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Continuing education for adolescent mothers in Kilifi County: Challenges and opportunities for enhancing school re-entry.

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A thesis submitted in fulfilment of the degree of Doctor of Philosophy
(PhD)

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Abstract

The impact of adolescent pregnancies on health and education of girls aged 10-19 years, are of concern both globally and in sub-Saharan Africa. The low rate of school re-entry following childbirth is of public health concern due to the association between low maternal education and maternal and child health outcomes. There is strong evidence that sustained access to education by women protects their health and increases their opportunity to negotiate healthy lifestyles and appropriate healthcare for themselves and their families.

In Kenya, pregnancies make a significant contribution to school drop-out of adolescent girls. Many of these girls face significant challenges in school re-entry after becoming mothers.

My study sought to understand the policy context, perceptions, and influence of key stakeholders in the school re-entry process in Kilifi County, Kenya; and critically assess how these align with the perceptions, experiences, and needs of adolescent mothers and their families. I used an exploratory qualitative and participatory research approach, employing policy document review, in-depth interviews, focus group discussions and digital storytelling to explore the challenges and opportunities of education access for adolescent mothers in Kilifi County. An intersectionality lens informed the collection and interpretation of the data, and the analysis was conducted using framework and narrative approaches.

The findings reveal that there is clear policy and proclaimed stakeholder support for education access for adolescent mothers. However, gaps in school re-entry policies and discrepancies in implementation practice create inequality and uncertainty in the re-entry process. Poverty and stigma were key challenges fuelling inequality in access to education by adolescent mothers in Kilifi. However, the lack of clearly defined and adequately monitored re-entry processes intersected with gender and social norms, family support, and academic ability to amplify the challenges of poverty and discrimination and generated heterogeneity in educational access for adolescent mothers.

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Dedication

I dedicate this thesis to:

My late father, Mr William Mwangome Chimwaga for being the academic trailblazer in our family. Your pursuit for undergraduate and master's degrees on scholarship, in the USA and the UK, set the bar high for the whole family. That continues to inspire us and our children to strive for the best opportunities. Thank you for educating all your female children.

My one and only brother, the late Dr Eng. James Muye Mwangome, everybody called you Korona for more than 30 years before your demise in 2017. It was a nickname associated with the company (Corona) that made/makes sisal processing machinery. I always wondered if that signified how you eventually grew up to become an Engineer; I guess that's what they call destiny. Being your younger sister and the last born of the family meant that I looked up to you. Your focus in school and in life as a whole got me wanting to be like you when I grew up. Losing you right at the end of your PhD journey was and still is painful, but it gave me reason to complete mine and eventually be like you!

My sons William Mwangome Muvea and Waylany Wendo Muvea, may you always strive for the best opportunities that life has to offer because you got it in you! Always remember that the possibilities are endless!

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List of abbreviations

ADR	Alternative Despite Resolution
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ASRH	Adolescent Sexual and Reproductive Health
BoM	Board of Management
CBO	Community-based Organisation
CDE	County Director of Education
CEC	County Executive Committee (Member)
COVID-19	Corona Virus Disease- 2019
CQASO	County Quality Assurance and Standards Officer
DHIS	District Health Information System
DoE & ICT	Department of Education and Information and Communication Technology
DoGCSS	Department of Gender, Culture and Social Services
DoH	Department of Health
DSt	Digital Storytelling
EDD	Expected Date of Delivery
EFA	Education for All
FAWE	Forum for African Women Educationalists
FBO	Faith-based Organisation
FGD	Focus Group Discussion
FPE	Free Primary Education
GA	Gestational Age
G&C	Guidance and Counselling
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus

IDI	In-depth interview
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KEMRI	Kenya Medical Research Institute
KWTRP	KEMRI- Wellcome Trust Research programme
LMICs	Low- and middle- income countries
M&E	Monitoring and Evaluation
MDGs	Millenium Development Goals
MoE	Ministry of Education
MoH	Ministry of Health
MoINA	Ministry of Interior and National Administration
MoLSP	Ministry of Labour and Social Protection
MTG	Moving the Goal posts
NEMIS	National Education Management Information System
NGO	Non-governmental Organisation
PGA	Pader Girls Academy
PLWHA	People Living With HIV/AIDS
PSC	Public Service Commission
PVM	Participatory Visual Method
SCDoE	Sub-County Director of Education
SDGs	Sustainable Development Goals
SEP	School Engagement Programme
SGBV	Sexual and Gender based violence
SRH	Sexual and Reproductive Health
SSA	sub-Saharan Africa
STI	Sexually Transmitted Infection

TSC	Teachers' Service Commission
TWG	Technical Working Group
UN	United Nations
UPE	Universal Primary Education

1. INTRODUCTION

An estimated 21 million adolescent girls get pregnant each year in low and middle-income countries (LMICs) (Sully et al., 2020); with a delivery rate of 20,000 per day amongst girls younger than 18 years (UNFPA, 2013). The biggest proportion of adolescent pregnancies occur in sub-Saharan Africa (SSA), with the highest percentage being unintended (Loaiza and Liang, 2013, Kassa et al., 2018, Sully et al., 2020) and amongst girls aged 15-19 years of age (Liang et al., 2019, Darroch et al., 2016). Although pregnancy in adolescents aged 10-14 years (early adolescence) is less common globally, it is estimated to be high in selected settings including SSA (United Nations Department of Economic and social affairs, 2019) and particularly so in Eastern, Western and Central Africa (Neal et al., 2012). Though childbearing in early adolescence is associated with increased early marriage, total fertility rate and maternal and child mortality, data on pregnancy and its outcomes within this age group is not collected routinely (Neal et al., 2012, Nove et al., 2014).

Poverty, low contraceptive use, substance abuse, parental neglect (Ahorlu et al., 2015), peer pressure, religion, poor reproductive health services (Ahlberg et al., 2001), and lack of comprehensive sexuality education (Warenius et al., 2007, Adinma et al., 1999, Ahlberg et al., 2001) are some of the factors that have been associated with the high rates of unintended adolescent pregnancies in SSA (Yakubu and Salisu, 2018). More recently, the Corona Virus Disease-2019 (COVID-19) pandemic negatively impacted adolescent sexual and reproductive health and rights (SRHR) especially in LMICs including Kenya (Riley et al., 2020, Ajayi; and Mwoka, 2020, Zulaika et al., 2022). The pandemic led to the loss of household livelihood and reduced access to social safety nets provided in schools including meals and menstrual products (UNFPA, 2020, Guglielmi et al., 2020, IAAH and FP2020, 2020, Riley et al., 2020, Zulaika et al., 2022). Consequently, this exposure increased the risk of adolescent girls engaging in transactional sex and being victims of other forms of sexual violence (UNFPA, 2020, IAAH and

FP2020; 2020, Ajayi; and Mwoka, 2020, Flowe et al., 2020, Zulaika et al., 2022). Additionally, the restriction of movement to control the spread of COVID-19 disrupted contraceptives supply chains and the ability to access health facilities increasing the risk for pregnancy among sexually active adolescent girls (Riley et al., 2020, UNFPA; 2020).

Adolescent pregnancy is a public health concern because evidence suggests that it may increase the risk for adverse health and social outcomes for both the mother and the baby. Some of the adverse health outcomes include unsafe abortion, premature labour and membrane rupture, eclampsia, poor maternal nutrition and maternal mortality; and pre-term deliveries, still births, low birth weight, and neonatal mortality for the baby (Yasmin et al., 2014, Ganchimeg et al., 2014). In the long term, premature and low birthweight babies are more likely to suffer life-long developmental conditions (Harrison and Goldenberg, 2016, Lemola, 2015). Some of the potential social consequences of adolescent pregnancy and early parenthood include rejection and stigmatisation by their families and communities (Nyariro, 2018); and diminished access to education and employment opportunities (UNFPA, 2015, Walgwe et al., 2016). The latter consequence is likely to lower the girls' chances to be economically empowered in the future, thus perpetuate an intergenerational cycle of poverty (Schultz, 2002, UNFPA, 2015).

Sustained access to education has the potential to nurture a capacity for critical thinking and a sense of agency (Neal et al., 2012) amongst adolescents. This could afford adolescents, especially girls, the opportunity to negotiate healthy lifestyles and appropriate healthcare for themselves and their families (Bhatta et al., 2013, LeVine et al., 2004). Sustained access to education is argued to help adolescent girls make healthy choices regarding their sexual and reproductive health (SRH), including delaying sexual debut and marriage, delaying repeat pregnancies, and having fewer children (United Nations Educational and Organisation, 2014, Mathur et al., 2003, Bhalotra et al., 2013). The lack of education for an adolescent girl has the potential to increase her risk for negative SRH related outcomes including early sexual debut, early marriage, rapid repeat pregnancy and

sexually transmitted infections (STIs) (Schultz, 2002, Burroway and Hargrove, 2018, Bhatta et al., 2013, Bhalotra et al., 2013, Chaaban and Cunningham, 2011, Lloyd and Young, 2009, Shahraki et al., 2018, Walgwe et al., 2016). The adverse health and social outcomes of adolescent pregnancy and early parenthood in the longer term, are likely to lead to increased economic costs for nations (World Health Organization, 2018, Paladugu et al., 2018, UNFPA, 2013, Loaiza and Liang., 2013). The Universal Declaration of Human Rights and the Convention on the Rights of a Child advocated for the right to education for all (United Nations, 1948, United Nations, 1989). More specifically, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Conference for Population and Development (ICPD) and Beijing Declaration and Platform for Action, endorsed the importance of equal access to education for all women and girls (United Nations, 1979, United Nations Populations Fund, 1994, Declaration, 1995). More recently, the United Nations (UN) Millenium Development Goals (MDGs) 2 and 3; set the stage for the sustainable development Goals (SDGs) 4; ‘Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’, and 5; ‘Achieve gender equality and empower all women and girls’(UN general assembly, 2015). Collectively, these international treaties and goals promote the access to inclusive and equitable quality education for all, especially for women and girls. However, evidence suggests that pregnancy during adolescence can be a serious barrier to achieving these goals.

1.1. School re-entry in sub-Saharan African countries including Kenya

Literature from SSA suggests that adolescent pregnancy is a significant contributor to school drop-out rates (Birungi et al., 2015a, Republic of Kenya, 2015b). Although a majority of the girls in SSA who have ever been pregnant are not in school (Molosiwa and Moswela, 2012, Rwechungura, 2014, Chunga, 2014, Republic of Uganda, 2013, Salami et al., 2014, Bolton, 2015), evidence suggests that many adolescent mothers would like to get back to school (Undie et al., 2015a, Govender et al., 2020). However, limited attention has been directed towards supporting

adolescent mothers in their attempts to return to school (Martínez and Odhiambo, 2018) even though they face a myriad of challenges. These challenges include stringent, unclear and conflicting policies and laws (Molosiwa and Moswela, 2012, Nyariro, 2018, Omwanicha, 2012, Ncube and Mudau, 2017, Meekers and Ahmed, 1999), poverty, lack of support at family (Meekers and Ahmed, 1999, Edwards et al., 2013, Ncube and Mudau, 2017), schools (Bhana and Mcambi, 2013, Mutshaeni et al., 2015, Ncube and Mudau, 2017) and community levels (Undie et al., 2015a, Nyariro, 2018) and early marriage (Coffey International Development, 2016, Limboro, 2019, John Njoka, 2016). A qualitative study conducted in South Africa with 15 adolescent mothers from an informal settlement and school stakeholders, reported that the school management and staff struggled to comprehend the existing school re-entry policies hence were not prepared to manage adolescent mothers in the schools (Malatji et al., 2020). In a study that sought to understand the experiences of secondary school adolescent mothers' with the education system and the re-entry policy in Zanzibar, Niboye reported that the re-entry policy did not allow the school re-entry of a second-time adolescent mother (Niboye, 2018). This policy is contrary to the universal right to education (United Nations, 1948). A qualitative study conducted by Nkwemu and colleagues among adolescent mothers aged 16-19 years in two schools in Zambia, reported that the girls experienced stigma and discrimination from teachers and fellow students; and were forced into early marriage by their families (Nkwemu et al., 2019). The study further highlighted the lack of specific interventions within the school to support adolescent mothers' school re-entry (Nkwemu et al., 2019).

In Kenya, it is estimated that more than 10,000 adolescent girls drop out of school due to pregnancy annually (Muganda-Onyando and Omondi, 2008). A survey conducted in 2014 in Homabay, Kenya with 2819 participants including 2141 adolescent girls aged 13-19 years, 511 households heads and 167 headteachers, found that pregnancy and early motherhood accounted for about 70% of all female adolescents who dropped out of school (Undie et al., 2015a). The

Homabay survey further revealed that 66% of the 728 out-of-school adolescent girls who took part in the survey, did not re-enter school after dropping out, as a result of pregnancy related derision and stigma they experienced from the school and wider community (Undie et al., 2015a). While this study provides a quantitative description of adolescent pregnancy, drop-out and attitudes of key actors to re-entry, it does not provide an in-depth exploration of the realities faced by girls in navigating policies and attempting to re-enter education. A qualitative study conducted with 15 pregnant and parenting adolescent girls aged 13-19 years in an urban informal settlement in Nairobi, Kenya showed that the lack of social and financial support, and affordable day care services made it difficult for the girls to balance the demands of school and their newly acquired role of motherhood (Nyariro, 2018).

There is a school re-entry policy in Kenya for adolescent mothers within basic formal education facilities, particularly primary and secondary schools where most adolescents receive education (Republic of Kenya, 2020b). The Ministry of education (MoE) was partially devolved in the 2010 devolution of governance; with the provision of education in primary and secondary schools still being coordinated by the national government (Sihanya, 2013). For this reason, development of the school re-entry policy was coordinated at the national level with its implementation being rolled out through the county governments. This process would require the involvement of a wide range of stakeholders at the national level, County level, NGO/CBO/FBO partners and the wider community (Republic of Kenya, 2020b).

1.2. Early pregnancy childbirth and school re-entry in Kilifi

The adolescent pregnancy rate reports for adolescents aged 15-19 years is varied across different regions in Kenya ranging from about 10% in central region to more than 20% in Nyanza (KNBS, 2015). In Kilifi, the rate of adolescent pregnancy in 2018 was 30%, compared to the 26% national average (County Government of Kilifi and UNICEF, 2019). The 2014 Kenya Demographic and Health Survey reported that about 22% of adolescent girls between 15 and 19 years in Kilifi

County had started childbearing compared to 18% at national level (KNBS, 2015). Additionally, since 2018, Kilifi county has remained in the media limelight for having high rates of early pregnancies (Obiria;, 2020, Mandi;, 2018), with some sources claiming that the source of data was the county's children's affairs department (Obiria;, 2020). More recently, a government media platform, the Kenya News Agency (KNA) reported that the Kilifi county hospital recorded 3376 adolescent pregnancies between January and May of 2020; which shows a high adolescent pregnancy rate of about 29% (Yeri;, 2020). These high rates of adolescent pregnancy and child bearing are believed to contribute to the high rates of school dropouts in Kilifi County (MoEST; UNICEF, 2014). Much of the research related effort in Kilifi has focused on the causes and prevention of adolescent pregnancies (John Njoka, 2016, Ssewanyana et al., 2018, Ministry of Health, 2019), with little attention being directed to understanding the factors influencing adolescent mothers' school re-entry.

My interest in this topic has been influenced by my own experience of pregnancy at a young age while still in education. While I had completed basic education, I was 20 years of age, in my second year of university in Kenya, when I experienced being a pregnant student. I was privileged in several ways as being the last born in a family of predominantly female academics I was confident of support to complete my education, and the value of that education was clear to me. Successfully completing my undergraduate degree allowed me to access decent job opportunities that enabled me to raise my son independently. From this experience, I got to appreciate both the challenges of pregnancy and parenting whilst studying at a young age but also how empowering education can be. As a consequence, my career to date has focused on research and practice among school children, most notably as part of the Schools Engagement Programme (SEP) at the KWTRP. Prior to starting my PhD, I was a research assistant and subsequently a research officer in the SEP for more than 7 years. During this time, I was involved in qualitative and participatory research projects, one of which was focused on Sexual and Reproductive Health Education in local

secondary schools in Kilifi. These experiences have informed my interest in school re-entry for adolescent mother and contributed to the development of my PhD study topic.

1.3. Study justification.

Motherhood in adolescence is a global public health issue because it may lead to detrimental health and social outcomes for the adolescent mothers and their children before, during and after the child bearing process (Ganchimeg et al., 2014, Paladugu et al., 2018, Nove et al., 2014, Lemola, 2015, Yasmin et al., 2014, Hodgkinson et al., 2014, Darroch et al., 2016, Mayor, 2004, Harrison and Goldenberg, 2016, WHO, 2016). In Kenya, a direct consequence of adolescent pregnancy and motherhood is the increased school dropout rates amongst adolescent girls with limited re-entry to school post-pregnancy, despite existing policies that support school re-entry (Undie et al., 2015a, Republic of Kenya, 2015b). Low or no education on the part of the adolescent mother is likely to negatively impact her health and that of her child (Davenport et al., 2017, Burroway and Hargrove, 2018, Shahraki et al., 2018). This is because sustained access to education effectively imparts knowledge and skills that promote positive health behaviour and increased access to health care (Mirowsky, 2017, United Nations, 1948).

Despite the interest to continue with education amongst adolescent mothers in Kenya (Undie et al., 2015a) and policy documents to support this (Republic of Kenya, 2020b, Republic of Kenya, 2009b), the rate of school re-entry failure among adolescent mothers is still high (Undie et al., 2015a, Walgwe et al., 2016). There is limited information about the existing support mechanisms for adolescent mothers' school re-entry in Kenya (County Government of Kilifi and UNICEF, 2019, Onyango et al., 2015a, Undie et al., 2015a, Omwancha, 2012, Nyariro, 2018, Limboro, 2019, John Njoka, 2016). For this reason, the proposed study aims to understand key stakeholders' views and influence on school re-entry strategies for adolescent mothers in Kilifi County; and explore adolescent mothers' and their families' experiences of these strategies towards the identification of potential school re-entry supportive strategies. The views and experiences of these

actors are key to improving the re-entry policy and its implementation so that adolescent mothers have equitable access to education and its associated health benefits.

1.4. Study objectives

a. General objective

To understand the factors influencing school re-entry for adolescent mothers in Kilifi County, in order to identify potential strategies for effectively supporting their continuation with education.

b. Specific objectives

1. To describe the current context and content of the policies and strategies for school re-entry for adolescent mothers in Kilifi County, Kenya.
2. To identify key stakeholders and assess their perceptions and influence on supporting adolescent mothers' school re-entry in Kilifi County.
3. To explore the views, needs and experiences of adolescent mothers and their families in relation to school re-entry in Kilifi County.

The table below shows the chapters in which these specific objectives have been addressed.

Table 1.1 Specific objectives and chapters addressing them

Specific objective	Chapter
Objective 1	Chapters 2 and 3
Objective 2	Chapter 5
Objective 3	Chapters 6 and 7

2. A NARRATIVE REVIEW OF LITERATURE

2.1. Introduction

In this chapter, I describe the context of school re-entry policies for adolescent mothers. First, I describe the policies in SSA in general and then describe the published literature on the challenges of policy implementation and interventions that have been developed to encourage school re-entry for adolescent mothers in SSA.

2.2. Policy background and document review method

Following the international advocacy for educating women and girls (United Nations, 1948, United Nations, 1979, UN General Assembly, 1989, United Nations Populations Fund, 1994, Declaration, 1995), many sub-Saharan African countries have reportedly progressively adopted policies and laws that protect the right of pregnant and parenting adolescent girls to access education in mainstream schools (Chilisa, 2002, Ncube and Mudau, 2017). The development of school re-entry policies in SSA shows general progress towards gender sensitivity, equality (Chilisa, 2002, Niboye, 2018) and an intention to protect the rights of adolescent girls regardless of their maternal or marital status (Quaye and Attom, 2019, Niboye, 2018).

To understand this policy context in more detail I undertook a narrative review of publicly available documents on adolescent mother re-entry policies from countries in SSA. I obtained information about these documents, from a general google search and from relevant government body websites. I conducted the online search using the following search terms in a variety of combinations using Boolean Operators; 'School re-entry' OR 'return to school' AND 'Policy' OR 'guideline/s' OR 'strategy' OR 'Bill' OR 'Law' AND 'Pregnant girls' OR 'adolescent girls OR adolescent mothers' OR 'parenting girls' OR 'teen mothers' OR 'young mothers.' Additionally, I conducted manual searches in the resources and downloads pages of websites of relevant government bodies.

I reviewed these documents to understand and compare the policies around school re-entry for pregnant and parenting adolescent girls in SSA countries. More specifically, for re-entry policies in Kenya the websites searched were those of the Ministry of Education (MoE) and Ministry of Health (MoH). I also asked stakeholders involved in the study to suggest documents that identified other key stakeholders and/or highlighted information about existing re-entry strategies and interventions.

Despite the literature indicating that many African countries have developed education access policies and laws for pregnant and parenting adolescent girls, I was only able to access policy documents from five countries in Eastern and Southern Africa, that is Botswana, Zambia, South Africa, Namibia, and Kenya (Republic of Botswana, 1978, Ministry of Education Zambia et al., 2004, South African Department of Education, 2007, Republic of Namibia, 2010, Republic of Kenya, 2020b, Republic of Kenya, 2018a).

2.3. Overview of school re-entry policies in Sub-Saharan Africa (SSA)

Amongst the five countries, represented in the review, Botswana was the first to pass a school re-entry law in 1978 (Republic of Botswana, 1978). It is the only country that imposes a leave of absence from when the pregnancy is detected to one year after childbirth; and consequently, restricting both pregnant and parenting girls from accessing education during that period. In Zambia and Namibia (Ministry of Education Zambia et al., 2004, Republic of Namibia, 2010), pregnant girls are allowed to attend school up to a specified time in relation to the estimated date of delivery (EDD). For Zambia, it is the gestational age (GA) of seven months while for Namibia it's the GA of six or eight months, based on whether the pregnant girl obtains medical approval to attend school beyond the GA of six months. In South Africa and Kenya (South African Department of Education, 2007, Republic of Kenya, 2020b, Republic of Kenya, 2018a), no specified time is given for when pregnant girls should take the leave of absence.

While policies in Botswana, Zambia and Kenya (Republic of Botswana, 1978, Republic of Kenya, 2020b, Republic of Kenya, 2018a, Ministry of Education Zambia et al., 2004) do not allow access to education during the leave of absence, the policies in South Africa and Namibia (South African Department of Education, 2007, Republic of Namibia, 2010) allow this through special arrangements between the girl, her parents/ guardians, and teachers.

With regards to re-entry conditions, policies from all five countries stipulate that adolescent mothers must receive specified documents from key government, medical or school stakeholders before they are allowed to re-enter the education system. For example, a letter from the school administration showing re-entry timelines is required in Zambia and Kenya (Republic of Kenya, 2020b, Republic of Kenya, 2018a, Ministry of Education Zambia et al., 2004), a medical report is required in South Africa and Namibia (South African Department of Education, 2007, Republic of Namibia, 2010) and a written approval from the Minister for Education is required in Botswana (Republic of Botswana, 1978). For the latter, obtaining a letter from the Minister for Education may present practical challenges. The Botswana policy does not provide a description of how an adolescent mother could obtain the written approval from the Minister, a government official that may not be easily accessible particularly by the citizens in need of school re-entry.

For Zambia and Kenya, the letter from the school administration showing re-entry timelines is written at the time of taking leave (Republic of Kenya, 2020b, Republic of Kenya, 2018a, Ministry of Education Zambia et al., 2004). In Kenya, parents have to sign the letter to demonstrate commitment to the re-entry process (Republic of Kenya, 2020b, Republic of Kenya, 2018a). The Namibia re-entry policy has the most demanding requirements because it takes into consideration the adequacy of childcare before the adolescent mother can be allowed to return to school. A designated support person (a member of staff at school) for the pregnant girl, is assigned to assess and report on the childcare arrangements before the mother is permitted to return to school (Republic of Namibia, 2010).

The Kenyan policy specifies two conditions for re-entry which may influence the ability of adolescent mothers to return to education, or to return in a timely manner. First, it is the only policy that does not support re-entry into mainstream basic education for adolescents above the age of 18 years. Secondly, it restricts school re-entry to the month of January at the beginning of the calendar year. This restriction on entry date, coupled with a limitation of the leave of absence being a period of 6 months, present a constraint in relation to re-entry timelines. For example, an adolescent mother who delivers in October 2023 would complete her six months leave in April 2024. She would have missed the beginning of the school calendar year by about four months. This means that she would have to wait and re-enter school in January 2025, having stayed home for fourteen months, far beyond the six months leave of absence prescribed by the policy.

All of the SSA policies, except that from Botswana, describe the re-entry support that would be needed by the pregnant and parenting adolescent girls in order for them to resume their schooling (Ministry of Education Zambia et al., 2004, South African Department of Education, 2007, Republic of Namibia, 2010, Republic of Kenya, 2020b, Republic of Kenya, 2018a). Counselling was mentioned as an important form of support, not just for the girl but also her parents/guardians and the father of the baby, especially if he is a student too. However, education financing was only mentioned as a necessary form of re-entry support in the Kenya policy guidelines of 2020 (Republic of Kenya, 2020b).

All the SSA policies named stakeholders responsible for policy implementation however, the source of funds for these activities was not comprehensively described. Two of the policies mentioned that implementation should be funded by the MoE in the respective countries (Republic of Namibia, 2010, Republic of Kenya, 2020b), while the other policies made no mention of how the implementation should be funded.

All of the policies, except the Botswanan policy (Republic of Botswana, 1978) provide some guidance on the monitoring and evaluation (M&E) of policy implementation. Overall, the

importance of collecting and using pregnancy and re-entry data, including related intervention implementation, was highlighted. However, none of the policies specified a timeframe for implementation and M&E.

Table 2.1 below provides a summary of the re-entry policy stipulations and additional information on access to education and the type of re-entry support suggested in the policies included in the review.

Table 2.1 SSA re-entry policies content summary

Country	Document and year published	Length of leave of absence	Access to education			Type of re-entry support mentioned	Implementing stakeholders	Funding for policy implementation	M&E framework
			<i>During pregnancy</i>	<i>During leave</i>	<i>Re-entry conditions</i>				
Botswana	Act 1978 (Republic of Botswana, 1978)	Leave starts immediately after pregnancy detection and ends 1 year after childbirth.	No school attendance after pregnancy detection	No access to education during leave	Written approval from Minister of Education	None mentioned	Identifies roles for the Minister of education, parents and guardians.	No mention of funding source/s.	No information provided.
Zambia	Policy Guidelines 2004 (Ministry of Education Zambia et al., 2004)	Leave can be: - At least 6 months after childbirth but not more than 1 year after delivery -Shorter than 6 months depending on family support	School attendance is allowed until 7 months GA	No access to education during leave	-Readmission letter signed by headteacher showing leave and re-entry dates	-Counselling -Supporting re-entry in (old/new) school	Identifies roles for schools, healthcare provider, school G&C department, the girl, the boy and their parents/guardians.	No mention of funding source/s.	Entail a pregnancy data collection sheet. • Mentions that detailed records of the girl and her boyfriend should be kept at school • No specified timeframe for implementation and review
South Africa	Policy guidelines 2007 (South African Department of Education, 2007)	Not more than 2 years	School attendance is allowed	Access to education is allowed as long as parents ensure assignments are received and returned to school for assessment	-Medical clearance report -No re-entry within same year of taking leave	-Counselling -Referral to services by school	Identifies roles for the national and provincial departments of education, schools, teachers, healthcare provider, counsellor, parents/guardians, non-governmental partners and the girl	No mention of funding source/s.	• Mentions: -regular assessment and evaluation of cases -that schools should record and report pregnancy and alleged rape cases. -that efficient M&E of the policy and interventions should be ensured. • No specified timeframe for implementation and review

Namibia	Policy guidelines 2010 (Republic of Namibia, 2010)	Leave should not be longer than 1 calendar year: Could start at GA of 6 months (if without medical approval) or at GA of 8 months (if medically approved)	School attendance requires medical approval beyond 6 months GA until 8 months GA	Access to education is possible provided there's effort to obtain and submit assignments to and from school by the adolescent mother	-Notify school of re-entry intention or reapply for admission -Medical statement of adolescent mother's health and wellbeing -Social worker/principal confirms adequate childcare -Statement of adequate childcare signed by the adolescent mother and her parent/guardian	-Counselling by social worker -Consultation and advice from a support person (school staff or adult non-staff who is empathetic and non-judgemental) -Childcare support from families of the girl and young man family	Identifies roles for four government ministries, the school principal, class teacher, teacher counsellor, healthcare provider, social worker, support person, the girl's and boy's parents or guardians, the girl and her student boyfriend.	Adequate financial provision for effective implementation would be included in the MoE budget	<ul style="list-style-type: none"> • Mentions: <ul style="list-style-type: none"> -follow up of the girl's re-entry -keeping accurate records of policy implementation activities and feedback -recording and annual reporting of pregnancy, drop out and re-entry data by MoE • No specified timeframe for implementation and review
Kenya	Policy 2018 (Republic of Kenya, 2009b) Guidelines 2018 (Republic of Kenya, 2018a) and Guidelines 2020 (Republic of Kenya, 2020b)	Leave should not be less than 6 months after delivery	School attendance is allowed	No access to education during leave	-A committal letter for re-entry after 6 months signed by pregnant girl, parent /guardian, and school -Return at start of next calendar year. -Adolescent mother should be below 18 years	-Counselling -Referral to other services by school -Childcare at home -Supporting re-entry to new school -Six months exclusive breastfeeding support (2018) -Education financing (2020)	Identifies roles for four government ministries, County governments, local leaders, school management, teachers, non-governmental partners, the girl, the boy and their parents/guardians.	The MoE is supposed to provide financial resources for implementation and M&E.	<ul style="list-style-type: none"> • Mentions: <ul style="list-style-type: none"> -the establishment of M&E mechanisms -development of a monitoring tool -collection, analysis and use of re-entry related data -examination of impact of re-entry activities -the importance of a policy review process • No specified timeframe for implementation and review

2.4. School re-entry policy implementation challenges: Content and process

Despite the existence of an apparently supportive policy environment, evidence from the published literature suggests that there are several key challenges to the implementation of school re-entry policies in SSA. These include poor policy formulation approaches; incongruence between policies and local values; lack of awareness of re-entry policies and their implementation guidelines; and the compulsory leave of absence imposed on pregnant and parenting girls.

2.4.1. Poor policy formulation approach

In a recent paper on school re-entry among young mothers living in an informal settlement in Nairobi, Nyariro (2018) suggests that the approach to the development of school re-entry policies in SSA is one of main barriers to their effective implementation [26]. She suggests that such policies are often developed using top-down approaches that exclude valuable input from implementers and potential beneficiaries, leading to a mismatch in policy, practice and need. Other authors describe how policies are often imposed on the implementer (Phiri and Machila, 2019) without the use of inclusive participatory approaches (Nyariro, 2018, Phiri and Machila, 2019), proper sensitisation, and implementation training (Wanyama and Simatwa, 2011, Ncube and Mudau, 2017, Quaye and Attom, 2019). For this reason, re-entry policies in SSA often meet resistance from some implementers and communities (Phiri and Machila, 2019, Shefer et al., 2013). Creating awareness of policies and their guidelines among stakeholders has the potential to promote the recognition of governments' priorities and potential ways to manage them (Walgwe et al., 2016, Runhare and Vandeyar, 2011, Runhare and Gordon, 2004).

2.4.2. Lack of awareness of the re-entry policy and implementation guidelines

Related to the problems with a top-down approach to policy formulation is the lack of awareness of the existing school re-entry policies and guidelines among adolescents, communities, and implementers. This lack of awareness deters the effective implementation of these policies (Walgwe et al., 2016, Tarus, 2020, Meekers and Ahmed, 1999, Chigona and Chetty, 2008). A

qualitative study conducted with school level policy implementers and pregnant and parenting learners in South Africa and Zimbabwe, reported limited awareness of the re-entry policies by most of the policy implementers as one of the barriers for the effective implementation of the re-entry policies (Runhare and Vandeyar, 2011). This study provided valuable understanding on the institutional perspective of school re-entry. Nonetheless, perspectives from important members of the broader community including pregnant and parenting adolescent girls who dropped out of school were still lacking.

The lack of policy awareness could prevent beneficiaries from claiming what they are entitled to, from policy implementers (Meekers and Ahmed, 1999, Mwansa, 2011, Panday et al., 2009). A mixed methods study that was conducted with students, teachers and parents in Kenya's Emuhaya District, argued that the lack of policy awareness by parents and school girls led to low demand for the re-entry opportunity by the targeted beneficiaries (Wanyama and Simatwa, 2011).

2.4.3. Lack of clear and standardised implementation guidelines

Re-entry policies have been reported to lack clear implementation guidelines. For example, studies conducted in several SSA countries have recommended reforms to policies to enhance their implementation (Ncube and Mudau, 2017, Nyariro, 2018, Wanyama and Simatwa, 2011, Phiri and Machila, 2019).

The need to clearly identify stakeholders and define their specific roles and responsibilities has been suggested as an important step (Tarus, 2020, Mashishi and Makoelle, 2014, Quaye and Attom, 2019). Clear accountability mechanisms related to a detailed monitoring and evaluation plan, have also been proposed as a necessary part of implementation guidelines (Mutua et al., 2019, Wanyama and Simatwa, 2011).

For effective policy implementation, all the required resources (including policy implementation resources and the resources that adolescent mothers require to re-enter school) [67] should be listed along with descriptions of from where they will be obtained (Peters et al., 2013). The policy implementation resources required may include finances and human resources like trained

teachers and counsellors (Wanyama and Simatwa, 2011, Ncube and Mudau, 2017, Quaye and Attom, 2019); while the re-entry resources required by adolescent mothers may include childcare services (Nyariro, 2018) and finances (Malatji et al., 2020, Leerlooijer et al., 2013, Phiri and Machila, 2019) for tuition fee and school uniform.

2.4.4. Incongruence between policies and local values

In addition to the exclusion of the voices of beneficiaries, their families and communities in policy formulation, a further constraint to implementation is the potential for policies to contravene local norms. Several studies have shown that policy implementation is often hampered where there exists a gap between the values of the re-entry policy and socio-cultural beliefs that posit that adolescent mothers are “immoral” and should be married off instead of attending school (Mashishi and Makoelle, 2014, Ncube and Mudau, 2017, Chilisa, 2002, Shefer et al., 2013, Runhare and Vandeyar, 2011). For example, evidence from Zimbabwe, South Africa and Kenya suggests that stakeholders including school administrators, teachers, communities and even students perceive the re-entry policies as being supportive of immoral behaviour in schools (Runhare and Gordon, 2004, Ncube and Mudau, 2017, Wanyama and Simatwa, 2011, Shefer et al., 2013). These negative socio-cultural beliefs and attitudes exacerbate the stigma and discrimination faced by adolescent mothers in their families, schools, and communities (Runhare and Vandeyar, 2011, Quaye and Attom, 2019, Shefer et al., 2013, Mutua et al., 2019). Several studies have described how adolescent mothers can fall victim to stigma and discrimination from their own families, the schools they attend and the communities they come from (Quaye and Attom, 2019, Mutua et al., 2019, Shefer et al., 2013, Runhare and Vandeyar, 2011, Niboye, 2018, Phiri and Machila, 2019). Immediate family members especially parents may punish the adolescent mothers due to anger and shame that their pregnancy and baby may bring (Shefer et al., 2013, Meekers and Ahmed, 1999). In a qualitative study conducted in South African high schools, parents reported feeling ashamed of their pregnant daughters with the fear of being despised by the community. Consequently, the parents were not supportive of their pregnant daughters (Chigona and Chetty,

2008). A mixed methods study conducted by Meekers and Ahmed (1999) in Botswana found that girls whose parents were angered by their first pregnancy had low chances of going back to school. Several studies have shown that the disappointment, anger and repulsion that parents may feel towards their pregnant or parenting daughters is likely to create a hostile and unsupportive home environment, that may push the adolescent mothers to leave school and home to fend for themselves (Meekers and Ahmed, 1999, Phiri and Machila, 2019, Quaye and Attom, 2019).

Existing social and cultural constructs often shape what is morally acceptable with regards to teenage sexuality, pregnancy and parenting (Shefer et al., 2013). The belief that pregnant girls and adolescent mothers do not belong in the school environment is evident in SSA. In Tanzania for example, there is no formal policy for school re-entry of adolescent mothers (Maluli¹ and Bali, 2014, Niboye, 2018). Phiri and Machila (2019) who conducted a study to understand the discrimination experienced by adolescent mothers attending primary and secondary schools in Zambia, found that adolescent mothers were shunned and considered immoral by their families and communities thus creating feelings of shame, demotivation, and worthlessness as a result [81]. This study also pointed to a need for research that may contribute to addressing the gaps in the policies that affect education inequalities amongst adolescent mothers. Another study that explored the experiences of adolescent mothers in Zanzibar (Niboye, 2018) reported that adolescent mothers were stigmatised and harassed by both students and teachers because they were perceived as being immoral for getting pregnant outside wedlock. This study also highlighted the need for a clear implementation strategy of the school re-entry policy in Zanzibar. Teachers and community members in South Africa have expressed that accommodating pregnant students and adolescent mothers would show that schools support pre-marital sex hence tarnish the morals and behaviour of the other students in the schools (Shefer et al., 2013, Chigona and Chetty, 2008, Bhana et al., 2010).

Several studies have shown that families perceive the concealment of a pregnancy and childbirth as a protective measure against stigmatisation of the adolescent mother (Molosiwa and Moswela,

2012, Runhare and Vandeyar, 2011, Shefer et al., 2013). For this reason, some parents would keep their daughters' pregnancies secret from school authorities by deliberately reporting a pregnant adolescent as ill from a disease but not pregnant (Molosiwa and Moswela, 2012). In a qualitative study comparing stakeholder responses to re-entry policies in South Africa and Zimbabwe (Runhare and Vandeyar, 2011) with an unspecified number of participants, the authors found that keeping pregnancy and childbirth a secret was practised as it was believed to minimise the stigma faced by the adolescent mothers in school. The study found that pregnant adolescents concealed their pregnancies by ensuring that the pregnancy bump was not noticed at school in order to avoid disruption of school attendance. Despite supportive continuation and re-entry policies in both South Africa and Zimbabwe (Runhare and Gordon, 2004, South African Department of Education, 2007), the need to conceal pregnancy and childbirth so as to continue with education reveals the gap between the policy and on the ground practices. While the concealment of a pregnancy appeared to work to the advantage of the student in allowing them to remain in school, it has the potential to endanger the health and wellbeing of the pregnant student and her unborn child (Shefer et al., 2013) as they miss out on consistent care early on in the pregnancy when it is most crucial. Runhare and Vandeyar (2011) found that parents in Zimbabwe were supportive of pregnancy concealment and reinforced this through the re-enrolment of their daughter into another school after childbirth to minimise on the stigma that she might face from teachers and students at her original school.

2.4.5. Leave of absence and re-entry conditions promoting social exclusion.

In this section, I describe the overall re-entry challenge that comes with imposing a fixed compulsory leave of absence and stringent re-entry conditions thereafter. In subsection 2.4.5.1 below, I specifically describe how breastfeeding requirements as stipulated in the re-entry policies could contribute to further exclusion of adolescent mothers from school. The school re-entry policies in some SSA countries require pregnant girls to take a compulsory leave of absence both before and after childbirth. The fixed and compulsory leave of absence from school might be seen

as being protective of adolescent mothers' health and their babies' nutrition. However, studies from Kenya, Botswana and South Africa have criticised the compulsory leave of absence in these policies, for not being protective of adolescent mothers' rights to education (Mutua et al., 2019, Mashishi and Makoelle, 2014, Chilisa, 2002).

A study conducted in Botswana suggested that re-entry policies play a role in promoting isolation of adolescent mothers by imposing a fixed mandatory leave of absence (Chilisa, 2002). Mashishi and Makoelle (2014) agree with this notion in reference to the South African re-entry policy, which allows for the exclusion from school for up to 2 years. During this period, many adolescent mothers drop out of school and join the labour market to earn an income to meet their needs and that of their child (Phiri and Machila, 2019). Furthermore, while many policies stipulate a leave of absence, few are clear about school re-entry; how long the girls should stay out of school and when they should return to school or who should handle the process (Mashishi and Makoelle, 2014, Ncube and Mudau, 2017, Chilisa, 2002). The re-entry policy of Botswana is one of the few that specify re-entry conditions (Chilisa, 2002), however these conditions have been termed as 'strict' and hence difficult to meet (Chilisa, 2002, Meekers and Ahmed, 1999). The release of a re-entry policy statement without clear implementation guidelines and legislation (Molosiwa and Moswela, 2012, Malatji et al., 2020) has led to a situation where implementers at the school level, have devised informal re-entry rules that make the re-entry process difficult. For example, in Botswana, a study conducted by Molosiwa and Moswela (2012) found that school re-entry for adolescent mothers was based on available spaces in the schools and the academic aptitude of the adolescent mothers. Mashishi and Makoelle (2014) describe that in Namibia, there is a threshold age for re-entry beyond which adolescent mothers would be denied.

2.4.5.1. Timing of re-entry and breastfeeding

In Kenya for example, the compulsory leave of absence posited in the re-entry policy is a six months period after delivery, within which an adolescent mother is expected to exclusively breastfeed her baby (Republic of Kenya, 2020b). Constraining an adolescent mother to exclusively

breastfeed from home excludes her from timely re-entry especially because usually, there is no support towards catching up with missed lessons (Limboro, 2019). For that reason, a study from Kenya showed that some adolescent mothers from Kilifi and Tana River Counties were encouraged to go back to school just three months after delivery, defying the six months compulsory leave of absence (Limboro, 2019). A 2023 study about the timing of re-entry in South Africa showed that more than 60% of the 702 adolescent mothers who had returned to school after delivery did so within the first one month of delivery (Jochim et al., 2023). This study pointed to a need for school re-entry policies to address both the health and wellbeing of both the adolescent mother and her child for effective implementation.

2.4.6. Limited childcare support

One of the most important requirements for school re-entry is childcare support. While some school re-entry policies emphasise on the importance of childcare to school re-entry for adolescent mothers (Republic of Kenya, 2020b, Republic of Namibia, 2010), the circumstances in some households make it challenging. A study comparing the re-entry of adolescent mothers in two secondary schools in Zambia found that orphaned adolescent mothers were unable to return to school because they did not have someone to leave their baby with during the day (Wedekind and Milingo, 2015). A qualitative study conducted with 23 pregnant and parenting adolescent girls from four Counties in Kenya documented that about 25% of the participants were unable to return to school after delivery mainly because of the lack of someone to care for the baby (Limboro, 2019) among other challenges. A study conducted in Kenya with school re-entry stakeholders to understand the challenges in re-entry policy implementation, pointed out that the lack of a maid to care for the baby was likely to prevent the adolescent mothers' school re-entry (Wanyama and Simatwa, 2011). While it is not explained in the study, it is likely that most of these adolescent mothers came from households with poor unemployed parents who could not financially provide for childcare support for the babies (Chohan and Langa, 2011). This could have meant that the adolescent mothers would have to quit school stay at home or engage in income generating

activities with low income (Coast et al., 2021, Limboro, 2019). A qualitative study conducted with 15 adolescent mothers in Ghana found that most of the adolescent mothers in school received minimal childcare support from their families leading to increased absenteeism from school (Quaye and Attom, 2019). Unfortunately, this threatens their sustained access to education and could eventually lead to dropping out (Malatji et al., 2020).

2.4.7. Lack of school adolescent pregnancy and school re-entry related data

The availability of timely and accurate data depends on having an appropriate monitoring and evaluation (M&E) framework and the resources to implement it. A 2015 report on the education sector response to adolescent pregnancy in SSA revealed that relevant policies and guidelines in Malawi, Uganda and Kenya did not have specified systems in place to follow up on pregnant girls identified through school. However, this study reported that Zambia had school level paper work for documenting pregnancy and re-entry information, which signified the potential for basic follow up (Birungi et al., 2015b). Following the release of this report, the Kenya Ministry of Education (MoE) established the National Education Management Information System (NEMIS) in 2017 (Ministry of Education, 2017). This platform has the potential to provide reliable data to enable follow up of learners and teachers be the evidence base for decision making (Ministry of Education, 2017). Human Rights Watch (HRW) conducted a study in Africa that aimed to describe policy and practice related to the access to education by pregnant and parenting adolescent girls. They conducted a review of policies and legislation across countries in the African Union, and involved MoEs, international NGOs from six nations and adolescent mothers from four countries and reported a generally weak monitoring system for the re-entry of adolescent mothers (Martínez and Odhiambo, 2018).

2.5. Interventions to enhance school re-entry

Based on literature, I have categorised interventions to support school re-entry for adolescent mothers in SSA into two broad strategies. The first one is family and psychosocial support which entails interventions that offer direct emotional and practical support to individuals or groups of

adolescent mothers. These include interventions that ensure a supportive home, community and school environment (Nyariro, 2018, Sempembwa and Julius Tukesiga, 2016) for example childcare support and guidance, counselling and follow up programmes (Leerlooijer et al., 2013, Panday et al., 2009) respectively. The second one is financial support.

2.5.1. Provision of childcare at home and in the community

Providing adolescent mothers with childcare support at their homes or in their communities has been shown to enable them to balance school and childrearing demands (Jumba and Githinji, 2018, Wanyama and Simatwa, 2011, Panday et al., 2009, Malatji et al., 2020). A mixed methods study conducted in Kenya with schools and 1040 schoolgirls found that even though parents found it a challenge to care for their daughter's child while she attended school, it was a key support mechanism for stable school attendance following re-entry (Wanyama and Simatwa, 2011). Sometimes, parents and relatives may offer day care support (Chigona and Chetty, 2008), otherwise finances may be needed to pay for commercial day care services in the community (Nyariro, 2018, Chigona and Chetty, 2007). A study conducted with adolescent mothers attending a well-baby clinic in urban South Africa suggested that the baby's nutrition could be protected by exploring breastfeeding options like expressing breastmilk for the baby's consumption while the adolescent mother attends school (Pillay et al., 2018). This could work particularly where adequate support with childcare either at home or in community daycare centres.

2.5.2. Provision of a supportive school environment

Adolescent mothers and their children seem to thrive in environments where people are non-judgemental about their circumstances (Sempembwa and Julius Tukesiga, 2016, Jumba and Githinji, 2018, Chigona and Chetty, 2007, Kurgat, 2016, Tukundane et al., 2015, Musundi, 2016). Supportive interventions include those that are implemented at the school level to ease adolescent mothers' re-entry. These interventions may involve making the school environment accommodative and inclusive by offering support with a flexible curriculum including distance learning where possible (Panday et al., 2009, Kurgat, 2016). Additionally schools could support

adolescent mothers to breastfeed while they continue to access education by allowing them the flexibility to breastfeed during the day as suggested in studies from Kenya and South Africa (Limboro, 2019, Pillay et al., 2018).

For any school to create a conducive and accommodative environment for adolescent mothers, there is need for implementers who are supportive of the overall intention of school re-entry policies (Kurgat, 2016, Tarus, 2020, Leerlooijer et al., 2013). Several studies have suggested that the hostility of school administrators and staff may be addressed by sensitisation and training on how to sensitively manage adolescent mothers in schools (Ncube and Mudau, 2017, Wanyama and Simatwa, 2011, Mwansa, 2011, Quaye and Attom, 2019). However, Wanyama and Simatwa found in their case study of school re-entry in Emuhaya District in Kenya, that even supportive and willing implementers were discouraged by the lack of detailed policy implementation guidelines (Wanyama and Simatwa, 2011). Davies and colleagues, in a 1996 Save the Children report about the access to education by school-age mothers, suggested that there ought to be differentiated policy strategies for schools to operate by (Davies et al., 1996). This means that each school may develop its detailed policy implementation strategy based on the school context and the needs of its students (Vincent, 2009). These school specific policies would have the potential to address stigmatising and discriminatory treatment that has been shown to discourage school re-entry of adolescent mothers (Vincent, 2009, Mutua et al., 2019, Leerlooijer et al., 2013) and flexible arrangements for obtaining education (Riordan, 2002, Vincent, 2009, Kurgat, 2016) for example, one with a flexible schedule and timetables (McGregor and Mills, 2012).

In some settings, mother and child boarding facilities have been established to accommodate adolescent mothers who come from unsupportive or unstable home environments. Established in 2007, a Ugandan rehabilitation centre called Pader Girls Academy (PGA) (Sempembwa and Julius Tukesiga, 2016) accommodated victims of war in Northern Uganda many of whom were adolescent mothers and their children. This centre offered formal education for the girls and their children, adolescent sexual and reproductive health (ASRH) and life skills lessons, clinical and

counselling services, spiritual support and a home (Sempembwa and Julius Tukesiga, 2016). A 2016 evaluation report of PGA released by the Forum for African Women Educationalists (FAWE), Uganda, found that the complex combination of interventions in the centre provided a supportive environment for adolescent mothers and their children to develop. However, PGA faced challenges of human, financial and structural resources for continuity which the study suggested might be obtained from multi-sectoral stakeholder collaboration (Sempembwa and Julius Tukesiga, 2016).

2.5.3. Guidance, counselling and follow up programmes.

Guidance and counselling (G&C) services have been found to be helpful in facilitating the school re-entry process (Tukundane et al., 2015, Kurgat, 2016). Such interventions can help the affected individuals and groups including pregnant students, adolescent parents and their parents, cope with the stigma and frustration that comes with the early pregnancy (Chigona and Chetty, 2008, Chigona and Chetty, 2007). Additionally, skills in management and supervision of adolescent mothers in schools are important for teachers as implementers of the re-entry policy so that they may be able to treat parenting learners with understanding and sensitivity (Chigona and Chetty, 2007, Quaye and Attom, 2019). A mixed methods study conducted with 16 in-school adolescent mothers and 10 teachers in Kenya found that the guidance and counselling programmes in their schools were helpful in managing personal problems that seemed to affect their schooling. For example, intervening to resolve conflicts between adolescent mothers and their parents (Jumba and Githinji, 2018). While this small purposively selected sample was not representative of adolescent mothers in Kenya, it nonetheless, highlighted the need for school administrations to establish tailored re-entry policy implementation strategies through the identification of supportive factors that may include individual and group counselling sessions, and stakeholder involvement. In their qualitative evaluation of an adolescent mothers' project in Uganda, Leerlooijer and colleagues (Leerlooijer et al., 2013) found that individual and family counselling was one of the strengths of the project. Participants reported that such counselling helped restore self-confidence

amongst the adolescent mothers and family support for education. In the study, the use of in-depth interviews with 14 stakeholders and the lifeline histories (a participatory visual methodology (PVM)) with 9 adolescent mothers, also helped to establish the most crucial period for counselling intervention. The findings suggested that involving the adolescent mothers in school re-entry programmes earlier than 10 months after childbirth might improve the programme outcomes (Leerlooijer et al., 2013). Unfortunately, these types of counselling services and re-entry programmes are limited or lacking in many SSA countries due to a lack of trained personnel (Chigona and Chetty, 2008, Chigona and Chetty, 2007, Mushaandja et al., 2013, Mpayipheli and Kheswa, 2020).

2.5.4. Financial support interventions

Besides family and psychosocial support, financial support is key in the successful implementation of school re-entry policies (Brinkerhoff and Crosby, 2002, Mwansa, 2011). Adolescent mothers need financial support to provide for the baby and their own personal and school needs (Tarus, 2020, Quaye and Attom, 2019). The Uganda study by Leerlooijer and colleagues (Leerlooijer et al., 2013), found that the lack of financial resources by parents was one of the main reasons why some of the adolescent mothers were unable to return to school. Other studies have also shown that a lack of financial support due to poverty (Meekers and Ahmed, 1999, Britwum et al., 2017) or parental anger (Phiri and Machila, 2019), can be a barrier for adolescent mothers when they try to re-enter school (Mwansa, 2011, Chigona and Chetty, 2007).

To address these financial concerns, two key types of interventions have been developed: direct financial support and indirect financial support. Interventions may offer direct financial support through cash transfers or indirect financial support through assets of financial value like farm animals, and/or training to develop skills that may be utilised to obtain money. These directly or indirectly obtained finances may be used to cater for adolescent mothers' school re-entry needs including tuition fee, uniform and childcare. The South African government offers direct financial support called 'child support grants' that are aimed at helping poor households with the cost of

living so that the nutritional needs of children under three years are met (Republic of South Africa, 2020). Only about 20% of child-bearing adolescents in South Africa benefit from the grants (Udjo, 2006) mainly because of challenges in acquiring documents like the child's birth certificate and lack of timely knowledge about the grants (Zembe-Mkabile et al., 2012, Panday et al., 2009). However, despite searching published and grey literature, I could not find information about the extent to which the child support grant scheme supporting an adolescent's child has promoted the return to school of adolescent mothers in South Africa. A qualitative evaluation report of the indirect financial support for school re-entry of adolescent mothers in Kenya and Malawi showed that empowering mothers of adolescent girls with livelihood skills, enabled them to financially support their parenting daughters to return to school (Musundi, 2016). The Leerlooijer and colleagues study in Uganda also found that financial support from parents along with physical childcare support sustained school attendance by the adolescent mothers and dissuaded them from engaging in transactional sex (Leerlooijer et al., 2013). Additionally, the project provided female goats for each of the adolescent mothers to practise goat rearing and for provision of milk for their babies. Eventually the goat's offspring could also be sold for an income.

2.6. Narrative review summary: Research gaps and contribution

The narrative review of the literature has shown that several countries in SSA have school re-entry policies for adolescent mothers (Republic of Kenya, 2020b, Republic of Botswana, 1978, Ministry of Education Zambia et al., 2004, South African Department of Education, 2007) and some interventions have been developed to support the school re-entry for these mothers (Leerlooijer et al., 2013, Quaye and Attom, 2019, Musundi, 2016, Republic of South Africa, 2020). However, the policies and interventions face numerous challenges. The policies often lack clear implementation guidelines (Wanyama and Simatwa, 2011, Mutua et al., 2019, Quaye and Attom, 2019, Chigona and Chetty, 2008, Nyariro, 2018, Tukundane et al., 2015, Tarus, 2020, Shefer et al., 2013). There is a glaring lack of detail in the accountability frameworks within policy documents. While policies have attempted to assign roles and responsibilities to stakeholders, they do not lay clear

plans for gathering information, monitoring, and reporting. For this reason, the availability of pregnancy related school dropout and re-entry data is a key issue in sub-Saharan Africa (Martínez and Odhiambo, 2018, Birungi et al., 2015b). This lack of data to base the formulation of interventions on, might explain why the existing school re-entry interventions produce limited evidence on successful outcomes (Runhare and Vandeyar, 2011, Panday et al., 2009). Clear implementation guidelines may promote and guide participatory multi-sectoral collaboration (Nyariro, 2018, Phiri and Machila, 2019, Runhare and Vandeyar, 2011, UNESCO, 2014, Mwansa, 2011) for both policy formulation and implementation. For example through the clear assignment of roles for stakeholders (Tarus, 2020, Wedekind and Milingo, 2015, Runhare and Gordon, 2004) and the potential establishment of strong and adequate adolescent health referral systems (UNESCO, 2014, Panday et al., 2009).

The exclusion of adolescent mothers is evident in school re-entry policy formulation processes (Mwansa, 2011, Phiri and Machila, 2019) and related research (Nyariro, 2018). For this reason, some school re-entry policy stipulations tend to promote the social exclusion of adolescent mothers. More specifically, the policy stipulations regarding timing of re-entry and breastfeeding are key to the re-entry experiences of an adolescent mother. Unfortunately, they present contradictory and constraining information that has the potential to exclude adolescent mothers from school re-entry.

The lack of data, the constraints in timing of re-entry and breastfeeding stipulations and exclusion of adolescent mothers in policy formulation and research processes are challenges that reveal an evident policy-practice-need gap in policy implementation for school re-entry adolescent mothers.

The focus of this study is to explore and understand the extent to which similar policy-practice-need gaps exist in Kilifi, County in Kenya. I aim to employ a range of methods to critically examine the issue of school re-entry for adolescent mother from the perspectives of government and school stakeholders, families, and the adolescent mothers themselves, comparing and contrasting their different experiences and perceptions in order to derive lessons to inform the

development of strategies that enhance school re-entry for adolescent mothers, both in the Kenyan context and beyond. In the next chapter I describe specific school re-entry policies in Kenya and Kilifi County.

3. SCHOOL RE-ENTRY POLICY CONTEXT IN KENYA

3.1. Introduction

In this chapter, I describe the context of the school re-entry policy in Kenya and Kilifi County in particular. I begin by describing the historical and current context of school re-entry policies in Kenya. This is followed by a detailed review of Kenya and Kilifi policies with a focus on the alignment between these policies and the support needs of adolescent mothers as identified in the narrative review in Chapter 2. This review also helped in the initial identification of key stakeholders involved in the development and implementation of these policies who were potential participants in the study.

3.2. Historical background of gendered policy environment in Kenya

I begin by giving a historical background of how gender-based discrimination has always been at the core of the policy environment in Kenya.

While the power structure of Colonisation introduced formal education for girls and women in Africa, it excluded them, unlike boys and men, from advancing beyond lower primary level (Whitehead, 1984). This was because, the education of that time was structured mainly to serve patriarchal interests by enabling the women to fulfil the needs of their educated husbands, but also enable them to learn Christianity and support the agenda to deconstruct African religious beliefs by bringing up Christian children (Leach, 2008, Whitehead, 1984).

After independence in 1963, the inclusive access to education became a priority in Kenya (Akala, 2019, Chege and Sifuna, 2006). The government published sessional paper No. 10 of 1965, which placed an emphasis on equal opportunity to freedom and equitably distributed economic development (Republic of Kenya, 1965). However, this document did not address the role of gender in the existing inequality (Chege and Sifuna, 2006).

The first United Nations conference on Women was held in Mexico, in 1975. In this conference, 1975 - 1985 was declared the first decade for women "...as part of a sustained, long-term effort to achieve the objectives of the International Women's Year" (United Nations, 1976). This

conference and the commitments that came out of it played a major role in highlighting the role of women in development and the need for gender mainstreaming by governments and communities.

In the late eighties, the international community through the convention on the rights of a child (United Nations, 1989), advocated for equity in all human rights including education among girls and boys. Soon after, research reports in early to mid-nineties revealed the advantages that came with educating girls and women against their overall education status (Hartnett and Heneveld, 1993, Psacharopoulos, 1994, Hill and King, 1993), there was collective advocacy towards education access for girls and women, regardless of their pregnancy or maternal status through international declarations and the 1994 national school re-entry policy (Declaration, 1995, Assembly, 2001, Republic of Kenya, 1994). As I have described, the policy environment has evolved to become supportive of school re-entry for girls and women including adolescent mothers. However, these policies specific to school re-entry of adolescent mothers, do not take into consideration gender-based discrimination and other forms of discrimination experienced by adolescent mothers.

3.3. Historical overview of school re-entry policy and potential legislation in Kenya

The current constitution of Kenya stipulates that education is a social and economic right for all, including persons with disabilities, marginalised groups, children and young people, adding that every child, that is any individual who has not attained the age of 18 years, has the right to free and compulsory basic education (Republic of Kenya, 2010). Besides the constitution document, Kenya has a school re-entry specific policy and a draft legislative document. I describe these documents below, starting with those from the national government.

The first school re-entry policy in Kenya was passed in 1994 with the aim to prevent pregnant girls from dropping out of school and promote their pursuit of education, during pregnancy and after weaning their babies (MoEST and UNESCO, 2015, Nyariro, 2018, Birungi et al., 2015a, Omwanicha, 2012).

In 2007, the Ministry of Education, Science and Technology, currently known as the Ministry of Education (MoE), published the Gender Policy in Education which was later reviewed and published in 2015 as the 'Education and Training Sector Gender policy' (Republic of Kenya, 2015a). This policy stipulates that ensuring that pregnant girls attend school, is one way through which the education sector could be gender sensitive and responsive to all learners. It also posits that adolescent mothers should either be allowed back to the school they were in before the pregnancy or be sent to other appropriate institutions (Republic of Kenya, 2015a).

In 2009, the Ministry of Health, in collaboration with the Ministry of Education, released the 'National School Health Policy' (Republic of Kenya, 2009b) along with its guidelines (Republic of Kenya, 2009a). A revised version of the 2009 National School Health Policy guidelines were published in 2018 as the 'Kenya School Health Implementation Guidelines' (Republic of Kenya, 2018a). These guidelines require pregnant learners to continue with school and further stipulate that adolescent mothers should be supported by parents and school administration to return to school after childbirth (Republic of Kenya, 2009b).

Since 2016, a school re-entry related public bill, the Care and Protection of Child and Parents Bill, 2016' (2016) has been undergoing legislative processes. Most recently, in June 2023, an updated version of this bill (2023) was published for the public to review and submit comments on the Kenyan parliament webpage (The Republic of Kenya, 2023) under the name of 'The Care and Protection of Child Parents Bill, 2023'. The bill outlines the roles of the National and County governments in ensuring the establishment of a supportive environment for school re-entry of adolescent mothers below the age of 18 years. Under the bill both National and County Governments are tasked with formulating policies and programmes for retention, readmission, and reintegration of pregnant and parenting learners below 18 years. Both levels of government are expected to implement the programmes in collaboration with 'relevant stakeholders' with a specific key role for the County Governments being the establishment of childcare centres to support adolescent mothers below the age of 18 years as they access education. However, the bill

does not specify the Ministries, County departments or the personnel who should be responsible for developing and delivering programmes while creating a supportive environment.

In 2020, the Ministry of Education published the 'National Guidelines for School Re-entry in Early Learning and Basic Education' (Republic of Kenya, 2020b). These guidelines aim to formalise the school re-entry process to promote retention, transition, and completion of education for learners in primary and secondary schools. It supports school re-entry of adolescents who are 17 years and below. However, according to this policy document, adolescent learners aged 18 years and above, keen to access education are advised to join adult and continuing education and vocational training centres as opposed to primary or secondary schools. The content in these guidelines focuses on issues that affect the retention, transition, and completion of basic education comprising early pregnancy, HIV and AIDS, gender-based violence drug abuse and special needs and disabilities (Republic of Kenya, 2020b).

