ROLE OF SELECTED PSYCHOLOGICAL CONSTRUCTS ON ACADEMIC PERFORMANCE AMONG PREGNANT TEENAGERS IN PUBLIC SECONDARY SCHOOLS IN NAROK COUNTY, KENYA

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A Thesis Submitted to the Institute of Post Graduate Studies of Kabarak University in Partial Fulfillment of the Requirement for the Award of the Master of Education (Guidance and Counseling)

KABARAK UNIVERSITY

NOVEMBER, 2023

DECLARATION

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The thesis entitled **"Role of Selected Psychological Constructs on Academic Performance among Pregnant Teenagers in Public Secondary Schools in Narok County, Kenya"** written by **Daisy Cherotich** is presented to the institute of postgraduate studies of Kabarak University. We have reviewed the thesis and recommend it to be accepted in partial fulfillment of the requirement for the Master of Education in Guidance and Counseling.

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DEDICATION

This thesis is wholeheartedly dedicated to my parents, Mr. and Mrs. Stanley Siele, Mr. and Mrs. Michael Cheruiyot; my beloved husband, Hillary and our wonderful children Claire, Linus and Daniella. Without their patience, understanding, support, inspiration and most of all love, the completion of this work would not have been possible.

ACKNOWLEDGEMENT

Much appreciation is to God, the Almighty, for His providence, Grace and Protection throughout my research work. I express Deep and sincere gratitude to my research supervisors, Prof. Gladys Kiptiony and Dr. James Kay for providing invaluable guidance in this research. Your dynamism, vision, sincerity, humility, friendship, motivation and strong Christian foundation have greatly inspired me. My course mates, Mr. Karimi Mathenge, Tonui Hillary, thanks for the passion to research and learn more through thick and thin. Your all time presence and academic zeal and zest went a long way to boost the timely completion of this work. Not forgetting my dear friends Caroline, Irene, Amos, Ann and Ken. Your sincere advice, support and prayers played a major role in my research journey. I also give a big thank you to my research participants who enthusiastically took part in this research and made it successful.

A special feeling of gratitude is expressed to the proprietors of Sun and Shield School and Kericho Primary school. Your timely support and mentorship did not go in vain. Most importantly, I salute members of my family. I would like to thank my parents whose love, prayers and guidance are with me in whatever I pursue. Thanks a million to my loving and supportive husband, Hillary Tonui, and my three wonderful children, Claire, Linus and baby Daniella, who provide unending inspiration. My siblings, Mercy and Sharon am so grateful for your support and understanding.

ABSTRACT

Past studies show that pregnant teenagers are subjected to psychological constructs manifested in the form of guilt, self-esteem, hopelessness, loss of interest and sadness relation to their academic performance. However, there is limited research on the effect of these challenges on academic performance among pregnant teenagers. The aim of this research was to examine the role of selected psychological constructs on academic performance among pregnant teenagers in public secondary schools in Narok County, Kenya. The study's objectives were: to establish the influence of pregnancy related sadness on academic performance; low self-esteem due to teenage pregnancy, pregnancy-related hopelessness on academic performance, pregnancy-related loss of interest, and pregnancy related guilt on academic performance. The study was backed by the human capital theory and self-efficacy theory. The study adopted the *Ex-post Facto* research design. The population targeted was pregnant teenagers in public secondary schools in Narok County, Kenya. The study was conducted in 78 secondary schools, with a target population of 156 pregnant teenagers and 78 guidance and counselling teachers in schools from which as a sample size of 132 pregnant teenagers and 66 guidance and counseling teachers was drawn. Stratified random sampling technique was used for the identification of the sample, whereby two strata comprising of Guidance and Counselling teachers and pregnant teenagers were identified. The Guidance and Counseling teachers and pregnant teenagers were purposively selected. Data was collected using questionnaires and interview schedules. Piloting of instruments was done in 7 public secondary schools (10 percent of the sample size) in Narok County. Validity check was done with the help of supervisors, and a reliability Cronbach coefficient of 0. 743 was achieved. The study computed Descriptive statistics such as frequency means and percentages using SPSS 25 and presented using tables and charts. Qualitative data was analyzed using a thematic analysis approach and presented using narrations. The study established that pregnancy-related loss of interest, low self-esteem, hopelessness and sadness has a negative influence on academic performance among pregnant teenagers in secondary schools. The study recommended that: The Ministry of Education should consider enhancing the policy relating to teenage program, such that pregnant teenagers are allowed to go home and come back to school after giving birth as per the policy earlier put in place. Contextual barriers that may hinder pregnant teenagers exercising their right to education need to be attended to, and further collaboration between the school management and the community leadership fostered, so that boyfriends and parents also benefit from the guidance and counselling arrangements. The Ministry of Education's stakeholders may refer to these findings as a guide for updating and/or implementing relevant policies geared towards controlling of role of selected psychological constructs on academic performance among pregnant teenagers.

Keywords: *Academic performance, low self esteem, pregnancy related hopelessness, pregnancy related sadness, pregnancy related loss of interest, psychological construct.*

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CONCEPTUAL AND OPERATIONAL DEFINITION OF TERMS

Depression: Refers to a mood disorder with symptoms such as sadness, loss of interest in activities previously enjoyed, feelings of worthlessness, low mood, insomnia or hypersomnia, feelings of tiredness and poor concentration that manifests itself in two episodes for at least two weeks (Osok, 2016). In this study, depression among pregnant teenagers plays a role in the teenager's academic performance through the stated symptoms.

Academic Performance: This refers to the knowledge and skills that students have mastered in a subject or a course. In this study this is measured through school completion, quality grades in KCSE, and school attendance.

Guilt: This is described as the fact that a given or implied offense or crime has been committed. In this study when a pregnant teenager feels ashamed for being in the state of pregnancy, having the feeling that being pregnant at that time is wrong and unacceptable, then it affects her academic performance and generally lowers her grades.

Health Effects: These refer to changes in the physical wellbeing of the girls resulting from teenage pregnancy. In this study, during or during birth, complications or pathological procedures associated with pregnancy may occur and vary from mild pain to severe disorders requiring medical attention. Consequently, this affects the girls' span of concentration.

Hopelessness: This refers to a feeling or state of despair; lack of hope. In this study, it refers to a state where pregnant teenagers experience a state of despair or lose hope due to their state of pregnancy. The pregnant teenagers develop some sense of feeling that their meaningful life has come to an end and see the pregnancy as a big setback in life. This plays a major role on their academic performance.

Loss of Interest: This refers to a symptom of depression, where the affected person is unable to feel and experience pleasure. In this study, it refers to a state where the pregnant teenager is less keen on the things or activities she used to enjoy before becoming pregnant. Therefore, the pregnant teenagers will not put much effort in their academics.

Pregnancy-Related Depression: This refers to a type of psychological depression that happens during pregnancy, around childbirth or within the first year after birth. The specifics include medium, moderate and extreme without psychotic features and with partial remission or complete remission of psychotic features. In this study, this refers to depression experienced by teenagers during pregnancy and it is either before or after child birth. On the onset of depression in pregnancy, the teenager finds it hard to cope academically and may eventually drop out of school.

Pregnant Teenagers: This applies to young women / girls under the age of 20 who are expecting a child.

Psychological Constructs (PCs): Refers to a label for a domain of behaviors. In this study they include pregnancy-related loss of interest, low self-esteem due to teenage pregnancy, pregnancy-related hopelessness, and pregnancy related sadness.

Sadness: This refers to a state of unhappiness, feeling down, regretfulness, broken heartedness, and cheerlessness. In this study, when pregnant teenagers experience this state, they waste a lot of quality time which could have been channeled to academics in regrets and attempt to mend the broken heart.

Self Esteem: This alludes to the subjective appraisal of their own worth by a person. This requires assumptions about oneself, emotional states such as triumphs, despair, pride, and shame. A pregnant teenager's self-esteem once affected negatively, will affect her participation in academic activities, subsequently affecting her academic grades.

Teenage Pregnancy: This applies to conception of women under 20 years of age in humans (thirteen to nineteen years) up to the time of child birth /delivery. In this study, this relates to gestation among secondary school girls.

LIST OF ABBREVIATIONS AND ACRONYMS

CAR	Central Africa Republic
CDC	Center for Disease Control
CDs	Compact Disks
DR Congo	Democratic Republic of Congo
G/C	Guidance & Counselling
ID	Identity
KCSE	Kenya Certificate of Secondary Education
Km^2	Square Kilometre
NCPD	National Council of Population and Development
PPD	Postpartum Depression
SPSS	Statistical Package for Social Sciences
UNFPA	United Nations Population Funds
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Teenage pregnancy refers to pregnancy that occurs in females aged between 13 and 19 years old. Teenage pregnancies continue to be a global concern (Chandra-Mouli & Armstrong, 2018). School-going age children, typically aged 13 to 19 years, are particularly vulnerable to disrupted learning when they become pregnant. Teenage pregnancy has been identified as a hindrance to achieving Sustainable Development Goals (SDGs) in Kenya, and it also slows down the realization of Kenya's Vision 2030 (Nyaigotti-Chacha & Aagaard-Hansen, 2020). Although teenage pregnancy was once viewed as a natural occurrence and tolerated in Europe and Africa in past centuries and the 20th century, it is now understood that it presents pregnancy-related related constructs for these school-going teenagers (Younis, 2018). However, limited research exists on the role of these psychological constructs on secondary school-going teenagers.

Globally, it is estimated that the prevalence of depression as a psychological construct during gestation is between 11-18 percent (Gelaye et al., 2019). According to the United Nations Population Fu(Hamilton et al., 2019)nd (UNFPA) (2013), 20,000 teenagers deliver babies in developing countries daily, and in developing countries, nearly 10% of teenagers give birth each year (UNFPA, 2018). In fact, 2.5 million girls under the age of 16 and 16 million girls between the ages of 15 and 19 give birth annually in underdeveloped nations, with an additional 3.9 million women receiving illegal abortions per year (World Health Organization, 2018). Teenage pregnancy is prevalent in marginalized communities globally, particularly among educationally and economically underprivileged females, owing to cultural practices, poverty, and lack of resources (UNFPA, 2015).

In the United States, 209,809 babies were born to girls aged 15-19 in 2016, resulting in a birth rate of 20.3 per 1,000 girls (Hamilton Martin, Osterman, & Driscoll, 2019). Pregnant teenagers in the United States may face negative attitudes, desertion, or antagonism from their friends, parents, and peers, leading to psychological implications for them (Luk , Farhat, & Idris, 2020). Teenagers who are pregnant may be more likely than non-pregnant teens to experience depression, and depressive symptoms are linked to greater risks of teen pregnancy, worse birth outcomes, recurrent childbearing, and parenting (Luk et al., 2020). Similar findings were noted in studies conducted in Brazil and Malaysia (Barbosa et al., 2019; Karim et al., 2020).

Research carried out in the Philippines found that teenage pregnancy was significantly associated with lower grades and reduced academic attainment (Agosto, Laurente, & Amante, 2019). Similarly, a study in Indonesia found that teenage mothers were less likely to complete secondary education compared to their peers who did not become pregnant (Adhikari, 2018). Another study in Malaysia found that teenage mothers had lower academic achievement and were less likely to enroll in higher education ((Wan, Azizan, & Ibrahim, 2018). These studies highlight the need for targeted interventions to prevent teenage pregnancy and support teenage mothers in continuing their academics.

Birth rates among teenagers are kept low in developing countries and teenage pregnancy is prevented, discussed as a public health concern and regarded as a social challenge (Sedgh, Finer, Bankole, Eilers and Singh, 2015). By 2018, the highest-risk countries in Africa were South Sudan, Nigeria, Sierra Leone, Cameroon, Democratic Republic of Congo (DR Congo), Congo, Zambia, Liberia, Mozambique, Angola, Mali, Niger, Chad and Central Africa Republic (CAR) have the highest teenage birth rates in the world (United Nations Population Fund (UNFPA, 2018). The same is the case with Tanzania,

where pregnant teenagers are not allowed to continue with their academics. However, this does not help much as the problem is still high.

Teenage pregnancy is also a significant issue in many African countries, with adverse effects on academic performance. A study conducted in Nigeria found that teenage pregnancy was associated with lower academic performance and higher rates of school dropout (Okeke & Akinlo, 2019). A similar study in Uganda found that teenage mothers were less likely to complete primary education and more likely to repeat grades compared to their peers who did not become pregnant (Nalusiba Kakuru, & Mwesigwa, 2019). Another study in South Africa found that teenage mothers had lower levels of educational attainment and were less likely to be employed (Nkhoma & Khwalo, 2019).

Kenya is a signatory to the Sustainable Development Goals (United Nations, 2017), SDGS under Goal 3 (good health and well-being), Goal 4 (education) and Goal 5 (gender equity and empowerment of women and girls) that encompass teenage SRHR and related problems. Kenya is also a member of the African Union and, as described in the AU Agenda 2063, has subscribed to the AU edition of SGDs (The Africa We Want) Under Ambition 6 (African Union (AU), 2015), the Agenda addresses youth and gender issues.

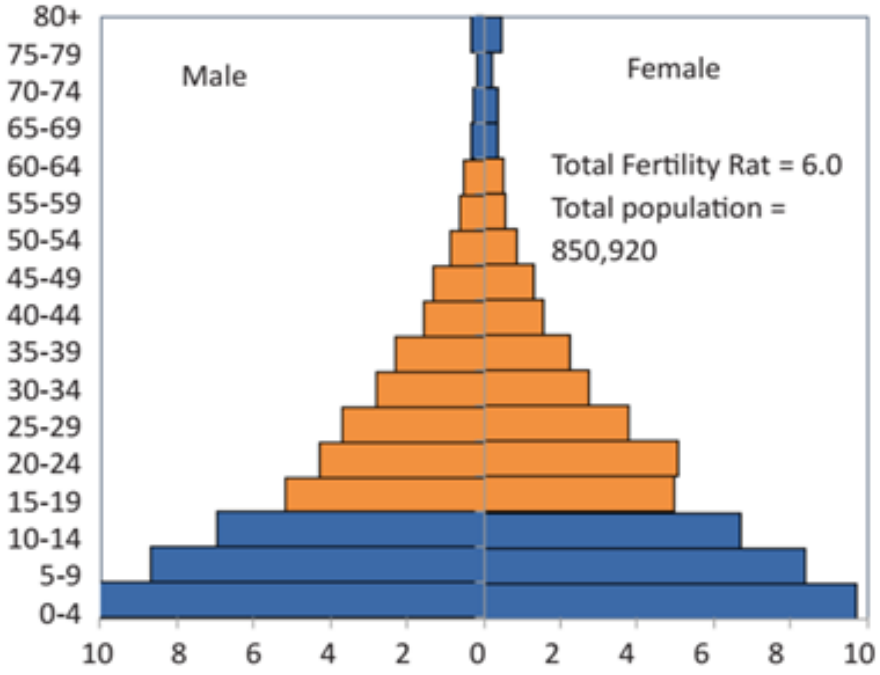
In Kenya, the teenage pregnancy rate is at 18%. Around 1 in 5 young girls have either had delivered a baby or were in the state of pregnancy with their first infant (National Council of Population and Development, 2018). Teenage pregnancy is a national epidemic and a significant contributor to girls dropping out of school. Use of Permanent expulsion in taming teenage pregnancy was found to be not effective and not fair to the affected girls. Kenya's reverting to school guiding policy is yet to stand a test of time (Okeyo, 2012). The highest-burden of teenage pregnancies and motherhood were Tana River, Narok, West Pokot, Homa Bay, and Nyamira (UNFPA, 2016). The study found

that a total of 28,932 adolescent girls aged 10 to 14 years, and 349465 girls aged 15 to 19 years were impregnated. The report points out that after being impregnated, most of the girls left school (Kimanzi, 2019).

According to the National Council of Population and Development, (2018), between July 2016 and June 2017, 378,397 teenage girls (10-19) reported pregnancy in health care facilities across 47 counties. Half of the women in Narok County (20-49 years old) and men (20-54 years old) had first sex at the age of 17 and 18, respectively, according to a survey by the Ministry of Health (2017), Furthermore, women first had sex in Narok County a year earlier than the national average, although the trend for men in Narok County is comparable to that at the national level.

Figure 1

Population Pyramid, Narok County Population Pyramid, Narok County

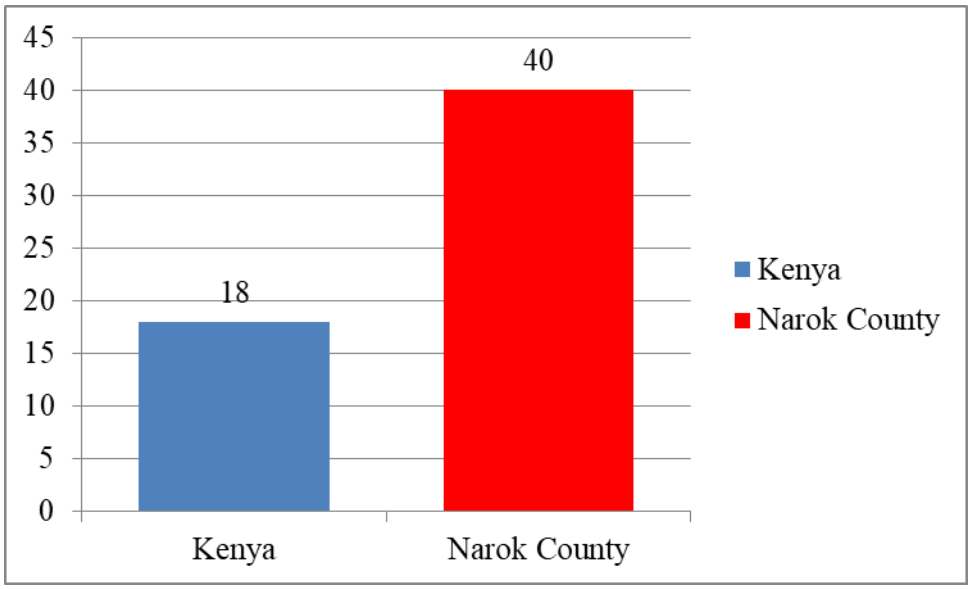


According to the 2019 Kenya Demographic and Health Survey, teenage pregnancy rates in Narok County remain alarmingly high, with 39% of girls aged 15-19 years having started childbearing. This figure is almost double the national average of 20%. The

prevalence of teenage pregnancy in Narok County poses a significant challenge to efforts aimed at reducing maternal and child mortality rates, improving girls' academic outcomes, and promoting gender equality (Figure 2). Overall, 7.4% of girls are pregnant for the first time and 33% have ever delivered a baby, particularly in comparison with 3.4% and 14.7% nationally, respectively. Transmara West Sub-County has the most adolescent pregnancies, with 157, according to a report by Narok County Commissioner George Natembeya. Narok East ranks second, with 30 cases of pregnancy reported to the police and the appropriate authorities.

Figure 2

Percentage Women Aged 15-19 who have begun Childbearing



Source: Kenya Demographic and Health Survey (2014)

The county with the greatest prevalence rate of teen pregnancy in the country is Narok County with 40%. Figure 2 shows that the 40% prevalence is higher than the national average at 18%. This is concerning, thus it is necessary to investigate how it affects pregnant teens' academic performance in the county's secondary schools. This study intends to investigate the impact of psychological factors on academic performance among pregnant teens enrolled in Narok County public secondary schools.

1.2 Statement of the Problem

According to the United Nations Population Fund [UNFPA], 2018), Sub-Saharan Africa is expected to experience a significant increase in teenage pregnancies over the next two decades. Despite policy and prevention efforts, the impact of teenage pregnancy on academic achievement remains uncertain. Recent studies indicate that teenage pregnancies are increasing in Kenya due to various factors, with negative consequences on the lives of affected teenagers. Although the government has a program to support pregnant teenagers to continue their education, the lack of training among school staff in enforcing the policy leads to high dropout rates in areas such as Narok County (United Nations Population Fund [UNFPA], 2019; Ministry of Education, 2020; Nyakundi et al., 2021). Pregnant teenagers experience complications during pregnancy and are often less prepared to handle these issues, which has psychological consequences. A study by Kamau et al. (2022) found that teenage pregnancy was associated with lower academic achievement among girls in Narok County, with pregnant students performing worse in exams compared to their non-pregnant peers. This study highlights the need for further research on the role of selected psychological constructs on academic performance among pregnant teenagers in the county. In Narok County, there are many cases of teenage pregnancy. In 2017, there were no A grades in Narok County's KCSE tests. More than 77.8% of the students scored below D+, and the majority were girls. Narok County has an adolescent birth rate of 225 births/1,000 girls aged 15 to 19, which is more than double the national rate of 96. Additionally, the county has the highest rate of adolescent pregnancy in Kenya, with 40% of girls aged 15-19 years having started childbearing. However, there is limited research on the role of selected psychological constructs on academic performance among pregnant teenagers in Narok County of Kenya. To fill this gap this study sets out to examine the role of pregnancy-related guilt,

low self-esteem, hopelessness, loss of interest and sadness on academic performance among pregnant teenagers in public secondary schools in the County.

1.3 Purpose of the Study

The purpose of the study was to examine the role of psychological constructs on academic performance among pregnant teenagers in public secondary schools in Narok County of Kenya.

1.4 Objectives of the Study

The objectives of the study were as follows.

i. To determine the role of pregnancy-related loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County.
ii. To determine the role of low self-esteem due to teenage pregnancy on academic performance among pregnant teenagers in public secondary schools in Narok County.
iii. To find out the role of pregnancy-related hopelessness on academic performance among pregnant teenagers in public secondary schools in Narok County.
iv. To establish the role of pregnancy related sadness on academic performance among pregnant teenagers in public secondary schools in Narok County.

1.5 Research Hypothesis

To guide on the implementation of the study, hypotheses were formulated as follows;

H_O1 Pregnancy related sadness has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O2 Low self-esteem due to teenage pregnancy has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O3 Pregnancy-related hopelessness has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O4 Pregnancy-related loss of interest has no statistically significant role on educational performance among pregnant teenagers in public secondary schools in Narok County.

1.6 Significance of the Study

This research is important in that the findings can be used by stakeholders in the Ministry of Education as a guide to evaluating and/or developing effective policies aimed at regulating the role of psychological constructs on academic success among pregnant teenagers in secondary schools. Non-Governmental Organizations and other concerned stakeholders such as parents, the students, teachers, school administrators and religious organisations may utilize the findings as a guide in the formulation of useful interventions in curbing the effects of selected psychological constructs on academic performance among pregnant teenagers in secondary schools .The research has a significant academic contribution in that pregnant teenagers who comes back to school after delivery of their babies will get a chance to complete their studies and pursue their dreams hence avoiding academic wastage. The information obtained from this study forms a base for further studies.

The school counsellors may utilize the findings of this study to enhance their counseling approaches. The study findings highlight the psychological constructs, and thus the G/C teachers will effectively handle stress related challenges affecting pregnant teenagers.

1.7 The Scope of the Study

The study was carried in both day and boarding public secondary schools in Narok County, among the pregnant secondary school girls (14 to 19 years) in school. The focus was on those aged between 14 and 19 years. The study also collected data from guidance and counseling teachers from the selected public secondary schools. The confine of the study is on the role of pregnancy-related sadness, low self-esteem, pregnancy-related hopelessness, and pregnancy loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County of Kenya. The project lasted for a period of 12 months from August 2021 to August 2022.

1.8 Limitations of the Study

The research was conducted in Narok County, an area characterized by distinct socio-cultural practices that make the girl child vulnerable to early pregnancy. The results may not generally be relevant to other counties in Kenya. However, it is possible to generalize selected aspects of the study but cautiously. For instance, the side effects of depression cannot be localized to one geographical region.

Since the information requested in the survey is personal, the responder may withhold certain information. In order to avoid this, the researcher ensured the respondents of their privacy and let them know the research was performed only for academic objectives. The study also included triangulation, in which interview schedules were combined with questionnaires to obtain information that could have been concealed. The study used an Expost Facto Research design, which made it possible that it would have flaws such lack

of control over the independent variables and non-random selection of subjects or participants. Other genuine limitations of this study include the use of motorbikes and walking as alternatives to the terrible roads that made it impossible for automobiles to visit the area. The language barrier was also reduced by guidance and counselling instructors from the catchment region in several of the sub-counties, including Kilgoris, Narok North, and some areas of Narok East

1.9 Assumptions of the Study

This study was based on the following assumptions

i. In the study, the research pregnant teenagers are believed to be able to engage in the study and would provide useful information relevant to the study.

ii. It is also assumed that pregnant teenagers experience pregnancy-related sadness, low self-esteem, pregnancy-related hopelessness, and pregnancy loss of interest.

iii. The second presumption is that data were objectively gathered using the proper research questionnaires to enable reliable observation and suggestions to be drawn from the study's findings.

iv. The study makes the assumption that the chosen research methodology was acceptable for enabling the searcher to gather both qualitative and quantitative data from the targeted secondary schools in Narok County's pregnant teens.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses both scientific and theoretical analyses of the past in respect to the role of selected psychological constructs on academic performance among pregnant teenagers in public secondary schools. The literature is described in systematic and contextual terms according to the objectives of this review. The chapter contains a review on pregnancy-related fatigue, loss of self-esteem, pregnancy-related anxiety, pregnancy-related panic attacks, and pregnancy-related emotional problems. The chapter also contains theoretical and conceptual frameworks.

2.2 The Concept of Teenage Pregnancy

Adolescent pregnancy is defined as a pregnancy occurring between the ages of 13 and 19 in a young person, either voluntarily or as an unintentional product of sexual intercourse (Spencer, 2020). The consequences of early pregnancy are profound, emotionally, physically, physiologically, and economically impacting girls and their parents (World Health Organisation [WHO], 2020). The risks associated with adolescent pregnancy include high risks of illnesses, complications of delivery, and deaths of infants, which are likely to have weighty repercussions on the girl's educational attainment (Mangeli, Ravvani Cheraghi, & Tirgari, 2019). Pregnant teenagers in developing countries often lack the means or requisite skills to tackle these complications (Mangeli et al., 2019), and in poor families, they are abandoned and left to take care of themselves (Vincent & Alemu, 2016).

Research commissioned by the United States Agency for International Development [USAID], (2018) on the rate of teenage pregnancies in the Kavango region revealed that lack of schooling and insecurity were the primary causes of teenage pregnancies. The

report also showed that 91 percent of underage pregnancies were unwanted. Sub-Saharan Africa has the largest incidence of adolescent pregnancy in Africa United Nations Population [UNFPA], (2018), and teenage pregnancy tends to hit disaster proportions in most African nations (UNFPA, 2010). Pregnant schoolgirls have few chances to complete their education and have less social development prospects, which is a cause for premature school leaving in the country (UNFPA, 2018).

Given significant investment and refinement of policies, teenage pregnancy tends to reach disastrous levels in many African nations, with profound implications for academic and social development prospects (UNFPA, 2020). Pregnant schoolgirls in particular have few opportunities to complete their studies, and pregnancy is increasingly viewed by policymakers and the media as a key factor behind premature school leaving across the country. In Kenya, concerted efforts are underway to encourage pregnant teenagers to return to school.

In a research by Potjo (2018) in the Thabo Mofutsanyane area of South Africa's Eastern Free State, it was shown that adolescent pregnancies had a detrimental effect on academic achievements since peer distraction and overall class performance were common among pregnant students. This had a negative influence on the school's average success rate and had a negative impact on student learning. Maemoko, Nkengbeza, and Chokomozi (2018) looked into teen pregnancies in Namibia and found that factors such a lack of parental supervision and care, poverty, a lack of sex education, and drug and alcohol addiction are the main causes of the issue. Teenage pregnancy has negative effects on schooling, such as worse grades and a higher dropout rate. However, Potjo's study did not explore the role of psychological constructs in pregnant teenagers' academic outcomes. Therefore, the current study examines the impact of teenage pregnancy on psychological, social, physical, and health consequences.

