in parents about the positive impact of their involvement on their children's development.

2. Counselling, Mentorship and Support Services

School Counselors: Ensure a permanent office of trained counselors to support pregnant girls and young mothers emotionally and psychologically

Peer Support Groups: Establish peer support groups or clubs where girls can share experiences, provide mutual support, and receive guidance.

Mentorship Programs: Connect boys and girls with mentors who can offer advice, support, career guidance and motivation to continue their education. Also, for boys to know that it is not okay to impregnate girls while in school. At times a girl can feel lied to, but both parties are supposed to be aware of consent at times of sexual relationship. Consent is a situation where both they involve themselves in sexual activities without pressure, manipulation or coercion. They (boys and girls) should understand under mentorship programs that consent is reversible at any time even if they had previously given consent. Understanding this would help reduce teenage pregnancies.

3. Community Engagement and Awareness

Community Outreach Programs: Conduct outreach programs to vigorously raise awareness about the crucial importance of girls' education and the detrimental impact of teenage pregnancies.

Engaging Community Leaders: Engage local leaders, religious figures, and influential community members to actively promote the importance of preventing teenage pregnancies and supporting affected girls.

4. Financial Support and Incentives

Scholarships and Bursaries: Provide scholarships and financial assistance to support pregnant girls and young mothers in continuing their education.

School Supplies and Uniforms: Supply necessary school materials, uniforms, and other resources to reduce the financial burden on affected girls and their families.

Incentive Programs: Implement incentive programs to reward schools, teachers, and students for improving pregnant girls' and young mothers' attendance and academic performance.

5. Policy Advocacy

Policy Development: Advocate for developing and implementing policies that support the education of pregnant girls and young mothers at local, regional, and national levels.

Monitoring and Evaluation: Establishing pragmatic mechanisms for monitoring and evaluating intervention programs to ensure continuous improvement.

Collaboration with NGOs and Government Agencies: Engage with non-governmental organizations, government agencies and other stakeholders to coordinate efforts and resources in addressing the issue of teenage pregnancies in Mukuru Slums.

5.2 Recommendations

Nairobi County has recorded the highest number of teenage pregnancies in the country, with 11,795 cases, the majority from informal settlements. However, the exact distribution among the various slums in Nairobi, including Mukuru Slums, remains unclear. MPC reported 104 instances, Reuben Centre 186, and other stakeholders potentially more. This highlights the importance of further study to understand the distribution among the various slums in Nairobi and what the National and County governments are doing to address the issue.

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Appendix 1:

INTERVIEW QUESTIONNAIRE

My name is Dinah Mwendwa, working for Mukuru Promotion Centre in the position of Deputy Director. I am a Candidate for Mercy Emerging Leaders Fellowship (MELF) cohort 3 2023/2024. I am carrying out a research project on “Impact of Teenage Pregnancy on Girls’ Education in Mercy Schools in Mukuru Slums”. This research targets girls between 13 -19 years old who have given birth or are expecting a child. I invite you to provide me with information to this questionnaire. All information given will be treated with high confidentiality and will only be used for the purpose of this research project. Indicate a tick in the brackets provided and the answers in the places provided. Where is indicated “Optional”, you are free to fill or leave it blank. For any clarification, kindly reach out through +254 737 382 443.

Demographic Details

1. What is your name? (Optional)
2. What is your age?
3. What was your age at the time of getting pregnant?
4. How can you describe your family background?

Please tick one: a) Extremely poor () b) Low Income () c) Middle Income ()

Education Background

5. What was your level of education level before or at the time of your pregnancy?
a) Class 6 - 8 () b) Form 1 – 4 ()

Impact on education

6. How did your pregnancy affect your class attendance and performance? Kindly explain
.....
.....
7. Were you able to continue your education after becoming pregnant? If not, why?
.....
.....

Social support system

8. How did your family and friends react to your pregnancy? What support did they offer?

.....
.....

9. How did your teachers and fellow students react to your pregnancy?

.....
.....

10. If you are back to school, how was the reception by the school? Did they offer support?

.....
.....

Psychological and emotional effects

11. Did your pregnancy impact your psychological and emotional effects in the following areas? Kindly tick

- Stress, anxiety and Depression Tick
- Low self - Esteem
- Stigma and Depression
- Any other?

Sex/Reproductive Education

12. Did you your teacher/social worker/counsellor/guardian talk to you about consequences of having sex while you are below 18 years.....

13. Did you know that you can get pregnant, sexually transmitted diseases or other complications if involved in sex in early age.....

If yes

Did you use any method of family planning.....

If Yes, which one.....

If no

Did you know about any family planning method.....

Thank you for participating. Once done, kindly reach out through the contact provided above for further guidance.