Besides the formulation of policy documents, the Kenyan government has implemented other efforts that influence the school re-entry for pregnant and parenting adolescent girls. The two most significant ones are Free Primary Education (FPE) programme and the 100 Percent Transition policy.

The Kenyan government has had three attempts at implementing FPE programmes since independence. The first two attempts were in 1974 and 1979 (Oketch and Somerset, 2010). The most recent FPE programme was launched in the year 2003, in an effort to achieve international education goals like Education for All (EFA) and Universal Primary Education (UPE) (Oketch and Somerset, 2010, Oketch and Rolleston, 2007). In the FPE programme, the government pays to public primary schools a capitation grant for each child per year with the intention of abolishing levies charged to parents (Owuor et al., 2016). Over the years, this programme has led to an increase in the number of students who enrol in public primary schools (Orodho, 2014). While the capitation grant is intended to cover operations, maintenance, teaching, and learning material costs, it is inadequate, and its remittance is often delayed (Owuor et al., 2016, Republic of Kenya,

2012). These challenges have caused schools to impose levies on parents (Republic of Kenya, 2012, Onyango et al., 2015b, Owuor et al., 2016).

Kenya has a long-term development blueprint called ‘Kenya Vision 2030’, that was published in 2007 to guide national development in the period between 2008 and 2030 (Government of the Republic of Kenya, 2007). As part of the Kenya vision 2030, the government aims to reduce illiteracy by increasing the primary to secondary school transition rate. According to the vision’s national progress reports (Republic of Kenya, 2018b), the transition rates between 2007 and 2017 increased from 59.6% to 91.1%. Following this steady overall increase, the Kenyan government has been targeting 100 percent transition from primary to secondary school since 2018 (Republic of Kenya, 2020a, Galgallo et al., 2023, Ndunge et al., 2022). To achieve and sustain the 100 percent transition rate, the government has implemented a range of initiatives. These comprise subsidising access to secondary education in day schools, teacher recruitment (Republic of Kenya, 2020a), offering a medical insurance programme (EduAfya) for public secondary school students, improving infrastructure in secondary schools (Republic of Kenya, 2022a) and tasking local administrative leaders to track and ensure students’ school attendance (Ndunge et al., 2022).

3.4. Political context: Government structure after devolution

In 2010, Kenya passed the current constitution, the implementation of which led to the establishment of a devolved government system in 2013 (Republic of Kenya, 2010). Currently, Kenya has 47 semi-autonomous county governments which are expected to have a consultative and cooperative relationship with the national government (Nyikuri et al., 2015). A County government has an executive arm and a legislative arm. While the executive arm is made up of an elected governor and deputy governor; 10 County Executive Committee (CEC) members appointed by the governor to head County departments, the legislative arm is made up of two types of Members of County Assembly (MCAs). There are elected MCAs who head electoral wards in the county and MCAs who are nominated to represent special groups by political parties (Republic of Kenya, 2010). The school re-entry policy was developed by the Ministry of Education (MoE)

and Ministry of Health (MoH); therefore, it is important to understand the operational status of these two national government ministries and related county government departments.

The MoE operates at national level with representation in every county. The MoE is responsible for education policy, standards, curriculum, and national examinations. Other roles of the MoE are the governance and management of public primary and secondary schools as well as special education institutions, colleges, and universities countrywide. At the County Government level, education matters are managed by the County Department of Education and Information and Communication Technology (DoE&ICT), which is responsible for village polytechnics, pre-primary education, and childcare facilities (Republic of Kenya, 2012, Republic of Kenya, 2010, Wango, 2011). Kilifi County government has a bursary scheme called 'Kilifi Ward Scholarship Fund' (KWSF) that contributes to the access of both skill-based and academic education at all levels except primary school. The total budgeted amount is usually equally disbursed to all 35 wards of the county (Office of the Auditor-General, 2022). Both the national MoE and county DoE&ICT are important in this study because they govern and manage basic academic and skill-based education for adolescent mothers, respectively. In addition, being in charge of childcare centres could mean that the DoE&ICT might be able to offer childcare services to adolescent mothers.

At national level, the MoH is responsible for health policy and regulations, national referral health facilities (level six), and providing technical assistance to County Governments. Unlike the MoE, the delivery of health services was devolved to the County Governments with the County Department of Health governing and managing county level health facilities (levels one to five) and employing health professionals particularly doctors and nurses (Republic of Kenya, 2010, Republic of Kenya, 2022b, Nyikuri et al., 2015). These government-based health structures manage data platforms that collect the adolescent pregnancy related data that informs current interventions.

3.4.1. Overview of the 8-4-4 education system in Kenya

To enable understanding of the adolescent mothers' education experiences, in this subsection, I provide an overview of 8-4-4 education system which they experienced. Kenya has implemented three education systems since independence: the 7-4-2-3, the 8-4-4 and the Competency Based Curriculum (CBC). The 8-4-4 was formally established in the year 1985, following the recommendations of the 1981 MacKay report to phase out the 7-4-2-3 system (MacKay, 1981). Since 2019, the 8-4-4 is being succeeded by the Competency Based Curriculum (CBC) (Inyega et al., 2021). Typically, a child would join the 8-4-4 system after two years of pre-school education between age 3-5 years (Ng'asike, 2018). Afterwards, the child was expected to study eight years of primary school (class 1 to class 8) between the age of six years and thirteen years, four years of secondary school (form 1 to form 4) between the age of 14 years and 17 years, and four years of university and college education (Wanjohi, 2011). For primary and secondary school, a calendar year entailed three terms and about four weeks of holiday after each term. Term 1 would begin in January and end in March, term 2 would begin in May and end in July while term 3 would begin in September and end in November. The typical holiday months would be April, August, and December. While the average holiday was four weeks, it is important to mention that the December holiday would be slightly longer by about two to three weeks. This is significant because long periods out of school including holidays, been associated with predisposing school going adolescent girls to early pregnancy (Were, 2007, Rosenberg et al., 2015).

At the end of the eight years of primary school, students would sit for a national examination called Kenya Certificate of Primary Education (KCPE). They would take examinations for five subjects and graded out of 500 marks. Based on their performance, they would be placed in secondary schools through a government co-ordinated procedure (Onderi and Makori, 2014). At the end of the four years of secondary school, students would sit for another national examination called Kenya Certificate of Secondary Education (KCSE) and assigned grades A to E depending on their performance. Those scoring grades A plain to C plus, automatically qualified to proceed

to public universities and would be assigned courses while considering applications that they submit in their final year of school, and their performance in KCSE (Wabwoba and Mwakondo, 2011). While 8-4-4's focus was academic with only a few technical subjects such as Agriculture, art and craft and home science, there was an expansion of the technical and vocational (skills-based) education to increase training opportunities for form four leavers (Akala and Changilwa, 2018) especially those who obtained grades below C plus.

Like in other countries worldwide, the COVID-19 pandemic altered the Kenyan school calendar significantly following an 8 months lock down period (March to October 2020), that was imposed by the government as a mitigation measure against the spread of the Corona virus (Zulaika et al., 2022). Appendix A shows the detailed school calendar alterations that influenced the experiences of the adolescent mothers who took part in this study.

3.5. School re-entry policy implementation in Kilifi County

The national government personnel responsible for implementing the school re-entry policies at the county level are MoE officers stationed in the County. Within the Kilifi County government, the management and decisions associated with adolescent pregnancies are covered by policies in three departments: the Department of Education and Information and Communications Technology (DoE&ICT), the Department of Health (DoH) and the Department of Gender, Culture and Social Services (DoGCSS).

In 2019, the Kilifi County Government published a strategy of action titled 'Adolescent, Young People Sexual Reproductive Health and Rights, HIV Strategic Response for Kilifi County 2019-2022' as a response to concerns around adolescent sexual and reproductive health (ASRH) in the county (County Government of Kilifi and UNICEF, 2019). This strategy acknowledges the high rates of adolescent pregnancies in Kilifi County and supports school re-entry of adolescent mothers. The strategy was collaboratively published by three County departments namely, Department of Health (DoH), the Department of Gender, Culture and Social Services (DoGCSS), and the Department of Education and Information and Communications Technology (DoE&ICT).

This document, together with the two current national level documents (the National guidelines for school re-entry in early learning and basic education, 2020 (Republic of Kenya, 2020b) and the 2nd Edition of the Kenya School Health Implementation guidelines, 2018 (Republic of Kenya, 2018a) provides the policy context for adolescent mothers’ school re-entry in Kilifi County.

Table 3.1 below provides summaries of these documents, highlighting sections entailing information relating to the school re-entry of pregnant and parenting adolescent mothers. I assigned document numbers for ease of reference within this section. Documents 1 and 2 are national policies while Document 3 is a strategy specific to Kilifi County.

Table 3.1 Reviewed policy documents and a summary of relevant content

Document number and type	Document year of publishing and name	Adolescent mothers’ school re-entry content
Document 1: National policy	2020 National guidelines for school re-entry in early learning and basic education (Republic of Kenya, 2020b)	11 pages relating to school re-entry for adolescent mothers. The document contains an implementation framework which entails stakeholders, their roles and a monitoring and evaluation framework.
Document 2: National policy	2018 Kenya School Health Implementation guidelines, (2 nd Edition) (Republic of Kenya, 2018a)	3 pages relating to the re-entry and management of adolescent mothers in school.
Document 3: County strategy	2019 Adolescent, Young People Sexual Reproductive Health and Rights, HIV Strategic Response for Kilifi County for 2019-2022 (County Government of Kilifi and UNICEF, 2019)	5 pages relating to school re-entry for adolescent mothers. It is highlighted as part of strategic objectives 2 and 3, that emphasise meaningful engagement of communities in, and the multisectoral coordination of adolescent health programmes and policies.

3.6. Alignment of policies with known gaps from literature

I reviewed the three documents to assess the extent to which key policy implementation issues identified in the literature are addressed in the policies. These issues are the timing of re-entry and breastfeeding, data availability and beneficiary involvement in the policy processes.

3.6.1. Timing of re-entry and breastfeeding

In Document 1, the timing for re-entry is 6 months after delivery to allow the adolescent mothers time to complete the WHO recommended period of exclusive breastfeeding. However, within the same document, adolescent mothers are expected to re-enter school at the beginning of the following calendar year. This contradiction in policy stipulations potentially introduces a challenge of extended periods of absence that I described in Chapter 2, section 2.3. Document 2 contains the statement: “At the correct time, the adolescent mother shall seek readmission...”, describing the timing of re-entry as ‘the correct time’, this lacks details about when that would be and whose timing would be considered. With regards to breastfeeding, Document 2 highlights that adolescent mothers should be supported through the processes of exclusive breastfeeding for six months and the introduction of complimentary feeding thereafter. Document 3 does not refer to breastfeeding or the timing of re-entry because it is an implementation strategy with school re-entry goals that emanate from Documents 1 and 2.

3.6.2. School re-entry related data availability

All the three documents emphasise the importance of the collection, recording, reporting, and utilisation of accurate data towards assessing policy effectiveness and informing interventions. Within all three documents, general reporting timelines for the different groups and levels responsible for M&E have been indicated. A clear indication of the teams responsible for M&E reports and the schedule of submission deadlines has the potential to promote routine data recording and reporting. While Document 1 specifically indicates that the funding M&E activities is the responsibility of MoE, Documents 2 and 3 do not specify where the resources for M&E would come from.

3.6.3. Beneficiary involvement in policy processes

All three policy documents contained information promoting collaboration amongst stakeholders particularly in policy implementation and they specify who should be included in the implementation process. However, there is less clarity with regards to policy formulation, and it

was not indicated whether potential policy beneficiaries were involved in the development of the national government Documents 1 and 2. This contrasts with the County government Document 3 which highlighted that the community, especially adolescent and youth representatives, were involved in the development of the document. Table 3.2 below provides a summary of the review of Kenya and Kilifi policy documents.

Table 3.2 Review summary of Kenya and Kilifi policy documents

Document	Stakeholders	Roles	Timing of re-entry & Breastfeeding	Monitoring & Evaluation (M&E) framework in relation to data availability	Beneficiary involvement
1. National guidelines for school re-entry in early learning and basic education, 2020	MoE, MoH ‘School’, guidance and counselling (G&C) teacher, head teacher, Board of Management (BoM), Parents, Sub- County director of education...	-MoE to disseminate guidelines and sensitise at different levels, co-ordinate collaborative implementation across relevant ministries, mobilise resources, conduct M&E - ‘School’ to inform parents of pregnancy	-Six months after delivery “which provides time to nurse the baby. -Re-entry must be at the start of an academic year	-Include re-entry indicators in NEMIS - Conduct school-based surveys -Data sharing across ministries	Beneficiary involvement is not indicated at policy formulation level. Yes , indicates involvement at implementation level (Collaboration amongst MoE and other government ministries, school staff, health facility, parents/guardians and key stakeholders emphasized)
2. Kenya School Health Implementation guidelines, 2018	Ministries of Education, Health and Labour and social protection, County Government, BoM, Community, Teachers, Development partners, Parents and Learners	-School to sensitize parents on guidelines- Head teacher to accommodate health and education needs of pregnant girl- School administration to treat pregnant girls like other learners and protect them from mockery and ridicule- Adolescent mother shall seek re-admission	-Adolescent mother should be supported to breastfeed exclusively for at least six months - “At the correct time the adolescent mother shall seek re-admission...”	Yes, there is a M&E system specifying mechanisms, tools, and Indicators. -Keep accurate health records of learners in school database -Keep school health cards for learner -School health teacher to report to curriculum support officer -MoH and MoE to keep an updated database -Implementing partners to avail data from their activities	Beneficiary involvement is not indicated at policy formulation level. Yes , indicates involvement at implementation level (Collaboration amongst MoH, MoE and other stakeholders including learners, and the community is emphasized)
3. Adolescent, young people sexual reproductive health and rights, HIV strategic response for Kilifi County 2019-2022, 2019	Government departments & agencies, CEC- Gender, MoH ASRH focal person, Youth groups, Civil society organizations (NGOs, CBOs and FBOs- some were named) & Community	-MoH to populate DHIS & MoH to report adolescent pregnancies monthly – MoE to report re-entry rate. –County Directors of Health & Education to report schools implementing re-entry policy - CEC member-Gender to sensitise schools of re-entry policy	Timing of re-entry and breastfeeding is not specified	Yes. Refers to the DHIS database. -With indicators, targets, outcomes & the actors responsible Data sources: County systems and non-routine data sources.	Yes , indicates involvement at formulation and implementation levels. -Views from the community and adolescents were incorporated in document development -Adolescent and youth representatives were in document development Technical Working Group (TWG) -Quarterly review by TWG which includes adolescents

3.7. Summary and reflections

There are several progressive policies and legislation supporting the access to education for pregnant and parenting adolescent girls within SSA including Kenya (Republic of Kenya, 2015a, Republic of Kenya, 2018a, Republic of Kenya, 2020b, 2023, County Government of Kilifi and UNICEF, 2019). The overall aim of the school re-entry policy is to promote inclusivity and increase access to education for adolescent mothers. However, the review of the existing policy documents and related contextual literature revealed four main issues that are likely to impede school re-entry policy implementation. These issues are:

a. Inconsistent inclusion and acknowledgement of potential beneficiaries in policy formulation

While the participation of potential beneficiaries in the formulation of policies could be beneficial (Ahinkorah et al., 2020, Nyariro, 2018, Omwanicha, 2012), the Kilifi policy strategy document (County Government of Kilifi and UNICEF, 2019) was the only policy document that acknowledged the involvement of adolescents and young people in its formulation. Taking note that policy documents may not outline every activity carried out towards their formulation (Ahinkorah et al., 2020, Calves, 2002), it is difficult to tell whether potential beneficiaries were involved and how they were involved.

b. Tensions between policy stipulations and intended outcomes.

Some of the policy stipulations are likely to conflict with the inclusivity goals of policies. Some of the school re-entry guidelines tend to exclude of adolescent mothers from school. The mandatory nature of the leave of absence seems to promote isolation of adolescent mothers from school thus promoting inequity in the access to education by this vulnerable population. This finding is in line with other school re-entry policy studies in SSA (Mashishi and Makoelle, 2014, Mutua et al., 2019) which reported that the compulsory leave of absence was not protective of the right to education for adolescent mothers. Further, the mandatory leave of absence to support exclusive breast feeding is not appreciative of creative ways to support the

access of education by nursing adolescent mothers with babies below six months of age. For example in a study that aimed to explore factors that enhanced school re-entry and retention of adolescent mothers in some ASAL counties in Kenya, allowing adolescent mothers to breastfeed during breaks, was reported to be a practice that enhanced school re-entry (Limboro, 2019) even though this practice goes against the national policy. Additionally, stringent timing of re-entry may cause adolescent mothers to stay out of school for lengthy periods thus minimising their chances of returning to school. Existing evidence from other SSA countries suggests that adolescent mothers who take longer to re-enter school are likely to completely drop out of school because of predisposition to labour market and being married off (Phiri and Machila, 2019, Leerlooijer et al., 2013).

c. Change in government structure and roles.

The MoE is the main stakeholder and custodians of the school re-entry policy (Republic of Kenya, 2020b). However, since devolution, implementing this policy requires coordination and collaboration between the MoE at national government and three County government departments. The fact that these government sectors are operating at different levels has the potential to introduce a challenge in policy implementation because clear guidelines of this collaboration do not exist.

d. Free basic (primary and secondary) education challenges

Another factor that predisposes pregnant and parenting adolescent mothers to the risk of dropping out of school is the imposition of school levies (Onyango et al., 2015b). Free basic education was implemented to relieve poverty discriminated families of school levies (Republic of Kenya, 2012). Unfortunately, the funding for the free education is inadequate and often delayed meaning that parents have to pay levies to primary schools so that their children can attend (Republic of Kenya, 2012, Owuor et al., 2016, Onyango et al., 2015b).

Besides these gaps in detail about the policy implementation processes, the policy environment in Kenya and Kilifi is generally supportive of school re-entry for pregnant and parenting adolescent

girls. However, the low rates of school re-entry for adolescent mothers after the birth of their baby remains a public health issue in Kilifi County. In the next chapter of this thesis, I provide more details on the Kilifi County context and describe the study design and methods I used to explore why these school re-entry challenges remain.

4. DESIGN AND METHODOLOGY

4.1. Introduction

I begin this chapter by describing the demographic, social and economic context of the study setting and the research institution within which this study was based. Then, I will provide detailed descriptions of the design and methodology used in this study and the reasons for their selection. I will describe specific methods, my positionality, sampling strategies, analytical approaches, and conclude with details on data management.

4.2. Study setting.

The study was conducted in Kilifi County, situated on the Coast of Kenya. Below is a map (figure 4.1) showing the location of Kilifi County in Kenya (NordNordWest, 2015).



Figure 4.1 Location of Kilifi County on the map of Kenya
Source: NordNordWest, 2015

Kilifi County is home to approximately 1.5 million people with most of the inhabitants belonging to the Giriama sub-tribe of the Mijikenda ethnic group. The County is primarily rural with the main source of livelihood being subsistence crop and animal farming (Scott et al., 2012). Kilifi is one of the 6 (out of 49) counties in Kenya with the highest percentage of the population classified

as ‘poor’, with approximately 49% of its population described as ‘poor’ compared to a national proportion of 39% (KNBS, 2023).

The literacy levels for Kilifi County are 65.5% (Republic of Kenya, 2016) compared to 82.6% national rate (Kenya National Bureau of Statistics, 2018). The table 4.1 below shows a summary of key education attainment milestones (2022 KHDS) (KNBS and ICF, 2022). The figures represent the people who completed the respective education levels out of all those who enrolled to start with. The data suggests that fewer women in Kilifi, have completed primary or secondary education than men and fewer than the national rate for women. It is important to note here that the 2022 KHDS report disregarded levels of vocational education thus affecting the report on Tertiary level rates (KNBS and ICF, 2022).

Table 4.1 Estimated educational attainment rates for Kenya and Kilifi

Estimated educational attainment rates by percentage as of 2022				
	Women		Men	
	Kilifi Rates	National Rates	Kilifi Rates	National rates
Completed primary	13.1	15.1	18.7	14.6
Completed secondary	7.1	12.9	10.8	15.3
Tertiary level	4.1	11.5	5.7	12.8

Key challenges facing adolescents in Kilifi County are poverty and sexual and gender-based violence (SGBV), which have been reported as contributing to the significant adolescent pregnancy rates (National Council for Population Development, 2017, John Njoka, 2016, County Government of Kilifi and UNICEF, 2019, Kilifi County Government, 2015, Ssewanyana et al., 2018). According to the 2022 Kenya Demographic and Health survey (KDHS), the pregnancy rate amongst adolescents aged 15-19 years in Kilifi County was at 13% compared to the national rate of 15% (KNBS and ICF, 2022). This is a marked improvement for Kilifi County considering that the adolescent pregnancy rate reported in KDHS 2014 was 3.8% higher than the national rate (KNBS, 2015).

Table 4.2 below shows the estimated number of adolescent pregnancies which were reported in the seven sub-counties of Kilifi County over a period of two and a half years, between 2018 and mid-2020. The content in this table have been adapted from a 2021 report on the state of teenage pregnancy in Kilifi County (Department of Gender, 2021). It is unclear how this information was generated, and it was not possible to make out prevalence data because the estimated total population of adolescent girls in Kilifi County was not provided. However, this information provides an indication that all sub-counties reported significant numbers of adolescent pregnancies in the two-and-a-half-year period.

Table 4.2 Estimated number of pregnancies amongst adolescents 10-19 years in Kilifi County

Adolescent (10-19 years) pregnancies in 2018 to 2020				
Sub-County	2018	2019	2020 (Jan-May)	Total
Magarini	4137	2815	672	7624
Kilifi North	2937	1628	732	5297
Kilifi South	1698	1338	583	3619
Ganze	1985	976	408	3369
Malindi	1802	1063	391	3256
Kaloleni	2170	1203	408	3781
Rabai	911	557	182	1650
Total	15640	9580	3376	28596

Out of the seven sub-counties, Magarini, Kilifi North and Kilifi South Ganze, had the highest numbers of adolescent pregnancies within Kilifi County between the year 2018 and mid 2020 (Department of Gender, 2021). Figure 4.2 below shows a map of Kilifi County and its seven sub-counties (Katana, 2016).



Figure 4.2 Map of Kilifi County and sub-Counties

Source: Katana, J, 2016

My study was hosted at Kenya Medical Research Institute (KEMRI)- Wellcome Trust Research Programme (KWTRP) in Kilifi. This centre has a schools engagement programme (SEP) which is part of the centre's community engagement strategy (Davies et al., 2012, Marsh et al., 2008, Davies, 2019, Davies, 2017). The SEP has carried out and supported studies within the KWTRP involving adolescents (Irene, 2014, Marsh et al., 2019); including a study on a sensitive topic with adolescents and community members in Kilifi (Ssewanyana et al., 2018).

A part of a team, implementing projects within the SEP we developed a strong working relationship between KWTRP, the County Education office, primary and secondary schools, and the wider community within Kilifi County. I drew upon these strong relationships to facilitate the

implementation of this study. The limited research in adolescent school re-entry in Kilifi County further presented an opportunity for the involvement of local adolescents and stakeholders in researching and informing sensitive topics in Kilifi.

4.3. Philosophical underpinning of the study

In designing the study, I drew on critical theory (Creswell and Creswell, 2017). A key feature of a critical theory approach in health research is the focus on revealing and challenging social power structures to promote social change. The research is based on the philosophical assumption that realities and knowledge are not neutral but reflect the power and social relationships within society (Creswell and Creswell, 2017). Reality can be known through co-creation by researchers and participants, where the researcher is an acknowledged part of the process (Langley et al., 2018). The approach focuses on identifying social, political, economic, and cultural structures that underpin actions, and explores the role of power in influencing people's realities or lived experiences. I came into this study acknowledging that the interactions between the social identity of adolescent mothers and the social structures of power for example policies, education system and the economy were likely to play a key role in determining their educational futures.

My main focus in this study was on understanding the broader contexts which shape the lived realities of the adolescent mothers. I wanted to identify key policies and actors likely to play a role in shaping these experiences and documenting their knowledge and experiences of the re-entry to education of adolescent mothers. My attention was on how social structures intersect with the identities of the adolescent mothers. These intersections create specific experiences of how re-entry policies are enacted and received. I attempt to co-create descriptions of these experiences together with the adolescent mothers. The emphasis of my analysis was on trying to identify and describe power and identity struggles with the overall goal of calling for social action and change.

The specific concept within critical theory that I applied in my analysis and interpretation is intersectionality. The intersectionality concept or lens was proposed as an academic concept in 1989 by the Black feminist and activist Kimberle Crenshaw (1990). This lens posits that people's

realities or lived experiences of privilege or oppression are influenced by the interaction of their individual identities (including their gender, age and class) within social power structures for example policies, the economy, the education, religious and legal systems (Hankivsky, 2014). As illustrated in Figure 4.3 below, these power structures and their effects act across and influence a range of levels from the individual, household, community, school, national and international. Intersectionality has been used in health (Hankivsky and Christoffersen, 2008, Hankivsky, 2012, Tolhurst et al., 2012, Bauer, 2014) and education (Tefera et al., 2018, Agosto and Roland, 2018, Harris and Watson-Vandiver, 2020, Bešić, 2020) studies to advance the understanding of inequality while reflecting on the complex interplay of social realities (Larson et al., 2016).

4.4. Conceptual framework

To guide the implementation of this study, based on the review of SSA literature, policy documents, and the intersectionality lens described above, I developed a conceptual framework (figure 4.3 below) of potential individual and social power structures likely to influence school re-entry for adolescent mothers.

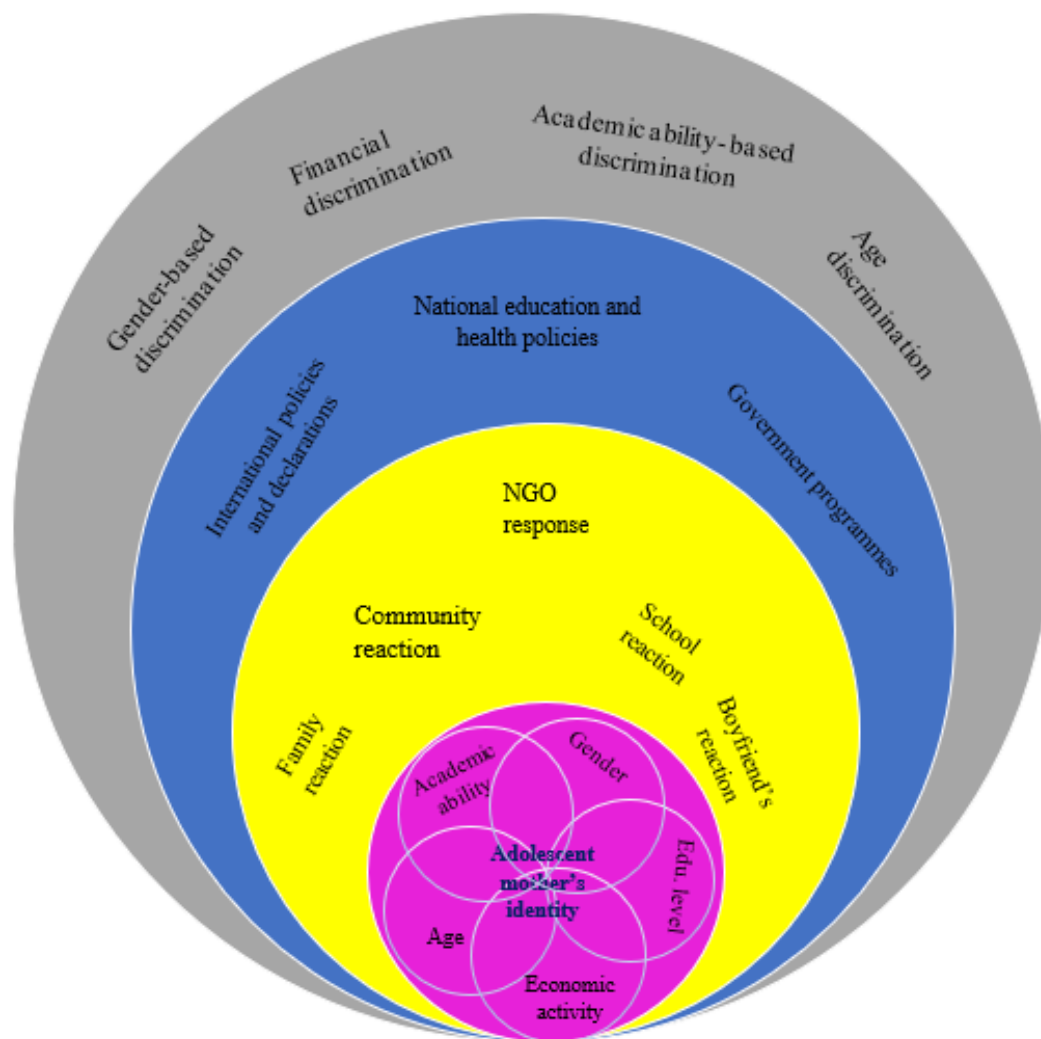


Figure 4.3 Intersection onion

Adapted from Simpson, J (2009) and Bešić, E (2020).

This conceptual framework was adapted from the intersectionality wheel by Joanna Simpson (Simpson, 2009) and the intersection onion by Edvina Bešić (Bešić, 2020). From my review of school re-entry literature, I identified factors affecting school re-entry of pregnant and parenting adolescent girls and categorized them into colour coded ‘onion rings’ within systems of oppression (grey ring) operating in society e.g. gender-based discrimination and financial discrimination. These systems of oppression cause experiences of inequality that emanate from the complex intersection of factors within and across (inwards and outwards) the rings. The core of the intersection onion (pink ring) represents the adolescent mother; an individual with multiple intersecting identities (Blum et al., 2014). The yellow ring encompasses the adolescent mother’s

immediate social context with entities that afford her psychosocial experiences like family members, the boyfriend, the school, the community, and non-governmental stakeholders. The blue ring represents the adolescent mother's broader social context that affects her access to education like international policies and declarations, national education and health policies and government programmes supporting the education and health of adolescent mothers and their babies.

4.5. Study design

In this study, I used an exploratory qualitative and participatory research approach which allowed me to employ a variety of methods towards the in-depth exploration and understanding of individual lived experiences of the study participants. The methods I used were in-depth interviews (IDIs), stakeholder analysis, focus group discussions (FGDs) and a participatory visual method called digital storytelling (DSt). I employed triangulation, the practice of comparing, contrasting and corroborating data across multiple approaches, for example combining methods, and/or across multiple data sources and researchers to enhance the credibility of my research findings (Bashir et al., 2008, Denzin and Lincoln, 2005). For this study, I use two main types of triangulations: For methods triangulation for example, the data from the DSt videos created by the participants is compared to the data collected from them during the FGDs. For data source triangulation, the data from the in-depth interviews with parents is compared to data obtained through DSt videos and the stakeholder interviews. I provide detailed descriptions of these methods in section 4.7.

4.6. Data collection

4.6.1. Research assistant support.

To implement this project, I was assisted by a research assistant, who I will call Pendo (not her real name) for the sake of this thesis. She was from a pool of qualitative research assistants employed by the KWTRP to support all qualitative studies at the programme. Pendo supported me in managing audio recordings, transcription, translation, and initial cleaning of all the study

data. More specifically for FGDs and DSt, Pendo supported me with the planning of field activities, data collection and note taking. She also ensured that the adolescent mothers, their babies and the baby-sitters were comfortable throughout the field activities. This kind of assistance helped create an organised yet relaxed and friendly atmosphere which helped ensure the quality of the data that we collected.

Having a Research assistant helped me develop my professional leadership skills. I trained Pendo and contributed to building her capacity in DSt skills including scripting, gathering material and video editing. I delegated some duties and supervised her execution which included complimenting her effort and giving her feedback for improvement. Being a single mother of two young children, meant that Pendo had family needs to attend to. Therefore, I planned for field activities with her to accommodate these needs as much as possible while encouraging open communication between us.

For this study, I needed someone who would be understanding and non-judgemental of the adolescent mothers to support with planning for data collection activities especially those involving adolescent mothers. Pendo was a 28-year-old mother of two who first experienced motherhood at 19 years of age thus she was empathic and understanding towards the adolescent mothers.

4.6.2. An overview of data collection procedures

The data collection activities followed a general timeline from the document review through to the parent/guardians IDIs as shown in figure 4.4 below. However, given the iterative nature of qualitative research, flexibility within this timeline enabled responsiveness to emerging data as the study progressed. For example, speaking with stakeholders through the IDIs helped to identify further documents for review, while the FGDs with adolescent mothers and IDIs with their parents/guardians helped affirm the kind of stakeholders involved.

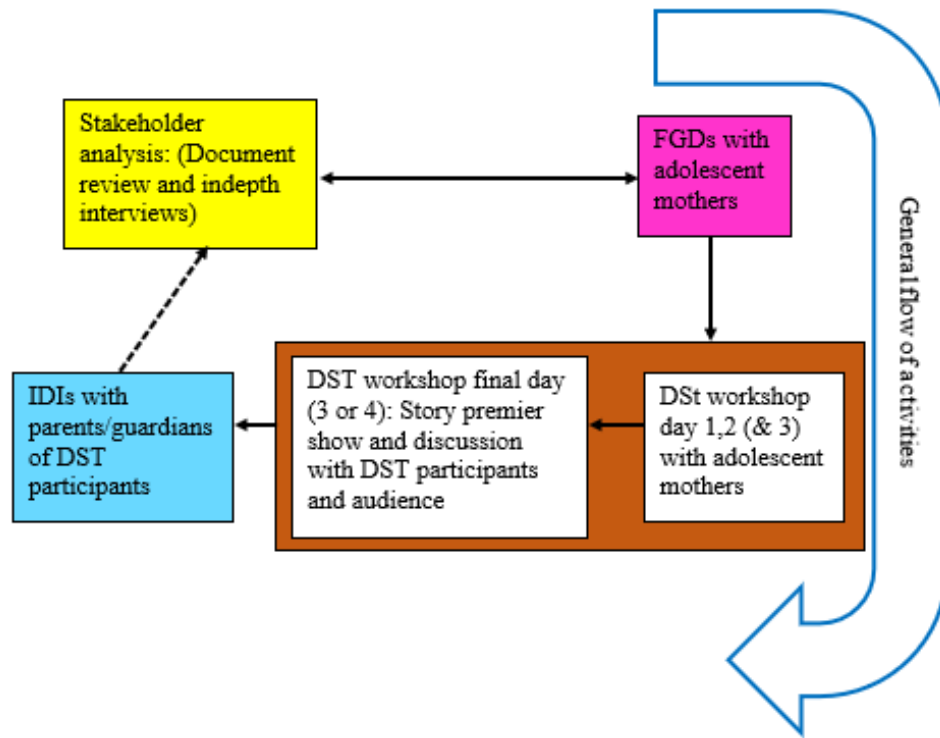


Figure 4.4 Data collection procedures

4.7. Methods

4.7.1. In-depth interviews (IDIs)

I conducted in-depth interviews with two participant groups: Kilifi based stakeholders within government (national ministries and county departments), schools, NGOs/CBOs, the community as well as parents and guardians. I conducted IDIs with the aim of obtaining personal accounts of knowledge, experiences and perceptions (Kielmann et al., 2011, Pope and Mays, 1995) of school re-entry policy and practice. The Kilifi based stakeholders were a diverse group with different levels of authority, different occupations and different roles in policy and practice. As such, in-depth interviews were the most appropriate method of eliciting information from them (Morris, 2015). In addition, trying to convene such a mixed group would have been logistically very challenging and IDIs enabled me to develop a better individual rapport which can be especially difficult with participants who are in public roles. For the parents, I also selected IDIs, primarily for practical and logistical reasons. Just like with the stakeholders, anticipating the logistical difficulties of bringing them together, and diversity in education levels, occupation, and re-entry

experiences, meant that IDIs would be the best method of engaging collecting data from parents and guardians (Morris, 2015).

For the IDIs, I developed and used semi-structured topic guides for stakeholders (Appendix B); and parents/ guardians (Appendix C) with open ended questions, probes and prompts to enable in-depth exploration of content that is of relevance to the study topic (Bryman, 2015). The topics in the guides were informed by the study objectives and themes identified in my review of the literature (Morris, 2015). I conducted all interviews face-to-face, and, with the written informed consent of each participant, I recorded their voices with an encrypted digital recorder. Additionally, I took note of interesting points that needed to be clarified or explored further. Parents/guardians of adolescent mothers were contacted through calls and text messages. Participants were met at venues and times of their convenience including offices for stakeholders and homes for parent/guardians. The IDIs took approximately 1 hour.

4.7.2. Stakeholder analysis

I identified stakeholders in adolescent health and education and used the data obtained from both the policy document review and stakeholder IDIs to map out their relative interest and influence in the implementation of school re-entry policy for pregnant and parenting adolescent girls in Kilifi County. The aim of the stakeholder mapping process was to identify key actors and their potential relative influence on how decisions are made and implemented regarding adolescent mothers' school re-entry. I drew on existing stakeholder analysis literature (Schmeer, 1999, Varvasovszky and Brugha, 2000, Brugha and Varvasovszky, 2000, Kennon et al., 2009), particularly the 'Guidelines for conducting a stakeholder analysis' by Kammi Schmeer (Schmeer, 1999) as it contains detailed explanations, instructions and tools that could be used for the analysis. For example, the stakeholder table 5.4 in Chapter 5, that I adapted and used to review information about stakeholders. I sorted, charted, and positioned stakeholders within the stakeholder table based on their descriptions of their own and other stakeholders' roles in the IDIs. This helped with understanding their relationships with each other and identify those who had the most influence

and those who would find value in implementing school re-entry strategies. Charting entailed filling in the stakeholder table with summarised statements and phrases from the IDI transcripts that alluded to the following stakeholder attributes: knowledge of policy, their position regarding the policy, interest, resources, influence, and level of participation. Following the steps laid down in the 'Guidelines for conducting a stakeholder analysis' document (Schmeer, 1999), I assigned scores of 1-3 (1= low, 2=moderate and 3= high) to all the attributes based on stakeholder reports of these qualities. The assignment of appropriate quadrants to the stakeholders entailed using the scores I derived particularly for interest and influence, (Schmeer, 1999), to map out the stakeholders on Mendelow's power-interest grid (Mendelow, 1991).

4.7.3. Focus Group Discussions

Focus group discussions were conducted with adolescent mothers to gain a general understanding of the range of school leaving and re-entry experiences. This was because I used the FGDs mainly to inform my selection of DSt participants. FGDs was an appropriate first step towards involving adolescent mothers further because their interactions within a homogenous group allow for free expression of views while revealing the differences in their experiences (Sofaer, 1999). Additionally, FGDs allow for the observation of group dynamics, and individual non-verbal cues for interest or distress (Irvine et al., 2013), thus promoting responsiveness during collection of sensitive data (Flick, 2009).

During the FGDs, I used separate semi-structured topic guides for adolescent mothers who had returned to school and those who had not (Appendix D). The topic guides had open ended questions, probes and prompts to enable in-depth exploration of content that was of relevance to the study topic (Bryman, 2015). I moderated the discussions while Pendo took notes. With the signed informed consent of each participant, we recorded the discussions using two encrypted digital voice recorders to increase the chance of obtaining clear and complete recordings. The discussions took an average of one hour and forty-five minutes.

Deliberate efforts were made to consider the adolescent mothers' existing schedules during discussions about their involvement in the study activities. We held the discussions at a time and venue in the community that was convenient for the adolescent mothers for example community meeting facilities and churches. For the FGDs, the study funds were used to facilitate transport and meals/refreshments for one babysitter for each adolescent mother. The babysitter was required to be someone above 18 years that the adolescent mother trusted with their baby. This included their mother, sibling, other relative or friend.

4.7.4. Digital Storytelling (DSt)

Digital storytelling (DSt) is an in-depth arts-based participatory visual research method that involves participants creating a short audio-visual recording that tells the story of their individual experiences. The process comprises combining still images, for example, photos, drawings, and icons, with a voice over narration and other audio clips (Lambert, 2013, Black and Chambers, 2019, Treffry-Goatley et al., 2016). It is an innovative approach that can be particularly suited to encourage vulnerable participants to freely express themselves (de Jager et al., 2017). It has been used with children and young people for therapy, education, health promotion, development programmes and research (Anderson and Wallace, 2015, Guse et al., 2013, Alismail, 2015, Black and Chambers, 2019, Gilliam et al., 2012). More specifically, it has been used to give voice to the concerns and experiences of young mothers (Gubrium et al., 2014b, Buckler et al., 2022). Creating short digital stories of about 3-5 minutes to communicate sensitive issues can be an enjoyable and non-judgemental way for participants to reflect, articulate and express their views confidently, be empowered but also participate in co-producing knowledge (Gubrium et al., 2014a, Wijnen and Wildschut, 2015, Cueva et al., 2013, Boydell et al., 2012). DSt practitioners argue that other advantages of using DSt include: i) allowing participants to be in control of their involvement; ii) the use of art-based activities encourages participants to share about their experiences in ways that interviews may not allow; and iii) upholding participants' confidentiality and well-being by allowing participants to share sensitive content anonymously and being therapeutic, respectively

(Gubrium et al., 2014a, de Jager et al., 2017). DSt offers options that allow participants to conceal their identity in their stories without compromising on the quality of the story. For example, participants do not have to appear on camera or use personal identifiable items such as their pictures. They can instead use other symbolic objects or images of art created by participants. If they chose to use their images, they could have their faces pixelated or blurred whenever they appear.

The use of DSt aimed to provide an opportunity for the adolescent mothers to describe their lived experiences of navigating school re-entry. The participatory aspect aimed at enabling participants to prioritise what they felt was important, without being confined by semi-structured data collection tools. While being participant-led, the process generated narratives of social discriminations. The digital stories were used to trigger further discussions with parents to bring out a range of perspectives regarding pregnant and parenting adolescent girls' school re-entry needs.

Participants were asked to tell stories with content addressing the question, 'How did pregnancy and motherhood affect your life and your education?'

As described in detail below, the DSt process entails three main steps: introduction, material collection and story production, and finally the story premiere show (Gubrium et al., 2014a, Treffry-Goatley et al., 2016, Black and Chambers, 2019). Normally, DSt workshops take place over a series of not more than 5 days. I worked with a 4-to-5-day plan which remained flexible throughout the activity depending on the needs of adolescent mothers throughout the process. Only one of the workshops extended to 5 days because it took place in the furthest venue from Kilifi and being a sparsely populated sub-county meant that participants lived further from the venue compared to participants in the other 2 workshops. Below is a summary of the DSt process and procedures:

- i. Introduction: Participants were informed about the project and watched examples of digital stories. They familiarised themselves with the project smart phones and chose the stories they would like to share based on the objectives of the workshop.
- ii. Collecting and developing materials for the story production: The materials that participants worked with were their own freshly created artwork including drawings, cuttings, and playdough models, still photos of objects in the vicinity of the workshop venues and photos of themselves. Participants were then supported to develop a script for their story and record their narration of the script using the smart phones. The participants were then supported to piece together the materials of choice and the narration to create the digital story using an easy-to-use smartphone friendly video editing application called PowerDirector (CyberLink corp., 2023).
- iii. Digital stories premiere show: In this stage DSt participants watch their stories with an audience of their choice to reflect and stimulate further discussion about the topic at hand (Gubrium et al., 2014a). For the first 2 workshops, the participants' audience was their babysitters because they were conveniently available and, the participants were keen to show them what they had been working on. In the third workshop however, 2 out of the 3 participants refused to have an audience because their babysitters were their mothers, and they felt that their stories had sensitive content that they did not want their mothers to see. For that reason, the premier show for the 3rd workshop did not have an outside audience.

Pendo and I were present throughout the DSt process. While I facilitated the workshops, Pendo acted as an observer who took notes to document the interaction dynamics and key points from discussions that took place. As part of the discussions, the notes documented sensitive details about the contexts within which the adolescent mothers existed. As we discussed about the content to be included in the final video transcripts, it became clear that the girls did not want some of the sensitive information they had shared to be used beyond the workshop; either as part of the videos or data to be analysed. This informed my decision to exclude the notes as data. However, these

notes were a key point of reference for debrief meetings with Pendo and my supervisors. These notes allowed us to obtain insights that informed data analysis and interpretation; insights that had not been made visible through the FGDs. For example, it enabled us to appreciate the complexity of participants' backgrounds. Additionally, the notes allowed us to reflect on how we could improve the organisation and facilitation of the workshops. Following the workshops, only the video outputs were thematically analysed alongside the rest of the study data (Black et al., 2018, Gubrium et al., 2014a).

At the end of each workshop day, participants shared their feelings about the workshop. In addition to the process providing us with a greater insight into their worlds, the participants themselves described how they appreciated learning new skills in a fun and enjoyable manner. These included how to use a smart phone, lawful access and use of online material e.g. Creative Commons licenced content, script writing, voice recording and video editing. One participant expressed how she looked forward to the day she would own a smartphone so that she could create video memories for her daughter. Some participants expressed how the workshops were better than FGDs because they provided a safe space that gave them an opportunity to open up and freely share their experiences and hear those of others; a process that they mentioned was a source of relief, comfort and encouragement.

The DSt workshops provided rich insights into the aspects of adolescent mothers' experiences, that they chose to share. This allowed the girls to stay in control of what they shared while providing an indepth understanding of their realities.

As with FGDs, during DSt activities, the study funds were used to facilitate transport and meals/refreshments for one babysitter and a child of each adolescent mother.

4.8. My influence on the data I collected

During the study design, I was aware that some of my attributes would probably influence how my participants would view me and interact with me. Being born and bred in Kilifi County, coming from a local ethnic group meant that I have a fluency of the local languages and a deep

understanding of the local cultures. This promoted the use of the local language, especially amongst the adolescent mothers and their parents and guardians, and open discussions about the continuation of prohibited cultural practices with all participants. This meant that participants could express themselves freely. Disclosing my personal experience of pregnancy to adolescent mothers helped in earning their trust and creating a safe space to talk about the details of their unique experiences. My competency in the English language and introducing myself as a PhD candidate to stakeholders made them feel that they were interacting with someone who had some general knowledge about adolescent health, pregnancies, and school re-entry for adolescent mothers, but was keen to learn from their practical experiences. In some instances, stakeholders treated the recording of the interviews as formal, while opening up about some sensitive subjects off the record. This introduced an ethical dilemma about not being able to include useful information in reporting results.

4.9. Sampling strategy

Sampling for qualitative studies like the current study involves making a deliberate choice to include data rich information sources. This is called purposive sampling (Green and Thorogood, 2018). For this study, the government stakeholders worked across all seven sub-counties in Kilifi while the remainder of the participants were from four purposively selected sub-counties. This meant that I interviewed non-governmental stakeholders (NGO and CBO staff) who had projects in the four sub-counties and for teachers, I interviewed those that worked in schools that were in the four sub-counties. I involved local administrative leaders and adolescent mothers and their families who resided in the four sub-counties of focus. This is because those sub-counties had the highest numbers of adolescent pregnancies between the years 2018 and 2020 (Department of Gender, 2021), (see table 4.2) making it relatively easier to identify groups of adolescent mothers to be involved in the study.

In the subsections below, I provide further sampling details within each participant population. A summary of the samples that were included in this study has been provided in Table 4.3 at the end of this section.

4.9.1. Sampling stakeholders

A policy stakeholder is any party who has an interest in a policy and has the potential to influence its aims and actions (Walt, 1994, Brugha and Varvasovszky, 2000). This study had two broad categories of stakeholders: policy implementers (bureaucrats, local administrative leaders, teachers, and NGO staff) and policy beneficiaries (adolescent mothers and their families). The focus for the stakeholder analysis activity was the policy implementers.

A range of stakeholders in government (national and county), non-governmental partners and the community participated in the study. The initial list of stakeholders involved in adolescent school re-entry policies and interventions in Kilifi County was identified by drawing from existing experience and networks of the KWTRP's School Engagement Programme, and the policy document review that I conducted. I used purposive maximum variation sampling (Ritchie and Spencer, 2002, Palinkas et al., 2015, Green and Thorogood, 2018) to select initial participants to reflect the range of stakeholders involved in the implementation of policies and strategies for the school re-entry of adolescent mothers in Kilifi. Additional participants were identified through a snowballing sampling strategy where, during their interview, the initial stakeholders were asked to suggest other potential participants (Marshall, 1996, Kielmann et al., 2011, Palinkas et al., 2015). The school re-entry policy implementing stakeholders that were selected for the study were individuals who within the past two years from the time of data collection, had been involved in adolescent education and health policy and programmes for adolescent mothers in Kilifi County, regardless of the length of time they had been working in their current role.

a. Government stakeholders

Stakeholders from national government ministries and county government departments were recruited to take part in the IDIs. The national government ministries that were represented were Ministry of Education (MoE) and the Ministry of Labour and Social Protection (MoLSP). The County government departments that were represented were Department of Health (DoH), Department of Education and Information and Communications Technology (DoE&ICT), and Department of Gender, Culture, and Social Services (DoGCSS).

b. Non-Governmental and community-based organisations (NGOs and CBOs) stakeholders

As a consequence of my work with the KWTRP's SEP and through a contact within the Kilifi DoH, I was aware of, and had previously been in contact with, some of the NGOs and local CBOs working with adolescent mothers in Kilifi County. Drawing on these contacts, I identified other organisations that implemented a variety of programmes including those that impart skills for livelihood, link adolescent mothers to education opportunities and healthcare services.

c. School headteachers and teachers

The study involved headteachers and teachers from schools in Kilifi County. Using a snowballing approach, government, NGO, and CBO stakeholders were asked to purposively identify headteachers and teachers who had experience with adolescent mothers in their schools.

d. Local administrative leaders

The study involved local area chiefs and assistant chiefs from areas where the adolescent mothers resided. These were identified by participating stakeholders.

4.9.2. Sampling adolescent mothers

a. Focus Group Discussions (FGDs)

I was interested in involving adolescent mothers from the four sub-counties that the selected stakeholders worked in. With the help of a volunteer from the MoLSP and staff from the NGOs

and CBOs adolescent mothers aged 15-19 years were identified as potential participants in the study. The volunteer-recruiters contacted the eligible adolescent mothers, briefed them about the study and, if they agreed in principle to participate, were told that I would contact them through a phone call. The volunteer recruiters provided me with a list containing the names and contact details of potential participants who reflected the diversity in demographic characteristics and experiences of adolescent mothers in the study area. The criteria that were used to achieve maximum variation in the selection is outlined below.

- Age: Any mother aged 10 to 19 years
- Age of child/ren: Had a child/ren below 3 years (minimise recall bias)
- Education access and level of education: Students who had experienced pregnancy and/or parenting at different education levels. Some of them continued schooling while pregnant or, had left and returned to school after delivery while, others had dropped out.
- Family structures: single parent, monogamous, polygamous, or extended
- Religion: Students were selected to reflect as much as possible a diversity in religious beliefs

Subsequently, the recruiters and I used snowball sampling, drawing on the knowledge of the initial adolescent mothers, to identify other adolescent mothers in the community for potential participation. The allowable FGD group size was affected by COVID-19 mitigation measures. I was required by the KWTRP's COVID-19 control guidelines to limit meetings to a maximum of five participants at a time as opposed to the often-recommended number of 6 or more participants (Kielmann et al., 2011, Powell and Single, 1996). However, the FGDs with fewer members worked well in this context, allowing participants the time and comfort to share details of their experiences with only a few others (Krueger and Casey, 2000).

b. Digital storytelling (DSt)

Selection of participants for the DSt activity was informed by the FGDs. That is, as well as acting as a stand-alone data collection activity, the FGDs provided the sample of adolescent

mothers from which I selected the participants for the DSt activity. To achieve maximum variation for involvement through DSt, I applied the criteria listed in the FGD subsection above and considered two criteria items which emerged from the FGDs as important considerations for further participation. These were:

- i. *participation in income generating/ economic activities.* This was deemed important because of its potential to affect the adolescent mothers' financial situation and consequently her decisions around school re-entry.
- ii. *level of participation in the FGDs.* This was based on the possibility that DSt would be a more appropriate method to involve adolescent mothers who might not have been expressive during FGDs.

4.9.3. Sampling parents and guardians (relatives) of adolescent mothers

Parents and guardian (grandmother) of the adolescent mothers who had participated in DSt were approached to participate in interviews. The inclusion of guardians and not just parents was in recognition that not all adolescent mothers were under the care of biological parents after they had delivered their baby. I involved the relatives of DSt participants to obtain varied perspectives of school re-entry related events that would contribute to comprehensive knowledge and understanding of participant experiences.

Table 4.3 below summarises the data collection methods, the sampling strategy used and the information sources for each specific objective.

Table 4.3 Objectives, data collection methods, sampling strategy and sources of information

Objectives	Methods	Sampling strategy	Information sources
1. To describe the current context and content of policies and strategies for school re-entry for adolescent mothers in Kilifi County, Kenya.	Review of policy documents and literature	Purposive	<ul style="list-style-type: none"> • Policy information from e.g. policy documents, reports, published and grey literature.
2. To identify key stakeholders and assess their perceptions and influence on supporting adolescent mothers' school re-entry in Kilifi County.	Stakeholder analysis (Policy document review and Stakeholder IDIs)	Purposive maximum variation and snowballing	<ul style="list-style-type: none"> • Policy documents • Stakeholders: Government stakeholders (11), teachers (7), local administrative leaders (5) and non-governmental staff (7).
3. To explore the views, needs and experiences of adolescent mothers and their families in relation to school re-entry in Kilifi County.	FGDs	Purposive maximum variation and snowballing	<ul style="list-style-type: none"> • Adolescent mothers (32)
	IDIs with parents/guardians		<ul style="list-style-type: none"> • Parents/ guardians (8)
	DSt		<ul style="list-style-type: none"> • Digital stories (11)

4.10. Data management and analysis

The data collected for this study was in the form of text, audio files and video. This comprised audio recordings and transcripts of IDIs and FGDs, videos of digital stories and their narrative transcripts. Data from adolescent mothers and their parents/guardians were collected in a combination of English, Swahili, and the local language (Mijikenda) depending on the language/s participants were comfortable with. Data from government and non-governmental officials, employees and community leaders were collected in a combination of English and Swahili. All data were collected face to face and audio, or video recorded using encrypted devices; IDIs and FGDs were conducted using encrypted digital voice recorders while the digital stories were created in password protected study smart phones. Participants were not allowed to leave the research activity venue with any study gadget for safety and confidentiality reasons.

Pendo and I kept handwritten field notes which informed our debrief meetings, which we held each day after FGDs and DSt activities with the intention to inform future practice. I also held planned and ad hoc meetings with my supervisors during fieldwork to discuss emerging issues from the data.

With the help of a team of data clerks at KWTRP, the audio and video data were transcribed verbatim and cleaned. The transcripts were managed in their original languages as much as possible while only translating those that were shared with supervisors to enable them to support me in developing a coding framework. This practice aimed to protect the data from possible distortion of meaning that could arise from potential misinterpretation (Esposito, 2001, Abalkhail, 2018, Pitchforth and Van Teijlingen, 2005), and save time. To ensure accurate transcription of the data, I used the audio and video recordings to countercheck all the transcripts for completeness and accuracy. The transcripts were entered into NVivo 10 software in a password protected computer for management and analysis. To ensure that participants identities remained confidential, all individual identifiers were removed from the transcripts during data cleaning and

stored securely in a separate location while participants names mentioned in the data were anonymised using pseudonyms.

The analysis and interpretation of all the data was conducted using a thematic approach (Creswell and Creswell, 2017, Braun and Clarke, 2012) while applying the intersectionality lens (Clarke and McCall, 2013). Inductive and deductive codes were developed (Azungah, 2018), while identifying and reflecting on existing multiple social dynamics in play throughout the analysis and interpretation of all the data. The initial list of codes was deductively informed by literature review, study objectives, intersectionality concepts and the initial conceptual framework. To build on the initial code list, I applied inductive code development as I familiarised myself with the data that I collected (Azungah, 2018). During this process, I generated, sorted and refined the codes. Using these codes, I developed matrices where I charted the data while comparing its variables in NVivo. With that comprehensive outlook of the codes and the data, the framework continued to be developed while themes emerged from the data. See Appendix E for a detailed description of the analysis process.

For the digital stories, I explored the general trajectory of life and education related experiences before pregnancy, during pregnancy and after delivery. I also investigated the similarities and differences across the eleven stories.

4.11. Ethical considerations

Ethical approval for this study was obtained from the KEMRI Scientific & Ethics Review Unit (SERU) (Appendix F1). I also sought the approval of the National Commission for Science, Technology and Innovation (NACOSTI) (Appendix F2), and four relevant government offices within Kilifi County namely, the County directors of Health services, Education and the Teachers' service commission, and the County commissioner's (Appendix F3) office.

4.11.1. Informed consent

Written informed consent was sought from everyone who agreed to participate in the study (Appendix G1-5). National bodies concerned with adolescent health research in Kenya including KEMRI and NASCOP (Kenya Medical Research Institute, 2014, National AIDS and STI control programme (NASCOP) and Kenya Medical Research Institute (KEMRI), 2015, KEMRI-SERU;, 2017) consider adolescent mothers who are 17 years and below to be mature minors who should independently consent for their participation in research. However, given that adolescent mothers were dependent on other family members, it was important to the adolescent mothers that I speak to their parents/guardians to clarify why I wanted to meet them and what our interaction entailed.

For DSt, a dynamic consenting approach (Black et al., 2018, de Jager et al., 2017) was used throughout the process. DSt participants were asked for their consent to participate in the study activities at different stages of developing their stories. Each of them was asked to provide a signed consent on the first day (Treffry-Goatley et al., 2016). This agreement to participate was confirmed each day. Before the digital stories premiere show on the last day, permission to use the digital stories beyond the study was sought. Each participant was requested to fill in and sign a multimedia consent and release form (Appendix G5), where they specify the preferred future use of their digital stories (Treffry-Goatley et al., 2016). All the digital stories from workshops 1 and 2, and one of the stories from workshop 3 were later used in the IDIs with respective parents and guardians to stimulate further discussion of key issue. The stories of the 2 participants from DSt workshop 3, who were uncomfortable to show their stories to their parents during the premier show were not used in parent IDIs. Consent was granted for all digital stories to be used later for educational purposes and dissemination of findings to other researchers, policy makers and intervention implementers.

All participants were informed of the option to withdraw their consent at any time during and after the fieldwork.

4.11.2. Confidentiality

The collected data contains sensitive personal information. To uphold confidentiality, data were collected in surroundings where information could not be overheard by non-participants. For FGDs and DSt, I ensured that all venues had a separate room that would comfortably accommodate the babies and the babysitters. During the consenting process for these group activities, participants were informed of the need to maintain confidentiality. Additionally, the adolescent mothers were made aware that the researcher did not have control over content that might be shared outside the research activity by other participants. More specifically for DSt, participants were given options to conceal their identity in their stories without compromising on the quality of the story. For example, participants did not have to appear on camera or use personal identifiable items such as their own pictures. Instead, they opted to use other symbolic objects and images for anonymity. While observation notes written during DSt workshops could be considered as study data, that was not the case for this study. During discussions, participants shared very sensitive information. They expressed discomfort of using that information beyond the workshops, therefore, confidentiality was upheld by excluding the notes as data to be analysed. Confidentiality of all the data obtained was ensured by pseudo-anonymising all identifiers using codes during analysis and dissemination of findings. All data collection and management materials including consent forms, field notes and devices were kept in lockable cabinets at KWTRP.

4.11.3. Distress protocol

Some adolescent mothers and their families were victims of traumatic events related to their early pregnancy and parenthood. It was necessary to acknowledge that involvement in this study had the potential to remind participants of their traumatic experiences thus potentially causing distress. For this reason, all adolescent mothers, parents, and guardians who participated in the study were informed that counselling services were available through an existing NGO and the Kilifi County hospital in case participating in the study caused distress. No participant expressed the need for counselling services at any stage of the research process. However, all participants were given the

Kilifi Health Information Sheet (Appendix H) that included up-to-date contacts to relevant referral services including the Children's department, the County Gender Based Violence (GBV) office and the police service just in case they needed help during or after fieldwork.

Implementing DST requires care to ensure that participants' well-being is cared for, however it also offers opportunities for participants to gain from the process. As has already been described in subsection 4.7.4 on page 62, the participants enjoyed learning new skills like how to use a smart phone, lawful access and use of online material, script writing, voice recording and editing. The workshops provided a safe space where participants freely shared their experiences providing them with a sense of relief, comfort and encouragement. Although there was free sharing of experiences, DSt allowed the girls to stay in control of what they shared.

4.11.4. Adaptations to research activities: COVID-19 response

All data were collected in compliance with the KWTRP's COVID-19 control guidelines, which were integrated into the data collection procedures. I provided surgical face masks to each study participant and availed hand sanitizer and a hand washing facility particularly to FGD and DSt participants. All FGD and DSt participants and their baby-sitters were required to wash their hands with soap, sanitise their hands and wear their new surgical face mask that was provided each day upon arrival at the venue. For FGD and DSt venues, hand sanitiser and washing facilities were conveniently located for use throughout study activities.

During all data collection activities, appropriate social distancing was maintained, and study activities were conducted in well-ventilated venues. While I was advised to conduct FGDs with not more than five adolescent mothers, in one of the FGDs, seven participants showed up. I made the decision to hold the discussion with all of them while applying the COVID-19 control measures described above.

5. STAKEHOLDER ANALYSIS AND PERCEPTIONS

5.1. Introduction

I begin this chapter by describing the key stakeholders who took part in this study and their roles and responsibilities. Drawing on the policy document review and the in-depth interviews (IDIs) with these stakeholders, I then present a stakeholder analysis and mapping of their interest and influence on the re-entry to school of adolescent mothers. This is followed by a description of their perceptions and experiences of the 2020 school re-entry policy guidelines as well as their views and opinions on the access to education of adolescent mothers more broadly and the challenges that this group might face. I conclude the chapter with a discussion of stakeholder perceptions of the school re-entry policy, and how these could affect the school re-entry experiences of pregnant and parenting adolescent girls and their families.

