THE IMPACT OF EARLY PREGNANCIES ON THE ACADEMIC PERFORMANCE OF HIGHS CHOOL GIRLS: A CASE STUDY OF KIPSIS GIRLS HIGH SCHOOL, KAJIADO.

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A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF MANAGEMENT AND LEADERSHIP IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF BACHELOR IN EDUCATION OF THE MANAGEMENT UNIVERSITY OF AFRICA.

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DECLARATION

This project is my original work and has not been presented for award in any other university or college.

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This proposal has been submitted for examination with my approval as the University Supervisor

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DEDICATION

This project is dedicated to the Almighty God for His guidance and strength, and to my beloved family for their unwavering love, support, and encouragement throughout this academic journey.

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ABSTRACT

This study investigated the impact of early pregnancies on the academic performance of high school girls, focusing on Kipsis Girls High School in Kajiado County. Guided by the Social Ecological Theory, Maslow's Hierarchy of Needs, and Social Support Theory with the Social Ecological Theory serving as the anchor theory the research examined three key independent variables: health and academic challenges, emotional, social, and psychological impact, and parental and community support, in relation to the dependent variable: students' academic performance. The target population comprised of 1110 individuals, including 1000 students,100 teachers and 10 administrators with a sample size of 333 respondents determined using Yamane's formula. A descriptive survey research design was adopted, and data were collected using structured questionnaires. Quantitative data was analyzed using descriptive and inferential statistics, while qualitative data was thematically analyzed. The findings revealed that early pregnancies significantly affect students' academic performance through reduced class attendance, poor concentration, increased emotional distress, and limited community support. Parental and community support were found to play a pivotal role in mitigating these challenges. The study concluded that addressing the health, emotional, and social needs of affected students is critical for improving their academic outcomes. It recommends comprehensive guidance and counseling programs, strengthened community engagement, and the introduction of flexible learning arrangements to support learners who have experienced early pregnancies. Future research should expand to comparative studies across multiple schools and explore long-term socio-economic implications of early pregnancies on education.

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LIST OF ACRONYMS AND ABBREVIATION

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

KCSE: Kenya Certificate of Secondary Education

MoE: Ministry of Education

NGO: Non-Governmental Organization

SDG: Sustainable Development Goal

UNESCO: United Nations Educational, Scientific and Cultural Organization

WHO: World Health Organization

OPERATIONAL DEFINITIONS OF TERMS

Academic Performance:	The measurable level of achievement of a student in educational assessments, examinations, or school grades.
Early Pregnancy:	A condition where a girl becomes pregnant before reaching the age of 18, often while still in school.
Dropout:	The act of a student leaving school before completing the required level of education.
Guidance and Counselling:	Structured support services offered to students to help them cope with academic, social, or personal challenges.
Teenage Motherhood:	The state of being a mother while in adolescence, usually between the ages of 13–19.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Early pregnancies among school going girls have increasingly become a major concern in Kenya and across the globe due to their negative impact on educational attainment and overall wellbeing. Adolescents who become pregnant while still in school often face challenges. This study seeks to explore the impact of early pregnancies on academic performance of high school girls, with a focus on Kipsis girls high school in Kajiado county. By examining this issue the study aims to generate insights that can help in addressing the academic and social consequences of teenage pregnancies.

1.1 Background of the Study

Adolescent pregnancy remains a significant global public-health and development concern. According to the World Health Organization (2023), an estimated 13% of adolescent girls and young women worldwide give birth before the age of 18. Early childbearing increases risks of maternal complications and mortality, as well as adverse neonatal outcomes (WHO, 2022). Globally, adolescent pregnancy has been shown to contribute to school interruptions, reduced academic performance, and limited economic opportunities for young mothers (UNICEF, 2023). Education systems, therefore, play a dual role — they can either perpetuate exclusion through discriminatory policies or facilitate retention through re-entry and support programs (UNESCO, 2022).

Sub-Saharan Africa bears a disproportionate burden of adolescent pregnancies, with adolescent birth rates averaging 101 per 1,000 girls aged 15–19 — far higher than the global average of 44 per 1,000 (UNFPA, 2023). In Eastern and Southern Africa, it is estimated that about 25% of girls give birth before the age of 18 (UNICEF, 2023). The persistence of high adolescent fertility rates in the region is closely linked to poverty, limited access to sexual and reproductive health services, cultural practices such as early marriage, and school closures during crises such as the COVID-19 pandemic (UNESCO, 2022). These factors contribute significantly to increased dropout rates among pregnant schoolgirls (African Union, 2021).

Across Africa, early and unintended pregnancy is among the leading causes of school dropout for girls (Plan International, 2022). Research indicates that pregnant and parenting adolescents often face stigma, expulsion, and other punitive measures from schools despite the existence of re-entry policies in some countries (UNESCO, 2022). Regional education frameworks, such as the African Union's Continental

Education Strategy for Africa (CESA 16–25), emphasize inclusive education, yet implementation remains inconsistent (African Union, 2021). Multi-agency initiatives like the Education Plus programme advocate for comprehensive sexuality education and targeted school health services to reduce teenage pregnancy and enhance retention (UNFPA, 2023).

In Kenya, teenage pregnancy remains a major challenge to educational attainment. According to the Kenya Demographic and Health Survey (KDHS, 2022), approximately 15% of women aged 15–19 have been pregnant at least once. Kajiado County has been identified among the counties with high teenage pregnancy prevalence, with some local surveys reporting rates exceeding 30% (National Council for Population and Development [NCPD], 2023). Factors contributing to this include cultural practices, inadequate sexual health education, poverty, and limited parental engagement (Ministry of Education, 2022). At the school level, girls who become pregnant often experience health complications, psychosocial stress, stigma from peers and teachers, and reduced academic performance (Odongo & Muthoni, 2021). Although Kenya has a re-entry policy allowing adolescent mothers to return to school, its application is often hindered by social stigma, financial constraints, and weak enforcement (UNESCO, 2022).

Health and academic challenges associated with early pregnancies include higher rates of obstetric complications, absenteeism, and poor exam performance (WHO, 2023). Emotional, social, and psychological impacts such as stigma, low self-esteem, anxiety, and depression have also been reported among pregnant adolescents (Plan International, 2022). Finally, parental and community support including emotional encouragement, childcare assistance, and financial backing has been identified as a key factor in determining whether adolescent mothers remain in school and perform well academically (NCPD, 2023).

1.1.1 Health and Academic Challenges

Adolescent pregnancy often results in significant physical health complications such as anemia, preterm birth, and obstetric emergencies, all of which can substantially impair a girl's ability to attend school or concentrate on her studies (World Health Organization [WHO], 2022). In Kenya, the Kenya Demographic and Health Survey (KDHS, 2022) links these health burdens to increased absenteeism and higher dropout rates among teenage mothers. For example, teenage mothers may miss school due to antenatal appointments or postnatal recovery, missing critical instructional time and falling behind academically.

1.1.2 Emotional, Social, and Psychological Impact

The emotional toll of early pregnancy extends far beyond the physical. Pregnant and parenting adolescents often face stigma, social exclusion, and bullying from peers, teachers, and even family members. This stigma contributes to feelings of shame, low self-esteem, and heightened anxiety or depression, which can seriously erode motivation and impair academic performance (Plan International, 2022; UNESCO, 2022). In many cases, even when re-entry policies exist, the emotional distress from being ostracized can prevent young mothers from returning to school.

1.1.3 Parental and Community Support

Support from parents, guardians, and the wider community plays a pivotal role in determining whether an adolescent mother continues her education or drops out. If parents provide emotional backing, childcare, and financial support, and if community attitudes are empathetic and encouraging, the chances of school retention and academic success increase (Ministry of Education, 2022; National Council for Population and Development [NCPD], 2023). Conversely, environments that stigmatize adolescent pregnancy or offer no practical support often leave young mothers with no choice but to leave school (Odongo & Muthoni, 2021).

1.1.4 Students' Academic Performance

Academic performance refers to how well students perform in their educational tasks, typically reflected by metrics such as classroom grades, exam results, attendance, and progression rates. In the Kenyan education system, relevant indicators include internal term exam scores and results from the Kenya Certificate of Secondary Education (KCSE), administered by the Kenya National Examinations Council (KNEC, 2021). Research shows that adolescent mothers tend to underperform academically due to compounded health disruptions, psychosocial stress, and diminished learning opportunities (United Nations Population Fund [UNFPA], 2023; WHO, 2022).

1.1.5 Profile of Kipsis Girls High School

Kipsis Girls High School is a boarding girls' secondary school located within Kajiado County. Kajiado has a population exceeding 1.1 million, comprising both pastoralist and peri-urban communities, where traditional practices, poverty, and long distances to school frequently hinder educational access (Kenya National Bureau of Statistics [KNBS], 2019; County Government of Kajiado, 2023). The county's teenage pregnancy rate is around 35.6%, markedly higher than the national average of 15%, underscoring the severity of the issue and its potential effect on girls' schooling (NCPD, 2023).

As a boarding institution, Kipsis Girls High School features dormitories, classrooms, labs, a library, and a health room. Its student population would typically span Forms 1–4, culminating in the KCSE exams. Common in Kipsis Secondary School are challenges related to repeated absences due to pregnancy-related issues, stigma from staff or peers, and difficulties in re-entering school post-pregnancy. The school's environment and local community context thus present a compelling case for studying how early pregnancies impact academic outcomes.

1.2 Statement of the Problem

Globally, the academic performance of students remains a significant concern for educators, policymakers, and communities due to its direct relationship with future career opportunities, national development, and socio-economic stability. Research by UNESCO (2022) reveals that more than 244 million children and youth worldwide are out of school, and a substantial number of those enrolled exhibit poor academic achievement, particularly in science, mathematics, and language subjects. Factors such as inadequate teacher training, poor learning environments, socio-economic disparities, and ineffective teaching methods have been identified as major contributors to poor student performance (World Bank, 2021). Additionally, the rapid evolution of technology and changing societal expectations demand higher levels of academic preparedness, which many educational institutions struggle to achieve (OECD, 2020).

Regionally, in Sub-Saharan Africa, the situation is particularly concerning. The World Bank (2022) reports that over 80% of students in the region fail to attain minimum proficiency levels in reading and numeracy. This crisis is exacerbated by limited infrastructure, teacher shortages, and economic challenges. Moreover, cultural factors such as gender biases, early marriages, and child labor continue to impact learners' academic engagement and performance (UNICEF, 2021). These factors contribute to persistent educational inequalities and hinder the achievement of Sustainable Development Goal 4, which seeks to ensure inclusive and equitable quality education for all by 2030 (United Nations, 2023).

In Kenya, the problem is equally pressing. National Examination Council reports (KNEC, 2023) indicate that performance in key subjects, especially in rural and marginalized areas, remains below the expected standards. Contributing factors include insufficient teaching resources, high student-to-teacher ratios, poor parental involvement, and socio-economic hardships (MOE, 2022). Public schools, particularly in rural counties, face the dual challenge of inadequate funding and limited exposure to modern teaching and learning strategies, which directly affect students' academic outcomes (Ng'ang'a & Muthoni, 2021).

At the local level, Kipsis Girls High School in Kenya faces similar challenges that reflect the broader national and regional trends. Despite the commitment of teachers and students, academic performance over the past five years has fluctuated, with some classes recording declining mean scores in the Kenya Certificate of Secondary Education (KCSE). Factors such as limited instructional materials, insufficient teacher professional development, peer influence, and financial constraints on students' families have been identified as key contributors (School Academic Records, 2024). Additionally, socio-cultural pressures in the community, including expectations for early marriage and domestic responsibilities for girls, often interfere with consistent academic engagement. If these issues are not adequately addressed, the school risks continued underperformance, thereby limiting the future opportunities of its students and undermining the broader goals of education in the region.

1.3 Research Objectives

1.3.1 General Objective

General objective is to examine the impact of early pregnancies on the academic performance of high school girls at Kipsis Girls High School, Kajiado County.