According to Njoka (2018) research on teenage pregnancy in Kilifi County, Kenya, adolescent girls are frequently discriminated against in mainstream culture and often left behind. Reproductive health disparities are also common, with around half of adolescent girls receiving maternal treatment and birth assistance from professional workers. Many adolescent girls are also required to obtain parental consent for HIV testing, and pregnant teenagers, their parents, and communities are often unaware of their right to return to school. Moreover, pregnant teenagers/girls are often subjected to specific prejudice in school continuity, as they are perceived to be a negative influence on their peers (Population Council, 2019).

Waweru (2018) in a study titled ‘Young girls are at risk of Untimely pregnancy in Kenya” estimates that about 11 percent of teens in Kenya have sex before their 15th birthday. The choice of a suicidal pregnant adolescent to drop out of school is one of the immediate societal effects of teenage-related depression. Indeed, it is evident that a considerable number of girls, ranging from 10,000 to 13,000, discontinue their education annually, among a total population of around six million registered female students. In 1996, the government of Kenya initiated a school re-entry program aimed at facilitating the prompt return of pregnant teens to educational institutions following the completion of their infants' weaning period. However, this is partially applied and there is an inconsistency in legislation and implementation, with many school officials not aware of the policy. 72 girls taking the examinations were pregnant in only one county, while 38 gave birth before the exams. The prevalence of cell phones has facilitated sexual interaction and may lead young people to be more sexually deviant because of "sex" or access to pornography.

The shortage of educational resources is one common effect of pregnancy for girls, according to a survey by (National Council of Population and Development, 2018) in

Kenya: when educators and school officials learn of pregnancy, pregnant teenagers are often suspended or forced to abandon school. Despite the fact that the Government of Kenya designed policies over a decade ago to secure the right of a pregnant woman to pursue her studies, the Centre for the Study of Adolescents estimates that the associated stigma of pregnancy and abuse by educators and peers was cited by pregnant teenagers as the chief causes for them to leave school, according to the same report.

Osok et al. (2018) conducted a study on depression and psychotic risk factors associated with pregnant teenagers at Kangemi Health Center, Nairobi. The study adopted a cross-sectional descriptive study using mixed methods. The study established that the majority of pregnant teenagers suffered from depression. Some of the factors associated with depression included student factors, low level of education, absent fathers, and social-economic status. However, the study results from all the above researchers are quite different from this study since most of them did not explore the role of selected psychological constructs on academic performance among pregnant teenagers and this is the focus of this study.

2.3 Teenage Pregnancy-Related Depression and Academic Performance among Pregnant Teenagers

According to the American Academy of Pediatrics, (2018), many changes can be induced by adolescent pregnancy, such as mood swings, exhaustion, and a transition in what the pregnant girl can do. This negatively affects their relationships with their friends, family, teachers, or a boyfriend. Due to these, some friends cannot just handle the situation and thus resort to avoiding the pregnant teenager. In any relationship, mood fluctuations can trigger stress, and when the pregnant adolescent thinks she cannot manage it, it is made worse. During every teen pregnancy, this emotional rollercoaster is fairly common, but parents and friends will never come close to them when they were

pregnant; they often would have no knowledge of what to expect. This leads to depression and can destroy the team spirit needed for group discussions or the completion of academic assignments.

Depression is very common in women, particularly in women of reproductive age, according to the (American College of Obstetricians & Gynecologists, 2019). It is projected that 14 percent -23 percent of pregnant women develop depression during pregnancy, and 5 percent -25 percent experience postpartum stress and depression during pregnancy, loss of self-esteem due to teenage pregnancy in Girls education pregnancy-related anxiety on Girls education. Depression has far-reaching consequences and if unchecked can adversely affect the teenagers' academic performance.

A study by Lee and Patricia (2016) indicated that Compared with their childless counterparts, signs of depression were 2 to 4 times higher in teenage mothers. High levels of stress may have a significant effect on the engagement and success of pregnant mothers in classwork and exams. Such psychological problems such as embarrassment, remorse, and depression may also occur in adolescent girls. These problems affect the learner's concentration span and associated academic performance. (Cardoso et al., 2020) conducted a study on over 6,000 Canadian women ranging in age from teenagers to adults, examining the prevalence of postpartum depression. The study found that adolescent girls aged 15-19 had twice the incidence of postpartum depression as women aged 25 and over. Postpartum depression includes more severe symptoms than the baby blues, including difficulty bonding with infants, overwhelming fatigue, feelings of worthlessness, fear, worries about harming oneself or one's infant, and difficulty finding pleasure in previously enjoyable activities.

Ezenwuba (2019), a researcher from Imo State University in Owerri, Nigeria, investigated the impact of pregnancy on the academic success of female nursing

students. The study revealed that pregnant teenagers faced challenges such as reduced attention span and missed lectures, which adversely affected their academic performance, resulting in absenteeism, poor grades, and the need to repeat courses. However, Ezenwuba's study focused on university students rather than high school students, which is the subject of the present analysis. Secondary school pregnant teenagers are younger than university students, and as a result, the challenges they face may have a more significant impact on their academic performance. Collingwood (2018) in the United States of America found that pregnant teenagers had higher levels of depression than adolescents or adult mothers, but the reason did not seem to be the experience of childbearing adolescence. Nonetheless, the depression rate of pregnant teenagers was still higher than those of their peers from the time they were impregnated, and they remained higher during childbirth and into early and middle adulthood. This would imply that pregnant teenagers were likely to experience the consequences associated with depression. However, Collingwood's study did not link psychological constructs to academic performance among pregnant teenagers.

During adolescent pregnancy, new research by Cardoso et al. (2020) investigated major depressive disorder (MDD) among pregnant adolescents in Brazil, focusing on the socio-demographic, obstetric, emotional, and social correlates. The study was conducted in the city of Salvador, in northeastern Brazil, with a sample of pregnant adolescents receiving prenatal care in public health clinics. The results of the study indicate that MDD is a significant mental health concern among pregnant adolescents, particularly among those who have experienced intimate partner violence or have a history of mental health issues. Given the potential impact of MDD on the education of adolescent mothers, it is important to understand the relationship between depression and academic outcomes in this population. Therefore, this current study aims to explore this relationship further.

Cross-sectional research in a community health center in Nairobi, Osok, Kigamwa, Stoep, Huang, and Kumar (2018) studied depression in pregnant Kenyan teenagers and the related psychosocial risk factors. The analysis involved a convenient group of 176 pregnant teenagers visiting the prenatal clinic in the Kangemi primary health care center. The study showed that depression was widespread in urban areas with limited resources of Kenya among pregnant teenagers and is associated with well-documented risk factors, such as being younger.

A study conducted by Njoroge Njoroge et al. (2021) in Kisumu County found that pregnant teenagers experienced a decline in their academic performance, but the study did not explore the specific factors that contribute to the loss of interest in education. Furthermore, the study was conducted in a different region and may not accurately reflect the challenges faced by pregnant teenagers in Narok County. A study conducted in Narok County could identify specific contextual and cultural factors that affect the academic performance of pregnant teenagers and inform the development of effective interventions to support their academic success.

Pregnancy-related loss of interest may have a significant influence on the academic performance of pregnant teenagers in secondary schools in Kenya. According to a study by Onsomu et al. (2018), teenage pregnancy is associated with a decline in school performance, leading to lower grades and an increased likelihood of dropping out of school. This loss of interest may result from several factors, including physical discomfort, social stigma, and emotional distress associated with pregnancy. Another study by Mbithe & Muola (2020) found that pregnant teenagers face significant social and psychological challenges, including lack of support from family and friends, leading to increased stress levels that affect their academic performance.

Despite these studies, there is a gap in research on the specific role of pregnancy-related loss of interest on academic performance among pregnant teenagers in Narok County, Kenya. Narok County has a high prevalence of teenage pregnancy, and it is essential to understand the specific challenges faced by pregnant teenagers in this context. According to the United Nations Population Fund (2019), Narok County has an adolescent fertility rate of 23%, which is higher than the national average of 18%. Therefore, there is a need for research to understand how pregnancy-related loss of interest affects academic performance among pregnant teenagers in this region.

In addition to the geographical gap, there is also a contextual gap in the research on pregnancy-related loss of interest and academic performance. Most studies have focused on the impact of teenage pregnancy on academic outcomes, without specifically examining the role of loss of interest. This is a significant gap, given that loss of interest may be a critical factor affecting the academic performance of pregnant teenagers. Therefore, there is a need for research to understand how loss of interest affects academic performance and explore potential interventions to support pregnant teenagers in maintaining their academic progress.

2.3.1 Pregnancy-Related Loss of Interest and Academic Performance among Pregnant Teenagers

The Diagnostic and Statistical Manual of Mental Disorders (DSM), which is published by the American Psychiatric Association (APA), provides a comprehensive classification and description of depressive disorders specifically pertaining to the teenage population. A diagnosis of major depressive illness requires the presence of at least five symptoms, which must persist for a minimum duration of two weeks. These symptoms include a pervasive low mood and diminished interest in nearly all parts of life. Persistent depressive disorder, also known as dysthymia, is a prevalent personality disposition

characterized by recurrent presentations that bear resemblance to, but with lesser intensity than, the symptoms observed in major depressive disorder.

According to the American Academy of Pediatrics (AAP) (2018), some pregnant teenagers experienced challenges such as loss of interest in caring for themselves, as well as the loss of interest in educational issues. Minorities, immigrants, and refugees are particularly at risk because they face the added stress of adapting to and learning to function in a new environment without as much support from local families and with additional financial concerns or cultural obstacles. It was observed that some of them appeared uninterested in life, and these feelings kept them away from eating properly. The American Academy of Pediatrics (AAP) advocates for the elimination of silence and shame for pregnant teenagers who experience feelings of being overwhelmed, frustrated, anxious, persistently tearful, or depressed during the perinatal period. Perinatal depression may arise from financial and interpersonal challenges, and these challenges may also be a result of perinatal depression (Sheldrick et al., 2019). These aforementioned problems have the potential to contribute to the development of prenatal depression, hence worsening negative consequences for both mothers and their infants.

Yacobson and Chang (2019) conducted a study to examine the physiological and psychological impacts of pregnancy on teenagers, as well as their techniques for coping. The study focused on a sample of 36 adolescents who were living in government shelter homes in Kuala Lumpur, Malaysia. A self-administered questionnaire comprising a combination of closed and open-ended questions was used. The study revealed that pregnant teenagers experienced physical challenges such as sleep disturbances and self-care problems, which resulted in reduced productivity and hindered their academic progress. Furthermore, pregnant adolescents who experienced bullying from their peers or teachers had a negative attitude toward school. Students who had poor attendance

records and were not interested in school before pregnancy were more likely to drop out than those who had good attendance records.

Machado et al. (2018) conducted a cross-sectional study examining the occurrence of suicidal behaviour among pregnant teens in the metropolitan region of Pelotas, located in southern Brazil. The research encompassed a total of 871 consecutive surveys conducted on pregnant adolescents who were seeking prenatal medical help through the national public health system. The findings of the investigation indicated that a subset of adolescent females who were pregnant and attending high school had less engagement or enjoyment in athletic activities.

A recent study by Jones, (2020) investigated the phenomenon of depression during pregnancy and found that symptoms such as loss of interest in activities, irritability, and lack of motivation were commonly reported. The study also highlighted the challenge of managing depression while breastfeeding, as women may experience fatigue and low energy levels. These findings suggest the importance of early detection and intervention for depression during pregnancy to support the mental health and well-being of pregnant women.

According to a study by Ocholla-Ayayo et al. (2020) in Kenya, teenage pregnancy is associated with feelings of shame, guilt, and worthlessness, which can lead to a decrease in academic motivation and engagement. Furthermore, adolescent moms may endure social stigma and prejudice, which can further damage their self-esteem and significantly impair their academic achievement. Another study by Mutungi et al. (2019) indicated that adolescent pregnancy is connected with high rates of school dropout and low academic performance. The scientists indicate that poor self-esteem may be a contributing cause, since pregnant teens may feel overwhelmed and incapable of

excelling academically. Moreover, the study revealed that pregnant teens who dropped out of school were less likely to obtain proper prenatal care, which can have harmful repercussions for both the mother and the baby.

While there have been some research on the influence of poor self-esteem owing to adolescent pregnancy on academic performance among pregnant teens in Kenya, there are still gaps in the literature, particularly with reference to the setting of Narok County. For instance, Narok County has a high prevalence of teenage pregnancy, with one in every five teenage girls having had a pregnancy (KNBS, 2019). However, there is limited research on the specific challenges faced by pregnant teenagers in secondary schools in this county. Moreover, the cultural context in Narok County may exacerbate the negative impact of low self-esteem on academic performance, as teenage pregnancy is often viewed as a moral failing that brings shame to the family (Koech & Omondi, 2021). Therefore, there is a need for further research on the role of low self-esteem due to teenage pregnancy on academic performance among pregnant teenagers in secondary schools in Narok County.

A study by Ndambuki et al. (2021) highlighted the importance of comprehensive sexuality education programs that address reproductive health and pregnancy prevention strategies among teenagers. Such programs can equip teenagers with knowledge and skills to make informed choices and reduce the incidence of unplanned pregnancies. Additionally, school-based support systems, including flexible school policies, counseling services, and access to childcare facilities, have shown positive effects on the academic performance of pregnant teenagers. Similarly, a study by Nyaga (2018) revealed that pregnant teenagers from low-income families are more likely to experience difficulties in accessing resources necessary for their academic success. Identifying and

addressing these socio-economic barriers can contribute to improving the academic performance of pregnant teenagers in secondary schools.

2.3.2 Low Self-esteem due to Pregnancy and Academic Performance among Pregnant Teenagers

Self-esteem, defined as a person's feeling of self-worth, is a significant psychological well-being determinant that helps individuals cope with stressors in life (Gander & Gardiner, 2018). It is particularly problematic during the teenage period of life and has been linked to poor mental health outcomes such as depression and suicide risk (International Council on Self-Esteem, 2018).

Low self-esteem has also been linked to risky sexual behavior, which can lead to unplanned pregnancies among adolescents (Gözüyilmaz & Baran, 2019). A study conducted in Ankara, Turkey found that pregnant teenagers had significantly lower self-esteem than non-pregnant teenagers, and this effect was exacerbated by lower education levels (Gözüyilmaz & Baran, 2019).

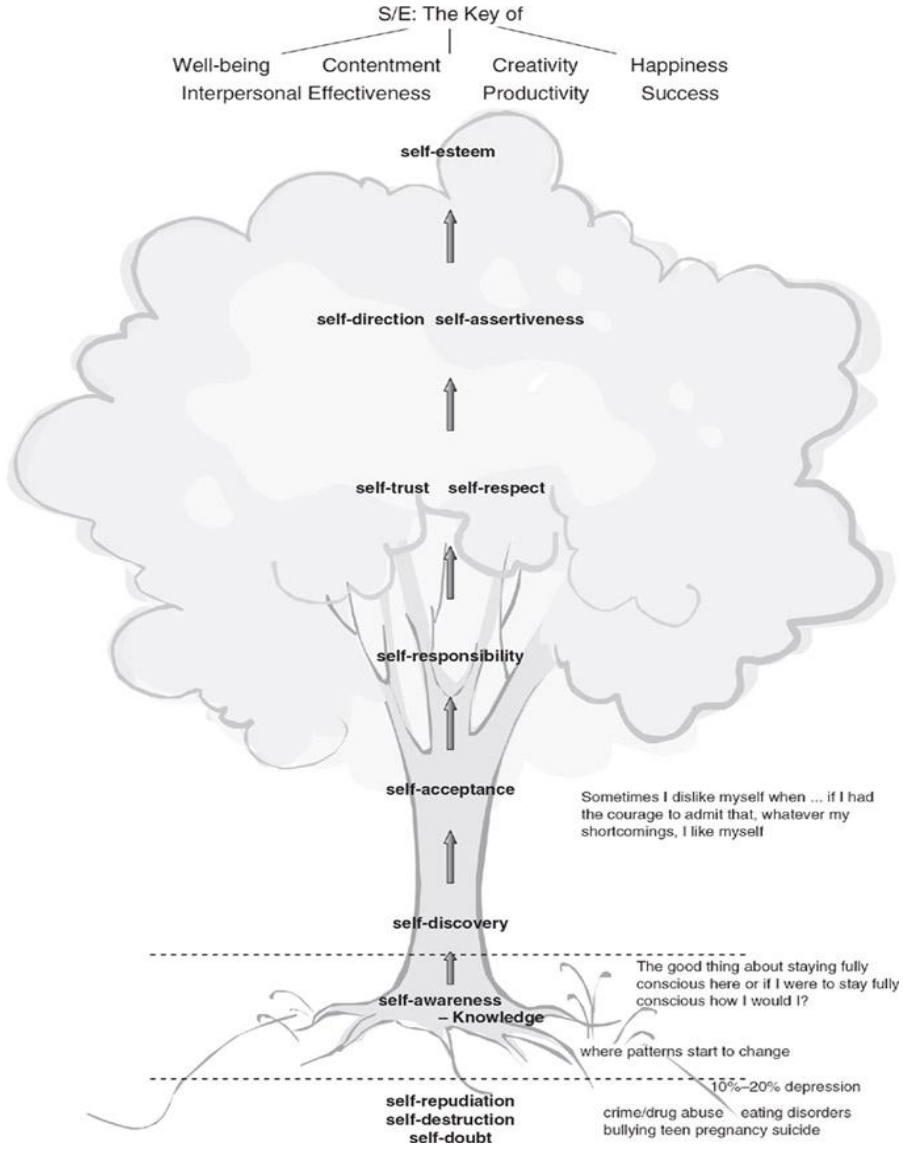
According to current information, more than one million teens become pregnant every year, but only 46% of these pregnancies result in childbirth, with the majority ending in miscarriage, abortion, or singleton pregnancy (Sedgh et al., 2015). Adolescent pregnancies are often unintentional and can lead to numerous physical and psychological problems for young mothers (Sedgh et al., 2015). To prevent risky sexual behavior and reduce the incidence of unplanned teenage pregnancies, it is essential to encourage young people, especially girls, to appreciate themselves as intelligent, competent, and effective (International Council on Self-Esteem, 2018). By promoting healthy self-esteem, adolescents may be less likely to engage in risky sexual behavior and more likely to make informed choices about their sexual health. Maybe feelings toward "selves" are

more focused on preserving relationships with others rather than on others' individuality or freedom (Richter & McIntyre, 2019). It is important to consider young teen women, but also the perception of self-evaluation and their self-esteem of adult women, to explore this contrasting viewpoint and mechanism of how self-esteem is produced in women versus men.

According to White (2014) cited by Akella, (2021), a pregnant adolescent's self-esteem is negatively affected by the cruel comments made by her schoolmates, leading to school avoidance, feelings of worthlessness and alienation. The researcher also found that the presence of a pregnant girl in a classroom not only affected her academic performance but also the collective academic success of the classroom and its requisite harmony. Furthermore, many pregnant schoolgirls are unable to meet the academic criteria of the school.

Figure 3

What Teen Pregnancy does to Self Esteem



Source: White (2014).

According to recent research, adolescents who engage in sexual behavior often do not have a concrete plan for parenthood (Schreiber et al., 2019). This lack of planning can increase the risk of negative consequences. Adolescents may be unprepared to handle the physical, emotional, and financial demands of pregnancy and parenting. In many cases, adolescent girls who become pregnant experience a significant amount of stress and uncertainty (Akindele & Thompson, 2018). Due to their limited knowledge of pregnancy

and childbirth, they may struggle to care for themselves and engage in unhealthy behaviors, such as smoking or drinking, to cope with their emotions.

Bodeeb (2018) argued that many questions regarding the future could emerge when a teenager is pregnant. The teenager will feel as if she does not have a proper knowledge base to care for a baby and end up filling her brain with information available on the internet just to make things worse. She will continue to stress over whether the child's father will follow through with some help or whether she will cope with the child herself. However, Bodeep did not look at the role of self-esteem on academic performance among pregnant teenagers.

Research conducted in South Africa by Malahlela (2019) indicates that being pregnant and being a mother does not usually stop a girl's education, although it is clear that the academic grades and general in-school performance of those who return to school after childbirth is often compromised. Due to the stigma related to becoming pregnant or becoming a mom whilst at school, pregnant teenagers feel embarrassed, resulting in low self-esteem (Nkani, 2018).

Gama, (2018) found that one way or another, adolescent pregnancy impacts learners; these learners have poor self-esteem socially. These variables influence and change the growth of the adolescent mother mentally, socially, and educationally. Helping these pregnant teenagers is important since they may include disorders such as anaemia, toxemia, and dysfunction of the kidneys. Those are the disorders that affect young people in general, who, while they are still young, fall pregnant. Guilt and rage are felt by pregnant teenagers.

In his paper, Knews (2019) stated that this low self-esteem is seen as a health risk in unhealthy sexual behavior and early pregnancy for teens. Besides, there is a similar

connection between pregnancy and self-esteem, as there is the likelihood that girls will suffer from the physical and psychological difficulties of pregnancy in teenage stage (Knews, 2019). In another South African study, it was observed that pregnant teenagers are typically violent and suffer from complex or low self-esteem inferiority, as well as withdrawal symptoms (Malahlela, 2019). It is an indisputable fact that, as demonstrated by Erickson's hypothesis, social contact offers obstacles that impair the self-esteem of adolescents. As a result, the psychosocial growth of pregnant teenagers is affected.

Undiyaundeye (2018) in Nigeria posit that a pregnant girl is facing the trauma of showdowns between parents and colleagues. Their furious parents and the unborn baby refuse to have help for their preservation. They also blame the girl and her family for their colleagues and other persons with the non-challan and shameful disposition and bringing the aforementioned into disrepute. The trauma is numerous for the life of the girls: the lack of respect from peers and associates, and the anger is often more from alienation by parents and also the boy who is most frequently blamed for the pregnancy and his parents.

According to a study conducted by Samukange (2015) in Zimbabwe, pregnant teenagers who experience a hostile environment may suffer from a blow to their self-esteem. This lack of self-esteem can discourage them from seeking medical care, which increases their risk of experiencing complications during childbirth. In response to their challenging circumstances, some pregnant teens may turn to drug abuse as a coping mechanism, which further exacerbates their lack of concern for their own well-being. This concept has also been confirmed by recent studies, which show that stressed-out and low-esteem pregnant teens are more likely to participate in risky activities and less likely to seek medical attention (Gavin et al., 2018; Pires et al., 2020). As a result, it's critical for healthcare professionals to take into account the psychological and emotional

requirements of teenage mothers-to-be and to offer them assistance and resources to help them deal with their challenging circumstances.

According to a study by Wanjala et al. (2020), adolescent pregnancy is stigmatized by society, which lowers pregnant teenagers' self-esteem in Kenya. Negative attitudes and judgments from peers, teachers, and the community can undermine their confidence and hinder their academic engagement. It is essential to address these socio-cultural factors to create a supportive and inclusive environment that promotes self-esteem and academic success. Similarly, a study by Musyoka et al., (2019) highlighted the effectiveness of group counseling sessions in improving self-esteem and academic performance among pregnant teenagers. Group sessions provide a supportive space for sharing experiences, building self-confidence, and developing resilience. the study found that observed that implementing these interventions can empower pregnant teenagers to overcome low self-esteem and thrive academically.

The majority of the review's information focuses on how teenage pregnancy-related poor self-esteem affects pregnant teenagers' academic performance, but it does not specifically focus on the context of Narok County in Kenya. This creates a geographical gap in understanding the specific challenges faced by pregnant teenagers in secondary schools in Narok County. The cultural context in Narok County may have unique dynamics and beliefs regarding teenage pregnancy, which can affect the role of low self-esteem on academic performance. However, the review does not address the specific cultural context of Narok County, leading to a contextual gap in knowledge.

The review in this section reveals that there has been little study on the particular difficulties experienced by teenage girls who are pregnant who attend secondary schools in Narok County. While there have been some studies on the impact of teenage

pregnancy-related poor self-esteem on academic performance among pregnant teenagers in Kenya, there aren't many that focus especially on the Narok County environment. This is important because Narok County has a high prevalence of teenage pregnancy, but there is limited understanding of the unique challenges faced by pregnant teenagers in secondary schools in this county (Mugambi & Mbuvi, 2019; Statistics, 2019). Further research is needed to explore these challenges and their role on academic performance in Narok County.

2.3.3 Pregnancy-Related Hopelessness and Academic Performance among Pregnant Teenagers

According to a study by Gavin *et al.* (2018), teenage pregnancy can lead to a range of negative emotional states, particularly when it is unplanned or unwanted. This may be extracted from abortion contemplation, particularly if it is against her beliefs; adoption contemplation; loss of family or social support; rejection or lack of father support; resource confusion; father marriage pressure; emotions of embarrassment or stigma; financial stress; difficult interactions with her parents; pregnancy-related hormone changes; emotions of dread for the future; or concern for her own health or the welfare of her child. Feelings of hopelessness, worthlessness, or helplessness will contribute to either of these variables. Hoek et al., (2010), states that suicidal attempts can be impulsive or related to a sense of hopelessness or loneliness in certain cases.

According to a recent study by Lee et al. (2018), hopelessness is a significant symptom of depression in pregnant teenagers in the United States. These symptoms may be mistakenly attributed to normal changes in pregnancy, such as reduced motivation, sleep disturbance, and appetite changes, as well as feelings of regret, despair, and hopelessness. The study, however, did not look at the impact of pessimism on pregnant teenagers' academic performance.

A study conducted by the National Institute of Mental Health (NIMH) in the United States found that feelings of helplessness and hopelessness were common symptoms of depression (National Institute of Mental Health, 2019). The study concluded that hopelessness was a particularly destructive aspect of depression, with potential long-term effects. Additionally, the study found that a lack of access to abortion services for low-income teenagers can contribute to a cycle of poverty and despair. However, the survey did not investigate the relationship between hopelessness and academic performance among pregnant teenagers in secondary schools.

In a more recent study by Brown et al. (2020), hopelessness was found to be a predictor of negative outcomes for pregnant teenagers, including lower levels of academic attainment. The study suggests that addressing hopelessness may be an important target for interventions aimed at improving the academic outcomes of pregnant teenagers.

In Finland, Lehtonen, Kettunen, and Hintikka (2019) have highlighted hopelessness as a central feature of depression. They posit that hopelessness is a general category that encompasses a pattern of pessimistic expectations. Despite the common belief that childbirth elicits optimism for the future, postpartum depression (PPD) can cause feelings of hopelessness in mothers. This paradox warrants further investigation into the prevalence of hopelessness among suicidal mothers. In comparison to other forms of chronic depression, mothers with PPDD experience lower levels of depressive intensity, hopelessness, somatization, emotional sensitivity, fear, aggression, psychoticism, appetite changes, sleep disorders, and suicidal ideation, but have a higher level of focus (Liu, 2018). Screening for PPD alone may not be sufficient, as suggested by the authors; instead, special attention must be given to the presence of hopelessness and the diverse symptoms of PPDD.

Bennington-Castro and Jasmer (2018) found that the hopelessness experienced by pregnant teenagers was one of the problems that interfered with daily life for a prolonged period of pregnancy. Left unchecked, hopelessness, a type of antepartum depression, presents a health risk to both pregnant women and babies by raising the risk of pregnancy or childbirth problems, delivering a low-birth-weight baby, and giving birth prematurely. Even though the scholars established that hopelessness was a source of health risk, their scope fell short of the role of hopelessness on academic performance among pregnant teenagers in secondary schools.