5.2. Stakeholder identification: Key policy implementation stakeholders

In total, 30 stakeholders associated with adolescent education and health policy implementation in Kenya were included in the study. Eleven of these were government officials; four working in national government ministries and seven working in departments in Kilifi County government. The remaining 19 comprised seven teachers, five local administrative leaders and seven staff from non-governmental institutions. The local administrative leaders were three chiefs and two assistant chiefs. These are national government representatives of the Ministry of Interior and National Administration (MoINA) in the community. Local administrative leaders are appointed by the Public Service Commission (PSC) and tasked with maintaining order and preventing crime at the grassroots level (Mbuba and Mugambi, 2011, The Republic of Kenya, 2012). The seven staff from non-governmental institutions were four individuals from Non-governmental Organisations (NGOs), two individuals from Community Based Organisations (CBOs) and one from a religious Trust. Amongst all 30 stakeholders involved in policy implementation work in Kilifi County, 4 were national government officials working at County level while 26 were working in the four

sub-counties included in the study. Table 5.1 below presents the demographic data for these implementing stakeholders.

Table 5. 1 Demographic details of Kilifi stakeholders

Type of stakeholder	Designation	Sex	Time in current role
Government officials: National government Ministries and County departments	National Government official- Ministry of Education (MoE)	F	4 years
	National Government official-MoE	F	3 years
	National Government official- Ministry of Labour and Social Protection (MoLSP)	M	5 years
	National Government volunteer- MoLSP	M	6 years
	County Government Official- Department of Health (DoH)	M	4 years
	County Government Official- DoH (recently promoted)	M	1 month
	County Government official- Department of Education, and Information and Communications Technology (DoEICT)	F	8 years
	County Government Volunteer -DoH	F	2 years
	County Government official -Department of Gender, Culture and Social Services (DoGCSS)	F	3 years
	County Government official- DoGCSS	M	4yrs
	County Government official- DoGCSS	F	10yrs
Teachers	Secondary school G&C Teacher	F	4 years
	Primary school Head Teacher	M	15 years
	Primary school Head Teacher	M	3 years
	Primary school Deputy Head Teacher (recently promoted)	F	2 months
	Primary school Deputy Head Teacher	M	2 years
	Primary school Deputy Head Teacher	M	5 years
	Primary school Class Teacher	F	4 years
Local administrative leaders	Chief	M	3 years
	Chief	M	8 years
	Chief (Recently promoted)	F	4 months
	Assistant chief	M	16 years
	Assistant chief	F	12 years
Non-Governmental partners	NGO Chief Executive Officer	F	4 years
	NGO County Project Officer	M	3 years
	NGO Programme manager	F	5 years
	NGO Programme assistant	M	4 years
	Trust Board Member	M	3 years
	CBO Programme officer	F	2.5 years
	CBO Chapter chairlady	F	3 years

5.3. Key stakeholders' roles and responsibilities

In this section, I briefly describe the roles and responsibilities of stakeholders both as stipulated in policy and as reported in practice. I have classified these roles and responsibilities into four main categories, namely: coordinative (facilitating stakeholders' re-entry related activities); executive (any action that ensures re-entry); monitoring (recording, collecting, and sharing data); and information-giving (dissemination, sensitisation, and capacity building). Using these categories, I compare the roles and responsibilities in policy against stakeholder self-reports and highlight the key differences.

5.3.1. Roles and responsibilities in policy

The 2020 policy guidelines stipulate a range of roles and responsibilities for implementing stakeholders. While there are 21 ministries in the national government, four of these play a role in implementing the re-entry policy (Office of the President of the Republic of Kenya, 2024). These are the Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Labour and Social Protection (MoLSP) and Ministry of Interior and National Administration (MoINA). Although the County government has some entities that are relevant to school re-entry, the 2020 policy guidelines collectively recognise these as 'County government'. Other stakeholder groups that have been assigned implementation roles are the school administration, teachers, and non-governmental partners. The primary responsibility for implementing the school re-entry guidelines lies with the MoE (Republic of Kenya, 2020b). This means that it is responsible for coordinating stakeholder contributions, giving information about the guidelines, executing the guidelines, and monitoring the implementation of these guidelines. Other national government ministries (MoH and MoINA), the school administration (head teachers, their deputies and school Boards of management (BoMs)) and non-governmental partners are required to play major roles in supporting execution, information-giving, and monitoring. While both the MoLSP and the County government are required by policy guidelines to support, mainly with information-giving and monitoring roles, the County government is required to play an executive role by providing

bursaries for school re-entry from their county budget. I summarise the roles and responsibilities as stipulated in policy in table 5.2 below. In this table, I use the information available in the 2020 policy guidelines to show the roles and responsibilities that stakeholders play during two key stages of an adolescent mothers' life: during pregnancy and after delivery. I also indicate roles and responsibilities that concern the implementation process.

Table 5.2 Roles and responsibilities as stipulated in policy

Implementing stakeholder		Roles and responsibilities from policy	Specific resources required as indicated in policy
Stakeholder group	Specific stakeholder		
When girl is pregnant			
School administration	Head teacher	<ul style="list-style-type: none"> Should allow learner to remain in school for as long as possible Report defilement cases to MoE, police and children’s department and “advise the girl and her family to report case to these and other relevant agencies.” Collaborate with parents and take all reasonable measures to accommodate girl’s learning, health, and maternal needs during the examinations 	Human resources <ul style="list-style-type: none"> The head teacher Members of the school BoM
	The ‘School’	<ul style="list-style-type: none"> Enable pregnant girl to access age-appropriate reproductive health services like antenatal care (ANC) Explain re-entry policy to learner and parents and sign a re-entry committal letter with them. 	
	School Board of Management (BoM)	<ul style="list-style-type: none"> Allow a pregnant learner to sit for national and school examinations if health condition and circumstances permit 	
Teachers	G&C teacher	<ul style="list-style-type: none"> Attach student to G&C programme and refer to other appropriate services. Counsel adolescent parents (to be) if both are students 	Human Resource: The G&C teacher
After girl has delivered			
School administration	Head teacher	<ul style="list-style-type: none"> Readmit girl in same class they were in before they took leave Support girl to seek readmission if she would like to join another school 	Human resource: The head teacher
	The ‘School’	<ul style="list-style-type: none"> Advise learner who is 18 years and above to enrol in “adult and continuing education or vocational training centre” to complete her education 	
Ministry of Education	Sub-county Director of Education (SCDoE)	<ul style="list-style-type: none"> Support girl to seek readmission if she would like to join another school 	Human resources <ul style="list-style-type: none"> The SCDoE CEOs
	County Education Officers (CEOs)	<ul style="list-style-type: none"> Support girl to seek readmission if she would like to join another school, in case SCDoE encounters problems 	
County government	Not specified	<ul style="list-style-type: none"> “Provide bursaries in support of school re-entry” 	

Both during pregnancy and after delivery			
MoE	Not specified	<ul style="list-style-type: none"> • Ensure provision of G&C services in learning institutions • Report numbers of those who drop out and re-entre annually through NEMIS 	Human Resource: A counsellor
MoH	Not specified	<ul style="list-style-type: none"> • Provide adolescent friendly health services and strengthen mechanisms for appropriate linkage to facilitate re-entry • Regular follow up on affected learners 	
MoLSP	Not specified	<ul style="list-style-type: none"> • ‘Protect learner against practices that predispose them to dropping out of school’ e.g. early marriage and child labour 	
Ministry of Interior and National Administration	Not specified	<ul style="list-style-type: none"> • Identify, rescue and support out of school learners who have been denied their right to education to re-entre school • Arrest and support prosecution of child abuse perpetrators 	
County Government	Not specified	<ul style="list-style-type: none"> • Support the establishment of resource centres • ‘Collaborate with relevant institutions to protect learners from situations that predispose them to dropping out’ of school 	
School administration	School Board of Management (BoM)	<ul style="list-style-type: none"> • Establish effective guidance and counselling services, mentorship, and peer support. • ‘Create inclusive environment free of stigma and discrimination’. • ‘Ensure the learner has access to health, legal, psychosocial and referral services.’ 	Human resources: <ul style="list-style-type: none"> • A counsellor • Members of the school BoM • Peer supporters
	The ‘school’	<ul style="list-style-type: none"> • Provide guidance and counselling resources for learner 	
Non-governmental partners	‘Development partners, NGOs, CBOs, FBOs and public Private Partnerships’	<ul style="list-style-type: none"> • Support the creation of inclusive learning environments for re-entry • Provide technical assistance and capacity building on re-entry guidelines for all stakeholders • Facilitate re-entry by providing direct and indirect support 	
Overall policy implementation roles and responsibilities			
MoE		<ul style="list-style-type: none"> • ‘Mobilize resources in support of the implementation of the re-entry guidelines.’ • Implement re-entry guidelines • Develop action plans and coordinate their implementation amongst all other re-entry stakeholders 	Financial resources: for M&E

		<ul style="list-style-type: none"> Disseminate the re-entry guidelines from national level to learning institutions Sensitise all levels including community on importance of school re-entry <p>For monitoring and evaluation, MoE at national level shall</p> <ul style="list-style-type: none"> ‘Review the targets and indicators for the implementation of the guidelines.’ Include re-entry indicators in NEMIS, collect and share re-entry data ‘Ensure the provision of technical support and financial resources for regular M&E’ of re-entry. ‘Integrate school re-entry targets within the quality assurance and guidelines and countercheck reports during field visits.’ <p>At County level, MoE field officers shall</p> <ul style="list-style-type: none"> Integrate school re-entry guidelines within the regular quality assurance and standards assessments in schools 	
MoH	Not specified	<ul style="list-style-type: none"> Sensitise communities on the importance of re-entry 	
School administration	The ‘school’	<ul style="list-style-type: none"> Maintain and provide up to date drop out and re-entry data by putting in place school-based M&E mechanisms 	Human resource: Members of the school BoM
	School Board of Management (BoM)	<ul style="list-style-type: none"> Monitor the progress of learners after re-entry Support with dropout and re-entry data collection and share with MoE 	
MoLSP		<ul style="list-style-type: none"> Support with dropout and re-entry data collection and share with MoE 	
Non-governmental partners		<ul style="list-style-type: none"> ‘Mobilise resources for supporting implementation’ Support M&E and share best evidence-based practice ‘Support dissemination, sensitisation, and implementation of the re-entry guidelines’ 	
Ministry of Interior and National Administration		<ul style="list-style-type: none"> Enforce laws that support school re-entry and child protection Support the collection and sharing of re-entry data with the MoE 	

5.3.2. Stakeholder roles and responsibilities in practice

Here, I briefly describe the roles and responsibilities as self-reported by stakeholders and how they compare with those stipulated in the policies. I established through the interviews with stakeholders that out of the ten County government departments (Republic of Kenya 2012), three directly influence the access to education for pregnant and parenting adolescent girls. These are the County Department of Health (DoH), Department of Education, and Information and Communications Technology (DoEICT) and Department of Gender, Culture and Social Services (DoGCSS). In this section, the use of the term ‘County government’ is a collective reference to these three relevant departments. None of the other stakeholders at the county level reported of any roles played by the MoH. This might be explained by the fact that MoH staff operate at national level.

The data from the interviews with the key stakeholders suggests that most of the reported stakeholder roles and responsibilities were generally aligned with the policy stipulated roles and responsibilities. For the MoE, self-reports and reports by school administrators and local administrative leaders indicated that they played executive, monitoring and information giving roles. There were no reports made about the policy stipulated coordinative role of the MoE.

In addition to self-reporting, the MoINA (local administration) were reported to play executive role by NGOs, monitoring role by school administration, information-giving by NGOs and County Government officials. However, two local administrative leaders reported an additional role in conducting Alternative Dispute Resolution (ADR) proceedings. The Constitution of Kenya promotes the use of the following ADR mechanisms: reconciliation, mediation, arbitration, and traditional dispute resolution mechanisms (Republic of Kenya, 2010) following an order by the Court of law. In the quote below, one of the chiefs describes a court ordered ADR in the context of an adolescent pregnancy case.

“So maybe when the perpetrator of an adolescent pregnancy case has been charged and found guilty, he could be sentenced or released on bail or there might be an ADR (meeting) where the family of the boy and the family of the girl, could agree to remain at peace and that the girl continues with her education. After giving birth, both families will take care of the baby and the mother so that she may continue with her education. The court can request families to talk about that issue in a humanitarian way, because these cases normally take very long in the court.” (IDI19, Chf, Male)

The other chief reported of the potential for unlawful ADRs being conducted by corrupt chiefs who might request to be paid off so that a child’s pregnancy case can be resolved at home in secret by the two concerned families.

“We are not supposed to handle criminal cases like those (child pregnancy cases) unless you find a chief who is inexperienced or hungry might say “why don’t you parents from this side and that side give me something small and go discuss and settle in secret” (keeping it secret is possible) because in the long run, the chief is the one who still (mans) goes to the village.” (IDI22, AChf, Male)

The MoE and NGO staff, school administrators and local administrative leaders reported that school administration played the executive and information giving roles regarding the school re-entry for pregnant and parenting adolescent girls. In terms of the role of school administrators in school re-entry there appeared to one key difference between policy and reported practice. The policy stipulates that school administrators should fill in and sign a committal letter for the adolescent mother that would include dates that indicate her re-entry timeline. The purpose of this letter is to get parents to ensure that the pregnant girl returns to school based on the agreed timeline. All five school administrators that were interviewed reported that they did not fill in a committal letter mainly because they did not know about it. It was further suggested by a school administrator and a member of NGO staff that a committal letter would only be effective if a stakeholder outside the school community were involved in the process.

“Signing an agreement (the committal letter)! I did not know about that...it is not necessary, unless if it goes through the Police, I can sign (once she comes back in school) and confirm that I have received her.” (IDI13TH, Male)

“I would say, they should collaborate with the children’s department when they are signing this committal letter for it to be effective.” (IDI24, Org A, Female)

While both MoLSP and non-governmental partners reported themselves to support with information-giving and monitoring roles, the latter was reported to play a significant role in execution by staff in the MoE, the County Government and local administrative leaders. I summarised the roles and responsibilities that were reported by stakeholders in table 5.3 below.

Table 5.3 Roles and responsibilities based on stakeholder reports

Implementing stakeholder			Roles and responsibilities from stakeholder reports	Resources at disposal as reported by stakeholders
Stakeholder group	Stakeholder docket	Specific stakeholder code		
MoE	National government (representatives at County level)	IDI2, MoE, Female	<ul style="list-style-type: none"> • Ensure that schools have a conducive learning environment e.g. adequate personnel and infrastructure • Sensitising the school community, parents, and other stakeholders about the re-entry policy • Reviewing and approving transfer requests for students who are re-entering • MoE at national level sends money to schools (Capitation grants) to support each student in basic education 	<p>-Human resource: Quality Assurance and Standards Officers</p> <p>-Finances (Capitation to schools to support education financing for all learners in basic education)</p>
MoLSP	National government (representative at County level)	IDI3, MoLSP, Male	<ul style="list-style-type: none"> • Protecting the rights of a child • Support families of girl and boy to adequately plan for childcare • Partner with NGOs e.g. org C for guidance and counselling (G&C) and other relevant services 	<p>-Human resource: Counsellors (including volunteers)</p> <p>-Finances from NGO supporting with G&C services</p>
	National government Volunteer	IDI4, VMoLSP, Male	<ul style="list-style-type: none"> • Advocating for pregnant and parenting adolescent girls to return to school • Collaborating with teachers and local administration to ensure that re-entry occurs, and justice is served in case of defilement • Supporting non-governmental partners' education programmes e.g. Ananda Marga Universal Relief Team (AMURT) with logistics and information for a financial transport allowance • Ensure that families of the boy and girl provide adequate childcare for the baby of an adolescent mother to enable her return to school 	<p>-Finances from girl's family (to fuel police vehicle so that an arrest can be made)</p> <p>Finances (for field activity logistics from AMURT's funding)</p>

County government	DoGCSS	IDI9, CGO, Female	<ul style="list-style-type: none"> • Sensitise the community about community development issues • Collaborate with other county departments to achieve child protection from abuse • Supports children in rescue centres with food vouchers, upkeep money and moral support • Offer guidance and counselling services through social workers 	<ul style="list-style-type: none"> -Finances from the County government -Human resource for G&C: Social workers
		IDI10, CGO, Male	<ul style="list-style-type: none"> • Designing and coordinating the implementation of empowerment programmes • Creating awareness of the programmes they run • Refer girls in need of education financing to other government entities that offer bursaries 	Finances for education bursaries from both County and National governments (MCAs (KWSF), MPs (NG-CDF) and NGAAF bursaries)
	DoEICT	IDI7, CGO, Female	<ul style="list-style-type: none"> • Ensures that Vocational Training Centres (VTCs) have adequate infrastructure • Sensitise the community about VTC 	
	DoH	IDI8, VDoH, Female	<ul style="list-style-type: none"> • Advocate for the prioritisation of adolescents and young people (AYP) in programmes • Organising activities with AYP in Kilifi County • Partnering with local non-governmental partners who work with AYP like African Medical and Research Foundation (AMREF) 	Finances from the County government and non-governmental partners like AMREF
		IDI5, CGO, Male	<ul style="list-style-type: none"> • Advocating for school re-entry within health programmes targeting adolescent mothers • Linking adolescent mothers in health programmes to empowerment partners in government (e.g. DoGCSS) • Supporting adolescent mothers in health programmes with funds for income generating activities • Implement the ‘pregnant adolescent-parent dialogue’ intervention funded by the World Bank 	<ul style="list-style-type: none"> -Finances from the County government -Finances from the World Bank

Local administration	Chiefs, assistant chiefs, and village elders	IDI21, Chf, Female	<ul style="list-style-type: none"> • Sensitise communities of importance of school re-entry through monthly meetings (Barazas). • Following up adolescent mothers to ensure they successfully return to school • Refer defiled adolescent girls to hospital and police stations • Supporting non-governmental partners with field activities where they reimburse expenses incurred 	<p>-Human resource to conduct follow up: Local administrative leaders</p> <p>-Finances reimbursed by non-governmental partners' funds</p>
		IDI22, AChf, Male	<ul style="list-style-type: none"> • Linking adolescent mothers to concerned non-governmental partners • Sensitising parents on the importance of protecting children's rights • Push for the prosecution and arrest of child abuse perpetrator • Physically follow up learners in basic education to ensure 100% transition policy is achieved • Sourcing for bursaries and well-wishers to donate on behalf of learners • Keep log of occurrences and incidences related to school dropout and re-entry • Submit quarterly reports of expenditure for reimbursement 	<p>-Finances for education financing like MCA bursaries and donors</p> <p>-Finances from National government supporting field activities</p>
		IDI19, Chf, Male	<ul style="list-style-type: none"> • Conduct Alternative Dispute Resolution meetings upon courts request • Refer early pregnancy cases to children's officer/gender desk 	
School administration	Deputy headteacher	IDI15, TD, Female	<ul style="list-style-type: none"> • Manage the school in the absence of the head teacher • Ensure a non-discriminatory school environment that accommodates students who are re-entering • Giving reports of drop out and re-entry upon request • In charge of guidance and counselling • In charge of maintaining discipline in school 	Human resources: Head teacher/Deputy head teacher

			<ul style="list-style-type: none"> • Support parents and learners initiate the process of transferring to another school 	
	Head teacher	IDI13TH, Male	<ul style="list-style-type: none"> • Keeping a log of incidences related to drop out and re-entry • Collect from parents levies of Ksh.100 (~\$0.9 of a dollar) imposed by Kenya Primary School Heads Association (KEPSHA) and utilize ksh.50 (~\$0.4) towards school utilities e.g. toilet cleaning 	-Finances from Parents to support pay for school utilities.
	Deputy Head teacher	IDI16, TD, Male	<ul style="list-style-type: none"> • Collecting and sharing school re-entry related data to administrative leaders and MoE • Processes new re-entry related admissions • Beacon teacher- Trained in child rights and protection through funds from Plan International 	-Finances for capacity building from Plan International
	Deputy Head teacher	IDI17, TD, Male	<ul style="list-style-type: none"> • Upholds discipline in the school • Encourage parents to confirm pregnancy in a hospital before report to the chief • Ensure that the environment is conducive for a pregnant girl to sit for her national examination. • School administration collect levies of sh.200 from each parent to support paying a BoM employed teacher Collect dropout and re-entry data and share with the local area chief upon request • Refer adolescent pregnancy cases to the local area chief using a letter or report of the incidence. 	-Finances from parents to pay for a BoM employed teacher
Non-governmental partners	NGO	IDI27, Org D, Male	<ul style="list-style-type: none"> • Secure funding for re-entry (e.g. from Mastercard Foundation and Netherlands embassy) for community projects • Capacity build teachers, Community Health Volunteers about the school re-entry policy • Training and sub granting female GBV community champions to run programmes in the community 	-Finances from donor funds (for education programmes activities and sub granting) -Funds (For GBV activities)

		IDI24, Org A, Female	<ul style="list-style-type: none"> • Secure funds for academic and skill-based education financing • Provide funds required to build the capacity of Area Advisory Councils (ADC) on the rights of a child • Support government education, health and child protection activities • Cater for babysitting services when engaging adolescent mothers in empowerment activities • Financially facilitate professional counselling services for pregnant and parenting adolescent girls • Collaborating with other stakeholders to ensure that re-entry occurs, and justice is served in case of defilement • 	-Funds from Comic relief for school re-entry activities and scholarships
		IDI30, Org G, Female	<ul style="list-style-type: none"> • Following up adolescent mothers to ensure they successfully return to school • Partnering with other local organisations to achieve successful school re-entry for pregnant and parenting adolescent girls • Support families with justice seeking logistics in defilement cases • Participate in Org B's budgeting meetings (because Org B subgrants their CBO- Org G) 	-Funds from an NGO (Org B subgrants Org G)
		IDI26, Org C, Female	<ul style="list-style-type: none"> • Secure funding for education programmes like re-entry (e.g. Foreign Commonwealth and Development office (FCDO- former DFID), USAID and individuals) • Support government school re-entry activities e.g. Secure meeting venues and transport logistics for MoE • Sensitising the school communities about school re-entry policy • Engaging community champions to advocate for school re-entry in the community 	-Funds from FCDO and USAID for health programmes

			<ul style="list-style-type: none"> • Offer scholarships for education financing for adolescents and young people 	
		IDI29, Org F, Female	<ul style="list-style-type: none"> • Planning and coordinating the implementation of all programmes using grants e.g. the global fund HIV grant. • Sensitising the community about health and school re-entry • Linking the community with relevant departments and agencies 	
		IDI28, Org E, Male	<ul style="list-style-type: none"> • Financing school re-entry for adolescent mothers • Financing income generating activities (e.g. grocery stands) for adolescent mothers' families 	Financed by donor funds
		IDI25, Org B, Male	<ul style="list-style-type: none"> • Training and sub granting Org G, a CBO 	Financed by and sub granting donor funds

5.4. Characteristics of school re-entry stakeholders

In their interviews, stakeholders reported detailed characteristics of themselves, the institutions they represented and other stakeholders. Charting these characteristics entailed filling in the adopted stakeholder table 5.4 with summarised phrases from the interviews that alluded to the following stakeholder characteristics: Knowledge of policy, position in terms of promoting or deterring policy implementation, interest, resources, and influence. This charting process facilitated the consolidation of key stakeholders into seven categories as listed below:

- three government entities: Ministry of Education (MoE) and Ministry of Labour and Social Protection (MoLSP) which are two National government ministries represented at County level and the County Department of Gender (DoGCSS)
- two teacher categories: School administrators (head/deputy head teachers) and guidance and counselling (G&C) teachers
- local administrative leaders (chiefs and assistant chiefs)
- non-governmental partners

The Charting also helped in the assignment of scores towards rating of these stakeholders main characteristics as guided by the ‘Guidelines for conducting a stakeholder analysis’ document (Schmeer, 1999).

I adapted Table 5.4 below from the above mentioned guidelines (Schmeer, 1999) and filled it as an excel sheet based on information that I derived from the stakeholder IDI transcripts. The table has a legend that shows how I assigned the scores to rate stakeholders, with the score of ‘1’ being low and ‘3’ being high. For example, information from the NGO staff in row 1 has been split into two rows because she gave information about the characteristics in relation to her capacity in the NGO (sky-blue row) and some information about the general capacity of head teachers (white row). In the sky-blue row, I assigned the NGO staff 2 (Moderate) for policy knowledge, 3 (High) for support, 3 (High) for interest and 2 (Moderate) for resources accessible to the NGO. The scoring within the ‘resources’ column is again divided into two. The first scores ‘resources

accessible' while the second scores the capacity to mobilise resources. The capacity to mobilise resources affects the 'influence' score because it is derived by calculating the average scores of 'resources accessible' and 'capacity to mobilise'.

Table 5. 4 Stakeholder table

STAKEHOLDER CATEGORY				POLICY KNOWLEDGE	POSITION			INTEREST			RESOURCES			INFLUENCE		
Category	Interviewed stakeholder	Stakeholder Identified by interviewee	Internal (GOVT)/ External	Policy knowledge	Actions promoting policy	Actions opposing or deterring policy	Position (Level of support)	Advantage policy implementation brings	Disadvantages policy implementation brings		Part of an alliance? With who?	Alliance supports or opposes?	Resources accessible to stakeholder (human, financial, technological, political, and other)	Decisions on use of resources (Capacity to mobilise)	Influence- Ability of stakeholder to affect implementation	
SCORING LEGEND>				3:A lot(high)			3: High support						3: Many (High)	3: Can decide on use of resources in	3: High	
				2:Some (Moderate)			2: Moderate support						2: Some (Moderate)	2: One of a team that decides on resource use	2: Moderate	
				1: A little (Low)			1: Low support						1: Few (Low)	1: Can't make decisions	1: Low	
			I or E		Actions affecting policy				Interest				Source of support/aid that determine power	Average resources ar capacity to mobilise		
1	NGO	NGO staff IDI 24	Self	External	2	_ Ensuring girls are not married off _Guide parents to help girl cope with stigma _ Help girl build a strong support system _ Establish a follow up mechanism for commital letter _ Provide scholarships _ Promoting contraception use amongst Ams to prevent repeat pregnancies	_	3	_ Securing grants _ Creating jobs _ Propels achieving NGO goal of empowering girls	_	3	MoE, MoH, Childrens dept, chiefs, existing govt structures and other NGOs	Supports	2 (Grant-financial, implementation Manpower, Collaboration with Govt entities	3	2.5 rounded to 3 (2+3Devide by 2) High
		NGO staff IDI 24	Head Teachers	Internal	2	_ Allowing girls to re-entre school _Attending NGO sponsored re-entry trainings and sensitisation sessions	_Some stigmatise re-entering pupils at school _Some refuse students to re-entre	1	_ Contribution to govts goal of 100%transition _ If girl is a good performer, raises mean score	_ Frustration from lack of resources	1	_	_	1_ Lack of G&C training _Heads lack resources	2	_
2	MoE	National Govt. County representative IDI 1	Self	Internal	2	_ Sensitizing teachers and head teachers on policy _Supporting NGOs work in re-entry	_Poor Mand E	3	_ Additional responsibility that is not reviewed for performance	3	Local NGOs	Supports	2_ (Human-head teachers and teachers, Financial)	2	2 (2+2 Devide by 2) Moderate	

In the subsections below, I describe in detail these main stakeholder characteristics and present a summary of the final rating of these characteristics in table 5.5 at the end of this section.

5.4.1. Knowledge of policy

All stakeholders were cognisant of the fact that government policy supports school going pregnant or parenting adolescent girls to continue with their education. When I asked stakeholders to mention a policy that supported that stance, the school re-entry policy was cited. The knowledge of policy was moderate amongst MoE officials and the non-governmental partners. This meant that they had knowledge of some of the school re-entry policy stipulations. These stakeholders claimed to have seen the school re-entry policy included in a broader policy document.

The rest of the stakeholders (MoLSP, DoGCSS, school administration, G&C teachers, and local administration) had low knowledge, which translated to having a general awareness of the existence of the school re-entry policy without necessarily having knowledge of the policy content.

The 2020 school re-entry policy contained some clearly defined activities and roles of which the key implementing stakeholders (MoLSP, school administration, local administrative leaders, and G&C teachers) appeared to be unaware of. For example, after reading out a policy stipulation about re-entry conditions including a committal letter and re-entry timeline during an interview, a school administrator responded as below:

“Oh! 6 months? I did not know about that or the committal letter.” (IDI15, TD, Female)

Having asked about knowledge of re-entry policies during the interviews, I informed the participants of the school re-entry guidelines document called ‘National guidelines for school re-entry in early learning and basic education’ that was published in the year 2020.

At the time of data collection, that is the second half of 2021, none of the stakeholders had heard about or seen the 2020 re-entry policy guidelines. Overall, stakeholders were aware of important school re-entry policies but not of the most recent updates.

5.4.2. Position: Promote or deter policy implementation

Responses in the interviews suggest that all of the participants supported the current policy that specifically allows pregnant and parenting adolescent girls to return to education.

“...when one gets pregnant, because the (school re-entry) policy posits that the child should continue with her education despite being pregnant, then we agree with it and allow her to continue.” (IDI17, TD, Male)

The MoE, MoLSP, DoGCSS, G&C teachers and non-governmental partners showed high support for the school re-entry policy by taking action to promote policy implementation such as physical follow up of pregnant and parenting girls to return to school.

“I have records of about three girls who delivered last year (2020) and are now in form one because I persisted in ensuring they go back to school. I normally take the responsibility of visiting and convincing the father and the girl gets to go to school.” (IDI4, VMoLSP, Male)

The support that was demonstrated by school administration (head teachers and deputy teachers) and local administrative leaders (chiefs and assistant chiefs) was moderate. A few of the participants from non-governmental organisations claimed that local administrative leaders had been known to act in ways that deterred school re-entry efforts. For example, by the operation of illegal (Kangaroo) courts by local administrative leaders, pregnant or parenting adolescent girls would end up getting married off which in many cases would lead to more adolescent pregnancies and further interfere with the girls' education.

“Now the issue of Kangaroo courts comes in, whereby once a girl is impregnated the case is reported to the local authority, from the Village elder spiralling up to Assistant chief and Chief. When they (local administrative leaders) tell the perpetrator to either produce a cow, or several goats or a certain amount of money. This makes the perpetrator to feel like this girl belongs to him because he paid for her. You can call it the bride price and

what happens in most cases once this 'bride price' is paid and this girl is married off at 14 years or 15 years of age, within a year or less, the girl is expectant again, and again. By the time she gets to 19 years old, she has like 3 children. By this time her education time has been wasted..." (IDI27, Org D, Male)

As is in the quote above, local administrative leaders are implicated as being involved in Kangaroo courts that could lead to early marriage for adolescent mothers hence deterring their ability to re-entre school. I should point out here that other participants have expressed contradictory perceptions regarding local administrative leaders finding value in educating girls. (See subsection 5.6.2).

There were also reports that head teachers might forbid pregnant girls from attending school due to the concern that they would negatively affect the performance of their classes by reducing the mean scores.

"That head teacher wanted the mean score to go up, so he felt that pregnant students would reduce the mean score. So, he would talk to parents and get them to approve that pregnant students should remain home until delivery." (IDI23, AChf, Female)

5.4.3. Interest

The lack of data collection within the MoE prior to media coverage of pregnancy related school dropouts may represent evidence of low interest. However, this interest was heightened because of the media reports that presumably tarnished the MoE image in the public eye.

"...previously we were not very keen about following on the data, until that issue went viral in the media, then now we had to go down to find out what are the real figures in our schools.... from that time, we've been collecting (data)." (IDI11, MoE, Female)

A perceived positive image could be achieved through a show of success in their overarching and specific policy implementation roles for example ensuring the collection of reliable data. The interest in school re-entry was clear amongst the non-governmental stakeholders who were

interviewed. They had developed specific school re-entry programmes whose main goal was to enhance school re-entry and stimulate positive change in school re-entry policy implementation.

“We (Org A) run a five-year programme, and we were targeting the government in terms of changing the policy environment when it comes to school re-entry ...” (IDI24, Org A, Female)

5.4.4. Resources

5.4.4.1. Resources indicated in policy

While the policy does not specifically give detailed information about resources that implementing stakeholders should have access to, it gives a general indication that the MoE and non-governmental stakeholders are required to mobilise resources to support school re-entry policy implementation. Being the custodian of the school re-entry policy the MoE at national level are expected to provide technical support and financial resources for regular M&E of school re-entry (Republic of Kenya, 2020b).

At County level, the policy requires the County representatives of the MoE to provide human resources on the ground (County Education Officers (CEOs), Sub- County directors of education, Quality Assurance and Standards Officers (QASO) and Field Officers (FOs)) to conduct the following activities:

- supporting the placement of learners seeking admission into a different school
- integration of re-entry guidelines in regular quality assurance and standards assessments in schools
- collection, analysis, and regular reporting of re-entry data at different levels
- continuous review and improvement of the policy implementation based on re-entry reports.

Overall, the policy highlights two key resources that should be at the disposal of the policy implementing stakeholders. These are financial resources and human resources.

5.4.4.2. Resources and influence in practice

The MoE, DoGCSS, school administrators and non-governmental stakeholders had considerable levels of influence because of the control they had over some financial and human resources that could support education access. From stakeholder reports, the main financial contribution that the MoE at national level has been reported to make towards education access for all learners in basic education including pregnant and parenting adolescents is the capitation grant that is intended to cover operations, maintenance, teaching and learning material costs (Owuor et al., 2016).

“Do you know, the government pays Ksh. 22,000 (~\$200) for every learner per year?”

(IDI12, TSG&C, Female)

From the stakeholder interviews, it was clear that non-governmental partners receive funding for education access programmes. This funding enables the non-governmental partners to support school re-entry activities by other county level stakeholders like the MoE in the community. The support allowable in their grants is mainly things like payment for hiring venues and transport costs involved.

While NGOs support the County level MoE representatives on the ground, these MoE stakeholders feel their school re-entry related field activities could be supported better by NGOs through the provision of reliable means of transport and not just transport money as described above. Besides financially supporting the government (MoE) in conducting school re-entry related field activities, two stakeholders in NGOs have reported that they financially support community organisations and groups. NGOs do this by sub granting these community organisations and groups to run school re-entry amongst other community development related activities in the community. An example of these activities is policy sensitisation sessions.

Besides NGOs, some school administrators have access and some control of financial resources. This comes in the form of levies that schools impose on students and their families. As a primary school head teacher reported, the County Education Office, and Kenya Primary School Heads

Association (KEPSHA) at the county level imposed a Ksh. 100 (~\$0.9) fee per student on the parents. This is called the child participation fee, and it contributes to a larger County Education Fund pool. From the Ksh.100, Ksh. 50 (~\$0.4) is kept in school to benefit the students.

Generally, the other thing that NGO staff reported was that school administrators were influential as they were in charge of the conduciveness of the school environment for pregnant and parenting adolescent girls.

The DoGCSS is a county government department that is not specifically mentioned in the policy. Nonetheless, this County department would fit into what the policy generally refers to as ‘County government’. Within the policy, one of the roles assigned to the County government is providing bursaries that would support with school re-entry. However, as is evident in the quote below, the DoGCSS has prioritised skill-based education for a broader population.

“When we talk about youth and gender development we are basically concerned about the development of men, women, boys, and girls. We (DOGCSS) have programmes that intend to provide alternative livelihood pathways. For example, we would advise them to join vocational training institutions, where they can get a life skill. For some, we have introduced an apprenticeship project, where if a girl drops out of school she is taken to an aunt who has a tailoring workshop and is taught how to stitch; another is taken to an aunt who has a salon and is taught how to do hair and salon things. Mainstream (academic) education we have not been actively engaged.” (IDI10, CGO, Male)

A summary of the rating of the stakeholder characteristics described above is provided in table 5.5 below.

Table 5.5 Rating of stakeholder characteristics

	Stakeholder category	Knowledge of policy	Position (Support)	Interest	Resources	Influence
1	MoE (County Office)	Moderate	High	High	Moderate	Moderate
2	MoLSP (County Office)	Low	High	Moderate	Low	Low
3	DoGCSS	Low	High	Moderate	Moderate	Moderate
4	School administration (Head and Deputy teachers)	Low	Moderate	Moderate	Moderate	Moderate
5	G&C teachers	Low	High	Moderate	Low	Low
6	Local administrative leaders	Low	Moderate	Moderate	Low	Low
7	Non-Governmental partners	Moderate	High	High	Moderate	High

5.5. Stakeholder mapping

The stakeholder characteristics rating described above guided the assignment of positions on the quadrants within the influence-interest grid (Figure 5.1) below. The influence-interest rating showed that the school administrators, MoE and non-governmental partners have the most responsibility over the re-entry process and are actively involved in the implementation of the school re-entry policy.

The local administrative leaders and the G&C teachers affect re-entry in small ways depending on their attitude and perceptions of pregnant and parenting adolescent girls. While administrative leaders can be swayed by detrimental cultural practices, G&C teachers have the potential to stigmatise these girls in their practice. These stakeholders can be useful in re-entry if they are kept aware of policy updates and their stipulated roles and contribution to the policy implementation.

The MoLSP indirectly affect school re-entry and therefore occasional engagement and sensitisation about their role in the matter might lead to an increase in their interest in school re-entry.

As a county department that is strongly supporting the access to skill-based education, the DoGCSS have the potential to support education access for more adolescent mothers if they prioritise them.

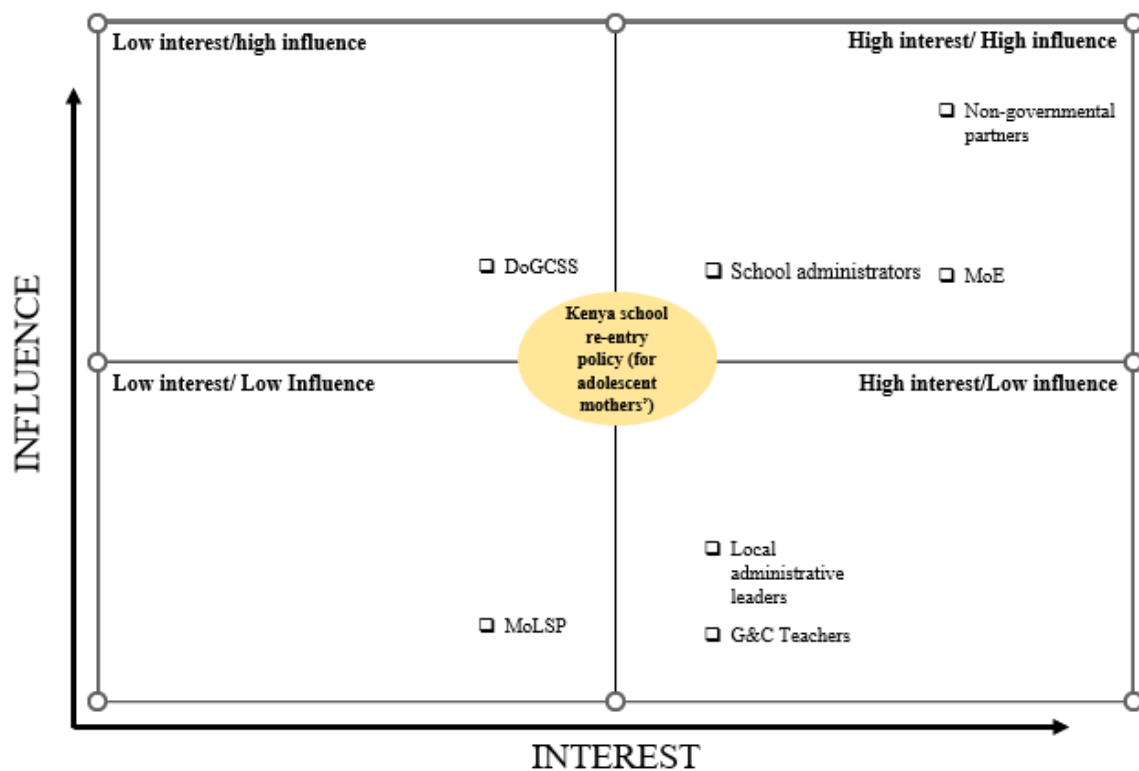


Figure 5.1 Influence-Interest grid

In summary, sections 5.1 to 5.5 above have provided an idea of who the key stakeholders of school re-entry for pregnant and parenting adolescent girls are and their levels of interest and influence in the school re-entry process for pregnant and parenting adolescent girls.

5.6. Stakeholder attitudes towards education access for girls

In this section, I delve into the views of the stakeholders identified about the general value of education for girls, and their perceptions about the education options for adolescent mothers.

5.6.1. General value of education for girls

Among the stakeholders interviewed there was universal agreement around the value of education for girls. For government officials, local administrative leaders, school administrators and non-governmental partners the focus was the broader value of educating girls in general and the positive effects that this could have on their family and the larger community:

“We are focusing on girls because you know I came to realize that educating a girl child is like educating the whole community. This is because women are different, they are more

caring than men. They take care of the family because they are compassionate. We have seen girls here sustaining their parents, they have built homes for them and are depended on by their parents more than (parents depend on) the men.” (IDI22, AChf, Male)

Others mentioned the benefits of a girl’s education in their delaying marriage resulting in the potential reduction in the numbers of children a woman would have, enhancing her ability to provide for and educate them.

“...you want to see a girl here going from primary school to secondary school, from secondary school she can join either a vocational (institution) or. . . she has more options. I want to tell you that if they go in that manner, you will find that these girls will delay marriage... by the time she is getting married maybe she is 25 years, and definitely that girl will get even less children who are healthy.... she will be able to feed them nutritious food and they will get any basic need they require; education and all.” (IDI25, Org B, Male)

While these quotes highlight a gendered view of the role of education in shaping better mothers, some interviewees expressed their backing for girls who had given birth while in school to be supported to return to education as a mechanism to ensure a successful future. A school administrator talked about the ultimate benefits of education to the adolescent mothers in terms such as flourishing and a bright future.

“I’d rather help this girl (adolescent mother) have back the education and continue to flourish wherever she’ll go, she will have a bright future.” (IDI15, TD, Female)

While most stakeholders appreciated the value of the re-entry of adolescent mothers to education, a few of the stakeholders believed some parents placed less priority on education for girls in general but more specifically pregnant and parenting because of financial constraints:

“This (the re-entry decision) lies with the parents, their understanding, the economic activity, and exposure. For most of the families living below the poverty line, if a girl gets

pregnant, she will have to find her way out because there is a child she has to look after, because her parents will not be able to take care of them, they will be left alone. The girl has to drop (out of school) to go and fend for her baby.” (IDI6, CGO, Male)

or a lack of experience of academic education themselves.

“... many parents here did not go to school and that is a big problem because they don't know the value of education and cannot encourage another to pursue education.” (IDI4, VMoLSP, Male)

“When a girl gets pregnant, it is very difficult for the community to encourage her to go back to school. Why? Because a majority of her family are illiterate. They don't value education, because you would know the value of education if you went to school or if you see neighbours who have gone to school and are successful.” (IDI3, MoLSP, Male)

5.6.2. Stakeholder perceptions on education options for adolescent mothers

At the start of the interview process, my own understanding of re-entry to education was narrowly focused on re-entry to academic education after childbirth. However, in their initial responses, most stakeholders mentioned two main forms of education that should be at the disposal of adolescent mothers: academic education and skill-based education.

Several stakeholders from government (both national and county), local administrative leaders and non-governmental partners expressed the view that there is a variety of education opportunities that adolescent mothers should be exposed to.

“...what I would aim for is providing a variety of options and education opportunities for these young mothers. (Besides secondary school) we have apprenticeship, we have TVET (Technical and vocational Education and Training)” (IDI26, Org C, Female)

County government officials and non-governmental partners felt that availing options for different forms of education to adolescent mothers was an opportunity to engage the girls in the decision

regarding their access to education after childbirth. This would let them make a choice based on their needs.

“...those (adolescent mothers) that feel that they would really want the mainstream kind of education... yes, let them be supported. Now these other ones that feel they do not want to go back to books, so much of books ... they may have suggestions, maybe they want to go into TVET (Technical and Vocational Education and Training), let them be supported, yes.”

(IDI7, CGO, Female)

Further, a local administrative leader advised stakeholders to listen to the adolescent mother's wish and support her pursuit for academic education even if she was not performing well. According to this stakeholder, finishing a course (primary or secondary school) and getting a certificate for it was worth the effort even if the performance was not good. This is because for some training opportunities having a certificate is what is considered rather than the quality of academic achievement.

“For adolescent mothers who are not doing well academically but are keen to steadily continue, you should support them to press on, finish and get a certificate. Even if they don't perform well, as long as the girl herself feels she should continue, we should let her continue without discouraging her. I am saying that because (for example) to be considered for a driving course sponsorship, those with certificates are considered even if one got a (an aggregate grade) D... ”. (IDI23, AChf, Female)

However, one local administrative leader described how academic performance upon re-entry would be his main consideration for continuing to support the girl's pursuit for academic education or changing her source of education to a vocational institution:

“It will depend on how she performs. If we see that her performance will not yield anything, she had better go to the other side (vocational training), get taught for two years and get... (her skill).” (IDI20, Chf, Male)

For other local administrative leaders, even those who had endorsed the principle of supporting school re-entry for adolescent mothers, the need to offer different forms of education options seemed to be based on a perception that adolescent mothers should not pursue academic education. Either because becoming pregnant in itself was a sign that a girl might be struggling academically:

“If she is not sharp (academically strong) and then she gets pregnant, it can be heart-breaking to continue with school. It would be better to find other options, maybe do a course and learn skills, because her life must continue.” (IDI21, Chf, Female)

or pregnancy signified the girl’s failure in the academic education, thus she would have to attend a skill-based education institution following a pregnancy.

“...she can join a vocational training (institution) so that she can be empowered. She has failed in school, but she has somewhere to sustain her life.” (IDI19, Chf, Male)

The attitude that girls who become pregnant were less academically able or had somehow ‘failed’ was not a universal opinion. By contrast, a stakeholder working in a local NGO recounted how some pregnant and parenting adolescent girls who re-entered school to continue with academic education did very well despite the general perception by parents/ guardians that such girls may not excel.

“They (parents/guardians) think even if they take this pregnant girl (to school) they won’t see any good results... they look at her as somebody who moving forward in education may not be possible. That is an attitude that has been formed by either parents or guardians... but I feel that we should give them a second chance and these girls must be taken back to school because from experience, the ones we (Organisation E) took back to school... some of them were the best in class, and it was a success story that a pregnant girl can still move on and succeed..” (IDI28, Org E, Male)

One head teacher talked about how he believes in the academic potential of pregnant girls and how he is supporting their pursuit for academic education like the other students.

“I am supporting them, and I would also want to see that they are performing at their level. I don’t allow them to deteriorate because they got pregnant, no I don’t allow that, I like to follow up just like any other children, we make targets and make sure that they are running to the target.” (IDI14, TH, Male)

While stakeholders at all levels clearly endorsed the principle of adolescent mothers returning to some form of education, the responses of local administrative leaders to the continuation of an academic education for these girls, suggested that pregnancy and motherhood somehow interfered with the capacity of such girls to thrive in academic education. This perception that adolescent mothers had somehow ‘failed’ by becoming pregnant and were unlikely to succeed academically is an indication of the mismatch between the theoretical support for the education of girls and the practical stigma associated with adolescent pregnancy within these communities.

While such perceptions fuel the discrimination that pregnant and parenting adolescent girls face as they consider re-entry, stakeholders expressed other concerns about issues both in policy and from their experiences, that have the potential to deter school re-entry for pregnant and parenting adolescent girls.

5.7. Stakeholder concerns over policy stipulations

While discussing the content of the 2020 school re-entry policy guidelines, stakeholders raised concerns over policy stipulations related to the compulsory leave of absence, exclusive breastfeeding and re-entry timeline.

The 2020 re-entry guidelines impose at least six months leave of absence before adolescent mothers can return to school after childbirth. Non-governmental stakeholders and teachers felt that six months could be too long for an adolescent mother who wanted to return to school. At the extreme end of the spectrum, a few of the NGO stakeholders said that a leave of absence of one month post-delivery would be enough and expressed fears that over a period of six months, the

student could change her mind about returning to school. He also mentioned that school may help with protecting girls from being married off.

“I was telling you like even one month (after childbirth); she can still come to school. I know with Ministry of Education, even with the local administration ... for them they know immediately after she delivers, she can go back to school because there is that fear, that if you leave this girl to stay for six months, chances are that this girl can change her mind and say, ‘ok I have decided to get married’.... this girl is kept in school to show the parent that ‘there is no room for you, to marry her off, you can’t do that because this girl is under our (stakeholders’) watch’.” (IDI25, Org B, Male)

The content in the quote above aimed at protecting the adolescent mother’s education, however, a range of stakeholders at all levels emphasised on the importance of exclusively breastfeeding a baby for the first six months, with the aim to protect the health of the baby.

“Breastfeeding is important especially for the first six months. In fact, they (MoH) advocate for no food, just breastfeeding for six months exclusively.” (IDI1, MoE, Female)

While this was in line with a policy stipulation that highlights that the six months would, “provide time to nurse the baby”, for several stakeholders; teachers, NGO staff and local administrative leaders, this did not mean that a girl must stay home in order to practice exclusive breastfeeding. In fact, a few of the teachers admitted to ignoring the policy and coming up with creative ways that allowed girls to maintain breastfeeding while accessing education as soon as possible following childbirth. A headteacher described how he allowed breastfeeding to continue in a designated area in the school compound during allocated times.

“This period (six months) is too long; she shall have lost a lot of time. Usually, one just needs one and a half months for them to come here and then the grandmother should take charge of bringing the child here (to school) for breastfeeding at the allocated time. By that time, she will have recovered back to normal. You see, they come and sit with the baby

at the kitchen (area), then the girl leaves class and goes to breastfeed her baby, then the grandmother leaves with the baby. Three of them used to come with babies to be breastfed.” (IDI14, TH, Male)

Some non-governmental, national government and local administration stakeholders suggested other arrangements that could ensure that exclusive breastfeeding is maintained while the adolescent mother attended school. For adolescent mothers who lived considerably near school, an MoE staff member suggested that the adolescent mother could be the one to go home to breastfeed during breaks in the school programme:

“...if possible, the girl can be allowed to go (home) and breastfeed maybe at lunch break...” (IDI1, MoE, Female)

while a non-governmental stakeholder gave a practical example of it.

“... for our context the schools are not so far away, so our girls are able to go and to breastfeed their babies at very convenient times, during the breaks.” (IDI26, Org C, Female)

Expressing breastmilk for the baby was suggested by a local administrative leader from sub-county Y. However, she expresses a concern for the baby’s health with regards to the practice in the quote below.

“Exclusive breastfeeding while attending school will be difficult because what time will the baby breastfeed? Or the girl’s mother will have to take the baby to school to be breastfed; that is usually not good. If a baby does not eat food or drink porridge, that baby will need to breastfeed all the time (frequently). There is the option of expressing but that would depend on the standards of cleanliness. Because when that milk is expressed, it needs to be kept at a good and clean place. That will ensure that the baby does not get to ingest things that might harm his/her health.” (IDI23, AChf, Female)

Unfortunately, only those adolescent mothers who live near school would be able to go home and breastfeed during breaks while those who live far from school might wean their babies before they are six months old.

“... I am thinking about Sub-County Y, where the schools are not even close to home.... Unfortunately, in such cases, these babies start being weaned early, she will give porridge, she will start weaning early...” (IDI26, Org C, Female)

While adolescent mothers who lived far from school might be a subset of those who wean their babies early, a few stakeholders particularly teachers and local administrators acknowledged that many other adolescent mothers introduced other foods besides breastmilk to babies under six months because of their own inadequate nutrition.

“Many of those adolescents who give birth don’t practice it (exclusive breastfeeding). The reason they give is that those who stay six months without giving the baby porridge or other milk should be eating to their satisfaction. If she eats to her satisfaction, then her baby will have no (breastmilk) problems. But if she doesn’t get satisfied, how will she help her child? So, you find that others give (to the baby) thin porridge and even drinking water.” (IDI23, AChf, Female)

In contrast to the notion that six months leave was too long, a county government official felt that six months leave of absence was a short period of time with her main concern being the health of the baby and the needs of the adolescent mother beyond the six months.

“That’s a short time. When you have a baby, this is the time that the baby starts weaning! It’s a short time, but it depends also (on the adolescent mother’s needs).” (IDI7, CGO, Female)

Most government officials, teachers, local administrative leaders, and NGO staff perceived that the six months leave of absence and the policy guideline that re-entry should be at the beginning of a calendar year had the potential to be contradictory. This is a shortcoming that I had observed

within policy and took note of in Chapter 2, section 2.3. In the quote below, a county government official expresses this potential contradiction.

“... let’s take the six months, if she delivered in January, come June or July the six months will be over, and now it says that she will return next year? Won’t she stay home a whole year then? She will re-enter school next year! That part needs to be amended because now the policy is contradicting itself and that’s a problem”. (IDI11, CGO, Female)

In summary, although some stakeholders felt that six months leave of absence was too long and possibly detrimental to the re-entry of adolescent mothers, others had creative ideas of how it would be possible for adolescent mothers to practice exclusive breastfeeding while attending school. However, these possibilities raised concerns, one being the inability to access adequate food by lactating adolescents. The second concern was about how expressing breastmilk could jeopardise the health of the baby. The third concern was how breastfeeding during breaks in the school programme seemed to favour adolescent mothers who lived near school while excluding those who lived far from school. In addition, most stakeholders highlighted a re-entry timeline contradiction in the policy.

5.8. Childcare responsibility

From their implementation experience, stakeholders highlighted that childcare while the mother is in school is a key issue that needs to be addressed to facilitate school re-entry for adolescent mothers. It is important to point out here that stakeholders would often talk about the nutrition of the baby along with childcare. The re-entry policy guidelines recommend that parents/guardians of the girl and the father of the baby or his family should support school re-entry by making adequate arrangements for the care of the child at home.

A county representative of the MoLSP described in his interview how under ideal conditions, where both families are willing to take responsibility, the duties should be shared between the girl’s family and that of the baby’s father.

“So, the two families come, the parents I mean... there are four things, education and needs of the child... food, shelter, and health. Now that’s how we divide the responsibility. So, if you have the child, you have custody you are giving shelter, I am giving food, you are giving health, I am giving education, it’s after an agreement (to decide) what will be your contribution.” (IDI13, MoLSP, Male)

All stakeholders found parental support towards childcare to be very important. A stakeholder from an NGO explained that parents who accepted the responsibility of caring for the child help the adolescent mother focus in school.

“...when she comes to school where is she leaving that baby? If she is leaving that baby somewhere she is not very sure of the baby’s safety or comfort, she will not even concentrate in school. So, now you see the importance of the parents accepting their responsibility (of childcare).” (IDI27, Org D, Male)

However, a few stakeholders from NGOs and the national government recognised that not all parents of an adolescent mother are in a position to care for her baby. In such situations the caring role might fall on another family member such as the girl’s grandmother:

“Sometimes the mother (of the girl) takes care of the baby yeah but in most cases it is the grandmothers (of the girls) who have more understanding because again the dynamics you realise probably the father is working the mother probably... goes to work and in most cases the grandparents are the ones who are left at home and you know how people live here, most cases people live with the grandmother in an extended family household.” (IDI27, Org D, Male)

In situations where the family is completely unable or unwilling to care for the baby when her mother returns to school, a potential solution suggested by one of the stakeholders in the national government would be to take the baby to an orphanage for the period her mother is in school.

“So, you’ll hear this child (adolescent mother) wants to go to school and (what about) the baby? So, if the parents, the family cannot take care of the baby sincerely and we cannot convince them, then it means we can then take the child in an institution ... they call it orphanage, for a period when the mother is in school.” (IDI3, MoLSP, Male)

5.9. Stigma and discrimination affecting school re-entry

Besides policy related school re-entry issues like the ones described above; stakeholders pointed to other issues of concern from their re-entry policy implementation experience that could be the reasons why only a few pregnant and parenting girls to return to school. Some stakeholders from NGOs and the County government highlighted that the education access for these girls was determined by the stigmatising treatment they received from people within their school environment, mainly teachers and fellow students. The first quote demonstrates stigma during pregnancy while the second shows stigma after delivery.

“...In most cases it (pregnancy) kills her self-esteem, she struggles to fit in both at home and in the community. She struggles to fit in and more so in school and many of these girls choose not to go back to school because of the stigma, which is really, really high, both from teachers and also from fellow students” (IDI26, Org C, Female)

“We still have schools where teachers stigmatise a pregnant student by giving her names or using names to describe her, you know, like “hey mama!” they no longer call her by her name, ...even the other students will start calling her (by those names) and so that will really be a determinant; if the school is friendly a lot of girls would decide to go back to school.” (IDI24, Org A, Female)

In some circumstances, teachers, NGO staff and County government officials used the words “courage”, “bravery”, and “determination” to describe the state that pregnant and parenting adolescent girls needed to be in to cope with the treatment they received from people in their environment. These words suggest that the girls needed to brace themselves to face the potential

hostility in the form of stigma and discrimination in their school environment and the community at large.

A teacher, a county government official and an NGO staff member spoke about how a majority of girls would quit school when they realised they were pregnant and highlighted that it took courage, bravery, and determination for the few to continue attending school:

“... there are those who quit (school) when they realise that they have gotten pregnant, and there are those that somehow get the courage to continue coming (to school) until they complete their education. ... very few continue but the majority quit.” (IDI18, TC, Female)

“(After getting pregnant) most girls would naturally drop out of school, they would stop going to school. A few who are brave would continue going to school.” (IDI10, CGO, Male)

“There are those (adolescent mothers) who get back to school, but it’s calls for a lot of determination...” (IDI27, Org D, Male)

5.9.1. Addressing stigma and discrimination

The existence of stigma for pregnant and adolescent mothers was clearly recognised by the participating stakeholders and several mentioned that supportive actions could be taken to help keep these girls in school.

The policy guidelines task the headteacher and the Sub-County Director of Education to support adolescent mothers’ re-entry either into their original school, or entry into another school. Allowing the mother to move to a new school is seen to have the potential to decrease the likelihood that she will face discrimination or be stigmatised. A stakeholder from the MoE described how a headteacher could influence an adolescent mothers’ school re-entry efforts by allowing her back into school or by writing a supportive transfer letter if she didn’t want to return to the same school:

“Head teacher influences this girl’s retention in school, because if they take it positively, they will allow her to continue going to school. If the girl refuses, they could say, “let me write you a transfer letter”. They would write a good transfer letter just saying, “readmit this girl, she has decided to come to your school”. (IDI2, MoE, Female)

Another of the activities in the guidelines designed to help address feelings of stigma is the provision of guidance and counselling (G&C) services organised by the MoE and community leaders. The MoE is tasked to ‘*ensure provision of counselling and guidance services in learning institutions*’ while the ‘community/local leaders’ are supposed to partner with other unspecified stakeholders, to provide G&C to learners and their parents/guardians. All the stakeholders interviewed for this study were supportive of G&C and described it as a useful component of the school re-entry process for adolescent mothers. Stakeholders from NGOs mentioned that G&C had the potential to help adolescent mothers deal with stigma, restore their self-esteem and get parents to participate in discussions about education continuation:

“We’ve seen a lot of girls choosing not to go back to schools and if parents insist it has taken longer for her to make that decision to go back to school, so she has to go to the counselling to just build her muscle of being able to deal with the stigma...” (IDI24, Org A, Female)

“...we have the guidance and counselling teachers that should be able to now walk with this girl through this very trying journey and have her self-esteem restored where it got lost. And also bring the parents now on board at this stage when the girl is still pregnant to have discussions on continuity of education for this girl.” (IDI26, Org C, Female)

In the guidelines, G&C teachers are highlighted as being the main source of G&C for learners. However, a few of the stakeholders from NGOs and the County government reported that in practice the functioning of G&C in schools often fell short of good practice. These stakeholders had concerns about the confidentiality of the process, making claims that the G&C teachers disclosed information about student issues to other people:

“You just imagine you are a teacher; I am even wondering! ... how do you open up (disclose student’s issues)? There is a privacy issue where the teacher slips-up and goes to talk in front of others. Do you think the adolescent will come back again? No, it’s very hard.” (IDI8, VDoH, Female)

To try and address this issue of poor counselling practice, the NGO set up a counselling programme that eventually involved a professional counsellor at a fee, which is covered by the NGO.

“So, at Organisation A we have a youth counselling programme. We first train our girls to... generate information on who requires deeper interventions. So, these girls conduct forums with fellow girls ... That is the way we are able to identify who is pregnant, who needs support, what kind of support, and then we work with a local counsellor... we pay her because we need that service yes.” (IDI24, Org A, Female)

Another reported attempt by an NGO to address counselling malpractice in schools was to train teachers on counselling as a way to improve practice.

“The aspect of guiding and counselling in schools is not observed that much as it should. So, we trained these teachers on it (counselling) to make sure they practice, or they exercised counselling in schools, practically.” (IDI26, Org C, Male)

Understandably, NGOs felt the need to train teachers in guidance and counselling because teachers reported to have received sparse G&C training as part of their standard Education course in college which does not give them the confidence to claim to be G&C teachers.

“I know in other institutions whereby they are given maybe three or four units (modules) for counselling. It is not dealt with as a course on its own whereby you are fully loaded with that knowledge. So, you find when they are out as the teachers they are not freely saying “I am a guidance and counselling teacher” because they did the two or three units (modules) just as part of the education training.” (IDI15, TD, Female)

5.10. Limited finances for education related needs

A key concern to school re-entry that was identified by some teachers and NGO staff from their experience, was the issue of the financing of the re-entry to school. The limitation in finances may have been as a result of the intersection of the cost of schooling and poverty in the adolescent girls' households.

As described in Chapter 3 section 3.3, in principle, basic education is free but in practice schools charge levies. Staff from NGOs, teachers and local administrative leaders reported that the cost of primary education in Kilifi was significant. The quote below demonstrates the dilemma families face in prioritising how to spend the inadequate household finances.

“I would want to point out, that which is making the re-entry of the girls a challenge; there are a lot of school levies that (schools) are charging. You’ll find that a school is expecting a girl to bring like 200 shillings (~\$2) per term to pay these extra teachers. Most of these girls are from vulnerable households, and for most of them, the reason they dropped out of school, is such levies. You’ll find a parent is making charcoal, her priority is to put food on the table for her 10 kids. If just 5 of them need like 200 shillings each, you see that is like 1,000 shillings. Where will she get that money to pay for the school levy when she will also have to look for money to put food on the table for these kids? The free primary education is not free.” (IDI25, Org B, Male)

Moreover, sustaining adolescent mothers from such poor backgrounds in school especially considering that they have additional needs from having a baby can be challenging for the girls' family.