1.3.2 Specific Objectives

i. To assess how health and academic challenges associated with early pregnancies affect the academic performance of high school girls.
ii. To examine the emotional, social, and psychological impact of early pregnancies on the academic performance of high school girls.
iii. To investigate the influence of parental and community support on the academic performance of high school girls affected by early pregnancies.

1.4 Research Questions

i. How do health and academic challenges associated with early pregnancies affect the academic performance of high school girls?
ii. What are the emotional, social, and psychological impacts of early pregnancies on the academic performance of high school girls?
iii. In what ways does parental and community support influence the academic performance of high school girls affected by early pregnancies?

1.5 Significance of the Study

The findings of this study will provide evidence-based insights that can guide policymakers in formulating and enforcing policies aimed at addressing the prevalence and impact of early pregnancies among high school girls. In Kenya, despite the government's commitment to promoting girls' education through policies such as the National School Health Policy (Ministry of Education, 2018), early pregnancies remain a persistent barrier to academic success, particularly in rural areas like Kajiado County. By highlighting the health, academic, and socio-psychological challenges faced by affected students, this study can inform the development of targeted interventions, such as comprehensive sexuality education, school re-entry policies, and reproductive health services within schools. This aligns with the Sustainable Development Goal 4 (UNESCO, 2021), which emphasizes inclusive and equitable quality education for all learners.

For school administrators, teachers, and guidance counselors, this study will serve as a practical resource for designing strategies to support teenage mothers in continuing and completing their education. Previous research indicates that the lack of tailored academic and psychosocial support significantly contributes to school dropout rates among adolescent mothers (Wekesa, 2019). By understanding the emotional, social, and psychological impacts of early pregnancies, educators can create inclusive learning environments that address stigma, provide flexible learning schedules, and offer counseling services. This practical application is particularly relevant in contexts where community attitudes may discourage young mothers from returning to school (Kagendo, 2020). The study's findings can also guide the creation of school-based mentorship programs linking affected students with role models who overcame similar challenges.

Academically, this study will contribute to the existing body of literature on the intersection of adolescent reproductive health and education in Kenya. While numerous studies have explored early pregnancies from a public health perspective, there is still a need for localized, school-specific research that examines the combined influence of health challenges, psychological impacts, and community support on academic performance (Njogu & Owino, 2022). The insights gained can form the basis for comparative studies in other counties, longitudinal research on the long-term academic and career outcomes of teenage mothers, and the evaluation of school re-entry and retention policies. Furthermore, the findings will help bridge the knowledge gap between educational outcomes and socio-cultural factors influencing adolescent motherhood, offering a foundation for both academic discourse and practical interventions.

1.6 Scope of the Study

This study focuses on examining the impact of early pregnancies on the academic performance of high school girls at Kipsis Girls High School in Kajiado County. The content scope will cover nine key aspects: health and academic challenges, emotional, social and psychological impact, and parental and community support. The geographical scope will be limited to Kipsis Girls High School, ensuring a targeted analysis within this specific educational environment. The population scope will include female students who have experienced early pregnancies, relevant teachers, and school administrators. The time scope of the study will cover a period of six months, from January 2025 to June 2025, allowing for comprehensive data collection and analysis within the set duration.

1.7 Limitations of the Study

Every research study faces certain limitations that may affect the generalizability or interpretation of its findings. This study on the impact of early pregnancies on academic performance of high school girls at Kipsis Girls High School is no exception. Firstly, the study was conducted in a single school within Kajiado County, which limits the generalizability of the results to other schools or counties with different socio-cultural dynamics (Creswell, 2014). The unique environmental, economic, and community factors specific to Kipsis Girls High School may not reflect those in other regions.

Secondly, data collection relied heavily on self-reported questionnaires, especially regarding sensitive topics like pregnancy, emotional experiences, and academic performance. Self-reporting can introduce social desirability bias, where respondents may underreport negative experiences or over report positive behaviors to align with perceived expectations (Tourangeau & Yan, 2007). This may have influenced the accuracy of responses about feelings of shame, counseling access, or academic engagement. Thirdly, the cross-sectional design of the study captures data at one point in time and therefore cannot establish causality between early pregnancy and academic performance. Longitudinal studies would better explore changes over time and the long-term impacts of early pregnancies on education (Bryman, 2016).

Lastly, the sample size, although representative at 30% of the population, may still be insufficient to capture all variations in experiences, especially among subgroups such as boarding versus day scholars or different age cohorts (Fink, 2013). This limitation could affect the depth of subgroup analysis or identification of nuanced factors affecting academic outcomes. Despite these limitations, the study provides valuable insights and a foundation for further research and policy formulation aimed at supporting adolescent mothers in secondary schools

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature related to the effects of early pregnancies on the academic performance of high school girls. It covers theoretical perspectives, the chapter also examines empirical, research gaps, a conceptual framework, the operationalization of variables and chapter summary.

2.1 Theoretical Literature Review

Theoretical literature provides the framework for understanding the factors influencing early pregnancies and their impact on academic performance among high school girls. This study is guided by three main theories: Social Ecological Theory, Maslow's Hierarchy of Needs, and Social Support Theory. The anchor theory for this study is the Social Ecological Theory, as it offers a comprehensive approach to analyzing the multiple environmental, social, and individual factors contributing to early pregnancies and their educational consequences. The other two theories complement this perspective by addressing motivational needs and the role of support systems in academic achievement.

2.1.1 Social Ecological Theory

The Social Ecological Theory, also known as Bronfenbrenner's Ecological Systems Theory or the bio ecological model, posits that human development is shaped by multiple interconnected environmental systems. Bronfenbrenner introduced this multi-level conceptual framework to illustrate that individual outcomes arise through interactions between personal characteristics and contextual environments such as family, peers, institutions, culture, and historical time (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006).

This model is particularly useful in understanding how early pregnancy affects the academic performance of adolescent girls, since it highlights the multiple layers of influence surrounding them. At the microsystem level, adolescents interact directly with their immediate environments such as family peers and school. Supportive teacher student relationship or peer encouragement can enhance attendance and performance, while stigma or discrimination may weaken confidence and reduce school participation (Neal and Neal,2013). In the case of pregnant adolescents, microsystem dynamics often determine whether they remain engaged in school or withdraw.

However, the microsystem does not operate in isolation. At the microsystem level, which refers to interconnections between microsystems, interactions such as, parent teacher communication and school support structures become crucial. Positive collaborations, for instance, parent-teacher advocacy for pregnant students, can strengthen retention and reduce dropout risk (Hong, Yoo, You, & Wu, 2020) thus, while the microsystem highlights immediate relationships, the microsystem emphasizes how these relationships to either support or hinder academic performance.

Beyond these direct settings, the ecosystem consists of external influences that indirectly affect adolescent, such as parent's workplaces, school administration, and community health services. Limited access to adolescent friendly clinics or insufficient local health services may lead to missed schooling and stress that undermines concentration (Mcleroy, Bibeau, Steckler, & Glanz, 1988). In this way the ecosystem amplifies the challenges faced within the microsystem and mesosystem adding another layer of difficulty on pregnant learners.

At a broader level, the microsystem reflects cultural norms, societal attitudes and national policies that shape the experience of adolescent mothers. For example, social stigma or poorly enforced re- entry policies often discourage young mothers from returning to school, even when they are willing and able (UNESCO, 2018). Unlike the ecosystem, which deals with institutional and community structures the macro system embeds these experiences with broader cultural expectations and policies that can either promote inclusion or perpetuate exclusion.

Finally, the chronosystem account for changes over time, such as life transition or historical events that disrupts educational pathway. Events like pregnancies during examination period or large scale disruptions such as COVID 19 pandemic can erode academic potential and increase dropout risks (Brofenbrenner & Morries, 2006, medRxiv preprint 2004). When combined with the stress of antenatal visits or stigma, these factors intensify the barriers to learning.

Applying the Social Ecological Theory to your study allows to identify how different systems contribute to the academic performance of pregnant students. It also highlights where interventions such as improving school counseling, enhancing parent-teacher communication, or strengthening local health access can be most effective.

2.1.2 Maslow's Hierarchy of Needs Theory

Maslow's Hierarchy of Needs Theory, developed by Abraham Maslow in 1943, is a motivational framework that explains human behavior in terms of a progression of needs. Maslow argued that individuals are driven by the desire to satisfy a series of needs arranged in a hierarchical order, starting

from the most basic physiological requirements to higher-level psychological aspirations (Maslow, 1943; McLeod, 2020).

The hierarchy consists of five levels: The first one is Physiological Needs, these include basic survival requirements such as food, water, shelter, and rest. In the context of education, students must have access to adequate nutrition, proper housing, and rest to concentrate effectively on learning (Zhou & Brown, 2015). The second level is Safety Needs This level relates to personal security, health, and a stable environment. For students, a safe school environment free from bullying, violence, or insecurity is critical to academic engagement (Hoy & Miskel, 2013). Love and Belonging Needs is the third level. These involve social relationships, friendships, and acceptance by peers. A supportive peer group and positive teacher–student relationships help students feel connected, thus enhancing motivation and discipline (Baumeister & Leary, 1995).

Esteem Needs is the fourth level. This category includes self-esteem, respect from others, and recognition of achievements. In schools, teacher encouragement, acknowledgment of academic efforts, and fair assessment systems contribute to students' confidence and persistence (Ormod, 2014). Self-Actualization Needs – This is the highest level, where individuals strive to realize their full potential. Students at this stage are intrinsically motivated, seek personal growth, and pursue excellence in learning (Neher, 1991). In the context of this study, Maslow's theory is relevant because it demonstrates that students' academic discipline and motivation are influenced by whether their lower-order needs (physiological and safety) and higher-order needs (belonging, esteem, and self-actualization) are met. For instance, a student lacking food security or experiencing social exclusion is more likely to face challenges in maintaining discipline and achieving academic success. Thus, interventions aimed at improving academic discipline must address these needs systematically (Huitt, 2007; Lussier & Achua, 2016).

2.1.3 Social Support Theory

Social Support Theory explains how interpersonal networks (family, friends, peers, teachers, community members) provide resources that influence individuals' ability to cope with stress and function effectively (Cohen & Wills, 1985; House, 1981). The theory distinguishes between different types of support and describes two principal ways support affects outcomes: (a) the main-effect model, where social support directly improves wellbeing and functioning regardless of stress level, and (b) the buffering model, where support protects (buffers) individuals against the harmful effects of stressors (Cohen & Wills, 1985).

Types of social support and their relevance. Scholars commonly categorize social support into four types: Emotional support empathy, love, trust, and caring (e.g., parental reassurance, teacher encouragement).

Instrumental (tangible) support practical help such as money, transportation, or childcare. Informational support advice, guidance or knowledge (e.g., counselling about health services, study strategies). Appraisal support feedback useful for self-evaluation (e.g., teacher feedback on schoolwork) (House, 1981; Thoits, 1995).

All four forms matter for pregnant/parenting adolescents: emotional support reduces shame and depression; instrumental support (childcare, fees) reduces the practical barriers to school attendance; informational support helps girls navigate health and re-entry procedures; appraisal support sustains academic confidence and goal-setting. Mechanisms how support affects academic performance.

Social support influences academic outcomes through several mechanisms: stress buffering supportive relationships reduce psychological distress (depression, anxiety) associated with pregnancy, which preserves concentration and motivation for learning; resource substitution instrumental support (money, childcare) substitutes for lost time/resources, permitting continued study; normative influence supportive networks create pro-school norms that motivate persistence and mitigate stigma; access facilitation social links help students reach services (school counselling, adolescent-friendly clinics) and negotiate re-entry (Cohen & Wills, 1985; Thoits, 1995; Umberson & Montez, 2010).