Prolonged hopelessness is a sign and predictor of psychiatric depression, but it is not sufficient for a diagnosis of depression on its own (Infant Pattern, 2018). Early teenage depression has been associated with negative outcomes on growth, development, and academic performance (Jones et al., 2019). A national survey of high school students in 2018 found that nearly one-third of students (30%) reported feeling depressed or hopeless almost every day for two or three consecutive weeks in the past year (National Institute of Mental Health, 2018). While this survey examined depression in both boys and girls, a recent study specifically investigated depression in pregnant teenagers (Eason et al., 2022).

Taskesen, Kanat, Cigir, and Gor (2019) explored hopelessness rates among high school students who pursued art education informally in Turkey. The study was conducted using a relational scanning method and involved students from a medium-sized city in eastern Turkey. The researchers found that the level of hopelessness was higher in boys than in girls and that hopelessness was associated with poor performance in art education. However, this study did not specifically examine hopelessness experienced by pregnant teenagers, which is the focus of the current research.

In two Yoruba villages in southwestern Nigeria, Agunbiade, Tilitayo, and Opatola (2018) looked into pregnancy stigmatization and coping mechanisms among teenage girls. With the aid of an informant, 48 young moms who had unintended pregnancies were recruited for the study and given in-depth interviews. The researchers conducted content analysis of the interviews by coding for key domains of interest. The study found that pregnant teenagers experienced stigmatization from their peers, neighbors, and significant others and nearly all of them attempted to seek abortion before giving birth.

Kumar, Huang, Othieno, Wamalwa, and Madeghe (2018) examined adolescent pregnancy and challenges in Kariobangi and Kangemi areas of Nairobi, Kenya. The research revealed that adolescent females who are pregnant encounter a multitude of difficulties and obstacles, including societal disapproval, insufficient emotional assistance, limited availability of healthcare services, and heightened anxieties regarding the necessary adaptations to their lives. The research discovered a range of beneficial coping methods and strategies that were being contemplated by these adolescents with the aim of mitigating their stress levels. Such conditions have contributed to hopelessness among pregnant teenagers. However, the scholars did not look at the role of this hopelessness on the academics of pregnant teenagers.

There is a need for a study that examines the impact of low self-esteem resulting from teenage pregnancy on the academic performance of pregnant teenagers in secondary schools within Narok County. This study aims to fill the existing gaps in knowledge and understanding in this area. The existing gaps pertain to comprehending the distinct difficulties encountered by pregnant adolescents in Narok County, Kenya, as underscored by Kumar et al. (2018). The authors stressed that social stigma, inadequate emotional support, and limited healthcare accessibility constitute the issues confronted by pregnant teenagers in Nairobi. Additionally, a study specific to Narok County would

help identify the stigmatization and coping strategies relevant to the local context, as Agunbiade, Tilitayo, and Opatola (2018) found in their study on pregnancy stigmatization among pregnant teenagers in Nigeria. Furthermore, a study conducted by Taskesen Kanat, Cigir, and Gor (2017) in Turkey highlighted hopelessness rates among high school students pursuing art education, but there is a need for research in Narok County to investigate the relationship between hopelessness due to teenage pregnancy and academic performance among pregnant teenagers.

2.3.4 Pregnancy-Related Sadness and Academic Performance among Pregnant Teenagers

In a study on comparative social appraisal among university students in the United States of America, pregnant teenagers, teenage mothers, and teenage fathers were examined by authors, (Cady et al., 2019). The study found that social alienation, physical assault or ostracism, and mockery from family members were more likely to be experienced by pregnant teenagers who were white, not engaged or married to the father of the baby, and ready to go to college. Furthermore, feelings of sadness and regret dominated their minds, leading to a preference for avoiding peers and the school environment. It is worth noting that Cady et al. conducted their research in universities, while the current study is focused on secondary schools.

Meanwhile, a study by Svedberg et al. (2019) in Sweden established that pregnant teenagers whose mothers showed a lack of interest in their pregnancies were more likely to experience sadness. The inability to share pregnancy-related happiness with parents, particularly mothers, was also noted as a source of feelings of loss, depression, and disappointment among pregnant teenagers. However, the current study will investigate the role of sadness on the academic performance of pregnant teenagers in secondary school, a research gap not explored in Svedberg et al.'s study.

Depressive signs, such as a sad disposition, lack of interest in tasks, feelings of helplessness and hopelessness, reduced motivation, decision-making issues, sleep problems, restlessness, irritability, changes in eating habits, suicidal thoughts or attempts, and recurring physical symptoms that make one constantly sad, low, or crying for no apparent reason, were found to be sources of depression and anxiety that could trigger high blood pressure (National Institute of Mental Health, 2018). In particular, feeling sad was identified as a highly destructive aspect of depression. However, the survey did not specifically examine the role of sadness on academic performance among pregnant teenagers in secondary schools.

Wilson-Mitchell Bennett, and Stennett (2018) investigated the psychological wellbeing and life experiences of pregnant teenagers in Jamaica. The study included 30 pregnant teenagers, 15 from each antenatal clinic. Additionally, 16 pregnant teenagers, eight from each hospital, participated in the focus group study. The findings indicated that Jamaican pregnant teenagers experience grief, guilt, loneliness, and emotional turmoil upon finding out about their pregnancy. However, the study did not explore the impact of pregnancy-related sadness on the academic performance of pregnant teenagers.

In a survey on teenage pregnancies in Kenya, Odhiambo and Otieno, (2019) found that early motherhood has significant consequences, including depression, loneliness, shame, and even death. Pregnant teenagers in Kenya often struggle with feelings of sadness, shame, and regret, which can lead them to disengage from their education. However, the study did not specifically investigate the relationship between sadness and academic performance among pregnant teenagers.

The review highlights the presence of many geographical and contextual limitations, which necessitate the undertaking of a study focused on investigating the impact of poor

self-esteem resulting from teenage pregnancy on the academic performance of pregnant adolescents enrolled in secondary schools within Narok County, Kenya. The existing studies were conducted in different countries and focused on university students or pregnant teenagers in general, rather than specifically on pregnant teenagers in secondary schools. Additionally, there is a gap in understanding how sadness specifically affects the academic performance of pregnant teenagers in secondary schools. Furthermore, the cultural and societal context in Narok County may differ significantly from the countries included in the review, emphasizing the need for a study specific to this context. Conducting a study in Narok County will provide valuable insights into the unique factors and experiences influencing the academic performance of pregnant teenagers in that region.

2.4 Theoretical Framework

This study is guided by the Human Capital Theory by Shultz (1961) and Becker (1962). The main theory of the study is the Self-Efficacy Theory.

2.4.1 Self-Efficacy Theory

The concept of self-efficacy was proposed by Albert Bandura in 1977. Self-efficacy pertains to an individual's level of confidence in their own capabilities to effectively do activities that are likely to result in desired accomplishments and success (Bandura, 1977, 1993, 1997). Self-efficacy refers to an individual's belief in their capacity to exert control over their motivation, actions, and social environment. Self-efficacy refers to an individual's belief in their innate ability to successfully achieve desired objectives. According to Albert Bandura, self-efficacy refers to an individual's subjective assessment of their ability to effectively execute the necessary actions to navigate potential situations. Self-efficacy goals play a crucial role in determining the timing of a person's ability to exhibit coping behavior and the duration of their persistence in the face of

challenges. Self-esteem in this study refers to the happiness of a woman with her identity; her overall opinion of herself. How a person perceives herself will impact behavioral decisions. People appear to behave as they think they are (Furstenberg, 1991).

Self-efficacy judgments influence the selection of personal choices and the amount and persistence of effort expended to reach the desired goal (Farley, 1999). Self-efficacy beliefs-related methods include personal target building, which is affected by self-evaluation of one's skills, coping and mastering abilities, or tactics to alter negative perceptions of self-efficacy or self-defeating cognitions (Bandura, 1993).

Roosa and Christopher (1990) reported that the promotion of a positive sense of self-worth and the extension of the role of women in gender may be as important for adolescent girls as birth control education. In this sense of self-esteem, potential homosexuality is a consideration, and teens with narrow expectations of life opportunities have a stronger propensity at an early age to become sexually active. "Without a clear conviction that means of independence are available, teenagers in deprived populations are likely to show indifferent attempts to discourage pregnancy from occurring," Furstenberg (1991) concluded Low self-esteem and limited life options to the adolescent promotes risky sexual behavior because they believe they have little to lose.

This theory guides this study in that when adolescents have feelings of unworthiness, hopelessness, depression, vulnerability, or inferiority, they can exhibit delinquent actions to hide their true emotions or acquiesce to behaviors so they think their peers would tolerate them more. This behaviour is also a way of signaling to others that they feel alone, unloved, neglected, insufficient, or less than a person. This situation makes them lose interest in many aspects of life including schooling. Self-efficacy is relevant to this study in that the confidence and ability to accomplish given tasks, in this case, academic

performance, is hindered by the pregnancy. Self-efficacy, as proposed by Bandura (1993), exerts influence over several aspects of an individual's behavior, cognitive processes, motivation, and emotional experiences. It is important to note that self-efficacy is context-dependent. Self-efficacy is influenced by various factors, including an individual's sense of self-esteem, level of mastery, social persuasion, vicarious experiences, and attitudes, such as stigma. The merits of this theory in this study is that, it builds and promotes the self-esteem of a pregnant teen by getting rid of psychological constructs such as unworthiness, hopelessness, rejection among others and thus give them a chance to reach their full potential.

However, it is important to consider the drawbacks associated with self-efficacy. The presence of high self-efficacy beliefs does not necessarily ensure the presence of good outcome expectancies. The diversity of linked beliefs among individuals is a significant challenge for researchers in their assessment, as noted by Pajares (1996). Furthermore, individuals who possess a strong sense of self-efficacy and high levels of expertise may encounter limitations in terms of the resources and equipment required to effectively carry out their tasks.

The self-efficacy theory possesses several notable merits. Elevated levels of self-efficacy have been found to positively impact an individual's achievements and overall sense of personal well-being. According to Pajares (1996), maintaining a sense of calmness is beneficial when confronting difficult activities. The development of self-efficacy across several domains has been found to enhance an individual's confidence in acquiring proficiency in novel areas (Ormrod, 2008). According to Eastman and Marzillier (1984a), the practical differentiation between efficacy expectation and outcome expectation is not feasible. It is widely posited that outcome expectations exert a significant impact on an individual's self-efficacy.

2.4.2 Human Capital Theory

The motivation for this research stems from the theory of human capital, which posits that human beings, together with property, capital, and entrepreneurship, are crucial components of economic progress. The Human Capital Hypothesis was formulated by Shultz (1961) and Becker (1962) in order to explain the increase in productivity, as noted by DeSousa and Gebremedhin (1999) that cannot be attributed to advances in technical or fiscal capital.

The significance of learning in the development of human resources is well acknowledged due to its positive impact on labor productivity and, consequently, the value of labor supply within the manufacturing process (Welch, 1975 as cited in DeSousa & Gebremedhin, 1999). This study posits that teenage pregnancy serves as a hindrance to the development of human capital. This phenomenon is evidenced by the occurrence of students discontinuing their education and achieving subpar performance in standardized national assessments. The pregnant individual is being denied the opportunity to achieve the highest level of productivity and excellence.

Given that education is a means of developing human capital, and that higher levels of education are generally associated with greater benefits, the Human Capital Hypothesis was considered an appropriate framework for the present investigation. Nevertheless, the occurrence of adolescent pregnancy leads to a decline in female students' enrollment rates, resulting in a reduction of their potential as valuable human assets due to the constraints imposed by a lack of comprehensive education. The limited access to education and lack of preparedness among women result in their reduced ability to participate in the labor market, which often requires advanced literacy, higher education, enhanced professional skills, and a commitment to lifelong learning (Lam, Harder,

Lamm, et al., 2005). These opportunities are predominantly available at the university level.

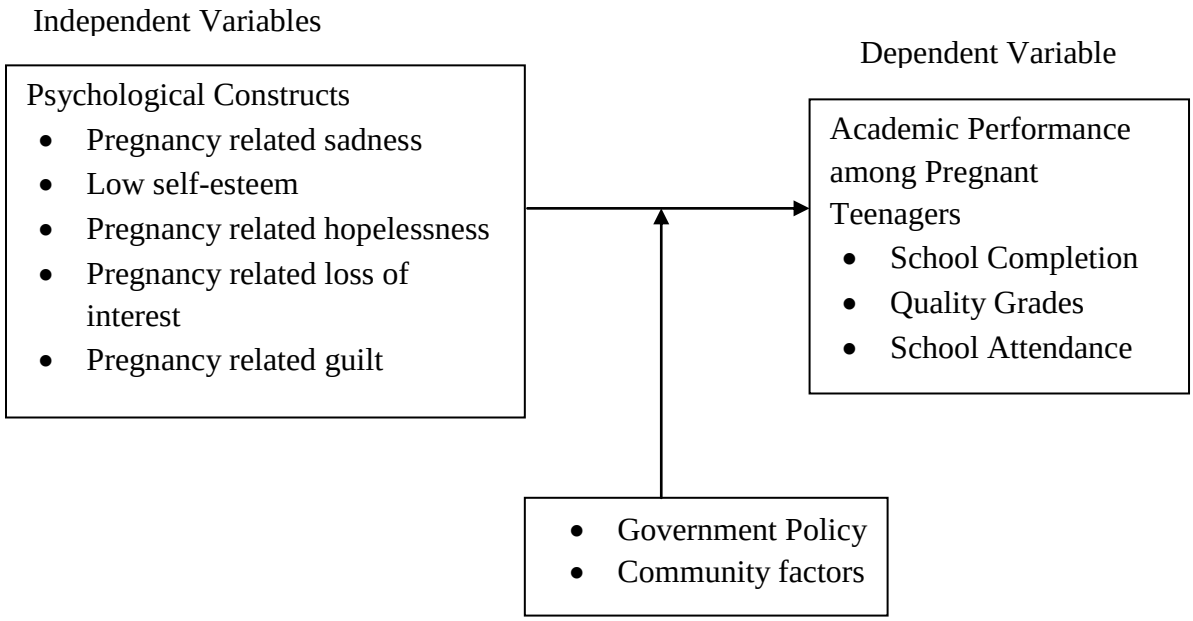
One notable advantage of HCT is in its capacity to facilitate the assessment conducted by policymakers and academics about the interconnections between education and training as inputs, and the resulting economic and social benefits as outputs. This theory provides support for the significance of educational attainment among pregnant adolescents. Nevertheless, the realism of human capital theory is called into question as a result of methodological inadequacies. These weaknesses include the utilization of a singular theoretical framework and closed system modeling, the improper application of mathematical tools, and the employment of multivariate analysis to examine interdependent variables.

2.6 Conceptual Framework

A schematic diagram of the relationship between independent and dependent variables is given in this section (See Figure 4).

Figure 4

Conceptual Framework



This study conceptualizes that, psychological constructs, whose dimensions include: pregnancy-related sadness, low self-esteem, pregnancy-related hopelessness, pregnancy loss of interest and pregnancy-related guilt are the independent variables of this study. Academic performance among pregnant teenagers in secondary schools measured through completion/dropouts, school attendance, and quality grades attained at the KCSE examination level is the dependent variable. The study conceptualizes that, psychological constructs played a role in the academic performance among pregnant teenagers in secondary schools. Intervening variables, that is, by matching the colleges, neighborhood variables, and government policies can be handled. In this case, separate classifications of schools in related settings would be reflected in the analysis. The investigator understands that government policies will weigh differently in schools due to locational variations.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This section provides an overview of the research methodology employed in the study investigating the influence of psychological dimensions on the academic performance of pregnant teenagers in public secondary schools in Narok County, Kenya. The chapter provides an overview of the research design, including the study's location, the study population, the sample size, and the sampling processes employed. This part provides a detailed explanation of the analysis methodologies employed and the strategies used for data processing, as well as an overview of the data processing procedures.

3.2 Research Design

The research design utilized in this study was the Ex post facto design. According to Gupta et al. (2019), the Ex post facto design is characterized as a quasi-experimental study that examines the influence of an independent variable on a dependent variable that already exists in the participants before to the investigation. Put simply, it determines the underlying reasons for specific events or absences thereof. The ex post facto research design is a methodology that involves comparing groups based on pre-existing attributes in relation to a dependent variable. This study employs an Ex Posto-Facto research method to investigate the causal links between psychological characteristics and academic performance among pregnant teenagers in secondary schools within Narok County, Kenya. The objective of this study is to investigate the impact of specific psychological dimensions on the academic performance of pregnant teenagers.

Within the framework of this study, the independent variable(s) have already transpired, necessitating an exploration of their association with the impending dependent

variable(s). This study aimed to gather the perspectives of guidance and counseling teachers and students regarding the influence of psychological constructs on the academic achievement of pregnant teenagers in secondary schools within Narok County, Kenya. The design facilitated the utilization of formal methodologies to investigate the desires, behaviors, issues, or interests of a given sample. The design was deemed suitable as it facilitated the researcher in managing both qualitative and quantitative data obtained via the use of questionnaires and interview schedules. The utilization of both forms of data has contributed to the improvement of data quality.

3.3 Location of the Study

The location of the study was Narok County. Narok County borders Nakuru County to the North, Kiambu, and Kajiado to the East, Bomet to the West, and Tanzania to the South. The size of Narok County is 17944 Km^2. The County has six sub-counties and these are Narok North, Narok West, Narok South, Emurua Dikirr, Narok East, and Kilgoris. Narok County is selected due to its high levels of teenage pregnancy in the country. The high dropout rate among girls in the county in comparison to other counties is alarming and worrisome (Kenya Demographic and Health Survey, 2014; Kimanzi, 2019).

3.4 Target Population

The target population was made up of 78 secondary schools in Narok County (Narok, County Education Office, 2018), from which an accessible population of 156 pregnant teenagers and 78 guidance and counselling masters (teachers) was used. This is because on average, there are at least 2 pregnant teenagers per school each calendar year (Sayagie, 2018; Ministry of Education, (MoE) (2018). The research targeted various schools distributed across the County in diverse settings. There are six sub-counties in

the county. The participants in the study were derived from public secondary educational institutions. The data shown in Table 1 illustrates the aforementioned information.

Table 1

Target Population

Sub Counties	Number of schools	Guidance & Counselling Teacher	Estimate number of Pregnant teenagers
Narok South	11	11	22
Narok East	14	14	28
Narok West	15	15	30
Emurua Dikirr	16	16	32
Kilgoris	9	9	18
Narok North	13	13	26
Total	78	78	156

Source: Narok County Education Office (2018)

Table 1 presents a comprehensive analysis of the target population categorized by sub-counties, revealing that Emurua Dikirr exhibits the highest count of educational institutions, whereas Kilgoris demonstrates the lowest count of schools. This information is valuable as it indicates that the distribution of the sample was conducted according to the school population in each sub county.

3.5 Sampling Procedure and Sample Size

This section presents the procedure for sampling and the sample size used for the analysis.

3.5.1 Sampling Procedure

By using the cluster sampling technique, the respondents were located in 6 different places. The sub-counties made up the clusters, which were Narok South, Narok East, Narok West, Emurua Dikirr, Kilgoris, and Narok North, which were chosen based on the

sub-counties. When stratified random selection was utilized, pregnant teenagers and guidance and counseling teachers made up the population. The teachers of guidance and counseling as well as teenage females who were pregnant were purposefully chosen and contacted utilizing the snowballing strategy.

3.5.2 Sampling Size

The research used the multi-stage approach to sampling, whereby three steps of calculation of sample size were followed.

Stage 1: Determination of the number of schools – The number of secondary schools sampled was arrived at based on the number of sampled determined using a sample determination table by Kathuri and Pals (1993) as shown in Appendix 8. According to the table a population of 78 schools would yield a sample of 66 secondary schools. This was computed as follows. To calculate the sample size of schools for a population of 78 public secondary schools, we can use the formula developed by Kathuri and Pals (2016), which is:

n = N / (1 + N(e^2)

Where:

n = sample size

N = population size

e = margin of error

Assuming a margin of error of 5% (e = 0.05), we can calculate the sample size as follows:

n = 78 / (1 + 78(0.05^2))

n = 78 / (1 + 78(0.0025))

n = 78 / (1 + 0.195)

n = 78 / 1.195

n = 65.27

Therefore, the sample size of schools for a population of 78 public secondary schools is approximately 66.

Stage 2: Determination of the sample size for Guidance and Counseling teachers:

Given that there is only one Guidance and Counseling teacher per school, and that the number of schools is 66, the sample for Guidance and Counseling teachers was 66 (n= 66), Guidance and Counseling teachers provided information on their experience in handling pregnant teenage girls.

Stage 3: Determination of the sample size for Pregnant teenagers: Given that the sampled schools are 66, the study used a sample of 132 (66 schools by 2 pregnant teenagers. Pregnant teenagers attending the selected 66 schools were reached. The study targeted at least 2 pregnant teenagers per selected school and thus this translated to 132 pregnant teenagers.

To calculate the sample size of schools for a population of 156 pregnant girls, we can use the formula given by Kathuri and Pals (2016) for estimating the sample size for a finite population:

n = N / (1 + N(e^2),

Where n is the sample size, N is the population size, and e is the margin of error.

Assuming a confidence level of 95% and a margin of error of 5%, we can plug in the values to get:

n = 156 / (1 + 156(0.05^2))

n = 90.58

Therefore, we need a sample size of 91 schools to accurately represent the population of 156 pregnant girls, according to Kathuri and Pals' (2013) formula. To get the number of teacher per school, we divide 91 teachers by 66 schools (91/66 = 1.378787879 or 1 pregnant girl). But then using 1 pregnant girl, we get 66 pregnant girls, which is way below the 91 teachers' sample calculated. Therefore, the researcher settled for 2 teachers per school.

Table 2

Sample Distribution

Sub Counties	Number of schools	Sample of Guidance & Counselling Teachers	Sample of Pregnant teenagers
Narok South	9	9	18
Narok East	12	12	24
Narok West	13	13	26
Emurua Dikirr	13	13	26
Kilgoris	8	8	16
Narok North	11	11	22
Total	66	66	132

According to Table 2 pregnant teenagers and 1 guidance and counseling instructor participated in the study from each of the 66 secondary schools. Assuming that there is only one guidance and counseling teacher in each public secondary school, a purposeful sample strategy was employed to choose the teachers. Pregnant teenagers were identified purposively and through the snowballing technique. This, therefore, means that the study sample comprised of 66 guidance and counselling teachers and 132 pregnant teenagers.

3.6 Data Collection Instruments

The use of questionnaires and interview schedules was employed to collect data required. For their suitability and simple management, questionnaires are chosen. The benefits of using a questionnaire (Kothari & Garg, 2014) were presented. The questionnaires were preferred given their simplicity in administration. Economic and timely information and no scope for interview bias can be obtained from the interview. It is necessary for the collection of data because it helps the researcher to reach a broad population within a short amount of time and to ensure the security of the respondents' records. The questionnaire was divided into 5 sections described as follows. Part A: General Information, Part B: Pregnancy-Related Stress, Part C: Low Self-esteem due to Teenage Pregnancy, Part D: Pregnancy-Related Hopelessness due to Teenage Pregnancy, and Part E: Pregnancy-Related Sadness due to Teenage Pregnancy. For the gathering of data from pregnant teenagers, questionnaires were included. The guidance and counselling teachers/masters completed the interview schedules. Therefore, knowledge about common understandings of daily life and how people were affected by others in group contexts was gathered.

3.6.1 Piloting

According to Table 2, 2 pregnant teenagers and 1 guidance and counseling instructor participated in the study from each of the 66 secondary schools. Assuming that there is only one guidance and counseling teacher in each public secondary school, a purposeful sample strategy was employed to choose the teachers. The pilot results were carefully analyzed and used to enhance the quality of the questionnaires. After administering the questionnaires to a small sample, the researchers reviewed the responses and identified areas where clarification or improvement was needed. Based on the pilot results, certain questions were found to be unclear or confusing to the participants. Consequently,

revisions were made to those specific questions to ensure better comprehension and accuracy of responses. Additionally, the pilot results highlighted certain items that were redundant or did not effectively capture the intended information. As a result, those items were either removed or modified to enhance the overall quality of the questionnaires.

3.6.2 Validity of the Instruments

According to Mutai (2000), a test is legitimate if the items or questions it contains are representative of the skills or qualities it is intended to measure (Bandura, 1993). Since experts have higher validity than non-experts, Wong, Ong, and Kuek (2012) emphasise the employment of experts in the validity process. Managers in universities were preferred, provided that the research's nature was well-known. The study tested concept, content, and face validity. The instruments' quality was influenced by experts, ensuring that all research aims are addressed by the questions or information the tools seek to elicit. To avoid product confusion and guarantee that only accurate data is gathered, the questionnaires' wording has also been examined.

3.6.3 Reliability of the Instruments

The ability of an instrument to generate repeatable, similar data is known as dependability (Drost, 2011). In order to evaluate the dependability of the surveys, six schools in Narok County participated. In order to evaluate whether the methods were effective in providing answers to the main testing questions, data collected during the piloting was entered into an SPSS spreadsheet and checked for reliability checks. The data was compared using the Cronbach Alpha coefficient in order to evaluate the devices' dependability index. According to Orodho (2008), a correlation value of > 0.7 is generally seen as being high enough to consider the procedures to be accurate. Instruments were used in the investigation after the correlation coefficient met the acceptable Cronbach Alpha criterion. For this study, the instruments were used after

achieving a correlation coefficient of 0.743, which exceeded the recommended threshold of 0.7 for the Cronbach Alpha coefficient. This ensured that the research instruments had a satisfactory level of reliability for the purposes of the study.

3.7 Data Collection Procedures

The researcher obtained an introduction letter from Kabarak University in order to get research permission from the National Commission for Scientific Technology and Innovation (NACOSTI). Prior to the start of the data collection, the Ministry of Education was informed of the anticipated data collecting activity in order to elicit the necessary cooperation from the respondents. The researcher administered the instruments in Narok County during the actual data collection exercise, which was done throughout the school day. During the questionnaire's administration, the respondents would get instructions about how their information would be protected and kept private. The researcher incorporated the questionnaires and patiently awaited the completion of the respondents' replies before compiling them. The exercise to collect the data was conducted during the months of August 2021 and August 2022. The researcher created an atmosphere favorable to the respondents, allowing them to open up and respond correctly to the items requested.

3.8 Data Analysis Procedures

Both qualitative and quantitative findings were produced by the study. Closed-ended questions yielded quantitative data that was processed and typed into databases of the SPSS version 25 computer program; any abnormalities that may have developed during data processing were sorted and cleaned up. Descriptive statistics, such as frequency means and percentages, were produced to analyze the overall characteristics of the respondents and all aims. Pearson correlations and regression analyses were each

performed in order to ascertain the linkages and relationships between the research variables.

The regression model that will be used in this study is:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where:

Y = Employee performance

X_1 = Pregnancy-related loss of interest

X_2 = Low self-esteem due to teenage pregnancy

X_3 = Pregnancy-related hopelessness

X_4 = Pregnancy related sadness

β_0 = Intercept

β_1, β_2, β_3, β_4 = coefficients for each predictor variable

ε = error term

The coefficients (β1-β4) provide information on the strength and direction of the relationship between each predictor variable and academic performance. A positive coefficient suggests that the predictor variable has a positive effect on employee performance, while a negative coefficient indicates a negative effect. The results from the analyses of quantitative data were in the form of tables, graphs and charts.

Qualitative data was drawn from questionnaires and schedules for interviews. The process of analysis involved the summing of responses. These data was grouped and evaluated by categories and subcategories or subjects and sub-themes on the basis of study priorities and analysis questions, findings, and conclusions drawn subsequently. The results of the quantitative data were then viewed, represented, and analyzed in tables

and maps, while the descriptive description in prose form (narratives) was used to present the results of the qualitative data.