“We ran a campaign of bringing these girls back to school and it wasn’t easy because, most of these teenage girls who became expectant came from poor backgrounds. Some will just come for a short while and drop out....it was a bit challenging to sustain them in school because some of them come from a family where they get a single meal in a day and

remember this is a girl who is breastfeeding.” (IDI27, Org D, Male)

5.10.1. Facilitating finances for education related needs of adolescent mothers

From stakeholder interviews, it was clear that school re-entry for adolescent mothers could be supported by financing two key education related needs: their nutrition and school levies.

Some teachers and NGO staff explained how teachers generally accommodated pregnant and parenting adolescent girls by providing them with a meal or snack in school. This would come in the form of giving them some lunch money, a teacher forfeiting their meal for a girl or a teacher funding a meal to be cooked for these girls at school as is described in the quote below.

“I had a programme (that I funded) from my own pocket, requesting the women around here (school subordinate staff) to prepare porridge for them every day so, I was giving money for flour, and money for sugar and money for milk. I’m supporting them very much.” (IDI14, TH, Male)

The imposition of school levies was a widely recognised concern among the stakeholders. There is recognition for the need to support with education financing within the school re-entry policy guidelines (Republic of Kenya, 2020b) which task the County government solely with providing bursaries to support school re-entry.

The availability of bursaries from the County government, the National government and non-governmental partners were talked about by local administrative leaders and county government stakeholders as a key source of funds that could financially support girls’ re-entry to education.

“We (the County departments) can only do so (support the financing of mainstream education) through support systems such as bursary, through MCA’s (Member of County Assembly’s KWSF) bursary, through the NGAAF (National Government Affirmative Action Fund) bursary, through MP (Member of Parliament) bursary (Constituency Development Fund-CDF). Today I think the opportunities are vast, because we have bursaries left and right and centre from various organizations both NGOs and government

structures, so if one is determined, actually would not miss an opportunity to complete studies.” (IDI10, CGO, Male)

Even though government bursaries existed, a few of the stakeholders from the County government and local administration highlighted some challenges of accessing these funds. Normally, a committee would be formed to vet and award bursaries to applicants (Office of the Auditor-General, 2022). A County government stakeholder claimed that bribing a member of this committee could be one of the ways to secure a bursary.

“The bursary has conditions if you want (to apply for) Ksh. 10,000 (~\$94), the one who endorses the bursary tells you, “Bring Ksh. 3000 (~\$28) so you can get the Ksh. 10,000”and if you don’t have (the Ksh. 3000) the (application) form becomes futile.” (IDI4, VMoLSP, Male)

Another challenge raised by a local administrative leader was that while a normal bursary application may not be awarded funds, one that received special attention from local administrators like her, had a high likelihood of receiving the bursary. The ability to involve a local administrative leader in a bursary application process seemed to help in securing a bursary to finance education.

“There is CDF (Constituency Development Fund) and the MCA’s (Member of County Assembly’s) kitty (Kilifi County Ward Scholarship Fund-KCWSF) from which bursaries may be applied. Getting those bursaries might need connecting with the CDF officers and explaining the status of the applicant. However, if you just submit a normal application, you stand a chance to get or miss the funding. But if you apply and find me in my capacity as local area Chief, I can go directly to the MCA and talk to him about the applicant’s status and request for them to be considered when the bursary committee meets.” (IDI23, AChf, Female)

Some NGOs within Kilifi offered financial support for adolescent mothers to re-enter school. When asked how they identified the girls to support, it was clear that local administrative leaders and schools were key in the process. One staff from Org A said that they supported parenting girls who were already beneficiaries of one of their existing programmes. To be part of this existing programme, the NGO staff explained how they would sensitise parents about their programmes through community meetings convened by the chief and parent's meetings in schools after which parents who were keen for their daughters to join the programme would approach them for details.

“This programme (sports and rights-based peer education) is for girls and young women aged 9-25 years who were recruited through chiefs’ community barazas (meetings) and parents’ meetings in schools within our catchment area. When we conducted a needs assessment amongst existing beneficiaries, it became clear that parenting girls and young women needed to be supported.” (IDI24, Org A, Female)

These funding schemes had life spans ranging between one and five years. However, when asked what they thought about the life span of the funding that NGOs received to support school re-entry, NGO staff expressed the inadequacy in the funding. For example, in the quote below, an NGO staff noted that the funding lifespans were short and mandated to cover limited target areas.

“No, it’s not adequate because you see the funding that we get is very small and also its within certain (period of) time. It doesn’t take long; these programmes take maybe between one and maybe five years and you will find that what you are getting is not enough and you see there are projects which are not actually being implemented in the whole county; it’s just maybe one or two sub-counties, particular areas.” (IDI28, Org E, Male)

While some NGOs successfully secured funding to support school re-entry for adolescent mothers to some extent, other organisations were unable to secure funds to support primary education related activities including re-entry, due to the Kenya government Free Primary Education (FPE) programme.

“Our government, through the constitution, has sold (advertised) free and compulsory primary education which makes it hard to justify seeking funds to support basic (primary) education”. (IDI29, Org F, Female)

Although bursaries exist, they are limited and on high demand mainly because FPE is not free. Unfortunately, the most vulnerable families who don't have money to bribe or are not in a position to involve local leaders in their application processes are highly unlikely to access the bursaries.

Overall, the policy guidelines have tried addressing some of the challenging re-entry issues faced by pregnant and parenting adolescent mothers while for other issues, I have described how stakeholders have suggested potential ways to address them. Generally, it seems that enhancing financial and human resources could go a long way in addressing these issues. With these being in limited supply, it's unfortunate that stakeholders are expecting girls to become courageous, brave, and determined to cope with re-entry. Through this expectation, stakeholders are asking adolescent mothers to change themselves due to pregnancy in order to accommodate mistreatment from people around them. The other important factor is having a supportive home and school environment to assist mainly with childcare and breastfeeding arrangements.

5.11. Discussion

Educating girls and women has been depicted in the academic literature to yield both monetary and non-monetary benefits (Vila, 2000). An important non-monetary benefit to girls and women is empowerment towards making decisions (Bhatta et al., 2013) which in turn positively impacts the health of their children (LeVine et al., 2004). The key stakeholders in this study agree with this, and this partially explains the overall value and support they expressed towards educating women and girls.

Despite stakeholders' general support towards educating women and girls, some stakeholders seemed to change the way they perceived girls when they got pregnant. Within the latter group, pregnancy was deemed to interfere with the academic capabilities of the girls. Furthermore, some

stakeholders based their support for school re-entry of these girls on their academic potential. Through these attitudes, it could be argued that stakeholders perpetuate academic performance-based discrimination towards pregnant and parenting adolescent girls. This form of discrimination has been reported in SSA. One study assessing why girls were dropping out of secondary schools in Botswana found that the adolescent mothers' capability in academics was one of the things that was considered before readmission into academic education (Molosiwa and Moswela, 2012). Another study that aimed to assess the extent of implementation of the school re-entry policy in Kenya reported similar practice (Mutua et al., 2019). Further, stakeholders in the current study suggested that pregnant and parenting adolescent girls who were academically weak should consider skill-based education instead. The use of academic capability as a re-entry criterion introduces a layer of vulnerability to dropping out of school amongst pregnant and parenting adolescent girls who may not be academically strong or perceived as not being academically strong because of pregnancy.

This and other forms of stigma and discrimination presented a school re-entry challenge for pregnant and parenting adolescent girls. The current study agrees with reports made by several studies conducted in SSA, that pregnant and parenting girls are stigmatised and discriminated against not only at school but also at home and within the wider community (Nkwemu et al., 2019, Undie et al., 2015a, Niboye, 2018, Phiri and Machila, 2019, Mutua et al., 2019, Quaye and Attom, 2019).

To address school re-entry related stigma and discrimination amongst adolescent mothers, many studies conducted in SSA suggest psychosocial support more specifically in the form of guidance and counselling (G&C) (Omwancha, 2012, Mutua et al., 2019, Limboro, 2019, Quaye and Attom, 2019, Birungi et al., 2015b, Chigona and Chetty, 2007, Chigona and Chetty, 2008). In Kenya, the school re-entry policy and stakeholder reports in the current and other studies are in line with this suggestion and propose that G&C teachers at school should be the main source of support for adolescent mothers experiencing stigma and discrimination. However, several studies have

reported that G&C teachers in SSA are not adequately trained to deliver counselling services to learners (Omwancha, 2012, Limboro, 2019, Chigona and Chetty, 2007, Mushaandja et al., 2013, Mpayipheli and Kheswa, 2020, Undie et al., 2015b). The lack of training amongst G&C teachers creates a concern among stakeholders; that the teachers might not be able to provide adequate advice and protect the privacy of pregnant and parenting adolescent girls. This situation has the potential to predispose already vulnerable pregnant and parenting adolescent girls to further stigma.

Besides stigma and discrimination, poverty is another key challenge that adolescent mothers and their families face during school re-entry. In addition to their own needs, adolescent mothers and their families need finances to meet the baby's needs and school requirements despite there being policies for free basic education (Orodho, 2014). These increased financial demands have been highlighted in several SSA school re-entry studies (Quaye and Attom, 2019, Tarus, 2020, Limboro, 2019). These studies also note that adolescent mothers could have contrasting outcomes based on whether they get supported or not (Tarus, 2020, Quaye and Attom, 2019, Limboro, 2019). On one hand, it has been shown that limited resources without any kind of financial support constrained poor families to prioritise daily meals over the education needs of an adolescent mother and the needs of her child (Limboro, 2019). On the other hand, financial assistance including bursaries and scholarships from both the government and non-governmental organisations may support the school re-entry of adolescent mothers. These relieved the financial burden in their families hence freeing up some family members to stay home and offer childcare support. At times, the childcare support by family members would entail taking babies to school to breastfeed, which would only be possible in a supportive school. Unfortunately, the bursaries and scholarships were limited, in high demand and at times, unfairly allocated. This unfair allocation demonstrates a form of financial discrimination where families without money or contacts in high places are unable to offer bribes towards securing government financial support.

Unfortunately, this deepens the vulnerability of the most vulnerable families who are deserving of the financial support.

Another challenge to effective implementation of the school re-entry policy is the unclear and unstandardised policy content. While it is important for policies to clearly list and describe implementation resources and their sources (Peters et al., 2013, Khan, 2016), this was not the case for the school re-entry policy guidelines in Kenya and Kilifi. The lack of clarity of policies has been reported to deter policy implementation by school re-entry in studies conducted in SSA (Quaye and Attom, 2019, Mashishi and Makoelle, 2014, Tarus, 2020). While the compulsory leave of absence has been shown to go against the right to education for adolescent mothers in SSA (Chilisa, 2002, Mashishi and Makoelle, 2014, Mutua et al., 2019), the inconsistency around the length of the leave of absence and re-entry timeline in the Kenya policy has the potential to further exclude pregnant and parenting adolescent mothers from school. Stakeholders felt that the policy presented them with an ethical dilemma where in most circumstances it was difficult to balance between the WHO recommended way of nourishing the baby (World Health Organization and UNICEF., 2003) and the adolescent mother's education access. Armed with evidence proving that the longer a girl remains absent from school the higher the chances of dropping out (Phiri and Machila, 2019, Leerlooijer et al., 2013), stakeholders, particularly headteachers ignored the policy by remaining flexible and allowing creative ways of trying to achieve the balance between the baby's health and its mothers education access. This kind of flexibility has been practiced in Kenya (Limboro, 2019) where adolescent mothers would utilise breaks in the school programme e.g., lunch break to breastfeed their babies.

Stakeholders have shown general support towards educating women and girls. However, there are instances where they display stigmatising and discriminatory attitudes particularly towards pregnant and parenting adolescent girls. The intersection between these attitudes and the poor backgrounds that these girls hail from, has the detrimental potential to plunge the pregnant and parenting adolescent girls who are keen on re-entry, into further isolation. While this chapter

focused on the school re-entry policy implementation experiences and perspectives of stakeholders, the next two chapters will unpack the experiences and perceptions of adolescent mothers and their families.

6. SCHOOL RE-ENTRY EXPERIENCES OF ADOLESCENT MOTHERS AND THEIR FAMILIES

6.1. Introduction

In this chapter, I draw on data collected through in-depth interviews with eight relatives i.e. six mothers, one father and one grandmother of the girls who participated in digital storytelling (DSt) workshops. I describe their views on the value of education for girls, the challenges they experienced in meeting their day-to-day household needs prior to the pregnancy, their reactions to the pregnancy, the actions they initiated on learning of the pregnancy and their descriptions of post-delivery life including school re-entry. I also compare participants' reports with policy content and stakeholder reports from previous chapters. I conclude this chapter with a discussion of these findings using the intersectionality lens.

6.2. Description of participants: Parents and guardians (relatives) of adolescent mothers

I interviewed eight relatives of seven digital storytelling (DSt) participants. For ease of reference in this thesis, I have assigned the participants code numbers that align with the DSt codes of the related girls. The mother of participant DSt15 preferred to be interviewed together with her husband thus, I assigned them the same number within their participant code that is P15Female for the mother and P15Male for the father. Seven of the participants were female while one was male. The male parent was DSt15's biological father. Amongst the females, six were the biological mothers of the DSt participants while one was a grandmother.

The inclusion of these participants in this study was purely subject to their availability for the interview. As mentioned in the methods chapter, with the help of volunteer recruiters, I started by recruiting girls for FGDs. During this process, volunteer recruiters provided me with contact details of the girls' relatives that I could reach the adolescent mothers. I was able to link the girls who participated in DSt workshops with their relatives' contacts on the list. Coincidentally, all the

contact details were of the girls' female relatives. I contacted 11 relatives and only eight were available.

The participants' ages ranged between 37 years and 67 years with a median age of 47.5 years. Out of the eight participants, four were illiterate while the other four were literate. The male participant had a secondary school certificate while the three literate females had some primary school education. Four female participants ran small businesses, two were subsistence farmers, one did a variety of paid odd jobs, and one had no source of independent income. Table 6.1 below provides a summary of this demographic information.

Table 6. 1Parent/ guardian demographic information

S/N	Parent /Guardian code	Age	Gender	Highest Ed. level	Family structure	Occupation	Religion	Girl's code & schooling status
1	P1	37	F	Class 7	Single parent with 4 children-estranged husband	Food vendor (sells to quarry workers)	Christian	DSt1; Out of school after KCPE examination; Doing apprenticeship in a local hair salon
2	P4	52	F	Illiterate	Single parent (widowed)	Food vendor (sells fried fish)	Christian	DSt4; In a private faith-based boarding secondary school
3	P12	67	F	Illiterate	Extended (Lives with grand-children and the Greatgrandchild)	Charcoal maker	Christian	DSt12, In a public day secondary school, form 3
4	P15Male	56	M	Form 4	Nuclear	Subsistence farmers	Christians	DSt15; In a public day secondary school- form 1
5	P15Female	51	F	Illiterate				
6	P29	44	F	Class 4	Single parent; Estranged husband	Sells leafy vegetables to retailers	Christian	DSt29; In a public day primary school, Class 7
7	P31	41	F	Illiterate	Nuclear (Father is stepparent)	Stay home mum	Christian	DSt31; In public day primary school, Class 8
8	P32	38	F	Class 3	Nuclear	Odd jobs (Cleaning, cooking, and selling vegetables)	Christian	DSt32; In a public boarding secondary school, Form 1

6.3. Parent's and guardian's perceptions of education

6.3.1. Value of education

Participants described education broadly as something that has a range of benefits to the student and their families, both intangible and tangible. Key benefits mentioned by four of the participants (P4, P12, P15Male, and P31) were enlightenment, a future better life and agency particularly for females.

"I take all my children to school, both male and female because when you go to school you get enlightened and have a better life because you get a job when you are done." (P4)

"Education is important not just for boys but for girls too. Because with education, she will know what to do in her own home." (P31)

Participants believed that educated people get jobs that enable them to progress in life. In the quote below, the parent expressed that the importance of education to her was for her child to get a job.

"People go to school so they can get a job and progress. I have seen neighbours go to school, get jobs, and continue with life. The importance to me is for her to get a job, just that." (P29)

According to P15Female, P12, P31 and P32, part of this progress would entail how the job would enable the educated person to financially support themselves and members of their families.

"If they go to school, complete (the course of study), and get a job, they will help themselves and their children and because of that education is important." (P15Female)

"I need her to study so that I can benefit, her child can go to school...and her siblings can have a pillar to depend on." (P12)

While participants talked about the possibility of children financially supporting their families, the two parents who interviewed together expressed how their older children provided actual support.

“Considering that I managed to push my older children through education, I see a bit of benefit compared to if I had not educated them at all.” (P15Male)

“When they get (some money), they remember us at home, their parents, and younger siblings in school. Because you can take a child to school, and they get a job and forget about the people at home, but mine are not like that” (P15Female)

The ability that educated children have to financially support their families is the reason one parent described education as a shield against poverty.

“Education is a shield to human beings. If you go to school properly, you will get a good job, otherwise, when you don’t get educated, you will live a life of poverty.” (P32)

After comparing their financial situation to that of people who completed educational courses, three parents (P29, P31 and P32) attributed their tough lives characterised by unstable jobs to their low education status. They see the children they are taking to school as the hope for a transformation in their households.

“It pains me that I did not go to school. I don’t want my children to end up with a life like mine, a life of problems and unstable jobs. I see neighbours’ children who are educated have changed their homes for the better. I decided to learn from them and take my children to school so that I can experience similar transformation.” (P31)

“When I compare myself (Class 3 dropout) with my peers who focused on education, the differences are undeniable. They have uplifted themselves and their parents are benefiting from them. (For this reason) I want my children to get an education even though I am not well educated.” (P32)

The reasons for valuing education differed between girls’ parents and stakeholders as described in the previous chapter (see subsection 5.6.1). While participants valued education for the monetary benefits, stakeholders valued education mainly for the non-monetary benefits as was clear from

the stakeholder interviews.

While parents portrayed illiteracy and a low educational status as motivation for taking children to school, parent P15Male the most educated parent (completed secondary education) explained why he takes all his children to school. He talked about how his experience of education made him see it as a pillar, a form of inheritance and a right to every child.

“I was taken to school and so I see education as a key pillar for one to have. That is why I take all my children to school. I wish I could afford for them to go further because I see it as a must have for every child. It’s a good inheritance.” (P15Male)

This finding showed that participants found motivation to educate their children in both their literacy and illiteracy experiences. This contrasts the thinking by a few of the stakeholders that the lack of experience of academic education by parents automatically meant that they would not value education (see subsection 5.6.1).

6.4. Household finances and gender norms

From previous chapters (3 and 5), it is clear that families in Kenya incur financial costs for their children to access education. Although stakeholders mentioned that the financial ability of families to support the education of their children was a key challenge, in the interviews with relatives, participants were in favour of educating their girls so that they would be financially stable. However, it was also clear that there existed gendered expectations about who was responsible for providing financial support in their households. The women in the three nuclear families (P15Female, P31 and P32) expected their husbands to provide for their families.

“For a long time, I didn’t get a job or involve myself in income generating activities. I was the type of woman who had a baby every year, each day was about raising my children; do their laundry, cook, and sleep. Their father has a job...” (P32)

However, at times the fathers did not provide for the needs of their families for varied reasons. P15Female's husband (P15Male) lost his job in the hotel industry just before the Corona Virus Disease (COVID-19) pandemic started.

"A while back I used to work in a hotel in Mombasa. The hotel was closed down suddenly because the owner became bankrupt. He did not pay us our dues for all the years we had worked. This left us (his employees) in a really bad place (financially), more so because Corona (COVID-19 pandemic) was about to start." (P15Male)

Although P32's and P31's husbands had jobs, they were not meeting the educational needs of their children as is evident in the two quotes below.

"...While my children are in the free primary education (FPE) programme, the only financial requirement was Ksh.50 (~\$0.4 per month) and he was not paying it." (P32)

"... the old man (my husband) said he did not have money to pay for the exams." (P31)

The data suggest that where fathers were unable to provide the financial support required, in some instances other family members, such as older siblings and mothers were able to step in to attempt to fill the gaps. The older sons of P15Female and P15Male took up this provision responsibility.

"They (My two sons) help more with household needs like food, their siblings' school requirements, clothes and they send their mother some pocket money." (P15Male)

In P31's household, her 18-year-old daughter (DSt31) did laundry for money that enabled her to pay for an exam that all her siblings missed because their father did not have money.

"I normally pay for all school requirements but the other day we did not have money and so DSt31 paid (her mid-term exam fees). From this house, she is the only one who managed to do that (mid-term) exam. She did someone's laundry and got paid Ksh. 50 (~\$0.4), got Ksh. 20 (~\$0.2) from here (home) and took Ksh.70 (~\$0.6) to school." (P31)

For P32, she took up the responsibility for school related needs of her children and asked her husband to ensure that he provides food for the family.

“That’s when I decided to start looking for odd jobs like selling raw cashew nuts, farm cultivation jobs, doing laundry and cooking for money; instead of depending on someone who says he doesn’t have money for my children’s school requirements. ...I just asked him to provide food, and I will do the rest. My children’s schooling is on me.” (P32)

At times, these limited finances in households were blamed for late school enrolment such that children who were supposed to be completing secondary school were still in primary school. P32 described how waiting on her husband to pay for school requirements led to the delayed enrolment into school for her children. She also insinuates the possibility that her daughter would have completed secondary school by the time she was having her baby, were it not for the delayed enrolment:

“... he (my husband) was not keen on their (my children’s) education... so my children enrolled late in school. They would have completed secondary school. My daughter had a baby while in school because she started school late.” (P32)

With regards to delays that occur in accessing education, P12 (the grandmother) indicated that dealing with a pregnant adolescent who is advanced in their education is less stressful than if they were in primary school.

“If my granddaughter (DSt12) had had her baby before completing primary school, things would have been very difficult. I am glad that my granddaughter only repeated once, and the hormonal changes got her when she was already in secondary school.” (P12)

Although she did not specify the exact reason for saying this, getting a baby when about to complete secondary school meant that the girls would have needed to be supported for a shorter period towards becoming independent, than if they were in primary school.

6.5. Family reaction to pregnancy

In their interviews, participants expressed their reactions to the pregnancy of their daughter or granddaughter in a variety of ways.

Four parents (P1, P15Male, P29 and P31) said that they had felt pain and sadness upon finding out about their daughters' pregnancy because it was going to worsen the existing situation of limited finances.

"The way I was living was bound to be more challenging because of my daughter's pregnancy which is why I felt so much pain but, what was I to do?" (P1)

"I felt really bad, looking at the (economic) situation, I don't have a well-paying job and her siblings (are also looking up to me) I really felt sad." (P29)

For one of the three parents, the financial burden was going to be heavier for her household because just like her daughter, she was pregnant.

"I felt pain because I was pregnant too. It was painful because I didn't know how we were going to live in a two roomed house. I felt as if my life was over because of the life of poverty that we already lived. God forbid we deliver on the same day, I wondered how we would care for each other." (P31)

With the increased financial burden in sight, all participants wanted to know who was responsible for the pregnancy and the plans they or their families had towards taking responsibility.

"When my daughter confirmed (to me) that she was pregnant, the first step was to find out from my daughter who was responsible and what his plan was." (P32)

However, two of the participants' daughters refused to disclose who was responsible for their pregnancy. One of these parents described that he had used 'some force' to get his daughter to disclose information about her boyfriend. He admitted to slapping his daughter only after his wife (P15Female) had mentioned that he had beaten her. The use of language that lessens the intensity of his actions shows that P15Male was slightly reluctant to talk about this act of violence against his pregnant daughter.

“When I asked her to explain what happened, she did not respond. Therefore, I had to use some force to make her talk. When I slapped her, she opened up and said who was responsible and how it happened. That is all I wanted to know.” (P15Male)

While P15Male used physical violence, the grandmother (P12) of the second participant, used the authority of the village elder to try and get her granddaughter to disclose identifying information about her boyfriend. The village elder was unable to identify the boyfriend from the information given. This didn't satisfy the grandmother who then sought advice from the assistant chief. The girl refused to give information to the assistant chief who then advised the grandmother to stop talking to people about her granddaughter's pregnancy and to involve the police. However, the girl's mother stepped in and refused as she wanted to protect her daughter from potential physical violence at the hands of the police.

“Then I asked her, ‘are you pregnant?’ She said, ‘Yes.’ I said, ‘Then tell me who your boyfriend is’. She said, ‘I will not tell you and you will not find out’. I didn't know how people dealt with early pregnancies in their homes but because I needed authorities to intervene and advise on the best way to deal with the situation. I took her to our village elder where she said a name that was unfamiliar. She also said she neither knew her boyfriend's father's name nor the village he came from. This made it very difficult for the village elder to identify him. My granddaughter asked me to stop telling people about her pregnancy otherwise I will cry one day. I didn't stop there. I went and explained everything to the assistant chief who asked me to stop asking her questions lest she commits suicide by hanging herself. When the assistant chief questioned her, she refused to give her boyfriend's details and he advised that we go to the police post, but her mother refused because of recent events where a pregnant girl was physically abused to death in that police post when she refused to disclose the person who got her pregnant.” (P12)

The information on experiences and feelings provided by P15Male and P12 suggest that the threat and use of physical violence is not unusual and is potentially 'normalised' in response to pregnancy

revelations. P15Male felt able to describe how he slapped his daughter and the response by the mother of DSt12 to P12's (grandmother's) suggestion of involving the police suggests that the police were not seen as a trustworthy source of support but rather an additional threat to the safety of the pregnant adolescent.

6.6. Role of local stakeholders during pregnancy

After finding out who the boyfriends were, two of the families (P15Male and P32) involved the local administrative leaders. These local authorities then initiated engagements between the girl's family and the boyfriend's side.

“When she said who her boyfriend was, we went to the chief first. We decided to meet with his parents at the assistant chief's office to see how things will go. Then CORONA (COVID-19) started, and schools closed down. We did not get to inform anyone (of the pregnancy) at the school. At the assistant chief's office, we talked about it and the boyfriend's family had accepted to pay a 'damage fee' of about Ksh. 45,000 (~\$424.5). A date was agreed upon for them to pay up so that we could finish the case and keep our daughter. This money was supposed to be presented at the assistant chief's office. The sitting was attended by the assistant chief, my brothers, my wife, and the boyfriend's mother. Being a single mother who moved back home, she came with her brothers to the sitting. We deliberated and agreed in the presence of the assistant chief (who said), 'Give this old man that money so that it compensates for the interference on the girl's education and also to ensure that there will be finances for when she delivered'. However, when the date to pay up came, they did not show up.” (P15Male)

During the interview with P15Male and P15Female, it was not clear whether the assistant chief was supposed to benefit from the damage fee or not. My attempt to clarify this led to contrasting responses with P15Female saying that the chief was supposed to get a share of the damage fee, while P15Male said that the money was all supposed to go to the family.

“That money was supposed to be shared with the assistant chief...he gets something, and we get something” (P15Female)

“No! that money was not supposed to be divided. It was our money...” (P15Male)

From my experience of living and working in this community, when a sitting is about investing finances towards marriage, every attendee would be expected to get a portion of the money. But when it is purely about compensation, all the money would be given to the family.

P32’s family also involved the village elder and assistant chief in negotiations about reparations. However, in this instance agreement was not immediately reached and it was a threat of police involvement that prompted a promise to pay, that was never fulfilled.

“We went and reported to the village elder who took us to the assistant chief. When an agreement was not reached (with the boyfriend) at the assistant chief’s office, we were given a referral letter to take to the police (station), which we did. When my daughter’s boyfriend urged us not to continue with the police case because he was willing to take responsibility, we asked him to give us Ksh. 15,000 (~\$141.5) the following day, so that we would drop the case. We waited for him, but he never came.” (P32)

According to stakeholder interviews, the role of guiding parents through childcare responsibility deliberations was to be played by child protection personnel within the Ministry of Labour and Social Protection (MoLSP), and not the local administrative leaders within the Ministry of Interior and National Administration (MoINA). Unfortunately, parents did not know much about the existence of child protection personnel.

“I don’t think there is a child protection person here, I haven’t heard of them.” (P29)

“I’ve heard about the child protection person and that they operate from the county headquarters, but I haven’t heard about a child protection person in our area.” (P31)

Two parents (P1 and P4) mentioned how it was while involving other stakeholders that they found out about and interacted with a child protection personnel. While the 2020 school re-entry policy guidelines stipulate that the responsibility of involving the child protection services is the headteacher's, P1 talked about how the chief advised her to meet with the child protection personnel (under the MoLSP), who only advised her to go to the police. Moreover, she said that it was the police who advised her about meeting the boy's parents, even though according to stakeholders, this kind of advice should have come from the child protection personnel.

“When I found out she was pregnant, I took the step to report at her school (to the headmistress). The other person I involved was the chief (a local administrative leader), who directed me to the child protection person (volunteer) who then directed me to the police. The police advised me to meet with the boy's parents. So, I went to her boyfriend's home which is not far from here (her home).” (P1)

P4 was advised by her daughter's headteacher to involve the police. She mentioned how she happened to meet the child protection personnel by chance in one of her visits to the police station. She reported that eventually, it was not possible to involve the police because she did not have the money to facilitate their procedures. Reports from stakeholder interviews presented in chapter 5 (see Table 5.3), had flagged that families of pregnant adolescents were often required to finance the fuelling of police vehicles so that they could search for and arrest the boyfriend.

“I went to my daughter's school to meet the headteacher. He advised that I involve the police. In my many visits to the police I got to meet the child protection person. At the police station, they told me that they needed to look for my daughter's boyfriend and that meant that I needed to financially facilitate the search. That became difficult because I did not have the money, so I had to let it go.” (P4)

P29 consulted with a community resource person from their neighbourhood who advised her to go and see her daughter's teachers and make a report of the case at the police station. Just like P4

above, P29 could not afford to follow through with the procedures at the police station. Ultimately, she just needed the baby's father to help with caring for the baby.

“I talked to a community resource person who ...insisted that I should meet her (my daughter's) teachers. I met her (My daughter's) teachers while she was still pregnant. The community resource person also told me that this was a police case and helped me make a report of it at the police station. However, the trips to the police station needed time and money that I did not have because my children needed to eat and go to school. I let her know that I did not want to get anyone locked up. Besides, I needed the young man to care for his baby.” (P29)

Contacting the school to let them know about the pregnancy was the first step (or would have been the first step but for COVID-19 pandemic) for half of the parents. The village elder and the assistant chief appear to be the key figures in most of the interviews with the assistant chiefs mainly playing the role of arbiter in decision about the level of financial recompense owed to the girl and her family. In contrast, data from the stakeholder interviews clarifies that local administrative leaders (village elders, chiefs, and assistant chiefs) are not supposed to get involved in these disputes unless by court order. Otherwise, these sittings that chiefs convened to discuss adolescent pregnancy disputes were ‘illegal’.

Mention of the police was made in all of the interviews, generally in the role of ‘enforcer’. None of the participants said that they had initially gone to the police but rather had been advised by one of the stakeholders (teachers, assistant chiefs, or community resource person) that the issue was a case for the police. Most of the interviewees seemed reluctant to involve the police, either because of the financial costs involved, or fear that there would be negative consequences for the girl or her boyfriend. Central to all of the efforts made by the parents to identify the boyfriend and seek advice about what to do were concerns about the financial support that would be available to the girl and her baby after delivery. That is, the data from the interviews suggest that the most pressing

concern for the parents was financial support rather than issues of social standing and the stigma that might accompany the pregnancy.

6.7. Community reaction to pregnancy

While all of the participants described how community leaders provided advice and guidance on what to do, several of them reported of community norms and expectations of the boyfriend's family. Parents reported that in taking responsibility for a pregnancy, like paying the 'damage fee', the boyfriend or his family expected that the transaction would end up in a marriage. In the quote below, P15Female describes how her neighbours were in support of a local norm that entailed forcing a pregnant girl to go and live with her boyfriend's family. She also described how the family of her daughter's boyfriend withdrew their financial commitment when it became clear that their pregnant daughter would not marry their son.

"Many of our neighbours were suggesting that my daughter (DSt15) should be taken to the boyfriend's home just like the olden days when a pregnant girl would be forced to go to the boyfriend's home... Later on, when it was clear that their son was not going to marry our daughter, they refused to pay up (the damage fee they had promised earlier)."

(P15Female)

Another parent (P32) had a one-on-one conversation with her daughter's boyfriend about financial support following pregnancy. She describes how he (the boyfriend), was willing to support her daughter through skill-based education, which takes a shorter period to complete, compared to academic education, as long as he was assured of marrying her thereafter.

"He (the daughter's boyfriend) said, '...I will take her to 'college' and marry her thereafter, but if she returns to school, I will not wait that long, therefore (without surety of marrying her soon) I will not support her at all'." (P32)

These data suggest that the financial payments or reparations can come with conditions that could have educational and social consequences for the girl and her baby. Viewed as an investment

towards marriage, these payments could be seen as an arrangement about who controls the girl's future activities rather than direct contributions towards the wellbeing of the girl and her baby. Several participants reported that other community members stigmatised pregnant girls by mocking and laughing at them. Being laughed at could have meant that they were being perceived as foolish for getting pregnant in the first place or misfits due to the change in appearance that was odd for a child.

“When I got back, someone came and told me that when my daughter went to the market the previous Wednesday, people had talked about her and laughed at her because they knew that she was pregnant.” (P15Female)

P15Female also talked about how many people in the general community thought that her daughter would not continue with her education after pregnancy.

“Many people did not expect that my daughter would return to school after getting pregnant. They thought her education was over and that she would continue to be the laughingstock (in the village)”. (P15Female)

This kind of treatment had negative mental health effects on one of the girls (DSt29) as reported by her mother in the quote below.

“Even here in the neighbourhood, people would laugh at her saying, ‘Look at her, she is pregnant’. She would look down and get into the house and refuse to get out. Because of neighbours’ comments, my daughter would sometimes cry all day long. Some nights, I would find her behind the house, crying while blaming herself. She was angry and had a lot of thoughts.” (P29)

These data suggest that adolescent pregnancy is stigmatised in these communities and while community leaders provided advice and guidance on engaging with the father of the baby and seeking reparations, general community attitudes were less supportive. Community members were

reported as seeing pregnant adolescent unmarried girls as ‘laughingstock’ with potential damaging consequences for the self-esteem of the pregnant girls.

6.8. School reaction to pregnancy

The 2020 school re-entry policy guidelines stipulate that the school community should inform a parent of their daughters’ pregnancy. For one parent (P31), her daughter’s school attempted to summon her to school to discuss her daughter’s pregnancy situation but was unsuccessful. In the quote below she describes how her daughter’s school friend explained how DSt31 sabotaged a potential meeting between the head teacher and her mother.

“After my daughter stopped going to school due to pregnancy, one of her school friends told me that my daughter was sent about three times to tell me that I was being summoned at the school, but she never told me. Her friend asked me, ‘Didn’t your daughter (DSt31) tell you that you were summoned by the headteacher?’ I told her, ‘No she didn’t’. Then she said, ‘She would be told to tell you or her father to come to school and the response she took back (to school) was, ‘My mother does not want to come’.” (P31)

Another parent reported that when her daughter’s headmistress found out about their student’s pregnancy, she hoped that the parents would be the ones to initiate the discussion about the pregnancy. This school administrator expressed her anxiety of not knowing how a parent would react to the disclosure of such news.

“When I went to see her, the headmistress said, ‘You have done very well coming here, I had noticed the pregnancy, but I was wondering how to engage with you because I did not know how you would react’.” (P1)

Beyond the point of disclosure, participants reported that the school administrators and other teachers advised them among other things, to let their daughters continue to attend school while pregnant.

“I met her teachers while she was still pregnant and that’s when they told me that she should continue with school until delivery and return to school after delivery.” (P29)

“The headteacher said that terminating a pregnancy is an offence punishable by jailtime so we should not consider it. He said that I should let her continue going to school. He also advised that I involve the police.” (P4)

The girls from four families (P12, P15, P31 and P32) did not attend school while visibly pregnant. Two of them stopped going to school before it showed, while the other two experienced their pregnancy at home during the COVID-19 pandemic related school closure. Three parents (P1, P4 and P29) reported on their daughters’ experiences when they attended school while pregnant. The daughters of P1 and P4 experienced a supportive school environment.

“During pregnancy, I am grateful that they treated her well at school.... nothing changed regarding her school (attendance)...’. I think because I humbly went, and explained myself, they understood me. I think the way you talk to them (teachers) determines how they handle your issues.” (P1)

“The day before her (ANC) clinic she would let her teacher know that she would be going for clinic the following day. The teacher would give her permission to go and allow her back in school when she was done. She did not miss school on clinic days because she would go in school uniform and be seen first.” (P4)

P29 however, described how her daughter had told her about how she was being laughed at by fellow students. Eventually, this stigmatising treatment made her refuse to go to school while pregnant.

“She would say, ‘when I go to school they (fellow students) laugh at me’ and one day she just said, ‘I will not go anymore’.” (P29)

6.9. School re-entry after delivery

The parents/grandparents of six of the seven girls (P4, P12, P15Female, P29, P31 and P32) reported that their girls were able to return to school for academic education after delivery. Only P1 (the parent of DSt1) reported that her daughter was currently not in academic education but rather involved in an apprenticeship arrangement in a local salon.

6.9.1. Education options for adolescent mothers

During the interviews it became clear that the participants had considered both academic and skill-based education for their girls after they had delivered their babies. One of the parents whose daughter returned to a girls' boarding secondary school was keen for her to get an academic certificate that could help her secure a job in a reputable company.

“I needed her to return to academic education in a government school... to get a certificate. There are many companies that employ people with an academic certificate, that is why I am keen for her to return to academic education.” (P32)

Two other parents (P1 and P29) were planning to take their girls for skill-based education courses. P1 needed her daughter to become financially independent in about 3 years so that she could afford to send her own son to school when he reached school age (children in Kenya begin school at 4 years of age).

“My plan is to take her to ‘college’ (vocational/apprenticeship) when her baby turns one year. She needs to see which ‘college’ will enable her to become independent so that when her son starts school she may pay for his education. She (DSt1) suggested going for a catering or salon related course.” (P1)

The quote below is of a conversation between a mother (P29) and her daughter (DSt29). While DSt29 returned to a primary school, she was considering skill-based education because her mother was struggling financially to keep her in academic education. The mother agreed that skill-based education might be better for her daughter.

“She (DSt29) told me, ‘I need to learn the skills to work in a hair salon’. Then I asked her, ‘but you’ve already gone back to school and now you want the salon skill, which one will it be?’ She said, ‘Having tried going back to school, I see that you have no money for it, so how about the salon skill?’ I told her to wait for the child to grow a little regardless of which one she ends up in. I think the hair salon related course is better. It’s better for her to acquire a skill.” (P29)

6.9.2. Financing re-entry

On learning of the pregnancy, a key concern of the participants was the financial implications of supporting a pregnancy and a new baby as well as future education costs. Out of the seven families, four (families of P4, P12, P31 and P32) managed to access financial support for the school re-entry of their parenting adolescent girls. P4’s daughter was supported by a faith-based institution which had been found for her by a sister:

“Her sister who is married in Malindi found education sponsorship for her in a (Christian) school in Nairobi.” (P4)

The other three girls from the households of P12, P31 and P32 received NGO sponsorship. As will be seen in Chapter 7, it was clear that the girl from P31’s household (DSt31) got to know about the NGO (org H) through the village elder who P31 talked to first about her daughter’s pregnancy.

“A sponsor from org H came and said, ‘Let me help you. Let me get her the school uniform so that you may take her to school’. I thanked God because I got the uniforms promptly and took my daughter to school where she is continuing with her studies to date.” (P31)

From the parent interviews, it was evident that the sponsorship that came from NGOs was accommodative of the girl’s choice of education and their academic ability. In the quote below, P32 talked about how her daughter’s sponsor was willing to support her pursuit for either academic education or skill-based education.

“The people from the project (Org H) came and said, ‘Even if she is not keen on academic education, we will encourage her to go to any skill-based college’. Just decide which one it

is going to be and when she joins, give us the school (bank) account number for us to send funds.” (P32)

Stakeholder interview data indicated that the school re-entry of P12’s granddaughter and other parenting girls was funded by Org A because they were beneficiaries of one of their existing which they likely found out about through community meeting convened by a local administrative leader or a parent meeting at their school. In the quote below, P12 was assured that her granddaughter’s poor performance was not going to affect the sponsorship.

“I thank them for their financial support. The lady from Org A asked for her result slip. Unfortunately, it was the time when she had performed very poorly. She said that it did not matter how she had performed and that she would pass by her school. That organisation put in Ksh.10,000 (~\$94.3) for my granddaughter’s education and I was very grateful.” (P12)

However, this financial support had its limitations as was expressed by two parents (P4 and P32). While the interviews with relatives of adolescent mothers were conducted during a school holiday, the participants receiving financial support were unsure of how their girls were going to continue with schooling amidst these limitations. For P4’s daughter, the sponsorship did not cater for everything and unfortunately, her family couldn’t afford the remaining costs.

“However, the sponsorship pays tuition fees only. It doesn’t cater for transport costs to and from school and the food that she consumes while in school...which amounts to about Ksh.7600 (~\$71.6) per term. I can’t afford that amount of money.” (P4)

For others, Org H which was supporting P31 and P32 was closed down due to funding limitations as described by P32 in the quote below.

“Org H closed down because of COVID-19 complications. It came really hard on them because their funders were unstable.” (P32)

Besides NGOs and faith-based sponsorship, another financing option that two participants with girls in secondary school talked about was government bursaries. Although participants did not specify where they got information about the existence of government bursaries, data from stakeholder interviews revealed that a County Government officer from the Department of Gender Culture and Social Services (DoGCSS) played the role of referring needy girls to government entities that offered bursaries. Additionally, a local administrative leader mentioned that he was involved in helping families of needy learners to source for bursaries and sponsors. However, government bursaries are not available for primary school students, and two parents (P4 and P1) described that not all applicants got the bursaries.

“Now that she is in secondary school, we have applied for bursary twice before, but we have been unsuccessful. (For that reason) I have given up.” (P4)

“Even when you put in so much effort, getting a bursary fund is about luck, not all that apply get bursaries.” (P1)

Another parent described how the timing of the bursary application was problematic as applications were limited to those who could afford to get admitted to a school and admission itself comes with costs.

“The bursaries are like Ksh. 2,000-5,000 (~\$18.8-\$47.1) awards and now you need the child to be admitted to a school first before you can fill in a bursary form because you need their admission number.” (P32)

Financing of school re-entry was a key concern for all of the participants and of the seven girls the parents of four had received financial assistance for their girls to return to school, one girl had not returned to school and only two had been able to return to school with no financial assistance (one in primary and one in public secondary school). The sources of financial assistance were varied and there were no clear structures in place to facilitate access to these funding opportunities.

Government bursaries were mentioned but none of the participants had been successful in their applications.

6.9.3. Family support for re-entry

Most of the participants, while being concerned about the finances, said that they had been a key source of support for their girls in their desire to return to school. When her daughter wondered how she would go to school, P31 assured her of childcare.

“She (DST31) asked, ‘How will I go to school, and I have baby to care for?’ I told her, ‘The baby is not a problem, I will care for her so that you can go to school’.” (P31)

One of the parents likened her daughter to a soiled baby’s thigh that becomes okay once cleaned up. She described how she accepted her daughter and promised to care for her granddaughter.

“There’s a Giriama (local language) saying that goes, ‘the thigh that has been soiled by a baby’s faeces is never chopped off’. I decided to accept my daughter and the same way I raised her is the same way I will raise her daughter through thick and thin, and she will grow up too.” (P15Female)

Participants also mentioned other family members who supported their girls’ school re-entry.

In addition to the childcare support she offered, P15Female talked of how her sons, older siblings to the adolescent mother, initiated the school re-entry process and actioned their father to find a school placement for their sister.

“After delivery, her elder brothers asked her (about school re-entry), and she said she was ready to return to school. That’s when they told their father to go to her school and find a place for her.” (P15Female)

Besides initiating school re-entry for their sister, the two brothers in the P15 household offered actual financial support towards the education of DSt15 and other siblings, as described in subsection 6.3.1. Although the father of this family had lost his job, the intersectionality between two household sources of income and enrolling their DSt15 to a government subsidised public day secondary school with government subsidised fees, enabled this family to take their daughter to

school. This was due to the fact that the levies required of families with children in such schools were often affordable.

While families supported their parenting girls to return to school, it was not without challenges. P31 was unhappy about taking her daughter back to the same school that she had been in, as it was the same school that the father of her baby went to. However, changing schools would have been too expensive.

“I was not happy about my daughter returning to the same school where her boyfriend goes. I wanted my daughter to go to a different school, but it would cost me more money to take her to a new school (than if I left her in her old school). So, I decided to leave her there because I didn’t have the money to do it.” (P31)

While P31’s daughter returned to the same school she was in before pregnancy, P29 talked about how she managed to change schools for her daughter, even though it was financially draining. Moreover, being the main source of childcare for her grandson was interfering with her vegetable selling business, the main source of finances for her household.

“I am grateful that she had a safe delivery. When the baby was about three months old, she wanted to return to (a different) school. This meant buying books and getting new uniforms... I did it all by myself without any help. However, I don’t know who I will leave her baby with, school fees need to be paid, and they (my children) need to eat too. That is why I am having a difficult time sustaining her in school because I can’t afford it.” (P29)

Although with challenges, it is important to recognise that P29 managed to take her daughter back to another school due to the intersection between her financial agency from running her business and choosing to re-enrol her daughter into a public primary school. Fortunately, public schools have the advantage of the government’s ‘FPE’ programme, meaning that the financial requirements for her schooling were minimal.

The two quotes above show how families of the adolescent mothers grappled with the challenges of balancing childcare and provision. At the same time, the adolescent mothers themselves

struggled with balancing schooling and parenting. P12 described how her granddaughter's school was far from home and yet she was dedicated to care for her baby every day after school.

“When the baby was young, she (my granddaughter) would go to school and return home. School was really far so she would leave at 4am and return when its already dark at about 8pm. That is when she would breastfeed. When they closed school that term, her results were the worst she had ever had. However, I chose to support her (return to school) because it was tough for her to balance between ‘leaking’ breastmilk and going to school. That was the challenge at that time.” (P12)

After these results the grandmother offered physical childcare and some financial support, while her daughter (the adolescent mother's biological parent) provided financial support to allow the girl to find a place to stay nearer the school during term time.

“When she was about to open school, I asked her to leave her daughter behind. ‘You go and stay there (rented room near school) and let me take care of her (the baby)’. It's her mother and I who contribute (money) towards meeting her needs. When her mother sends money, I add to what I have and plan for it such that my granddaughter also gets (something). For example, if I give her Ksh. 1000 (~\$9.4), she would get food, pay rent, and take some to school. As we speak, yesterday she asked for money for food. I told her that I don't have any money. She was letting me know that her turn to buy flour is coming up and that gives me time to find some money. She lives with three other students, and they buy food in turns.” (P12)

6.9.4. Local stakeholder response to re-entry

Local administrative leaders, especially village elders, were reportedly useful information sources for parents as they sought to negotiate the school re-entry process. In one instance, the parent described how the village elder backed up his guidance on policy stipulations.

“The village elder emphasised that parents needed to do whatever they could to ensure that their child returns to school because the government (school re-entry policy) stipulates that all children should be taken to school even if they have had a baby”. (P4)

In the second instance, a parent (P31) described how a village elder convinced her daughter towards going back to academic education.

“... I only went to the village elder and told her that I needed my daughter to go to school although she is not keen. The village elder said, ‘tell her to come see me’. So, my daughter went to see her and when she came back she said, ‘The village elder has said that I should go to school, now I will go.’” (P31)

It is important to mention here that while some local administrative leaders supported school re-entry, others supported illegal negotiations towards financial compensation of the girl’s family; a practice that was understood by the boyfriend’s family as a step towards marriage (see sections 6.6 and 6.7).

6.9.5. School response to re-entry

Only two parents (P15Male and P31) described their interactions with the school administration with regards to re-entry for their daughters. When their daughter got pregnant and stopped going to school when she was about four months pregnant, the COVID-19 pandemic started, and her parents did not manage to formally inform the school administration. She stayed home for about two years (inclusive of the pregnancy period) until her daughter started walking and that’s when her father went to see the deputy headteacher. For a family that took a long time to initiate the re-entry process, this parent described being well received and his daughter was re-admitted to school immediately.

“And that’s when I went to see the deputy head teacher. The deputy head teacher said, ‘If she is keen to return to school just let her come as soon as tomorrow. In fact, there is an

exam that is starting tomorrow that I suggest she should sit for'. So, she went to school the following day and that is how she returned to school." (P15Male)

While the other parent (P31) hoped for advice and possibly encouragement from the school administration, she described being given a brief and cold response by the headteacher at her daughter's school. It seemed like he was not interested in engaging the parent beyond just telling her to take her daughter to school. In her interview, this parent mentioned that the headteacher had sent for her several times when her daughter stopped going to school due to pregnancy, but she never got the message. It is possible that the headteacher mistook her for a rude parent who might not have been interested in discussing her daughter's situation with the school.

"When schools opened (after the COVID-19 pandemic), I went to see the headteacher and asked him what I should do because I needed my daughter to return to school and he said, 'that is not my problem, just bring your daughter to school. Please sort out the other things at home'. I felt ignored, I hoped that the head teacher would advise me, but I was wrong. I think he felt that I had undermined his authority when he would send for me, and I would not turn up." (P31)

6.10. Discussion

In this chapter, I have used data from parent and guardian (relatives of the girls) interviews to explore and describe from their perspective how the families of adolescent mothers reacted to and experienced their girls' pregnancy and school re-entry. Most of the contact details for the relatives of girls that were obtained for this study were of females. As underscored by the data I present in chapter 7, based on the way girls described their fathers' reactions to the pregnancy, it is possible that most fathers had reservations about being involved in discussions about it.

All participants valued the education of all children under their care including girls regardless of their own education status. The main reason for valuing education was the monetary benefits that they believed it promised. This meant that parents believed that educating their children would

provide a way out of their poverty. This finding agrees with the long-standing discourse of how education offers protection against poverty (Psacharopoulos, 1994, Moser and Ichida, 2001, Ayoo, 2022).

For a long time, social norms in sub-Saharan African communities dictated that fathers were supposed to provide for their households (Eniola and Akinola, 2019). While this was the belief amongst the three nuclear families in this study, limited access to finances by fathers caused other family members especially the mothers and older children to step in and provide for the family. Recent research has revealed that there is an evident shift in household gender roles as more women are getting involved in economic activities and contributing to the role of providing for the family (Khosa-Nkatini et al., 2023, Wong, 2012). Unfortunately, with low literacy levels, the women can only access low paying jobs or run small scale businesses. This means that their households continue to face financial problems. This might explain why the motivation for most parents to educate their children was for them to get well-paying jobs and eventually become financially independent and also to financially support the needs of the family they came from.

When an adolescent schoolgirl from a household with limited finances got pregnant, the initial responses of relatives were linked to disappointment and anxiety about the future. Presumably, it must also be related to disappointment that the education they valued so much and made financial sacrifices for, run the risk of ending abruptly and threatening the financial independence and contributions they aspired for. For the most part, the actions of the girl's family including involvement of stakeholders like local administrative leaders and the police, were essentially about bringing relief towards the already existing and anticipated financial strain. However, the desperation to achieve this financial relief seemed to create an environment that promoted gender-based violence against pregnant girls both within the family and externally. Studies conducted in SSA about physical violence amongst adolescent girls have showed that pregnant adolescents are more vulnerable to physical violence than their non-pregnant counterparts (Atuyambe et al., 2005, Tetteh et al., 2020).

Families knew that the local administrative leaders, the school administration, and the boyfriend's family could influence the next steps following a pregnancy. While these and other stakeholders like the police and child protection personnel had roles stipulated in the 2020 school re-entry policy guidelines (Republic of Kenya, 2020b), parents found out about the roles of stakeholders and gained information about the pregnancy and the process of re-entry in a very ad-hoc way. Consequently, the order and manner in which these stakeholders were involved differed across families. Additionally, the perceptions of stakeholder involvement varied across the data from stakeholder interviews and interviews with the girls' relatives. Stakeholders' data in chapter 5 indicated that deliberations between the two families regarding financial support through pregnancy and childcare were supposed to be handled by child protection personnel. However, parents reported that they involved local administrative leaders instead. This could be explained by the fact that initially, parents did not know of the child protection personnel, and those who got to meet them eventually, did not get advised accordingly. While stakeholders who should be involved in dealing with adolescent pregnancies are mentioned in policy, there is no clear process for when or how they should be informed about the pregnancy and what they are supposed to do with the information. This lack of clear guidelines; a gap that has been reported in several policy implementation studies (Mashishi and Makoelle, 2014, Chilisa, 2002, Ncube and Mudau, 2017, Khan, 2016), is the foundation for the lack of systematic procedures that would ensure fair handling of adolescent pregnancy cases. This gives rise to parents and adolescent mothers being subject to ad-hoc processes with ad hoc stakeholders giving heterogeneous information and advice depending on who they happened to talk to.

Despite the illegality of local administrative leaders mediating for the girl's family financial gain, it seemed like a noble thing to do. As the pregnant girl's family hoped to receive financial compensation and keep their daughter, the boy's family expected a marriage in return. It is important to understand that the payment of bride price is a cultural norm within this community. In this custom, there is an exchange of money or items of financial value between a girl's family

and that of her boyfriends as an investment towards a marriage. Social and cultural norms have been documented as causes of early marriage within communities in SSA (Kohno et al., 2020, Elengemoke and Susuman, 2021, Shomali and Lawson, 2020, Ijeoma et al., 2013). This is how an unplanned pregnancy of an adolescent from a poor background, who has not achieved financial independence opens up a girl to social and cultural norms like stigma and potentially early marriage. These structural drivers of gender inequity tend to diminish the autonomy and agency of such girls (George et al., 2020).

However, the expectations of the girl's family suggested a shift towards families protecting girls from early marriage and choosing to let them pursue education instead. This shift in norm might be explained by the international and national push for girls' education in recent times that has been backed up by laws against practices like child marriage for example the children's act in Kenya (Wabwire, 2005, Republic of Kenya, 2001). These kinds of laws are partly based on research evidence that showed the advantages of educating girls (Psacharopoulos and Patrinos, 2004, Moser and Ichida, 2001, Sheehan et al., 2017). In return, educating girls creates a protective environment against early marriage and affords them the autonomy and agency to achieve sustained wellbeing for themselves and others (Phiri et al., 2023, Feyissa et al., 2023, Sheehan et al., 2017).

While families' intentions to have their daughters access education after childbirth are backed by an international push supporting girls' education, country laws and policies, limited household finances remain to be a huge problem. Individual families' efforts to leverage finances for education access entailed mothers and their children contributing to household finances; and having a link to financial support based on who they knew.

This meant that the intersectionality between one source of low income and no links to financial assistance made families struggle with ensuring sustained access to education for their parenting daughters, rendering them vulnerable to dropping out of school. Therefore, this chapter reveals that households with limited finances, may achieve school re-entry by embracing the change in

social, cultural, and gendered norms while leveraging existing relationships and networks for financial support. The ad-hoc way in which roles and responsibilities are being implemented gives rise to unfairness in the way pregnant and parenting adolescent girls and their families are experiencing school re-entry and its intersection with poverty means that people with less contacts, education, knowledge of the systems are discriminated against. This heterogeneity in re-entry experiences suggests that at a structural level, there lacks a systematic public means of ensuring that beneficiaries experience re-entry in a fair manner.

7. EFFECTS OF PREGNANCY AND CHILDBIRTH ON LIFE AND EDUCATION: ADOLESCENT MOTHERS' STORIES

7.1. Introduction

In this chapter, I focus on the output from the adolescent mothers' stories. However, I begin by describing how the FGDs were used to sample the adolescent mothers who took part in the DSt workshops and give a summary of the themes that came out of the FGDs. I then describe the adolescent mothers who took part in the DSt workshops and point out the intersectional issues that were evident in their narratives. This is followed by a detailed description of the thematic similarities and differences in the stories and how they relate to the identified intersectional issues. I conclude this chapter with a discussion of the findings.

The non-book component of this thesis is directly linked to this chapter. It entails four examples of the 11 videos namely: DSt15's story, DSt4's story, DSt1's story and DSt29's story. These stories altogether show the range of key experiences described across all stories and give a flavour of the actual narrative output from the DSt workshops.

7.2. Selection of DSt participants and overview of themes

The DSt participants were selected from 6 FGDs that were conducted with 32 adolescent mothers. Three of these FGDs were conducted with 17 adolescent mothers who had re-entered academic education institutions, while the other three were conducted with 15 adolescent mothers who had not returned to academic education institutions after delivery. Out of these 32 participants, I applied the maximum variation criteria described in the sampling strategy in subsection 4.9.2 to select 11 DSt participants.

The key themes that emerged from the FGDs were Education perceptions of adolescent mothers, finances, gender norms, reactions to pregnancy, stigma and discrimination, re-entry needs and re-entry support. Similar themes were elaborated in the stories by the 11 adolescent mothers thus have been described and discussed in the subsequent sections in this chapter.

7.3. Description of participants: Adolescent mothers' social identity

Three digital storytelling workshops were conducted with 11 adolescent mothers in three groups: two with four participants each and one with three participants. The age range of the adolescent mothers was 17 years to 19 years with a median of 18 years. With regards to the ages of the girls, it is important to mention here that according to the laws of Kenya (2006), anyone, regardless of their age, who engages in penetrative sex with a minor (below 18 years) is guilty of defilement.

The ages of the girl's babies ranged from the youngest at nine months old and the oldest at 31 months (see table 7.1 below). All of the babies had already been weaned and were consuming ordinary family foods. Two of the mothers were Muslim while nine were Christian and they came from a variety of family structures. Three participants came from single parent female headed households, two came from polygamous families, two came from extended grandmother headed families and four came from nuclear families (see table 7.1 below). Two of the adolescent mothers had not returned to academic education institutions (out of school- OS) while nine had returned to academic education institutions (in school- IS). Of the two OS participants (DSt1 and DSt2) DSt1 gave birth after she had completed her KCPE examination (final primary school examination) and so didn't transition to secondary school, while DSt2 dropped out of academic education in the first year of joining secondary school, while pregnant. At the time of the DSt workshop, DSt1 had a baby of 11 months of age and was involved in income generating activities while DSt2 was a fulltime mum to a baby also aged 11 months.

Out of the nine in school (IS) participants, four were in secondary school while five were in primary school. Despite being in school, three of the IS participants were also involved in income generating activities after school in the evenings and on weekends.

The table below shows demographic information of the participants and their babies.

Table 7. 1 Adolescent mothers' demographic information

Participant Code	Age	Education	Income	Religion	Household	Baby's gender	Baby's age (months)
DSt1	18	Class 8, Mixed day primary school	Braiding hair	Christian	Single parent female headed (Estranged father); 2 nd born of 4 children	Boy	11 M
DSt2	18	Form 1, Mixed day secondary school	None	Muslim	Polygamous (2 nd family), 2 nd born of 4 children	Girl	11M
DSt4	18	Form 1, Mixed boarding secondary school	Selling street food	Christian	Single parent female headed (Deceased father); 5 th born of 5 children	Girl	18 M
DSt12	18	Form 3, Mixed day secondary school	None	Christian	Extended grandma headed (Deceased father); 1 st born of 5 children	Girl	16 M
DSt14	19	Class 8, Mixed day primary school	None	Christian	Polygamous (2 wives)	Girl	13 M
DSt15	18	Class 8, Mixed day primary school	None	Christian	Nuclear, 4 th born of 6 children	Girl	31 M
DSt16	18	Form 1, Mixed day secondary school	None	Christian	Extended grandma headed (Deceased father); 1 st born of 4 children	Girl	17M
DSt28	18	Class 7, Mixed day primary school	Selling street food on weekend	Muslim	Nuclear, 1 st of 4 children	Boy	12M
DSt29	17	Class 7, Mixed day primary school	None	Christian	Single parent female headed (Estranged stepfather); 2 nd born of 3 children	Boy	9M
DSt31	18	Class 7, Mixed day primary school	Selling coconut leaf stick brooms	Christian	Nuclear, 1 st born of 5 children (father is stepparent)	Girl	22M
DSt32	19	Form 1, Girls boarding secondary school	None	Christian	Nuclear, 1 st born of 7 children	Girl	15M

7.4. DSt output

With support from me and Pendo, each adolescent mother produced a short story in the form of video ranging from two to four minutes in length (see examples in the non-book component). For each story, the girls developed a story board that contained 10- 20 images. In the final stories, these appeared as images of drawings, still photos of literal and symbolic items and playdough modelled items. The trajectories of all the stories were quite similar, starting with a narrative of what life and education access was like before the girls got pregnant, followed by descriptions of the events that took place during pregnancy and after the delivery of the baby.

In section 7.5, I first present a summary of the key issues that arose in the narratives across all of the story trajectories, illustrating the multiple forms of disadvantage that faced the participants. In the subsequent sections I describe in more detail aspects of the stories that provide further insights into similarities and differences in experiences, providing a rich description of the experiences of the adolescent mothers.

7.5. Intersectional issues in the stories

The adolescent mothers' narratives of early pregnancy, motherhood, and re-entry into education, contained descriptions of the roles that individuals and groups of people played in their experiences. The core narrative that emerged across the stories was one in which the financial stability of the families intersected with gender and social norms to shape responses to pregnancy and the ability to re-enter academic education. It was clear from across the narratives that all of the girls existed in a state of financial instability where local household norms dictate that fathers are responsible for providing for their household. However, where the father is absent other family members, including mothers and grandmothers could step in to provide support. Community social norms were evident in the roles that village elders played in the stories and in the attitudes of neighbours and peers. The attitudes of the adolescent mothers' boyfriends and the reactions of the mothers of those boyfriends also provides insights into and reflects the social and financial

context. Finally, the social environment of the school appeared as a central theme in the narratives about school re-entry.

While there is homogeneity in the core narrative of financial insecurity, gender and social norms creating challenges for the girls in their ability to access education, within each story the issues that arose and the unique social situation of each girl intersected in a variety of ways resulting in heterogeneous experiences and different outcomes. This heterogeneity in re-entry outcome might be attributed partly to the level of financial agency that the girls' mothers had in their household. While the mothers for DSt1 and DSt2 had little financial agency, the mothers for DSt29 and DSt31 had the agency to leverage finances for school re-entry. These similarities and differences in experiences and outcomes are discussed in further detail in the following sections.