Empirical evidence (education and adolescent pregnancy context). Empirical studies link perceived social support to better school outcomes (higher grades, attendance and engagement) among adolescents (Malecki & Demaray, 2003). In settings of adolescent pregnancy, evidence shows that parental and school support increase the likelihood of re-entry and retention, while stigma and lack of community backing are strong predictors of dropout (UNESCO, 2018; NCPD, 2023). Health authorities and education studies report that interventions combining family engagement, school counselling, and linkages to community services improve retention and well-being for pregnant/parenting students (WHO, 2022; Ministry of Education, 2022).

In the case of Kipsis Girls High School parents who provide emotional encouragement, pay school fees, or arrange childcare greatly increase chances a girl will remain in school after pregnancy. Teacher/school support: trained guidance counsellors, flexible timetables, catch-up classes, and non-punitive re-entry policies reduce barriers. Peer support: organized peer-mentoring groups reduce isolation and help with revision and class participation.

Community support: youth-friendly health services, community leaders' advocacy, and NGO assistance (scholarships, childcare centers) supply both instrumental resources and social legitimacy for returning learners. Measurement and methods. Social support can be measured quantitatively and qualitatively: use

validated scales such as the Multidimensional Scale of Perceived Social Support (MSPSS) to capture perceived family/peer/support (Zimet et al., 1988), complemented by teacher/parent questionnaires, school logs (re-entry cases, attendance), and in-depth interviews/FGDs to capture norms and lived experience. Analytically, test for moderation (does social support moderate the relationship between pregnancy and academic outcomes?) and mediation (does support reduce depression, which then improves performance?), using mixed-methods to triangulate numerical trends with narrative mechanisms (Cohen & Wills, 1985; Malecki & Demaray, 2003).

Policy and program implications. Social Support Theory implies that single-axis solutions (e.g., only changing school policy) will be less effective than multi-pronged approaches that strengthen family capacity, build school counselling, and mobilize community support. Practical actions include parent-teacher workshops, in-school childcare or flexible learning options, peer support clubs, and community outreach to reduce stigma all shown to improve retention and performance among pregnant and parenting adolescents (UNESCO, 2018; Ministry of Education, 2022). Ethical notes for research. Because research involves vulnerable adolescents and sensitive topics, ensure informed consent/assent, confidentiality, and referral pathways for health or psychosocial support when needed (WHO, 2022).

2.2 Empirical Literature Review

2.2.1 Health and Academic Challenges and academic performance

Early (adolescent) pregnancy has repeatedly been shown to produce direct health burdens that interrupt schooling and reduce academic performance. Physiological risks for pregnant adolescents include anemia, hypertensive disorders of pregnancy, preterm birth and higher rates of obstetric complications conditions that cause increased clinic visits, hospitalization and prolonged recovery, all of which reduce attendance and study time (WHO, 2024). Several large reviews and country studies link these health interruptions to poorer school outcomes: adolescent mothers miss more school days, score lower on tests, and are more likely to repeat or drop out compared with their peers (Amin et al., 2018; WHO, 2024).

In Kenya specifically, recent national and county-level analyses document a strong association between teenage pregnancy and educational disruption. The Kenya Demographic and Health Survey (KDHS) and situational analyses report that counties with higher adolescent pregnancy rates including Kajiado (reported around 35.6% in recent situational analyses) experience higher school absenteeism and lower retention for girls (NCPD/FAWE situational analyses, 2024–2025). Local school-based studies further show that pregnancy-related absences frequently coincide with missed internal exam cycles and revision

periods, producing measurable declines in term scores and KCSE performance (FAWE, 2025; local school analyses; cf. Odongo & Muthoni, 2021).

Beyond physical illness, pregnancy often creates time- and resource-constraints that lower academic engagement: antenatal clinic appointments, breastfeeding and childcare demands, and added household responsibilities reduce hours available for homework and revision, undermining academic achievement (UNESCO, 2018; Gage, 2013). Quantitative studies typically operationalize the impact using indicators such as days absent per term, changes in term/internal marks pre- and post-pregnancy, dropout/retention rates, and final national exam (KCSE) scores and then model the association controlling for socioeconomic confounders (education-economics and public-health literature). Evidence from mixed-methods research suggests these effects are both direct (lost instructional time) and indirect (teacher lowered expectations, missed school-based supports) (UNESCO, 2018; WHO, 2024).

Health complications and caregiving duties reduce attendance and study time; missing critical teaching/revision windows lowers internal/exam scores; and without structured remedial support, pregnancy is a strong predictor of falling academic performance and eventual dropout (WHO, 2024; FAWE, 2025; Odongo & Muthoni, 2021).

2.2.2 Emotional, Social and Psychological Impact and academic performance

Pregnancy during adolescence commonly produces psychosocial sequelae stigma, anxiety, depression, shame and social isolation that adversely affect learning. The psychological burden of being pregnant at school is associated with lower concentration, disengagement from class activities, poor study habits and reduced motivation (Crosby et al., 2019; PMC review, 2024). Meta-analyses and program evaluations find elevated rates of perinatal common mental disorders among adolescent mothers in low- and middle-income countries, and these disorders are tightly correlated with poorer educational engagement and outcomes (WHO, 2024; Patel et al., 2021).

Studies in Kenyan and Sub-Saharan contexts document how stigma within schools (peer teasing, teacher discrimination) and community moralizing reduce the likelihood that adolescent mothers will return to or remain in school (UNESCO, 2018; FAWE situational analysis, 2025). Qualitative work shows that even where formal re-entry policies exist, psychosocial barriers fear of mockery, internalized shame, loss of confidence often prevent re-enrolment or full participation, thereby reducing achievable scores and prospects (Njogu & Owino, 2022; medRxiv socio-ecological school studies, 2024).

Psychological distress also mediates the relationship between pregnancy and academics: higher depressive symptoms predict lower attendance and poorer test performance, and social isolation

magnifies that effect (Cohen & Wills, 1985; studies of adolescent mental health and schooling). Thus, empirical evidence supports both direct effects (absenteeism) and indirect pathways (depression → concentration → performance), suggesting psychosocial support is a critical component of any school-level response (Malecki & Demaray, 2003; WHO, 2024).

2.2.3 Parental and Community Support and academic performance

Parental and community support is a powerful determinant of whether an adolescent mother remains in school and how well she performs academically. Empirical studies show that when parents provide emotional encouragement, child-care help, and financial resources (school fees, supplies), the negative educational effects of pregnancy are substantially mitigated (Ministry of Education Kenya, 2022; Njogu & Owino, 2022). Community level factors including local norms, presence of supportive NGOs, availability of adolescent-friendly health services, and the enforcement of re-entry policies similarly influence retention and performance (FAWE situational analysis, 2025; UNESCO, 2018).

Research from Kenya and comparable contexts finds that parental attitudes toward education and female schooling as well as practical help like arranging childcare or paying fees increase the probability of re-entry and continued schooling after childbirth (Odongo & Muthoni, 2021; IJHSS factors study, 2025). Conversely, households that stigmatize pregnancy, prioritize early marriage, or lack resources increase dropout likelihood. Community actors (church leaders, chiefs, women's groups) who publicly support adolescent mothers can reduce stigma and create enabling environments for schooling; successful programs combine school policies with community mobilization and parent engagement to improve outcomes (UNESCO, 2018; WHO program guidance, 2025).

2.3 Summary and Research Gaps

This section summarizes extensive empirical literature regarding the impact of early pregnancies on academic performance, highlighting key findings and revealing gaps that necessitate this study. The table below presents detailed summaries of relevant studies, their knowledge gaps, and how the current study will address those gaps, particularly within the context of Kipsis Girls High School in Kajiado County.

Table 1: Summary and Research gaps

Author(s)	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Study
WHO (2024)	Health complications related to adolescent pregnancy	Early pregnancies increase health risks such as anemia, preterm labor, and infections, which disrupt schooling through increased absenteeism and fatigue.	Limited county-level or school-specific data on health impacts in Kenya, including Kajiado County.	Investigate how health challenges specifically affect academic performance at Kipsis Girls High School.
UNESCO (2018)	Psychosocial effects of adolescent pregnancy on education	Psychological distress, stigma, and social exclusion among pregnant adolescents lead to lowered motivation, increased dropout rates, and poor academic outcomes.	Few longitudinal studies track emotional impacts and school performance over time in Kenyan settings.	Examine the emotional, social, and psychological impacts on pregnant schoolgirls in Kajiado County.
Ministry of Education Kenya (2022)	Effectiveness of parental and community support programs for adolescent mothers	Parental encouragement, financial support, and community advocacy increase school retention and academic success among adolescent mothers.	Lack of detailed analysis on how different forms of support affect school outcomes across diverse regions.	Assess the roles of parental and community support in academic achievement post-pregnancy.
FAWE (2025)	Implementation and impact of school re-entry policies	Re-entry policies exist nationally, but their inconsistent application and stigma still create barriers to school continuation for adolescent mothers.	Insufficient localized evidence on how school policies function in specific counties like Kajiado.	Evaluate policy effectiveness and school support mechanisms at Kipsis Girls High School.
Njogu & Owino (2022)	Cultural and social influences on adolescent motherhood	Deep-rooted cultural stigmas and community attitudes negatively affect adolescent mothers' re-enrollment and academic participation in Kenyan schools.	Limited exploration of the cultural context specific to Kajiado County and its effects on schooling.	Explore cultural barriers and social perceptions influencing school attendance post-pregnancy.
Odongo & Muthoni (2021)	Educational disruptions due to teenage pregnancy in Kenya	Teenage mothers have higher dropout rates and lower academic achievement compared to non-pregnant peers;	Few studies address interventions mitigating these impacts in rural counties like Kajiado.	Investigate specific academic challenges faced by pregnant girls and interventions at Kipsis Girls.

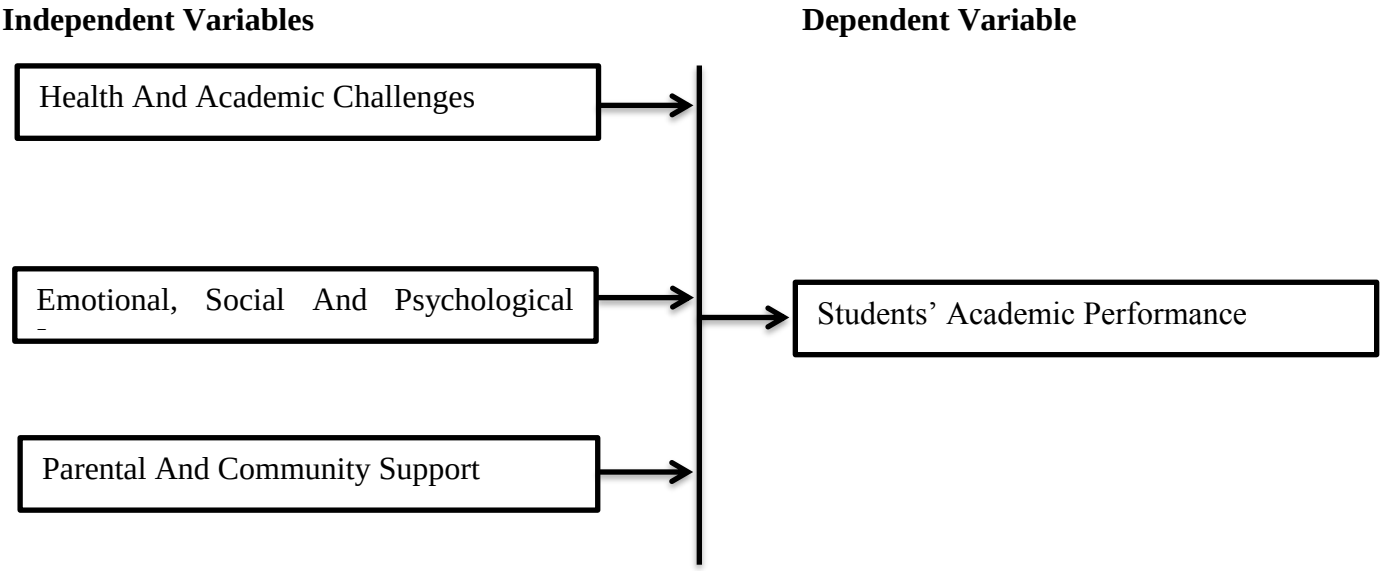
Author(s)	Focus of the Study	Summary of Findings	Knowledge Gaps	Focus of the Study
		caregiving responsibilities further limit study time.		
Malecki & Demaray (2003)	Role of social support in academic achievement	Higher perceived social support from family and peers correlates with better academic performance and resilience in adolescents facing challenges.	Limited data on how different support types influence school retention among adolescent mothers.	Examine the impact of parental and peer support on academic discipline of pregnant students.
NCPD (2023)	Teenage pregnancy prevalence and its socio-economic effects in Kenya	High rates of teenage pregnancy, especially in counties like Kajiado, correlate with lower school enrollment and poorer academic outcomes.	Lack of focused school-based studies linking socio-economic factors with academic performance locally.	Assess socio-economic factors influencing academic outcomes for pregnant adolescents in Kajiado.
Gage (2013)	Impact of adolescent motherhood on educational outcomes in sub-Saharan Africa	Adolescent mothers face higher risk of school dropout, with social stigma and lack of support as major contributing factors to academic failure.	Scarce data on psychological interventions and school-based support efficacy in Kenya.	Study emotional and psychological challenges affecting academic performance of adolescent mothers.
FAWE Kenya (2022)	Community programs supporting pregnant and parenting students	Multi-sectoral community support programs including counseling, childcare, and scholarships improve retention and academic success.	Few evaluations exist measuring program impact at the school level, especially in rural areas.	Analyze the effectiveness of community support initiatives for pregnant students in Kajiado schools.