3.9 Ethical Considerations

The researcher observed that the appropriate ethical consideration was given before, during, and after the analysis. Prior to beginning data collecting, the researcher first obtained the necessary consents and permits from the relevant authorities. The researcher also made sure that a letter explaining the purpose of the study and guaranteeing the confidentiality of the information submitted to respondents was prepared. Before gathering information from the respondents, permission was obtained. The respondents ranged in age from 13 to 19, therefore parental permission was required for individuals under the age of 18. Respondents still had the free choice not to answer relevant questions that they believe are not needed to answer because, during the information collection process, respondents were not harassed or threatened. Similarly, the response or data generated by research respondents was treated with confidentiality and non-disclosure of identity. Permission from the relevant government authorities to carry out the analysis would also be required. Data collected will be kept safe in combact disks and later be disposed as required.

The investigator was also keen to ensure that, by maintaining record originality, the report is free of plagiarism as it will be exposed to plagiarism test by the university. The respondents were told that, as indicated in the introduction letter, information derived from the analysis was disseminated for academic purposes.

Table 3

Summary of Data Analysis Methods by Objectives

Objective	Independent Variable	Dependent Variable	Data Analysis Method
Objective i	Pregnancy-related loss of interest	Academic performance	Descriptive statistics (Frequencies, means and percentages) Inferential statistics (Pearson Correlation) Textual Analysis,
Objective ii	Low self-esteem due to teenage pregnancy	Academic performance	Descriptive statistics (Frequencies, means and percentages) Inferential statistics (Pearson Correlation) Textual Analysis,
Objective iii	Pregnancy-related hopelessness	Academic performance	Descriptive statistics (Frequencies, means and percentages) Inferential statistics (Pearson Correlation) Textual Analysis,
Objective iv	Pregnancy-related sadness	Academic performance	Descriptive statistics (Frequencies, means and percentages) Inferential statistics (Pearson Correlation) Textual Analysis,

The table outlines the study's objectives, the independent variables under investigation, the dependent variable being assessed, and the data analysis techniques applied to each objective. It can be dissected as follows: The "Objective" column outlines the precise aim of the research.

In the "Independent Variable" column, the factors scrutinized, expected to impact the dependent variable, are identified, encompassing pregnancy-related loss of interest, low self-esteem attributed to teenage pregnancy, pregnancy-related hopelessness, and pregnancy-related sadness. Meanwhile, the "Dependent Variable" column designates the variable anticipated to be influenced by the independent variables, which, in this case, is academic performance.

The "Data Analysis Method" column expounds on the statistical approaches employed to scrutinize data and investigate the relationships between the independent and dependent variables. These methods include descriptive statistics for data summarization through frequencies, means, and percentages, as well as inferential statistics, specifically Pearson correlation, to unveil associations between variables. Furthermore, textual analysis is employed to delve into qualitative data and text-based information pertaining to the variables.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Introduction

This chapter presents the data analysis, presentation, interpretation, and discussion from the study. The chapter includes in-depth sections on data analysis using descriptive analysis and inferential statistics as directed by the technique in Chapter Three. Data is analysed using descriptive statistics and inferential statistics. The goals of the study served as a guide for the analysis and presentation, which are connected to the literature review in Chapter Two. The following were the study's particular goals. The findings are presented and discussed in order of the specific objectives of the study.

i. To determine the role of pregnancy-related loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County.
ii. To determine the role of low self-esteem due to teenage pregnancy on academic performance among pregnant teenagers in public secondary schools in Narok County.
iii. To find out the role of pregnancy-related hopelessness on academic performance among pregnant teenagers in public secondary schools in Narok County.
iv. To establish the role of pregnancy related sadness on academic performance among pregnant teenagers in secondary schools in Narok County.

To guide on the implementation of the study, hypotheses were formulated as follows;

H_O1 Pregnancy related sadness has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O2 Low self-esteem due to teenage pregnancy has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O3 Pregnancy-related hopelessness has no statistically significant role on academic performance among pregnant teenagers in public secondary schools in Narok County.

H_O4 Pregnancy-related loss of interest has no statistically significant role on educational performance among pregnant teenagers in public secondary schools in Narok County.

4.1.1 Respondents Response Rate

To conduct interviews with guidance and counseling instructors in Narok County's public secondary schools, 294 questionnaires overall were sent to adolescent mothers, and 66 interview schedules were created. The response rate was that which is shown in Table 4.

Table 4

Respondents' Response Rate

Respondent Category	Sample	Actual	Percentage
Pregnant Teenagers	132	108	81.82%
Guidance & Counselling Teachers	66	56	84.85%
Totals / Average	198	164	83.33%

The researcher obtained a response from 164 pregnant teenagers; translating to 81.82%, and from 56 Guidance & Counselling Teachers translating to 84.85%. The average of the two response rates was 83.33%. This was deemed adequate for the researcher to formulate trustworthy conclusions and suggestions. The achieved percentage was good

and deemed acceptable by the researcher since Nulty (2008) says that the acceptable response rate for on-paper surveys is 75%.

4.1.2 Distribution of Respondents by Sub County

The results showing the distribution of respondents by sub county was as provided in Table 5.

Table 5

Distribution of Respondents by Sub County

Sub County	Pregnant Teenagers			Guidance & Counselling Teachers		
	Target	Actual	% Achieved	Target	Actual	% Achieved
Narok North	22	19	86.4%	11	10	90.9%
Narok South	18	14	77.8%	9	9	100.0%
Narok East	24	20	83.3%	12	10	83.3%
Narok West	26	19	73.1%	13	10	76.9%
Kilgoris	16	14	87.5%	8	6	75.0%
Emurua Dikkir	26	22	84.6%	13	11	84.6%
Total /Average	132	108	81.8%	66	56	84.8%

Table 5 shows that the the overall percentage achieved, was over 80% for both categories of respondents for the distribution by sub-county. The outputs suggest that shows that the researcher was able to achieve a fair representation and eliminate bias on the basis sub county representativeness.

4.2 General Characteristics of the Respondents

This section presents the responses related to the general characteristics of the respondents. This covers the distribution of the student respondents by age, by school level and educational history with pregnancy.

4.2.1 Distribution of the Student Respondents by Age

The results showing the distribution of respondents by age was as provided in Table 6.

Table 6

Distribution of the Pregnant Teenagers by Age

			School level				Total
			Form 1	Form 2	Form 3	Form 4	
Age	15 years	F	20	0	0	0	20
		%	100.0%	0.0%	0.0%	0.0%	100.0%
	16 years	F	7	13	1	0	21
		%	33.3%	61.9%	4.8%	0.0%	100.0%
	17 years	F	4	11	20	0	35
		%	11.4%	31.4%	57.1%	0.0%	100.0%
	18 years	F	3	0	7	9	19
		%	15.8%	0.0%	36.8%	47.4%	100.0%
	19 years	F	0	3	2	3	8
		%	0.0%	37.5%	25.0%	37.5%	100.0%
	20 years	F	0	1	0	3	4
		%	0.0%	25.0%	0.0%	75.0%	100.0%
	21 years	F	0	0	0	1	1
		%	0.0%	0.0%	0.0%	100.0%	100.0%
Total		F	34	28	30	16	108
		%	31.5%	25.9%	27.8%	14.8%	100.0%

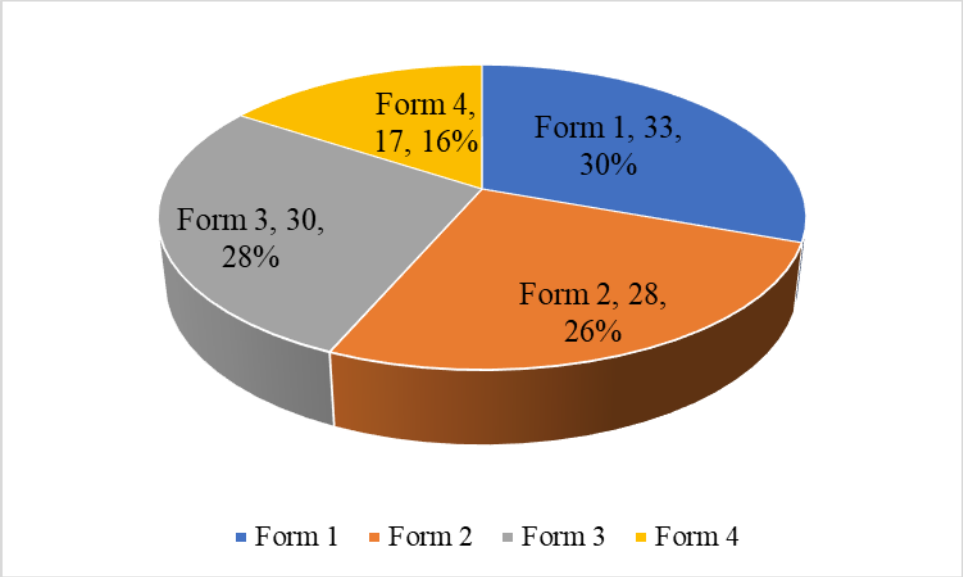
The Table 6 presents data on the distribution of pregnant teenagers by age and school level in public secondary schools in Narok County. The age categories range from 15 to 21 years, and the school levels include Form 1, Form 2, Form 3, and Form 4. The "Total" row provides the overall count and percentage distribution within each age category. The findings show that among the pregnant teenagers who are 15 years old, all of them (20 students) are in Form 1. This represents 100% of the pregnant teenagers in this age group. Among the pregnant teenagers who are 16 years old, the majority (13 students, 61.9%) are in Form 2, followed by 7 students (33.3%) in Form 1 and 1 student (4.8%) in Form 3.

The results show that for pregnant teenagers aged 17, the highest number (20 students, 57.1%) is in Form 3, followed by 11 students (31.4%) in Form 2 and 4 students (11.4%) in Form 1. Among the pregnant teenagers who are 18 years old, the majority (9 students, 47.4%) are in Form 4, followed by 7 students (36.8%) in Form 3 and 3 students (15.8%) in Form 1. There are 8 pregnant teenagers who are 19 years old, and their distribution across the school levels is as follows: 3 students (37.5%) in Form 2, 2 students (25.0%) in Form 3, and 3 students (37.5%) in Form 4. Among the 4 pregnant teenagers who are 20 years old, 1 student (25.0%) is in Form 2, and 3 students (75.0%) are in Form 4. There is only 1 pregnant teenager who is 21 years old, and this student is in Form 4.

The data provided offers insights into the distribution of pregnant teenagers by age and school level in public secondary schools in Narok County. It can be observed that pregnant teenagers are represented across all four school levels, indicating that pregnancy among teenagers can occur at any stage of their secondary education. The highest number of pregnant teenagers is observed in Form 3, which may suggest that pregnancy tends to occur more frequently among students in this particular school year. This could be due to various factors such as the age range of students, personal circumstances, or social dynamics within the school environment.

Figure 5

Summary of Distribution of the Pregnant Teenagers by Age



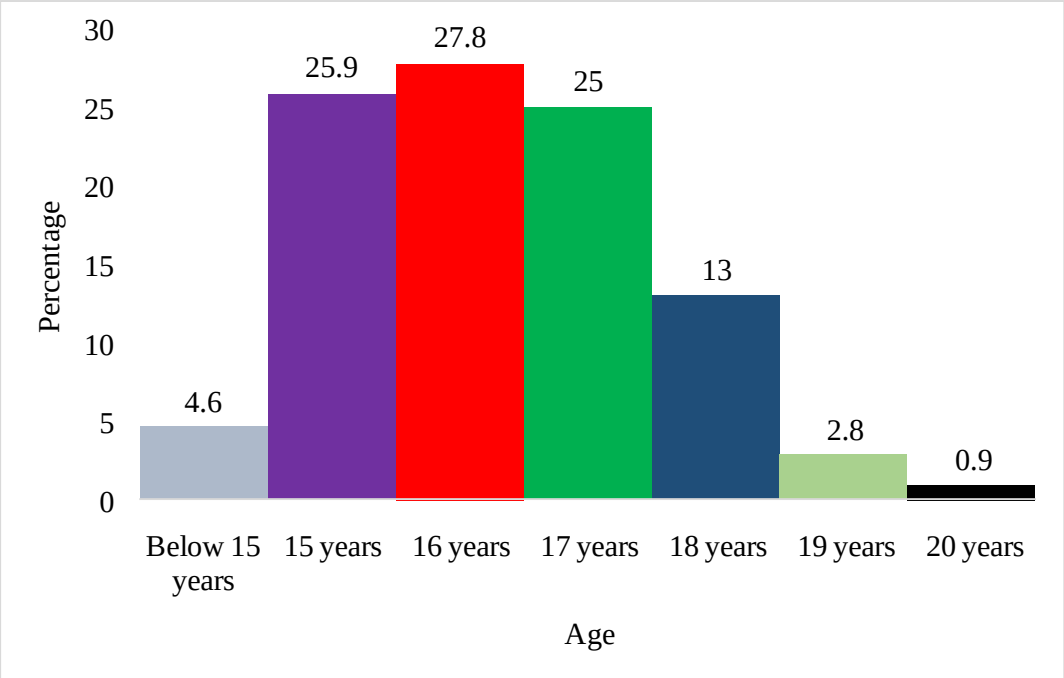
The findings show that the pregnant teenagers that participated in the study comprised of 33 Form students (30%), 28 Form 2 students (26%), 30 Form 3 students (28%) and 17 Form 4 students (16%). The results suggest that though the distribution was almost even, the highest number was in among the Form 1 and Form 3 students, while the lowest was among the Form 4 students. Distribution by age appeared to advance as the level of class advances. In Form 1, the age of most pregnant teenagers was 15 years and 16 years, In Form 2, the age was 16 and 17 years, in Form 3 the age was 17 years and 18 years, while in Form 4, the age was 7 years and 18 years.

4.2.2 Student's Age when they Became Pregnant

The respondents were asked to indicate how old they were when they became pregnant, and the responses were presented in Figure 6.

Figure 6

Student's Age when they became Pregnant



The results in Figure 4 show that most girls (78.7%) became pregnant at the ages between 15 years and 17 years. The age of 16 years had the highest score followed closely by 15 years and 17 years. This means that they became pregnant before attaining the majority of 18 years in Kenya. Some schools had children above 18 years, owing to the fact that some of the girls had returned to school after giving birth. Interestingly, some overage girls (19 years to 20 years) got pregnant. This shows that as interventions are mapped up to address the stress related issues these age range should also be included.

4.2.3 Dropping out of School

The results from interviews conducted for guidance and counselling teachers show that all the pregnant teenagers students participating in the study indicated that they had not at any point during pregnancy dropped out of school. However, results from some of the guidance and counselling teachers revealed that there were cases of drop outs.

ID 21 *"In this school there are no cases of pregnant teenagers, this is because those who are pregnant do not return back to school".*

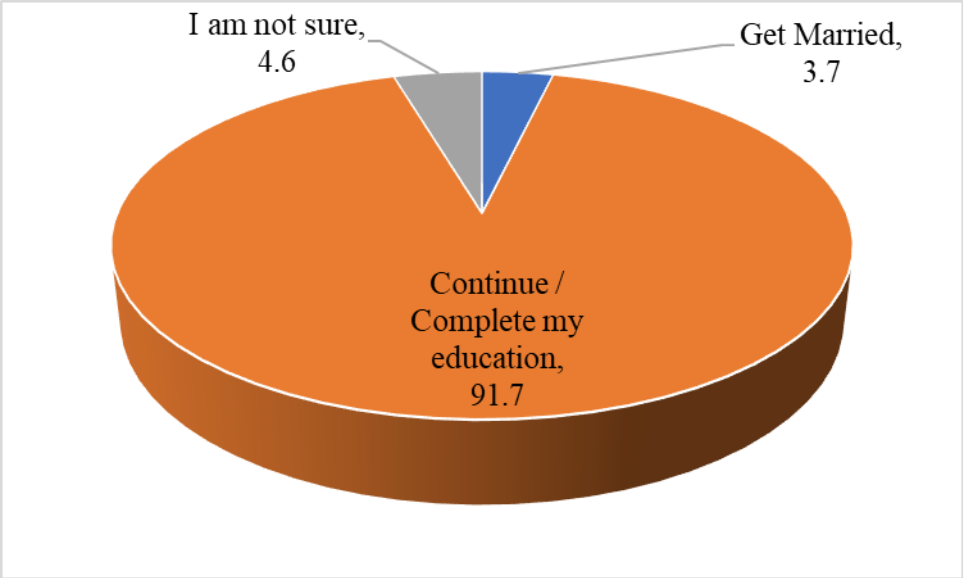
ID 26: *"Teenage mothers are likely to have lower school achievement and drop out of high school."*

4.2.4 Plans with Regards to Academics

The sampled student representatives were asked to indicate what plans they have with regard to their academics, and the results were as provided in Figure 7.

Figure 7

Plans with Regards to Academics



The results in Figure 7 show that 91.7% of the pregnant teenagers participating in the study indicated that they planned to continue with school, that is to complete their secondary school academics,4.6% indicate they were not sure, while 3.7% indicate that they planned to get married. The results suggest that a high number of the pregnant teenagers realized the importance of education and were determined to attend school and complete their academics.

The guidance and counseling teachers were asked whether they agreed that after giving birth, pregnant teenagers were more likely to return to school. The results show that most of the G/C teachers agreed that the students should be allowed to come back to school. Some of the responses were as follows.

> ID 5: *"Yes, because the girls want to finish their academics."*
> ID 17: *"Yes, for their betterment."*
> ID24: *"Yes due to re-entry policy they stay in school until delivery time then they come back after delivery."*

Nevertheless, some of the G/C teachers felt that the students should not be allowed for they are likely to negatively influence other students.

> ID 21: "*No, the students who are pregnant are likely to be a negative influence to others."*
> ID 11: *"No due to lack of parental support."*
> ID27: *"No most of them are forced to get married according to their cultural practices"*

The G/C teachers were asked to indicate why breastfeeding adolescents are more likely to drop out of school than those who have never been pregnant, and they gave the following responses.

> ID 8: *"Breastfeeding adolescent are more likely to drop out of school to attend to their babies."*
> ID10: *"Most affected with absenteeism on opening days-3 days to 1 week attending to the baby"*
> ID35: *"Their school attendance is irregular, and they feel wasted and have responsibilities to cater for."*

The G/C teachers were asked to indicate if it is appropriate for the school authorities to exempt or encourage pregnant teenagers to stay at home and return to school after giving

birth, and the results suggest that according to majority of the teachers, the pregnant teenagers should be allowed to stay home and return only after delivery.

ID1: *"No, they should be allowed to stay at school until the time of delivery"*
ID2: *"Yes, because pregnancy moods cannot allow them to school"*
ID16: *Encourage them to stay at school until delivery period and after some time they come back to school*

However, some of the guidance and counseling teachers felt that the pregnant teenagers should be allowed to stay in school.

ID40*: "No they should be allowed to stay in school"*
ID 41 *"No, they should be encouraged to stay at school until the delivery time than after they return to school."*
ID47: *"Yes, because there is a re-entry policy, where allowed them to study until delivery time".*

4.2.5 Causes that May cause a Pregnant Teenager to Permanently Leave School

The guidance and counselling teachers were asked to indicate the causes or conditions that may cause a pregnant teenager to permanently leave school. The reasons stated include: Stigmatization from fellow students, depression, Isolation from peers, unfriendly school environment, lack of financial support, rejection by family members and boyfriend, and Forced marriage.

ID1: *Stigmatization from the fellows, and Cultural mindset*
ID5 – *"Depression, and Isolation from peers*
1D8: *"If the school environment is not friendly"*
ID15- *"Financial support*Rejected by family members and boyfriend, stigmatization, and low confidence*
ID21:" *Lack of guidance and counselling on pregnancy, and Lack of support from parents and friends."*
ID 27: "Frustration from home, and Hostile environment in school"
ID30: "Poor health"

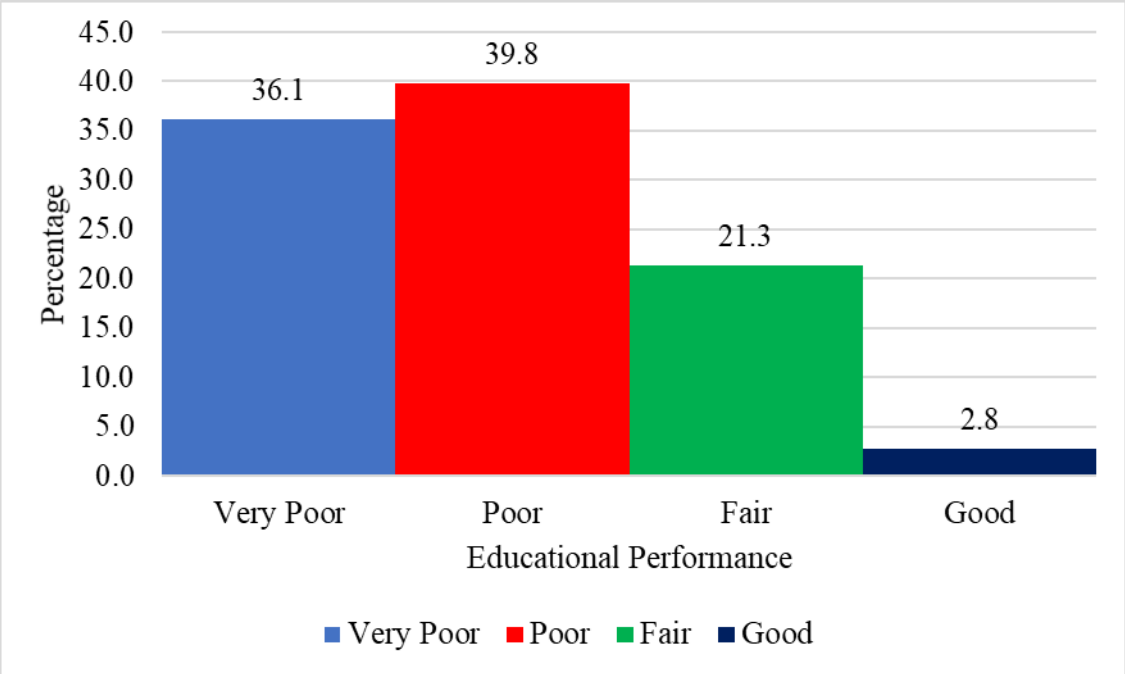
ID 35: *"Forced marriage, Stigmatization, and Cultural practices*

4.2.6 Academic Performance of Pregnant Teenagers

The students were asked to indicate their academic performance after becoming pregnant and the responses were as provided in Figure 8.

Figure 8

Academic Performance of Pregnant Teenagers



The results show that 75.9% of the pregnant teenagers indicated that since they got pregnant their performance was poor, 21.3% fairly performed, while only 2.8% indicated that their performance was poor. The results suggest that pregnancy created psychological problems which subsequently negatively affected the academic performance of the pregnant teenagers. The performance of majority of the girls was poor.

The responses resonate with those from the guidance and counselling teachers revealed that pregnancy made the affected girls drop in educational performance. This was caused

by irregular class attendance and lack of concentration. Some of the responses were as follows:

> Id 43 is quoted stating *"The drop in the academic performance of the pregnant teenagers in this school is poor. Their performance is very poor."*
>
> ID 49 – *"I think it is good that these girls are allowed to go home and return after giving birth, since they are struggling and performing poorly. The only problem is that when you let them go, some of them do not return after giving birth."*
>
> ID 50 – *"Their performance is poor, because they do not concentrate fully to their academic for, they have to create time for their babies"*
>
> ID 52 – *"Girls pregnancy leads to low academic results because they do not attend their classes fully."*
>
> ID 53 – *"Because most pregnant teenagers would not be able to concentrate in their classes."*
>
> ID 61 – *"Teenage pregnancy has led to low academic performance since the student would not concentrate in class due to stigmatization"*

The guidance and counselling teachers were asked whether it is possible for a young girl in her academic success to keep up with her classmates after she missed her communication period with the teachers when she went to give birth. Almost all the teachers indicated that this was not possible. Some of the common responses were:

> ID 11 – *"No, because the peers will have moved to the next grades hence her repeating to catch up with her studies."*
>
> ID 13 – *"No, the peers will have moved to the next class during delivery."*
>
> ID 21 – *"No, since after birth back to school she has to repeat to catch up what she lost"*
>
> Id 44 – *"No because they find others have already continue with their academics and they have to repeat grades for them to catch up with others."*

Id 46 – *"No because others have already go ahead maybe in one class and it will force a pregnant teenage to repeat the class to catch up with others."*

ID 59 – *"Not really, because she has to repeat classes when she left after maternity of around 6 months to catch up with others."*

The findings are in agreement with those in a study by Spencer (2011) who indicated that teenage pregnancy was associated with psychological conducts that stressful and damaging impacts on adolescent pregnancy makes it impossible for the girl to pursue her academics.

4.3 Role of Pregnancy-Related Loss of Interest on Academic Performance among Pregnant Teenagers

This section presents the findings with respect to the first objective which sought to determine the role of pregnancy-related loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County.

4.3.1 Difficulty in Bonding with the Baby

The student respondents were asked to indicate to what extent they agreed that difficulty in bonding with the baby was a source of stress that affected their academic performance, and the results were as provided in Table 7.

Table 7

Difficulty in Bonding with the Baby

Response	Frequency	Percentage (%)
Strongly Disagree	14	13
Disagree	10	9.3
Neutral	25	23.1
Agree	30	27.8
Strongly Agree	29	26.9
Total	108	100

According to the findings in Table 7, 54.7% of respondents believe that their inability to bond with the infant was a stressor that had an impact on their academic performance, 23.1% were indifferent, and 22.3% disagreed. The findings imply that for the majority of the young girls who were pregnant, it was difficult to bond with the unborn child, which caused stress and had a poor impact on their academic performance. The findings are in line with those of a research by Mena (2018), which discovered that pregnant schoolgirls struggle to form bonds with their babies.

4.3.2 Overwhelming Fatigue

The student respondents were asked to indicate to what extent they agreed that overwhelming fatigue was a source of stress that affected their academic performance, and the results were as provided in Table 8.

Table 8

Overwhelming Fatigue

Response	Frequency	Percentage (%)
Strongly Disagree	6	5.6
Disagree	7	6.5
Neutral	25	23.1
Agree	48	44.4
Strongly Agree	22	20.4
Total	108	100

According to the results shown in Table 8, 64.8% of respondents said that excessive exhaustion brought on by stress had an impact on their academic performance, whereas 23.1% were indifferent and 12.1% disagreed with this statement. The findings imply that the excessive exhaustion experienced by the majority of pregnant teens was a cause of stress that had a detrimental impact on their academic performance. The findings resonate with those by Mena (2018) who found out that teenage pregnancy had a

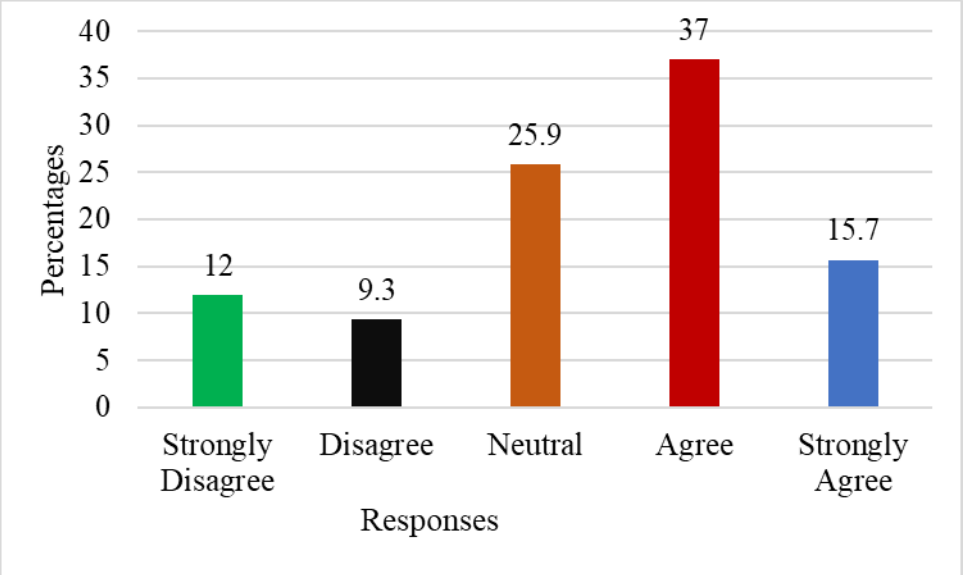
consequence of overwhelming tiredness, and this affected the girls concentration in her studies.