In the table 7.2 below, I have summarised these intersectional issues impacting the re-entry experiences of pregnant and parenting adolescent girls.

Table 7. 2 Summarised story context and key issues that emerged from the stories

<i>Guiding question: Make a story of how pregnancy and motherhood shaped your life and education</i>		
Participant code	Story title and context	Key issues raised
DSt1	Ma, nina mimba... (Mum, I am pregnant...): Girl got pregnant at 17 years of age during the time when schools were closed due to COVID-19, while in class 8 (final year of primary school). When class 8 students opened schools on 12 th Oct 2020, she went to school while pregnant for about four and a half months and did her KCPE examinations in early March 2022. She had her baby one week after the KCPE. She comes from a single parent female headed household with 4 children and an estranged father, who communicates with his children once in a while but doesn't take care of them. Braided hair for money and received money from boyfriend to supplement mothers' income before she got pregnant.	<ul style="list-style-type: none"> ● Semi-supportive parents (Unsupportive father, supportive mother who was financially unable to keep her in school) ● Unsupportive neighbours ● No mention of stakeholders' re-entry support ● Supportive school environment (headmistress and other pregnant and parenting adolescent girls) ● No access to school re-entry financing
DSt2	Challenge ya Maisha yangu (My life's challenge): Girl got pregnant at 17 years of age when schools were closed due to COVID-19, while in Form 1 (first year of secondary school). She attended school while pregnant for two months after schools opened in January 2021 and dropped out when she was about 5 months pregnant. She comes from a polygamous family where her mother is the 2 nd wife. Her father does not meet their needs; her mother and maternal grandmother stepped in to provide for the family. She is the 2 nd born of 4 children, first born is a brother who dropped out of school due to lack of fees. Her boyfriend supported her financially before pregnancy. He however withdrew his promise to support her during pregnancy when she refused to marry him.	<ul style="list-style-type: none"> ● Semi-supportive family (Unsupportive father, supportive mother, and maternal grandmother, but were financially unable to keep her and her brother in school) ● Unsupportive neighbours ● No mention of local stakeholders' re-entry support ● Supportive headmistress ● No access to school re-entry financing
DSt4	Ujauzito na kujifungua kwangu (My pregnancy and childbirth): Girl got pregnant (during December 2019 school holiday) at 17 years of age, a few months before the school closure due to Covid-19 in March 2020, while in class 8. She went to school for the first 2 months of her pregnancy before schools were closed due to COVID-19 in March 2020. She returned to school in November 2020 with other class 8 candidates when her daughter was 2 months old. She comes from a single parent female headed household because her father passed away when she was in nursery school. She is the last born of 5 children. She was helping with her mother's fish business when she met	<ul style="list-style-type: none"> ● Supportive family (mother, maternal grandmother, and sister) ● No mention of community re-entry support ● No mention of local stakeholders' re-entry support ● Supportive headmistress ● Access to school re-entry financing from a faith-based school

	her boyfriend and got pregnant. She hadn't reported back to form 2 at time of workshop and was unsure of her return to school.	
DSt12	Usife Moyo Maishani (Don't give up in life): Girl got pregnant at 17 years when schools were closed due to COVID-19, while in form 2. She returned to school when schools opened in Jan 2021, when her baby was 5 weeks old. She was a form 3 student at the time of workshop. She is the first born of the 5 children, who live with their grandmother. Her mother is a single parent who is away for work.	<ul style="list-style-type: none"> • Supportive family (Mother, grandmother, and sister) • No mention of community re-entry support • Supportive village elder • No mention of re-entry support by school community • Access to school re-entry financing from NGO
DSt14	Mungu hamtupi mja wake (God does not abandon his people): Got pregnant at 18 years of age when schools were closed due to COVID-19, while in class 8. She returned to school in October 2020 with other class 8 candidates, when she was about 3 months pregnant. She had her baby in March 2021 and did KCPE examination in March 2022. She comes from a polygamous family of 2 wives. The mother of her boyfriend is supportive of her.	<ul style="list-style-type: none"> • Supportive parents • Supportive boyfriend's mother • No mention of local stakeholder re-entry support • Semi-supportive school (Supportive headteacher, unsupportive deputy headteacher) • No access to school re-entry financing
DSt15	Matumaini maishani (Hope in life): Girl got pregnant at 15 years in December 2018 after doing KCPE examination, by a boy who was in her class. Before disclosing her pregnancy to her family, her father requested her to repeat for two years as she waited for her two elder brothers to complete their secondary school education. She repeated class 7 in 2019 for a term. She did not return to school in 2 nd term because the pregnancy belly had started to show. She returned to class seven in January 2021 when her baby was 1 year and 4 months. She retook the KCPE examination in March 2022. She is the fourth born of 6 children. She comes from a nuclear family where father was bread winner until he lost his job due to COVID-19.	<ul style="list-style-type: none"> • Initial anger but supportive family (Parents and elder brothers) • No mention of community re-entry support • No mention of local stakeholder re-entry support • Supportive school (Deputy headteacher) • No access to school re-entry financing
DSt16	Matumaini yangu ya kurudi shule (My hope of re-entry): Got pregnant at 16 years when schools were closed due to COVID-19 when she was in std 8. Attended school while 8 months pregnant when class 8 & form 4 students were called back to school in October 2020. She delivered in mid-December 2021, about 11 weeks to the March 2022 KCPE examination. She comes from an extended family, with her paternal grandmother being the guardian for her, and her 3 younger siblings. Boyfriend's mother offered to	<ul style="list-style-type: none"> • Supportive mother • No mention of community re-entry support • No mention of local stakeholder re-entry support • Supportive school (teachers and fellow students) • Access to school re-entry financing from NGO

	take her in during pregnancy, but her mother refused to let her go, fearing that she would not go to school if that happened.	
DSt28	Mimba yangu ya kwanza (My first Pregnancy): Girl got pregnant at 16yrs a few months before schools closed due to COVID-19. She attended school while pregnant for the few months before the COVID-19 related school closure in March 2020. When schools opened in January 2021, she was about 3 months pregnant. After delivery in July 2021 there was a delay in her return to school because her father had burnt her school uniform and books. She returned to school in January 2022 after a female individual from a local church financed her re-entry. She comes from a nuclear family, being the first of 4 children.	<ul style="list-style-type: none"> • Semi-supportive parents (Unsupportive father, supportive mother) • No mention of community re-entry support • No mention of local stakeholder re-entry support • Semi-supportive school (ridiculed during pregnancy, allowed to nurse at school) • Access to school re-entry financing from and individual in the local community.
DSt29	No title: Girl got pregnant at 15 years of age in early 2021 when she was in class 6. She attended school while pregnant but was asked to take early leave because she was violent towards students who ridiculed her. She changed schools after delivery due to stigma in previous school. She comes from a single parent female-headed household and is 2 nd born of 3 children. Her stepfather permanently left the household while angry because she was pregnant.	<ul style="list-style-type: none"> • Semi- supportive parents (Unsupportive estranged stepfather, supportive mother) • Unsupportive neighbours • No mention of local stakeholder re-entry support • Semi-supportive school (supportive headteacher, unsupportive students) • No access to school re-entry financing
DSt31	No title: Girl got pregnant by her classmate at 16 years of age towards the end of 2019 when she was in class 6. She attended school while pregnant until school closure due to COVID-19 when she was about 5 months pregnant. She returned to school when schools opened in Jan 2021 when her baby was about 7 months old. She comes from a nuclear family and is the only stepchild to her father. She is the first of 5 children.	<ul style="list-style-type: none"> • Semi-supportive parents (Supportive mother, unsupportive stepfather) • No mention of community in the story • Supportive village elder • No mention of school in the story • Access to NGO education financing and daycare services
DSt32	Corona: Girl got pregnant at around mid-2020 when she was 17 years of age and in form 1. During this time, schools were closed due to COVID-19. She attended school after delivery when baby was a few weeks old in Feb 2021. She comes from a nuclear family and is the first born of 7 children.	<ul style="list-style-type: none"> • Supportive parents • unsupportive neighbours and peers • Supportive village elder • No mention of school in the story • Access to school re-entry financing from NGO

In the sections below, I present these findings with demonstrations of the actual storyboard images and transcription that went with those images during storytelling. Along with these findings, I identify and described the context and norms that intersect and influence access to education for these adolescent mothers.

7.6. Adolescent girls’ social context before pregnancy

In the parts of their stories where they describe their lives before they became pregnant, all of the participants described a context in which local social norms influenced their life and education experiences.

7.6.1. Household norms: Roles and responsibilities

In eight of the eleven stories, the gendered nature of household roles and responsibilities became apparent in their narratives. According to these participants, fathers were expected to provide finances for the basic and education needs of their children, even when they were estranged from their wives. Two out of these eight adolescent mothers (DSt28 and DSt15) described in their stories how their fathers aimed to ensure that the education needs of their children were met.

“Before the pregnancy, my father loved me very much; he ensured that all my education needs were met.” (DSt28)

DSt28 illustrated her education needs with the images below; a drawing of herself in school uniform and a photo of stationery.



A drawing of DSt28 in school uniform.



DSt28: A photo of stationery

The second girl (DSt15) described how her father was keen that all his children had access to an education even though he struggled financially. Due to limited finances, he chose to prioritise her brothers' education over her education by asking her to delay joining secondary school by two years through repeating two classes as she waited for her brothers to complete their secondary school education.

“I completed class 8 (primary education) in 2018... there was no money at home because my two brothers were in secondary school. As a result, father requested me to repeat class 7 in 2019 so I could wait for them to finish. I understood my father...” (DSt15)

In her story, she depicted the act of completing her primary education using the first image. The second image represents her two elder brothers.



DSt15: A drawing of Primary school administration office



A drawing of DSt15's two brothers.

While the act of delaying her (DSt15) education could have been a gendered decision on her fathers' part, it might also have been a pragmatic choice in that it was more sensible to let those in the advanced stages to complete their education before she joined secondary school.

By contrast, two of the stories described fathers who neglected their responsibility of providing for their families and neither of these two participants had returned to education. In one story, the participant (DSt2) who came from the second family in a polygamous household described how her father did not meet the needs of either his male or female children. She described how she was upset by her father's dismissive response when they expressed their needs to him. Her father's

reaction might be as a result of the overwhelming financial demands of a polygamous family structure.

“My mother is my fathers’ second wife, and I am her second born.... My elder brother had already dropped out because of (lack of) school fees. Every time we tried to tell father of our problems (needs), he would say, ‘Am I the only one to give money every day, can’t you look for your own?’ These words burnt and hurt my heart.” (DSt2)

To illustrate this, she used two images; a drawing of her father with a word cloud to show his response to her mother and her (as translated above), and a drawing of a broken and heart on fire to express her pain.



A drawing of father responding to DSt2 and her mother



DSt2: A drawing of a broken and burning heart

In the other story, participant DSt1 described how she struggled to get through primary school because her estranged father was not taking care of them. Her mother was not able to help due to ill health which meant that she could not work at the time.

“I struggled to get my primary school education. Father (estranged) was not taking care of us, and mother had health problems.” (DSt1)

This girl demonstrated her father’s neglect using a drawing of her father throwing his hand to dismiss her and her sick mother who was sitting next to her.



A drawing of DSt1 (far right), her sick mother and dismissive father

In these households, participants (DSt2 and DSt1) described how the responsibility to provide for the family had fallen entirely on women in their households.

“The life situation at home was not good because father did not fulfil his parental responsibilities, leaving mother and grandmother to fend for us ever since my siblings and I were very young.” (DSt2)

In her story, DSt2 drew herself (third from left) and her siblings standing between her mother and maternal grandmother to show that they were the two people that took care of them.



A drawing of DSt2 with her three siblings standing between her mother and maternal grandmother.

In the second of the two stories, the participant (DSt1) described how her mother struggled to take care of her children.

“When I was in class seven, mother recovered and got a job at a hotel... parental responsibilities over four children became too much for mother and things continued to become tough at home.” (DSt1)

In the image below, DSt1 depicts the tough financial situation at home by showing her family (her mother with all her children) next to a small house.



A drawing of DSt1 (in the middle),
her three siblings, her mother, and a small house

The two girls who had not returned to education were not the only participants who had lost the financial support of their father before the birth of their baby. In three households, the girls’ fathers were deceased, and their mothers had been left with the burden of providing for the family. In one of these stories, the adolescent mother described how her mother stepped in to provide for the family and how that was challenging because not all the needs of the family were met.

“My father died when I was 6 years old and in nursery school. For many years, mother has brought us up through a business that entails frying and selling fish, though the business was not making enough to meet all our needs.” (DSt4)

She used two images to demonstrate her narration below. She illustrates her father’s demise using a drawing of a fresh grave and her mother’s business using a drawing of her mother frying fish.



A drawing of DSt4's father's grave



A drawing of DSt4's mother frying fish

In the other two stories (participants DSt12 and DSt16), the mothers left their homes for work in distant locations so that they could financially provide for their children following the deaths of their husbands.

"I am the first of 4 siblings, my father died when I was ten years old. Mother (went to work and) left us in the hands of our paternal grandmother." (DSt16)

In her story, she demonstrates this quote with a drawing of herself and her three siblings to symbolise living without parents.



A drawing of DSt16 and her siblings

These findings illustrate that the loss of a father's ability to provide financially does not always mean that the family will not be able to support children through education.

7.7. Girls' initial reactions to pregnancy

While four of the girls (DSt4, DSt28, DSt29 and DSt32) did not articulate their personal initial reactions upon finding out they were pregnant, the other seven girls (DSt1, DSt12, DSt14, DSt15,

DSt16, DSt31 and DSt2) expressed anxiety at the thought of disclosing their pregnancy status to their parents.

In three of these stories, the girls described being hesitant and afraid to disclose their pregnancy because of their parents' strictness.

“When I found out I was pregnant, I was shocked and didn't know where to start. Knowing that my parents were very strict made me afraid of disclosing my (pregnancy) status at home.”

(DSt14)

For the quote above, this participant used a 'hands over face' photo to demonstrate the fear she felt when she found out she was pregnant knowing that her parents were generally strict.

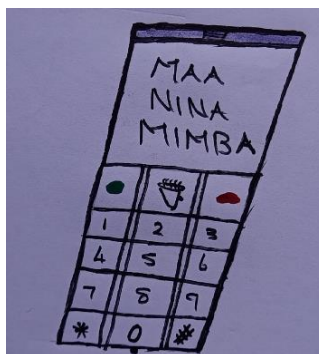


DSt14: A photo of actor's hands over face

The hesitation and fear to disclose the pregnancy status was also demonstrated through pregnancy concealment in two other stories (DSt1 and DSt15). In one of these stories, the participant (DSt1) ensured that she distanced herself from her mother when she made the disclosure about the pregnancy. She had concealed her pregnancy for two months and expressed her fear about facing her mother by deciding to let her know over a text message.

“When I found out that I was four months pregnant, schools had opened (after COVID- 19 break), and I did not tell anyone for 2 months.... I informed my mother through a text message...” (DSt1)

DSt1 illustrates the quote below with the image of a phone screen displaying a Swahili message which translates to ‘Mum, I am pregnant’.



DSt1: A drawing of a phone screen displaying a text message

The realisation that adolescent pregnancy and the prospect of adolescent motherhood would lead to increasing poverty is likely to have contributed to the girls’ fear of disclosure.

7.8. Family reactions to pregnancy

In this section, I present the stories that the participants told, about how their parents reacted to their pregnancy; starting with the father’s and followed by the mother’s reactions.

7.8.1. Father’s reactions to pregnancy

The reaction of the fathers to the news of their daughter’s pregnancy varied across the stories. Out of the eleven stories, six were explicit about how their fathers reacted while in five of the stories it was not talked about. Three of these participants (DSt4, DSt12 and DSt16) could not talk about their fathers because they were deceased, and the two other participants (DSt31 and DSt32) chose not to include their father’s reactions in their stories.

The fathers of two of the participants (DSt15 and DSt28) reacted violently to the news of their daughters’ pregnancies. In her story, DSt15 described being physically punished:

“When my father found out about my pregnancy, he became very angry and for the first time he punished me by really beating me”. (DSt15)

She demonstrated the violent reaction using an image of her crying while her father beat her with a cane.

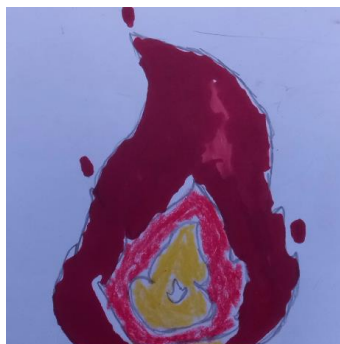


A drawing of a crying DSt15 being beaten by her father with a cane.

The second participant (DSt28) described her father's initial reaction as being angry. She explains how his anger delayed her re-entry because he burnt the things associated with her education:

“When the doctor said, ‘She is not sick, she is pregnant’, my father became angry and left... Although I wanted to return to school sooner, it was not possible because my father had burnt my uniforms and books as a result of his anger from my being pregnant.” (DSt28)

She demonstrated this symbolic violence in her story using an image of a flame.



DSt28: A Drawing of a flame

The violent reaction of the fathers of DSt15 and DSt28 was a dramatic enactment of their disappointment. It is possible that this reaction was because, as described earlier, these fathers had invested in the education of their daughters, despite the limited finances in their households. In

most cases, an adolescent pregnancy leads to additional financial burdens for the household and potentially these fathers felt frustrated about how they would meet the foreseen increase in financial demands.

The stories from three of the six girls (DSt1, DSt2 and DSt29) who include the reaction of their father, didn't include any mention of physical violence but rather they showed the anger of their father being expressed through dissociation. For two of these three girls (DSt2 and DSt1) their needs were not being met by their father even before they were pregnant, and the pregnancy just enhanced the separation. For DSt2, her father affirmed his unsupportive position and isolated her. She expresses her lack of surprise towards his reaction because he had always been unsupportive. She illustrates this using a photo of herself and a man acting as her father, dismissing her.



A photo of DSt2 and a man acting as her father

“When father was informed (of my pregnancy), he became angry and swore to never educate me or associate with me again. I was not surprised because that was not news to me.” (DSt2)

DSt1 described how her father dissociated by ignoring her and refusing to speak with her, when he spoke with her siblings.

“Father completely isolated me, when he calls to talk to my siblings, he wouldn't acknowledge me nor want to hear my voice. That makes me very sad.” (DSt1)

In her story she portrayed this dissociation using a drawing of her father and siblings on one side and her mother and herself when she was pregnant on the other side of a red wavy line.



A drawing of DSt1's family separated by a red line.

For the third participant (DSt29), her stepfather left the household following the news of her pregnancy and specifically when it became clear that she was keeping the baby. At the time of the workshop (about 6 months after delivery) the participant hadn't seen or heard of her stepfather.

"When I became pregnant, my life changed. My stepfather became so angry he wanted me to terminate the pregnancy. I refused and my mother stood by me. Father left home without us knowing where he had gone." (DSt29)

In her story, she showed the dissociation using an image of her stepfather walking away from her.



A drawing of DSt29's father walking away from her

The sixth of the girls who include the reaction of their fathers in their stories (DSt14) mentioned that both her parents reacted calmly when they found out about her pregnancy. I have described this further at the end of subsection 7.8.2 below where I conclude describing parents' reactions.

7.8.2. Mothers' reactions to pregnancy

The stories of five participants (DSt4, DSt2, DSt12, DSt28 and DSt14) contained descriptions of how their mothers reacted to the news of their pregnancy. In four of these stories (DSt4, DSt2, DSt12, DSt28), participants described how their mothers were shocked and saddened by the news of their pregnancy. The quotes and images below illustrate this reaction.

“Mother was shocked and deeply saddened, and she asked..., ‘who is responsible for the pregnancy?’ ...” (DSt4)



A drawing of DSt4 crying while her mother points at her.

“The news about my pregnancy shocked my mother and she cried with a lot of pain.” (DSt2)



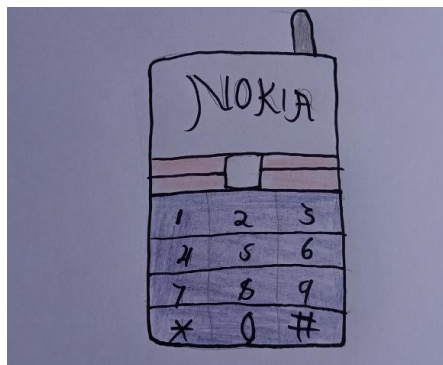
A drawing of DSt2's mother's initial shock

For two participants (DSt12 and DSt28), the uncertainty of their mothers' support caused them to lose hope in education access and in life generally.

For DSt12, her mother expressed her disappointment with a harsh response that made her feel uncertain about being supported. She expressed her loss of hope about continuing with education.

“Before I told her (mother) of my pregnancy, she called me on the phone and asked harshly, ‘I hear that you are pregnant, is it true?’ I shook and did not know what to say. She told me to pack my things and go to where I got the pregnancy from. I did not act on her words, but I felt bitterness, heartache, and lost hope for continuing with my education.” (DSt12)

She used a drawing of a phone to depict the phone conversation she had with her mother..



DSt12: A drawing of a phone

Participant DSt28, was unsure of her mother's continued support following the abandonment by her father due to her pregnancy as described in subsection 7.8.1 above. She reported of how she attempted to commit suicide twice.

“I doubted her (mother's) support towards me, thinking she would leave me too. I attempted to kill myself by drinking paraffin and strangulation by rope, however, I was unsuccessful because mother found me.” (DSt28)

In her story, the girl demonstrated two ways that she used to attempt to commit suicide using the images below.



DSt28: A photo of a bottle illustrated to contain a hazardous substance.



DSt28: A Photo of a rope with a loose knot

From the girls' stories, it was clear that the initial reaction of their families to the news of the pregnancy was very important. From the stories of DSt12 and DSt28, it is evident that a harsh initial response has the potential to cause loss of hope, esteem, and self-worth amongst adolescent mothers.

However, after the initial shock and disappointment, it emerged that all the mothers eventually became more understanding and supportive as demonstrated in the narratives of DSt2 and DSt28. DSt2, described how her mother's initial the shock was subsequently replaced with support for her schooling and her leave of absence before delivery.

"... mother went to speak to the headmistress about my situation, and she told her to let me continue going to school until the time I delivered. When I was five months pregnant, I asked the headmistress for permission to rest...the headmistress allowed me to go home and while I was there, mother supported me" (DSt2)



A drawing of DSt2's mother subsequent care holding her

DSt28 expressed how her mother's reassurance following her attempts to commit suicide, restored her hope.

"... when she said, 'my daughter, this is not the end of life, after delivery, I will care for the baby so that you may return to school.' That's when I believed her and became hopeful again". (DSt28)

She used a bouquet of flowers to symbolise love and reassurance from her mother.



DSt28: A photo of plastic flowers

In contrast to the reactions of most parents, both parents of one participant (DSt14) received the news of her pregnancy with calmness.

"When my parents found out about my pregnancy, they did not take it harshly, rather they took it calmly." (DSt14)

For this part of her story, she shows an image of her parents and her sitting together in one side of their house.



A drawing of DSt14 and her parents in their house.

The positive reactions of parents, notably for the mother of DSt28 and both parents of DSt14, were an indication of how supportive home environments were comforting to pregnant adolescent girls.

7.9. Local stakeholder reactions to pregnancy

Four participants (DSt32, DSt31, DSt12 DSt15 and DSt16) described how supportive local stakeholders (village elders and chiefs) were while the rest of the participants did not mention of the responses of local stakeholders to their pregnancy. For three participants (DSt32, DSt12 and DSt15), village elders found out about the pregnancy and linked them to further support. For example, DSt32 was linked to an organisation that supported the access to education for pregnant and parenting adolescent girls.

“The village elder was involved in my case, and she linked me with an organisation that used to help adolescent mothers to get education.” (DSt32)

She used a drawing of a table and seats to demonstrate the organisation and its meetings.



DSt32: A drawing of a table and seats

While the other girls (DSt12 and DSt15) were linked up to a chief by a village elder, for assistance. In DSt12's case, the chief spelt out the need for financial facilitation to support the search and arrest of the boyfriend.

“The village elder took it upon himself to take me to the chief so that I could get help. The Chief wanted money to facilitate the search for my boyfriend so that he could be arrested.”
(DSt12)

She drew a chief’s office to show how she was linked to the chief.



DSt12: A drawing of the Chief’s office

7.10. Community reactions to pregnancy

In this section I present the reactions of people outside the girls’ immediate families, to the pregnancy, potentially influencing their life and education experiences. Participants told stories about both supportive and unsupportive experiences from members of the community. I first describe the stories told about the reactions and involvement of the boyfriend and his mother and then describe the responses of members of the wider local community (neighbours and peers). Two of the stories (DSt12 and DSt14) mentioned community support, four (DSt2, DSt15, DSt16 and DSt29) suggested community animosity, one (DSt1) described both support and animosity and four (DSt4, DSt16, DSt28 and DSt31) didn’t mention community reactions in their stories about their pregnancy.

7.10.1. Boyfriends and their families’ reactions to the pregnancy

When they got pregnant, two girls (DSt15 and DSt29) were 15 years, three girls (DSt16, DSt28 and DSt31) were 16 years, five (DSt1, DSt2, DSt4, DSt12 and DSt32) were 17 years while one (DSt14) was 18 years old. This meant that all except one of these girls (DSt14) were defiled

regardless of the fact that three of the boys themselves were below 18 years of age, while eight were above 18 years.

Six of the stories (DSt12, DSt1, DSt4, DSt16, DSt15 and DSt2) contained descriptions of the ways in which the boyfriend and his family reacted to the news of the pregnancy. Two of the girls who became pregnant at 17 years of age (DSt12 and DSt1) described how their boyfriends had supported them when they learnt of the pregnancy.

“...my boyfriend continued to encourage me and help me in all possible ways (including financially).” (DSt12)

“.... the young man (her boyfriend) helped me so much.” (DSt1)

For two other participants (DSt4 and DSt16), their boyfriends refused to be involved when they learnt about the pregnancies and they both went in to hiding. In one of the stories, the girl (DSt4) described how her boyfriend did not want to be involved:

“When I informed him (of the pregnancy), my boyfriend said, ‘You can go ahead and terminate it or keep it but don’t involve me at all’ ... he ran away and efforts to find him were unsuccessful.” (DSt4)

One of the girls (DSt15) who got pregnant at 15 years, mentioned in her story that the reason her boyfriend had abandoned her was her refusal to get married.

“My baby’s father, used to fulfil my needs (during the pregnancy) but he stopped when I refused to get married to him.” (DSt15)

In DSt15’s story, the withdrawal of financial support by her boyfriend was illustrated by a zoom-in of the image from a display of currency (see first image) into a blank space as shown in second image.



DSt15: A photo of highest denomination of Kenyan currency (depiction before abandonment)



DSt15: A photo showing a blank space with traces of Kenyan currency (depiction of withdrawn support)

This also appeared to be the case for DSt2, who got pregnant at 17 years, as she described how her boyfriend had been put off by the neighbours. In her story, the participant (DSt2) does not explicitly say what the ill-talk from the neighbours was, but in discussions during the workshop, it became clear that the neighbours had told her boyfriend not to support her financially if she was not going to get married to him.

“While I was pregnant) the young man had agreed to support my schooling and eventually care for the baby. However ill-talk from neighbours interfered with that plan.” (DSt2)

The stories suggested that, in general, the girls expected their boyfriends to take financial responsibility for the pregnancy. However, some boyfriends who were financially supportive of their pregnant girlfriends withdrew this support when it became clear that their girlfriends did not want to get married to them. These stories illustrate the local gender norm of financial responsibility for the girl and her baby being transactional, with financial support given with the expectation of return benefits.

In contrast to the previous six stories, one participant (DSt14) described how her boyfriend’s mother was excited about her pregnancy, and she initiated the process for her to continue with school.

“When my boyfriend’s mother found out (about the pregnancy), she was very happy because her wish of getting a grandchild from her son would be fulfilled. She called for a meeting with

my parents where they decided to talk to the headteacher regarding my continuation with education.” (DSt14)

She used a photo of a flower arrangement she created to depict her boyfriend’s mother’s excitement and proactiveness.



DSt14: A photo of a flower arrangement

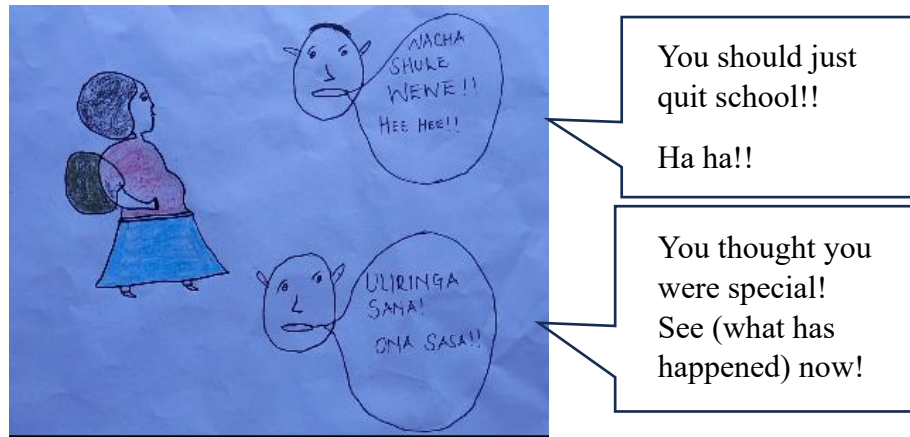
In contrast to the families of the other boys, this mother did not need to worry about her son being implicated in defilement. DSt14 got pregnant at the age of 18 years, a point at which the law considers her an adult.

7.10.2. The wider community reactions to pregnancy

While the stories did not contain examples of supportive reactions towards pregnancy from the wider community, a few of the participants (DSt1, DSt16 and DSt29) included in their stories, illustrations of unsupportive responses from the wider community. For example, DSt1 reported being mocked by neighbours and peers when she attended school while she was pregnant.

“When I would go to school while pregnant, neighbours mocked me saying that I should quit school, but I did not take them seriously....” (DSt1)

She illustrated the mockery from neighbours by drawing word clouds from the faces of her neighbours and her, walking to school.

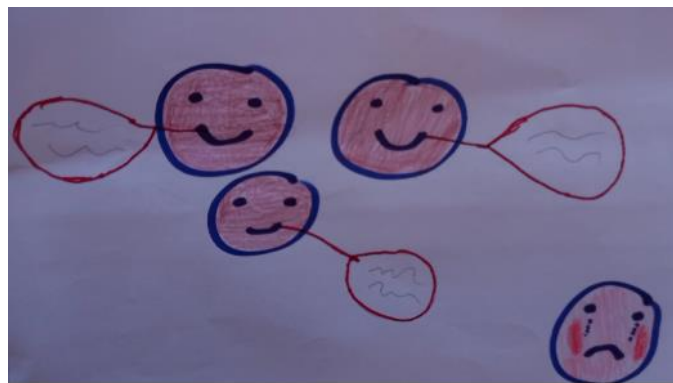


DSt1: A drawing of a pregnant schoolgirl being mocked by neighbours.

DSt29 described being mocked by both her neighbours and her peers.

“I loved school very much, therefore even while pregnant I went to school... Neighbours and ‘friends’ (peers) spoke about me and laughed at me”. (DSt29)

She illustrated the mockery by drawing three smiling faces with word clouds and one sad crying face.



DSt29: Drawing of smiling talking faces and a sad crying face

7.11. School community reactions to pregnancy

In the stories told by the participants, it became clear that the school community (school administration, teachers, and the girls’ fellow students) played a significant role in influencing how pregnant girls experienced re-entry to the school environment.

Three participants (DSt16, DSt14 and DSt1) described how members of the school community supported them as they attended school while pregnant. The first girl described non-discriminatory

treatment from both teachers and students when she went to school with her almost term pregnancy.

“When it was announced that schools should re-open in November (2020 after COVID-19 pandemic break), I managed to go back to school with my pregnancy at 8 months (gestational age). My teachers and fellow students did not discriminate me at all; they treated me okay.”

(DSt16)

She used letters of different colours to write the word ‘WELCOME’ and drew stars around it to show the warm non-discriminatory reception she experienced at her school.



DSt16: A drawing of a colourful welcome sign

The second participant talked of being accepted in school by the head teacher.

“The head teacher accepted me and gave me an opportunity to go to school (while pregnant).” (DSt14)

For the third participant, the presence of pregnant and parenting girls in her school was evidence of a supportive environment and that encouraged her to continue going to school, even though she was being mocked by her neighbours on her way to school.

Moreover, at school there were two other pregnant girls and others who were already parenting. The state of these girls encouraged me to continue with my education.” (DSt1)

In contrast, stigma and discrimination were perpetuated by teachers and fellow students for another three participants (DSt14, DSt28 and DSt29). From their stories, it was clear that not all

teachers and students were supportive of pregnant girls attending school. Although the head teacher at her primary school was supportive of school attendance by pregnant girls, DSt14 described how the deputy head teacher was unsupportive.

“The deputy head teacher, however, was not happy because he did not want pregnant students in the school. He hated seeing me in school.” (DSt14)

DSt14 used pictures of a stop-sign in front of a pregnant schoolgirl and a face portraying annoyance illustrated the quote above.



DSt14: A drawing of a stop-sign in front of a pregnant schoolgirl



DSt14: A drawing of a face portraying annoyance

DSt28 also related a story of discrimination, describing how a teacher silently wrote a stigmatising rhetorical question on the blackboard which made her classmates jeer and laugh at her.

“One day, a teacher wrote on the black board ‘How many of you are pregy (pregnant)?’ Fellow students jeered and laughed at me.” (DSt28)

She used a photo of a female acting as a teacher writing on a blackboard and a drawing of students jeering and laughing at her.



DSt28: Photo of a female writing on a manilla paper stuck on a wall.



DSt28: A drawing of students jeering and laughing

In DSt29's story, the participant mentions how other students made her hate school and how she coped by changing schools eventually.

"Moreover, other students made me hate school...eventually, I re-entered into another school..." (DSt29)

The stories about school re-entry and the reception the girls received when they were pregnant and when they returned to school suggest considerable heterogeneity in experience. Several of the girls experienced stigma and discrimination from the school community while others encountered support. In one case (DSt14) the story included both acceptance and discrimination from members of the same school administration.

7.12. Life after delivery: Adolescent mothers experiences and perceptions

This section is about adolescent mother's experiences and perceptions of education access after delivery as narrated in their stories. Here I describe the availability of support for academic education that influenced school re-entry and pursuit for skill-based education.

7.12.1. Overall childcare to support school re-entry.

Four participants (DSt1, DSt2, DSt29 and DSt32) did not mention childcare support in their stories. By contrast, through their stories, seven adolescent mothers expressed how they felt supported with childcare after delivery so that they could attend school during the day. For six of

these seven adolescent mothers, childcare meant leaving their babies with female caregivers as they attended school. Four of the six adolescent mothers (DSt4, DSt15, DSt16 and DSt28) left their babies at home with their mothers during the day. One of these adolescent mothers (DSt16) describes how her mother had to temporarily leave her job so that she could care for her grandchild.

“One week after delivery, I returned to school... My mother had to leave work so that she could care for my child...”. (DSt16)

In a different childcare arrangement, two of the six adolescent mothers (DSt12 and DSt14) shared how their female caregivers who were not their mothers (one being the adolescent mother’s younger sister and the other being the mother to the adolescent mother’s boyfriend), moved to live with them and their babies, closer to their schools.

“When my (younger) sister closed (primary) school (for four months) my mother and grandmother thought it would be best for me to be close to (my secondary) school and my daughter. Therefore, they supported us (my sister, my baby and I) to rent a room near school for four months until the time when I stopped breastfeeding my baby.” (DSt12)

Participant DSt12 used a photo of herself and her daughter to demonstrate keeping her daughter close.



A photo of DSt12 and her daughter.

The second participant with a different childcare arrangement (DSt14) had her boyfriend's mother as her baby's caregiver.

"The love and humanity of my boyfriend's mother caused her to move near my (primary) school so that she could care for her grandchild while I was in class" (DSt14)

She used colourful leaves to depict the love and care she experienced from her boyfriend's mother.



DSt14: A photo of colourful leaves

The seventh adolescent mother (DSt31) who received childcare, mentioned that she utilised a childcare service that was offered by an NGO that supported her re-entry back to primary school.

"... it (Org H) had a daycare (centre) that helped the children of young girls like me. I was happy to leave my child at the daycare because they would take good care of her." (DSt31)

She used a photo showing her child, her babysitter during the DSt workshop and herself walking into a building made of iron sheets.



A photo of participant DSt31, her child and her babysitter.

While receiving childcare support seemed to have brought feelings of relief to most, one adolescent mother (DSt15) blamed herself for burdening her financially struggling family with additional responsibilities.

“At that time (following delivery), the situation (at home) was tough because father lost his job. I felt bad because I saw me and my child as a burden to the household.” (DSt15)

From the girls’ narratives, it is clear that the role of childcare is gendered; in that the hands on caring and babysitting role is left to females, even if they are underage. Moreover, childcare is financially demanding. In six households, women made financially significant sacrifices like taking time off work and renting accommodation near the school to support with fulltime childcare so that the adolescent mothers could go back to school. It’s likely that the households of DSt4, DSt12, DSt16 and DSt28 coped with this financial burden because they received financial support for the girl’s education. For DSt14, the financial demands of childcare were shared between her family and that of her boyfriend. However, the household of DSt15, where the father had already lost his job, coped by delaying the adolescent mother’s transition to secondary school.

7.12.2. Childcare for school re-entry and baby’s nutrition before 6 months

Five of the seven adolescent mothers who had childcare support described how they returned to school before their babies were six months old (DSt 4, DSt32, DSt28, DSt16 and DSt12), despite this being against the school re-entry policy stipulations. Out of the five adolescent mothers, only two (DSt4 and DSt32) indicated that they did not exclusively breastfeed their babies for the first six months of their lives.

In her story, DSt4 described how her baby was introduced to supplementary feeding from the time she was two months old. She also described an arrangement to breastfeed at home during school time. This was possible because she was in a primary day school near home.

“Two months after delivery, I returned to school leaving the baby with my mother. Back at home, mother had to give the baby cow’s milk, while I breastfed at noon and in the

evenings when I returned home from school. I didn't like for my child to be given cow's milk before six months, but the education situation did not allow me (to exclusively breastfeed).” (DSt4)

She demonstrates this experience with a drawing of a baby's feeding bottle.



DSt4: A drawing of a feeding bottle

The second adolescent mother (DSt32) did not exclusively breastfeed her baby up to six months of age because she was sent to a boarding school against her wish soon after delivery.

“Soon after delivery, I wanted to go to a day school so that I could get a chance to care for my baby, but my father insisted that I go to a boarding school. While at (boarding) school, I suffered from breast pains because of the abrupt cessation of breastfeeding. I cried everyday but I did not have a choice.” (DSt32)

Being in a secondary boarding school meant that she could not offer daily care to her baby like her counterparts who were in day schools. She portrays the physical breast pain she experienced, using an image of a cow's full udder.



DSt32: A photo of a cow's full udder

The above quotes and illustrations from the two adolescent mothers' stories (DSt4 and DSt32) show the challenges that adolescent mothers experience as they try to achieve a balance between caring for their babies' and their education access. DSt32 expresses limited agency regarding an arrangement that would have enabled her to strike a balance between caring for her daughter and accessing education. Although her household had limited finances, financial assistance from an NGO availed options regarding the type of school she would go to for her secondary education. While her father felt that a boarding school could potentially protect his daughter from a repeat pregnancy, this choice exposed her to physical and emotional distress due to the abrupt detachment from her baby.

The other three (DSt28, DSt16 and DSt12) of the five adolescent mothers who returned to school before their babies were six months old indicated exclusive consumption of breastmilk by their babies. They described of how they made plans to ensure that their babies consumed breastmilk during school time.

Two of these three adolescent mothers (DSt16 and DSt28) had their mothers care for babies, including taking them to their mothers in school so that they could breastfeed.

“One week after delivery, I returned to school to prepare for KCPE (Kenya Certificate of Primary Education examinations). My mother had to take a break from work so that she could stay with my baby and even bring her to school to breastfeed.” (DSt16)

For the other participant (DSt28), her mother was allowed to hang around within the school as she waited for the next feed.

“After returning to school, my mother would bring the baby (to school) so that he (the baby) would not grow weak from a lack of milk (breastmilk). At times, mother would not take the baby home, she would stay in the staffroom with teachers.” (DSt28)



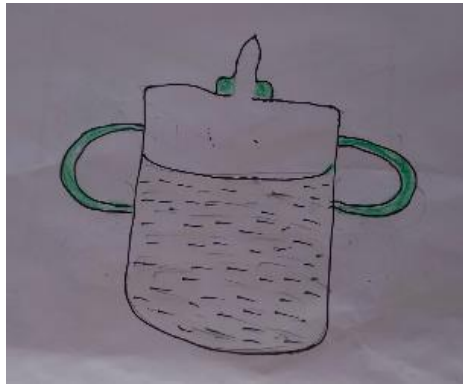
DSt28: A photo from a packet of milk

DSt16 and DSt28's narratives demonstrate how financial support for education, mother's support and a supportive school environment after delivery can intersect towards to helping an adolescent mother to achieve a balance between caring for her baby and accessing education.

The last adolescent mother (DSt12) of the three who planned for their babies to consume breastmilk exclusively, had an arrangement that differed from the other two. In the quote below, she describes of how she would express her milk and bottle-feed her daughter. As previously described in subsection 7.12.1, DSt12's younger sister who co-rented a room near school assisted in the care for the baby when DSt12 went to school.

“When (secondary) schools were about to open, I was worried because my baby was still very young (~1.5 months), and I did not want to stop giving her breastmilk. I started to express my milk and give it to her using a bottle This gave me a chance to return to school. When my (younger) sister closed (primary) school, my mother and grandmother... supported us to rent a room near school for four months until the time when I stopped breastfeeding my baby.” (DSt12)

In her story, she depicts bottle feeding using a drawing of an open feeding bottle with milk.



DSt12: A drawing of a feeding bottle

The choices made by DSt12 show the compromises that some adolescent mothers and their families are willing to take to strike the balance of caring for their baby and education access. The process of expressing breastmilk and bottle feeding bears the risk of feeding the baby contaminated breastmilk. The other risk that her family took was trusting her underage sister to care for her baby while she was in school. Although this places an unfair burden of care on such a young person, leaving babies under the care of underage girls is common practice in the local community. That young girls are given the responsibility, emphasises a gendered role of girls and women being the primary option for childcare in this community. Although usually they are not too far from the mother or a responsible adult, young girls are taught how to babysit their younger siblings while their mothers work for money. While this practice might show desperation on one hand, it demonstrates determination on the other.

7.12.3. Financing for school re-entry

Six of the adolescent mothers (DSt28, DSt16, DSt31, DSt32, DSt4 and DSt12) reported that they received financial support to return to school after delivery.

DSt28 was financially supported to return to school after delivery by a female individual from her community.

“When my baby was five months old, lady Goma (not her real name) helped me by buying my school requirements and paying my school fees.” (DSt28)

She used the photo below to symbolise school requirements.



DSt28: A photo of stationery

However, four of these girls (DSt31, DSt4, DSt32 and DSt16), talked about how the financial support they received was limited. While the common form of financing that adolescent mothers discussed was NGO sponsorship, three adolescent mothers (DSt31, DSt32 and DSt16) described how they received academic sponsorship from NGOs but only for a fraction of their school time. Illustrated with a padlock and key, along with the quote below, participant DSt31 describes the support she received from an NGO and expresses her sadness following the abrupt closure of the NGO's operations.

“One day, the village elder took me to Org H, they (its staff) helped me very much... they paid my school fees and bought me school uniform, books, and shoes... The sad thing is that the support (financial and daycare) came to an end after a few months (4 months) because the organisation (Org H) was closed down.” (DSt31)



DSt31: A drawing of a locked padlock and a key

Another form of financing discussed was through faith-based institutions. DSt4 found out about a donor funded faith-based boarding school in Nairobi from a local church that her sister attended. She had received admission to join a public girls' boarding secondary school near her home. Unfortunately, she failed to join that school because of financial difficulties within her family. The faith-based school sponsored DSt4's school fees only, which meant that her family had to take care of other financial requirements like bus fare, meals, and pocket money for her to successfully join the school.

“I was called to a girls' boarding school near my home, but my (schooling) dreams faded away because of lack of money. I stayed home for the whole of first term with no hope to return to school. At the beginning of second term (form 1), I was lucky to be admitted to a (faith-based) school in Nairobi that sponsored my school fees only. My sister struggled to get me (bus) fare, money for meals and pocket money and I managed to go to school.” (DSt4)

In her story, she used the drawing below to demonstrate how the sponsorship and her sister's financial contribution enabled her to go to school.



DSt4: A drawing of a girl in school uniform.

Due to the limitations of the financial support, two adolescent mothers (DSt31 and DSt32) described how their families were struggling to keep them in school.

“... because the organisation (Org H) was closed down.... My mother had to support with my school needs and my baby’s needs. The (financial) situation at home is really tough.”
(DSt31)

The participant used an image showing a hand giving and another receiving KSh.150 (~\$1.4).



DSt31: A photo of a hand giving and another receiving money

Another adolescent mother expressed uncertainty about whether she would continue with her education even though she had received financial support for education.

“At this point, the sponsorship year has come to an end, and I ask myself, ‘where will I get the money to take me back to school when schools open?’” (DSt16)

The image of a question mark was used to show this uncertainty in her story.



DSt16: An image of a question mark

While DSt12 was not explicit about receiving financial support for re-entry, she mentioned in her story that when she was pregnant, an NGO staff responded by pledging to financially support her return to school after delivery. She expressed that this pledge was the hope that she needed to restore her self-worth which she had lost following her pregnancy.

“One staff from Org A came home and gave me hope regarding returning to school. I saw myself as worthy again and started giving myself hope.” (DSt12)

7.12.4. After delivery education perception and experiences of adolescent mothers

In this subsection I describe what influenced the choice of education pathway and the timing of re-entry related to delivery.

Due to limited finances at home and the lack of financial support for education, the two OS participants (DSt1 and DSt2) decided to pursue skill-based education rather than academic education in their stories. They believed that a skill-based education would offer quicker financial independence and an ability to contribute to the household finances than pursuing academic education. One of the participants was interested in hair salon skills.

“I decided not to continue with secondary education so that I can learn the skills needed to work in a (hair) salon so that I may help mother but also raise my child.” (DSt1)

She illustrated the quote above with a photo showing the act of braiding hair.

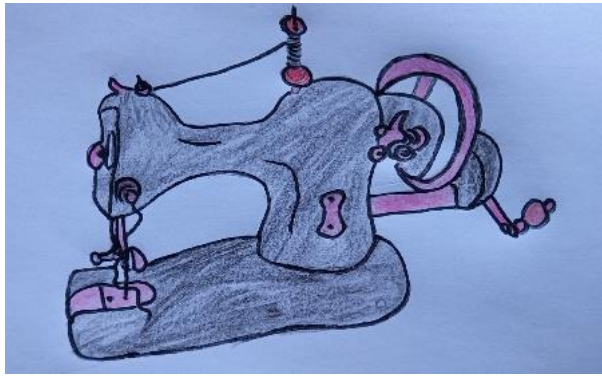


DSt1: A photo of braiding

The other participant hoped to learn tailoring skills.

“At this point, my desire is to go to a tailoring college, so I can take care of myself and my child. (DSt2)

She demonstrated that with a drawing of a sewing machine.



DSt2: A drawing of a sewing machine

In contrast to the OS participants, IS participants expressed confidence through their narratives that completing academic education would result in getting a good job and a better future life.

“...and now I am happy that I will complete form four (secondary school) without problems while hoping to get a good job.” (DSt12)

This participant used the photo below of a clean garden path with green hedges to illustrate completing secondary school without problems.



DSt12: A photo of a clean garden path with green hedges.

DSt14 described the care expressed by her boyfriend’s mother in considering her education and its anticipated impacts on her future prospects.

“I am grateful because the mother to my child’s father has been a great pillar in my life in ensuring that my (primary) education does not get terminated, [and this will provide for a better future life.” (DSt14)

She drew a heart to demonstrate the care she experienced from her boyfriend’s mother.



DSt14: A drawing of a red love heart with an arrow through it

From the narratives of OS and IS adolescent mothers, it is clear that the key influence of their education choices is the access to financial support for both and childcare support from one's supportive mother or a supportive community member.

As I have described in subsection 7.12.2, five out of seven adolescent mothers who had childcare support, had indicated in their stories that they returned to school sooner than six months post-delivery. Although that was against the re-entry policy directive, the adolescent mothers seemed to prioritise getting back to school out of the fear of being left behind by their classmates.

“Two months after delivery, I returned to school.... I felt that I was being left behind education wise. I wished I could catch up to fellow classmates, but parenting burdened me.” (DSt4)

In her story, the participant used a drawing of a stack of books to demonstrate the workload at school.



DSt4: A drawing of a stack of mathematics and languages books

Being left behind meant that girls would have to repeat a year and thus stay in school longer than her counterparts. One adolescent mother (DSt15) delayed her return to school by a whole school term after delivery. This delay was lengthened by COVID-19 school closure. She expressed that she did not like getting into a new class because she had been left behind by her classmates. Along with the quote below, she showed a drawing of her and her father on her school reporting day.



DSt15: A drawing of the participant and her father
outside the school administration office

“I had to repeat class seven again, because I had stayed home for a very long time. I did not like getting into a different class, because the students I was with had left me behind.”

(DSt15)

7.13. Discussion

In this chapter I have described the story narratives and images that the adolescent mothers produced to describe what transpired in their lives and education when they got pregnant and after the delivery of their babies. The underlying issues that run through all the narratives are struggles and hardship that are underpinned by limited finances, social and gender norms. These financial and social challenges expose the girls to discrimination and stigma, but there are also stories of support and clear evidence of the value given to education for girls and the strategies employed in attempts to access greater independence for these adolescent mothers through their education.

The parents of all participants were upset by the news of their daughter's pregnancy. While mothers were shocked and saddened, fathers often portrayed anger and rejection through their words and actions. A study about the experiences of pregnancy and motherhood among adolescents in Ghana documented similar findings noting that the fathers' reactions were more profound, compared to the mothers, characterised by physical abuse and rejection (Gyesaw and Ankomah, 2013). In the current study, rejection by parents due to pregnancy led to loss of self-esteem amongst participants. Similarly, a study conducted in Zambia documented that feeling rejected caused low self-esteem, inferiority complex and identity crises amongst adolescent mothers (Nkwemu et al., 2019). While abuse, whether verbal or physical and abandonment could be manifestations of stigma (Morantz et al., 2013, Dlamini et al., 2007), the findings of the current study present a second possible reason for the abandonment that adolescent mothers faced from people close to them; that is limited finances. A review of studies about abuse amongst orphaned children and young people below 25 years of age in SSA showed that limited finances and stigma were pre-disposing factors to discrimination of these vulnerable children and young people at the household level (Morantz et al., 2013).

From the household and beyond, the intersection between family support, community support and school support as influenced by finances and gender norms, created discriminatory or supportive environments for pregnant and parenting adolescent mothers. The stigma and discrimination that

pregnant and parenting girls experience through violence, ridicule, and mockery by members of their families, communities, teachers, and students in their schools is documented in literature (Malatji et al., 2020, Mutua et al., 2019, Phiri and Machila, 2019, Shefer et al., 2013, Quaye and Attom, 2019, Niboye, 2018, Nkwemu et al., 2019, Nyariro, 2018). The adolescent mothers coped by either ignoring those who ridiculed them or changing schools to avoid them all together. With a lot of the stigma and discrimination related literature in SSA being about people living with HIV/AIDS (PLWHA), ignoring and avoiding the stigmatising persons, behaviours or environments, also known as disengagement coping (Varni et al., 2012) has been used to deal with HIV related stigma in SSA settings (Makoe et al., 2008, Jolle et al., 2022, Varni et al., 2012). While disengagement coping is often perceived as protective by stigma victims, it has the potential to cause detrimental mental health outcomes like anxiety and emotional distress (Varni et al., 2012, Sanjuán et al., 2013). The convergence of the negative outcomes of experiencing stigma, abuse, and abandonment like the loss of self-esteem and disengagement coping has the potential to render adolescent mothers vulnerable to suffering from mental health problems.

While the harsh treatment given to pregnant adolescent girls could be detrimental, the influence of emotional and material support during pregnancy and after delivery should not be overlooked when it comes to safeguarding their mental and physical wellbeing. This study found that emotional (reassurance of support and encouragement) and material support (financial, childcare, and basic needs) was accorded to pregnant and parenting adolescent girls mainly by their mothers, their boyfriends, and their boyfriends' mothers. This finding agrees with other studies conducted in Southern Africa (Mashala et al., 2012, Govender et al., 2020, Malindi, 2018, Ntinda et al., 2016). These studies reported that emotional and material support was provided by the adolescent girl's mothers, their partners, and their partners parents (Mashala et al., 2012, Govender et al., 2020, Malindi, 2018, Ntinda et al., 2016). My study further found that providing this kind of support boosted the self-esteem of pregnant and parenting adolescent girls. While this might be true, it is important to highlight here that financial support for basic needs and education from a

male partner has been widely documented to be a key motivation for girls and young women in SSA to enter into and sustain sexual relationships (Dana et al., 2019, Wamoyi et al., 2010, Wamoyi et al., 2016, Ranganathan et al., 2017, Kisanga et al., 2013, Oruko et al., 2015, Samara, 2010). The downside to the financial overdependence of an adolescent mother on her boyfriend is the likelihood for repeat pregnancies, especially where there is inadequate family planning support for the adolescent mother (Govender et al., 2018).

While primary education is stated to be ‘free’ in several countries in SSA, it is in fact subsidised (Flora et al., 2014, Mwanza, 2013, Gruijters et al., 2023, Williams et al., 2015, Oketch and Rolleston, 2007). The governments subsidise the cost of education in public schools and allow the school authorities to impose levies on students’ families (Oketch and Somerset, 2010, Abuya et al., 2013, Ohba, 2011, Mwanza, 2013, Oketch and Rolleston, 2007, Williams et al., 2015, Gruijters et al., 2023). Families that are struggling to meet the education needs of their daughters end up having these financially constrained circumstances further exacerbated by the birth of a baby (Gyesaw and Ankomah, 2013, Wado et al., 2019, UNFPA, 2013). Collectively, these circumstances are the reason why adolescent mothers from poor backgrounds might still not be able to access the so called ‘free’ education (Ohba, 2009, Oketch and Somerset, 2010, Abuya et al., 2013, Ohba, 2011). This is the point at which education sponsorships by private institutions like NGOs come in to support education access for the poor (Mwanza, 2013). Unfortunately, my study found that these NGO managed education funds are often short term and inconsistent. A study that aimed to understand the role of NGOs in implementing Zambia’s basic education policy reforms agreed with this finding and explained that NGOs focused on short term projects to please their funders with quick results (Mwanza, 2013). Unfortunately, this kind of education financing runs the risk of creating further inequity in education access for many adolescent mothers from poor backgrounds as it leaves them uncertain of completing their education.

In SSA, adolescent mothers value education because they perceive it to be a gateway to decent jobs that will help them be in a position to achieve their dreams of becoming self-dependent and

taking care of their children and parents in the future (Naidoo et al., 2021, Govender et al., 2020, Nabugoomu et al., 2018). The notion that education empowers women to get better earnings towards decent standards of living for themselves and others has been widely documented in literature (Psacharopoulos and Patrinos, 2018, Peet et al., 2015, Rasmussen et al., 2019, Somani, 2017). With empowerment being the motivation to access education, adolescent mothers need to find a balance between motherhood and the demands of education. The most common practice of achieving this balance as reported in this and other studies is how the adolescent mothers leave their babies below 6 months in the care of female family members so that they may access education (Malatji et al., 2020, Wanyama and Simatwa, 2011, Panday et al., 2009, Jumba and Githinji, 2018, Chigona and Chetty, 2008, Limboro, 2019). This move has the potential to empower the adolescent mother and even secure the health and wellbeing of their baby in the in the long term (Viner et al., 2012). However, it presents a current risk to compromise the health of the baby through the practice of complimentary feeding sooner than six months of age in low resource settings that present nutrition and hygiene challenges (Jochim et al., 2023, Wemakor et al., 2018).

The content in this chapter suggests that the intersection between the identities of the adolescent girl, family support, community support and school support as influenced by finances and gender norms produces heterogenous experiences for individual girls. For the girls who returned to school, there was no homogeneity in the process through which they achieved this. The steps taken by families, communities and schools were different in each story. Each family had to work with what was within their reach to accomplish school re-entry. This heterogeneity suggests the lack of a comprehensive public system to systematically support the psychosocial wellbeing of pregnant and parenting adolescent girls. Such a system would be able to identify, appropriately place and follow up pregnant and parenting girls. This could sustain them in the education system and allow them their rightful access to education.

8. SUMMARY, GENERAL DISCUSSION AND CONCLUSION

8.1. Introduction

The aim of this thesis was to identify and understand the factors influencing school re-entry for adolescent mothers in Kilifi County. I employed an exploratory qualitative and participatory research approach using focus group discussions (FGDs) and digital storytelling (DSt) with adolescent mothers, and in-depth interviews (IDIs) with the girls' relatives and stakeholders, to explore and understand the lived experiences of participants in relation to school re-entry of adolescent mothers.

Drawing on critical theory in the analysis and interpretation of my results, I applied the concept of intersectionality which postulates that people's lived experiences of privilege or oppression are determined by how their individual identities (for example, gender and age) interact with social structures such as economic, legal, education and cultural systems to create the challenges and opportunities they face in their day to day lives (Crenshaw, 1990, Hankivsky, 2014). The findings from this research provide insights towards the identification of potential strategies for effectively supporting the continuation with education for adolescent mothers. They also highlight participants' shortcomings, challenges, and struggles that perpetuate the exclusion of adolescent mothers from education.

As I designed and implemented this project, I reflected on other theoretical approaches that inform the global support towards educating girls and women, namely the human rights, human capital and capability approaches.

The human rights approach views all humans as equal in dignity and right (United Nations, 1948, Cornwall and Nyamu-Musembi, 2004). My thesis is positioned on the perspective that equitable access to education is a human right, and my focus is on understanding how the current policies and practices in Kenya affect the rights of adolescent mothers in their ability to access education. The Kenya school re-entry policy highlights that it is founded in the Universal declaration of

human rights, meaning that all girls, regardless of their maternal status should be free and worthy of accessing education (Republic of Kenya, 2020b, United Nations, 1948). However, later on in this Chapter, I provide an in-depth scrutiny of how the policy and its implementation seem to have the unintended consequence of precipitating discrimination and inequality in the access to education and the wellbeing of the mother-baby dyad. This finding suggests that there is a need to review the current policy and practices to ensure they uphold the right to education and overall wellbeing of the adolescent mother and her child.

The human capital approach argues that humans achieve optimum productivity through acquiring knowledge and skills (Blaug, 1992, Grossman, 2000). This approach focusses on the gain in economic productivity that may be obtained through education (Mincer, 1981). Therefore, educating girls and women is viewed as a way to increase economic productivity with the assumption that important needs like health will be secured thereafter. While the right to education forms the platform for my approach, it is clear from the data presented in chapters 5 (subsection 5.6) and 6 (subsection 6.3) that the participants themselves primarily based their desire for education on a human capital approach. That is, they expressed their views of education as a means to financial wellbeing and a way out of poverty. This development of their own capital would allow them to have greater financial independence and as such more dignity and the right to make decisions or contribute to decision making. However, the focus for the financial wellbeing aligns with the capabilities approach as the participants were as much concerned with ‘appropriate skills’ as on academic education.

The capability approach encompasses enhancing individuals’ access to options for opportunities and allowing individuals the freedom to choose the opportunities they value for their wellbeing (Robeyns, 2005, Sen, 1993). This approach suggests that education should provide girls and women opportunities that accommodate the diversity in their current abilities, while allowing them the freedom to uncover their potential abilities and what they value to do or become (Robeyns, 2005, Robertson, 2015, Sen, 1993). This thesis draws attention to this notion in chapters 5

(subsection 5.6) and 6 (subsection 6.9) where stakeholders and the girls' relatives respectively, expressed the importance of providing education options for adolescent mothers. Additionally, in chapter 5 (subsection 5.7) and 7 (subsection 7.12), stakeholders and adolescent mothers highlighted creative options that could promote a balance between childcare and education access. Ultimately, by upholding freedom of choice in and through education, human dignity in the access of education and financial empowerment through education, these three approaches support that education has a considerable ability to promote overall health and wellbeing.

The review of literature from sub-Saharan African (SSA) countries in chapter 2 revealed that several countries, including Kenya, support the return to school of girls who have given birth while in primary or secondary education and have school re-entry policies for adolescent mothers (Republic of Kenya, 2020b, Republic of Botswana, 1978, Ministry of Education Zambia et al., 2004, South African Department of Education, 2007, Republic of Namibia, 2010). The review also found that these policies and existing school re-entry interventions in SSA (Leerlooijer et al., 2013, Quaye and Attom, 2019, Musundi, 2016, Republic of South Africa, 2020) face challenges, with in many adolescent mothers remaining outside of education and suggesting the existence of a policy-practice-need gap in school re-entry policy implementation for adolescent mothers. Focusing on understanding the policies for school re-entry in Kenya in more detail, in Chapter 3 I presented an analysis of the Kenya specific policy documents. This analysis involved a description of the school re-entry policies in Kenya and a review of their content in terms of the policy-practice-need gaps that were identified in chapter 2. As part of the process, I also began to identify key stakeholders for potential involvement during primary data collection.

Chapter 4 provided a detailed description of the setting chosen for the study, the methods that I used for data collection, and data handling procedures and considerations. In Chapter 5, I described the stakeholders who took part in the study, their roles, characteristics, and perceptions about the school re-entry for adolescent mothers in Kilifi County. In Chapter 6, I reported on the experiences and perceptions of the relatives of adolescent mothers regarding the girl's pregnancy and

education access. In Chapter 7, I presented data from adolescent mothers' stories of how pregnancy and childbirth affected their education and lives in general.