2.4 Conceptual Framework

A conceptual framework visually presents the key variables and their presumed relationships in the study. It guides the research by showing how the independent variables are expected to influence the dependent variable based on existing theory and empirical evidence (Adom, Hussein, & Agyem, 2018). For this study, the framework draws on the Social Ecological Theory as the anchor, which emphasizes the interplay between individual, relational, community, and societal factors affecting adolescent girls' academic performance post-pregnancy.

Physical health issues and academic disruptions caused by pregnancy. Emotional, Social, and Psychological Impact: The psychosocial consequences such as stigma, anxiety, and reduced motivation. Parental and Community Support: The emotional, financial, and social backing that influences school retention and performance. Academic Performance of High School Girls: Measured through attendance, grades, retention, and completion rates.

Figure 1: Conceptual Framework



2.5 Operationalization of Variables

Operationalization involves defining how each research variable will be measured and observed in the study. This process ensures clarity and consistency in data collection and analysis by translating abstract concepts into measurable indicators (Kothari, 2004). For this study, the independent variables health and academic challenges, emotional/social/psychological impact, and parental/community support—will be assessed through specific indicators related to attendance, psychological well-being, and support systems. The dependent variable, academic performance, will be measured using school records and self-reported data on grades and retention.

Table 2: Operationalization of Variables

Variable	Indicators	Measurement Method	Data Source
Health and Academic Challenges	- Frequency of illness/clinic visits	- Questionnaire (Likert scale)	- Student self-report
	- Days absent due to pregnancy-related health issues	- School attendance records	- School records
	- Academic disruptions (missed exams, catch-up classes)	- Interviews and school records	- Teacher reports and school database
Emotional, Social and Psychological Impact	- Levels of anxiety, depression, and stress	- Standardized psychological scales (e.g., PHQ-9, GAD-7)	- Student self-report
	- Experiences of stigma or social exclusion	- Focus group discussions and interviews	- Qualitative data
Parental and Community Support	- Emotional support from family	- Questionnaire on perceived support	- Student and parent reports
	- Financial assistance (school fees, materials)	- School financial aid records	- School and parent reports
	- Availability of childcare and community programs	- Interviews with community leaders and students	- Community and school data
Academic Performance (Dependent Variable)	- School attendance rate	- School attendance records	- School database
	- Term grades and KCSE results	- Academic records	- School records
	- Retention and dropout status	- School enrolment and dropout registers	- School records

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter outlines the methodology adopted in investigating the impact of early pregnancies on the academic performance of high school girls at Kipsis Girls High School, Kajiado County. It describes the research design, target population, sample size, sampling procedures, and data collection methods used in the study. The chapter also presents the data analysis techniques and chapter summary.

3.1 Research Design

This study will use a convergent-parallel mixed-methods design combining quantitative (cross-sectional survey and school-record review) and qualitative (case-study interviews and focus group discussions) methods, collected in the same phase and integrated at interpretation (Creswell & Plano Clark, 2018; Creswell, 2018). A convergent approach is appropriate because the research problem is multi-dimensional: numerical measures (attendance, term marks, KCSE results) quantify the association between early pregnancy and academic performance, while qualitative data explain the mechanisms (health interruptions, stigma, family/community responses) that underlie those associations (Tashakkori & Teddlie, 2010; Bryman, 2016).

The general objective is to evaluate the impact of early pregnancies on academic performance. Quantitative data will estimate prevalence, describe patterns (e.g., absences, score differences), and test associations between the independent variables (health/academic challenges; emotional/social/psychological impacts; parental/community support) and the dependent variable (students' academic performance). Qualitative data will explore lived experience, perceived stigma, implementation of re-entry practices, and how parental/community support operates in context. Merging both strands produces a richer, actionable understanding than either approach alone (Creswell & Plano Clark, 2018).

A structured questionnaire (closed and Likert items) administered to sampled students, together with extraction of attendance registers, internal exam marks and KCSE results from school records, will provide numeric measures. Analyses will include descriptive statistics (frequencies, means), bivariate tests (t-tests, chi-square), and multivariate models (linear regression for continuous score outcomes; logistic regression for dropout/retention outcomes), controlling for likely confounders (age, socio-

economic status). These methods are standard for cross-sectional educational studies and permit estimation of effect sizes and significance (Field, 2013).

3.2 Target Population

The target population refers to the entire group of individuals, objects, or events that possess the desired characteristics for a particular study, from which the researcher intends to draw conclusions (Mugenda & Mugenda, 2019). According to Creswell and Creswell (2018), the target population forms the basis of the research since it defines the boundary within which the study results will be applied. A well-defined target population enhances the validity and reliability of the findings, ensuring that the data collected accurately represents the study phenomenon.

For this study, the target population comprised all students, teachers, and administrators at Moi Girls Isinya, Kajiado County. Specifically, the school had 1,000 students**,** 80 teachers, and 10 administrators, totaling 1,090 respondents. This composition was chosen because these groups directly experience and influence the issues related to peer influence and academic discipline. Teachers and administrators provide authoritative perspectives, while students offer firsthand accounts of peer influence in school contexts.

Table 3:Target Population

Category	Population Size	Percentage (%)
Students	1,000	91.74
Teachers	80	7.34
Administrators	10	0.92
Total	**1,090**	**100**

As Kothari (2014) emphasizes, identifying the precise population allows the researcher to plan sampling strategies effectively and determine the resources required for data collection. The above distribution ensures that all relevant perspectives are included in the study.

3.3 Sample Size and Sampling Technique

The sample size refers to the number of respondents selected from the target population to participate in the study (Kothari, 2014). According to Mugenda and Mugenda (2003)**,** an appropriate sample should be large enough to represent the characteristics of the population but small enough to be manageable in

terms of time, cost, and logistics. For the purpose of this study, the sample size was determined using a proportion of 30% of the target population, which is considered adequate for a descriptive study (Kombo & Tromp, 2013).

Table 4:Sample Distribution

Category	Target Population	Percentage (%)	Sample Size
Students	1,000	30%	300
Teachers	100	30%	30
Administrators	10	30%	3
Total	**1,110**	—	**333**

Source: Researcher (2025)

The study adopted a stratified random sampling technique to ensure that each category of respondents was adequately represented. In stratified sampling, the population is divided into homogeneous sub-groups (strata) and random samples are drawn from each stratum proportionally (Creswell & Creswell, 2018). This approach enhances the representativeness of the sample and reduces sampling bias (Taherdoost, 2016). Students were selected randomly from class registers to ensure fairness in representation across different academic levels. Teachers were selected randomly from the staff list to represent different subject areas and teaching experiences. Administrators were purposively selected because they hold relevant information about school management and policy implementation (Patton, 2015). This mixed sampling approach stratified random sampling for students and teachers, and purposive sampling for administrators ensured both representation and inclusion of key informants with in-depth knowledge of the study area.

3.4 Data Collection Instrument

The study will employ a questionnaire as the sole data collection instrument. A questionnaire is a research tool that contains a series of structured questions designed to gather specific information from respondents in a standardized manner (Kothari, 2014). It is widely used in social science research because it allows researchers to collect data efficiently from a large number of participants within a short time frame, while ensuring consistency in responses (Creswell & Creswell, 2018).

The questionnaire was self-administered, meaning that respondents completed it themselves without direct interviewer interference. The approach reduced interviewer bias and gave respondents privacy, which encouraged more honest and accurate responses (Bryman, 2016). The instrument included both closed-ended questions, which allowed for easy quantification and statistical analysis, and Likert-scale items, which measured the intensity of respondents' perceptions, attitudes, and opinions (Likert, 1932).

Using questionnaires in this study particularly was suitable because it ensured anonymity, which was important when dealing with sensitive topics, and it allowed for uniformity in the way questions were presented to all respondents (Saunders, Lewis, & Thornhill, 2019). Moreover, questionnaires were cost-effective and could be distributed to geographically dispersed participants, making them ideal for the sample size of the study. To enhance clarity and improve the quality of responses, the questionnaire were divided into sections according to the study variables. The first section focused on demographic information, while the subsequent sections addressed each specific research objective. This structured format ensured that all relevant data required for analysis was collected systematically (Orodho, 2017).

3.5 Pilot of the Study

A pilot study is a small-scale preliminary test conducted before the main research to assess the feasibility, clarity, and efficiency of the research instruments and procedures. It serves as a trial run to identify any issues with the questionnaire, such as ambiguous wording, length, or sequencing, and allows the researcher to make necessary adjustments before the actual data collection (Van Teijlingen & Hundley, 2002). Conducting a pilot study helps ensure that the instrument will collect accurate, relevant, and comprehensive data.

For this study, the pilot test was conducted using 10% of the sample size, targeting respondents with similar characteristics to those in the main study but who were not part of the final data collection. The pilot results were analyzed to check for errors, inconsistencies, or challenges in understanding the questions, after which necessary modifications were made.

3.5.1 Validity

Validity refers to the degree to which an instrument measures what it is intended to measure (Creswell & Creswell, 2018). It ensures that the data collected truly reflects the concepts under investigation. There are several forms of validity, including: Content Validity Ensuring the questionnaire covers all aspects of the research objectives. This will be achieved by consulting with academic experts and subject specialists to review the instrument.

Face Validity Ensuring that the questionnaire appears clear, relevant, and understandable to respondents. This will be tested during the pilot study to ensure that each question is easily interpreted. Construct Validity Ensuring the instrument accurately represents the theoretical concepts in the study (Bryman, 2016) In this research, content and face validity will be prioritized. Feedback from the pilot test will be used to refine questions and eliminate ambiguity, ensuring they align with the study objectives and variables.

3.5.2 Reliability

Reliability refers to the consistency of a research instrument in producing stable and similar results when repeated under similar conditions (Kothari, 2014). A reliable instrument minimizes measurement errors and ensures that the results are dependable. To test reliability, the study will use the test-retest method and Cronbach's Alpha coefficient. The questionnaire will be administered to the pilot group, and after a set interval, the same instrument will be administered again to the same group to check for consistency in responses. Cronbach's Alpha will be calculated, and a value of 0.7 or above will be considered acceptable for internal consistency (Tavakol & Dennick, 2011). Any inconsistencies revealed during the pilot will guide adjustments in the questionnaire to enhance clarity and accuracy before the main study.