4.3.3 Feeling Worthless

The pregnant teenagers were asked to indicate to what extent they agreed that overwhelming fatigue was a source of stress that affected their academic performance, and the results were as provided in Figure 9.

Figure 9

Feeling Worthless



According to the findings in Figure 9, 52.7% of respondents agreed that feeling unworthy was a stressor that had an impact on their academic performance, followed by a neutral 23.1% and a disagreeing 12.1%. The findings imply that the majority of pregnant teenagers believed their feelings of worthlessness to be a cause of stress that had a detrimental impact on their academic performance. The results are consistent with a research by Karim et al. (2020), which found that pregnant teenagers felt unworthy. This was a depressive symptom.

4.3.4 Pregnancy Related Anxiety

The study required pregnant teenagers to indicate to what extent they agreed that anxiety was a source of stress that affected their academic performance, and the results were as provided in Table 9.

Table 9

Pregnancy Related Anxiety

Response	Frequency	Percentage (%)
Strongly Disagree	11	10.2
Disagree	19	17.6
Neutral	23	21.3
Agree	27	25
Strongly Agree	28	25.9
Total	108	100

Based on the data shown in Table 9, it can be observed that 50.9% of the participants indicated that experiencing feelings of unworthiness was a stressor that exerted an influence on their academic performance. In contrast, 21.3% expressed a neutral stance, while 27.8% disagreed with this notion. The results suggest that a significant proportion of adolescent females who are pregnant encountered stress associated with concerns about their pregnancy, leading to adverse consequences for their academic achievements. The findings align with the outcomes of a study conducted by Duran et al. (2019), which revealed that adolescent pregnancy can lead to a range of emotional and detrimental psychological conditions, including apprehension about the future.

4.3.5 Thinking of Harming Herself or Her Baby

The study required pregnant teenagers to indicate to what extent they agreed that thinking of harming myself or their baby was a source of stress, and that this affected their academic performance, and the results were as provided in Table 10.

Table 10

Thinking of Harming Herself or Her Baby

Response	Frequency	Percentage (%)
Strongly Disagree	23	21.3
Disagree	27	25.0
Neutral	15	13.9
Agree	28	25.9
Strongly Agree	15	13.9
Total	108	100

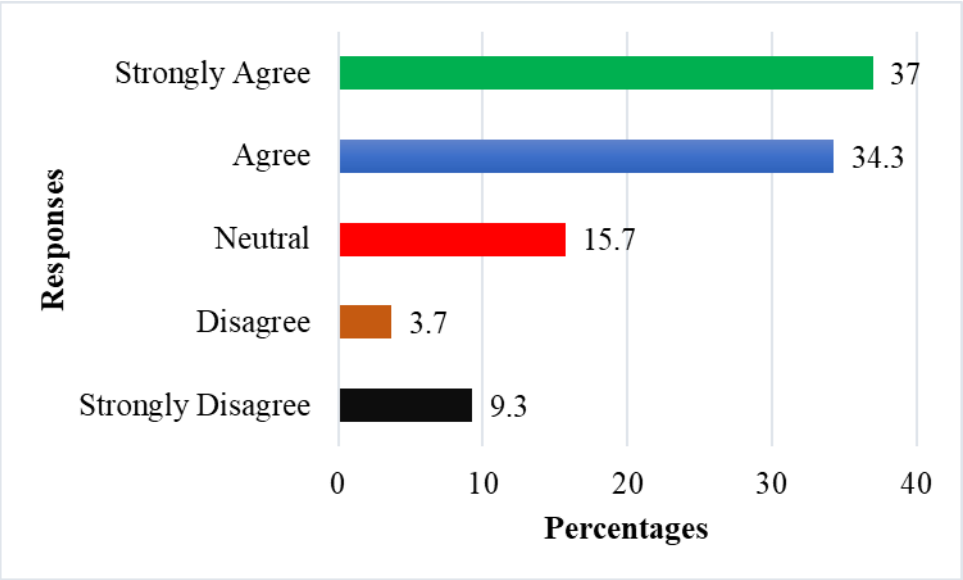
The findings indicate that 13.9% of respondents were indifferent, while 45.4% disagreed, and that 39.8% of respondents agreed that worrying about hurting themselves or their child was a cause of stress and had an impact on their academic performance. The findings imply that the majority of pregnant teenagers had some level of stress related to their thoughts of killing themselves or their unborn child, which had a poor impact on their academic performance.

4.3.6 Difficulty Enjoying Activities They Once Did

The study required pregnant teenagers to indicate to what extent they agreed that difficulty enjoying activities they once did was a source of stress that affected their academic performance, and the results were as provided in Figure 10.

Figure 10

Difficulty Enjoying Activities They Once Did



The findings depicted in Figure 10 indicate that a majority of the participants (71.3%) expressed agreement about the impact of diminished enjoyment in previously enjoyed activities as a stressor that detrimentally influenced their academic performance. A smaller proportion of respondents (15.7%) maintained a neutral stance on this matter, while a minority (13%) disagreed with this assertion. The findings indicate that a significant proportion of pregnant adolescents reported that the stress resulting from a diminished ability to derive enjoyment from previously enjoyed activities had an adverse impact on their academic achievements. The results align with the findings reported in a study conducted by Pinheiro et al. (2011), which documented a decrease in the level of interest and enjoyment in athletics among pregnant teenagers who had previously engaged in such activities before to their pregnancy.

4.3.7 Emotional Problems such as Shame and Guilt

The pregnant teenagers were asked to indicate whether they agreed that emotional problems such as shame and guilt were a source of stress that affected their academic performance, and the results were as provided in Table 11.

Table 11

Emotional Problems such as Shame and Guilt

Response	Frequency	Percentage (%)
Strongly Disagree	11	10.2
Disagree	5	4.6
Neutral	12	11.1
Agree	41	38
Strongly Agree	39	36.1
Total	108	100

The results presented in Table 11 show that 74.1% of the respondents agreed that emotional problems such as shame and guilt was a source of stress that affected their academic performance, 15.7% were neutral, while 13% disagreed. The results suggest that according to majority of the pregnant teenagers, emotional problems such as shame and guilt negatively affected their academic performance. The results are in agreement with those in a study by Johnson (2016) who found that teenage pregnancy was associated with emotional states such as feelings of shame or stigma.

4.3.8 Loss of Respect from Friends and Associates

The pregnant teenagers were asked to indicate whether they agreed that loss of respect from friends and associates was a source of stress that affected their academic performance, and the responses were as provided in Table 12.

Table 12

Loss of Respect from Friends and Associates

Response	Frequency	Percentage (%)
Strongly Disagree	8	7.4
Disagree	7	6.5
Neutral	14	13
Agree	50	46.3
Strongly Agree	29	26.9
Total	108	100

The results presented in Table 12 show that 73.2% of the respondents agreed that loss of respect from friends and associates was a source of stress that affected their academic performance, 15.7% were neutral, while 13% disagreed. The results suggest that according to majority of the pregnant teenagers, loss of respect from friends and associates negatively affected their academic performance. The findings are in line with the observations by Rivera et al. (2020), where it was reported that some friends cannot just handle the situation and thus resort to avoiding the pregnant teenager, and show loss of respect to her.

4.3.9 Descriptive Statistics for Pregnancy Related Stress

The results showing the descriptive statistics for the influence of pregnancy related stress on academic performance of pregnant teenagers were as presented in Table 13.

Table 13

Descriptive Statistics for Pregnancy Related Stress

	N	Range	Min	Max	Mean	Std. Deviation
Difficulty in bonding with the baby	108	4.00	1.00	5.00	3.4630	1.32852
overwhelming fatigue	108	4.00	1.00	5.00	3.6759	1.04862
Feeling worthless	108	4.00	1.00	5.00	3.3519	1.20989
Anxiety	108	4.00	1.00	5.00	3.3889	1.31727
Thinking of harming myself or my baby	107	4.00	1.00	5.00	2.8692	1.38785
Difficulty enjoying activities I once did	108	4.00	1.00	5.00	3.8611	1.22633
Emotional problems such as shame and guilt	108	4.00	1.00	5.00	3.8519	1.25165
Loss of respect from friends and associates	108	4.00	1.00	5.00	3.7870	1.13608
Valid N (listwise)	107					

The results presented in Table 13 show that the aspects that had a mean score in the range of 3.5 to 4.0 were as follows: overwhelming fatigue (3.6759), Difficulty enjoying activities they once did (3.8611), Emotional problems such as shame and guilt (3.8519), Loss of respect from friends and associates (3.7870). These scores suggest that pregnancy related stress was a psychological construct that negatively influenced the academic performance of pregnant teenagers. The rest of the pregnancy related stress aspects in Table 13 fall in the range below 3.5 and above 2.5, which shows that they cannot be ignored as they are a source stress and that, the resultant stress plays a role on the academic performance of pregnant teenagers.

4.3.10 Association between Pregnancy Related Stress and Academic Performance

The study computed a Pearson correlation to determine the association between pregnancy related stress and academic performance, and the results were as presented in Table 14

Table 14

Association between Pregnancy Related Stress and Academic Performance

		Pregnancy Related Stress	Academic Performance
Pregnancy Related Stress	Pearson Correlation	1	-.080
	Sig. (2-tailed)		.411
	N	108	108
Academic Performance	Pearson Correlation	-.080	1
	Sig. (2-tailed)	.411	
	N	108	108

The findings displayed in Table 14 indicate a negative Pearson association between pregnancy-related stress and academic performance ($r = -0.080$; $p = 0.411$). The findings suggest that there is a detrimental correlation between stress connected to pregnancy and one's academic achievement. This implies that a rise in prenatal depressive symptoms is associated with a decline in academic achievement. Based on the obtained results, it can be concluded that the study findings did not provide sufficient evidence to establish a statistically significant link between pregnancy-related stress and academic performance, as the calculated p-value exceeded the predetermined test significance level of 0.05.

The results indicate that there exists a modest inverse correlation between stress related to pregnancy and academic achievement among adolescent females who are pregnant in Narok County. Nevertheless, it is crucial to acknowledge that this association lacks statistical significance. This implies that the apparent correlation may be attributable to random variation rather than a genuine relationship.

The lack of a significant association between pregnancy-related stress and academic performance raises several possibilities. It could imply that other factors, such as social support, individual resilience, or academic resources, may have a stronger role on the academic performance of pregnant teenagers. Additionally, the study's sample size of 108 participants may limit the statistical power to detect significant associations. These findings highlight the complexity of the relationship between psychological constructs, such as pregnancy-related stress, and academic performance among pregnant teenagers. It suggests the need for further research with larger sample sizes and additional variables to better understand the factors that contribute to academic outcomes in this population.

In practical terms, the non-significant association between pregnancy-related stress and academic performance suggests that interventions solely targeting stress reduction may not be sufficient to improve educational outcomes among pregnant teenagers. A comprehensive approach that addresses multiple factors, including social support, mental health, and academic support, may be more effective in promoting positive academic performance in this context.

The findings are in agreement to those in a study by Ogolla et al. (2019) which found that pregnancy-related stress was significantly associated with lower academic performance among pregnant teenagers. Their results differed from the current study, which did not find a significant association between pregnancy-related stress and academic performance. Although the correlation in the current study is weak and not statistically significant, it aligns with the general understanding that stress, including pregnancy-related stress, can potentially impact academic outcomes.

4.4 Influence of Low Self-Esteem due to Teenage Pregnancy on Academic Performance among Pregnant Teenagers

This section covers the data pertaining to the second objective, which aimed to ascertain the impact of low self-esteem resulting from adolescent pregnancy on the academic performance of pregnant teenagers attending secondary schools in Narok County.

4.4.1 Feeling Unaccepted by Social Groups

The pregnant teenagers were asked 3to indicate to what extent they agreed that feeling unaccepted by social groups affected their academic performance, and the results were as provided in Table 15.

Table 15

Feeling Unaccepted by Social Groups

Response	Frequency	Percentage (%)
Strongly Disagree	8	7.4
Disagree	6	5.6
Neutral	26	24.1
Agree	56	51.9
Strongly Agree	12	11.1
Total	108	100

The findings in Table 15 show that 63% indicated that feeling unaccepted by social groups negatively influenced their academic performance, 24.1% were neutral, while the rest, 13% disagreed. The results suggest that according to majority of the pregnant teenagers, feeling unaccepted by social groups were a source of low self-esteem, and that this negatively affected their academic performance.

The guidance and counselling teachers were asked to indicate whether pregnant teenagers relate to their peers and educators well. Most of the G/C teachers indicated that

these girls had a challenge in relating with their peers and educators. Some of the common responses were as follows.

ID 41 – *"No, because of low self-esteem"*

ID 55 – *"No, because of mood swings experienced."*

ID 56 – *"Pregnant adolescent will not relate to their peers well due to lack of confident."*

ID 58 – *"They feel worthless and shameful"*

ID 73 – *"No, they feel shamed and isolated"*

In some schools, an interesting observation was made, whereby the G/C teachers stated that the pregnant teenagers did not face any form of low esteem. They did not feel unaccepted by the social groups. This was because being pregnant was a normal occurrence in the schools, and the girls gave each other emotional support.

One G/C ID 14 is quoted stating. *"Yes, in Narok east pregnancy among school girls is something normal."*

ID 33 – *"Yes, they relate to their peers well you know girls are emotional."*

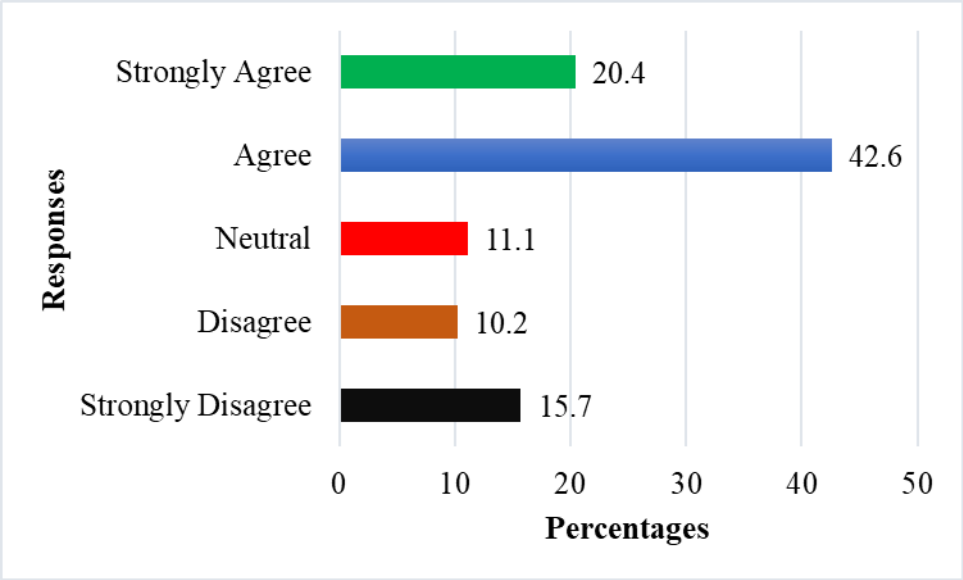
The findings in this section are similar to those by Undiyaundeye (2012) who found that some social groups and even the girl's family blame the girl and her family for the non-challan and shameful disposition and bringing the aforementioned into disrepute. The girl then feels unaccepted.

4.4.2 Feeling Unwanted / Rejected by Boyfriend

The pregnant teenagers were asked to indicate to what extent they agreed that feeling unwanted or rejected by boyfriend affected their academic performance, and the results were as provided in Figure 11.

Figure 11

Feeling Unwanted / Rejected by Boyfriend



The findings in Figure 11 show that 63% indicated that feeling unwanted or rejected by boyfriend negatively influenced their academic performance, 11.1% were neutral, while the rest, 25.9% disagreed. The results suggest that according to majority of the pregnant teenagers, feeling unwanted or rejected by boyfriend was a source of low self-esteem, and that this negatively affected their academic performance.

The Guidance and counselling teachers were asked to indicate sources of stress among pregnant teenagers and they cited rejection by boyfriend. One of the G/C teachers is quoted saying, *"When the girls feel rejected by boyfriends, they become very frustrated and stressed."*

Another G/C teacher is quoted saying

> *"Lack of support from the boyfriend of baby's father is common source of stress among the pregnant teenagers.*

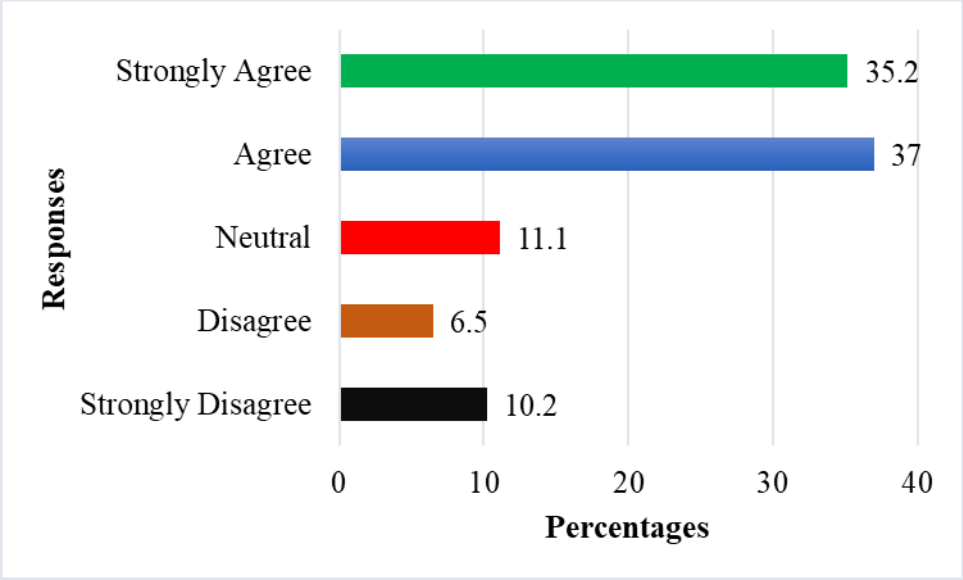
The findings are in line with those in a study by Johnson (2016) who explained that rejection or lack of father support was one of the issues that brought about emotional problems for pregnant teenagers, and this was an inhibitor to academic performance.

4.4.3 Low Confidence in School Activities

The pregnant teenagers were asked to indicate to what extent they agreed that low confidence in school activities affected their academic performance, and the results were as provided in Figure 12.

Figure 12

Low Confidence in School Activities



The results presented in Figure 12 show that 72.2% indicated that low confidence in school activities negatively influenced their academic performance, 11.1% were neutral, while the rest, 16.7% disagreed. The results suggest that according to majority of the pregnant teenagers, low confidence in school activities was a source of low self-esteem, and that this negatively affected their academic performance.

4.4.4 Considering Oneself a Failure in Life

The pregnant teenagers were asked to indicate to what extent they agreed that considering oneself a failure in life affected their academic performance, and the results were as provided in Table 16.

Table 16

Considering Oneself a Failure in Life

Response	Frequency	Percentage (%)
Strongly Disagree	15	13.9
Disagree	10	9.3
Neutral	24	22.2
Agree	42	38.9
Strongly Agree	17	15.7
Total	108	100

The results presented in Table 16 show that 54.6% indicated that considering oneself a failure in life negatively influenced their academic performance, 22.2% were neutral, while the rest, 23.2% disagreed. The results suggest that according to majority of the pregnant teenagers, considering oneself a failure in life was a source of low self-esteem, and that this negatively affected their academic performance.

4.4.5 Negative Attitude towards School

The pregnant teenagers were asked to indicate to what extent they agreed that negative attitude towards school affected their academic performance, and the results were as provided in Table 17.

Table 17

Negative Attitude towards School

Response	Frequency	Percentage (%)
Strongly Disagree	22	20.4
Disagree	12	11.1
Neutral	7	6.5
Agree	41	37.9
Strongly Agree	26	24.1
Total	108	100

The findings presented in Table 17 reveal that 62% indicated that negative attitude towards school negatively influenced their academic performance, 6.5% were neutral, while the rest, 31.5% disagreed. The results suggest that according to majority of the pregnant teenagers, negative attitude towards school was a source of low self-esteem, and that this negatively affected their academic performance.

4.4.6 Descriptive Statistics for Self Esteem due to Teenage Pregnancy

The results showing the descriptive statistics for the influence of self-esteem due to teenage pregnancy on academic performance of pregnant teenagers were as presented in Table 18.

Table 18

Descriptive Statistics for Self Esteem due to Teenage Pregnancy

	N	Mean	Std. Deviation
Feeling unaccepted by social groups	108	3.5370	1.01784
Feeling unwanted / rejected by boyfriend	108	3.4167	1.34738
Low confidence in school activities	108	3.8056	1.27124
Considering oneself a failure in life	107	3.3271	1.25725
Negative attitude towards school	107	3.3364	1.47906
Valid N (listwise)	107		

The results presented in Table 18 shows that the highest mean scores were reported with respect to feeling unaccepted by social groups (3.5370) and low confidence in school activities (3.8056). These mean scores when rounded off result in a 4.0 score which is equivalent to the agree score. The rest of the aspects recorded mean scores that when rounded off, they yield a 3.0 score, which when interpreted it the neutral score. The results suggest that even though all the examined aspects of pregnancy related self-esteem were negatively influencing the academic performance of pregnant teenagers, the

strongest aspects were feeling unaccepted by social groups and low confidence in school activities.

4.4.7 Association between Pregnancy Related Low Esteem and Academic Performance

The study computed a Pearson correlation to determine the association between pregnancy related low esteem and academic performance, and the results were as presented in Table 19.

Table 19

Association between Pregnancy Related Low Esteem and Academic Performance

		Pregnancy Related Low Esteem	Academic Performance
Pregnancy Related Low Esteem	Pearson Correlation	1	.025
	Sig. (2-tailed)		.799
	N	108	108
Academic Performance	Pearson Correlation	.025	1
	Sig. (2-tailed)	.799	
	N	108	108

The results presented in Table 19 show that there was a weak positive Pearson correlation between pregnancy related low esteem and academic performance ($r = 0.025$; $p = 0.799$). The results imply a very weak positive association between pregnancy related sadness and academic performance. This means that an increase in pregnancy related low esteem attracts a relatively small increase 0.025 units in the academic performance. Based on the observation that the p value exceeds the predetermined test significance level of 0.05, it can be concluded that the association under consideration is deemed statistically insignificant. Hence, it was deduced that there exists no substantial

correlation between low self-esteem associated with pregnancy and academic performance.

The obtained correlation coefficient of 0.025 indicates a minimal positive relationship between low self-esteem related to pregnancy and academic achievement. Nevertheless, the obtained p-value of 0.799 suggests that the observed association lacks statistical significance. Put differently, the correlation identified between low self-esteem during pregnancy and academic achievement may perhaps be attributed to chance rather than a substantive connection.

The results indicate that there is not a significant correlation between low self-esteem due to pregnancy and academic achievement among the individuals included in the research. It is crucial to acknowledge that low self-esteem can be influenced by various factors, and its effects on academic performance can be intricate and diverse, as supported by the findings of a study conducted by Kiura et al. (2020). This study examined the correlation between self-esteem and academic achievement among pregnant teenagers residing in Nairobi County. The results of the study indicated a statistically significant inverse relationship between self-esteem and academic performance. This suggests that those with lower levels of self-esteem tend to exhibit fewer academic achievements. This study offers further elucidation on the correlation between self-esteem and academic achievement among pregnant adolescents in Kenya. The findings of the present study do not demonstrate a statistically significant correlation between low self-esteem during pregnancy and academic achievement.

4.5 Influence of Pregnancy-Related Hopelessness on Academic Performance among Pregnant Teenagers

This section presents the findings with respect to the third objective which was to find out the role of pregnancy-related hopelessness on academic performance among pregnant teenagers in secondary schools in Narok County.

4.5.1 Contemplation of Abortion

The pregnant teenagers were asked to indicate to what extent they agreed that contemplation of abortion affected their academic performance and the results were as provided in Table 20.

Table 20

Contemplation of Abortion

Response	Frequency	Percentage (%)
Strongly Disagree	34	31.5
Disagree	27	25
Neutral	11	10.2
Agree	16	14.8
Strongly Agree	20	18.5
Total	108	100

The results presented in Table 20 show that 33.3% of the respondents agreed that contemplation of abortion affected their academic performance, 10.2% were neutral, while 56.5% disagreed. The results suggest that contemplating abortion had psychological consequences which subsequently affected the academic performance of pregnant teenagers.

According to the guidance and counselling teachers, some of the pregnant teenagers, out of shame, guilt and frustration attempt abortion. Some die in the process, some develop severe complications.

ID 49 is quoted *saying "When the girls feel embarrased, what comes to the mind is abortion."*

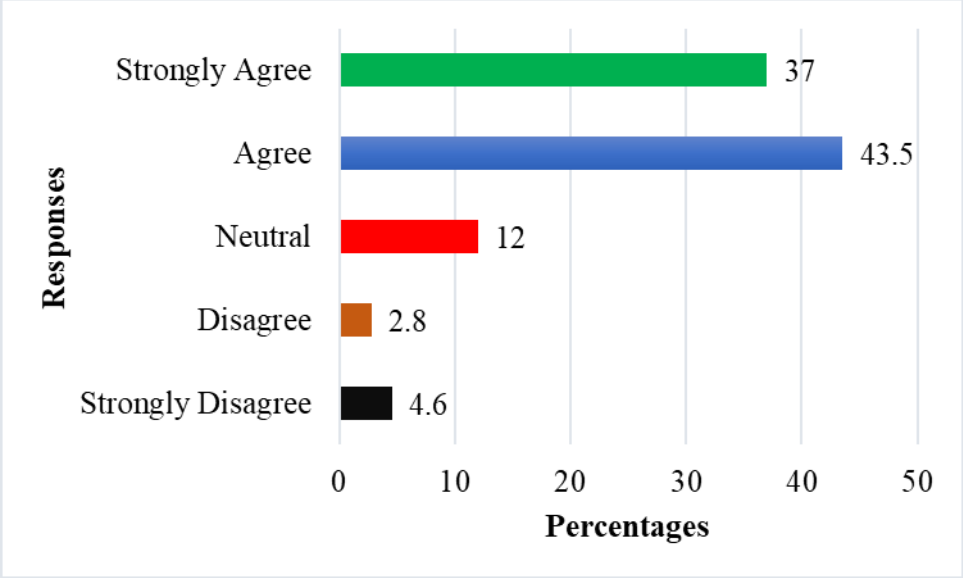
ID 66 is reported saying. *"Some girls attempt to come out of their frustrated state by attempting abortions."*

4.5.2 Feelings of Shame or Stigma

The results with respect to whether feelings of shame or stigma affected the academic performance of pregnant teenagers, were as presented in Figure 13.