In this final Chapter, I attempt to bring all of this work together. I start with a summary of the key findings in relation to the study objectives and then discuss key themes that emerged in relation to the conceptual framework and broader literature. I subsequently analyse these key themes using an intersectionality lens to critically assess what the findings could contribute towards the identification of potential school re-entry supportive strategies. Finally, I discuss the study limitations, recommendations, areas for further research and conclusions.

8.2. Summary of key findings

In this section, I summarise the key findings from this study in relation to the objectives.

Objective 1 aimed to describe the current context and content of the policies and strategies for school re-entry for adolescent mothers in Kilifi County, Kenya.

The data from the policy document review suggests that the school re-entry policy in Kenya, is faced with policy to practice implementation gaps as well as some contradictions in content that create confusion for implementing stakeholders. Following devolution, the change in structure and roles within government entities, needed local (county level) policy implementation to be aligned with national policy implementation. While the national government has remained in charge of basic education and mandated a free education policy in public primary schools, in practice, families with children in public primary schools are charged school levies. There were also clear and detailed monitoring and evaluation (M&E) plans for policy implementation but in practice, there were no specifications about how these planned M&E activities would be funded. With regards to challenging content, policy documents relevant to Kilifi presented unclear and contradicting information about the timing of school re-entry for adolescent mothers (Republic of Kenya, 2020b, Republic of Kenya, 2018a, County Government of Kilifi and UNICEF, 2019).

Objective 2 aimed to identify key stakeholders and assess their perceptions and influence on supporting adolescent mothers' school re-entry in Kilifi County.

Thirty stakeholders including 11 government officials (national and county), seven teachers, five local administrative leaders and seven non-governmental partners were interviewed on their perceptions and experiences of school re-entry of adolescent mothers in Kilifi County. From the stakeholder analysis, it was clear that the Ministry of Education (MoE) staff, school administrators and non-governmental partners were the most interested and influential stakeholders in the school re-entry for adolescent mothers in Kilifi County. In general, all of the key stakeholders were supportive of educating girls and supporting adolescent mothers back into education, referring to the value of education for creating 'better mothers' to benefit both the families and the broader community. However, there was some evidence from a few of the stakeholders that girls who became pregnant might face academic performance-based discrimination in their attempts to re-join academic education. The imposition of school levies and lack of financial support for re-entry was a key concern for stakeholders but while some support was available it was clear that the stakeholders were unable to describe an obvious system for accessing the little support that might be accessed, exposing the girls to economic discrimination. Stakeholders also pointed to the policy-practice-needs gap in terms of guidance and counselling (G&C) services necessary to support adolescent mothers (potentially failing to address stigma) as well as concerns about the inconsistencies in policies around the length of leave of absence. While the reported practices of most stakeholders aligned to their roles as specified in the policies, it became clear that some local administrative leaders conducted alternative dispute resolution (ADR) proceedings without a court order between the families of the girl and her boyfriend. While viewed as culturally appropriate in these communities, these are considered to be illegal under Kenyan law.

Objective 3 aimed to explore the views, needs and experiences of adolescent mothers and their families in relation to school re-entry in Kilifi County. While stakeholders expressed the value of education for broad societal benefits, adolescent mothers, and their relatives clearly valued

education for its more pragmatic and immediately practical monetary benefits, believing that education was their way out of poverty. The financial burden of the pregnancy (the ability to cope with an additional mouth to feed) as well as the loss of education potential were over-riding concerns for the immediate family of the pregnant girl when they received the news of the pregnancy. Among the fathers who were financially responsible for their households, the response to the pregnancy was often anger, violence and/or rejection. Such responses led to the loss of self-esteem amongst the financially dependent pregnant girls.

When families found out about the pregnancy, they involved a varying range of stakeholders at different stages in the pregnancy and school re-entry process. These varying trajectories were based on who they already knew or who they got to find out about or were referred to in the process. From the participants' stories there didn't appear to be any obvious clear steps that should be followed to try and ensure that the adolescent mother had the best possible chance of returning to education. It was clear that the participating families hesitated to involve the justice system starting with the police. Some families opted for alternative dispute resolution (ADR) sittings (illegal in Kenya), convened by local administrative leaders in order to access financial compensation that would potentially support childcare and the girl's education. However, these could be contested by the boy's family who interpreted this exchange of money as an investment towards marriage and when it became clear that families wanted to retain their adolescent daughters, no compensation was paid.

The experiences of the girls who were able to go to school while pregnant, were varied, some experienced support while others experienced stigma and discrimination from teachers and students and members of the larger community.

Condemnation of the pregnancy was clearly not universal, and it was obvious that marriage was not seen as a necessary outcome. Some members in all the families participating in the study were keen that their daughter would have access to education after delivery. With the increased financial demands that came with the baby, some of these families struggled to afford re-entry to academic

education for their daughters. However, among the participants in this study most of the families were able to obtain finances to support re-entry to academic education from a range of sources and for varying amounts of time. Although government bursaries were available particularly for those in secondary school, none of the participants mentioned benefiting from them. While some acquired re-entry funding from NGO's, others were supported by a faith-based school and an individual from the community. Unfortunately, all the funding from the range of avenues was limited, a situation that left families in a struggle to sustain their daughters in school after re-entry.

8.3. Revised Conceptual framework

In the beginning of this study, I developed a conceptual framework to guide its design and implementation. Based on my review of SSA literature and policy documents, the initial conceptual framework entailed potential individual characteristics and social structures likely to influence school re-entry for adolescent mothers. Drawing on the findings from my empirical data, I have revised the initial conceptual framework, expanding to include an outer (green) ring containing reference to the systems and structures that shape the international and national policies and programmes (blue ring) that in turn influence the experiences of the adolescent mothers (figure 8.1). These outer systems and structures are shaped by and in turn shape the five key types of discrimination (grey ring) that I have identified as being key influencers of the experiences of the adolescent mothers, namely, gender-based discrimination, financial discrimination, cronyism, academic discrimination, and age discrimination.

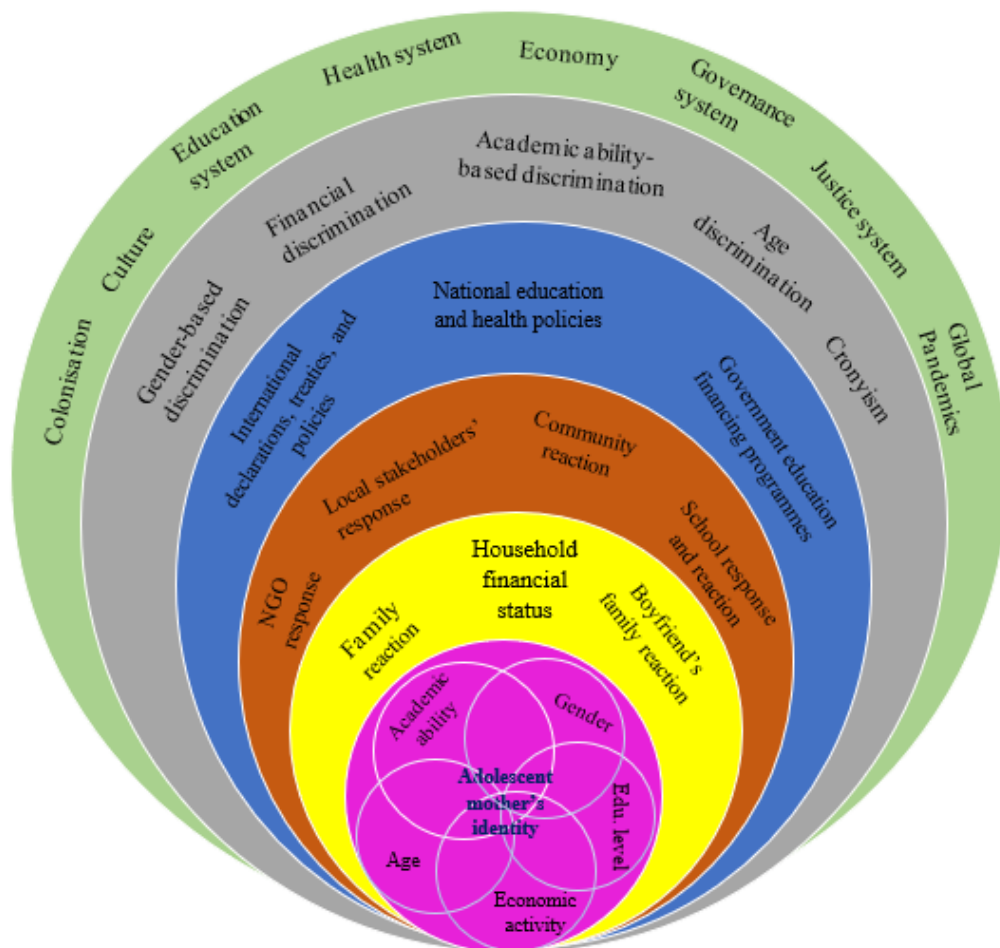


Figure 8. 1 Revised intersection onion

In addition to adding the outer ring, I have edited some of the content in the inner rings. An addition to the grey discrimination ring is the concept of cronyism. In this thesis, I define cronyism as discrimination based on how access to an influential person who may be a relative, friend or associate, can create unequal access to information, finances, or other resources.

While the factors in the policies ring (blue ring) remain similar, what I had broadly labelled ‘government programmes’ in the initial conceptual framework, was specified by participants in my study as education financing programmes run by a range of government entities. For this reason, I included the more specific label ‘government education financing programmes’ in the revised conceptual framework.

In the initial conceptual framework, the yellow ring represented the adolescent mother’s immediate social context which entailed her family, her boyfriend, the school, the community, and

NGOs. Based on my findings, for the participants in this study, the boyfriend's reaction did not appear to influence the adolescent mother's re-entry to education, therefore, the boyfriends as individuals have been dropped from the revised conceptual framework. However, I have included the boyfriend's family reaction and local stakeholders' response because my findings showed that they influenced the re-entry of the adolescent mother to school. I then split the yellow ring into yellow and orange based on the closeness of the components to the adolescent mother, leaving the components in the orange ring as the immediate social context and describing her family and her boyfriend's family in the yellow ring as personal relations.

8.4. Reflecting on the intersectionality of school re-entry challenges

In this subsection, I discuss how school re-entry is affected by a range of contextual and personal issues. I show the complexity that arises from the intersection of the various issues by discussing the worst and best re-entry cases within the findings. I also reflect on how the concepts within the revised conceptual framework apply to the girls' story trajectories and other relevant data, to demonstrate the intersectional nature of factors influencing school re-entry.

The worst-case re-entry scenario was demonstrated by the experiences of DSt1 as depicted in her story and the interview with her mother. DSt1 expressed how she obtained her primary school education with difficulty. Her mother described how she was generally a below average student who repeated several school years. Having an estranged father and a mother who was unwell for most of her primary school meant that the lack of finances at her home was dire. With her elder sister in secondary school, it meant that her family was struggling to sustainably pay the school levies for DSt1 and her two siblings in primary school. Unfortunately, primary school students were ineligible for government bursaries because existing policies labelled primary education as 'free'. Her below-average academic performance and the lack of finances at home were the reasons for her inconsistent school attendance, which explains why at 17 years, she was still in primary school.

The inadequate provision at home meant that she had to engage in a part-time income-generating activity with low returns, to supplement household needs. It is likely that the income-generating activity drew her focus away from her studies and the inadequate money earned from rendered her vulnerable to transactional sex. She had a boyfriend; a secondary school student in his early 20's who gave her little money to buy food stuff for her household.

Even though her mother's health had improved sufficiently for her to secure a job, she subsequently lost it due to the COVID-19 pandemic. The COVID-19 mitigation measures led to DSt1 spending extended periods of time at home and unable to engage with school or the income generating activity. It is possible that this might have caused financial over-reliance on her boyfriend. This and the inability to conveniently access sexual and reproductive health services due to COVID-19 mitigation measures could have predisposed DSt1 to pregnancy.

Schools opened when DSt1 was 4 months pregnant and about to sit for her Kenya Certificate of Primary Education (KCPE) examination. Her father's anger and dissociation along with stigma from the community affected her mental wellbeing as she attended school while pregnant. Unfortunately, she did not receive any counselling services during this time.

DSt1 was defiled according to the Kenyan law (Republic of Kenya, 2006), however, she was hesitant about the involvement of the justice system because she felt it would disrupt the financially supportive relationship she had with her boyfriend. Although her mother reported her case to the police, no legal action was taken against her boyfriend, probably because her family neither had the funds to support the police to do their work nor had connections to influential people.

After delivery, DSt1's re-entry back to basic education was faced with a myriad of challenges. The arrival of her baby further strained the financial situation at home. While secondary school is more financially demanding than primary school, the uncertainty of securing education financing made DSt1's transition to secondary school impossible. Even if there was education financing, the

school re-entry policy denies the re-entry of anyone 18 years and above into basic education despite the existence of the age-inclusive 100% transition policy by the government. However, DSt1's elder sister who was attending secondary school was evidence that other girls who were not pregnant or parenting were allowed to access basic education regardless of their age.

The best-case re-entry scenario in my data was demonstrated by the experiences of DSt12 as depicted in her story and the interview with her grandmother. There were several marked differences between DSt1 and DSt12 for example, DSt12 was 18 years old and in form three (of secondary school) at the time of the workshop, while DSt1 had completed primary education at 18 years. DSt12's grandmother reported that she had only repeated once in primary school, which explains why her age was more appropriate for her class compared to DSt1 (who had repeated several times) and the other participants.

While she got pregnant during the COVID-19 pandemic, she was almost halfway through secondary school education. This meant that her major examination would be in about two years, giving her time to adequately keep up with her studies. Additionally, the extended periods away from school due to the COVID-19 pandemic worked in her favour because she did not have to attend school while pregnant. It is worth noting that DSt12's mother was at her place of work during the COVID-19 pandemic, meaning that the pandemic may not have affected the financial situation in DSt12's household.

DSt12 was able to attend school before her baby was 6 months, because her family's support ensured exclusive consumption of breastmilk by her baby while she attended school. DSt12 was in Form 3 at the time of data collection. She was the only DSt participant who did not express any concerns about completing her basic education. While she was a beneficiary of an NGO education financing scheme that other girls reported to have questionable sustainability, she was hopeful about completing her basic education probably because she only had about a year to complete secondary education. Additionally, being in secondary school made her eligible for bursary application.

The complex intersection of ‘education policies’ on schooling age and progress, timing of school opening following a ‘global pandemic’ (COVID-19), ‘community reactions’ towards pregnant students, ‘family reaction’ based on ‘household financial status’, ‘education financing programmes’ from the government and through ‘NGO response’ worked for DSt12’s re-entry to school. However, in DSt1’s case these same issues intersected in a manner that created gender-based discrimination in policy and implementation, compounded by financial discrimination, academic ability-based discrimination, age discrimination and cronyism, to make the re-entry experience impossible.

The diagram below shows the marked experiential differences in key intersectional issues, that were responsible for the different outcomes of education access for DSt1 and DSt12.

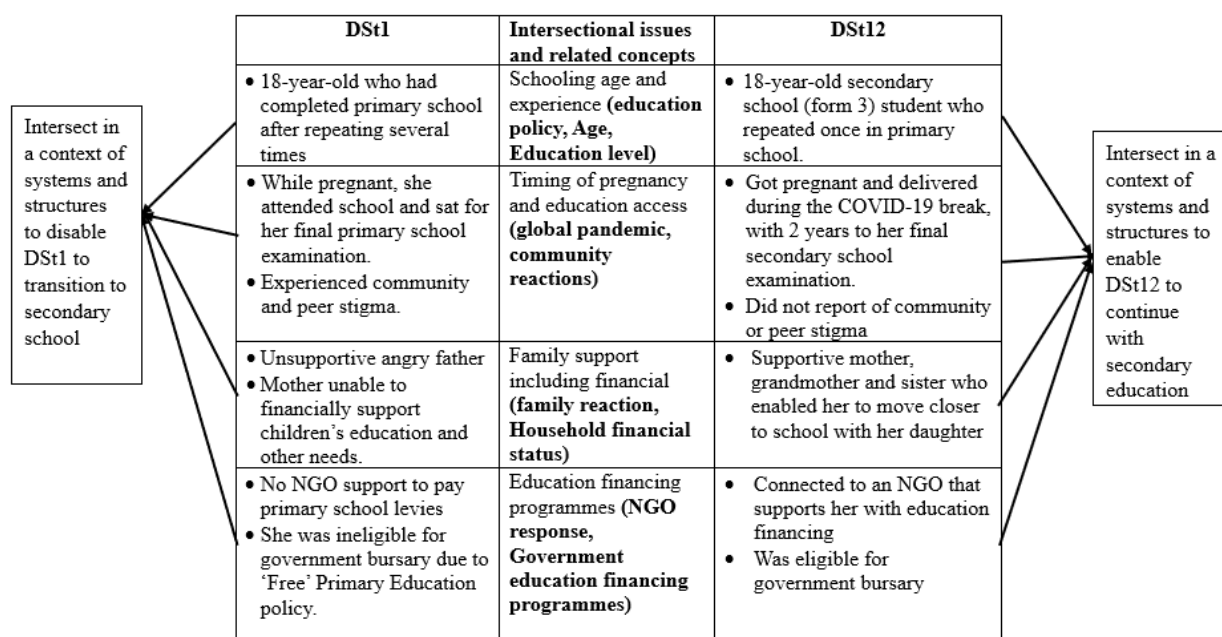


Figure 8. 2: Key intersectional issues across DSt1 and DSt12

8.5. Discussing key inequities within the findings

In this section, I discuss how the types of discrimination outlined in the framework (grey ring) are evident in structures and systems that create policies for school re-entry in Kilifi, how the practices of policy implementation can reinforce or mitigate against forms of discrimination that create

inequality and how cultural and social norms can be barriers and/or facilitators to equitable access to education for the adolescent mothers as a group and as individuals. The key form of inequity that emerged from my findings was gender-based discrimination, which is compounded by financial discrimination, cronyism, academic ability-based discrimination, and age discrimination.

8.5.1. Gender-based discrimination in Policies and their implementation

Gender-based discrimination is not immediately apparent in the Kenyan school re-entry policies for adolescent mothers, and the right to an education for all Kenyans regardless of gender is enshrined in the 2010 constitution. This support for girls to have equal opportunities in education was expressed by all key stakeholders as well as family members. Among key stakeholders a primary reason for the need to educate girls was to protect their health and that of their families. However, a key reason given for delaying the return to school of adolescent mothers was to facilitate exclusive breastfeeding for six months as per the WHO guidelines (World Health Organization and UNICEF., 2003).

This health need appears in the school re-entry policy in Kenya through the imposition of a six months leave of absence (to allow for exclusive breastfeeding) with a further stipulation that return to school should be at the start of the school year, provided this was not less than six months since the birth of the baby. While this was aimed at supporting the health and growth of the baby, stakeholders in this study and other studies in SSA suggest that successful school re-entry of adolescent mothers can be enhanced if that re-entry occurs sooner than six months after delivery (Limboro, 2019, Jochim et al., 2023). If mothers fail to return to education due to the policy requirements of extended periods of absence, then this not only adds to gender-based inequality, but there could be unintended consequences for the future health of the mother and baby. Furthermore, keeping adolescent mothers from accessing education in the six months after delivery can be seen as discriminatory since there are alternatives like expressing breastmilk, promoted within the health system in Kenya to ensure exclusive consumption of breastmilk by the baby during that period (Republic of Kenya, 2017). Having said that, it is important to mention

that expressing is a relatively new concept that is perceived with negative attitudes in Kilifi, as has been reported by a study that explored the knowledge and attitudes of fifty first time mothers and their advisers about feeding infants on expressed breastmilk (Talbert et al., 2018). However, several of the participants described how some schools in Kilifi County had created an environment in which it was feasible for adolescent mothers to exclusively breast feed while attending school, thus helping to reduce the potential for gender-based discrimination. To build on these attempts to address this form of discrimination, policy makers and implementation stakeholders (school staff and administrators) need to consider how to extend these individual school attempts to create a more equitable environment into mainstream policy and practice.

Similar concerns about the relative lack of attention given to supporting adolescent mothers back into education can be seen in the gap between what is said about the ‘burden’ of adolescent pregnancy and any reliable data on drop-out and re-entry data for adolescent mothers in Kenya in general and Kilifi in particular. The lack of efforts made to collect pregnancy related drop out and re-entry data as shown in the current and other studies in SSA (Martínez and Odhiambo, 2018, Birungi et al., 2015b) suggests that, in practice, little attention is being paid to the issue. The lack of accurate and reliable statistics for this neglected population, underpinned by insufficient budget, guidance and staffing to gather these data, presents a challenge in developing evidence-based interventions for both governmental and non-governmental response.

8.5.2. The intersection of gender-based discrimination and financial discrimination

The Mijikenda society, as found in other many SSA societies, is patrilineal with households belonging to men and cultural rules stipulating gender-based roles with the role of a male household head being to financially provide for the household (Eniola and Akinola, 2019). Six of the households involved in this study had a male head of household present and one of these was the stepfather to the adolescent mother, while five were female headed households with two having an estranged husband and three where the father was deceased. Common to all of the households was their financial insecurity with only one of the households reliant entirely on the income

generated by the male household head. The fathers in the six male headed households were all struggling to provide for their households even before the girl's pregnancy. This is not unique to Kilifi and Kenya (Diwakar and Shepherd, 2018). Moreover, many households in SSA exist in poverty (Mogess et al., 2023), a situation that has been compounded by the global pandemic COVID-19, further affecting the economy at large and finances at the household level (Celik et al., 2020). For example, in one of the households involved in this study the global pandemic created a situation where the father lost his job and could no longer fulfil the financial needs at the household level. The narratives told by the girls and their parents suggest that these financial pressures played a key role in household responses to news of the pregnancy. The projected increase in the financial burden because of the girl's pregnancy, triggered family reactions that were mainly concerned with the consequences of 'lost investment' or with leveraging finances to cope with the new situation. These reactions became the core of the school re-entry experiences of the adolescent mothers. In the girls' stories and in the reports provided by the parents, it became clear that the reactions within a household were gendered. Where men were involved, their initial reactions were anger and rejection with some resorting to physical as well as verbal abuse. While other SSA studies have shown that anger, physical abuse, and rejection following pregnancy disclosure could be caused by stigma (Morantz et al., 2013, Dlamini et al., 2007), my findings revealed that these reactions were less likely to have been informed by concerns about family stigma and more likely as a result of financial concerns and frustration. Concerns perhaps that they would fail in their role of being able to provide for their household. While explanations for these reactions might vary across contexts, the results for the recipients are similar. Such reactions damaged the self-esteem and self-worth of the adolescent mothers, hence contributing to their experiences of negative mental health effects. However, if the cause of the reactions is primarily a fear of the financial impact of the pregnancy, then the type of intervention required to address this issue is one that addresses household financial inequities.

While family shame from having a pregnant or parenting adolescent daughter was not evident in the findings of this study, adolescent girls faced stigma from two key groups within the wider community during pregnancy. Only two girls (DSt1 and DSt29) reported facing stigma from neighbours and peers in the community, which was mainly expressed through mockery and ridicule as presented in Chapter 7. DSt1 coped by ignoring, continuing to attend school while finding motivation from peers in school. DSt29 who faced this kind of stigma at home, after she had already stopped going to school, suffered negative mental health effects from it as described by her mother (P29) in Chapter 6. Overall, the stigma from neighbours and peers in the community did not seem to affect school re-entry aspirations of these girls in this study. Besides neighbours and peers in the community, pregnant and parenting girls faced culturally embedded gendered stigma from boyfriends and their families bringing out the complex intersection between gender-based and financial discrimination that could have influenced school re-entry for the adolescent mothers as further discussed below.

To help cope with the financial burdens some of the families involved in this study reacted by attempting to use local culturally appropriate processes and structures, reaching out to the boyfriends and their families through the guidance and intervention of local stakeholders particularly the local administrative leaders. In instances where this occurred, it was clear that the intention of the girl's family was to demand financial compensation that could be used to support the baby's needs and the adolescent mother's school re-entry. However, in the past such structures and processes were used as part of the negotiations for deciding a 'bride price', the cultural practice whereby a girl was passed from her father to her future husband with the future husband paying compensation to the father. This fundamentally sexist practice places the girl as the property of men (Chisango et al., 2022, Adjei and Mpiani, 2018). From the stories and reports it was clear that the boyfriends and their families were of the opinion that this was an arrangement of transactional support, where the exchange of money between the two families would translate to marriage between the adolescent girl and her boyfriend. The reaction of the boyfriends' families perpetuated

sexism through the perception that taking responsibility of one's biological child would only be sensible after subjugating her underage mother with an early marriage arrangement. This finding aligns with findings from other SSA studies which have reported that social and cultural practices have led to early marriage (Kohno et al., 2020, Elengemoke and Susuman, 2021, Shomali and Lawson, 2020, Ijeoma et al., 2013). The data from my current study however, with the refusal of the girl's families to take the transactional support from the boyfriends' side, and protect their daughters' education, suggested that in Kilifi a shift in cultural norms is starting to take place. The generally supportive international and national policy environment, backed up by the practical experiences of local populations of the economic advantages that can accrue from an education are slowly shifting the dial towards the advantages of educating girls (Psacharopoulos and Patrinos, 2004, Moser and Ichida, 2001, Sheehan et al., 2017). It's important to mention here that while stakeholders in this study agreed that there were both financial and non-financial advantages to educating women, the adolescent mothers and their families mainly talked about the financial benefits. Overall, these were the reasons why participants in this study valued education.

While the financial burden of another mouth to feed was a concern for the families, it was also clear that even without a new baby, the cost of sending children to school was a large financial burden for the study households. When the Kenya education system like in other SSA countries, adopted international education policies such as Education for All (EFA) and Universal Primary Education (UPE) (Oketch and Somerset, 2010, Oketch and Rolleston, 2007) and established the Free Primary Education (FPE) programme, school levies charged to parents were meant to be abolished (Orodho, 2014, Oketch and Rolleston, 2007). This meant that financial discrimination should no longer be a factor in educational access. However, as has been found in the other SSA countries with similar programmes (Nishimura and Byamugisha, 2011, Sifuna and Sawamura, 2010), 'free' primary education is not free in Kenya. In 2003, the international economic situation, international policies and a government education financing programme created opportunities for free education in Kenya and other countries in SSA which facilitated inclusivity in public primary

schools for adolescent mothers from poor backgrounds (Oketch and Rolleston, 2007, Oketch and Somerset, 2010, Williams et al., 2015). However, between 2007 and 2009 the world suffered a global economic crisis, which led to the reduction in country funding for UPE related programmes in SSA countries like the FPE in Kenya (Polonenko, 2017). With this reduction in funding, schools in many of these countries re-introduced some school levies (Williams et al., 2015, Republic of Kenya, 2012, Nishimura and Byamugisha, 2011). Though misleading, SSA countries continue to label primary education as ‘free’ when it’s more accurately described as subsidised. This subsidised education has created a complex financial discrimination against adolescent mothers making re-entry for some and sustained access to education for others, difficult goals to achieve. Consequently, this makes it challenging especially for Kenya and other SSA countries to achieve the inclusivity goal of the national and international education policies.

While the government of Kenya plays a significant role in partially financing primary school education, ignoring the fact that it is not completely free highlights further financial discrimination particularly for the girls in primary school. It is clear from Chapter 6 that there is no government bursary fund for primary school students. This is potentially because it is still labelled ‘free’ in education policies, insinuating that families would not need financial support to take their children through primary school education. As reported in my findings, this has made it difficult for some NGOs to secure funding to respond to primary school re-entry financial needs of adolescent mothers. However, the realities of the households where adolescent mothers came from indicated otherwise. These data demonstrate the complex and intersecting factors within and across the domains; the international economic situation, national education policies and government education financing programmes, NGO responses, household financial status and the adolescent mother’s education level interact to create the conditions that exclude adolescent mothers whose families have to deal with the financial discrimination.

Another example of the influence of gender-based discrimination and financial discrimination on the responses to pregnancy by families and the local community was the unwillingness of families

to involve the justice system in the process, even when the acts leading to the pregnancy were clearly illegal under the Kenyan law. The interviews with the parents and the stories told by the girls described how involving the police required finances and had the potential to expose the pregnant girls to physical harm. These reactions suggest that the justice system as represented by the actions of the police is far from gender neutral and access to justice is constrained by financial discrimination. For example, a study conducted in Uganda showed that the intersection of adolescent girls' identities, poverty, gender and the justice system exposed financial inequities that explained why families would rather marry their adolescent girls off than engage with the financially demanding police (Ninsiima et al., 2020).

8.5.3. Academic ability-based discrimination

While my findings show that education for girls is valued, it became evident that not all types of education were viewed as being equally valuable. All participants agreed that there were two main types of education offered by the Kenyan education system: academic and skills-based education. Some local administrative leaders in this study expressed the opinion that skills-based education as the best option for adolescent mothers because they perceived those girls who became pregnant had low academic ability or pregnancy affected their academic ability. These attitudes suggest a form of academic discrimination whereby only those girls with the best academic ability should be supported to return to public academic schools. This perception was compounded by some of the schoolteachers who used the girl's academic performance before pregnancy to reject their request to re-enter school. A study investigating issues around skills-based education in developing countries, reported that this type of education was perceived to be for people with low academic abilities (Middleton, 1993). However, this kind of attitude amongst other misplaced priorities for skills-based education in developing countries have led to the poor translation of such training to employment (Middleton, 1993, Zideman, 1997). This might explain why some of the girls' relatives and stakeholders were keen for adolescent mothers to re-entre academic education rather than pursuing skills-based education. Unfortunately, prejudice among some

teachers meant that ‘pregnancy’, and academic potential, was used as criteria to deny girls access to an academic education and this perhaps pushed them towards a skills-based education.

8.5.4. Age discrimination

While the Kenyan education system operates with a preferred set of school ages for basic education levels, the education system has not been strict about the age of students at enrolment. When FPE was introduced in Kenya in the year 2003, the education system allowed the enrolment of people of any age into primary schools. For example, the oldest person to begin primary school worldwide was a Kenyan man who enrolled in 2004 at 84 years of age (Guinness World Records, 2004). The findings in my study showed that most of the participating adolescent mothers were in primary school and older than the preferred ages partly due to delayed enrolment. They also revealed that limited household finances, and an inability to afford school levies was a key and common reason for the delayed school enrolment. This could explain why the implementation of the FPE, a government education financing programme led to age inclusive primary school enrolment.

However, the national school re-entry policy excludes adolescent mothers who are 18 and 19 years from re-entering basic education and posits that that they should join ‘adult and continuing education or vocational training centres’ instead (Republic of Kenya, 2020b). Given that girls from poorer families are more likely to complete schooling at an older age, due to delayed enrolment and drop-out, this policy directly biases against education for girls from poorer families, demonstrating how age discrimination intersects with financial discrimination.

As mentioned in chapter 3, Kenya’s current school re-entry guidelines address a range of issues affecting retention, transition, and completion of basic education, with early pregnancy being just one of them. While the education system through the implementation of FPE, allowed age inclusive access to academic education for groups affected by other issues, it specified through the current re-entry guidelines, the re-entry age into basic education for pregnant and parenting

girls. For this reason, the age discrimination discussed here compounds gender-based discrimination.

8.5.5. Cronyism

Cronyism is a form of favouritism whereby a person in a position of power favours friends and associates over others. In the current study, cronyism came into play because of unclear and unstandardised school re-entry policy stipulations, and non-standard information and advice giving as presented in Chapters 5, 6 and 7 of this thesis. Specifically, these stipulations are characterised by inconsistencies in the re-entry timeline and the lack of detail about implementation resources and referral channels. While similar findings have been reported by other studies about school re-entry policies in SSA (Quaye and Attom, 2019, Mashishi and Makoelle, 2014, Tarus, 2020), broader policy literature describes how learning from potential beneficiaries 'lived experiences' (Mintrom and Luetjens, 2016) and the input of implementers at different levels (Khan, 2016) can address these issues and thus ensuring that the policies achieve the intended effect, that is the inclusivity goal.

In my findings, cronyism became evident in the implementation of the school re-entry policy when a local stakeholder talked about her ability to influence the awarding of bursaries, a government education financing programme to families that involved her in their applications for it.

Similarly, from this study, I found that the involvement of stakeholders by families was ad hoc and based on who the families knew mainly because there was no clear referral channel with details of who to go to, what information they should obtain or give and what to do with that information. Implementing such policies as they are, creates further exclusion from re-entry by the most vulnerable adolescent mothers who are likely to have limited connections with influential stakeholders.

8.5.6. Implications for school re-entry strategies in SSA

This research project has emphasised that though the policy environment seems supportive, adolescent mothers continue to face school re-entry challenges. The findings from this work have illustrated that there is a policy-practice-need gap that has implications for the successful school re-entry of adolescent mothers. These gaps highlight the gender-based discrimination, financial discrimination, cronyism, academic and age discrimination that these adolescent mothers face. Adolescent mothers faced discrimination in the hands of policy implementers mainly because their identities intersected with the circumstances of their personal relations, social contexts, the policy environment and social power structures and systems. Research has shown the importance of involving potential beneficiaries and implementers in policy formulation and review processes (Khan, 2016, Van Meter and Van Horn, 1975, Mintrom and Luetjens, 2016). My results confirm that the lack of their involvement undermines the extent to which policies and systems consider the realities on the ground and have effective governance and accountability structures.

While the school re-entry policies relevant to Kilifi highlight the importance of collection and consolidation of school re-entry related data, this study found that there is a lack of this kind of data. I found that the guidance to establish actual accountability structures is also lacking both in policy and practice. The lack of reliable data to inform existing and potential interventions is an issue that has been reported in Kenya and other SSA countries (Birungi et al., 2015b, Martínez and Odhiambo, 2018, Runhare and Vandeyar, 2011, Panday et al., 2009).

My findings highlight a range of school re-entry interventions existing in Kilifi, Kenya and other SSA countries (Kurgat, 2016, Nyariro, 2018, Limboro, 2019, Chigona and Chetty, 2008, Chigona and Chetty, 2007, Leerlooijer et al., 2013, Panday et al., 2009, Sempembwa and Julius Tukesiga, 2016, Maluli¹ and Bali, 2014, Musundi, 2016). However, these interventions face a myriad of challenges that affect their effectiveness. Many school-going adolescent mothers in Kilifi are from poor backgrounds and attend public primary schools that charge levies, even though the government claims to offer free primary education (FPE) (Republic of Kenya, 2012, Oketch and

Somerset, 2010). This practice of charging levies while claiming to offer FPE has affected education access for the poor in other SSA countries (Nishimura and Byamugisha, 2011, Williams et al., 2015). Unfortunately, the findings in this study have shown that the government claims of offering FPE have ended up limiting access to financial education support for the adolescent mothers in primary school. While some girls in this study accessed financial support for education, they reported that it was inadequate.

As stipulated in the school re-entry policy, the adolescent mothers in school should be able to access G&C services from teachers to enable them cope with stigma and discrimination. Unfortunately, the findings in this and other SSA studies have showed that these G&C teachers lack the appropriate training required to offer effective counselling. At times, what they are able to do amplifies the stigma and discrimination that these girls are already facing (Limboro, 2019, Undie et al., 2015b, Mpayipheli and Kheswa, 2020, Mushaandja et al., 2013). While private professional counselling services are available in Kilifi, they are costly and thus inaccessible to the poor adolescent mothers who need them most.

While the school re-entry policy recognises the importance of ensuring the wellbeing of the mother-baby dyad, it has been reported in other SSA studies and became evident in this study, that imposing a compulsory leave of absence does not protect the education access for adolescent mothers (Mashishi and Makoelle, 2014, Mutua et al., 2019, Chilisa, 2002). In an attempt to find a balance between motherhood and schooling, some schools and adolescent mothers have defied the leave of absence stipulation in policy by applying flexible alternatives with potential positive outcomes for the mother-baby dyad.

Intersectionality and implementation studies agree that multifaceted approaches are the most appropriate responses to complex inequities faced by marginalised groups in society (Bowleg, 2012, Rod et al., 2023). For this reason, developing policies and interventions that consider how factors in a range of domains intersect to create circumstances that make some girls vulnerable to

dropout especially if they are poor, older, academically weak or have limited connections to influential stakeholders, is likely to ensure inclusivity in education.

8.6. Study strengths and limitations

From this exploratory qualitative and participatory study, I was able to understand and describe the factors influencing school re-entry for adolescent mothers in Kilifi and how their access to education could be enhanced.

Collecting data with Pendo, the research assistant, and my use of multiple methods with multiple sources of data, allowed me to compare, contrast and corroborate the data thus enhancing the credibility of my research findings. More specifically, using DSt encouraged adolescent mothers to freely express themselves while enjoying the experience because they could share sensitive information anonymously. This also promoted participant confidentiality.

While my initial plan was to conduct focus group discussions (FGDs) with not less than 8 participants, due to COVID-19 mitigation measures the allowable group size was 5 participants. The fewer numbers worked well in relation to the study topic because participants had enough time and could freely share sensitive information with fewer people.

Involving school re-entry policy implementers and beneficiaries at different levels promoted my understanding of the factors influencing school re-entry from different perspectives. This gave me the opportunity to further explore and clarify issues that came up in different participant groups.

All my data was managed and analysed in its original language of collection. This to a large extent protected my data from possible distortion and misinterpretation of meaning, thus preserving its credibility. Focusing only on translating transcripts that I shared with my supervisors for their support during coding framework development, and the quotes that I used in this thesis saved me a considerable amount of time.

Applying critical theory through the use of an intersectionality lens to design the study, analyse data and interpret my findings, enabled me to unpack the complex interplay of adolescent mothers'

realities thus gaining insights into the inequalities they experienced as they tried to navigate school re-entry. Further it enabled me to highlight potential strategies to support school re-entry. With reflexivity being a key component of applying this lens, being reflexive throughout the study meant that I was transparent in acknowledging my contribution in the construction of the knowledge from this work. The overall application of a critical theory concept ensures the replicability and transferability of these findings.

One of the limitations of this study is that my initial plan to involve policy makers in the ministries of Education and Health was not possible because of the COVID-19 pandemic. Due to the mitigation measures, it was not possible to travel to the Nairobi. Despite repeated attempts, I was unsuccessful in trying to engage them virtually. Involving these national level stakeholders could have provided insights into the policy making process and practice. Understanding who is involved and how they are involved could inform future involvement.

Only two of the eleven adolescent mothers who took part in the DSt workshops had not returned to school. It would have been beneficial to hear more stories of girls who had not returned to school. This would have enabled me to get a deeper and broader understanding of the re-entry challenges experienced by adolescent mothers.

I missed an opportunity to involve girls who got pregnant in early adolescence (10-14 years). Further, the chance to understand why these girls were not recruited was lost. This means that the experiences of how pregnancy affected the lives and education of girls in early adolescence were not captured.

In the DSt premier shows, participants were unable to invite an audience of their choice because of the COVID-19 restrictions. For this reason, it was not possible to discuss the issues arising from the stories with a broader audience which could potentially have helped with stimulating further discussions that could have highlighted unique insights that would have formed part of the data.

It would have been valuable to corroborate and compare the insights that were shared by the one male relative of an adolescent mother. However, this was not possible because I did not have any contact of the male relatives shared by the volunteer recruiters. Possibly, being intentional about obtaining contacts of male relatives could have helped.

Conducting a stakeholder analysis alone meant that the decisions and choices I made in the process could have been biased. It would have been useful to work with a team whose contribution would have strengthened the credibility of the results.

8.7. Recommendations

In this section, I utilize the key findings of this work to list my ideas on potential strategies and future research areas that may enhance school re-entry experiences of adolescent mothers in SSA countries like Kenya.

- There is need to develop a multisectoral implementation strategy that would entail clear detailed processes and procedures for the identification of adolescent pregnancy cases and a referral process showing which stakeholders should be involved and what is expected of them. Furthermore, creating awareness about this standardised referral process to implementers, communities, and families would minimise cronyism and take a step towards fair and systematic handling of adolescent mothers' cases.
- School re-entry policies have shortcomings that may be ironed out by periodic monitoring, routine collection of data and conducting evidence-based policy reviews. The collection of reliable and timely data could be improved through a national standardised data collection tool. For Kenya, a starting point could be the Ministry of Education's (MoEs) National Education management Information System (NEMIS) which assigns all students enrolling in basic education a unique number that may be used to track learners. A regularly updated national database would enable comparison of policy implementation across counties, and the deployment of training and resources where they are most needed.

- To address discrimination against the poor adolescent mothers, and arguably the most vulnerable group, 'Free' Primary Education (FPE) must be made truly free. A second-best alternative would be to rename the programme to 'Subsidised Primary Education'. This might relieve non-governmental partners' anxieties around the potential to be denied funding to support the education of adolescent mothers in primary schools.
- All education financing avenues should focus on providing sustainable financing even if it means funding a few to complete schooling rather than offering haphazard support to many who end up dropping out of school for lack of finances.
- Providing public cost-effective and accessible professional counselling services would lift the burden of unprofessional 'counselling' by untrained teachers and expensive private counselling paid for by non-governmental organisations (NGOs).
- Where possible and practical, all mothers including adolescents, should be educated on cost-effective ways of expressing and managing breastmilk at home or provide breastfeeding friendly spaces at school or near school, where carers can be with babies so as to promote adolescent mothers' flexibility to attend school and engage in economic activities without compromising the health of their babies.

8.7.1. Areas for further research

From this work, I suggest the following areas for further research:

- Exploring the experiences and perceptions of the adolescent mothers' male parents or guardians and boyfriends could potentially unpack gendered socio-cultural norms and the observed shift.
- Involving policy makers, implementers, and beneficiaries in the development of a possible referral procedure for supporting pregnant and parenting adolescent girls in Kilifi County would provide an opportunity to assess and establish a cost-effective referral system.
- An examination of opportunities for the collection, reporting and consolidation of school re-entry related data has the potential to ensure its availability for evidence-based utilisation.

- The mental wellbeing of pregnant and parenting adolescent girls is very important in securing the health and wellbeing of the mother-baby dyad. An exploration of the mental health status of these girls and coping mechanisms could be a first step in informing cost-effective ways to support them.
- An exploration of the creative ways of ensuring exclusive consumption of breastmilk amongst under 6 months babies of school going adolescent mothers could inform practical sustenance of exclusive breastfeeding practices.

8.8. Conclusion

This study has shown that there is a general willingness for adolescent mothers to return to school after delivery within the policy environment, amongst implementers and the adolescent mothers' families. However, this willingness is obstructed by several barriers. In Kenya like in other SSA settings, adolescent mothers mainly face gender-based and financial inequities against their re-entry efforts with the potential to consequently affect the health of their babies. Although interventions exist, they are under resourced and have not been rigorously researched, therefore there is little evidence of what works.

The use of intersectionality, a critical theory concept, in the design, analysis and interpretation, revealed that aspects in the broader social power structures intersect with adolescent mothers' multiple identities and a range of aspects in their social contexts, to produce complex experiences of inequity for the adolescent mothers and their babies. Unfortunately, existing interventions only seem to target single aspects in the midst of these complex intersections.

This study contributes to the discussions about moving towards a multisectoral approach to achieve wellbeing. My findings are a crucial step towards informing policy and implementation efforts that may facilitate the establishment of strategies and interventions that will facilitate school re-entry and sustained access to education by adolescent mothers.

9. REFERENCES

2016. The Care and Protection of Child and Parents Bill, 2016.
2023. The Care and Protection of Child Parents bill, 2023.
- ABALKHAIL, J. M. 2018. Challenges of translating qualitative management data. *Gender in Management: An International Journal*, 33, 66-79.
- ABUYA, B., OKETCH, M. & MUSYOKA, P. 2013. Why do pupils drop out when education is 'free'? Explaining school dropout among the urban poor in Nairobi. *Compare: A Journal of Comparative and International Education*, 43, 740-762.
- ADINMA, J., AGBAI, A., OKEKE, A. & OKARO, J. 1999. Contraception in teenage Nigerian school girls. *Advances in contraception*, 15, 283-291.
- ADJEI, S. B. & MPIANI, A. 2018. Bride price, cultural and gender identity, and husband-to-wife abuse in Ghana. *Victims & Offenders*, 13, 921-937.
- AGOSTO, V. & ROLAND, E. 2018. Intersectionality and educational leadership: A critical review. *Review of Research in Education*, 42, 255-285.
- AHINKORAH, B. O., KANG, M., PERRY, L. & BROOKS, F. 2020. Prevention of Adolescent Pregnancy in Anglophone Sub-Saharan Africa: A Scoping Review of National Policies. *International journal of health policy and management*.
- AHLBERG, B. M., JYLKÄS, E. & KRANTZ, I. 2001. Gendered construction of sexual risks: implications for safer sex among young people in Kenya and Sweden. *Reproductive Health Matters*, 9, 26-36.
- AHORLU, C. K., PFEIFFER, C. & OBRIST, B. 2015. Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage pregnancy: a cross-sectional survey in Accra, Ghana. *Reproductive health*, 12, 117.
- AJAYI, A. I. & MWOKA, M. M. 2020. *The potential impact of COVID-19 on teenage pregnancy in Kenya* [Online]. APHRC Website: APHRC. Available: <https://aphrc.org/blogarticle/the-potential-impacts-of-covid-19-on-teenage-pregnancy-in-kenya/> [Accessed 2020].
- AKALA, B. M. M. 2019. Affirmative action for gender justice in South African and Kenyan education systems. *Africa Education Review*, 16, 1-15.
- AKALA, W. J. & CHANGILWA, P. K. 2018. Status of technical and vocational education and training (TVET) in post-secondary education in Kenya. *Journal of Popular Education in Africa*, 2, 15-25.
- ALISMAIL, H. A. 2015. Integrate Digital Storytelling in Education. *Journal of Education and Practice*, 6, 126-129.
- ANDERSON, K. & WALLACE, B. 2015. Digital storytelling as a trauma narrative intervention for children exposed to domestic violence. *Film and video-based therapy*, 95-107.
- ASSEMBLY, U. G. 2001. Road Map Towards the Implementation of the United Nations Millennium Declaration, Report of the Secretary General A/56/326. New York: United Nations Statistics Division.
- ATUYAMBE, L., MIREMBE, F., JOHANSSON, A., KIRUMIRA, E. K. & FAXELID, E. 2005. Experiences of pregnant adolescents-voices from Wakiso district, Uganda. *African health sciences*, 5, 304-309.
- AYOO, C. 2022. Poverty reduction strategies in developing countries. *Rural development-education, sustainability, multifunctionality*, 17-57.
- AZUNGAH, T. 2018. Qualitative research: deductive and inductive approaches to data analysis. *Qualitative research journal*, 18, 383-400.
- BASHIR, M., AFZAL, M. T. & AZEEM, M. 2008. Reliability and validity of qualitative and operational research paradigm. *Pakistan journal of statistics and operation research*, 35-45.

- BAUER, G. R. 2014. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. *Social science & medicine*, 110, 10-17.
- BEŠIĆ, E. 2020. Intersectionality: A pathway towards inclusive education? *Prospects*, 49, 111-122.
- BHALOTRA, S., HARTTGEN, K. & KLASSEN, S. 2013. The impact of school fees on the intergenerational transmission of education. *Background paper commissioned for EFA Global Monitoring Report*, 4.
- BHANA, D. & MCAMBI, S. J. 2013. When school girls become mothers: Reflections from a selected group of teenage girls in Durban. *Perspectives in Education*, 31, 11-19.
- BHANA, D., MORRELL, R., SHEFER, T. & NGABAZA, S. 2010. South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, health & sexuality*, 12, 871-883.
- BHATTA, D., ARYAL, U. & KHANAL, K. 2013. Education: the key to curb HIV and AIDS epidemic. *Kathmandu University medical journal*, 11, 158-161.
- BIRUNGI, H., UNDI, C.-C., MACKENZIE, I., KATAHOIRE, A., OBARE, F. & MACHAWIRA, P. 2015a. Education sector response to early and unintended pregnancy: A review of country experiences in sub-Saharan Africa.
- BIRUNGI, H., UNDI, C.-C. & ONYANGO, F. 2015b. Education sector response to early and unintended pregnancy: A review of country experiences in sub-Saharan Africa.
- BLACK, G. & CHAMBERS, M. 2019. The practice and ethics of participatory visual methods for community engagement in Public Health and Health Science. Global Health Training Centre media library: Global Health Training Centre.
- BLACK, G. F., DAVIES, A., ISKANDER, D. & CHAMBERS, M. 2018. Reflections on the ethics of participatory visual methods to engage communities in global health research. *Global Bioethics*, 29, 22-38.
- BLAUG, M. 1992. Human Capital Theory. *The methodology of economics: Or, how economists explain*. 2 ed. USA: Cambridge University Press.
- BLUM, R. W., ASTONE, N. M., DECKER, M. R. & MOULI, V. C. 2014. A conceptual framework for early adolescence: a platform for research. *International journal of adolescent medicine and health*, 26, 321-331.
- BOLTON, L. 2015. Education for Pregnant girls and young mothers. Online: Health and Education Advice and Resource Team.
- BOWLEG, L. 2012. The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. *American journal of public health*, 102, 1267-1273.
- BOYDELL, K. M., GLADSTONE, B. M., VOLPE, T., ALLEMANG, B. & STASIULIS, E. The production and dissemination of knowledge: A scoping review of arts-based health research. Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 2012.
- BRAUN, V. & CLARKE, V. 2012. *Thematic analysis*, American Psychological Association.
- BRINKERHOFF, D. W. & CROSBY, B. 2002. *Managing policy reform: Concepts and tools for decision-makers in developing and transitioning countries*, Kumarian Press.
- BRITWUM, A. O., AKORSU, A. D., AGBESINYALE, P. K. & AIKINS, K. S. 2017. A case study on girls who have dropped out of school due to pregnancy and factors facilitating and/or preventing their re-entry into school after delivery. University of Cape Coast, Ghana: Institute for Development Studies.
- BRUGHA, R. & VARVASOVSKY, Z. 2000. Stakeholder analysis: a review. *Health policy and planning*, 15, 239-246.
- BRYMAN, A. 2015. *Social research methods*, Oxford university press.
- BUCKLER, A., CHAMBERLAIN, L., MKWANANZI, F., DEAN, C. & CHIGODORA, O. 2022. Out-of-school girls' lives in Zimbabwe: what can we learn from a storytelling research approach? *Cambridge Journal of Education*, 52, 195-215.

- BURROWAY, R. & HARGROVE, A. 2018. Education is the antidote: Individual-and community-level effects of maternal education on child immunizations in Nigeria. *Social Science & Medicine*, 213, 63-71.
- CALVES, A. 2002. Assessing adolescent reproductive health policies and programs. *Policy Working Paper Series*, 8.
- CELIK, B., OZDEN, K. & DANE, S. 2020. The effects of COVID-19 pandemic outbreak on the household economy. *Journal of Research in Medical and Dental Science*, 8, 51-56.
- CHAABAN, J. & CUNNINGHAM, W. 2011. *Measuring the economic gain of investing in girls: the girl effect dividend*, The World Bank.
- CHEGE, F. & SIFUNA, D. N. 2006. Girls' and women's education in Kenya. *Gender Perspectives and Trends*, 91, 86-90.
- CHIGONA, A. & CHETTY, R. 2007. Girls' education in South Africa: Special consideration to teen mothers as learners. *Journal of education for international development*.
- CHIGONA, A. & CHETTY, R. 2008. Teen mothers and schooling: Lacunae and challenges. *South African journal of education*, 28, 261-282.
- CHILISA, B. 2002. National policies on pregnancy in education systems in Sub-Saharan Africa: the case of Botswana. *Gender and education*, 14, 21-35.
- CHISANGO, T., MAFA, I. & MAUNGANIDZE, L. 2022. Investigating the Sexist Implications of Bride Price (Lobola) in Zimbabwe. *Society*, 59, 564-575.
- CHOHAN, Z. & LANGA, M. 2011. Teenage mothers talk about their experience of teenage motherhood. *Agenda*, 25, 87-95.
- CHUNGA, F. M. 2014. *Mothering and Schooling: A Case Study of Learning Experiences of Pregnancy Re-Entry Girls in Zambia*.
- CLARKE, A. Y. & MCCALL, L. 2013. Intersectionality and social explanation in social science research. *Du Bois review: social science research on race*, 10, 349-363.
- COAST, E., MWALI, M. M., ISIMBI, R., NGABONZIMA, E., PEREZNIETO, P., BUZBY, S., DUTTON, R. & BAIRD, S. 2021. 'If she's pregnant, then that means that her dreams fade away': exploring experiences of adolescent pregnancy and motherhood in Rwanda. *The European Journal of Development Research*, 33, 1274-1302.
- COFFEY INTERNATIONAL DEVELOPMENT 2016. *Narrow Windows, Revolving Doors*. . GEC Thematic Research.
- CORNWALL, A. & NYAMU-MUSEMBI, C. 2004. Putting the 'rights-based approach' to development into perspective. *Third World Quarterly*, 25, 1415-1437.
- COUNTY GOVERNMENT OF KILIFI & UNICEF 2019. *Adolescent, Young People Sexual Reproductive Health and Rights, HIV strategic Response for Kilifi County 2019-2022*. Kilifi.
- CRENSHAW, K. 1990. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.
- CRESWELL, J. W. & CRESWELL, J. D. 2017. *Research design: Qualitative, quantitative, and mixed methods approaches*, Sage publications.
- CUEVA, M., KUHNLEY, R., REVELS, L. J., CUEVA, K., DIGNAN, M. & LANIER, A. P. 2013. Bridging storytelling traditions with digital technology. *International Journal of Circumpolar Health*, 72, 20717.
- CYBERLINK CORP. 2023. *powerdirector video editing app* [Online]. online: CyberLink. Available: https://www.cyberlink.com/products/powerdirector-video-editing-app/features_en_US.html [Accessed].
- DANA, L. M., ADINEW, Y. M. & SISAY, M. M. 2019. Transactional sex and HIV risk among adolescent school girls in Ethiopia: mixed method study. *BioMed research international*, 2019.
- DARROCH, J. E., SINGH, S. & WEISSMAN, E. 2016. Adding it up: the costs and benefits of investing in sexual and reproductive health 2014. *Estimation Methodology. Appendix B:*

- Estimating sexual and reproductive health program and systems costs.: Guttmacher Institute.*
- DAVENPORT, F., GRACE, K., FUNK, C. & SHUKLA, S. 2017. Child health outcomes in sub-Saharan Africa: a comparison of changes in climate and socio-economic factors. *Global Environmental Change*, 46, 72-87.
- DAVIES, A. 2017. *Expectations, experiences and impact of engagement between health researchers and schools in Kenya*. PhD, Open University.
- DAVIES, A., MBETE, B., FEGAN, G., MOLYNEUX, S. & KINYANJUI, S. 2012. Seeing 'With my Own Eyes': Strengthening Interactions between Researchers and Schools. *IDS Bulletin*, 43, 61-67.
- DAVIES, A. M., N; YERI, B; MWANGO, G; MUMBA, N; MARSH, V; KAMUYA, D; MOLYNEX, S; KINYANJUI, S; JONES, C 2019. Evolution of a programme to engage school students with health research and science in Kenya. *Wellcome Open Research*.
- DAVIES, C., DOWNEY, A. & MURPHY, H. 1996. *School-Age Mothers: Access to Education: A report to Save the Children Fund*, Save the Children Fund.
- DE JAGER, A., FOGARTY, A., TEWSON, A., LENETTE, C. & BOYDELL, K. M. 2017. Digital storytelling in research: A systematic review. *The Qualitative Report*, 22, 2548-2582.
- DECLARATION, B. 1995. Beijing declaration and platform for action fourth world conference on women. *Paragraph*, 112, 859-865.
- DENZIN, N. K. & LINCOLN, Y. S. 2005. *Handbook of qualitative research*, Thousand Oaks, Sage.
- DEPARTMENT OF GENDER, C., SOCIAL SERVICES, SPORTS AND YOUTH 2021. State of teenage pregnancies in Kilifi County. Kilifi County: Kilifi County Government.
- DIWAKAR, V. & SHEPHERD, A. 2018. Understanding poverty in Kenya: A multidimensional analysis. London: CPAN. <https://sidase-wp-files-prod.s3.amazonaws.com/app/uploads/2020/12/01095836/kenya-mdpa.pdf> Accessed, 6, 2019.
- DLAMINI, P. S., KOHI, T. W., UYS, L. R., PHETLHU, R. D., CHIRWA, M. L., NAIDOO, J. R., HOLZEMER, W. L., GREEFF, M. & MAKORAE, L. N. 2007. Verbal and physical abuse and neglect as manifestations of HIV/AIDS stigma in five African countries. *Public health nursing*, 24, 389-399.
- EDWARDS, C., REDDINGTON, T. & WATERS, F. 2013. Child led research project: Teenage pregnancy. Online: Challenging Heights.
- ELENGEMOKE, J. M. & SUSUMAN, A. S. 2021. Early marriage and correlates among young women in Sub-Saharan African Countries. *Journal of Asian and African Studies*, 56, 1345-1368.
- ENIOLA, B. & AKINOLA, A. 2019. Women rights and land reform in Africa: Nigeria and South Africa in comparison. *The trajectory of land reform in post-colonial African states: The quest for sustainable development and utilization*, 109-123.
- ESPOSITO, N. 2001. From meaning to meaning: The influence of translation techniques on non-English focus group research. *Qualitative health research*, 11, 568-579.
- FEYISSA, G. T., TOLU, L. B., SOBOKA, M. & EZEH, A. 2023. Effectiveness of interventions to reduce child marriage and teen pregnancy in sub-Saharan Africa: a systematic review of quantitative evidence. *Frontiers in Reproductive Health*, 5, 1105390.
- FLICK, U. 2009. *An introduction to qualitative research*, London, Sage Publications.
- FLORA, F., MUMUIKHA, C., NDIGA, B., MWALA, S. & MARGARET, N. 2014. Effectiveness of Decentralized Education Bursary Fund in Enhancing Equity in Access and Participation in Public Secondary Schools. *Kajiado County, Kenya. International Journal of Innovative Research and Development*// ISSN, 2278-0211.
- FLOWE, H. D., ROCKOWITZ, S., ROCKEY, J., KANJA, W., KAMAU, C., COLLOFF, M., KAULDAR, J., WOODHAMS, J. & DAVIES, K. 2020. Sexual and Other Forms of Violence During the COVID-19 Pandemic Emergency in Kenya.

- GALGALLO, A. D., THUBA, E. & MWENDA, E. 2023. Social Economic Status and Implementation of the 100 Percent Transition Policy in Public Primary Schools in Sololo Sub-County, Marsabit County. *Journal of Education*, 3, 11-19.
- GANCHIMEG, T., OTA, E., MORISAKI, N., LAOPAIBOON, M., LUMBIGANON, P., ZHANG, J., YAMDAMSUREN, B., TEMMERMAN, M., SAY, L. & TUNÇALP, Ö. 2014. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 121, 40-48.
- GEORGE, A. S., AMIN, A., DE ABREU LOPES, C. M. & RAVINDRAN, T. S. 2020. Structural determinants of gender inequality: why they matter for adolescent girls' sexual and reproductive health. *bmj*, 368.
- GILLIAM, M., ORZALLI, S., HEATHCOCK, S., SUTHERLAND, E., JAGODA, P., MENENDEZ, A. & OJENGBEDE, O. 2012. From intervention to invitation: reshaping adolescent sexual health through storytelling and games. *African journal of reproductive health*, 16, 189-196.
- GOVENDER, D., NAIDOO, S. & TAYLOR, M. 2018. Scoping review of risk factors of and interventions for adolescent repeat pregnancies: A public health perspective. *African Journal of Primary Health Care and Family Medicine*, 10, 1-10.
- GOVENDER, D., NAIDOO, S. & TAYLOR, M. 2020. "I have to provide for another life emotionally, physically and financially": understanding pregnancy, motherhood and the future aspirations of adolescent mothers in KwaZulu-Natal South, Africa. *BMC pregnancy and childbirth*, 20, 1-21.
- GOVERNMENT OF THE REPUBLIC OF KENYA 2007. Kenya Vision 2030. In: MINISTRY OF PLANNING AND NATIONAL DEVELOPMENT (ed.). The Republic of Kenya.
- GREEN, J. & THOROGOOD, N. 2018. *Qualitative methods for health research*, sage.
- GROSSMAN, M. 2000. The human capital model. *Handbook of health economics*, 1, 347-408.
- GRUIJTERS, R., ABANGO, M. A. & CASELY-HAYFORD, L. 2023. Secondary School Fee Abolition in Sub-Saharan Africa: Taking Stock of the Evidence.
- GUBRIUM, A. C., HILL, A. L. & FLICKER, S. 2014a. A situated practice of ethics for participatory visual and digital methods in public health research and practice: A focus on digital storytelling. *American Journal of Public Health*, 104, 1606-1614.
- GUBRIUM, A. C., KRAUSE, E. L. & JERNIGAN, K. 2014b. Strategic authenticity and voice: New ways of seeing and being seen as young mothers through digital storytelling. *Sexuality Research and Social Policy*, 11, 337-347.
- GUGLIELMI, S., SEAGER, J., MITU, K., BAIRD, S. & JONES, N. 2020. 'People won't die due to the disease; they will die due to hunger': Exploring the impacts of covid-19 on Rohingya and Bangladeshi adolescents in Cox's Bazar. *GAGE*.
- GUNESS WORLD RECORDS. 2004. *Oldest person to begin primary school* [Online]. Online. Available: <https://guinnessworldrecords.com/world-records/oldest-person-to-begin-primary-school> [Accessed].
- GUSE, K., SPAGAT, A., HILL, A., LIRA, A., HEATHCOCK, S. & GILLIAM, M. 2013. Digital storytelling: A novel methodology for sexual health promotion. *American Journal of Sexuality Education*, 8, 213-227.
- GYESAW, N. Y. K. & ANKOMAH, A. 2013. Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study. *International journal of women's health*, 773-780.
- HANKIVSKY, O. 2012. Women's health, men's health, and gender and health: Implications of intersectionality. *Social science & medicine*, 74, 1712-1720.
- HANKIVSKY, O. 2014. Intersectionality 101. *The Institute for Intersectionality Research & Policy, SFU*.
- HANKIVSKY, O. & CHRISTOFFERSEN, A. 2008. Intersectionality and the determinants of health: a Canadian perspective. *Critical Public Health*, 18, 271-283.