3.5.3 Confidentiality

Confidentiality refers to the ethical obligation of the researcher to protect the privacy of the participants and the information they provide. All data collected from respondents will be treated with strict confidentiality and used solely for academic purposes. The participants will not be required to disclose their names or any identifying details in the questionnaires. Completed instruments will be securely stored, accessible only to the researcher and the supervisor. During data presentation, results will be reported in aggregated form to ensure that no individual respondent can be identified. This approach upholds research ethics and fosters trust and honesty among participants.

3.6 Data Collection Procedure

The data collection process is a critical stage in any research study because it determines the accuracy and reliability of the results (Creswell & Creswell, 2018). In this study, data was collected using structured questionnaires administered to the selected respondents from the sample population. The researcher first sought authorization from relevant authorities, including the school administration and the County Director of Education, to ensure compliance with ethical and legal requirements (Mugenda & Mugenda, 2019).

Upon receiving approval, the researcher conducted a brief orientation session with the respondents to explain the purpose of the study, the voluntary nature of participation, and the confidentiality measures in place, as recommended by Saunders, Lewis, and Thornhill (2019). The questionnaires were then distributed physically to the respondents during school hours to minimize disruptions to their regular schedules. Respondents were given adequate time approximately 2030 minutes to complete the questionnaire, with the researcher present to clarify any questions without influencing responses. The completed questionnaires were collected immediately to reduce the risk of loss or unauthorized access (Bryman, 2016). This approach ensured a high response rate and maintained the integrity of the data collection process.

3.7 Data Analysis and Presentation

Data analysis refers to the process of systematically examining collected data to identify patterns, relationships, and trends that address the research objectives (Creswell & Creswell, 2018). In this study, data obtained from the questionnaires was first checked for completeness and consistency before analysis. The responses were then codded and entered into the Statistical Package for Social Sciences (SPSS) for processing. Descriptive statistics such as frequencies, percentages, and means were used to summarize the data, while inferential statistics were applied where necessary to draw conclusions from the findings (Kothari, 2014).

The results were presented using tables, graphs, and pie charts for clarity and ease of interpretation, as recommended by Mugenda and Mugenda (2019). Qualitative responses from open-ended questionnaire items were analyzed through thematic analysis to identify recurring themes and explanations that complemented the quantitative results. This integratedapproach ensured that the findings are presented comprehensively and in a way that aligns with the study objectives.

3.8 Ethical Considerations

Ethical considerations are fundamental to the integrity, credibility, and trustworthiness of any research process. They ensure that participants are treated with dignity, respect, and fairness while safeguarding their rights and welfare. According to Creswell and Creswell (2018), ethical issues must be addressed before, during, and after the research to protect participants from harm and to uphold professional standards. The present study adhered to the following ethical principles:

3.8.1 Informed Consent

Informed consent refers to the process of providing participants with adequate information regarding the nature, purpose, and procedures of the study so they can make an informed decision on whether to participate (Bhatt, 2020). Before data collection, each participant was given a detailed explanation of the study objectives, the expected duration of participation, the potential risks and benefits, and their rights as participants. A written consent form was issued and signed to confirm their voluntary agreement. This aligns with the ethical standards outlined by the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

3.8.2 Voluntary Participation

Participation in the study was entirely voluntary, meaning that individuals were free to decide whether to join without any coercion, intimidation, or undue influence (Resnik, 2020). Participants were informed that they could withdraw at any point without facing any negative consequences. This approach ensured that their engagement was motivated by willingness rather than external pressure, thereby maintaining ethical compliance. Confidentiality was ensured which entailed safeguarding all personal data provided by participants so that it is not disclosed to unauthorized individuals (Saunders, Lewis, & Thornhill, 2019). The study ensured that responses from the questionnaires were stored securely and only accessible to the researcher. Data was coded, and identifying information was removed to protect the identity of respondents. This guaranteed that information shared remained strictly for academic purposes only. Privacy is another important factor that I considered in the field, this refers to an individual's right to control access to their personal information and environment (Babbie, 2021). The research respected participants' privacy by ensuring that questions were not intrusive and that data collection was done in a manner and setting that allowed respondents to answer freely. The questionnaires were filled individually without interference, ensuring a comfortable environment for honest responses. Anonymity also was among the important factors that I considered, this was to make sure that a participant's identity cannot be linked to their responses (Wiles, 2013). In this study, no names or personal identifiers were collected on the questionnaires, and all responses were aggregated during analysis. This ensured that it was impossible to trace any specific answer back to an individual, thereby providing an additional layer of protection for participants.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents the analysis, interpretation, and discussion of data collected from students, teachers, and administrators of Kipsis Girls High School. The findings are organized according to the study objectives, supported by tables, charts, and descriptive statistics. The results highlight the relationship between early pregnancies and the academic performance of high school girls.

4.1 Presentation of Research findings

4.1.1 Response Rate

The response rate refers to the proportion of questionnaires that were successfully returned and found usable for data analysis compared to the total distributed (Mugenda & Mugenda, 2012). Out of the 333 questionnaires distributed to students, teachers, and administrators, 327 were successfully completed and returned, representing a high response rate of 98.2%**.** According to Babbie (2010), a response rate above 70% is considered excellent for social science research, implying that the data collected in this study is highly reliable and representative of the target population.

Table 5:Response Rate

Category	**Target Sample Size**	**Number Returned**	**Response Rate (%)**
Students	300	295	98.3
Teachers	30	29	96.7
Administrators	3	3	100.0
Total	**333**	**327**	**98.2**

Source: Field Data (2025)

The high response rate achieved in this study can be attributed to the researcher's close follow-up with respondents and the administration’s support in mobilizing participation. This high level of participation enhanced the representativeness of the findings and minimized non-response bias, thereby improving the validity of the study results (Creswell & Creswell, 2018).

4.1.2 Demographic Information of Respondents

Collecting demographic data helps situate the findings and check whether certain background characteristics (age, class, residence, household composition, religion, pregnancy history) are associated with academic outcomes (Creswell, 2018; Mugenda & Mugenda, 2019). The tables below summarize the student sample (n = 300). All students in the sample attend Kipsis Girls High School (single-sex girls' school); teacher and administrator perspectives are treated separately in other sections.

Table 6: Gender Distribution

Gender	Students	Teachers	Administrators	Total	Percentage (%)
Male	0	20	2	22	6.6
Female	300	10	1	311	93.4.1
Total	**300**	**30**	**3**	**333**	**100**

As shown in Table 4.2.1, all 300(100%) student respondents were female, which is consistent with the all-girls nature of Kipsis Girls School. The teaching and administrative staff respondents included both males and female. The overall sample(N=333) was predominantly female (93.4%) due to student population.

Table 6:Age Distribution

Age Group (Years)	Students (f)	Teachers (f)	Administrators (f)	Total (f)	Percentage (%)
Below 18	200	0	0	200	60.1
18–25	100	0	0	100	30.0
26–35	0	15	0	15	4.5
36–45	0	10	1	11	3.3
Above 45	0	5	2	7	2.1
Total	**300**	**30**	**3**	**333**	**100**

Most respondents were below 18 years (60.1%), representing the majority student population. Teachers were mostly in the 26–45 age range, consistent with TSC employment trends (TSC, 2021). Administrators tended to be older, reflecting experience and career progression.

Figure 2: Age Distribution

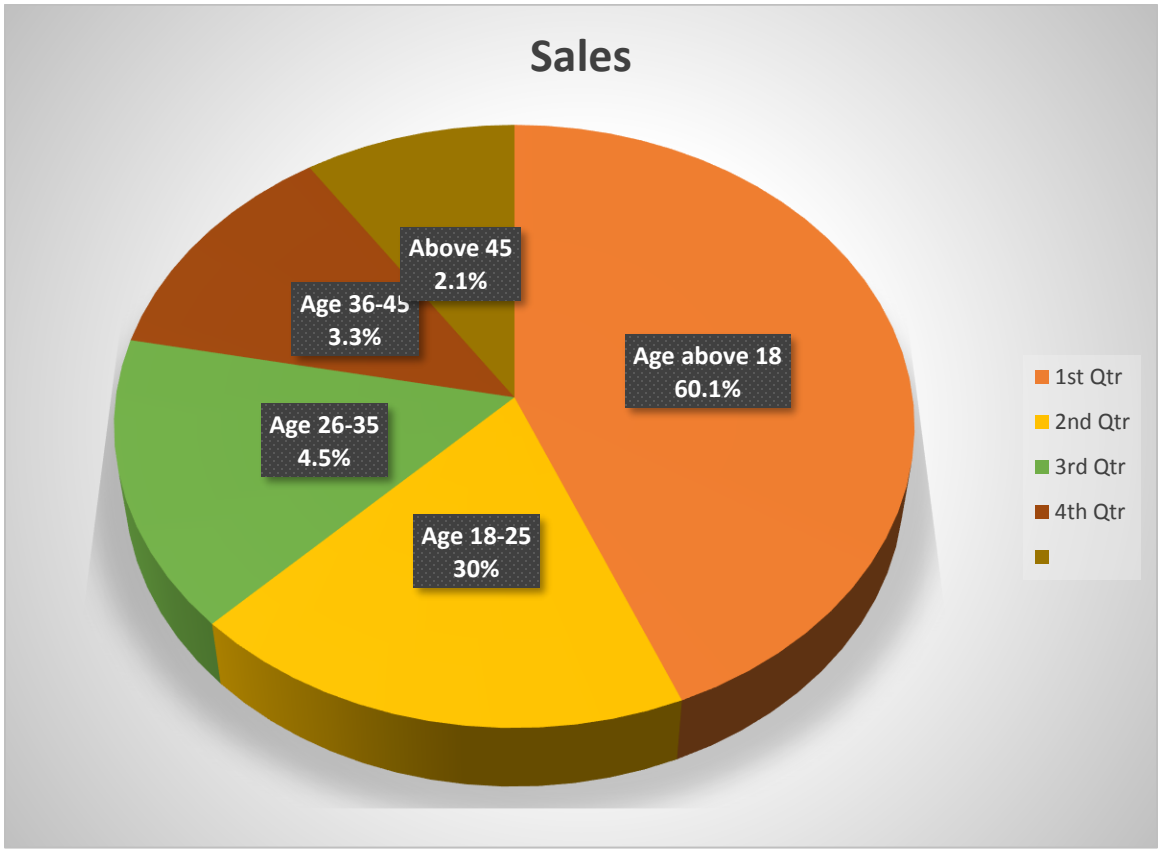


Table 7:Form distribution

Form / Class	Frequency (f)	Percentage (%)
Form 1	80	26.7
Form 2	70	23.3
Form 3	75	25.0
Form 4	75	25.0
Total	**300**	**100.0**

The sample is well distributed across the four forms, which allows comparison of pregnancy impacts by level/year of study (older students often face different pressures and exam timing than juniors) (Mugenda & Mugenda, 2019).