Figure 13

Feelings of Shame or Stigma



The findings presented in Figure 13 reveal that 80.5% indicated that feelings of shame or stigma negatively influenced their academic performance, 12% were neutral, while the rest, 7.4% disagreed. The results suggest that according to majority of the pregnant teenagers, feelings of shame or stigma was a source of pregnancy-related hopelessness, and that this negatively affected their academic performance.

The responses from the G/C teachers revealed that pregnant teenagers experienced feelings of shame and stigma. ID 43 is quoted stating,

"Pregnant adolescent don't relate to their peers and educators well do to shame and guilty of getting pregnant at school."

The guidance and counselling teachers were asked to indicate how pregnant teenagers respond during secondary school to the shame of falling pregnant. The G/C teachers indicated that the girls felt very frustrated and, in some cases, they self-isolated themselves. In some cases, they run out of school, as the pregnancy advances.

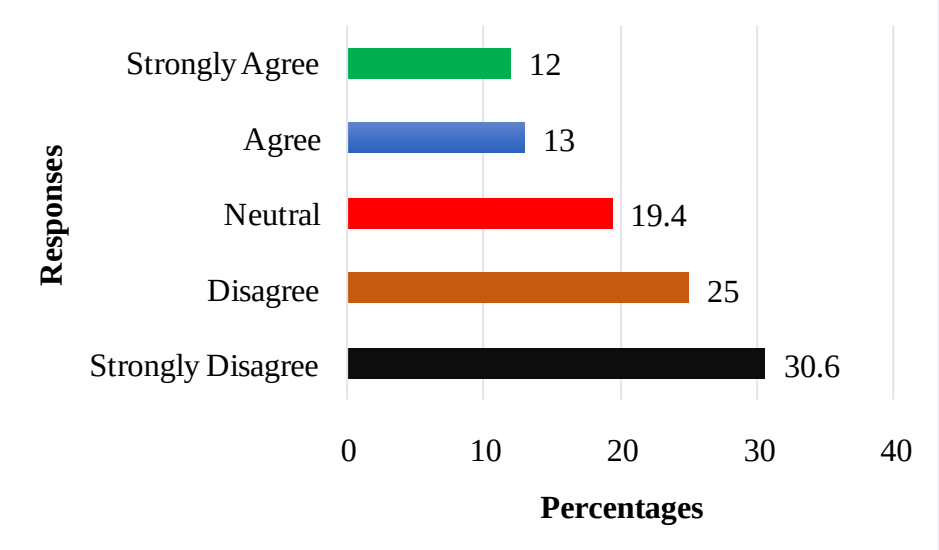
ID 49 is quoted stating. *"They will always feel worthless in life."*
ID 53 – *"At the beginning they are shy and not open but after talking or counselling and after assurance they pick up".*
Most of the girls feel shame so they run away from school to go hide

4.5.3 Contemplation of Giving Out the Baby for Adoption

The results with respect to whether contemplation of giving out the baby for adoption affected the academic performance of pregnant teenagers, were as presented in Figure 14.

Figure 14

Contemplation of Giving Out the Baby for Adoption



The findings in Figure 14 show that 25% of the respondents agreed that contemplation of giving out the baby for adoption affected the academic performance of pregnant teenagers, 19.4% were neutral, while 55.6% disagreed. The results suggest that most of the pregnant did not experience the psychological consequence associated with contemplation to giving out the baby for adoption, and thus this did have an effect on their academic performance. Nevertheless, some pregnant teenagers still felt that the thought of giving their baby for adoption. The findings are in agreement with those in a study by Khazan (2019) who observed that contemplating putting the child up for adoption is a very traumatic experience to the pregnant teenager regardless of whether or not she believes the choice she is making is the right one.

4.5.4 Denial or lack of Support from the Boyfriend

The adolescent females who were pregnant were requested to express the degree to which they concurred that the rejection or absence of support from the biological father of their offspring impacted their scholastic achievements. The outcomes of this inquiry are presented in Table 21.

Table 21

Denial or Lack of Support from the Boyfriend

Response	Frequency	Percentage (%)
Strongly Disagree	17	15.7
Disagree	15	13.9
Neutral	10	9.3
Agree	41	38
Strongly Agree	25	23.1
Total	108	100

The findings in Table 21 reveal that 61.1% of the respondents indicated that denial or lack of support from the father of the child negatively influenced their academic performance, 12% were neutral, while the rest, 7.4% disagreed. The results suggest that according to majority of the pregnant teenagers, denial or lack of support from the father of the child was a source of pregnancy-related hopelessness, and that this negatively affected their academic performance.

The response from the guidance and counselling teachers indicated that lack of support from the father of the child made the pregnant teenagers not to come to school and some cases, the girls ended up dropping from school. One G/C teacher is quoted stating that, *"lack of assistance from the boyfriend made some of the girls frustrated and drop out of school."*

The findings are in agreement with those in a study by Bodeeb (2018) who found that denial or lack support from the child's father was a source of hopelessness to the pregnant teenagers. Even where there was some support, she will continue to stress over whether the child's father will follow through with some help or whether she will cope with the child herself.

4.5.5 Lack of Familial or Societal Support

The pregnant teenagers were asked to indicate to what extent they agreed that lack of familial or societal support affected their academic performance, and the results were as provided in Table 22.

Table 22

Lack of Familial or Societal Support

Response	Frequency	Percentage (%)
Strongly Disagree	25	23.1
Disagree	14	13
Neutral	16	14.8
Agree	37	34.3
Strongly Agree	16	14.8
Total	108	100

The findings presented in Table 22 reveal that 49.1% of the respondents indicated that lack of familial or societal support affected their academic performance, 14.8% were neutral, while the rest, 36.1% disagreed. The results suggest that according to majority of the pregnant teenagers, lack of familial or societal support affected their academic performance as a source of pregnancy-related hopelessness did not negatively affect their academic performance.

The responses from the guidance and counselling revealed that some of the pregnant teenagers experienced lack of support from parents, and this was a source of stress. A G/C teacher stated that.

> *"There are instances, where pregnant teenagers experienced lack of support from parents refusing to take care of their babies, and there are cases where the family withdrew from paying the girl's school fees."*

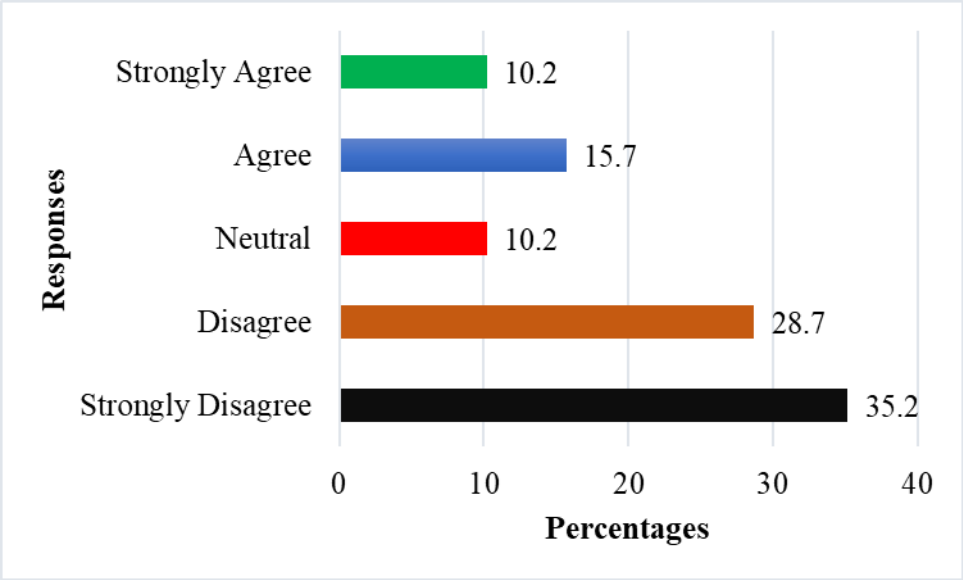
The results resonate with those in a study by Aluga and Okolie (2021) who found that teenage pregnancy can lead to a myriad of emotions such as loss of family or social support, and this greatly affected the teenager.

4.5.6 Contemplation of Suicide

The pregnant teenagers were asked to indicate to what extent they agreed that contemplation of suicide affected their academic performance, and the results were as provided in Figure 13.

Figure 15

Contemplation of Suicide



The data depicted in Figure 15 demonstrates that a significant proportion of the participants, specifically 25.9%, reported that their academic performance was influenced by thoughts of suicide. Conversely, a smaller percentage of respondents, 10.2%, expressed a neutral stance on this matter, while the majority, comprising 63.9%, disagreed with the notion that contemplation of suicide had an impact on their academic achievements. The findings indicate that a significant number of pregnant adolescents reported that thoughts of suicide had an impact on their academic achievements, although feelings of hopelessness related to their pregnancy did not have a detrimental effect on their academic performance.

The guidance and counselling teacher also stated that frustrations, embarrassment and rejection made some of the girls contemplate suicide. One G/C teacher is quoted saying that,

> *"Due to being threatened to get married to old men, cultural practices and lack of guidance and timely guidance, some girls end up attempting suicide."*

The findings are in agreement with a study by Louise (2022) who reported lack of proper guidance can make frustrated pregnant teenagers to contemplate committing suicide. Wilburn and Smith observed that poor self-esteem and depression are linked with the ensuing suicide risk.

4.5.7 Confusion about Resources (Financial strain)

The pregnant teenagers were asked to indicate to what extent they agreed that confusion about resources (financial strain) affected their academic performance, and the results were as provided in Table 23.

Table 23

Confusion about Resources (Financial strain)

Response	Frequency	Percentage (%)
Strongly Disagree	7	6.5
Disagree	3	2.8
Neutral	10	9.3
Agree	57	52.8
Strongly Agree	31	28.7
Total	108	100

The findings presented in Table 23 reveal that 81.5% of the respondents indicated that confusion about resources (financial strain) affected their academic performance, 9.3% were neutral, while 9.3% disagreed. The results suggest that according to majority of the

pregnant teenagers, confusion about resources (financial strain) affected their academic performance as a source of pregnancy-related hopelessness negatively affected their academic performance.

The guidance and counselling cited financial constraints as one the greatest challenges experienced by the pregnant teenagers. They need money to buy food and necessities that are associated with healthy pregnancy and self-delivery, and post-natal arrangements.

> ID 41 – *"The pregnant teenagers become even more confused on how they will get finance to support themselves as well as their babies. This stresses them more."*
>
> ID 55 – *"Most of girls experience financial problems to support their young ones."*

The results align with the findings of Kumar et al. (2018), who conducted a study that demonstrated the role of financial and interpersonal difficulties as both contributing factors and outcomes of prenatal depression. These problems have the potential to worsen negative consequences for both mothers and their offspring.

4.5.8 Descriptive Statistics for Pregnancy-Related Hopelessness

The results showing the descriptive statistics for the role of pregnancy-related hopelessness on academic performance of pregnant teenagers were as presented in Table 24.

Table 24

Descriptive Statistics for Pregnancy-Related Hopelessness

	N	Mean	Std. Deviation
Contemplation of abortion	108	2.6389	1.51292
Feelings of shame or stigma	108	4.0556	1.01238
Contemplation of giving out the baby for adoption	108	2.5093	1.36372
Denial or lack of support from the boyfriend	108	3.3889	1.39313
Lack of familial or societal support	108	3.0463	1.41675
Contemplation of suicide	107	2.3458	1.35356
Confusion about resources (Financial strain)	108	3.9444	1.03971
Valid N (listwise)	107		

The results presented in Table 24 shows that the highest mean scores were reported with respect to feelings of shame or stigma (4.0556) and confusion about resources (financial strain) (3.9444). These mean scores when rounded off result in a 4.0 score which is equivalent to the agree score. The rest of the aspects recorded mean scores that when rounded off, the result is 3.0 mean score, which when interpreted it the neutral score. The results suggest that even though all the examined aspects of pregnancy related hopelessness were negatively influencing the academic performance of pregnant teenagers, the strongest aspects were feelings of shame or stigma and confusion about resources (financial strain).

4.5.9 Association between Pregnancy-Related Hopelessness and Academic Performance

The study computed a Pearson correlation to determine the association between pregnancy-related hopelessness and educational performance, and the results were as presented in Table 25.

Table 25

Association between Pregnancy-Related Hopelessness and Academic Performance

		Pregnancy Related Hopelessness	Academic Performance
Pregnancy Related Hopelessness	Pearson Correlation	1	.016
	Sig. (2-tailed)		.866
	N	108	108
Academic Performance	Pearson Correlation	.016	1
	Sig. (2-tailed)	.866	
	N	108	108

According to the findings in Table 25 (r = 0.016; p = 0.866), there was a weakly positive Pearson association between academic achievement and pessimism related to pregnancy. The findings suggest a very tenuous positive correlation between academic achievement and pessimism related to pregnancy. This indicates that a rise in pessimism connected to pregnancy results in a relatively minor gain in academic performance, or 0.016 units. The association is considered to be statistically insignificant because the p value exceeds the test significance level at 0.05. The findings imply that pregnant hopelessness has no appreciable impact on pregnant teenagers' academic performance.

The pregnant teenagers in the study don't appear to have a linear relationship between their academic performance and pregnancy-related pessimism, according to the Pearson correlation coefficient of 0.016. Furthermore, the association is not statistically significant, as shown by the p-value of 0.866. These results suggest that the academic performance of pregnant teenagers in the sample is not significantly impacted by pregnancy-related pessimism.

The lack of a significant correlation between pregnancy-related hopelessness and academic performance aligns with previous research conducted in Kenya. For instance, a

study by Machera and Ocholla, (2019) investigated the psychosocial factors influencing academic outcomes among pregnant adolescents in Nairobi. Although their study did not specifically focus on hopelessness, it examined a broader range of psychosocial factors, including self-esteem, depression, and social support. Their findings suggested that while these factors were important in understanding the experiences of pregnant adolescents, they did not significantly predict academic performance.

4.6 Influence of Pregnancy Related Sadness on Academic Performance among Pregnant Teenagers

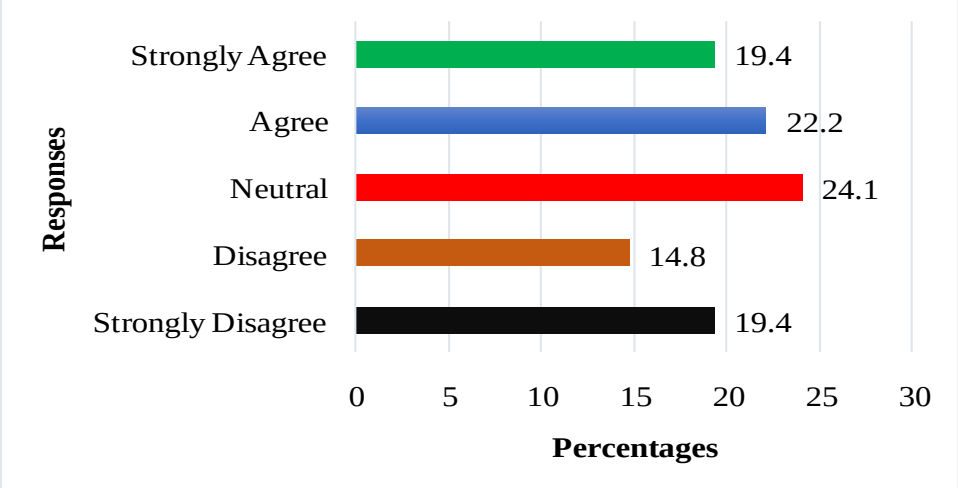
This section presents the findings with respect to the fourth objective which sought to establish the role of pregnancy related sadness on educational performance among pregnant teenagers in secondary schools in Narok County.

4.6.1 Being Verbally Abused or Ostracized

The pregnant teenagers were asked to indicate whether they agreed that being verbally abused or ostracized as a consequence of their pregnancy or some pregnant teenager they know influenced their education, and the results were as provided in Figure 16.

Figure 16

Being verbally Abused or Ostracized



The findings presented in Figure 16 show that 41.6% the respondents agreed that being abused or ostracized was a destructive consequence resulting from their pregnancy, 24.1% were neutral while 34.2% disagreed. The results suggest that to some of the students had been abused or ostracized by their school mates, and this negatively influenced their performance. In one of the schools, a guidance and counselling is quoted saying. *"The challenge we have is that even some of the teachers issue comments, or use reference of pregnant teenagers in form of ridicule. This discourages the pregnant girl from attending school."* This was a source of pregnancy related sadness among the girls. The findings are consistent with a research by Mpanzaa & Nzima (2010) that discovered pregnant teenagers experienced abuse and mockery from teachers to the point where they would skip class without informing the headmaster.

4.6.2 Lack of Support from Boyfriend

The pregnant teenagers were asked to indicate to what extent they agreed that lack of support from their boyfriend influenced their academic performance, and the results were as provided in Table 26.

Table 26

Lack of Support from Boyfriend

Response	Frequency	Percentage (%)
Strongly Disagree	17	15.7
Disagree	13	12
Neutral	17	15.7
Agree	34	31.5
Strongly Agree	27	25
Total	108	100

The results in Table 26 reveal that 56.5% of the respondents indicated that they agreed that lack of support from their boyfriend influenced their academic performance, 15.7%

were neutral, while 27.7% disagreed. The results suggest that most of the pregnant teenagers were psychologically affected by lack of support from their boyfriend to the extent that this negatively affected their academic performance. This was also stated by the guidance and counselling teachers who reported that the pregnant teenagers were so much depressed by the fact that they did not receive support from their boyfriend or father of their child.

Some of the girls appear so frustrated and sad that their boyfriend was not supporting them during pregnancy. One guidance and counselling teacher is quoted saying that *"Many of the pregnant teenagers in this school have always complained about lack of support from boyfriends. Some of the persons responsible for the pregnancy are fellow students with no source of income".*

4.6.3 Not being Able to Share the Pregnancy and Joy with Parents

The pregnant secondary school girls were asked to indicate to what extent they agreed that not being able to share the pregnancy and joy with parents influenced their academic performance, and the results were as provided in Table 27.

Table 27

Not being Able to Share the Pregnancy and Joy with Parents

Response	Frequency	Percentage (%)
Strongly Disagree	9	8.3
Disagree	7	6.5
Neutral	25	23.1
Agree	41	38
Strongly Agree	26	24.1
Total	108	100

The findings displayed in Table 27 indicate that a majority of the participants, specifically 62.1%, expressed agreement with the notion that their academic performance

was adversely affected by their inability to enjoy the experience of pregnancy and pleasure with their parents. A smaller proportion, 23.1%, remained neutral on this matter, while 14.8% disagreed with the aforementioned statement. The findings indicate that a significant proportion of adolescent females who were pregnant experienced psychological distress due to their inability to involve their parents in their pregnancy and share the ensuing delight. This emotional burden had an adverse impact on the scholastic achievements of these pregnant teenagers.

4.6.4 Abandonment by Parents or Family Members

The results showing whether the respondents agreed that abandonment by parents or family members affected the academic performance of pregnant teenagers were as provided in Table 28.

Table 28

Abandonment by Parents or Family Members

Response	Frequency	Percentage (%)
Strongly Disagree	17	15.7
Disagree	19	17.6
Neutral	24	22.2
Agree	37	34.3
Strongly Agree	11	10.2
Total	108	100

The data presented in Table 28 reveals that 44.5% of respondents reported that parental or familial abandonment had a detrimental impact on their academic performance. In contrast, 22.2% expressed a neutral stance, while 33.3% disagreed with this notion. The findings indicate that a significant proportion of adolescent girls who were pregnant had psychological distress as a result of being abandoned by their parents or other family members. This, in turn, had a detrimental impact on their academic achievements.

The results from the guidance and counselling teachers show that some parents forced their pregnant teenagers to get married, if this did not work, they withdrew paying school fees and unwilling parents to take care of their babies. These made the girls very sad.

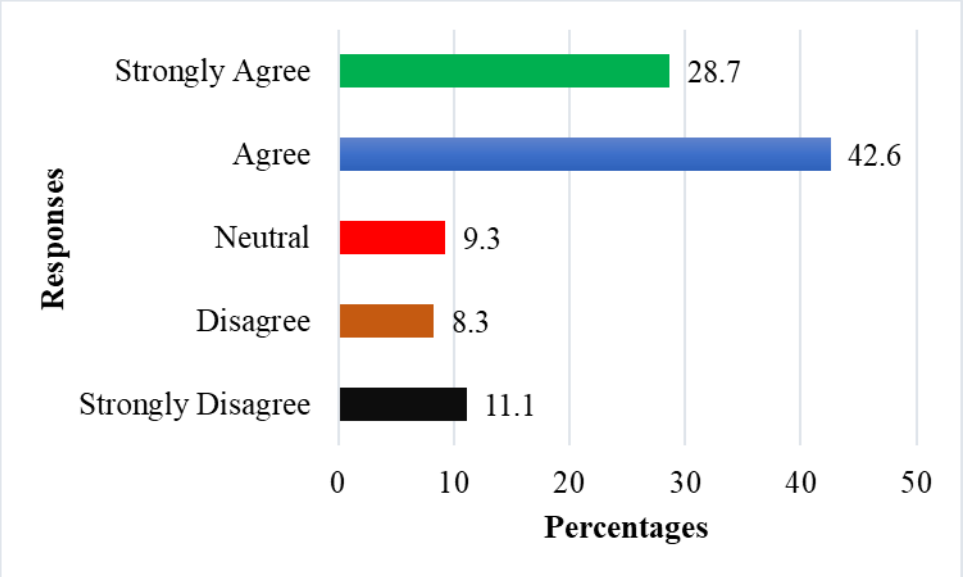
One of the G/C teachers stated. *"Being neglected by parents was one of the sources of sadness and this affected their concentration in school."*

4.6.5 Poor Nutrition Intake (Loss of Appetite)

The pregnant teenagers were asked to indicate to what extent they agreed that poor nutrition intake (loss of appetite) affected their academic performance, and the results were as provided in Figure 17.

Figure 17

Poor Nutrition Intake (Loss of Appetite)



The findings in Figure 17 show that approximately 11.1% of the pregnant teenagers strongly disagreed that poor nutrition intake (loss of appetite) affected their academic performance. Around 8.3% of the participants disagreed with the notion that poor nutrition intake had an impact on their academic performance. Approximately 9.3% of the respondents expressed a neutral stance, neither agreeing nor disagreeing regarding the influence of poor nutrition intake on their academic performance. About 42.6% of the

pregnant teenagers agreed, while 28.7% of the participants strongly agreed that poor nutrition intake had a significant impact on their academic performance.

The results reveal that a significant proportion of pregnant teenagers in this study agreed or strongly agreed that poor nutrition intake, specifically loss of appetite, had an adverse effect on their academic performance. Combined, around 71.3% of the participants either agreed or strongly agreed with this notion. This suggests that a considerable number of pregnant teenagers perceive poor nutrition intake as a contributing factor to compromised academic outcomes.

The results are in agreement with those in a study by Muriuki et al. (2021), which indicated a significant relationship between inadequate nutrition and lower academic performance among this population. These findings align with the results of the present study, where a substantial proportion of pregnant teenagers expressed agreement or strong agreement regarding the negative influence of poor nutrition intake on their academic performance.

The responses from the guidance and counselling suggested that pregnant teenagers did not get the requisite financial support from their boyfriends and parents to enable them get good nutritional intake. In fact, some of the girls skip meals due to lack of finances. One G/C teacher is quoted saying.

> ID 25 – *"Yes, some of the girls feel so sad that they cannot afford recommended dietary intake due to lack of finances, given that the father to the baby is not supporting."*

4.6.6 Descriptive Statistics for Pregnant Related Loss of Interest

The results showing the descriptive statistics for the influence of pregnancy related sadness on academic performance of pregnant teenagers were as presented in Table 29.

Table 29

Descriptive Statistics for Pregnant Related Loss of Interest

	N	Mean	Std. Deviation
Being verbally abused or ostracized	108	3.0741	1.39226
Lack of support from boyfriend	108	3.3796	1.39235
Not being able to share the pregnancy and joy with parents	108	3.6296	1.16485
Abandonment by parents or family members	108	3.0556	1.25179
Poor nutrition intake (loss of appetite)	108	3.6944	1.27857
Valid N (listwise)	108		

The results presented in Table 29 shows that the highest mean scores were reported with respect to poor nutrition intake (loss of appetite) (3.6944) and not being able to share the pregnancy and joy with parents (3.6296). The mean scores when rounded off result in a 4.0 score which is equivalent to the agree score. The rest of the aspects recorded mean scores that when rounded off they yield a 3.0 score, which when interpreted it the neutral score. The results suggest that even though all the examined aspects of pregnancy related sadness were negatively influencing the academic performance of pregnant teenagers, the strongest aspects were poor nutrition intake (loss of appetite) and not being able to share the pregnancy and joy with parents.

4.6.7 Association between Pregnancy Related Sadness and Academic Performance

Table 30 presents the Pearson association values between pregnancy-related sorrow and academic achievement.

Table 30

Correlation between Pregnancy Related Sadness and Academic Performance

		Pregnancy Related Sadness	Academic Performance
Pregnancy	Pearson Correlation	1	-.099
Related Sadness	Sig. (2-tailed)		.309
	N	108	108
Educational	Pearson Correlation	-.099	1
Performance	Sig. (2-tailed)	.309	
	N	108	108

Based on the results shown in Table 30, there was a weak negative correlation (r = -0.099; p = 0.309) observed between pregnancy-induced depression and academic performance. The results indicate a correlation between antenatal depression and suboptimal academic achievement. This suggests that there is a correlation between a decrease in academic achievement and an elevation in depression symptoms related to pregnancy. The statistical insignificance of the link is determined by the fact that the p value surpasses the predetermined test significance level of 0.05. The study concluded that prenatal depression did not have a significant effect on academic achievement.

The correlation coefficient of -0.099 suggests that there may be a weak negative link between pregnancy-related melancholy and academic performance among pregnant teenagers attending secondary schools in Narok County. However, it is not possible to infer that this link is statistically significant due to the fact that the p-value exceeds the acceptable significance level of 0.05. Consequently, the observed correlation could potentially be attributed to random chance, and the provided sample may not effectively demonstrate a causal relationship between pregnancy-related sadness and academic performance.

The results of this research align with a prior study conducted by Garba Kolo et al. (2017), which examined the psychosocial determinants that impact academic achievements among pregnant adolescents in Nairobi. In that study, a slender negative association between emotional well-being and academic performance was discovered. According to this report, sorrow and other unpleasant emotions may not have a significant impact on pregnant teenagers' academic performance in Kenya.

4.7 Regression Analysis

This subsection focuses on the examination of the association between the independent and dependent variables through the utilization of multiple regression analysis. The subsequent section proceeds to elaborate on the outcomes of this study. The independent variables in this study encompassed pregnancy-related depression, pregnancy-related stress, pregnancy-related hopelessness, and pregnancy-related low self-esteem. The dependent variable was the academic performance of pregnant teenagers in secondary school.

4.7.1 Model Summary

The model summary in table 31 displays the outcomes of a regression analysis that was performed to investigate the relationship between multiple predictors. (Pregnancy Related Sadness, Pregnancy Related Stress, Pregnancy Related Hopelessness, Pregnancy Related Low Esteem) and the outcome variable. The model summary provides information about the goodness of fit and the explanatory power of the predictors.