- HARRIS, L. & WATSON-VANDIVER, M. 2020. Decolonizing race and gender intersectionality in education: A collaborative critical autoethnography of hope, healing and justice. *Journal of Cultural Analysis and Social Change*, 5, 1-16.
- HARRISON, M. S. & GOLDENBERG, R. L. Global burden of prematurity. *Seminars in fetal and neonatal medicine*, 2016. Elsevier, 74-79.
- HARTNETT, T. & HENEVELD, W. 1993. Measuring the gap: female education in Sub-Saharan Africa.
- HILL, M. A. & KING, E. M. 1993. Women's education in developing countries: An overview. *Women's education in developing countries: Barriers, benefits and policies*, 1-50.
- HODGKINSON, S., BEERS, L., SOUTHAMMAKOSANE, C. & LEWIN, A. 2014. Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133, 114-122.
- IAAH & FP2020; 2020. Protect adolescent health in COVID-19 response; International youth day. Online.
- IJEOMA, O. C., UWAKWE, J. O. & PAUL, N. 2013. Education an antidote against early marriage for the girl-child. *Journal of Educational and Social Research*, 3, 73.
- INYEGA, J. O., ARSHAD-AYAZ, A., NASEEM, M. A., MAHAYA, E. W. & ELSAYED, D. Post-independence basic education in Kenya: An historical analysis of curriculum reforms. FIRE: Forum for International Research in Education, 2021. 1-23.
- IRENE, J. M., NANCY; ALUN, DAVIES; SASSY, MOLYNEUX AND VICKI MARSH 2014. Report on consultations with community representatives and secondary school students in Kilifi, Kenya. *Nuffield Council on Bioethics Working Party on Ethical Issues for research involving children*. Online: Nuffield Council on Bioethics.
- IRVINE, A., DREW, P. & SAINSBURY, R. 2013. 'Am I not answering your questions properly?' Clarification, adequacy and responsiveness in semi-structured telephone and face-to-face interviews. *Qualitative Research*, 13, 87-106.
- JOCHIM, J., MEINCK, F., TOSKA, E., ROBERTS, K., WITTESAELE, C., LANGWENYA, N. & CLUVER, L. 2023. Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global public health*, 18, 2049846.
- JOHN NJOKA 2016. Teenage pregnancy in Kenya's Kilifi County: A qualitative study Nairobi: Faith to Action Network.
- JOLLE, J., KABUNGA, A., OKELLO, T. O., KADITO, E. O., ALOKA, J., OTITI, G., ALUKU, A. A., KUMAKECH, E. & UDHO, S. 2022. HIV-related stigma experiences and coping strategies among pregnant women in rural Uganda: A qualitative descriptive study. *Plos one*, 17, e0272931.
- JUMBA, L. K. & GITHINJI, F. 2018. School Factors Which Enhance the Schooling of Teen Mothers in Secondary School in Kenya: A Case of Trans-Nzoia West Sub-County. *Journal of Art & Social Sciences*, 2.
- KASSA, G. M., AROWOJOLU, A., ODUKOGBE, A. & YALEW, A. W. 2018. Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and meta-analysis. *Reproductive health*, 15, 195.
- KATANA, J. 2016. *Mapping The Supply Of Piped Water In Kilifi County*. PhD, University of Nairobi.
- KEMRI-SERU; 2017. General requirements of informed consent and documentation of informed consent.
- KENNON, N., HOWDEN, P. & HARTLEY, M. 2009. Who really matters?: A stakeholder analysis tool. *Extension Farming Systems Journal*, 5, 9-17.
- KENYA MEDICAL RESEARCH INSTITUTE 2014. General requirements of informed consent and documentation of informed consent. *Standard operating procedure*. KEMRI: KEMRI.
- KENYA NATIONAL BUREAU OF STATISTICS 2018. Economic Survey 2018. KNBS.
- KHAN, A. R. 2016. Policy implementation: Some aspects and issues. *Journal of Community Positive Practices*, 3-12.

- KHOSA-NKATINI, H. P., BUQA, W. & MACHIMANA, N. 2023. Gender role changes in African households: A challenge to theology and psychology. *In die Skriflig/In Luce Verbi*, 57, 2893.
- KIELMANN, K., CATALDO, F. & SEELEY, J. 2011. Introduction to qualitative research methodology.
- KILIFI COUNTY GOVERNMENT 2015. Kilifi County HIV and AIDS strategic plan 2016-2020. *In: COUNTY DEPARTMENT OF HEALTH* (ed.). Kilifi.
- KISANGA, F., NYSTRÖM, L., HOGAN, N. & EMMELIN, M. 2013. Parents' experiences of reporting child sexual abuse in urban Tanzania. *Journal of Child Sexual Abuse*, 22, 481-498.
- KNBS 2015. Kenya Demographic and Health Survey 2014. Nairobi, Kenya: Republic of Kenya.
- KNBS 2023. The Kenya Poverty Report : Based on the 2021 Kenya Continuous Household Survey. Nairobi, Kenya: KNBS.
- KNBS AND ICF 2022. Kenya Demographic and Health Survey 2022: Volume 1. *In: KNBS* (ed.). Nairobi Kenya and Rockville, Maryland USA: KNBS and ICF.
- KOHNO, A., TECHASRIVICHIAN, T., SUGUIMOTO, S. P., DAHLUI, M., NIK FARID, N. D. & NAKAYAMA, T. 2020. Investigation of the key factors that influence the girls to enter into child marriage: A meta-synthesis of qualitative evidence. *PloS one*, 15, e0235959.
- KRUEGER, R. & CASEY, M. 2000. Focus Groups: A Practical Guide for Applied Research, 3rd edn SAGE Publications. *Inc, Thousand Oaks [Google Scholar]*.
- KURGAT, J. J. 2016. Administrative Support Factors Influencing Re-Admission of Teenage Mothers in Secondary Schools in Kenya: A Case of Baringo County. *Journal of Education and Practice*, 7, 208-211.
- LAMBERT, J. 2013. *Digital storytelling: Capturing lives, creating community*, Routledge.
- LANGLEY, J., WOLSTENHOLME, D. & COOKE, J. 2018. 'Collective making' as knowledge mobilisation: the contribution of participatory design in the co-creation of knowledge in healthcare. *BMC health services research*, 18, 1-10.
- LARSON, E., GEORGE, A., MORGAN, R. & POTEAT, T. 2016. 10 Best resources on... intersectionality with an emphasis on low-and middle-income countries. *Health policy and planning*, 31, 964-969.
- LEACH, F. 2008. African girls, nineteenth-century mission education and the patriarchal imperative. *Gender and Education*, 20, 335-347.
- LEERLOOIJER, J. N., BOS, A. E., RUITER, R. A., VAN REEUWIJK, M. A., RIJSDIJK, L. E., NSHAKIRA, N. & KOK, G. 2013. Qualitative evaluation of the Teenage Mothers Project in Uganda: a community-based empowerment intervention for unmarried teenage mothers. *BMC public health*, 13, 816.
- LEMOLA, S. 2015. Long-term outcomes of very preterm birth: Mechanisms and interventions. *European Psychologist*, 20, 128-137.
- LEVINE, R. A., LEVINE, S. E., ROWE, M. L. & SCHNELL-ANZOLA, B. 2004. Maternal literacy and health behavior: a Nepalese case study. *Social science & medicine*, 58, 863-877.
- LIANG, M., SIMELANE, S., FILLO, G. F., CHALASANI, S., WENY, K., CANELOS, P. S., JENKINS, L., MOLLER, A.-B., CHANDRA-MOULI, V. & SAY, L. 2019. The state of adolescent sexual and reproductive health. *Journal of Adolescent Health*, 65, S3-S15.
- LIMBORO, C. 2019. Re-enrolment and Retention of Teen mothers in ASAL Regions of Kenya. Education Development Trust.
- LLOYD, C. B. & YOUNG, J. 2009. New lessons: the power of educating adolescent girls: a Girls Count report on adolescent girls. The Population Council, Inc.
- LOAIZA, E. & LIANG., M. 2013. Adolescent Pregnancy: A review of the evidence. New York: UNFPA.
- MACKAY, C. 1981. Second university: Report of presidential working party (Mackay Report). *Nairobi, Kenya: Government Printer*.

- MAKOA, L. N., GREEFF, M., PHETLHU, R. D., UYS, L. R., NAIDOO, J. R., KOHI, T. W., DLAMINI, P. S., CHIRWA, M. L. & HOLZEMER, W. L. 2008. Coping with HIV-related stigma in five African countries. *Journal of the Association of Nurses in AIDS Care*, 19, 137-146.
- MALATJI, H., DUBE, N. & NKALA-DLAMINI, B. 2020. "Every time when I make a mistake in class, educators would say, you baby mama you must keep quiet:" Challenges confronting teenage mothers when re-engaging with secondary school education in a Johannesburg secondary school, South Africa. *Journal of Human Behavior in the Social Environment*, 30, 306-318.
- MALINDI, M. J. 2018. Personal and socio-ecological resilience resources among school-going teenage mothers: An exploratory study. *Journal of Psychology in Africa*, 28, 340-343.
- MALULI, F. & BALI, T. 2014. Exploring experiences of pregnant and mothering secondary school students in Tanzania. *Research on Humanities and Social Sciences*, 4.
- MANDI, F. 2018. *Teens and parents to blame for early pregnancies in Kilifi* [Online]. online: Baraka FM. Available: <https://barakafm.org/2018/11/21/teens-and-parents-to-blame-for-early-pregnancies-in-kilifi/> [Accessed 2019].
- MARSH, V., KAMUYA, D., ROWA, Y., GIKONYO, C. & MOLYNEUX, S. 2008. Beginning community engagement at a busy biomedical research programme: experiences from the KEMRI CGMRC-Wellcome Trust Research Programme, Kilifi, Kenya. *Social science & medicine*, 67, 721-733.
- MARSH, V., MWANGOME, N., JAO, I., WRIGHT, K. M., SASSY & AND DAVIES, A. 2019. Who should decide about children and young people's participation in health research? The views of young people and adults in rural Kenya. *BMC Medical Ethics*
- MARSHALL, M. N. 1996. Sampling for qualitative research. *Family practice*, 13, 522-526.
- MARTÍNEZ, E. & ODHIAMBO, A. 2018. *Leave no girl behind in africa: Discrimination in education against pregnant girls and adolescent mothers*, Human Rights Watch.
- MASHALA, P., ESTERHUIZEN, R., BASSON, W. & NEL, K. 2012. Qualitative exploration of the experiences and challenges of adolescents during pregnancy. *Journal of Psychology in Africa*, 22, 49-55.
- MASHISHI, N. & MAKOELLE, T. 2014. Inclusion or exclusion ramifications of teenage pregnancy: A comparative analysis of Namibia and South African Schools Pregnancy Policies. *Mediterranean Journal of Social Sciences*, 5, 374.
- MATHUR, S., GREENE, M. & MALHOTRA, A. 2003. Too Young to Wed: Education and Action Toward Ending Child Marriage. *Washington, DC: International Center for Research on Women*.
- MAYOR, S. 2004. Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. *BMJ (Clinical research ed.)*, 328, 1152-1152.
- MBUBA, J. M. & MUGAMBI, F. N. 2011. Approaches to crime control and order maintenance in transitional societies: The role of village headmen, chiefs, sub-chiefs and administration police in rural Kenya. *African Journal of Criminology and Justice Studies: AJCJS*, 4, 1.
- MCGREGOR, G. & MILLS, M. 2012. Alternative education sites and marginalised young people: 'I wish there were more schools like this one'. *International Journal of Inclusive Education*, 16, 843-862.
- MEEKERS, D. & AHMED, G. 1999. Pregnancy-related school dropouts in Botswana. *Population Studies*, 53, 195-209.
- MENDELOW, A. Stakeholder mapping. Proceedings of the 2nd international conference on information systems, Cambridge, MA, 1991. 61.
- MIDDLETON, J. 1993. *Skills for Productivity: Vocational Education and Training in Developing Countries*, ERIC.
- MINCER, J. 1981. Human capital and economic growth. National Bureau of Economic Research Cambridge, Mass., USA.

- MINISTRY OF EDUCATION. 2017. *The National Education Management Information System* [Online]. Online: Republic of Kenya,. Available: <https://nemis.education.go.ke/> [Accessed 2020].
- MINISTRY OF EDUCATION ZAMBIA, FAWEZA & UNICEF 2004. Guidelines for the re-entry policy: What happens if a school girl falls pregnant? *In: EQUITY AND GENDER UNIT* (ed.). Lusaka: MoE.
- MINISTRY OF HEALTH 2019. Fact Sheet: Adolescent Sexual and reproductive Health in Kilifi County. AFIDEP, NORAD.
- MINTROM, M. & LUETJENS, J. 2016. Design thinking in policymaking processes: Opportunities and challenges. *Australian Journal of Public Administration*, 75, 391-402.
- MIROWSKY, J. 2017. *Education, social status, and health*, Routledge.
- MOEST & UNESCO 2015. Education and Training sector gender policy. 2nd ed. Nairobi, Kenya: UNON Publishing Services Section.
- MOEST; UNICEF 2014. Basic Education Statistical Booklet. Nairobi, Kenya: MoEST.
- MOGESS, Y. K., ESHETE, Z. S. & ALEMAW, A. T. 2023. Economic growth and poverty reduction: Evidence from Sub-Saharan African (SSA) countries. *Poverty & Public Policy*, 15, 251-278.
- MOLOSIWA, S. & MOSWELA, B. 2012. Girl-pupil dropout in secondary schools in Botswana: Influencing factors, prevalence and consequences. *International Journal of Business and Social Science*, 3.
- MORANTZ, G., COLE, D., VREEMAN, R., AYAYA, S., AYUKU, D. & BRAITSTEIN, P. 2013. Child abuse and neglect among orphaned children and youth living in extended families in sub-Saharan Africa: What have we learned from qualitative inquiry? *Vulnerable children and youth studies*, 8, 338-352.
- MORRIS, A. 2015. A practical introduction to in-depth interviewing. *A practical introduction to in-depth interviewing*, 1-160.
- MOSER, G. & ICHIDA, T. 2001. Economic growth and poverty reduction in Sub-Saharan Africa.
- MPAYIPHELI, V. & KHESWA, J. G. 2020. Educators' perspectives on psychosocial support for pregnant learners in Alice. *e-Bangi*, 17.
- MUGANDA-ONYANDO, R. & OMONDI, M. 2008. *Down the drain: Counting the Costs of Teenage Pregnancy and School dropout in Kenya*, Centre for the Study of Adolescence.
- MUSHAANDJA, J., HAIHAMBO, C., VERGNANI, T. & FRANK, E. 2013. Major challenges facing teacher counselors in schools in Namibia. *Education journal*, 2, 77-84.
- MUSUNDI, S. M. 2016. The Role of Families/Communities in Supporting Girl's Education: A case study of Kenya, Malawi and Zambia. *In: FAWE* (ed.) *The learning generation: investing in education for a changing world*. Nairobi: The Education Commission.
- MUTSHAENI, H., MANWADU, L. & MASHAU, T. 2015. Management of Pregnant Learners in Secondary Schools: Perceptions of Educators. *Journal of Social Sciences*, 44, 101-105.
- MUTUA, M. N., MIRITI, J. M. A. & MOGENI, S. 2019. Implementation of the 'Return to School' Policy for Teenage Mothers in Kenya: A Rights-Based Perspective. *International Journal of Humanities Social Sciences and Education (IJHSSE)*, 6, 16.
- MWANSA, A. 2011. Re-entry to school after giving birth: An evaluation of the process used to design and implement policy in Zambia. *CREATE Pathways to Access Series*. University of Sussex.
- MWANZA, P. 2013. *Role of non-governmental organisations in basic education policy reform in Lusaka province of Zambia*. PhD, The University of Edinburgh.
- NABUGOOMU, J., SERUWAGI, G. K., CORBETT, K., KANYESIGYE, E., HORTON, S. & HANNING, R. 2018. Needs and barriers of teen mothers in rural eastern Uganda: stakeholders' perceptions regarding maternal/child nutrition and health. *International journal of environmental research and public health*, 15, 2776.

- NAIDOO, J., MUTHUKRISHNA, N. & NKABINDE, R. 2021. The journey into motherhood and schooling: narratives of teenage mothers in the South African context. *International Journal of Inclusive Education*, 25, 1125-1139.
- NATIONAL AIDS AND STI CONTROL PROGRAMME (NASCO) AND KENYA MEDICAL RESEARCH INSTITUTE (KEMRI) 2015. Guidelines for Conducting Adolescents Sexual and Reproductive Health Research in Kenya. In: MINISTRY OF HEALTH (ed.).
- NATIONAL COUNCIL FOR POPULATION DEVELOPMENT 2017. 2015 Kenya National Adolescents and Youth Survey (NAYS). NCPD Nairobi, Kenya.
- NCUBE, D. & MUDAU, T. 2017. 'Legalising the illegal' Interrogating the policy that allows pregnant school girls to go for maternity leave and come back to school. A case of selected schools in Gwanda District. *Global Journal of Advanced Research*, 4, 12.
- NDUNGE, M. E., OGOLA, M. & OTIENO, D. 2022. Relationship between Learner Support Strategies for supporting 100 Percent Transition Policy and Quality Teaching and Learning in Public Secondary Schools in Machakos County, Kenya. *Journal of Education*, 2, 1-10.
- NEAL, S., MATTHEWS, Z., FROST, M., FOGSTAD, H., CAMACHO, A. V. & LASKI, L. 2012. Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. *Acta obstetricia et gynecologica Scandinavica*, 91, 1114-1118.
- NG'ASIKE, J. 2018. Early childhood education development in Kenya. *Handbook of international perspectives on early childhood education*. Routledge.
- NIBOYE, E. P. 2018. Back to School after Delivery, the Plight of Teenage Mothers in Zanzibar: Experiences from Mjini Magharibi's Urban and West Districts in Unguja. *International Journal of Humanities Social Sciences and Education (IJHSSE)*, 5, 54-67.
- NINSIIMA, A. B., MICHIELSEN, K., KEMIGISHA, E., NYAKATO, V. N., LEYE, E. & COENE, G. 2020. Poverty, gender and reproductive justice. A qualitative study among adolescent girls in Western Uganda. *Culture, Health & Sexuality*, 22, 65-79.
- NISHIMURA, M. & BYAMUGISHA, A. 2011. The challenges of universal primary education policy in sub-Saharan Africa. *Policy debates in comparative, international, and development education*. Springer.
- NKWEMU, S., JACOBS, C. N., MWEEMBA, O., SHARMA, A. & ZULU, J. M. 2019. "They say that I have lost my integrity by breaking my virginity": experiences of teen school going mothers in two schools in Lusaka Zambia. *BMC public health*, 19, 1-8.
- NORDNORDWEST 2015. Location of Kilifi County in Kenya. In: KENYA, K. C. I. (ed.). <https://commons.wikimedia.org/wiki/>: Creative commons.
- NOVE, A., MATTHEWS, Z., NEAL, S. & CAMACHO, A. V. 2014. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *The Lancet Global Health*, 2, e155-e164.
- NTINDA, K., THWALA, S. L. K. & DLAMINI, T. P. 2016. Lived experiences of school-going early mothers in Swaziland. *Journal of Psychology in Africa*, 26, 546-550.
- NYARIRO, M. P. 2018. Re-Conceptualizing School Continuation & Re-Entry Policy for Young Mothers Living in an Urban Slum Context in Nairobi, Kenya: A Participatory Approach. *Studies in Social Justice*, 12, 310-328.
- NYIKURI, M., TSOFA, B., BARASA, E., OKOTH, P. & MOLYNEUX, S. 2015. Crises and resilience at the frontline—public health facility managers under devolution in a sub-county on the Kenyan Coast. *PloS one*, 10, e0144768.
- OBIRIA, M. 2020. *Alarming statistics of teen mums* [Online]. CRAW. Available: <https://home.creaw.org/2020/01/31/alarming-statistics-on-teen-moms/> [Accessed 2020].
- OFFICE OF THE AUDITOR-GENERAL 2022. Report of the Auditor General on Kilifi County Scholarship Fund for the Year Ended 30 June 2019. Parliament of Kenya Website: Digital Library of the Parliament of Kenya.

- OFFICE OF THE PRESIDENT OF THE REPUBLIC OF KENYA;. 2024. *Ministries* [Online]. The Official Website: Office of the President of the Republic of Kenya. Available: Office of the President of the Republic of Kenya; [Accessed 2024].
- OHBA, A. 2009. *Does free secondary education enable the poor to gain access? A study from rural Kenya*, Create.
- OHBA, A. 2011. The abolition of secondary school fees in Kenya: Responses by the poor. *International Journal of Educational Development*, 31, 402-408.
- OKETCH, M. & ROLLESTON, C. 2007. Policies on free primary and secondary education in East Africa: A review of the literature.
- OKETCH, M. O. & SOMERSET, H. A. 2010. *Free primary education and after in Kenya: Enrolment impact, quality effects, and the transition to secondary school*, Citeseer.
- OMWANCHA, K. M. 2012. *The implementation of an educational re-entry policy for girls after teenage pregnancy: A case study of public secondary schools in the Kuria District, Kenya*. Doctor of Philosophy in Education, victoria University of Wellington.
- ONDERI, H. & MAKORI, A. 2014. Understanding Realities, inequalities and implications associated with policy and practice in form one selection in secondary schools in Kenya.
- ONYANGO, G., NGUNZO KIOLI, F. & NYAMBEDHA, E. 2015a. Challenges of school re-entry among teenage mothers in primary schools in Muhoroni District, Western Kenya. *SSRN*.
- ONYANGO, G., NGUNZO KIOLI, F. & NYAMBEDHA, E. 2015b. Challenges of school re-entry among teenage mothers in primary schools in Muhoroni District, Western Kenya. *Erick, Challenges of School Re-Entry Among Teenage Mothers in Primary Schools in Muhoroni District, Western Kenya (January 8, 2015)*.
- ORODHO, J. A. 2014. Policies on free primary and secondary education in East Africa: Are Kenya and Tanzania on course to attain Education for All (EFA) Goals by 2015. *International Organization of Scientific Research (IOSR) Journal of Humanities and Social Sciences (IOSR-JHSS)*, 19, 11-20.
- ORUKO, K., NYOTHACH, E., ZIELINSKI-GUTIERREZ, E., MASON, L., ALEXANDER, K., VULULE, J., LASERSON, K. F. & PHILLIPS-HOWARD, P. A. 2015. 'He is the one who is providing you with everything so whatever he says is what you do': A Qualitative Study on Factors Affecting Secondary Schoolgirls' Dropout in Rural Western Kenya. *PloS one*, 10, e0144321.
- OWUOR, M. J., GUDO, C. O. & ONDITI, M. A. 2016. Effects of capitation grant on implementation of free primary education in Kenya.
- PALADUGU, R. K., DONIPUDI, P. C., CHIMATA, D. & JASTI, M. 2018. Adolescent pregnancy and its outcomes: a cross-sectional study. *Int J Community Med Public Health*, 5, 4408-14.
- PALINKAS, L. A., HORWITZ, S. M., GREEN, C. A., WISDOM, J. P., DUAN, N. & HOAGWOOD, K. 2015. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42, 533-544.
- PANDAY, S., MAKIWANE, M., RANCHOD, C. & LETSOALA, T. 2009. Teenage pregnancy in South Africa: with a specific focus on school-going learners. In: COUNCIL, H. S. R. (ed.). Republic of South Africa, National Department of Education: Republic of South Africa.
- PEET, E. D., FINK, G. & FAWZI, W. 2015. Returns to education in developing countries: Evidence from the living standards and measurement study surveys. *Economics of education review*, 49, 69-90.
- PETERS, D. H., ADAM, T., ALONGE, O., AGYEPONG, I. A. & TRAN, N. 2013. Implementation research: what it is and how to do it. *British Medical Journal*.

- PHIRI, C. & MACHILA, N. 2019. Grief, discrimination and reconsideration: Examining the Effects of Re-entry Policy on Teenage mothers (TMs) in Zambia. *Journal of Lexicography and Terminology/ Volume, 3*.
- PHIRI, M., MUSONDA, E., SHASHA, L., KANYAMUNA, V. & LEMBA, M. 2023. Individual and Community-level factors associated with early marriage in Zambia: a mixed effect analysis. *BMC women's health, 23*, 21.
- PILLAY, S., SIBANDA, W., GHUMAN, M. & COUTSOUDIS, A. 2018. Infant feeding practices of teenage mothers attending a well-baby clinic in a public hospital in Umlazi, KwaZulu-Natal, South Africa. *South African journal of Clinical nutrition, 31*, 14-19.
- PITCHFORTH, E. & VAN TEIJLINGEN, E. 2005. International public health research involving interpreters: a case study from Bangladesh. *BMC Public Health, 5*, 1-7.
- POLONENKO, L. M. 2017. The impact of the global financial crisis on Millennium Development Goal attainment in Africa. *Did the Millennium Development Goals Work? : Policy Press*.
- POPE, C. & MAYS, N. 1995. Qualitative research: reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *Bmj, 311*, 42-45.
- POWELL, R. A. & SINGLE, H. M. 1996. Focus groups. *International journal for quality in health care, 8*, 499-504.
- PSACHAROPOULOS, G. 1994. Returns to investment in education: A global update. *World development, 22*, 1325-1343.
- PSACHAROPOULOS, G. & PATRINOS, H. A. 2004. Human Capital and rates of return. In: JOHNES, G. J. A. J. (ed.) *International Handbook on the economics of Education*. Cheltenham, UK and Massachusetts, USA: Edward Elgar Publishing Ltd.
- PSACHAROPOULOS, G. & PATRINOS, H. A. 2018. Returns to Investment in Education: A Decennial Review of the Global Literature.
- QUAYE, R. & ATTOM, L. E. 2019. Incidence and Challenges Facing Teenage Mothers in Senior High Schools in the Ledzokuku Krowor Municipality of Ghana. *American Journal of Business and Society, 4*, 108-119.
- RANGANATHAN, M., MACPHAIL, C., PETTIFOR, A., KAHN, K., KHOZA, N., TWINE, R., WATTS, C. & HEISE, L. 2017. Young women's perceptions of transactional sex and sexual agency: a qualitative study in the context of rural South Africa. *BMC public health, 17*, 666.
- RASMUSSEN, B., MAHARAJ, N., SHEEHAN, P. & FRIEDMAN, H. S. 2019. Evaluating the employment benefits of education and targeted interventions to reduce child marriage. *Journal of Adolescent Health, 65*, S16-S24.
- REPUBLIC OF BOTSWANA 1978. Consequences of pregnancy of pupil. In: MINISTRY OF EDUCATION (ed.) 34 Gaborone.
- REPUBLIC OF KENYA 1965. African socialism and its application to planning in Kenya. Government Printer.
- REPUBLIC OF KENYA 1994. School return policy. In: MINISTRY OF EDUCATION (ed.).
- REPUBLIC OF KENYA 2001. The children's Act 2001. In: KENYA GAZZETTE (ed.). Nairobi: The Government Printer.
- REPUBLIC OF KENYA 2006. Sexual Offences Act No. 3 of 2006. Kenya: Laws of Kenya.
- REPUBLIC OF KENYA 2009a. National School Health Guidelines. In: MINISTRY OF PUBLIC HEALTH AND SANITATION & MINISTRY OF EDUCATION (ed.).
- REPUBLIC OF KENYA 2009b. National School Health Policy. In: MINISTRY OF PUBLIC HEALTH AND SANITATION & MINISTRY OF EDUCATION (ed.).
- REPUBLIC OF KENYA 2010. The New Constitution of Kenya. Nairobi: Government Printer.
- REPUBLIC OF KENYA 2012. County Governments Act, No. 17 of 2012.
- REPUBLIC OF KENYA 2012. Task force on the Re-Alignment of the education sector to the constitution of Kenya 2010. Ministry of Education Nairobi, Kenya.

- REPUBLIC OF KENYA 2015a. Education and Training Sector Gender policy. *In: MINISTRY OF EDUCATION, S. A. T. (ed.) 2nd Edition ed.*
- REPUBLIC OF KENYA 2015b. National Education Sector plan- Volume one: Basic Education Programme Rationale and Approach 2013 - 2018. *In: MOEST (ed.). Nairobi: Republic of Kenya.*
- REPUBLIC OF KENYA 2016. Climate Risk Profile for Kilifi County. *In: MINISTRY OF AGRICULTURE LIVESTOCK AND FISHERIES (ed.).*
- REPUBLIC OF KENYA 2017. The Health Act, 2017 *In: THE PARLIAMENT OF KENYA (ed.) 21 of 2017. Nairobi.*
- REPUBLIC OF KENYA 2018a. Kenya School Health Implementation Guidelines. *In: MINISTRY OF EDUCATION & MINISTRY OF HEALTH (ed.) 2nd ed.*
- REPUBLIC OF KENYA 2018b. Kenya Vision 2030 Flagship projects Progress Report 2008-2017.
- REPUBLIC OF KENYA 2020a. Kenya Vision 2030 Flagship projects Progress Report 2018-2019.
- REPUBLIC OF KENYA 2020b. National guidelines for school re-entry in early learning and basic education. *In: EDUCATION, M. O. (ed.).*
- REPUBLIC OF KENYA 2022a. Kenya Vision 2030 Flagship projects Progress Report 2020-2021.
- REPUBLIC OF KENYA. 2022b. *Ministry of Health* [Online]. Online: Ministry of Health. Available: <https://www.health.go.ke/background-moh> [Accessed 19th Septemeber 2023 2023].
- REPUBLIC OF NAMIBIA 2010. Education Sector Policy for the Prevention and Management of Learner Pregnancy. *In: MINISTRY OF EDUCATION (ed.).*
- REPUBLIC OF SOUTH AFRICA 2020. You and Your Grants 2020/21. *In: SOUTH AFRICAN SOCIAL SECURITY AGENCY (ed.).*
- REPUBLIC OF UGANDA 2013. National Strategy for Girls' Education (NSGE) in Uganda (2015–2019). *In: MINISTRY OF EDUCATION AND SPORTS (ed.).*
- RILEY, T., SULLY, E., AHMED, Z. & BIDDLECOM, A. 2020. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *Int Perspect Sex Reprod Health*, 46, 46.
- RIORDAN, S. 2002. The invisible students: Young parents in education. Department of children and youth affairs, Ireland Teen parents support initiative.
- RITCHIE, J. & SPENCER, L. 2002. Qualitative data analysis for applied policy research. *The qualitative researcher's companion*, 573, 305-29.
- ROBERTSON, P. J. 2015. Towards a capability approach to careers: applying Amartya Sen's thinking to career guidance and development. *International Journal for Educational and Vocational Guidance*, 15, 75-88.
- ROBEYNS, I. 2005. The capability approach: a theoretical survey. *Journal of human development*, 6, 93-117.
- ROD, M. H., ROD, N. H., RUSSO, F., KLINKER, C. D., REIS, R. & STRONKS, K. 2023. Promoting the health of vulnerable populations: Three steps towards a systems-based re-orientation of public health intervention research. *Health & place*, 80, 102984.
- ROSENBERG, M., PETTIFOR, A., MILLER, W. C., THIRUMURTHY, H., EMCH, M., AFOLABI, S. A., KAHN, K., COLLINSON, M. & TOLLMAN, S. 2015. Relationship between school dropout and teen pregnancy among rural South African young women. *International journal of epidemiology*, 44, 928-936.
- RUNHARE, T. & GORDON, R. 2004. The comprehensive review of gender issues in the education sector. *Zimbabwe: UNICEF/MoSESC (Report presented for UNICEF/MoSESC 49 (1): 38–40).*

- RUNHARE, T. & VANDEYAR, S. 2011. Loss of learning space within a legally inclusive education system: Institutional responsiveness to mainstreaming of pregnant learners in formal education. *Gender and Behaviour*, 9, 4100-4124.
- RWECHUNGURA, J. K. 2014. *An exploratory study of the factors contributing to school dropout among girls in Temeke district of Dar es Salaam, Tanzania*. University of Cape Town.
- SALAMI, K. K., AYEGBAYIN, M. & ADEDEJI, I. A. 2014. Unmet social needs and teenage pregnancy in Ogbomosho, South-western Nigeria. *African health sciences*, 14, 959-966.
- SAMARA, S. 2010. Something-for-something love: the motivations of young women in Uganda. *Journal of health organization and management*, 24, 512-519.
- SANJUÁN, P., MOLERO, F., FUSTER, M. J. & NOUVILAS, E. 2013. Coping with HIV related stigma and well-being. *Journal of Happiness Studies*, 14, 709-722.
- SCHMEER, K. 1999. *Guidelines for Conducting a Stakeholder Analysis*, Partnerships for Health reforms, Abt Associates Inc. Bethesda, MA, USA.
- SCHULTZ, T. P. 2002. Why governments should invest more to educate girls. *World development*, 30, 207-225.
- SCOTT, J. A. G., BAUNI, E., MOISI, J. C., OJAL, J., GATAKAA, H., NYUNDO, C., MOLYNEUX, C. S., KOMBE, F., TSOFA, B. & MARSH, K. 2012. Profile: the Kilifi health and demographic surveillance system (KHDSS). *International journal of epidemiology*, 41, 650-657.
- SEMPEMBWA, C. S. & JULIUS TUKESIGA, D. 2016. Protecting Education for Pregnant 9 and Parenting Students: Lessons from a successful intervention in the post-conflict context of Northern Uganda. *Changing Social Norms to Universalize Girls' Education in East Africa: Lessons from a Pilot Project*, 184.
- SEN, A. 1993. Capability and well-being. In: SEN, A. & NUSSBAUM, M. (eds.) *The Quality of Life*. Oxford: Larendon Press.
- SHAHRAKI, M., AGHELI, L., ASSARI ARANI, A., SADEQI, H. & GHADERI, S. 2018. The relationship between mother's socioeconomic status and child health. *Journal of Research and Health*, 8, 143-151.
- SHEEHAN, P., SWEENEY, K., RASMUSSEN, B., WILS, A., FRIEDMAN, H. S., MAHON, J., PATTON, G. C., SAWYER, S. M., HOWARD, E. & SYMONS, J. 2017. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *The Lancet*, 390, 1792-1806.
- SHEFER, T., BHANA, D. & MORRELL, R. 2013. Teenage pregnancy and parenting at school in contemporary South African contexts: Deconstructing school narratives and understanding policy implementation. *Perspectives in Education*, 31, 1-10.
- SHOMALI, A. Y. & LAWSON, D. 2020. Children, forced and early marriage: Preventing and responding to early marriage in Uganda. *Gender, poverty and access to justice*. Routledge.
- SIFUNA, D. N. & SAWAMURA, N. 2010. Challenges of quality education in Sub-Saharan Africa-Some key issues. *Hauppauge, NY: Nova Science Publishers*.
- SIHANYA, B. 2013. Devolution and education law and policy in Kenya. *Law Society of Kenya Journal*.
- SIMPSON, J. 2009. Everyone belongs. *A Toolkit for Applying Intersectionality*, Ottawa, Institut canadien de recherches sur les femmes.
- SOFAER, S. 1999. Qualitative methods: what are they and why use them? *Health services research*, 34, 1101.
- SOMANI, T. 2017. Importance of educating girls for the overall development of society: a global perspective. *Journal of Educational Research and Practice*, 7, 10.
- SOUTH AFRICAN DEPARTMENT OF EDUCATION 2007. Measures for the Prevention and Management of Learner Pregnancy. Pretoria: Department of Education, .
- SSEWANYANA, D., MWANGALA, P. N., MARSH, V., JAO, I., VAN BAAR, A., NEWTON, C. R. & ABUBAKAR, A. 2018. Young people's and stakeholders' perspectives of

- adolescent sexual risk behavior in Kilifi County, Kenya: a qualitative study. *Journal of health psychology*, 23, 188-205.
- SULLY, E. A., BIDDLECOM, A., DARROCH, J. E., RILEY, T., ASHFORD, L. S., LINCEDEROCHE, N., FIRESTEIN, L. & MURRO, R. 2020. Adding it up: investing in sexual and reproductive health 2019.
- TALBERT, A. W., TSOFA, B., MUMBO, E., BERKLEY, J. A. & MWANGOME, M. 2018. Knowledge of, and attitudes to giving expressed breastmilk to infants in rural coastal Kenya; focus group discussions of first time mothers and their advisers. *International breastfeeding journal*, 13, 1-7.
- TARUS, D. C. B. K. 2020. The level of awareness of re-entry policy of teenage mothers in public secondary school in Kenya. *American Journal of Humanities and Social Sciences Research (AJHSSR)*, 4, 14.
- TEFERA, A. A., POWERS, J. M. & FISCHMAN, G. E. 2018. Intersectionality in education: A conceptual aspiration and research imperative. SAGE Publications Sage CA: Los Angeles, CA.
- TETTEH, J., NUERTEY, B. D., DWOMOH, D., UDOFIA, E. A., MOHAMMED, S., ADJEI-MENSAH, E. & YAWSON, A. E. 2020. Teenage pregnancy and experience of physical violence among women aged 15-19 years in five African countries: Analysis of complex survey data. *PloS one*, 15, e0241348.
- THE REPUBLIC OF KENYA 2012. Chiefs' Act. In: NATIONAL COUNCIL FOR LAW REPORTING (ed.). Kenya Law website: National Council for Law Reporting,.
- THE REPUBLIC OF KENYA. 2023. *Parliament of Kenya* [Online]. Available: <http://www.parliament.go.ke/the-senate/house-business/bills> [Accessed 2023].
- TOLHURST, R., LEACH, B., PRICE, J., ROBINSON, J., ETTORE, E., SCOTT-SAMUEL, A., KILONZO, N., SABUNI, L. P., ROBERTSON, S. & KAPILASHRAMI, A. 2012. Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyse voices and debates from the global south and north. *Social Science & Medicine*, 74, 1825-1832.
- TREFFRY-GOATLEY, A., LESSELLS, R., SYKES, P., BÄRNIGHAUSEN, T., DE OLIVEIRA, T., MOLETSANE, R. & SEELEY, J. 2016. Understanding specific contexts of antiretroviral therapy adherence in rural South Africa: A thematic analysis of digital stories from a community with high HIV prevalence. *PLoS One*, 11.
- TUKUNDANE, C., MINNAERT, A., ZEELLEN, J. & KANYANDAGO, P. 2015. A review of enabling factors in support intervention programmes for early school leavers: What are the implications for Sub-Saharan Africa? *Children and Youth Services Review*, 52, 54-62.
- UDJO, M. M. C. D. L. R. A. E. 2006. Is the child support grant associated with an increase in teenage fertility in South Africa?: evidence from national surveys and administrative data. In: COUNCIL, H. S. R. (ed.). Human Sciences Research Council.
- UN GENERAL ASSEMBLY 1989. Convention on the Rights of the Child. *United Nations, Treaty Series*, 1577.
- UN GENERAL ASSEMBLY. 2015. Transforming our world: The 2030 agenda for Sustainable development Goals. Available: <https://www.refworld.org/docid/57b6e3e44.html>.
- UNDIE, C.-C., BIRUNGI, H., ODWE, G. & OBARE, F. 2015a. *Expanding access to secondary school education for teenage mothers in Kenya: A baseline study report*, Population Council.
- UNDIE, C.-C., MACKENZIE, I., BIRUNGI, H., BARONGO, S., AHINDUKHA, D. & OMONDI, C. 2015b. Education sector response to early and unintended pregnancy: A policy dialogue in Homa Bay County, Kenya. Population Council Knowledge Commons: Population Council.
- UNESCO 2014. Developing an education sector response to early and unintended pregnancy. *A global consultation for Developing an education sector response to early and unintended pregnancy*. Paris: UNESCO.

- UNFPA. State of the world population 2013. Motherhood in childhood. facing the challenge of adolescent pregnancy. 2013. UNFPA New York.
- UNFPA 2015. girlhood, not motherhood: Preventing adolescent pregnancy. New York.
- UNFPA; 2020. Not on pause: Responding to sexual and reproductive health needs of adolescents in the context of COVID_19 crisis. *My Body*. UNFPA.
- UNITED NATIONS. 1948. Universal declaration of human rights.
- UNITED NATIONS 1976. Report of the world conference of the international women's year, Mexico City, 19th June-2nd July 1975. New York: UN.
- UNITED NATIONS. 1979. The convention on the elimination of all forms of discrimination against women. Available: <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm> [Accessed 10th January 2020].
- UNITED NATIONS. 1989. Convention on the rights of the child. Available: <https://www.unicef.org/child-rights-convention/what-is-the-convention>.
- UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, P. D. 2019. Fertility among very young adolescents. Available: www.unpopulation.org.
- UNITED NATIONS EDUCATIONAL, S. & ORGANISATION, C. 2014. Teaching and learning: Achieving quality for all. *Education for All Global Monitoring Report*.
- UNITED NATIONS POPULATIONS FUND 1994. *International Conference on Population and Development : Programme of Action*.
- VAN METER, D. S. & VAN HORN, C. E. 1975. The policy implementation process: A conceptual framework. *Administration & Society*, 6, 445-488.
- VARNI, S. E., MILLER, C. T., MCCUIN, T. & SOLOMON, S. 2012. Disengagement and engagement coping with HIV/AIDS stigma and psychological well-being of people with HIV/AIDS. *Journal of social and clinical psychology*, 31, 123-150.
- VARVASOVSKY, Z. & BRUGHA, R. 2000. A stakeholder analysis. *Health policy and planning*, 15, 338-345.
- VILA, L. E. 2000. The non-monetary benefits of education. *European journal of education*, 35, 21-32.
- VINCENT, K. 2009. Responding to schoolgirl pregnancy: The recognition and non-recognition of difference. *Improving Schools*, 12, 225-236.
- VINER, R. M., OZER, E. M., DENNY, S., MARMOT, M., RESNICK, M., FATUSI, A. & CURRIE, C. 2012. Adolescence and the social determinants of health. *The lancet*, 379, 1641-1652.
- WABWILE, M. N. 2005. Rights Brought Home: Human Rights in Kenya's Children Act 2001. *Int'l Surv. Fam. L.*, 393.
- WABWOBA, F. & MWAKONDO, F. M. 2011. Students selection for university course admission at the joint admissions board (kenya) using trained neural networks. *Journal of Information Technology Education: Research*, 10, 333-347.
- WADO, Y. D., SULLY, E. A. & MUMAH, J. N. 2019. Pregnancy and early motherhood among adolescents in five East African countries: a multi-level analysis of risk and protective factors. *BMC pregnancy and childbirth*, 19, 59.
- WALGWE, E. L., LACHANCE, N. T., BIRUNGI, H. & UNDIS, C.-C. 2016. Kenya: Helping adolescent mothers remain in school through strengthened implementation of school re-entry policies. Online.
- WALT, G. 1994. Can interest groups influence government policy. *Health policy: an introduction to process and power*.
- WAMOYI, J., STOBANAU, K., BOBROVA, N., ABRAMSKY, T. & WATTS, C. 2016. Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *Journal of the international AIDS society*, 19, 20992.

- WAMOYI, J., WIGHT, D., PLUMMER, M., MSHANA, G. H. & ROSS, D. 2010. Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. *Reproductive health*, 7, 2.
- WANGO, G. M. 2011. Kenya new Constitution and Education: Education in Kenya under the new constitution. Nairobi.
- WANJOHI, A. M. 2011. Development of education system in Kenya since independence. *KENPRO Online Papers Portal*, 5.
- WANYAMA, E. G. A. & SIMATWA, E. M. 2011. Prospects and challenges in the implementation of re-entry policy of girls in secondary schools in Kenya: A case study of Emuhaya District. *Educational Research*, 2, 1373-90.
- WARENIUS, L., PETTERSSON, K. O., NISSEN, E., HÖJER, B., CHISHIMBA, P. & FAXELID, E. 2007. Vulnerability and sexual and reproductive health among Zambian secondary school students. *Culture, health & sexuality*, 9, 533-544.
- WEDEKIND, V. & MILINGO, T. 2015. Second chances for girls: the Zambian re-entry into school policy. *Time to Learn Case Studies Series*.
- WEMAKOR, A., GARTI, H., AZONGO, T., GARTI, H. & ATOSONA, A. 2018. Young maternal age is a risk factor for child undernutrition in Tamale Metropolis, Ghana. *BMC research notes*, 11, 1-5.
- WERE, M. 2007. Determinants of teenage pregnancies: The case of Busia District in Kenya. *Economics & Human Biology*, 5, 322-339.
- WHITEHEAD, C. 1984. The education of women and girls: an aspect of British colonial policy. *Journal of Educational Administration and History*, 16, 24-34.
- WHO 2016. Global Health estimates 2015: Death by cause, age, sex, by country and by region, 200-2015. Geneva: WHO.
- WIJNEN, E. & WILDSCHUT, M. 2015. Narrating goals: A case study on the contribution of digital storytelling to cross-cultural leadership development. *Sport in society*, 18, 938-951.
- WILLIAMS, T. P., ABBOTT, P. & MUPENZI, A. 2015. 'Education at our school is not free': the hidden costs of fee-free schooling in Rwanda. *Compare: A journal of comparative and international Education*, 45, 931-952.
- WONG, Y. N. World development report 2012: Gender equality and development. Forum for Development Studies, 2012. Taylor & Francis, 435-444.
- WORLD HEALTH ORGANIZATION 2018. Adolescent pregnancy fact sheet. *Reference Source*.
- WORLD HEALTH ORGANIZATION & UNICEF. 2003. *Global strategy for infant and young child feeding*, World Health Organization.
- YAKUBU, I. & SALISU, W. J. 2018. Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reproductive health*, 15, 15.
- YASMIN, G., KUMAR, A. & PARIHAR, B. 2014. Teenage pregnancy-its impact on maternal and fetal outcome. *International journal of scientific study*, 1, 9-13.
- YERI, H. 2020. *Kilifi County records over 3000 teenage girls within five months* [Online]. Kenya News: Republic of Kenya. Available: <https://www.kenyanews.go.ke> [Accessed].
- ZEMBE-MKABILE, W., DOHERTY, T., SANDERS, D., JACKSON, D., CHOPRA, M., SWANEVELDER, S., LOMBARD, C. & SURENDER, R. 2012. Why do families still not receive the child support grant in South Africa? A longitudinal analysis of a cohort of families across South Africa. *BMC international health and human rights*, 12, 1-8.
- ZIDERMAN, A. 1997. National Programmes in Technical and Vocational Education: economic and education relationships1. *Journal of vocational education and training*, 49, 351-366.
- ZULAIKA, G., BULBARELLI, M., NYOTHACH, E., VAN EIJK, A., MASON, L., FWAYA, E., OBOR, D., KWARO, D., WANG, D. & MEHTA, S. D. 2022. Impact of COVID-19 lockdowns on adolescent pregnancy and school dropout among secondary schoolgirls in Kenya. *BMJ global health*, 7, e007666.

10. APPENDICES

Appendix A: School calendar alterations post COVID-19 pandemic lock down

2020 TERM 2 AND 3 REVISED SCHOOL CALENDAR FOR CONTINUING LEARNERS

Candidates class 8 and form 4 resumed Monday 12th October 2020.

Below are the new term dates for CBC learners (pre-Primary 1 and 2; Grade 1, 2 and 3); and 8-4-4 learners (Class 5, 6 and 7; and Form 1, 2 and 3).

Activity	Opening Dates	Closing Dates	Duration
Term 2	4/1/2021	19/03/2021	11 weeks
Holiday	20/03/2021	9/5/2021	7 weeks
Term 3	10/5/2021	16/07/2021	10 weeks
Half-term Break	3/6/2021	7/6/2021	3 Days
Holiday	17/7/2021	25/7/2021	1 week

2021 TERM DATES FOR ALL LEARNERS

Activity	Opening Dates	Closing Dates	Duration
Term 1	26/7/2021	1/10/2021	10 weeks
Half term Break	26/8/2021	29/8/2021	3 days
Holiday	2/10/2021	10/10/2021	1 week
Term 2	11/10/2021	23/12/2021	11 weeks
Christmas/Holiday	24/12/2021	2/1/2022	10 days
Term 3	3/1/2022	4/3/2022	9 weeks
KCPE	7/3/2022	10/3/2022	4 days
KCSE	11/3/2022	1/4/2022	3 weeks 1 day

KCSE MARKING	4/4/2022	22/4/2022	3 weeks
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Term 2, 2021 half term commenced on Friday 19th November 2021, to Tuesday 23rd November 2021.

2022 TERM DATES FOR ALL LEARNERS

	Opening Dates	Closing Dates	Duration
Term 1	25/04/2022	1/7/2022	10 weeks
Half term Break	26/05/2022	29/5/2022	3 Days
Holiday	2/7/2022	10/7/2022	1 week
Term 2	11/7/2022	16/9/2022	10 weeks
Half term Break	6/8/2022	13/8/2022	1 week
Holiday	17/09/2022	25/9/2022	1 week
Term 3	26/09/2022	25/11/2022	9 weeks
KCPE	28/11/2022	1/12/2022	4 Days
KCSE	1/12/2022	23/12/2022	3 Weeks, 1 Day
KCSE MARKING	2/1/2023	20/1/2023	3 Weeks

Appendix B: Stakeholder IDI topic and question guide

Examining school re-entry strategies for adolescent mothers in Kilifi County.

Question Guide for Stakeholders' interviews (National and County Government officials, NGO/CBO personnel, Community leaders and headteachers and teachers)

The objectives of the IDIs with stakeholders are as follows:

1. To establish stakeholders' attitudes, views and feelings towards adolescent mothers' re-entry.
2. To understand stakeholders' influence regarding the implementation of school re-entry strategies in schools.
3. To identify ways through which school re-entry of adolescent mothers can be supported.

Topics and questions

About respondent: Tell me a little about yourself and your general job role

1. Attitudes, views and feelings towards adolescent mothers' school re-entry

- a. Tell me about adolescent pregnancy in Kilifi. (Is it a concern? How big? Why do you think it's a concern?)- (*Keep this short*)
- b. What happens to girls who are in full time education and then become pregnant? What happens before they give birth and what happens to their education once their baby is born?
- c. Do girls who have babies want to return to full time education? How many are able to return? How do they manage to return? *Probes:* what are the procedures for school re-entry? What steps should these girls and/or her family take to achieve school re-entry?
- d. Are there any school re-entry policies in Kilifi County? Can you describe the policies or guidelines you follow with regard to school re-entry for adolescent mothers?
- e. What do you know about support for school re-entry for adolescent girls who dropped out of school due to pregnancy? (in the government? community? school? church/mosque?) What are your views about this support- is it adequate or inadequate? Why?

2. Stakeholders' influence regarding the implementation of school re-entry strategies

- a. In your view, who are the people who are the most influential in making decisions about the return to school of girls once they have given birth? Are they involved in the decisions? What is their role and why/how are they influential? (formal support / informal support / regulatory / social influence)
- b. What is your role and responsibilities specifically in the school re-entry process for adolescent girls who withdrew from school due to pregnancy? And what determines these

responsibilities? *Probes:* What does your position allow you to do? What have you been able to do or not? Why do you think it was possible or not?

3. Future support for school re-entry

- a. Should adolescent mothers be supported to return to school? Whose decision should this be? Who should be involved in providing support if they want to go back to school?
- b. In your view, are there ways in which your formal role could be altered to help support the school re-entry process?

4. Attitudes, views and gaps of existing re-entry policy

Policy statements activity.

IDIs with stakeholders- Policy statement activity (Statements from the 2018 National school health and 2020 return to school policies).		
<i>The interviewer will introduce the activity: "I have some cards with school re-entry policy statements that I would like your opinions about. I will read a statement and ask whether you know of it, you agree with it and discuss your experience of it."</i>		
Card No.	When a girl becomes pregnant while in school:	Questions for participants on each statement
		1. Did you know about this? 2. Do you agree with this? 3. How was your experience of it? - Use questions below.
1	The parents/guardians shall be informed (of the pregnancy) by the school.	School staff: Have you informed parents of their daughter's pregnancy?
2	Headteacher shall allow the pregnant girl to continue with classes.	Headteacher & Teachers: Have you allowed pregnant girls to continue attending school? ALL others: Should headteachers allow pregnant girls to continue with classes?
3	The headteacher shall provide reasonable measures to accommodate pregnant girls' health and education needs.	School staff: Did you have any measures in place? What were they?
4	A learner who is pregnant shall be allowed to sit for national examinations if her health condition permits.	School staff: Have pregnant learners been allowed to sit their KCPE in your school?
5	Facilitate guidance and counselling to the pregnant girl and her parents/guardians.	School staff: Was there any G&C offered to the pregnant girl and her family?
6	The school will explain the re-entry guidelines to the parents of the pregnant girl.	School staff: Did you explain the re-entry guidelines to the parents of the pregnant girl?
7	The school, the learner and parents/guardians shall sign a committal letter for the pregnant learner to re-enter school six (6) months after delivery.	Headteacher: Did you sign a school re-entry committal letter for re-entry 6 months after delivery? ALL others: Should school, learner and parents sign a committal letter?
8	The learner shall re-enter school at the beginning of the next calendar year.	ALL others: Should girls re-entre school only at the beginning of the school year?

9	The young mother shall be supported to exclusively breastfeed for at least 6 months.	School staff & NGO/CBO personnel: Were young mothers supported to exclusively breastfeed for at least 6 months? How?
10	The school and the parents/guardians, in collaboration with a nearby health facility, should ensure the pregnant learner has access to age-appropriate reproductive health services such as antenatal care.	School staff: Did you ensure that the pregnant girl had access to these health services like ANC? How?
11	The learner shall be re-admitted to the same class/form/grade they were in before they left the school to deliver the baby unconditionally.	School staff: Was/were the young mother/s re-admitted in the same level she/they was/were before she/they left?
12	If the learner wishes to join another school, she will be supported by the school head through the Sub-County Director of Education (SCDE) to gain admission into another school.	Headteacher/MoE stakeholders: Did you support a young mother get re-admission in another school with the help of SCDE?
13	After readmission, adolescent mother shall be supported to recover missed lessons.	School staff: Was/were the girl/s supported to recover missed lessons? How?
14	The school administration must make all efforts to treat adolescent mothers like any other learner and <i>protect</i> her from mockery and ridicule from the school community.	School staff: Were the girls treated like other students in school and protected from mockery and ridicule? How?
15	Both families shall be encouraged to make adequate arrangements for the care of the child at home.	Children's officer: Are both families encouraged to participate in the home care of the child?
16	Both families shall take equal responsibility for the pregnancy and the child and the children's officer be involved.	Local leaders: Do both families take equal responsibility for the pregnancy and the child? Children's officer: Are you involved in ensuring that both families take equal responsibility for the pregnancy and the child?
17	Confidentiality and professionalism shall be adhered to in handling teenage mothers.	All stakeholders: Is confidentiality and professionalism adhered to when handling young mom's? How?
18	A pregnant learner shall be encouraged to disclose the identity of the person responsible for the pregnancy.	Headteacher, MoE office, police, children's department & NGO/CBO personnel: Have you encouraged a pregnant girl to disclose the identity of the person responsible for the pregnancy? All others: Should the pregnant girl be encouraged to disclose the identity of the person responsible for the pregnancy?
19	If the person responsible for the pregnancy is above 18 years, the school head shall report the case to the MoE office, police and the Children's Department.	Head teacher: Do you report of pregnancies involving male adults above 18 years? To whom? MoE office, police, children's department & NGO/CBO personnel: Do schools report of pregnancies involving male adults above 18 years?
20	In case a learner becomes pregnant more than once, she shall be allowed re-entry into	MoE & NGO/CBO stakeholders: Are those who experience repeat pregnancy allowed to re-entre school?

	a learning institution as long as she is within the mandatory schooling age.	Headteachers: Have you allowed girls who have had repeat pregnancy back to school? All others: Should those who experience repeat pregnancy be allowed to re-entre school?
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5. Any other information you would like to add in relation to school re-entry for adolescent girls who dropped out of school due to pregnancy?

Appendix C: Parents'/ guardians' IDI topic and question guide

Topic and question guide for parents/ guardians of adolescent mothers

We are talking to you today because your girl/daughter had a baby while she was in school and I would like to hear about your experience of it. How are you related to her?

1. Experience during the girl's pregnancy

- a. What happened when your girl got pregnant? When and how did you find out? How did the news make you feel? What were your views about her education and how did these views change over time (Before, during and after pregnancy)? Why did your views/attitudes change (What influenced the change)?
- b. Can you share your experiences of what happened with schooling after you found out that your girl was expecting? What kind of decisions were made and how were they made? Who/what influenced you and your decisions?
- c. If not mentioned- Was there any communication/discussion with the school (or principal) following the news of the pregnancy? Probe for the type of information provided by the school, the way they felt they were talked to and treated by the school, and what future options (if any) were discussed?

2. Attitudes, views and feelings towards adolescent mothers' school re-entry process

- a. Have there been efforts for her return to school? If yes, what have you done so far? How has that process been like? If no, why haven't you tried?
- b. What do you think a girl and her family might need for her to return to school? Why are these things needed? Where should these things come from?

3. Knowledge, attitudes and understanding of adolescent mothers' school re-entry strategies

- a. (In addition to what might have been mentioned above) What do you know about any support for school re-entry that might be offered by the government? community? Organisations? school? church/Mosque?
- b. What are your views about this support? What are your thoughts about accessing it?
- c. Do you think it's adequate or not? In what ways might these inadequacies be addressed?

4. Attitudes, views and gaps of existing re-entry policy

Policy statements activity.

IDIs with parents- Policy statement activity (Statements from the 2018 National school health and 2020 return to school policies).		
<i>Instructions: The interviewer will introduce the activity: “I have some cards with school re-entry policy statements that I would like your opinions about. I will read a statement and ask whether you know of it, you agree with it and discuss your experience of it.”</i>		
Card No.	When a girl becomes pregnant while in school:	Questions for participants on each statement
		1. Did you know about this? (2. Do you agree with this? 3. How was your experience of it? - Use questions below.
1	The parents/guardians shall be informed (of the pregnancy) by the school.	Parent: Were you informed by the school?
2	Headteacher shall allow the pregnant girl to continue with classes.	Parents: Were you/your daughter allowed to continue attending school? ALL others: Should headteachers allow pregnant girls to continue with classes?
3	The headteacher shall provide reasonable measures to accommodate pregnant girls’ health and education needs.	Parent: Did the school provide any measures? What were they?
4	A learner who is pregnant shall be allowed to sit for national examinations if her health condition permits.	Parent: Has the school allowed any pregnant learners to sit their KCPE?
5	Facilitate guidance and counselling to the pregnant girl and her parents/guardians.	Parents: Did you and your girls receive G&C and where from?
6	The school will explain the re-entry guidelines to the parents of the pregnant girl.	Parents: Were re-entry guidelines explained to you by the school?
7	The school, the learner and parents/guardians shall sign a committal letter for the pregnant learner to re-enter school six (6) months after delivery.	Parents: Did you sign a school re-entry committal letter for re-entry 6 months after delivery? ALL others: Should school, learner and parents sign a committal letter?
8	The learner shall re-enter school at the beginning of the next calendar year.	Parents of girls who have returned: When did your daughter re-entre school? Was it at the beginning of the next school year? All others: Should girls re-entre school only at the beginning of the school year?
9	The young mother shall be supported to exclusively breastfeed for at least 6 months.	Parent: Was your daughter supported to exclusively breastfeed for at least 6 months? How?
10	The school and the parents/guardians, in collaboration with a nearby health facility, should ensure the pregnant learner has access to age-appropriate reproductive health services such as antenatal care.	Parents: Did you ensure that your pregnant daughter had access to these health services like ANC? How?

11	The learner shall be re-admitted to the same class/form/grade they were in before they left the school to deliver the baby unconditionally.	Parents: Was the young mother re-admitted in the same level she was before she left school?
12	If the learner wishes to join another school, she will be supported by the school head through the Sub-County Director of Education (SCDE) to gain admission into another school.	Parent: Was your daughter supported by the headteacher and/or the SCDE to get re-admitted into another school? How?
14	The school administration must make all efforts to treat adolescent mothers like any other learner and <i>protect</i> her from mockery and ridicule from the school community.	Parent: Was your daughter treated like other students in school and protected from mockery and ridicule? How?
15	Both families shall be encouraged to make adequate arrangements for the care of the child at home.	Parent: Do both families participate in the home care of the child? Who facilitates it?
16	Both families shall take equal responsibility for the pregnancy and the child and the children's officer be involved.	Parent: Do both families take equal responsibility for the pregnancy and the child?
17	Confidentiality and professionalism shall be adhered to in handling teenage mothers.	Parents: Is confidentiality and professionalism adhered to when handling young mom's? How?
18	A pregnant learner shall be encouraged to disclose the identity of the person responsible for the pregnancy.	Parent: Did you encourage your daughter to disclose the identity of the person responsible for her pregnancy? All others: Should the pregnant girl be encouraged to disclose the identity of the person responsible for the pregnancy?
19	If the person responsible for the pregnancy is above 18 years, the school head shall report the case to the MoE office, police and the Children's Department.	Parent: For those who got pregnant with someone above 18 years, was the case reported to these offices by the school?
20	In case a learner becomes pregnant more than once, she shall be allowed re-entry into a learning institution as long as she is within the mandatory schooling age.	Parents: Are those who experience repeat pregnancy allowed to re-entre school? All others: Should those who experience repeat pregnancy be allowed to re-entre school?

5. Any other information you would like to add in relation to school re-entry for adolescent girls who dropped out of school due to pregnancy?

Appendix D: Focus Group Discussion topic and question guides

Topic and question guides for adolescent mothers' FGDs

The objectives of the focus group discussions with adolescent mothers are as follows:

- To discuss adolescent mothers' experiences (both positive and challenges) of school re-entry
- To explore adolescent mothers' needs, knowledge and opinions about support mechanisms for school re-entry
- To establish their attitudes and views of existing re-entry policies
- To identify re-entry gaps (including in policy) and ways through which school re-entry of adolescent mothers can be supported

Topics and questions: For adolescent mothers who have returned to school

1. Experiences in school before pregnancy

Ask the participants to describe and discuss their experiences in school before they became pregnant. Probe for:

Did they enjoy school and what did it mean to them; how were they treated by fellow pupils; the relationships with the teachers; their parents views on their school progress/the importance of school and an education.

2. Experiences of school after pregnancy (for use in those groups back in school)

Ask the participants to describe any changes they have noticed since returning to school. Probe for: changes in the way they are treated/the attitudes of fellow students/ staff/ their parents. How they feel about school now and if/how their views have changed since having a baby.