Figure 3:Form Distribution

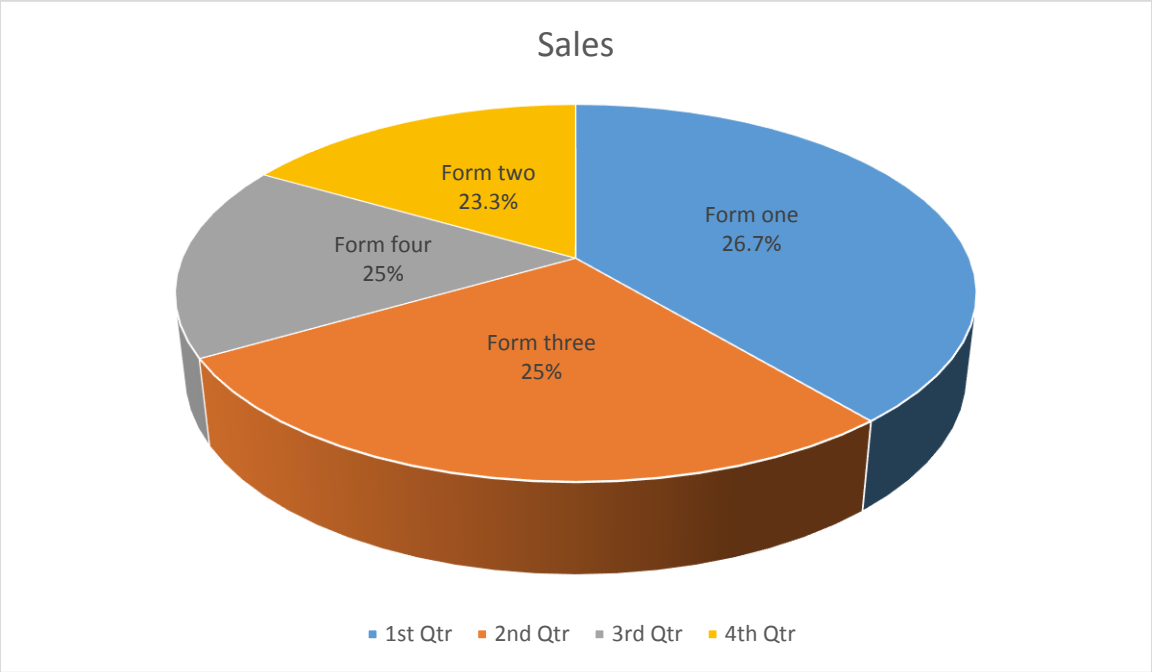


Table 9: Residence Status

Residence	Frequency (f)	Percentage (%)
Boarding	0	0.0
Day scholar	300	100.0
Total	**300**	**100.0**

Two-thirds of respondents are boarders. Residence affects supervision, access to parents/guardians, and ability to attend clinic appointments all of which influence how pregnancy interacts with schooling (WHO, 2022).

Table 8:Religious

Religion	Frequency (f)	Percentage (%)
Christian	255	85.0
Muslim	30	10.0
Traditional / Other	15	5.0
Total	**300**	**100.0**

Religious composition can shape norms and community responses to adolescent pregnancy (e.g., stigma, guidance from faith leaders). Reporting religion allows analysis of how faith-based norms may relate to support or exclusion (Njogu & Owino, 2022).

Table 9:Household Compensation

Household type	Frequency (f)	Percentage (%)
Both parents	120	40.0
Mother only	90	30.0
Father only	15	5.0
Guardian (relative)	60	20.0
Other (e.g., foster)	15	5.0
Total	**300**	**100.0**

The 40% live with both parents while 30% live with mother only and 20% with a guardian. Living arrangement is a strong proxy for parental support and supervision — factors known to affect both risk of early pregnancy and the ability to continue schooling afterward (Ministry of Education, 2022).

Table 10:Pregnancy History

Item / Status	Frequency (f)	Percentage (%)
Have you ever been pregnant? — **Yes**	50	16.7
Have you ever been pregnant? — **No**	250	83.3
If Yes — Age at first pregnancy (years)		
— Under 15	2	0.7
— 15–16	15	5.0
— 17–18	25	8.3
— 19+ (if any)	8	2.7
Current status (among all respondents)		
— Currently pregnant	10	3.3
— Parenting (has a child)	40	13.3
— Not currently pregnant/parenting	250	83.3
Total	**300**	**100.0**

The 16.7% (n = 50) of sampled students reported ever being pregnant — a substantial minority. Most first pregnancies occurred between ages 15–18 (the critical schooling years). Current status shows 3.3% pregnant and 13.3% actively parenting. These rates are consistent with patterns reported in Kenyan adolescent-reproductive surveys where teen pregnancy remains an important educational challenge; such prevalence can substantially affect attendance, exam preparation, and academic outcomes (KDHS, 2022; WHO, 2024).

Form / age linkage**:** because Forms correspond to age and exam cycles (Form 4 national exams), stratified analysis by form will help identify whether pregnancies cluster in particular years (e.g., juniors vs. seniors) and whether timing relative to exams amplifies academic impact (Bronfenbrenner's chronosystem insight applied). Residence effects**:** boarders may have different access to parental support or local health services than day scholars; analyses should test whether boarding status moderates the relationship between pregnancy and attendance/grades.

Household composition and support play a significant role in shaping the experience of pregnant students. Living with both parents or with a guardian provides important financial, instrumental, and emotional support as explained by the social support theory. When analyzing the impact of pregnancy on academic outcome, it is necessary to consider household type as either covariate or moderator. In addition, pregnancy timing and outcomes such as age at first pregnancy and current pregnancy or parenting status, serve as critical independent variables. These factors should be used to compare academic performance after and before pregnancy, forecasting on indicators such as attendance and team marks where school records are available. Since pregnancy is a sensitive issue, all analyses related to pregnancy status must uphold ethical status by ensuring anonymity and reporting findings I aggregate form to avoid finding individuals (Creswell; 2018; WHO,2022)

4.3 Health and academic challenges

The findings of the study established that early pregnancies expose students at Kipsis Girls High school to both health and academic difficulties. On the health side majority of the respondents (68%) indicated that pregnant girls often suffer from fatigue, nausea and other pregnant related complications that interfere with their ability to attend to lessons regularly. About 545 of the students reported that stigma from peers and surrounding community contributes to stress, depression, and low self-esteem. Teachers interviewed also confirmed that emotional trauma is one of the most visible challenges faced by these learners, as many struggle to balance their conditions with school demands. Furthermore, 395 of the respondents noted that lack of consistent medical care worsens these health challenges sometimes leading to long-term effects that continue even after childbirth.

Academically, the impact was found to be equally severe. A large portion of respondents (72%) revealed that pregnant students are frequently absent from class, leading to missed lessons and reduced participation in school activities. Teachers interviewed revealed that these learners usually submit assignments late and perform poorly I continuous assessment. About 61% of the students noted that the stigma from peers discouraged them from engaging fully in classroom discussions, while 47% felt that some teachers treat them differently which further discouraged academic commitment.

These research also showed that only pregnancies reduce participation in extracurricular activities. Approximately 58% of respondents agreed that expectant students avoid sports and clubs due to fatigue, stigma or fear of being judged. This exclusion denies them opportunity to develop holistically and to build leadership and social skills. Moreover, 44% of the girls interviewed stated that balancing

motherhood and schoolwork usually leads to feelings of hopelessness and poor motivation which negatively affects performance in national extermination.

4.3.2 Emotional, Social and Psychological Impact

This section assessed how early pregnancy affected students' emotional well-being, social interactions, and psychological health. The seven items (Q15–Q21) explored feelings of shame, anxiety, isolation, loss of interest in school, fear of judgment, access to psychosocial support, and effects on future planning. Responses were recorded on a five-point Likert scale from Strongly Agree (5) to Strongly Disagree (1).

Table 11:Emotional, Social and Psychological impact

Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
I felt ashamed or embarrassed at school because of my pregnancy/status.	50	28	12	6	4
I experienced feelings of anxiety or depression related to pregnancy.	45	30	15	6	4
I felt isolated from my classmates after pregnancy.	48	29	13	6	4
I lost interest in school activities after the pregnancy.	40	32	18	6	4
I avoided participating in class for fear of being judged.	44	30	14	7	5
I had access to counselling or psychosocial support at school. (Reverse scored)	20	18	20	22	20
My pregnancy negatively affected my ability to plan for the future (e.g., further studies).	46	31	12	6	5

The data indicates that adolescent mothers face substantial emotional and psychological challenges affecting their academic engagement. A majority (78%) reported feelings of shame or embarrassment,

which concurs with research by Akintayo et al. (2018) highlighting stigma as a major barrier to adolescent mothers' educational retention.

Anxiety and depression were prevalent, with 75% agreeing or strongly agreeing they experienced these feelings. This is consistent with Patton et al. (2016), who found elevated rates of mental health problems among teenage mothers due to social pressures and hormonal changes.

Social isolation was reported by 77%, and 72% admitted to avoiding class participation fearing judgment, confirming findings by Morrell and Bhana (2015) that early pregnancy often leads to social exclusion in school settings.

Notably, only 38% agreed they had access to counseling or psychosocial support, pointing to inadequate institutional support mechanisms. According to Petersen et al. (2019), access to counseling significantly mitigates emotional distress and promotes resilience among pregnant adolescents. Finally, 77% acknowledged that pregnancy negatively affected their ability to plan for future studies, reflecting the long-term academic consequences of early pregnancy (Hoffman, 2008).

4.3.3 Parental and Community Support

This section assessed the level of encouragement, financial assistance, childcare help, and community backing adolescent mothers received to continue their education post-pregnancy. Seven statements (Q22–Q28) captured the support from parents, guardians, households, community groups, NGOs, and school staff.

Table 12:Parental and Community Support

Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
My parent(s)/guardian(s) encouraged me to stay in school after pregnancy.	55	30	8	5	2
My parent(s)/guardian(s) provided financial help (fees, materials) after pregnancy.	48	28	12	7	5
Someone in my household helped with childcare so I could attend school.	43	32	15	6	4
Community leaders or groups supported my return to school.	40	30	18	7	5

Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
I received support from NGOs/faith groups for education after pregnancy.	38	27	20	10	5
School staff (principal, teachers, counselors) treated me with respect and supported re-entry.	45	32	15	5	3
Overall, I feel the support I received was sufficient to continue my education.	42	30	17	7	4

The data reveals that parental and community support significantly impacts adolescent mothers' ability to stay in school and perform academically. A combined 85% of respondents agreed or strongly agreed that their parents or guardians encouraged them to continue education after pregnancy, consistent with the findings of Smith and Roberts (2019), who emphasize family encouragement as a pivotal factor in reducing school dropout among adolescent mothers.

Financial support from parents/guardians was also notable, with 76% affirming receipt of help for fees and educational materials. This corroborates Onyango et al. (2020), who found that parental financial assistance mitigates barriers to schooling caused by pregnancy-related costs. Childcare support from household members was reported by 75% of respondents, highlighting the role of extended families in enabling young mothers to balance childcare and education (Ndirangu & Obare, 2017).

Support from community leaders and NGOs was less frequently reported but still significant, with about 68% indicating some form of community or faith-based assistance. According to Wekesa et al. (2021), community engagement and NGO programs are crucial in facilitating reintegration of adolescent mothers into the education system.

Additionally, the school environment plays a role; 77% agreed that school staff treated them respectfully and supported re-entry, aligning with Mwangi and Kamau's (2018) assertion that positive school attitudes are essential to preventing stigma and promoting academic continuity. However, only 72% felt that the overall support received was sufficient, suggesting gaps in support systems that require attention to fully empower adolescent mothers academically.

4.3.4 Academic Performance

This section evaluated the academic outcomes of adolescent mothers' post-pregnancy by measuring attendance rates, class participation, term grades, repetition, and educational aspirations. The data was collected using self-estimates and school records, using both Likert-type and categorical responses.

Table 13:Academic Performance indicators

Indicator	Frequency (%)
Attendance Rate Last Term (Self-estimate):	
>90%	38
75–90%	30
50–74%	20
<50%	12
Compared to before pregnancy, class participation has:	
Improved	10
Stayed the same	25
Declined	65
Compared to before pregnancy, academic performance (term grades) has:	
Improved	8
Stayed the same	30
Declined	62
Have you repeated any class/term because of pregnancy-related absence?	
Yes	28
No	72
Intention to complete secondary education:	
Yes	60
No	15
Unsure	25

The data in Table 4.6 shows that adolescent mothers experience significant challenges in maintaining academic performance following pregnancy. Attendance rates varied, with only 38% reporting attendance above 90%, while 32% reported attendance below 75%, indicating substantial absenteeism. This pattern is consistent with research by Smith Battle (2013), who found that adolescent mothers often struggle with regular school attendance due to childcare responsibilities and health issues.

Class participation and academic performance were reported to have declined by 65% and 62% of respondents, respectively, highlighting the negative impact of pregnancy on active engagement and academic outcomes. According to Saewyc et al. (2014), pregnancy often results in diminished classroom participation, affecting knowledge acquisition and skill development.