Table 31

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.601[a]	.361	.336	.67331

a. Predictors: (Constant), Pregnancy Related Sadness, Pregnancy Related Stress, Pregnancy Related Hopelessness, Pregnancy Related Low Esteem

The strength and direction of the association between the predictors and the outcome variable are shown by the correlation coefficient (R). The value of R in this analysis is 0.601, which points to a somewhat positive association. The percentage of the outcome variable's variance that the predictors can account for is shown by the coefficient of determination (R Square). In this instance, the R Square value is 0.361, indicating that the predictors can explain around 36.1% of the variance in the outcome variable. The sample size and the number of predictors are both taken into account by the modified R Square. This estimate of the proportion of variance explained is more conservative. In this analysis, the modified R Square value is 0.336. This number depicts the residuals' standard deviation, which indicates how accurately the model predicted the future. The estimate's standard error in this instance is 0.67331.

According to the findings of the regression analysis, a moderate percentage of the variance in the outcome variable may be attributed to the combined predictors of pregnancy-related depression, stress, hopelessness, and low self-esteem. This shows that these predictors have some effect on the outcome variable, but it's possible that additional elements that weren't considered in the model also have an impact.

4.7.2 Analysis of Variances (ANOVA)

The Analysis of Variances (ANOVA) is presented in Table 4.32. The table presents the results of the Analysis of Variances (ANOVA) conducted to examine the relationship between the predictors (Pregnancy Related Sadness, Pregnancy Related Stress, Pregnancy Related Hopelessness, and Pregnancy Related Low Esteem) and the dependent variable, Academic Performance.

Table 32

Analysis of Variances (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.379	4	6.595	14.547	.000[b]
	Residual	46.695	103	.453		
	Total	73.074	107			

a. Dependent Variable: Educational Performance

b. Predictors: (Constant), Pregnancy Related Sadness, Pregnancy Related Stress, Pregnancy Related Hopelessness, Pregnancy Related Low Esteem

The ANOVA results indicate that the regression model is statistically significant, as evidenced by the $F(4, 103) = 14.547$, $p<.001$. This suggests that the predictors collectively have a significant effect on the academic performance of the participants. The regression model accounts for a significant amount of variance in academic performance, with a sum of squares of 26.379 and a mean square of 6.595. The residual sum of squares is 46.695, indicating the unexplained variance in academic performance. The total sum of squares is 73.074, representing the total variance in academic performance. These findings suggest that pregnancy-related sadness, stress, hopelessness, and low self-esteem have a significant influence on the academic performance of pregnant teenagers. The regression model provides insights into how these factors collectively contribute to variations in academic performance among the participants.

The results of this study indicate that Pregnancy Related Stress is the only variable among the factors examined that has a significant positive influence on academic performance. This finding suggests that pregnant teenagers who experience higher levels of stress related to their pregnancy may still perform well academically. However, Pregnancy Related Low Esteem, Pregnancy Related Hopelessness, and Pregnancy

Related Sadness do not appear to have a significant relationship with academic performance.

4.7.3 Beta Coefficients

The regression model is presented in Table 33. The table presents the results of a regression analysis examining the relationship between different factors and academic performance. The dependent variable is "Academic Performance," and the independent variables include "Pregnancy Related Stress," "Pregnancy Related Low Esteem," "Pregnancy Related Hopelessness," and "Pregnancy Related Sadness." The table provides information on the unstandardized coefficients, standardized coefficients (Beta), t-values, and significance levels (Sig.) for each independent variable.

Table 33

Beta Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.017	.276		-.063	.950
	Pregnancy Related Stress	.265	.109	.293	2.439	.016
	Pregnancy Related Low Esteem	.109	.114	.123	.961	.339
	Pregnancy Related Hopelessness	.120	.121	.114	.988	.326
	Pregnancy Related Sadness	.132	.119	.153	1.108	.270

a. Dependent Variable: Academic Performance

The regression model can be represented as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

And when substituted with the values in the table the results are

Y = -0.017 + 0.265 Pregnancy Related Stress + 0.109 Pregnancy Related Low Esteem +0.120 Pregnancy Related Hopelessness +0.132 Pregnancy Related Sadness + ε

The results show that the coefficient for Pregnancy Related Stress is 0.265, indicating that a one-unit increase in this variable is associated with an increase of 0.265 units in the academic performance. This coefficient is statistically significant (t = 2.439, p = .016), suggesting that Pregnancy Related Stress has a positive influence on academic performance. Given that the p value was less than 0.05, we therefore reject the first hypothesis that read. H_{O1}: *Pregnancy related sadness has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County*. This shows that Pregnancy related sadness was a strong predictor to academic performance among pregnant teenagers in secondary schools in Narok County

The coefficient for Pregnancy Related Low Esteem is 0.109, suggesting that a one-unit increase in this variable is associated with a 0.109 unit increase in academic performance. However, this coefficient is not statistically significant (t = .961, p = .339), indicating that Pregnancy Related Low Esteem may not have a significant impact on academic performance. Given that the p value was greater than 0.05 (p>0.05), we therefore accept the second hypothesis that read, ***H_{O2}****: Low self-esteem due to teenage pregnancy has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County*. This shows that Low self-esteem due to teenage pregnancy was not a strong predictor to academic performance among pregnant teenagers in secondary schools in Narok County.

The coefficient for Pregnancy Related Hopelessness is .120, indicating that a one-unit increase in this variable is associated with a .120 unit increase in academic performance. However, like Pregnancy Related Low Esteem, this coefficient is not statistically

significant (t = .988, p = .326), suggesting that Pregnancy Related Hopelessness may not significantly affect academic performance. Given that the p value was greater than 0.05 (p>0.05), we therefore accept the third null hypothesis that read, $H_{O3:}$ *Pregnancy-related hopelessness has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County.* This shows that Pregnancy-related hopelessness was not a strong predictor to academic performance among pregnant teenagers in secondary schools in Narok County.

The coefficient for Pregnancy Related Sadness is .132, indicating that a one-unit increase in this variable is associated with a .132 unit increase in academic performance. However, this coefficient is not statistically significant (t = 1.108, p = .270), suggesting that Pregnancy Related Sadness may not have a significant impact on academic performance. Given that the p value was greater than 0.05 (p>0.05), we therefore accept the third null hypothesis that read, $H_{O4:}$ *Pregnancy-related loss of interest has no statistically significant role on academic performance among pregnant teenagers in secondary schools in Narok County.* This shows that Pregnancy-related loss of interest was not a strong predictor to academic performance among pregnant teenagers in secondary schools in Narok County.

The results of this study indicate that pregnancy related stress is the only variable among the factors examined that has a significant positive influence on academic performance. This finding suggests that pregnant teenagers who experience higher levels of stress related to their pregnancy may still perform well academically. However, pregnancy related low esteem, pregnancy related hopelessness, and pregnancy related sadness do not appear to have a significant relationship with academic performance. The results are in agreement with those in a study by Nyambura et al. (2020) which highlighted the significant impact of social support and self-esteem on the academic performance of

pregnant teenagers. These findings align with the current study's significant positive association between Pregnancy Related Stress and academic performance, suggesting a similar trend in Kenya.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of the study. The purpose of the study was to examine the role of selected psychological constructs on academic performance among pregnant teenagers in public secondary schools in Narok County of Kenya. The chapter contains a summary of the study findings, the conclusion, recommendations and suggestions for further studies.

5.2 Summary of the Findings

The study intended to examine the influence of pregnancy-related loss of interest pregnancy related sadness, low self-esteem due to teenage pregnancy, pregnancy-related hopelessness (Independent Variables), on academic performance among pregnant teenagers in secondary schools in Narok County (dependent variable).

5.2.1 Role of Pregnancy-Related Loss of Interest on Academic Performance among Pregnant Teenagers

The first objective was to determine the role of pregnancy-related loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County. The study found that most of the pregnant teenagers experienced difficulty in bonding with the baby and this had an influence on their academic performance. Majority of the pregnant teenagers experienced overwhelming fatigue, and this had an influence on their academic performance. It was established that majority of the pregnant teenagers, experienced a feeling of worthlessness and this negatively affected their academic performance.

The study also established that majority of the pregnant teenagers experienced anxiety due to pregnancy and this had a negative influence on their academic performance. It was found that according to most of the pregnant teenagers, thinking of harming themselves or their babies created some form of stress and this negatively affected their academic performance. The study also established that majority of the pregnant teenagers, experienced stress arising from difficulty enjoying activities they once did, and for the majority of the pregnant teenagers, emotional problems such as shame and guilt had a negative influence on their academic performance.

The study revealed that majority of the pregnant teenagers, loss of respect from friends and associates negatively affected their academic performance. There was a negative Pearson correlation between pregnancy related stress and academic performance ($r = -0.080$; $p = 0.411$) was not statistically significant. The first null hypothesis that read. H_{O1}: Pregnancy related sadness has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County was rejected.

5.2.2 Role of Low Self-Esteem due to Teenage Pregnancy on Academic Performance among Pregnant Teenagers

The focus of the second objective was to determine the role of low self-esteem due to teenage pregnancy on academic performance among pregnant teenagers in public secondary schools in Narok County. The study revealed that according to most of the pregnant teenagers, feeling rejected by parents and friends was a source of low self -esteem that negatively affected their academic performance. Majority of the pregnant teenagers, felt that being unaccepted by social groups was a source of low self -esteem, and that this had a negative influence on their academic performance. Given that the p

value is greater than the test significance level at 0.05, the association is interpreted to be statistically insignificant.

The study also found that majority of the pregnant teenagers, feeling unwanted or rejected by boyfriend was a source of low self-esteem, and that this negatively affected their academic performance. Majority of the pregnant teenagers, considering oneself a failure in life was a source of low self-esteem, and that this had a negative influence on their academic performance. It was reported that majority of the pregnant teenagers, negative attitude towards school was a source of low self-esteem, and that this negatively affected their academic performance. There was a weak positive Pearson correlation between pregnancy related low esteem and academic performance ($r = 0.025$; $p = 0.799$). Given that the p value is greater than the test significance level at 0.05, the association is interpreted to be statistically insignificant. The study accepts the second hypothesis that read, H_{O2}: Low self-esteem due to teenage pregnancy has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County.

5.2.3 Role of Pregnancy-Related Hopelessness on Academic Performance among Pregnant Teenagers

The third objective sought to find out the role of pregnancy-related hopelessness on academic performance among pregnant teenagers in public secondary schools in Narok County. The study established that contemplating abortion had psychological consequences which subsequently affected the academic performance of pregnant teenagers. According to majority of the pregnant teenagers, feelings of shame or stigma were a source of pregnancy-related hopelessness, and that this negatively affected their academic performance. Most of the pregnant teenagers did not experience the

psychological consequence associated with contemplation to giving out the baby for adoption, and thus this did have an effect on their academic performance.

The according to majority of the pregnant teenagers, denial or lack of support from the father of the child was a source of pregnancy-related hopelessness, and that this negatively affected their academic performance. It was found that majority of the pregnant teenagers, lack of familial or societal support affected their academic performance as a source of pregnancy-related hopelessness did not negatively affect their academic performance. The study also found that according to majority of the pregnant teenagers, contemplation of suicide affected their academic performance as a source of pregnancy-related hopelessness did not negatively affect their academic performance.

The results show that according to majority of the pregnant teenagers, confusion about resources (financial strain) affected their academic performance as a source of pregnancy-related hopelessness negatively affected their academic performance. There was a weak positive Pearson correlation between pregnancy related hopelessness and academic performance ($r = 0.016$; $p = 0.866$). Given that the p value is greater than the test significance level at 0.05, the association is interpreted to be statistically insignificant. The study accepts the third null hypothesis that read, $H_{O3:}$ Pregnancy-related hopelessness has no statistically significant influence on academic performance among pregnant teenagers in secondary schools in Narok County.

5.2.4 Role of Pregnancy Related Sadness on Academic Performance Among Pregnant Teenagers

This section presents the findings with respect to the fourth objective which sought to establish the influence of pregnancy related sadness on academic performance among pregnant teenagers in public secondary schools in Narok County. The study established that some of the students had been abused or ostracized by their school mates, and this

negatively influenced their performance. According to majority of the pregnant teenagers, criticism by family members was a consequence of teenage pregnancy that negatively influenced their academics. Most of the pregnant teenagers were psychologically affected by lack of support from their boyfriend and this negatively affected their academic performance.

The study also found that most of the pregnant teenagers were psychologically affected by not being able to share the pregnancy and joy with parents, and this had a negative influence on their academic performance of the pregnant teenagers. Abandonment by parents or family members was an issue that negatively influenced the academic performance of most of the pregnant teenagers.

It was also established that according to majority of the pregnant teenagers, poor nutritional intake or loss of appetite was an aspect that negatively affected their academic performance. Most of the pregnant teenagers felt that lack of supportive contact and affirmation negatively affected their academic performance. There was a negative Pearson correlation between pregnancy related sadness and academic performance ($r = -0.099$; $p = 0.309$). Given that the p value is greater than the test significance level at 0.05, the association is interpreted to be statistically insignificant. The study accepts the third null hypothesis that read, $H_{O4:}$ Pregnancy-related loss of interest has no statistically significant role on academic performance among pregnant teenagers in secondary schools in Narok County. This shows that Pregnancy-related loss of interest was not a strong predictor to academic performance among pregnant teenagers in secondary schools in Narok County.

5.3 Conclusions

The first objective sought to determine the role of pregnancy-related loss of interest on academic performance among pregnant teenagers in public secondary schools in Narok County. The study concludes that pregnancy-related loss of interest has a negative influence on academic performance among pregnant teenagers in secondary schools. The issues that contributed to the low academic achievement included: difficulty in bonding with the baby, overwhelming fatigue, a feeling of worthlessness, anxiety due to pregnancy, thinking of harming themselves or their babies, as well as shame and guilt.

The second objective was to determine the role of low self-esteem due to teenage pregnancy on academic performance among pregnant teenagers in public secondary schools in Narok County. The study concludes that low self-esteem due to teenage pregnancy has a statistically insignificant role on academic performance of the girls. The issues that contributed to this low academic performance included: feeling rejected by parents and friends, being unaccepted by social groups, feeling unwanted or rejected by boyfriend, and considering oneself a failure in life.

The third objective sought to find out the role of pregnancy-related hopelessness on academic performance among pregnant teenagers in public secondary schools in Narok County. The study concludes that pregnancy-related hopelessness had a statistically insignificant role on academic performance of pregnant teenagers. The problems that contributed to this negative influence of pregnancy-related hopelessness on academic achievement included: contemplating abortion, feelings of shame or stigma, contemplation to giving out the baby for adoption, denial or lack of support from the father of the child, and lack of familial or societal support.

The fourth objective was to establish the role of pregnancy related sadness on academic performance among pregnant teenagers in public secondary schools in Narok County. This study concludes that pregnancy related sadness has a statistically insignificant role on academic performance among pregnant teenagers. This was due to aspects such as, being abused or ostracized by their school mates, criticism by family members, lack of support from their boyfriend, not being able to share the pregnancy and joy with parents, abandonment by parents or family members, and poor nutritional intake or loss of appetite.

5.4 Policy Recommendations

The following are the study recommendations.

i. The school management should enhance the effectiveness of the policy relating to teenage program, such that pregnant teenagers are allowed to go home and come back to school after giving birth to their babies as the policy states.

ii. Despite the existence of a policy guaranteeing certain rights to girls such as education ("continuation" or "re-entry" policies, and strategies), closer attention should be paid to the contextual barriers that may hinder pregnant teenagers or teen mothers from exercising these rights.

iii. The study found that in some schools, there was pregnancy related stigmatization. The schools should sensitize the rest of the students on the need to be supportive to pregnant teenagers.

iv. There is need for the government of Kenya to facilitate access to sexual and reproductive health services, including comprehensive sexuality education at school level and in the community.

v. The school management should strengthen the guidance and counselling so as to be able to observe timeliness in tackling the psychological problems faced by

pregnant teenagers, for instance, those that can prompt contemplation for suicide attempts.

vi. There is need for collaborative efforts between the school management and the community leadership, so that the fathers to the baby as well as the pregnant teenagers' parents also benefit from the guidance and counselling arrangements.

vii. Parental education and mentorship are needed as this affects them in several ways including financial.

5.5 Recommendations for Further Studies

The study found that the psychological constructs investigated had a negative influence on students' academic achievement among pregnant teenagers in public secondary schools in Narok County. A study should be undertaken to find out the levels of preparedness by the schools' guidance and counselling department to handle the situation.

In line with the study findings there is need to examine the role of parents' as important stakeholders to help minimize the consequences of pregnant related stress on the pregnant teenagers' secondary school education.

There is need to conduct a study investigating the coping strategies employed by the pregnant teenagers in mitigating pregnant related psychological constructs that impede their academic achievement in public secondary schools in Narok County.

REFERENCES

Adhikari, R. (2018). The Impact of Adolescent Pregnancy on Secondary School Completion in Indonesia. *Journal of Biosocial Science*, *50*(6), 790–805. https://doi.org/10.1017/S0021932018000264

Agosto, C. A., Laurente, J. M. G., & Amante, D. J. (2019). Factors associated with teenage pregnancy and its effects on academic attainment of female students in selected universities in Manila, Philippines. *Journal of Pregnancy*.

Agunbiade, O. M., Tilitayo, A. A., & Opatola, O. O. (2018). Pregnancy stigmatization and coping strategies of pregnant teenagers in two Yoruba communities, Southwestern Nigeria. *African Health Sciences*, *18*(3), 745–754.

Akella, D. (2021). The impact of teenage pregnancy on education in developing countries. *Journal of Human Behavior in the Social Environment*, *31*(1), 25–35. https://doi.org/10.1080/10911359.2020.1847945

Akindele, M. O., & Thompson, E. L. (2018). Perceptions and attitudes of adolescents towards teenage pregnancy in Sub-Saharan Africa: A systematic review. *African Journal of Reproductive Health*, *22*(4), 96–106.

Aluga, D., & Okolie, E. A. (2021). Socioeconomic determinants of teenage pregnancy and early motherhood in the United Kingdom: A perspective. *Health Promotion Perspectives*, *11*(4), 426–429. https://doi.org/10.34172/hpp.2021.52

American Academy of Pediatrics, P. (2018). *Depression in Adolescents and Young Adults*. https://www.aap.org/en-us/Documents/committee-on-adolescence/depression-in-adolescents-and-young-adults-a-guide-for-clinicians.pdf

American College of Obstetricians, O. & Gynecologists. (2019). *Depression during pregnancy: A resource for women, their families, and friends*. https://www.acog.org/womens-health/faqs/depression-during-pregnancy

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191–215.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist*, *28*(2), 117–148.

Bandura, A. (1997). *Self-efficacy: The exercise of control*.

Barbosa, L. A., Rodrigues, D. C., Lima, L. A., Araújo, A. R. L. d, & Ribeiro, K. S. Q. (2019). Prevalence of depressive symptoms in pregnant teenagers and associated factors. *Revista Brasileira de Enfermagem*, *72*(6), 1507–1513. https://doi.org/10.1590/0034-7167-2018-0749

Bodeeb, J. (2018). *Effects of Teenage Pregnancy*. Available at https://www.livestrong.com/article/86972-effects-teenage-pregnancy/

Brown, C., Dunn, A., & Barbee, A. (2020). The impact of hopelessness on the academic achievement of pregnant adolescents. *Journal of Adolescence*, *83*, 52–58. https://doi.org/10.1016/j.adolescence.2020.07.004

Cady, J., Johnson, J. M., Coleman, J. D., & Hayes, R. (2019). Comparative Social Appraisal Among University Students in the United States of America: Pregnant Teenagers, Teenage Mothers, and Teenage Fathers. *Journal of Social Sciences Research*, *6*(2), 179–192.

Cardoso, L. R., Vilarim, M. M., Figueiredo, F. P., Melo, E. C., & Fonseca, S. C. (2020). Prevalence and correlates of major depressive disorder among pregnant adolescents in Brazil. *Journal of Affective Disorders, 277*, 277–283. https://doi.org/10.1016/j.jad.2020.08.049

Chandra-Mouli, V., & Armstrong, S. (2018). Adolescents in crisis: Unmet needs and undone deeds. *Lancet Child & Adolescent Health*, *2*(4), 239–240.

Council, P. (2019). *Adolescent Pregnancy and Parenthood in Kenya*. https://www.popcouncil.org/uploads/pdfs/2019PGY_KenyaAPPSynthesisReport.pdf

Duran, A., Martinez-Paz, J. M., & Reinoso-Gordo, J. F. (2019). Emotional, social, and physical drivers of sanitation behavior in rural settlements. *Journal of Environmental Psychology*, *63*, 12–20.

Education, M. (2020). *Basic Education Curriculum Framework*. Government Printer.

Ezenwuba, C. (2019). Pregnancy and academic performance: Impact on female nursing students in Imo State University, Owerri. *Journal of Nursing Education and Practice*, *9*(8), 44–52.

Fund, U. N. C. (2020). UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank. *Facts for Life*, *194*.

Fund, U. N. P. (2010). *Adolescent pregnancy: A review of the evidence*. United Nations Population Fund.

Furstenberg, F. F. (1991). The social consequences of teenage childbearing. *Family Planning Perspectives*, *23*(4), 182–187.

Gama, N. P. (2018). Adolescent pregnancy: A social problem in the South African context. *Journal of Social Sciences*, *56*(3), 167–175.

Gander, F., & Gardiner, M. (2018). Self-esteem. In *The SAGE encyclopedia of psychology and gender* (pp. 1583–1585). SAGE Publications Inc.

Garba Kolo, A., Binti, W., Wan Jaafar, W., & Ahmad, N. (2017). *Influence of Psychosocial Factors on Student's Academic Performance in One of Nigerian Colleges of Education*.

Gavin, L., Warner, L., & Carter, M. (2018). Pregnancy risk assessment monitoring system (PRAMS) data: Validity and utility in understanding and addressing disparities in maternal and child health. *Maternal and Child Health Journal*, *22*(4), 543–549.

Gelaye, B., Rondon, M. B., Araya, R., & Williams, M. A. (2019). Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *Lancet Psychiatry*, *6*(7), 571–582.

Gözüyilmaz, E., & Baran, M. (2019). The evaluation of self-esteem in married teenagers according to maternity and education levels in Ankara Provincial Health Directorate, Mamak district. *Archives of Psychiatric Nursing*, *33*(1), 7–12.

Hamilton, B. E., Martin, J. A., Osterman, M. J., & Driscoll, A. K. (2019). Births: Provisional data for 2018. *National Vital Statistics Reports*, *68*(13), 1–18.

Hoek, W., Cairncross, S., Ensink, J. H., & Tripura, K. (2010). Community sanitation coverage and child health in rural Bangladesh. *Bulletin of the World Health Organization*, *88*(3), 197–204. https://doi.org/10.2471/BLT.09.066712.

Johnson, S. (2016). *Teen Pregnancy and Addiction: Why Suicide Becomes a Concern*. https://www.hansenspear.com/teen-pregnancy-and-addiction-why-suicide-becomes-a-concern/

Jones, L. (2020). The secret sadness of pregnancy with depression. *American Journal of Obstetrics and Gynecology*, *223*(1), 1–5. https://doi.org/ 10.1016/j. ajog. 2019.12.009

Kamau, N., Wanzala, P., & Kobia, G. (2022). Adolescent Pregnancy and Educational Attainment in Narok County, Kenya. *Journal of Adolescent Health*, *70*(2), 150–156. https://doi.org/10.1016/j.jadohealth.2021.08.004

Karim, N. H. A., Mohamad, M. S., & Harun, Z. (2020). Depressive symptoms and associated factors among pregnant adolescents in Malaysia. *International Journal of Adolescent Medicine and Health*, *32*(4), 1–8. https://doi.org/10.1515/ijamh-2019-0189

Khazan, O. (2019, May 20). *Why So Many Women Choose Abortion Over Adoption*. The Atlantic. https://www.theatlantic.com/health/archive/2019/05/why-more-women-dont-choose-adoption/589759/

Kimanzi, P. (2019). *Who is impregnating Narok Girls?* http://dailyactive.info/ index.php/2019/04/12/who-is-impregnating-narok-girls/

Kiura, R., Ngaruiya, C., & Wambua, E. (2020). Relationship between self-esteem and academic achievement among pregnant teenagers in Nairobi County, Kenya. *Journal of Adolescent Health*, *67*(3), 45–46.

Knews, P. (2019). Adolescent pregnancy and self-esteem: A review of the literature. *Journal of Adolescent Health*, *64*(2), 123–130.

Koech, P. K., & Omondi, M. O. (2021). Factors contributing to teenage pregnancies among secondary school girls in Narok County, Kenya. *The African Journal of Health Professions Education*, *13*(2), 109–116. https://doi.org/10.7196 /AJHPE .2021.v13i2.019

Kumar, M., Huang, K.-Y., Othieno, C., Wamalwa, D., Madeghe, B., Osok, J., Kahonge, S. N., Nato, J., & McKay, M. M. (2018). Adolescent Pregnancy and Challenges in Kenyan Context: Perspectives from Multiple Community Stakeholders. *Global Social Welfare : Research, Policy & Practice*, *5*(1), 11–27. https://doi.org/10.1007/s40609-017-0102-8

Lee, S., McLaughlin, K., Aslami, N., & Conway, A. (2018). Depression during pregnancy: A review of the literature and recommendations for assessment and treatment. *Archives of Women's Mental Health*, *21*(2), 157–171. https://doi.org/10.1007/s00737-017-0791-9

Lee, S., & Patricia, F. (2016). Teen mothers' mental health. *MCN, The American Journal of Maternal/Child Nursing*, *41*(1), 31-36.

Louise, A. (2022). *Physician Suicide: Overview, Depression in Physicians, Problems with Treating Physician Depression*. https://emedicine.medscape .com/article/ 806779-overview

Luk, J. W., Farhat, T., & Idris, I. (2020). Teenage pregnancy and depressive symptoms among US adolescents. *Journal of Adolescent Health*, *66*(4), 430–436.

Machado, L. C., Oliveira, W. A., & Almeida, H. (2018). Suicidal behavior in pregnant teenagers in Southern Brazil. *Archives of Women's Mental Health*, *21*(1), 49–54.

Machera, T., & Ocholla, D. (2019). Psychosocial Factors Influencing Educational Outcomes Among Pregnant Adolescents in Nairobi County, Kenya. *International Journal of Humanities and Social Sciences*, *9*(3), 7–17.

Malahlela, M. (2019). Pregnant teenagers and self-esteem: A South African perspective. *South African Journal of Psychology*, *49*(4), 505–513.

Mangeli, M., Ravvani Cheraghi, M., & Tirgari, B. (2019). The Consequences of Adolescent Pregnancy. *A Review of Literature. Journal of Clinical Nursing*, *28*(19–20), 3526–3539. https://doi.org/10.1111/jocn.14917

Mbithe, S. M., & Muola, J. M. (2020). Social and psychological challenges faced by pregnant adolescents in public secondary schools in Kathonzweni Sub-County, Kenya. *International Journal of Research and Scientific Innovation*, *7*(8), 43–51.

Mena, M. P. (2018). Postpartum depression in Canadian women: A national population-based study. *Canadian Medical Association Journal*, *190*(20), 616–625.

Mpanzaa, N., & Nzima, D. (2010). Attitudes of educators towards teenage pregnancy. *Procedia Social and Behavioral Sciences*, *5*, 431–439.