Describe any individuals or groups who have been influential (probe for both positively and negatively in your re-entry. In what way were they influential

Ask them to discuss the challenges and opportunities that they now have in finishing their schooling and the support they receive.

3. Re-entry needs, knowledge and views of support mechanisms

Ask the participants to describe and discuss the process of going back to school having given birth.

Probe for: why they wanted to go back to school; what support they received and challenges they faced in re-enrolling in school; their views on the support provided by their families,

the community, the school, and the county; their views on what additional support would have helped them.

4. Attitudes, views and gaps of existing re-entry policy

Policy statements activity.

FGDs with adolescent mothers- Policy statement activity (Statements from the 2018 National school health and 2020 return to school policies).		
<i>Instructions: The interviewer will introduce the activity: "I have some cards with school re-entry policy statements that I would like your opinions about. I will read a statement and ask whether you know of it, you agree with it and discuss your experience of it."</i>		
Card No.	When a girl becomes pregnant while in school:	Questions for participants on each statement 1. Do you agree with this (for FGDs allow them to agree or disagree as a group-will allow discussions amongst themselves)? 2. How was your experience of it? - Use questions below.
1	The parents/guardians shall be informed (of the pregnancy) by the school.	Girls: Were your parents informed by the school?
2	Headteacher shall allow the pregnant girl to continue with classes.	Girls: Were you allowed to continue attending school?
3	The headteacher shall provide reasonable measures to accommodate pregnant girls' health and education needs.	Girls: Were these measures provided? What were they?
4	A learner who is pregnant shall be allowed to sit for national examinations if her health condition permits.	Girls: Do you know of any pregnant learner who was allowed to sit their KCPE in your school?
5	Facilitate guidance and counselling to the pregnant girl and her parents/guardians.	Girls: Did you and your parents receive G&C and where from?
6	The school will explain the re-entry guidelines to the parents of the pregnant girl.	Girls: Were re-entry guidelines explained to your parent by the school?
7	The school, the learner and parents/guardians shall sign a committal letter for the pregnant learner to re-enter school six (6) months after delivery.	Girls: Did you sign a school re-entry committal letter for re-entry 6 months after delivery?
8	The learner shall re-enter school at the beginning of the next calendar year.	Girls who have returned: Did you re-entre school at the beginning of the next school year?
9	The young mother shall be supported to exclusively breastfeed for at least 6 months.	Girls: Were you supported to exclusively breastfeed for at least 6 months? How?
10	The school and the parents/guardians, in collaboration with a nearby health facility, should ensure the pregnant learner has access to age-appropriate reproductive health services such as antenatal care.	Girls: Did your school or parents ensure that you accessed these health services like ANC? How?
11	The learner shall be re-admitted to the same class/form/grade they were in before they left the school to deliver the baby unconditionally.	Girls: Were you re-admitted in the same level you were before you left?

12	If the learner wishes to join another school, she will be supported by the school head through the Sub-County Director of Education (SCDE) to gain admission into another school.	Girls: Were you supported by the headteacher to get re-admitted into another school? How? the help of SCDE?
13	After readmission, adolescent mother shall be supported to recover missed lessons.	Girls: Were you supported to recover missed lessons? How?
14	The school administration must make all efforts to treat adolescent mothers like any other learner and <i>protect</i> her from mockery and ridicule from the school community.	Girls who returned: Were you treated like other students in school and protected from mockery and ridicule? How?
15	Both families shall be encouraged to make adequate arrangements for the care of the child at home.	Girls: Do both families participate in the home care of the child? Who facilitates it?
16	Both families shall take equal responsibility for the pregnancy and the child and the children's officer be involved.	Girls: Do both families take equal responsibility for the pregnancy and the child?
17	Confidentiality and professionalism shall be adhered to in handling teenage mothers.	Girls: Is confidentiality adhered to when handling you? How?
18	A pregnant learner shall be encouraged to disclose the identity of the person responsible for the pregnancy.	Girls: Were you encouraged to disclose identity of the person responsible for the pregnancy? By who?
19	If the person responsible for the pregnancy is above 18 years, the school head shall report the case to the MoE office, police and the Children's Department.	Girls: For those who got pregnant with someone above 18 years, was the case reported to these offices by the school?
20	In case a learner becomes pregnant more than once, she shall be allowed re-entry into a learning institution as long as she is within the mandatory schooling age.	Girls: Are those who experience repeat pregnancy allowed to re-entre school?

Existing policy stipulations

5. Ask the participants to discuss their thoughts about who should be involved in designing guidelines for school re-entry and why
6. Any other information you would like to add in relation to school re-entry for adolescent girls who dropped out of school due to pregnancy?

Topics and questions: for adolescent mothers who have not returned to school

1. Experiences in school before pregnancy

Ask the participants to describe and discuss their experiences in school before they became pregnant. Probe for:

Did they enjoy school and what did it mean to them; how were they treated by fellow pupils; the relationships with the teachers; their parents views on their school progress/the importance of school and an education.

2. Views and experiences of the school re-entry process

Ask the participants to **discuss their feelings and views about going back to full-time education**

- a. If interested: Have they tried to go back to school; whose decision was it; What have they done so far to try and get back to school; Who has been willing to support and how; Who or what is stopping them and in what way.
- b. If not interested: why they aren't interested to go back to school? (For a. and b., give each an opportunity to respond).

3. Re-entry needs, knowledge & views of support mechanisms

- a. Ask participants to describe and discuss what they think they would need if they were to successfully return and stay in school. Probe for: Importance of the things and where they expect them to come from.
- b. Ask participants to discuss what they know about any support for school re-entry for adolescent mothers (in your government? community? school? church/mosque?) and whether its adequate or not and why; what ways the inadequacies may be addressed and by who.

4. Attitudes, views and gaps of existing re-entry policy.

Policy statements activity: See table above

5. Ask the participants to discuss their thoughts about who should be involved in designing guidelines for school re-entry and why
6. Any other information you would like to add in relation to school re-entry for adolescent girls who dropped out of school due to pregnancy?

Appendix E: Analysis process

1. Deductive codes

My initial list of codes was informed by literature review, objectives, intersectionality concepts and initial conceptual framework. It entailed the items in the box below.

- Systemic issues
- Existing interventions
- Responses to pregnancy
- Identity and needs of adolescent mothers

2. Inductive codes

The second list of codes emanated from familiarisation with the data. After data cleaning, I selected four presumably rich transcripts from each dataset (i.e. stakeholder IDI, parent IDI, adolescent mothers' FGD and a digital story narrative along with its video). One of my supervisors and I, independently developed codes and child codes which indicated the kinds of quotes to be charted within those codes. (See 'Nancy's' and 'Supervisor's' columns on excel sheet screen shot below).

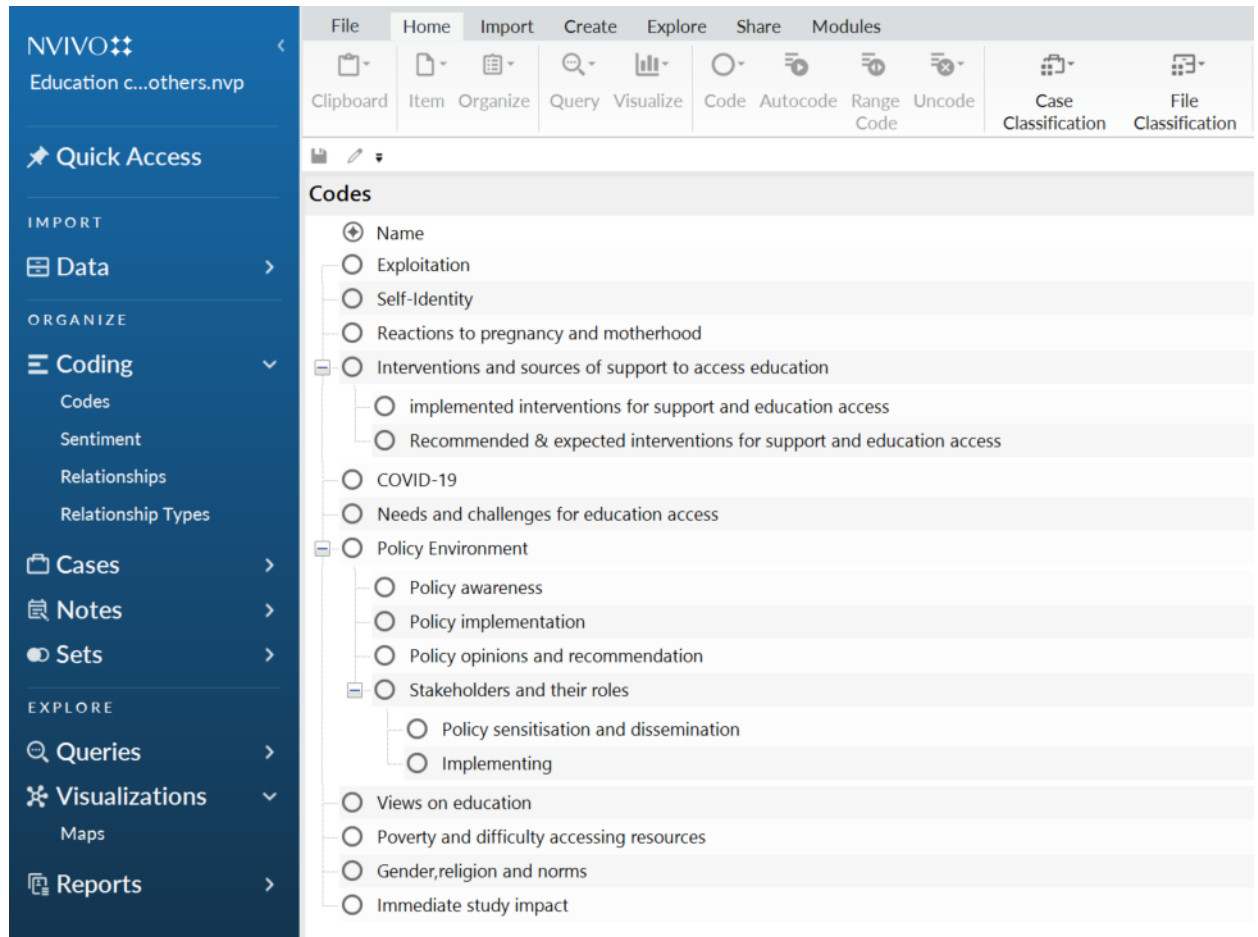
3. Consolidation of deductive and inductive codes

I consolidated the deductive and inductive codes above and developed an initial coding tree which I entered into NVivo. I used colour codes to highlight similar ideas in mine and my supervisor's lists. (See 'Consolidation....' Column below)

General objective	NANCY'S		SUPERVISOR'S		Consolidation of Codes by Nancy in to an initial coding tree for Nvivo
	THEME	Data representation			
To understand the factors influencing school re-entry for adolescent mothers in Kilifi County, in order to identify potential strategies for effectively supporting their continuation with education.	1	Financial hardship a Lack of school fees (Tuition and remedials) b Shifting family priorities c Girls fending for themselves, their child and at times entire family	1. Attitudes, reactions, responses of a. School teachers b. School students c. Boyfriend(father) d. Parents e. Community (and church) f. Officials	1	Reactions to pregnancy and motherhood status a. Stigma: self, family, boyfriend, students, church b. Decisions and advice affecting girls' access to education
	2	Decisions, Reactions and feelings after finding out pregnancy status a Continue/quit school b Concealing the pregnancy c Stigma i) Ridicule by neighbours and students ii) Segregation by self, church iii) Abandonment by boyfriend, father	2. Official responses a. Positives – eg policies, bursaries b. Negatives - gendered responses	3	Requirements for education access (personal/ school related) a. Decision on form of education and institution b. Physical needs related to pregnancy and motherhood (for girl and child) c. Funding for education: family income, scholarships, bursaries, fundraising, sponsors and soft loans. d. Psychosocial interventions
	3	Needs and requirements for school-re-entry a Decision on form of education and institution b School related fees and items c Baby's wellbeing(childcare, nutrition, clothing)	3. Barriers to continued education a. Physical barriers (related to pregnancy/mothering) b. Costs – food/fees c. Exploitation of vulnerability i. Abuse defilment monors, bribery d. Stigma e. Gender biases	4	Policy issues a. Stakeholders' policy awareness, Interpretation and implementation b. Opinions about policy c. Recommendations for policy d. Existence of unofficial systems e.g., Kangaroo courts, family agreements
	4	Funding for education a NGO scholarships b Government bursaries c Church fundraising d Loans e Individual sponsors	4. Unofficial systems a. Kangaroo courts, waze wa magogo	5	Social norms and girl's identity a. Marriage/cohabiting: Boyfriend's condition to support girl's education b. Support for both boy and girl to continue with education c. Girl's voice and autonomy d. Gender
	5	Psychosocial interventions a Supportive (Advice and encouragement from) Family, teachers, friends, church) b Guidance and counselling	5. Different forms of support a. Teachers b. Parents c. Boyfriend d. Church/NGOs e. Income	6	COVID-19 Pandemic a. School closure and loss of parent's income exposed girls to pregnancy b. Effects on school-re-entry
	6	Policy related challenges a Free primary education is not free b Government bursary not available for primary school students c Unclear/ contradicting policy statements	6. Pressures? Advice to girls a. Stay home b. Abortion c. Go to school d. Go to college		
		OTHER EMERGING ISSUES Gender issues a Mothers/women supporting education fro girls while fathers/men don't b Girl's voice and autonomy	7. Policy a. Interpretation and implementation b. Opinions about the policy c. Recommendations for policy		
		Policy awareness and reinforcement by stakeholders	8. Covid-19 pandemic a. Causing pregnancy b. Delaying school re-entry c. Advantages of the long break		
		COVID- 19			

4. Charting all the data while identifying patterns of meaning

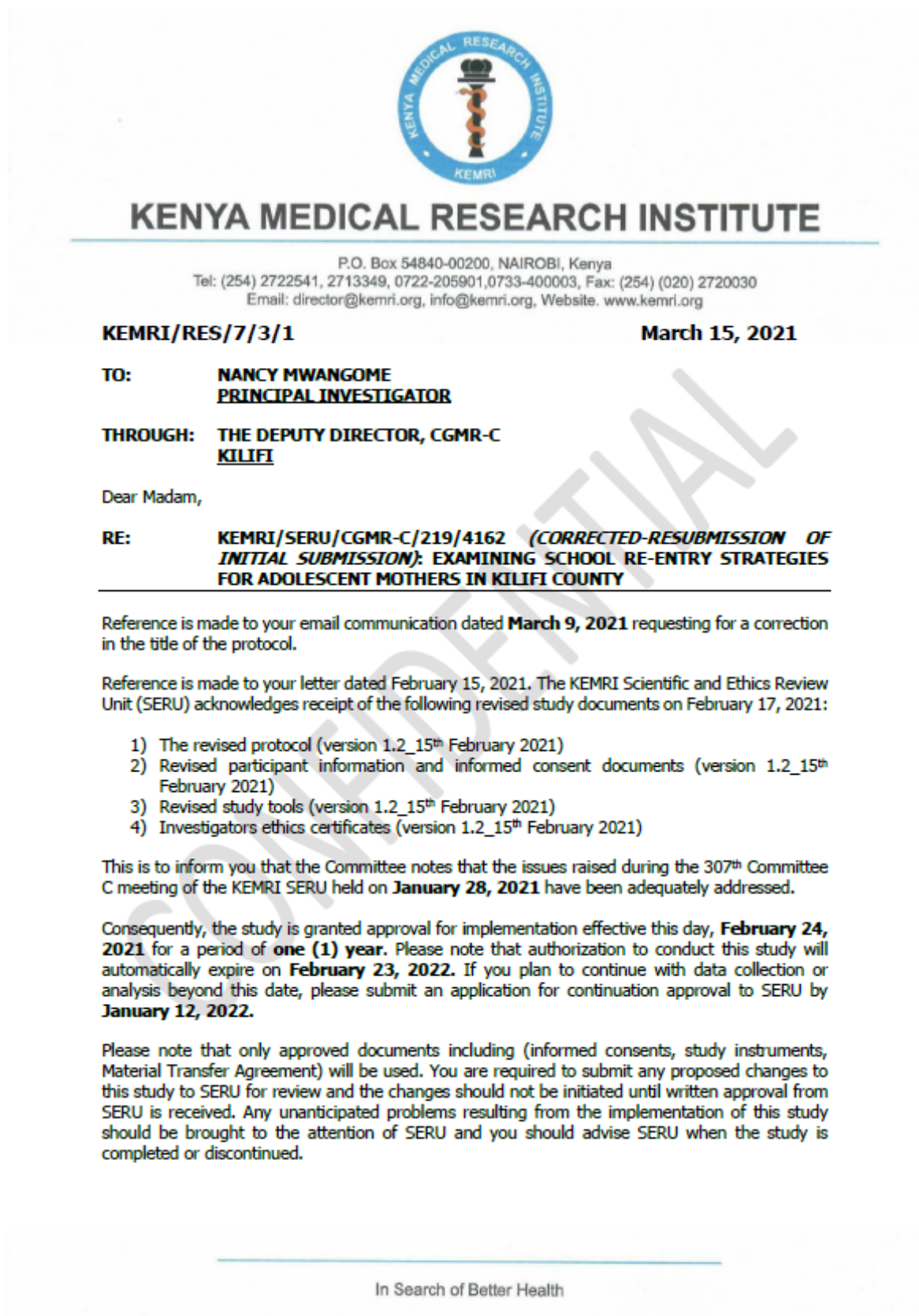
This led to the generation of more codes that may not have been evident in the initial four transcripts as shown below.



The key themes that emerged from the data were: Education perceptions, Household finances, gender norms, reactions to pregnancy, stigma and discrimination, re-entry needs and re-entry support.

Appendix F: Study approvals

1. KEMRI Scientific and Ethics Review Unit (SERU)



Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours faithfully,



**ENOCK KEBENEI,
THE ACTING HEAD,
KEMRI SCIENTIFIC AND ETHICS REVIEW UNIT.**

In Search of Better Health

3. Relevant government offices

COUNTY GOVERNMENT OF KILIFI

DEPARTMENT OF HEALTH SERVICES

When Replying quote
Email; chmtkilifi@gmail.com
REF: DOH/KLF/RESCH /VOL.1/84



P. O. Box 9-80108
Kilifi

Date: 28th May 2021

OFFICE OF THE COUNTY DIRECTOR

Nancy Mwangome
Principal Investigator
KEMRI/WELLCOME TRUST

Dear Madam Mwangome

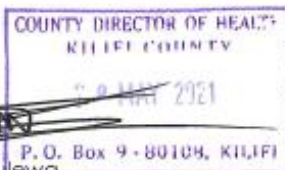
RE: DEPARTMENTAL AUTHORIZATION TO CARRY OUT RESEARCH IN KILIFI COUNTY

The Kilifi County Department of Health Services is in receipt of your request to conduct a study, "**Examining school re-entry strategies for adolescent mothers in Kilifi County, Kenya**" that has received approvals from the Kemri Scientific and Ethics Review Unit KEMRI/RES/7/3/1 dated 15th March 2021, and as per licence No: NACOSTI /P/21/9479 dated 6th April 2021 from the National Commission for Science, Technology & Innovation.

The Department is glad to grant you authorization to conduct your study in Kilifi County in line with the ethical considerations stipulated in the approved study protocol, the guidelines on the conduct of research in Kilifi County during COVID-19 pandemic. This approval is valid until 06th April 2022.

Upon completion of the study, you will be required to share your study findings, conclusion and recommendations with the Department of Health Services, Kilifi County.

Sincerely,



Dr David Mulewa
Director of Medical Services

cc:

- CECM – Health Services
- Chief Officer Medical & Public Health
- Director of Public Health & Administration



MINISTRY OF EDUCATION
State Department of Early Learning and Basic Education
KILIFI COUNTY

Telephone 041-7522432
EMAIL: edekilificounty@yahoo.com
Fax no. 7522432
When replying/telephoning quote
Ref: KLF/CDE/G.10/3/31

County Education Office
P O Box 42 -80108
KILIFI

9th June, 2021

Dr. Joseph Mwangangi
Ag. Deputy Director
KEMRI CGMR-C

RE: AUTHORITY TO INVOLVE ADOLESCENT MOTHERS FROM PUBLIC SCHOOLS – KILIFI COUNTY ON SCHOOL RE-ENTRY STRATEGIES

Your letter dated 3rd May, 2021 on examining school re-entry strategies for adolescent mothers in Kilifi County refers.

This office finds this area of Study very relevant in enforcing the existing school re-entry policy for our teenage mothers as well also fight the increasing levels of teenage pregnancies. In light of the foregoing, authority is hereby granted. It is worth noting that since the focus groups and DST workshops will take place out of the school premises, consent should be obtained from the respective Parents/guardians in venues approved by Ministry of Interior and Co-ordination of National Government.

In addition, these activities should take place during school holidays/weekends especially for those in school to avoid interruption to their attending school.

Overly, this office so much appreciates your initiative and would give all necessary support. The findings which we belief would be shared with this office will go a long way in mitigating any issues that may contribute to the adolescent mothers not realizing their dreams through completion of education.

Remark: This authority is valid until **6th April, 2022**,

EUNICE N. KHAEMBA
COUNTY DIRECTOR OF EDUCATION
KILIFI

Copy to:

The Principal Secretary,
State Department of Early Learning & Basic Education,
NAIROBI

County Commissioner,
KILIFI



OFFICE OF THE PRESIDENT

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telephone: Kilifi 7522103
Fax: 041-7522474
Email: cckilificoordination@gmail.com
When replying please quote:
Ref. No. EDUC. 12/7/VOL. 5/71

County Commissioner's Office
Kilifi County
P.O. Box 29 - 80108
KILIFI

And Date: 9th June, 2021

All Deputy County Commissioners
KILIFI COUNTY

**RE: EXAMINING SCHOOL RE-ENTRY STRATEGIES FOR ADOLESCENT
MOTHERS IN KILIFI COUNTY**

Attached herewith, please find a self-explanatory letter dated 3rd May, 2021 from Kenya Medical Research Institute (KEMRI), Centre for Geographical Medicine Research – Coast (CGMR-C) on the above mentioned subject for your necessary action.

The lead investigator by the name Nancy Mwangome, is hereby granted authority to conduct the field-based study within Kilifi County.

Thank you


JOSEPHAT S. MUTISYA
FOR: COUNTY COMMISSIONER
KILIFI

COUNTY COMMISSIONER
KILIFI COUNTY
P. O. Box 29 - 80108,
KILIFI

Encls

cc:

Nancy Mwangome

**TEACHERS SERVICE COMMISSION
KILIFI COUNTY**

Email: cdirkilifi@tsc.go.ke
Web: www.tsc.go.ke
When replying please quote



KILIFI COUNTY
P.O BOX 1227 - 80108
KILIFI, KENYA
22nd June, 2021

Ref. N^o: KLF/TCD/KEMRI/VOL.1/A179/21


**TO THE SCHOOL ADMINISTRATORS
KILIFI COUNTY**

**RE: AUTHORITY TO COLLECT DATA IN SCHOOLS FOR
RESEARCH PURPOSES**

The bearer of this letter Madam Nancy Mwangome ID/no.25152841 is currently carrying out research on examining school re-entry strategies for adolescent mothers in Kilifi County.

The purpose of this letter is to let you know that she has been authorized to gain entry in schools and to interact with headteachers and teachers for the purpose of data collection for research as mentioned above.

Kindly accord her necessary support to enable her get the required data.


PAMELA A. M. (MRS)
TSC COUNTY DIRECTOR
KILIFI



Appendix G: Consent forms

1. Stakeholder consent form

KEMRI-Wellcome Trust Research Programme: Participant Information Sheet and Consent Form

Examining school re-entry strategies for adolescent mothers in Kilifi County

Institution	Investigators
KEMRI-Kilifi	Nancy Mwangome (Principal Investigator) Dr Alun Davies, Prof Caroline Jones, Prof Amina Abubakar

You are being asked to take part in a study. The box below tells you important things you should think about before deciding to join the study. We will provide more detailed information below the box. Please ask questions about any of the information before you decide to participate. You may also wish to talk to others (for example, your family, friends, or your doctor) about this study, before agreeing to join.

Key Information for You to Consider
<ul style="list-style-type: none">• Voluntary Consent. You are being asked to volunteer for a research study. You can choose whether you would like to participate or not. If you do agree you can change your mind at any time and withdraw from the research. This will not affect your care now or in the future.• Purpose. We are doing this research to explore adolescent mothers', their families' and key stakeholders' needs, experiences, views, and influence of school re-entry strategies for adolescent mothers in Kilifi County.• Duration. Your participation in this study will take about 1 hour in an interview.• Procedures and Activities. We will ask you to take part in an in-depth interview• Risks or disadvantages. Most studies have possible inconveniences that could happen to you if you join. There is a possibility that participating in this study might cause disruption to daily schedule. We will minimise this by planning study activities at convenient venues e.g. your workstation; and times e.g. lunch breaks, at 4 pm after class sessions and even weekends or holidays. Any travel costs incurred will be reimbursed based on actual expenses.• Benefits. There are no direct benefits in this study. However, your participation will contribute to researchers learning about your roles, perceptions and opinions of the adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education.

Who is carrying out this study and what is this study about?

- This study is being carried out by KEMRI. KEMRI is a government organization that carries out medical research to find better ways of preventing and treating illness in the future for everybody's benefit.
- Sometimes research involves only asking questions of participants, their parents, community members or health providers about what they know, feel or do.
- In this research, we want to learn more about the implementation and experiences of school re-entry strategies for adolescent mothers. We would like to listen to your views about this topic through holding discussions and activities with a total of at least 70 other participants (either individually or in groups) comprising of national and county government officials, non-

governmental organisations (NGOs) and community-based organisations (CBOs) personnel, community and religious leaders, adolescent mothers and their parents in Kilifi County. The study will also conduct a 3-day adolescent mothers' digital storytelling (DST) workshop, where the young women will learn how to use digital equipment and art materials to create 3-5 minutes in-depth stories to communicate sensitive issues as guided by study objectives.

Why do you want to talk to me and what does it involve?

- We are talking to a range of participants who are relevant to the school re-entry of adolescent mothers at the national, county and community levels. We feel that your experience as one of these people will contribute much to our understanding and knowledge of existing strategies for school re-entry of adolescent mothers in Kilifi. Your participation in this study will be in the following way:
- I would like to ask you a number of questions about your experiences, perspectives and opinions about school re-entry strategies for adolescent mothers. If you do not want to answer any of the questions you may say so and the interviewer will move on to the next question. The interview will be held face to face at your workstation or any other venue of your convenience or via secure online platforms like skype for business or phone interview. No-one else but the interviewer will be present unless you would like someone else there. The discussion will be recorded to assist later in fully writing up the information. No-one will be identified by name in the recording.

Are there any risks or disadvantages to me taking part?

- The in-depth interviews should take approximately 1 hour long at a place of your convenience. In case you incur any transport cost, it will be reimbursed based on the actual distance travelled as per our organization guidelines.
- Some questions may be considered confidential or sensitive by some individuals and if you do not want to answer any of the questions, you may say so and the interviewer will move on to the next question.

Are there any advantages to my taking part?

- There will be no direct benefits to participants in this project, however your participation will contribute knowledge about adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education. This may help in the development of new strategies of implementing the school re-entry policies in Kenya.
- Conducting this study has the potential to bring with it some sensitization about school re-entry for adolescent mothers in the community.

Who will have access to the information I give?

- All our documents/ recordings are stored securely in locked cabinets and on password protected computers. The knowledge gained from this research will be shared in summary form, without revealing individuals' identities, with study participants, research institutions, policy makers and the scientific community.
- In future, information collected or generated during this study may be used to support new research by other researchers in Kenya and other countries interested in the school re-entry of adolescent mothers. In all cases, we will only share information with other researchers in ways that do not reveal individual participants' identities. Any future research using information from this study must first be approved by a local (including the data governance committee) or national expert committee to make sure that the interests of participants and their communities are protected.

- Once audio data has been retrieved, transcribed and cleaned, recordings will be deleted.
- As part of dissemination of study results, we will share anonymized individual and summary information we collect or generate in ways that do not reveal individual participants' identities.

Who has allowed this research to take place?

All research at KEMRI has to be approved by a national committee who look carefully at planned work before it begins. They must agree that the research is important, relevant to Kenya and follows nationally and internationally agreed research guidelines. This includes ensuring that all participants' safety and rights are respected.

What will happen if I refuse to participate?

All participation in research is voluntary. You are free to decide if you want to take part or not. If you do agree you can change your mind at any time without any consequences.

What if I have any questions?

You are free to ask me any question about this research. If you have any further questions about the study, you are free to contact the research team using the contacts below:

Nancy Mwangome, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi. Telephone: 0726291284 / 0110607190 or 0722 203417, 0733 522063, 041 7522063

If you want to ask someone independent anything about this research, please contact:

Community Liaison Manager, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi. Telephone: 041 7522 063, Mobile 0723 342 780 or 0705 154 386

And

The Head, KEMRI Scientific and Ethics Review Unit, P. O. Box 54840-00200, Nairobi; Telephone numbers: 0717 719477; 0776 399979 Email address: seru@kemri.org

KEMRI-Wellcome Trust Research Programme consent form for examining school re-entry strategies for adolescent mothers in Kilifi County

I have had the study explained to me. I have understood all that has been read/explained and had my questions answered satisfactorily. And I agree to take part in this research

I agree for the interview to be recorded **Yes** **No**

I understand that I can change my mind at any stage, and it will not affect me in any way.

Signature:

Date:

Participant Name:

Time:

(Please print name)

Where participant cannot read, a witness may observe consent process and sign below if needed:*

I attest that the information concerning this research was accurately explained to and apparently understood by the participant and that informed consent was freely given by the participant/parent/guardian.

Witness' signature: _____ **Date** _____

Witness' name: _____ **Time** _____

(Please print name)

**A witness is a person who is independent from the study or a member of staff who was not involved in gaining the consent.*

Thumbprint of the participant as named above if they cannot write:

I have followed the study procedure to obtain consent from the participant. S/he apparently understood the nature and the purpose of the study and consents to his/her participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

Designee/investigator's signature: _____ **Date** _____

Designee/investigator's name: _____ **Time** _____

(Please print name)

THE PARTICIPANT SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP

2. FGD consent form

KEMRI-Wellcome Trust Research Programme: Participant Information Sheet and Consent Form

Examining school re-entry strategies for adolescent mothers in Kilifi County

Institution	Investigators
KEMRI- Kilifi	Nancy Mwangome (Principal Investigator) Dr Alun Davies, Prof Caroline Jones, Prof Amina Abubakar

You are being asked to take part in a study. The box below tells you important things you should think about before deciding to join the study. We will provide more detailed information below the box. Please ask questions about any of the information before you decide to participate. You may also wish to talk to others (for example, your family, friends, or your doctor) about this study, before agreeing to join.

Key Information for You to Consider

- **Voluntary Consent:** You are being asked to volunteer for a research study. You can choose whether you would like to participate or not. If you do agree you can change your mind at any time and withdraw from the research. This will not affect your care now or in the future.
- **Purpose:** We are doing this research to explore adolescent mothers', their families' and key stakeholders' needs, experiences, views, and influence of school re-entry strategies for adolescent mothers in Kilifi County.
- **Duration:** Your participation in this activity will take about 1 hour and 30 minutes of a discussion.
- **Procedures and Activities:** We will ask you to take part in a focus group discussion with 6-8 other adolescent mothers
- **Risks or disadvantages:** Most studies have possible inconveniences that could happen to you if you join. There is a possibility that participating in this activity might cause discomfort and emotional distress. This will be addressed by working closely with existing programmes that have stationed counsellors who may support with such cases. Participating in this study may also cause disruption to daily schedule. We will minimise this by planning study activities at convenient times even weekends or holidays. Any travel costs incurred will be reimbursed based on actual expenses. Refreshments will be provided for all participants and babysitters for adolescent mothers.
- **Benefits:** There are no direct benefits in this study. However, your participation will contribute to researchers learning about your experiences, perceptions and opinions of the adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education.

Who is carrying out this study and what is this study about?

- This study is being carried out by KEMRI. KEMRI is a government organization that carries out medical research to find better ways of preventing and treating illness in the future for everybody's benefit.
- Sometimes research involves only asking questions of participants, their parents, community members or health providers about what they know, feel or do.

- In this research, we want to learn more about the implementation and experiences of school re-entry strategies for adolescent mothers. We would like to listen to your views about this topic through holding discussions and activities with a total of at least 70 other participants (either individually or in groups) comprising of national and county government officials, non-governmental organisations (NGOs) and community-based organisations (CBOs) personnel, community and religious leaders, adolescent mothers and their parents in Kilifi County. The study will also conduct a 3-day adolescent mothers' digital storytelling (DST) workshop, where the young women will learn how to use digital equipment and art materials to create 3-5 minutes in-depth stories to communicate sensitive issues as guided by study objectives.

Why do you want to talk to me and what does it involve?

- We are talking to a range of participants who are relevant to the school re-entry of adolescent mothers at the national, county and community levels. We feel that your experience as an adolescent mother will contribute much to our understanding and knowledge of existing strategies for school re-entry of adolescent mothers in Kilifi. Your participation in this study will be through a focus group discussion with 6-8 other adolescent mothers
- I would like to ask you a number of questions about your experiences, perspectives and opinions about school re-entry strategies for adolescent mothers. If you do not want to answer any of the questions you may say so and the moderator will move on to the next question. The discussion will be held face to face at a venue of your convenience. No-one else but the moderator and note taker will be present unless you would like someone else there. The discussion will be recorded to assist later in fully writing up the information. No-one will be identified by name in the recording.

Are there any risks or disadvantages to me taking part?

- The discussion will take about 1 hour 30 minutes. The transport costs incurred by you (*and your babysitter*) will be reimbursed based on distance travelled and out of pocket expenses for you (*and the babysitter if an adult*) will be compensated at the rate of Ksh.350 per person per day, as per our organization guidelines. Refreshments will also be provided for discussion participants (including the adolescent mothers' child [if already weaned] and child's babysitter).
- Some questions may be considered confidential or sensitive by some individuals and if you do not want to answer any of the questions, you may say so and the moderator will move on to the next question.

Are there any advantages to my taking part?

- There will be no direct benefits to participants in this project, your participation will contribute knowledge about adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education. This may help in the development of new strategies of implementing the school re-entry policies in Kenya.
- Conducting this study has the potential to bring with it some sensitization about school re-entry for adolescent mothers in the community.

Who will have access to the information I give?

- All our documents/ recordings are stored securely in locked cabinets and on password protected computers. The knowledge gained from this research will be shared in summary form, without revealing individuals' identities, with study participants, research institutions, policy makers and the scientific community.

- We ask everybody in the discussion to keep what is said in the group confidential, but it is important to recognize that we cannot stop participants sharing what they have heard.
- In future, information collected or generated during this study may be used to support new research by other researchers in Kenya and other countries interested in the school re-entry of adolescent mothers. In all cases, we will only share information with other researchers in ways that do not reveal individual participants' identities. Any future research using information from this study must first be approved by a local (including the data governance committee) or national expert committee to make sure that the interests of participants and their communities are protected.
- Once audio data has been retrieved, transcribed and cleaned, recordings will be deleted.
- As part of dissemination of study results, we will share anonymized individual and summary information we collect or generate in ways that do not reveal individual participants' identities.

Who has allowed this research to take place?

All research at KEMRI has to be approved by a national committee who look carefully at planned work before it begins. They must agree that the research is important, relevant to Kenya and follows nationally and internationally agreed research guidelines. This includes ensuring that all participants' safety and rights are respected.

What will happen if I refuse to participate?

All participation in research is voluntary. You are free to decide if you want to take part or not. If you do agree you can change your mind at any time without any consequences.

What if I have any questions?

You are free to ask me any question about this research. If you have any further questions about the study, you are free to contact the research team using the contacts below:

Nancy Mwangome, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi.
Telephone: 0726291284/0110607190 or 0722 203417, 0733 522063, 041 7522063

If you want to ask someone independent anything about this research, please contact:

Community Liaison Manager, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi. Telephone: 041 7522 063, Mobile 0723 342 780 or 0705 154 386

And

The Head, KEMRI Scientific and Ethics Review Unit, P. O. Box 54840-00200, Nairobi;
Telephone numbers: 0717 719477; 0776 399979 Email address: seru@kemri.org

KEMRI-Wellcome Trust Research Programme consent form for examining school re-entry strategies for adolescent mothers in Kilifi County

I have had the study explained to me. I have understood all that has been read/explained and had my questions answered satisfactorily. And I agree to take part in this research

I agree for the discussion/interview to be recorded **Yes** **No**

I understand that I can change my mind at any stage, and it will not affect me in any way.

Signature: _____

Date: _____

Participant's Name: _____

Time: _____

(Please print name)

-
Where participant cannot read, a witness may observe consent process and sign below if needed:*

I attest that the information concerning this research was accurately explained to and apparently understood by the participant and that informed consent was freely given by the participant.

Witness' signature: _____ **Date** _____

Witness' name: _____ **Time** _____

(Please print name)

**A witness is a person who is independent from the study or a member of staff who was not involved in gaining the consent.*

Thumbprint of the participant as named above if they cannot write:

-
I have followed the study procedure to obtain consent from the participant. She apparently understood the nature and the purpose of the study and consents to her participation in the study. She has been given opportunity to ask questions which have been answered satisfactorily.

Designee/investigator's signature: _____

Date _____

Designee/investigator's name: _____

Time _____

(Please print name)

THE PARTICIPANT SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP

.....

3. Parent/guardian consent form

KEMRI Wellcome Trust Research Programme: Participant Information Sheet and Consent Form

Examining school re-entry strategies for adolescent mothers in Kilifi County

Institution	Investigators
KEMRI- Kilifi	Nancy Mwangome (Principal Investigator) Dr Alun Davies, Prof Caroline Jones, Prof Amina Abubakar

You are being asked to take part in a study. The box below tells you important things you should think about before deciding to join the study. We will provide more detailed information below the box. Please ask questions about any of the information before you decide to participate. You may also wish to talk to others (for example, your family, friends, or your doctor) about this study, before agreeing to join.

Key Information for You to Consider

- **Voluntary Consent.** You are being asked to volunteer for a research study. You can choose whether you would like to participate or not. If you do agree you can change your mind at any time and withdraw from the research. This will not affect your care now or in the future.
- **Purpose.** We are doing this research to explore adolescent mothers', their families' and key stakeholders' needs, experiences, views, and influence of school re-entry strategies for adolescent mothers in Kilifi County.
- **Duration.** Your participation in this study will take about 1 hour in an interview.
- **Procedures and Activities.** We will ask you to take part in an in-depth interview
- **Risks or disadvantages.** Most studies have possible inconveniences that could happen to you if you join. There is a possibility that participating in this study might cause disruption to daily schedule. We will minimise this by planning study activities at convenient venues e.g. your home; and times e.g. at 4:00 pm after work and even weekends or holidays. Any travel costs incurred will be reimbursed based on actual expenses.
- **Benefits.** There are no direct benefits in this study. However, your participation will contribute to researchers learning about your roles, perceptions and opinions of the adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education.

Who is carrying out this study and what is this study about?

- This study is being carried out by KEMRI. KEMRI is a government organization that carries out medical research to find better ways of preventing and treating illness in the future for everybody's benefit.
- Sometimes research involves only asking questions of participants, their parents, community members or health providers about what they know, feel or do.
- In this research, we want to learn more about the implementation and experiences of school re-entry strategies for adolescent mothers. We would like to listen to your views about this topic through holding discussions and activities with a total of at least 70 other participants (either individually or in groups) comprising of national and county government officials, non-governmental organisations (NGOs) and community-based organisations (CBOs) personnel, community and religious leaders, teachers, adolescent mothers and their parents in Kilifi County. The study will also conduct a 3-day adolescent mothers' digital storytelling (DST)

workshop, where the adolescent mothers will learn how to use digital equipment and art materials to create 3-5 minutes in-depth stories to communicate sensitive issues as guided by study objectives.

Why do you want to talk to me and what does it involve?

- We are talking to a range of participants who are relevant to the school re-entry of adolescent mothers at the national, county and community levels. We feel that your experience as a parent/guardian of an adolescent mother will contribute much to our understanding and knowledge of existing strategies for school re-entry of adolescent mothers in Kilifi. Your participation in this study will be in the following way:
- I would like to ask you a number of questions about your experiences, perspectives and opinions about school re-entry strategies for adolescent mothers. If you do not want to answer any of the questions you may say so and the interviewer will move on to the next question. The interview will be held face to face at your workstation or any other venue of your convenience or via secure online platforms like skype for business or phone interview. No-one else but the interviewer will be present unless you would like someone else there. The discussion will be recorded to assist later in fully writing up the information. No-one will be identified by name in the recording.

Are there any risks or disadvantages to me taking part?

- The in-depth interviews should take approximately 1 hour long at a place of your convenience. In case you incur any transport cost, it will be reimbursed based on the actual distance travelled as per our organization guidelines.
- Some questions may be considered confidential or sensitive by some individuals and if you do not want to answer any of the questions, you may say so and the interviewer will move on to the next question.

Are there any advantages to my taking part?

- There will be no direct benefits to participants in this project, however your participation will contribute knowledge about adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education. This may help in the development of new strategies of implementing the school re-entry policies in Kenya.
- Conducting this study has the potential to bring with it some sensitization about school re-entry for adolescent mothers in the community.

Who will have access to the information I give?

- All our documents/ recordings are stored securely in locked cabinets and on password protected computers. The knowledge gained from this research will be shared in summary form, without revealing individuals' identities; with study participants, research institutions, policy makers and the scientific community.
- In future, information collected or generated during this study may be used to support new research by other researchers in Kenya and other countries interested in the school re-entry of adolescent mothers. In all cases, we will only share information with other researchers in ways that do not reveal individual participants' identities. Any future research using information from this study must first be approved by a local (including the data governance committee)

or national expert committee to make sure that the interests of participants and their communities are protected.

- Once audio data has been retrieved, transcribed and cleaned, recordings will be deleted.
- As part of dissemination of study results, we will share anonymized individual and summary information we collect or generate in ways that do not reveal individual participants' identities.

Who has allowed this research to take place?

All research at KEMRI has to be approved by a national committee who look carefully at planned work before it begins. They must agree that the research is important, relevant to Kenya and follows nationally and internationally agreed research guidelines. This includes ensuring that all participants' safety and rights are respected.

What will happen if I refuse to participate?

All participation in research is voluntary. You are free to decide if you want to take part or not. If you do agree you can change your mind at any time without any consequences.

What if I have any questions?

You are free to ask me any question about this research. If you have any further questions about the study, you are free to contact the research team using the contacts below:

Nancy Mwangome, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi.
Telephone: 0726291284 or 0722 203417, 0733 522063, 041 7522063

If you want to ask someone independent anything about this research, please contact:

Community Liaison Manager, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi. Telephone: 041 7522 063, Mobile 0723 342 780 or 0705 154 386

And

The Head, KEMRI Scientific and Ethics Review Unit, P. O. Box 54840-00200, Nairobi;
Telephone numbers: 0717 719477; 0776 399979 Email address: seru@kemri.org

KEMRI-Wellcome Trust Research Programme consent form for examining school re-entry strategies for adolescent mothers in Kilifi County

I have had the study explained to me. I have understood all that has been read/explained and had my questions answered satisfactorily. And I agree to take part in this research

I agree for the interview to be recorded **Yes** **No**

I understand that I can change my mind at any stage, and it will not affect me in any way.

Signature:

Date:

Participant Name:

Time:

(Please print name)

Where participant cannot read, a witness may observe consent process and sign below if needed:*

I attest that the information concerning this research was accurately explained to and apparently understood by the participant and that informed consent was freely given by the participant.

Witness' signature: _____ **Date** _____

Witness' name: _____ **Time** _____

(Please print name)

**A witness is a person who is independent from the study or a member of staff who was not involved in gaining the consent.*

Thumbprint of the participant as named above if they cannot write:

I have followed the study procedure to obtain consent from the participant. S/he apparently understood the nature and the purpose of the study and consents to his/her participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

Designee/investigator's signature: _____ **Date** _____

Designee/investigator's name: _____ **Time** _____

(Please print name)

THE PARTICIPANT SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP

4. Digital storytelling (DSt) consent form

KEMRI Wellcome Trust Research Programme: Participant Information Sheet and Consent Form

Examining school re-entry strategies for adolescent mothers in Kilifi County

Institution	Investigators
KEMRI- Kilifi	Nancy Mwangome (Principal Investigator) Dr Alun Davies, Prof Caroline Jones, Prof Amina Abubakar

You are being asked to take part in a study. The box below tells you important things you should think about before deciding to join the study. We will provide more detailed information below the box. Please ask questions about any of the information before you decide to participate. You may also wish to talk to others (for example, your family, friends, or your doctor) about this study, before agreeing to join.

Key Information for You to Consider

- **Voluntary Consent.** You are being asked to volunteer for a research study. You can choose whether you would like to participate or not. If you do agree you can change your mind at any time and withdraw from the research. This will not affect your care now or in the future.
- **Purpose.** We are doing this research to explore adolescent mothers', their families' and key stakeholders' needs, experiences, views, and influence of school re-entry strategies for adolescent mothers in Kilifi County.
- **Duration.** Your participation in this activity will take about 3 days of a digital storytelling (DST) workshop and a digital story premiere show and discussion.
- **Procedures and Activities.** We will ask you to take part in a DST workshop that will comprise the creation of digital stories of about 3-5 minutes, to communicate personal school re-entry experiences using digital equipment and art materials.
- **Risks or disadvantages.** Most studies have possible inconveniences that could happen to you if you join. There is a possibility that participating in this activity might cause discomfort and emotional distress. This will be addressed by working closely with existing programmes that have stationed counsellors who may support with such cases. Participating in this study may also cause disruption to daily schedule. We will minimise this by planning study activities at convenient times even weekends or holidays. Any travel costs incurred will be reimbursed based on actual expenses. Meals and refreshments will be provided for all attendees.
- **Benefits.** There are no direct benefits in this study. However, DST participants often benefit from learning how to use digital equipment and media production skills which can be empowering in enabling them to articulate and share their views and sensitive experiences. Moreover, your participation will contribute to researchers learning about your experiences, perceptions and opinions of the adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education.

Who is carrying out this study and what is this study about?

- This study is being carried out by KEMRI. KEMRI is a government organization that carries out medical research to find better ways of preventing and treating illness in the future for everybody's benefit.

- Sometimes research involves only asking questions of participants, their parents, community members or health providers about what they know, feel or do.
- In this research, we want to learn more about the implementation and experiences of school re-entry strategies for adolescent mothers. We would like to listen to your views about this topic through holding discussions and activities with a total of at least 70 other participants (either individually or in groups) comprising of national and county government officials, non-governmental organisations (NGOs) and community-based organisations (CBOs) personnel, community and religious leaders, adolescent mothers and their parents in Kilifi County. The study will also conduct a 3-day adolescent mothers' digital storytelling (DST) workshop, where the young women will learn how to use digital equipment and art materials to create 3-5 minutes in-depth stories to communicate sensitive issues as guided by study objectives. The third day of the workshop will comprise a 3-hour digital story premiere show and discussion with some of the adolescent mothers, their parents and stakeholders who will have been involved in the study.

Why do you want to talk to me and what does it involve?

- We are talking to a range of participants who are relevant to the school re-entry of adolescent mothers at the national, county and community levels. We feel that your experience as an adolescent mother will contribute much to our understanding and knowledge of existing strategies for school re-entry of adolescent mothers in Kilifi. Your participation in this study will be in the following ways:
- *DST workshop*: This will be conducted in three main sessions (a day each):
 - Introduction to study objectives, watch digital story examples and choose their story.
 - Collecting and developing materials including pictures and artwork for the story production which entails scripting and story narration.
 - Digital story premiere show and discussion will entail viewing adolescent mothers' short digital stories for about 1hour 30 minutes. This will be followed by a discussion with [4-6] other persons with similar experiences. The discussion will be guided by a trained facilitator.
- The sessions of the entire workshop will be observed, notes taken, and comments will be recorded. For the discussion, we will ask questions about yours and other participants' views and reflections of the stories about your experiences of school re-entry. You do not need to discuss any information you are not comfortable sharing. The workshop sessions will take place in a convenient location for you and the other participants. Only the people involved in the workshop sessions, the facilitator and note-takers will be present. The workshop sessions will be recorded to assist later in fully writing up the information. No-one will be identified by name in the recordings.

Are there any risks or disadvantages to me taking part?

- The DST workshop will take 3 days. The transport costs incurred by you, your babysitter and digital story premiere show and discussion attendees will be reimbursed based on distance travelled and out of pocket expenses for the adolescent mother and the babysitter (if adult) and premiere show attendees will be compensated at the rate of Ksh. 350 per person per day, as per our organization guidelines. Meals and refreshment will be provided for all DST participants including the adolescent mother, her child (if already weaned), her child's babysitter and the digital story premiere show audience (parents, friends and stakeholders).
- Some questions may be considered confidential or sensitive by some individuals and if you do not want to answer any of the questions, you may say so and the moderator will move on to the next question.

Are there any advantages to my taking part?

There are no individual benefits to taking part. In talking to us, you will contribute to knowledge of school re-entry strategies for adolescent mothers that may help other people in Kenya and elsewhere in the future, for example through developing new school re-entry policies.

- There will be no direct benefits to participants in this project, however DST participants often benefit from learning how to use digital equipment and media production skills which can be empowering in enabling them to articulate and share their views and sensitive experiences
- Moreover, your participation will contribute knowledge about adolescent mothers' school re-entry strategies and possible ways through which adolescent mothers could be supported to access education. This may help in the development of new strategies of implementing the school re-entry policies in Kenya.
- Conducting this study has the potential to bring with it some sensitization about school re-entry for adolescent mothers in the community.

Who will have access to the information I give?

- All our documents/ recordings are stored securely in locked cabinets and on password protected computers. The knowledge gained from this research will be shared in summary form, without revealing individuals' identities, with study participants, research institutions, policy makers and the scientific community.
- We ask everybody in the entire DST activities to keep what is said in the group confidential, but it is important to recognize that we cannot stop participants sharing what they have heard.
- In future, information collected or generated during this study may be used to support new research by other researchers in Kenya and other countries interested in the school re-entry of adolescent mothers. In all cases, we will only share information with other researchers in ways that do not reveal individual participants' identities. Any future research using information from this study must first be approved by a local (including the data governance committee) or national expert committee to make sure that the interests of participants and their communities are protected.
- Once audio data has been retrieved, transcribed and cleaned, recordings will be deleted. However, the digital stories may later be used for educational purposes and dissemination of findings to other researchers, policy makers and intervention implementers. The future handling and use of the digital stories will depend on the specific permissions that will be given by you in a signed multimedia consent and release form.
- As part of dissemination of study results, we will share anonymized individual and summary information we collect or generate in ways that do not reveal individual participants' identities.

Who has allowed this research to take place?

All research at KEMRI has to be approved by a national committee who look carefully at planned work before it begins. They must agree that the research is important, relevant to Kenya and follows nationally and internationally agreed research guidelines. This includes ensuring that all participants' safety and rights are respected.

What will happen if I refuse to participate?

All participation in research is voluntary. You are free to decide if you want to take part or not. If you do agree you can change your mind at any time without any consequences.

What if I have any questions?

You are free to ask me any question about this research. If you have any further questions about the study, you are free to contact the research team using the contacts below:

Nancy Mwangome, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi.
Telephone: 0726291284 or 0722 203417, 0733 522063, 041 7522063

If you want to ask someone independent anything about this research, please contact:

Community Liaison Manager, KEMRI Wellcome Trust Research Programme, P.O. Box 230, Kilifi. Telephone: 041 7522 063, Mobile 0723 342 780 or 0705 154 386

And

The Head, KEMRI Scientific and Ethics Review Unit, P. O. Box 54840-00200, Nairobi;
Telephone numbers: 0717 719477; 0776 399979 Email address: seru@kemri.org

KEMRI-Wellcome Trust Research Programme consent form for examining school re-entry strategies for adolescent mothers in Kilifi County

I have had the study explained to me. I have understood all that has been read/explained and had my questions answered satisfactorily. And I agree to take part in this research

I agree for the DST sessions and discussions to be recorded Yes No

I understand that I can change my mind at any stage, and it will not affect me in any way.

Signature:

Date:

Participant Name:

Time:

(Please print name)

Where participant cannot read, a witness may observe consent process and sign below if needed:*

I attest that the information concerning this research was accurately explained to and apparently understood by the participant and that informed consent was freely given by the participant.

Witness' signature: _____ **Date** _____

Witness' name: _____ **Time** _____

(Please print name)

**A witness is a person who is independent from the study or a member of staff who was not involved in gaining the consent.*

Thumbprint of the participant as named above if they cannot write:

I have followed the study procedure to obtain consent from the participant. She apparently understood the nature and the purpose of the study and consents to her participation [of the child] in the study. She has been given opportunity to ask questions which have been answered satisfactorily.

Designee/investigator's signature: _____ **Date** _____

Designee/investigator's name: _____ **Time** _____

(Please print name)

THE PARTICIPANT SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP

.....

5. Multimedia consent and release form

Multimedia consent and release form for DST- English
KEMRI | Wellcome Trust

KEMRI/ WELLCOME TRUST RESEARCH PROGRAMME
(Centre for Geographic Medicine Research - Coast)

Kilifi, Kenya
P.O. Box 230 - 80108
Tel: +254 41 7522063; +254 41 7522535
+254 722 203417; +254 725 242233
Fax: (+254) 041 7522390

Nairobi, Kenya
P.O. Box 43640 - 00100
Tel: 0733 636049, 0722290087
0721 490166, 0733616092
Fax: (+254) 20 2711673

MULTIMEDIA CONSENT AND RELEASE FORM (INDIVIDUAL)

EVENT: Digital storytelling workshop for examining school re-entry strategies for adolescent mothers in Kilifi County

PLACE: _____ **DATE:** _____

I give my permission for KEMRI-Wellcome Trust to use my photos/video recordings for any purpose related to the KEMRI-Wellcome Trust Research Programme activities. I understand that these images and recordings will be used lawfully, for non-profit purposes only. Uses will include, but are not limited to illustrations, bulletins, newsletters, exhibitions, videotapes, reprints, reproductions, publications, websites, social media, advertisements, and any promotional or educational materials. KEMRI-Wellcome Trust Research Programme will only allow these images and recordings to be used appropriately and sensitively, although once on the internet, it is impossible to completely control use of these images. I understand that my images/video recordings may be used both locally (within Kenya) and globally.

I acknowledge that I will not receive any compensation for the use of such pictures.

Using DST allows you to hide your identity without compromising the quality of your story. You do not have to appear on camera or use personal identifiable items such as pictures with your image. In case you appear on camera or use your picture, it is possible to hide your identity in a film/photo through blurring/blacking out or pixelating facial features.

I understand that knowledge shared about me [and my health status] may become public knowledge through the showing of this film.

I'm happy to have my face shown on the film/photo.....

To be signed by participant:

Signature _____ **Contact** _____

Name (In capital letters) _____

Date _____

Staff seeking consent: Name _____ **Signature:**

Appendix H: Kilifi Health Information leaflet

Kilifi County Health Information leaflet

Telephone (041) 522777

Fax (041) 522248

Email: dmoh@kilifi.kemri-wellcome.org

When Replying/Telephoning quote

Ref No. MC.2/25/VOL.I/6

OFFICE OF THE

DISTRICT MEDICAL OFFICER

OF HEALTH

P. O. Box 9

80108

Kilifi

KILIFI COUNTY HEALTH INFORMATION LEAFLET

ALCOHOL AND DRUG ABUSE

The most commonly abused drugs in Kenya include alcohol, tobacco, miraa/ khat, marijuana/ bhang and cocaine and their effects vary.

What are the effects of cocaine on health?

Apart from headaches, abdominal pain and nausea, abusing cocaine can cause more serious health effects. First, because cocaine tends to decrease appetite, long time users can become malnourished. Secondly, injecting cocaine can transmit HIV and viral hepatitis through sharing of needles. Thirdly, swallowing cocaine can reduce blood flow into the intestines resulting in death. Finally, frequent hourly interval drug use may lead to mental breakdown and a very serious mental illness that makes you behave strangely or believe things that are not true, heart attack or stroke resulting in sudden death. The risk of sudden death is doubled if more than one drug such as cocaine and alcohol are taken at the same time.

What are the effects of alcohol on health?

The immediate effects include difficulty in walking, talking, antisocial behaviours, nausea, sometimes diarrhoea, hangovers, and a severe headache. In the long term, it leads to premature aging. Liver cirrhosis and liver cancer which used to affect mainly drinkers in middle age, are now common among the young people. Alcohol can damage the pancreas and consequently trigger diabetes. It also increases the risk of depression and a very serious mental illness that makes you behave strangely or believe things that are not true. By extension, heavy drinking often leads to addiction, work and family disruption. While some of the alcohol's effects disappear immediately, others become permanent.

What are the effects of marijuana on health?

Bhang upsets body coordination, causing unsteady hands, loss of balance and uncontrolled laughter. Loss of or impaired memory, depression, drowsiness, lack of sleep, mental and physical lethargy are common. Over a long time, heavy use of bhang by young people reduces the size of the brains comparable to that normally found in people seventy to ninety years old and this damage leads to a very serious mental illness that makes you behave strangely or believe things that are not true. The lungs of bhang users are more blackened than those of tobacco smokers because, to get an effect,

cannabis smoke must be inhaled deeper and held longer in the lungs. Also, sperm counts decrease resulting in infertility.

What are the effects of Khat/ Miraa on health?

Long-term use can impair how the brain and liver function. It also causes permanent tooth darkening (of a greenish tinge), susceptibility to ulcers, and diminished sex drive. Are you worried about your own drug or alcohol use? Do you know someone who is abusing or misusing drugs or alcohol? If yes, Call NACADA Helpline number **1192 free of charge 24 hours a day** every day for counselling, support and referrals or visit the **Kilifi County Rehabilitation Centre** located at the **Kilifi County Hospital** or call the **Medical Social Worker** on **0715 463 671**

HIV/AIDS

Are you infected or exposed to HIV? Do you suspect to be HIV positive? Know your HIV status and get help. It's simple enough: a drop of blood from your finger, and minutes later you know your HIV status. Knowing your HIV status is critical to your health and the well-being of our entire community. Get comprehensive counselling, care and advice from experienced healthcare providers at the **Comprehensive Care and Research Centre (CCRC)**, Kilifi, located at the **Kilifi County Hospital** or call **0795071994**

Remember: Your HIV test results are **confidential**, just like other health information.

EPILEPSY

Epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy affects people in all nations and of all races and all ages.

Do you or know a relative or friend who suffers from the following symptoms?

- "Blackouts" or periods of confused memory;
- Episodes of staring or unexplained periods of unresponsiveness;
- Involuntary movement of arms and legs;
- "Fainting spells" with inability of the body to control the evacuative functions of urination or defecation or followed by excessive fatigue; or
- Odd sounds, distorted perceptions, episodic feelings of fear that cannot be explained.

Although the symptoms listed are not necessarily indicators of epilepsy, it is wise to consult a doctor if you or a member of your family experiences one or more of them. For more information or help on epilepsy, get in touch with experienced health professionals at the **Kilifi Epilepsy Education Program (KEEP)-KEMRI-Wellcome Trust Research Programme/MoH: 0723342780** or **0705260767**

GENDER EQUALITY AND SOCIAL PROTECTION

Have you been sexually harmed or abused? Are you a victim of forced marriage? Sexual abuse occurs when an adult, stronger child or adolescent uses their power or authority to involve someone else in sexual activity. Sexual abuse can be physical, verbal or emotional and can include: kissing or holding in a sexual manner, exposing sexual body parts, an adult having sexual relations with a child less than 18 years of age, talking in a sexually explicit way that is not age or developmentally appropriate, fondling a child in a sexual manner, penetrating the child's vagina

or anus by penis, finger or any other object, Oral sex, Rape, Incest, showing pornographic films, magazines or photographs to a child, having a child pose or perform in a sexual manner, forcing a child to watch a sexual act or Child prostitution.

Many youths suffer the effects of abuse in silence and never tell anyone about it. Many keep their abuse secret forever. Sadly, the impact of abuse may strike at any time and it is important that help is available when people need it. Many children and youths suffer some form of sexual abuse and most of those who are sexually abused know their abusers and often have an emotional closeness to and dependency on them which makes it difficult to share with anybody. Some feel guilty and responsible for what happened and think they should have stopped it. Sexual abuse is NEVER the fault of the victim.

If you suffered assault as a child or you are a young person currently suffering abuse, help is available. Visit the **Kilifi County Gender Based Violence Office** located at the Kilifi County Hospital or call the **Medical Social Worker** on **0715 463 671**

CHILD ABUSE

Child abuse is the **physical, sexual or emotional** maltreatment or **neglect** of a child or children. Child abuse can be a single incident or can be a number of different incidents that take place over time.

It does not matter how much a child is harmed, but whether a child has suffered harm, is suffering harm, or is at risk of suffering harm or does not have a parent able and willing to protect them from harm.

Child sexual abuse occurs when an adult, stronger child or adolescent uses their power or authority to involve a child in sexual activity.

Physical abuse occurs when a child has suffered, or is at risk of suffering, non-accidental physical trauma or injury including hitting, shaking, throwing, burning, biting or poisoning. Physical abuse does not always leave visible marks or injuries. It is not how bad the mark or injury is, but rather the act itself that causes injury or trauma to the child. Emotional abuse occurs when a child's social, emotional, cognitive or intellectual development is impaired or threatened. It can include emotional deprivation due to persistent rejection, hostility or teasing/bullying. Neglect occurs when a child's basic necessities of life are not met, and their health and development are affected including food, shelter, child hygiene and adequate supervision.

Why should you break the silence about child abuse?

Every child has the right to be protected by caring adults. Abuse can affect a child for the rest of their life. If you suspect that a child has been abused, it is better to report rather than do nothing. It is important for the child, family or friend to reach out.

Where to get help

If you suspect a child has experienced or is experiencing harm, or is at risk of experiencing harm, visit the **Kilifi County Child Protection Office** behind **Kilifi Police station** or contact the **Kilifi County Children's Office** emergency number **116**