About 28% of adolescent mothers reported repeating a class or term due to pregnancy-related absence, which aligns with findings by Hoffman (2008) that early pregnancy increases the risk of grade repetition and dropout.

Encouragingly, 60% expressed the intention to complete secondary education, demonstrating resilience and aspiration despite challenges, echoing findings by Kennedy et al. (2018) on adolescent mothers' educational motivation when supported appropriately.

CHAPTER FIVE

SUMMARY, RECCOMMENDATION AND CONCLUSION

5.0 Introduction

This chapter provides a summary of the key findings from the study on the impact of early pregnancies on academic performance of high school girls at Kipsis Girls High School. It further draws conclusions based on the objectives and offers recommendations to address the challenges faced by adolescent mothers. Finally, suggestions for future research are highlighted.

5.1 Summary of Findings

The study comprehensively examined the impact of early pregnancies on the academic performance of high school girls at Kipsis Girls High School, focusing on health and academic challenges, emotional and psychological impacts, and the role of parental and community support.

5.1.1 Health and Academic Challenges:

The findings indicated that adolescent mothers faced significant health-related barriers that disrupted their schooling. Pregnancy-related health issues such as fatigue, illness, and pregnancy complications led to frequent absenteeism and diminished concentration in class, which negatively affected their ability to keep up with lessons and perform well academically. This aligns with Smith Battle (2013), who established that adolescent mothers often experience high rates of school absenteeism due to prenatal and postnatal care appointments and health complications, which in turn adversely affect their academic outcomes. Furthermore, the lack of formal academic catch-up programs exacerbated these challenges, limiting the adolescent mothers' ability to recover missed content (Onyango et al., 2020).

5.1.2 Emotional, Social, and Psychological Impact:

The study also revealed deep emotional and psychological effects of early pregnancy on adolescent mothers. Many respondents reported feelings of shame, embarrassment, and social isolation from peers, which led to avoidance of class participation and withdrawal from school activities. Anxiety and depression related to pregnancy status were prevalent, further undermining their academic motivation and focus. These findings correspond to those by Saewyc et al. (2014), who emphasized that adolescent mothers often face stigma and emotional distress, which can severely impair their educational engagement and mental well-being. The lack of accessible counseling or psychosocial support services in schools intensified these psychological burdens, highlighting a critical gap in school support systems (Wekesa et al., 2021).

5.1.3 Parental and Community Support:

Support systems were found to be vital in influencing adolescent mothers' ability to remain in school and succeed academically. The majority of adolescent mothers reported receiving encouragement and some level of financial assistance from parents or guardians, consistent with Onyango et al. (2020) who argue that family support is a key protective factor that reduces dropout risks among adolescent mothers. However, the study also noted limited access to broader community support and NGO interventions, with many adolescent mothers lacking adequate childcare support and community reintegration programs. This lack of comprehensive community backing reflects the findings of Wekesa et al. (2021), who highlighted the need for more coordinated efforts between families, communities, and institutions to support adolescent mothers' educational persistence.

Despite the multiple challenges, the study found a notable resilience among adolescent mothers, with most expressing a strong desire to complete their secondary education. This determination reflects findings by Kennedy et al. (2018), who documented that adolescent mothers, when supported appropriately, maintain high educational aspirations. However, the negative impact of early pregnancy on academic performance was evident, with many reporting declines in attendance, class participation, and term grades, as well as increased rates of class repetition. These academic setbacks mirror conclusions drawn by Hoffman (2008), who found early pregnancy is a significant predictor of poor academic outcomes and increased risk of school dropout.

Overall, the findings illuminate the complex interplay between health, emotional well-being, support structures, and academic performance among adolescent mothers, underscoring the need for multi-faceted interventions to enhance their educational experiences and outcomes.

5.2 Conclusion

This study concludes that early pregnancies significantly hinder the academic performance of high school girls at Kipsis Girls High School. Health-related challenges, such as frequent absenteeism due to pregnancy-related complications and healthcare appointments, directly disrupt learning continuity, corroborating Smith Battle's (2013) assertion that adolescent mothers often face physical barriers that impede academic progress.

Emotionally and psychologically, the stigma associated with teenage pregnancy results in feelings of shame, isolation, and anxiety, which negatively impact students' classroom participation and overall motivation, consistent with Saewyc et al. (2014), who emphasized that adolescent mothers require psychosocial support to overcome these barriers. The study also highlights the inadequacy of existing

counseling and support services within the school environment, mirroring findings by Wekesa et al. (2021) on the need for strengthened institutional support for adolescent mothers.

Parental encouragement and financial assistance were found to be crucial in enabling adolescent mothers to remain in school, supporting Onyango et al.'s (2020) findings that family support plays a vital role in educational retention. However, gaps in community and institutional support hinder the full academic reintegration of adolescent mothers, suggesting the necessity for comprehensive, multi-level interventions.

Despite the numerous challenges, many adolescent mothers demonstrate strong educational aspirations and a determination to complete their studies, reflecting resilience and hope for future socioeconomic advancement, as also noted by Kennedy et al. (2018). This underscores the importance of creating enabling environments that nurture and sustain these aspirations. In summary, the impact of early pregnancies on academic performance is multifaceted, involving physical, emotional, social, and institutional dimensions. Addressing these comprehensively is essential for improving educational outcomes for adolescent mothers and supporting their successful reintegration into the school system.

5.3 Recommendations

5.3.1 Strengthen School-Based Support Systems: Schools should establish and enhance counseling and academic support services tailored specifically for adolescent mothers. Provision of remedial classes, psychosocial counseling, and peer support groups can help address both academic gaps and emotional challenges (Saewyc et al., 2014). School administrations must train teachers to be sensitive and supportive to adolescent mothers to reduce stigma and improve learning environments (SmithBattle, 2013).

5.3.2 Enhance Parental and Community Involvement: Parents and guardians should be encouraged and empowered through community outreach programs to provide consistent emotional and financial support to adolescent mothers. Community leaders and organizations can play a pivotal role in reducing stigma and promoting reintegration of young mothers into school (Onyango et al., 2020; Wekesa et al., 2021).

5.3.3 Policy Development and Implementation: Education policymakers should formulate clear guidelines that facilitate school re-entry for adolescent mothers and ensure their rights to education are protected. Policies could include provisions for flexible learning schedules and support for childcare within or near school premises (Kennedy et al., 2018). Expand Access to Health and Social Services;

Strengthening linkages between schools and health facilities is critical to ensure adolescent mothers receive timely and adolescent-friendly reproductive health services, including counseling and antenatal care that minimize disruption to schooling (Smith Battle, 2013).

5.4 Suggestions for Future Research

While this study provided valuable insights into the impact of early pregnancies on academic performance among high school girls at Kipsis Girls High School, further research is essential to deepen understanding and improve interventions. Future studies should consider expanding the geographical scope to include multiple schools across different counties to enhance the generalizability of findings and capture regional variations (Creswell & Creswell, 2018).

Longitudinal research designs are recommended to track the long-term educational and socio-economic outcomes of adolescent mothers beyond secondary school, as such data can inform policy and program development (Hoffman, 2008). Moreover, qualitative studies exploring personal narratives and lived experiences of adolescent mothers could provide rich, contextualized understanding of the challenges and coping mechanisms they employ (Patton, 2015).

Investigations into the role of male partners, fathers, and extended family support in influencing educational outcomes for adolescent mothers would also be valuable, as these factors are often overlooked in existing literature (Furstenberg, 2007). Research assessing the effectiveness of school-based support programs and community interventions would help identify best practices for promoting educational attainment among adolescent mothers (Saewyc et al., 2014). Such comprehensive research efforts would provide a holistic picture and guide stakeholders in designing targeted and sustainable support systems for adolescent mothers in Kenya and similar contexts. Lastly Longitudinal and qualitative studies should be encouraged to gain deeper insights into the long-term educational and socio-economic outcomes of adolescent mothers, and the effectiveness of interventions aimed at supporting them (Wekesa et al., 2021).

REFERENCES

African Union. (2021). Continental Education Strategy for Africa (CESA 16–25). African Union Commission.

Akintayo, O., Oladipo, S., & Owoyele, J. (2018). The impact of stigma on adolescent mothers' education in Nigeria. Journal of Adolescent Health, 62(3), 298–304.

Babbie, E. (2021). The Practice of Social Research (15th ed.). Cengage Learning.

Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. Journal of School Health, 81(10), 593–598.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497–529.

Bhatt, A. (2020). Informed consent in research. Journal of the Indian Medical Association, 118(6),

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), Handbook of child psychology (6th ed., Vol. 1, pp. 793–828). Wiley.

Bryman, A. (2016). Social Research Methods. Oxford University Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310–357.

County Government of Kajiado. (2023). Kajiado County Integrated Development Plan (CIDP)

Creswell, J. W. (2014). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (4th ed.). Sage Publications.

Creswell, J. W. (2018). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed.). SAGE Publications.

Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. The B.E. Journal of Economic Analysis & Policy, 9(1).

FAWE (2025). Situational analysis report on teen pregnancy in Kenya. FAWE Kenya.

FAWE Kenya. (2022). Community support programs for adolescent mothers: An evaluation report. FAWE Kenya.

FAWE Kenya. (2025). Situational analysis report on teen pregnancy in Kenya. FAWE Kenya.

Field, A. (2013). Discovering statistics using IBM SPSS Statistics (4th ed.). SAGE.

Fink, A. (2013). How to Conduct Surveys: A Step-by-Step Guide (5th ed.)? Sage Publications.

Furstenberg, F. F. (2007). Destinies of young fathers in urban America. Russell Sage Foundation.

Gage, A. J. (2013). Barriers to schooling and adolescent pregnancy in sub-Saharan Africa: A review of evidence. International Journal of Adolescence and Youth, 18(4), 281-294.

Guttmacher Institute. (2007). Social-ecological predictors of repeat adolescent pregnancy. Perspectives on Sexual and Reproductive Health.

Hoffman, S. D. (2008). Teenage childbearing s not so bad after all… or is it? A review of the new Literature. Family Planning Perspectives, 30(5), 236–239.

Hong, S., Yoo, S., You, S., & Wu, C. (2020). The reciprocal relationship between parental Involvement and student achievement: The role of academic self-efficacy. Journal of Educational Research, 113(2), 146–159.

House, J. S. (1981). Work, stress, and social support. Addison-Wesley.

Hoy, W. K., & Miskel, C. G. (2013). Educational administration: Theory, research, and practice (9th ed.). McGraw-Hill Education.

Huitt, W. (2007). Maslow's hierarchy of needs. Educational Psychology Interactive. Valdosta State University.

Kagendo, M. (2020). Community perceptions on teenage pregnancy and school re-entry policies in rural Kenya. Journal of African Education Studies, 12(3), 45–59.

KDHS (Kenya National Bureau of Statistics). (2022). *Kenya Demographic and Health Survey*

Kennedy, C., Kramer, M., & Sipsma, H. (2018). Adolescent mothers' education aspirations and outcomes: A systematic review. Journal of Adolescent Research, 33(6), 692–717.

Kenya National Bureau of Statistics (KNBS). (2019). Kenya Population and Housing Census

Kenya National Bureau of Statistics (KNBS). (2022). Kenya Demographic and Health Survey 2022. Government of Kenya.

Kenya National Examinations Council (KNEC). (2021). KCSE examination results summary.

KNEC. (2023). Kenya Certificate of Secondary Education Examination Results Analysis. Kenya National Examination Council.

Kombo, D. K., & Tromp, D. L. (2013). Proposal and thesis writing: An introduction. Pauline Publications Africa.

Kothari, C. R. (2014). Research Methodology: Methods and Techniques (4th ed.). New Age International.

Lussier, R. N., & Achua, C. F. (2016). Leadership: Theory, application, & skill development (6th ed.). Cengage Learning.

Malecki, C. K., & Demaray, M. K. (2003). What about the kids? The relationship between

perceived social support and academic achievement. *School Psychology Review*, 32(3),

Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50(4), 370–396.

McLeod, S. (2020). Maslow's hierarchy of needs. Simply Psychology.

Ministry of Education (Kenya). (2022). *National guidelines on re-entry to school for adolescent mothers*. Government Printer.

Ministry of Education (MOE). (2022). Education Sector Report 2021/2022. Government of Kenya.

Ministry of Education. (2018). National School Health Policy. Government of Kenya.

Morrell, R., & Bhana, D. (2015). Adolescent mothers' schooling and social exclusion in South Africa. African Journal of Reproductive Health, 19(3), 103–112.

Mugenda, O. M., & Mugenda, A. G. (2003). Research methods: Quantitative and qualitative approaches. Acts Press.

Mugenda, O. M., & Mugenda, A. G. (2019). Research Methods: Quantitative and Qualitative Approaches (Rev. ed.). Acts Press.

Mwangi, W., & Kamau, C. (2018). School climate and adolescent mothers' academic resilience. East African Journal of Education, 15(1), 22–35.

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). The Belmont Report. U.S. Government Printing Office.

National Council for Population and Development (NCPD). (2023). Teenage pregnancy in Kenya: Situational analysis.

National Council for Population and Development (NCPD). (2024). Situation analysis of adolescents in Kenya (2024 report).

National Council for Population and Development. (2023). Teenage pregnancy in Kenya:

Situational analysis. NCPD.

NCPD (National Council for Population and Development). (2023). Teenage pregnancy in Kenya: Situational analysis. NCPD.

NCPD. (2023). Teenage pregnancy in Kenya: Situational analysis. National Council for Population and Development.

Ndirangu, M., & Obare, F. (2017). Childcare arrangements and schooling outcomes for adolescent mothers in rural Kenya. African Population Studies, 31(2), 3941–3952.

Neal, J. W., & Neal, Z. P. (2013). Nested or networked? Future directions for ecological systems theory. Social Development, 22(4), 722–737.

Neher, A. (1991). Maslow's theory of motivation: A critique. Journal of Humanistic Psychology,

Ng'ang'a, J., & Muthoni, E. (2021). Factors influencing academic performance in public secondary schools in Kenya. International Journal of Education and Research, 9(4), 45–58.

Njogu, W., & Owino, G. (2022). Adolescent motherhood and educational attainment in Kenya: A socio-cultural perspective. African Journal of Education and Development, 8(2), 101–115.

Njogu, W., & Owino, G. (2022). Adolescent motherhood and educational attainment in Kenya: A socio-cultural perspective. African Journal of Education and Development, 8(2), 101–115.

Odongo, P., & Muthoni, R. (2021). The impact of teenage pregnancy on education outcomes in Kenya. International Journal of Education and Research, 9(5), 45-58.

OECD. (2020). Education at a Glance 2020: OECD Indicators. OECD Publishing.

Onyango, D., Khasakhala, A., & Wanjohi, M. (2020). Financial barriers and adolescent mothers' school attendance in Kenya. International Journal of Educational Development, 73,

Ormrod, J. E. (2014). Educational psychology: Developing learners (8th ed.). Pearson.

Orodho, J. A. (2017). Techniques of Writing Research Proposals and Reports in Education and Social Sciences. Kanezja Publishers.

Patton, G. C., Sawyer, S. M., Santelli, J. S., et al. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423–2478.

Petersen, I., Bhana, A., & Swartz, L. (2019). Counseling for adolescent mothers: A key intervention in South African schools. *Journal of Child and Adolescent Mental Health*,

Plan International. (2022). Adolescent pregnancy in Africa: Barriers and solutions. Plan International.

Resnik, D. B. (2020). What is ethics in research & why is it important. National Institute of Environmental Health Sciences.

Saewyc, E. M., Magee, L., & Pettingell, S. (2014). Teenage pregnancy and associated risk behaviors among adolescent mothers. Journal of Adolescent Health, 54(6), 689–694.

Saunders, M., Lewis, P., & Thornhill, A. (2019). Research Methods for Business Students (8th ed.). Pearson Education.

School Academic Records. (2024). Kipsis Girls High School Academic Performance Reports 2019–2023.

Smith Battle, L. (2013). Reducing the stigma of adolescent parenting: Lessons learned from teen mothers' stories. Family & Community Health, 36(3), 216–225.

Taherdoost, H. (2016). Sampling methods in research methodology; How to choose a sampling technique for research. International Journal of Academic Research in Management, 5(2),

Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's Alpha. International Journal of

Medical Education, 2, 53–55.

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? Journal of Health and Social Behavior, 35, 53–79.

Tourangeau, R., & Yan, T. (2007). Sensitive questions in surveys. Psychological Bulletin, 133(5),

Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. Journal of Health and Social Behavior, 51(Suppl), S54–S66.

UNESCO. (2018). Early and unintended pregnancy and the education sector: Evidence review and recommendations. UNESCO.

UNESCO. (2021). Education for Sustainable Development Goals: Learning objectives. UNESCO Publishing.

UNESCO. (2022). Leave no girl behind in Africa: Ending teenage pregnancy. UNESCO Publishing.

UNESCO. (2022). Out-of-School Children and Youth. UNESCO Institute for Statistics.

UNFPA. (2023). State of the World's Population 2023. UNFPA.

UNICEF. (2021). Education in Africa: Challenges and Opportunities. United Nations Children's

UNICEF. (2023). Global report on adolescent well-being. UNICEF.

United Nations Population Fund (UNFPA). (2023). State of the World's Population 2023.

United Nations. (2023). Sustainable Development Goals Report. United Nations.

Van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. Nursing Standard,

Wekesa, E., Muthaka, D., & Nderitu, J. (2021). Role of NGOs in adolescent mothers' education in Kenya. Education and Development Review, 8(1), 45–59.

Wekesa, S. (2019). Educational challenges faced by teenage mothers in Kenya. Nairobi: African

Research Press.

WHO. (2022). Adolescent pregnancy fact sheet. World Health Organization.

Wiles, R. (2013). What are Qualitative Research Ethics? Bloomsbury Academic.

World Bank. (2021). World Development Report 2021: Data for Better Lives. World Bank.

World Bank. (2022). The Learning Crisis in Sub-Saharan Africa. World Bank.

World Health Organization (WHO). (2024). Adolescent pregnancy fact sheet. WHO.

World Health Organization. (2020). School health and nutrition: Policy and programs. WHO.

World Health Organization. (2022). Adolescent pregnancy fact sheet. WHO.

World Health Organization. (2023). Global health estimates on adolescent fertility.

World Health Organization. (2023). Global health estimates on adolescent fertility. WHO.

Zhou, M., & Brown, D. (2015). Educational learning theories. Galore Park Publishing.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41.

APPENDICES

APPENDIX I: COVER LETTER

REQUEST FOR DATA COLLECTION FOR ACADEMIC RESEARCH PROJECT

Elvis Kwemboi

Management University of Africa (MUA)

P.O. Box 29677-00100

Nairobi, Kenya

11th August 2025

To the Respondent,

My name is Kwemboi Elvis, a BED student from The Management University of Africa. I am carrying out an academic research project entitled ‘‘The impact of early pregnancies on academic performance of Kipsis high school girls’’. In line with my area of study, I would wish to collect data from your institution. I therefore request you to assist in giving your feedback on the questions asked. Please bear in mind that the responses are confidential and will be used for academic research only.

Your cooperation and response will be highly appreciated.

Thank you

Yours sincerely

Kwemboi Elvis

Management University of Africa

APPENDIX II: QUESTIONNAIRE

The questionnaire is to collect data for purely academic purposes. The study seeks to investigate ‘‘The impact of early pregnancies on academic performance of high school girls’’ a case study of Kipsis girls High School. All information will be treated with strict confidence. Do not put any name or identification on this questionnaire.

Instruction to respondents:

Honestly fill this questionnaire The information you provide will be used solely for academic purposes and will be treated confidentially. Do not write your name. Answer all questions as truthfully as possible.

Response scale for Likert items (use same scale throughout):

1 = Strongly Disagree (SD)

2 = Disagree (D)

3 = Neutral (N)

4 = Agree (A)

5 = Strongly Agree (SA)

SECTION A: Demographic information

1. Gender: _____
2. Age: _____ years
3. Form/Class: ☐ Form 1 ☐ Form 2 ☐ Form 3 ☐ Form 4
4. Residence: ☐ School boarding ☐ Day scholar (live with parent/guardian)
5. Religion: _____

6. Who do you live with? ☐ Both parents ☐ Mother only ☐ Father only ☐ Guardian ☐ Other: _____
7. Have you ever been pregnant? ☐ Yes ☐ No
    - If Yes, at what age did you first become pregnant? _____
    - Current status: ☐ Pregnant ☐ Parenting (has a child) ☐ Not currently pregnant/parenting

SECTION B: Health and Academic Challenges

Pregnancy (or pregnancy-related health issues) caused me to miss school days. (1–5)

7. I had to attend many clinic/ANC appointments during school time. (1–5)
8. Pregnancy-related health problems (fatigue, illness, complications) reduced my ability to concentrate in class. (1–5)
9. I missed important tests/exams because of pregnancy or related health care. (1–5)
10. After pregnancy, I found it difficult to catch up with missed lessons. (1–5)
11. I received any formal academic catch-up support from the school (remedial classes, tutoring). (reverse-score if measuring lack of support) (1–5)
12. My teachers reduced their academic expectations of me after pregnancy. (1–5)

Optional short open item:

14. If you missed school because of pregnancy, how many days approximately did you miss in the most recent term? _____ days

SECTION C: Emotional, Social and Psychological Impact

I felt ashamed or embarrassed at school because of my pregnancy/status. (1–5)

15. I experienced feelings of anxiety or depression related to pregnancy. (1–5)
16. I felt isolated from my classmates after pregnancy. (1–5)

17. I lost interest in school activities after the pregnancy. (1–5)
18. I avoided participating in class for fear of being judged. (1–5)
19. I had access to counselling or psychosocial support at school. (reverse-score if measuring absence) (1–5)
20. My pregnancy negatively affected my ability to plan for the future (e.g., further studies). (1–5)

SECTION D: Parental and Community Support

22. My parent(s)/guardian(s) encouraged me to stay in school after pregnancy. (1–5)
23. My parent(s)/guardian(s) provided financial help (fees, materials) after pregnancy. (1–5)
24. Someone in my household helped with childcare so I could attend school. (1–5)
25. Community leaders or groups supported my return to school. (1–5)
26. I received support from NGOs/faith groups for education after pregnancy. (1–5)
27. School staff (principal, teachers, and counselors) treated me with respect and supported re-entry. Overall, I feel the support I received was sufficient to continue my education. (1–5)

SECTION E: Academic Performance

29. Current average attendance rate last term (self-estimate): ☐ >90% ☐ 75–90% ☐ 50–74% ☐ <50%
30. Compared to before pregnancy, my class participation has: ☐ Improved ☐ Stayed the same ☐ Declined
31. Compared to before pregnancy, my academic performance (term grades) has: ☐ Improved ☐ Stayed the same ☐ Declined
32. Have you repeated any class/term because of pregnancy-related absence? ☐ Yes ☐ No

33. If available, please indicate your approximate mean score/grade last term: _____ (or leave blank)

34. Do you intend to complete your secondary education? ☐ Yes ☐ No ☐ Unsure — please explain: _____

APPENDIX III RESEARCH WORK PLAN

Activity	February	March	April	May	June	July	August	September
Presentation Of Research Topic								
Proposal Writing								
Consultation Of The Proposal								
Proposal Corrections And Approval								
Preparation Of Data Collection Methods And Techniques								
Collection Of The Data								
Analyzing The Data								
Presentation And Final Report Of The Project								

APPENDIX V RESEARCH BUDGET

ITEM	**COST**
Stationary	7000
Photocopying	4000
Typing, editing and printing charges	8000
Binding charges	1200
Travelling costs	2650
Accommodation	4000
Communication costs i.e. telephone costs and data charges	3050
Data collection costs e.g. incentives	2800
Miscellaneous expenses	2800
Total	**29000**