Mugambi, J. K., & Mbuvi, J. P. (2019). Sanitation facilities and the use of toilets in peri-urban and rural households of Kenya. *International Journal of Environmental Health Research*, *29*(6), 605–616. https://doi.org/10.1080 /09603123. 2019. 159 0873

Musyoka, P. N., Kyalo, J. M., Mwenda, E. S., & Muthee, C. A. (2019). Effectiveness of mentorship programs on educational outcomes among adolescent mothers in Kenya. *Journal of Child and Adolescent Mental Health*, *31*(2), 157–167. https://doi.org/10.2989/17280583.2019.1686039

Mutungi, M., Macharia, P. M., & Maina, B. W. (2019). Factors influencing school dropout among pregnant teenagers in Nairobi County, Kenya. *International Journal of Education and Research*, *7*(3), 87–98. https://doi.org/10.17 148/IJER. V7I3.711

Nalusiba, J., Kakuru, D. M., & Mwesigwa, R. (2019). Teenage Pregnancy and Educational Attainment: A Cross-Sectional Study in Rural Uganda. *Journal of Biosocial Science*, *51*(3), 344–356. https://doi.org/10.1017/S0021932018000112

National Council of Population and Development. (2018). http://www.ncpd.go.ke/wp-content/uploads/2018/11/Teenage-Pregnancy-Rates-Per-County.pdf

National Institute of Mental Health. (2018). https://www.nimh. nih.gov/health/ statistics/ major-depression.shtml

National Institute of Mental Health. (2019). https://www.nimh.nih.gov /health/topics/ depression /index.shtml

Ndambuki, E. K., Kyalo, J. M., Mwenda, E. S., & Nzwili, A. (2021). Effectiveness of comprehensive sexuality education on adolescent sexual behavior and outcomes in Sub-Saharan Africa: A systematic review. *Reproductive Health*, *18*(1), 1–13. https://doi.org/10.1186/s12978-020-01042-4

Njoka, A. (2018). Adolescent pregnancy and its effects on educational attainment in Kilifi County, Kenya. *Journal of Adolescent Health*, *62*(1), 17–22. https://doi.org/10.1016/j.jadohealth.2017.08.010

Njoroge, W. K., Mwangi, E. W., Mbugua, G. G., & Mwaura-Tenambergen, W. (2021). Pregnancy outcomes and academic performance among pregnant students in public secondary schools in Kisumu County, Kenya. *BMC Public Health*, *21*(1), 1351.

Nkani, N. (2018). Adolescent pregnancy in South Africa: The impact of maternal ethnicity on the psychosocial well-being of adolescent mothers. *Journal of Psychology in Africa*, *28*(4), 305–312.

Nyaga, M. K. (2018). *Factors influencing sanitation of water-closet toilet projects in eateries in Kenya: A case of Meru town, Meru County* [(Doctoral dissertation,]. University of Nairobi.

Nyaigotti-Chacha, C., & Aagaard-Hansen, J. (2020). Teenage pregnancy in Kenya: A review of drivers, interventions, and health system strengthening strategies. *African Population Studies*, *34*(1), 5724–5744.

Nyakundi, V. M., Kilonzo, K. A., & Kosewe, G. O. (2021). Effects of Adolescent Pregnancy on Education: A Case of Narok County. *International Journal of Education and Research, 9*(2), 263–278. https://doi.org/10.5861/ijerbs.2020.630

Nyambura, M., Ndiku, J., & Kioko, A. (2020). Factors Influencing Educational Performance Among Pregnant Teenagers in Kenya. *Journal of Adolescent Health*, *67*(3), 379–386.

Ocholla-Ayayo, A. B., Makokha, A. O., & Mutisya, M. A. (2020). Effects of teenage pregnancy on academic performance of girls in public secondary schools in Kisumu County, Kenya. *Journal of Education and Practice*, *11*(16), 100–108.

Odhiambo, F., & Otieno, F. O. (2019). Adolescent pregnancy and its outcome in Kenya: A review of the literature. *BMC Pregnancy and Childbirth*, *19*(1), 429. https://doi.org/10.1186/s12884-019-2569-2

Ogolla, R. E., Kabiru, C. W., & Gona, J. K. (2019). Psychosocial Factors and Educational Performance Among Pregnant Teenagers in Kenya. *International Journal of Adolescence and Youth*, *24*(1), 1–14. https://doi.org/10.1080/ 02673843.2018.1556199

Okeke, C. U., & Akinlo, A. (2019). Determinants and Consequences of Adolescent Pregnancy in Nigeria: Implications for Educational Planning and Policy. *International Journal of Adolescence and Youth*, *24*(4), 478–487. https://doi.org/ 10.1080/ 02673843.2018

Okeyo, L. A. (2012). *Schooling Challenges and Coping Mechanisms adapted by Student-Mothers in Secondary Schools in Nyando District*. http://irlibrary.ku.ac.ke/bitstream/handle/123456789/3611/Linnah%20Apondi.pdf?sequence=1&isAllowed=y

Onsomu, E. O., Abura, G., & Kiteme, A. (2018). Teenage pregnancy and academic performance in Southwestern Kenya: Evidence from a cross-sectional study. *Journal of Education and Practice*, *9*(22), 94–102.

Osok, J. K., Stoep, P., Huang, A., K., & Kumar, M. (2018). *Depression and its psychosocial risk factors in pregnant Kenyan adolescents: A cross-sectional study in a community health Centre of Nairobi*. https://www.ncbi.nlm.nih .gov/pmc/ articles/PMC5960084/

Pinheiro, R. T., M., C. C. F., A., S. R., L., Á. Q., D., M. S. L., D., C. R., B., M. M., & A, P. K. (2011). Suicidal behavior in pregnant teenagers in southern Brazil: Social, obstetric and psychiatric correlates. *J. Affect, ord;136,* 520–525.

Pires, R., Araújo-Pedrosa, A., & Canavarro, M. C. (2020). Body image dissatisfaction and its association with sexual risk behaviour and pregnancy experience in adolescents and young adults. *Journal of Adolescence*, *80*, 31–40.

Potjo, M. (2018). The impact of teenage pregnancy on educational outcomes in the Eastern Free State, South Africa. *South African Journal of Education*, *38*(2), 1–8. https://doi.org/10.15700/saje.v38n2a1429

Richter, L. M., & McIntyre, J. A. (2019). Socialization and gender roles within the family: A study of adolescents and their parents in Botswana, India, and South Africa. *Journal of Adolescent Research*, *34*(1), 34–58. https://doi.org/10.1177/ 0743558417692797

Rivera, I. J., Blanton, E., Cordon-Rosales, C., & Mollinedo, J. (2020). Identifying and prioritizing barriers to the promotion of improved sanitation practices in rural Latin America. *International Journal of Environmental Research and Public Health*, *17*(2), 487.

Roosa, M. W., & Christopher, F. S. (1990). Socialization and development in a changing economy: The effects of paternal job and income loss on children. *American Journal of Community Psychology*, *18*(2), 263–296.

Samukange, V. P. (2015). The experiences of teenage pregnancy in Zimbabwe: Understanding the realities of young mothers in Africa. *International Journal of Adolescence and Youth*, *20*(2), 216–228.

Schreiber, C. A., Chavez, V., Whittaker, P. G., Montealegre, J. R., Garbers, S., & Romero, L. (2019). Adolescent contraception use after pregnancy prevention counseling at Title X-funded health centers. *Journal of Adolescent Health*, *65*(4), 516–522.

Sedgh, G., Finer, L., Bankole, A., Eilers, M., & Singh, S. (2015). Teenage pregnancy, birth and abortion rates across countries: Levels and recent trends. *J Teenage Health*, *56*, 223–230.

Self-Esteem, I. C. (2018). *The relationship between self-esteem and teen pregnancy*. https://www.self-esteem-nase.org/the-relationship-between-self-esteem-and-teen-pregnancy/

Sheldrick, R. C., Merchant, S., Perrin, E. C., & Geddes, J. (2019). Teen pregnancy and perinatal depression in an urban population: A prospective cohort study. *Journal of Adolescent Health*, *64*(5), 587–593. https://doi.org/10.1016/j. jadohealth. 2018.11.012

Spencer, R. (2020). *Adolescent Pregnancy*. MedlinePlus. https://medlineplus. gov/ency /article/002259.htm

Statistics, K. N. B. (2019). Kenya Demographic and Health Survey 2014. *KNBS*. https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf

Svedberg, P., Nygren, U., & Målqvist, M. (2019). Experiences of and attitudes towards antenatal care among pregnant women and new mothers in a Swedish community: A qualitative study. *Sexual & Reproductive Healthcare*, *20*, 33–40.

Taskesen, A., Kanat, B., Cigir, H., & Gor, K. (2017). The relation between the high school students' art education performances and hopelessness levels. *International Journal of Humanities and Social Science Research*, *3*(1), 45–52.

Undiyaundeye, F. A. (2012). *Introduction to Child Studies: Help us grow into our Dreams*. Refjamic Printing and Publishing co.

United Nations Population, F. (2018). *Adolescent Pregnancy: A Review of the Evidence*. United Nations Population Fund.

United Nations Population, F. (2019). *The State of World Population 2019*. United Nations Population Fund.

United States Agency for International Development. (2018). United States Agency for International Development.

Vincent, G., & Alemu, F. M. (2016). Factors contributing to, and effects of, teenage pregnancy in Juba. *South Sudan Medical Journal*, *9*, 28–31.

Wan, M. Y., A., W. M., Azizan, N. A., & Ibrahim, N. (2018). Academic Achievement of Teenage Mothers in Malaysia: The Impact of Social Support. *International Journal of Adolescence and Youth*, *23*(2), 174–184. https://doi.org/10.1 080/02673843 .2017.1331273

Wanjala, S., Mochache, V., Simiyu, G., & Ngware, M. (2020). Exploring the relationship between self-esteem, school factors, and academic performance among pregnant adolescents in Kenya. *Journal of Education and Human Development*, *9*(3), 160–176. https://doi.org/10.15640/jehd.v9n3a16

Waweru, M. (2018). *Young Girls at risk of Mistimed Pregnancies in Kenya: Survey*. https://www.capitalfm.co.ke/news/2018/12/young-girls-at-risk-of-mistimed-pregnancies-in-kenya-survey/

W.H.O. (2020). *WHO | WHO/UNICEF highlight need to further reduce gaps in access to improved drinking water and sanitation*. WHO; World Health Organization. https://www.who.int/mediacentre/news/notes/2014/jmp-report/en/

Wilson-Mitchell, K., Bennett, J., & Stennett, R. (2018). Pregnant teenagers in Jamaica: Examining their psychological well-being and life experiences. *Journal of Tropical Psychology*, *8*, 2. https://doi.org/10.1017/jtp.2018.2

Yacobson, H., & Chang, F. (2019). The physical and psychosocial effects of pregnancy on adolescents: A study of coping strategies among pregnant teenagers residing in government shelter homes in Kuala Lumpur, Malaysia. *Journal of Adolescent Health*, *65*(6), 787–792.

APPENDICES

Appendix 1: Research Questionnaire for Pregnant Teenagers

Part A: General Information

1. Age ……(indicate in years)
2. School level …….(Indicate latest class level)
3. Are you in school currently? …….
4. If not, when did you drop out of school? …… (indicate year)
5. In which class were you, when you dropped out of school?
6. How old were you when you became pregnant? ……..(indicate in years)
7. What plans do you have with regard to your education? …….

Part B: Pregnancy-Related Stress

8. The following are some the aspects of pregnancy-related stress resulting from your pregnancy or some teenager you know influenced your / her academics. Use the scale of 1-5. Indicate whether you agree with the statements. Strongly Agree (5) Agree (4) Neutral (3) Disagree (2) and Strongly Disagree (1).

Statement	**5**	**4**	**3**	**2**	**1**
a) Difficulty in bonding with the baby					
b) overwhelming fatigue					
c) Feeling worthless					
d) Anxiety					
e) Thinking of harming myself or my baby					
f) Difficulty enjoying activities I once did					
g) Emotional problems such as shame and guilt					
h) Loss of respect from friends and associates					

Part C: Low Self-esteem due to Teenage Pregnancy

9. The following are aspects of loss of self-esteem resulting from your pregnancy or some teenager you know influenced your / her academics. Use the scale of 1-5. Indicate whether you agree with the statements. Strongly Agree (5) Agree (4) Neutral (3) Disagree (2) and Strongly Disagree (1).

Low Self-esteem	**5**	**4**	**3**	**2**	**1**
a) Feeling rejected by parents and friends					
b) Feeling unaccepted by social groups					
c) Feeling unwanted / rejected by boyfriend					
d) Low confidence in school activities					
e) Considering oneself a failure in life					
f) Negative attitude towards school					

Part D: Pregnancy-Related Hopelessness due to Teenage Pregnancy

10. The following teenage pregnancy-related hopelessness consequences resulting from your pregnancy or some teenager you know influenced your / her academics. Use the scale of 1-5. Indicate whether you agree with the statements. Strongly Agree (5) Agree (4) Neutral (3) Disagree (2) and Strongly Disagree (1).

Pregnancy Related Hopelessness	**5**	**4**	**3**	**2**	**1**
a) Contemplation of abortion					
b) Feelings of shame or stigma					
c) Contemplation of giving out the baby for adoption					
d) Denial or lack of support from the father of the child					
e) Lack of familial or societal support					
f) Contemplation of suicide					
g) Confusion about resources (Financial strain)					

Part E: Pregnancy-Related Sadness due to Teenage Pregnancy

11. The following destitution consequences resulting from your pregnancy or some teenager you know influenced your / her academics. Use the scale of 1-5. Indicate whether you agree with the statements. Strongly Agree (5) Agree (4) Neutral (3) Disagree (2) and Strongly Disagree (1).

Destitution Consequences	**5**	**4**	**3**	**2**	**1**
a) Being verbally abused or ostracized					
b) Criticized by family members					
c) Lack of support from boyfriend					
d) Not being able to share the pregnancy and joy with parents					
e) Abandonment by parents or family members					
f) Poor nutrition intake (loss of appetite)					
g) Lack of supportive contact and affirmation					

12. How would you describe your overall academic performance since you became pregnant? (Tick Appropriately)

Very Poor [ ]
Poor [ ]
Fair [ ]
Good [ ]
Very Good [ ]

Appendix II: Interview Schedule for Teachers

A. Teenage Pregnancy-Related Depression and school attendance

1) Do you agree that after giving birth, pregnant teenagers are more likely to return to school? Illustrate your response, please,.
2) What is the school's regular school attendance for pregnant teenagers? Why are breastfeeding adolescents more likely to drop out of school than those who have never been pregnant?
3) Is it appropriate for the school authorities to exempt or encourage pregnant teenagers to stay at home and return to school after giving birth?
4) What are the causes or conditions that may cause a pregnant teenager to permanently leave school?
5) Is it helpful for pregnant teenagers to attend classes with girls who are not pregnant in the same classroom?
6) What do you think would be the reasons for their grade persistence if breastfeeding or pregnant teenagers repeat grades rather than those who have never gotten pregnant?
7) Would you recommend that pregnant learners in secondary schools be removed from or included in conventional (ordinary) schools if you were part of Academic Decision Makers? What is the justification for your response?

B. Teenage Pregnancy-Related Depression and Emotional Behaviour

8) Do pregnant teenagers relate to their peers and educators well? And what did you observe?
9) How do pregnant teenagers respond during secondary school to the shame of falling pregnant??
10) Since they have given birth to their babies, which depression-related effects do the affected teenagers show?
11) What is the general approach of pregnant teenagers to the school authorities? Is it a tough one or a submissive sort of attitude? Offer explanations for your response (for example, arrival late at school, playing truancy, etc.)
12) What can you find a pregnant teenager stressed or nervous and in need of assistance?

13) How can you find out that a pregnant teenager is traumatized (shocked) in your school after being in a state of pregnancy?
14) What do you think would make any teens hesitate to give birth to their newborn babies??

Teenage Pregnancy-Related Depression and school performance

15) How do pregnant teenagers do the instructional work that you give to all students in your classroom?
16) Can teenage pregnancy have a positive or negative impact on the success of the teens affected? Please include grounds to justify your response.
17) Why does teenage pregnancy lead to low academic results at high school level for pregnant teenagers?
18) Do you think it is possible for a pregnant teenager to perform higher in the classroom than her peers? Explain your answer, please.
19) How would teenage pregnancy impact the wellbeing of pregnant teenagers, and what effect will this have on their success in school?
20) Is it possible for a young girl in her academic success to keep up with her classmates after she missed her communication period with the teachers when she went to give birth?

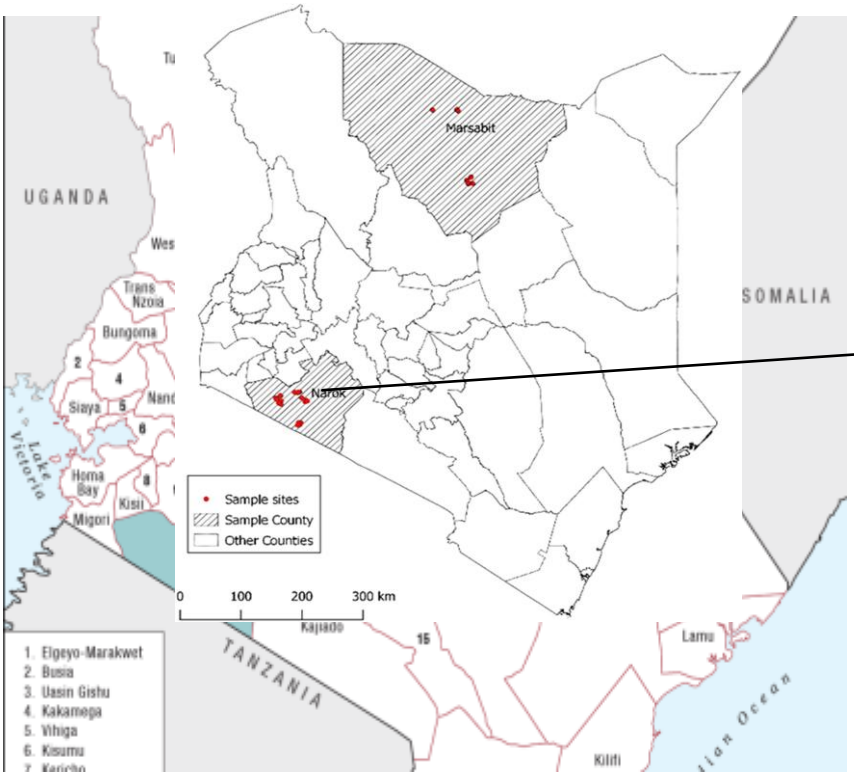
Appendix III: List of Secondary Schools - Narok County Education Office (2015)

1. Maasai Girls Secondary School – Girls
2. St. Mary's Girls Secondary School – Girls
3. Sosio Secondary School – Mixed
4. Enoosaen Girls Secondary – Girls
5. Olmelil Secondary School – Mixed
6. Pirrar Girls Secondary School (kilgoris) – Girls
7. Ongata Barrikoi Secondary School – Mixed
8. Siria Girls' Secondary School – Girls
9. Moi Naikarra Secondary School – Mixed
10. Oloomirani Girls Secondary School – Girls
11. Enkare Nairowa Girls Secondary School – Girls
12. Olchorro Secondary School – Mixed
13. Nkareta Secondary School – Mixed
14. Masikonde Sec – Mixed
15. Senchura Secondary School – Mixed
16. Entontol Secondary School – Mixed
17. St. Anthony's Secondary School – Mixed
18. Eor-ekule Secondary School – Mixed
19. Sakutiek Secondary – Mixed
20. Kipise Hills Secondary School – Mixed
21. Saleita Secondary School – Mixed
22. Olokurto Secondary School – Mixed
23. Olorropil Secondary School – Mixed
24. Olpusimoru Secondary School – Mixed
25. Kisiriri Seconary School – Mixed
26. Ntimama Day Mixed Sec- Mixed
27. Olokirikirai Secondary School – Mixed
28. Poroko Friends Secondary School – Mixed
29. Osonkoroi Secondary School – Mixed
30. Mutenkuar Day Secondary School – Mixed
31. Endoinyo -Onkopit Secondary School – Mixed
32. Oltanki Secondary School – Mixed
33. Nkararo Secondary School – Mixed
34. Shankoe Secondary School – Mixed
35. Olereko Secondary School – Mixed
36. Romosha Secondary School – Mixed
37. Emarti Secondary School – Mixed
38. Oldonyo-orok Secondary School – Mixed
39. Olorukoti Secondary School – Mixed
40. Mashangwa Secondary School – Mixed
41. Sogoo High School – Mixed
42. Mogoiyuet Secondary School – Mixed

43. Ilmotiook Secondary School – Mixed
44. Ngiito Secondary – Mixed
45. Salabwek Secondary School – Mixed
46. Enelerai High School – Mixed
47. Sagamian Secondary School – Mixed
48. Kuto Secondary School – Mixed
49. Olchorro Oiroiwua Secondary School – Mixed
50. Nkaroni Secondary School – Mixed
51. Siwot Secondary – Mixed
52. Tengecha Esoit Secondary School – Mixed
53. Saire Secondary School – Mixed
54. Kapkatet Mixed Secondary School – Mixed
55. Rongena Mixed Day Secondary School – Mixed
56. Aganga Mixed Day Secondary School – Mixed
57. Melelo Secondary School – Mixed
58. Olpukoti Secondary School – Mixed
59. Olmekenyu High School – Mixed
60. Ongata Oloiren Mixed Day Secondary School – Mixed
61. Ololoipang'i Secondary School – Mixed
62. Naroosura Mixed Secondary School – Mixed
63. Loita Mixed Sec School – Mixed
64. Kapweria Sec. School – Mixed
65. Ndamama Secondary School – Mixed
66. Abosi Secondary School – Mixed
67. Simotwet Secondary School – Mixed
68. Kamermeru Secondary School – Mixed
69. Mabwaita Secondary School – Mixed
70. Emurua Dikirr Secondary School – Mixed
71. Murkan Secondary School – Mixed
72. Kiletien Secondary School – Mixed
73. Kabolecho Secondary School – Mixed
74. Mokondo High School – Mixed
75. Olpopongi Secondary School – Mixed
76. Chepkoiyet Secondary School – Mixed
77. Chesma High School – Mixed
78. Ilkerin Secondary School – Mixed

Source: Narok County Education Office (2015)

Appendix IV: Map of Narok County



Narok County

Appendix V: Table of Analysis

This section presents the analysis of the study variables.

Objectives	Independent Variables	Dependent Variable	Analysis Technique
1) To determine the role of low self-esteem due to teenage pregnancy in Girls' academics in public secondary schools in Narok County.	Low self-esteem	Academic Performance among Pregnant Teenagers	Descriptive Statistics (Frequencies, means, percentages) Pearson Correlation Descriptive Analysis
2) To find out the role of pregnancy-related hopelessness on Girls' academics in public secondary schools in Narok County.	Pregnancy related hopelessness	Academic Performance among Pregnant Teenagers	Descriptive Statistics (Frequencies, means, percentages) Pearson Correlation Descriptive Analysis
3) To determine the role of pregnancy-related loss of interest on Girls' academics in public secondary schools in Narok County.	Loss of interest	Academic Performance among Pregnant Teenagers	Descriptive Statistics (Frequencies, means, percentages) Pearson Correlation Descriptive Analysis
4). To establish the role of pregnancy-related sadness on Girls' academics in public secondary schools in Narok County.	pregnancy-related sadness	Academic Performance among Pregnant Teenagers	Descriptive Statistics (Frequencies, means, percentages) Pearson Correlation Descriptive Analysis

Appendix VI: Research Informed Consent Form

TITLE OF STUDY

ROLE OF SELECTED PSYCHOLOGICAL CONSTRUCTS ON ACADEMIC PERFORMANCE AMONG PREGNANT TEENAGERS IN PUBLIC SECONDARY SCHOOLS IN NAROK COUNTY, KENYA

PRIMARY RESEARCHER

Name - Cherotich Daisy
Address - 109 Kericho
Phone - 0728417772
Email - cherotichdaisy817@gmail.com

Purpose of Study

To examine the role of selected psychological constructs on academic performance among pregnant teenagers in public secondary schools in Narok County, Kenya.

Procedures

Data will be collected from guidance and counselling teachers and pregnant teenagers from selected schools by use of questionnaires and interview schedules.

Risks

The risks envisaged in this study will be risks such as; Loss of confidentiality, bias and fatigue of researcher during data collection.

Benefits

- Identify points of vulnerability that parents, members of the community and the government should improve in order to reduce teen pregnancy.
- To guide the government in enhancing policy formulation in future so as to curb teenage pregnancy
- The study's recommendations will ensure that teenage pregnancies are prohibited or prevented in Narok County.

Confidentiality

Kindly refrain from including any personally identifiable information.

The researcher will make every endeavor to uphold the anonymity of participants, employing the following measures:

- The practice of allocating code names or numbers to participants, which will thereafter be utilized in all study notes and documentation.
- The researcher should save notes, interview transcriptions, and any other participant material in a securely secured file cabinet that is under their personal custody.

The confidentiality of participant data will be maintained, unless there are legal obligations for the researcher to disclose specific instances. These incidences encompass a range of occurrences, which may include but are not necessarily exclusive to instances of abuse and the presence of suicidal tendencies.

Compensation

N/A

Contact Information

If you have any inquiries regarding this study or encounter any negative consequences as a consequence of your participation, please feel free to reach out to the researcher whose contact details are provided on the initial page. If there are inquiries concerning the rights of individuals participating in research or if any issues occur that individuals do not feel comfortable discussing directly with the Primary Researcher through telephone at 0728417772 or through the provided email address cherotichdaisy817@gmail.com.

Voluntary Participation

The voluntary nature of your involvement in this study is emphasized. The decision to participate in this study is contingent upon your discretion. Participants in this study will be required to provide their informed permission by signing a consent form. Upon completion of the consent form, individuals retain the autonomy to withdraw from the study at their discretion, without any obligation to provide a justification. The act of withdrawing from participation in this study will not have any impact on the existing relationship, if any, between the participant and the researcher. In the event that a

participant chooses to withdraw from the study prior to the completion of data collection, their data will either be returned to them or securely deleted.

Consent

I have carefully examined and understood the provided material, and I have taken advantage of the opportunity to ask relevant questions for further clarity. It is acknowledged that the individual's involvement in the study is voluntary and they possess the freedom to withdraw their participation at any given moment, devoid of the obligation to provide an explanation and without incurring any financial burden. I comprehend that I will receive a duplicate of this permission form. I hereby provide my voluntary consent to participate in this research endeavor.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

Appendix VII: Research Assent Form

I acknowledge that I have been invited to partake in a research endeavor examining the influence of specific psychological factors on academic achievement within the context of pregnant adolescents attending public secondary schools in Narok County, Kenya.

I will be required to complete a questionnaire that is estimated to take approximately 10 minutes. I comprehend that my participation is not obligatory. In the event of my participation, I retain the option to withdraw at any given point. Furthermore, it is important to acknowledge that I possess the autonomy to refrain from responding to inquiries or engaging in activities that I deem undesirable.

The actions and statements made during the study shall remain undisclosed to my parents, teachers, or any other individuals. Only the researchers will possess this knowledge.

The present study is being conducted by **Cherotich Daisy**, a researcher affiliated with Kabarak University. The individual's contact details include a phone number, namely **0728417772,** as well as an email address, **cherotichdaisy817@gmail.com.**

In the event that any inquiries or apprehensions arise regarding the study, I possess the option to contact and seek clarification from the individual in question.

By affixing my signature, I express my consent to partake in the research endeavor and affirm that all inquiries I had have been adequately addressed. I have also been provided with a duplicate of this document.

Name_____

Date_____

Signature_____

Appendix VIII: Sample Determination by Kathuri and Pals

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

According to the table a population of 78 schools would yield a sample of 66 secondary schools. The value of 78 is between 75 and 80, so we take the upper level of 80, which takes to 66 schools.

Appendix IX: Introduction Letter from the University

OFFICE OF THE DIRECTOR
INSTITUTE OF POST GRADUATE STUDIES

Private Bag - 20157
KABARAK, KENYA
http://kabarak.ac.ke/institute-postgraduate-studies/

E-mail: directorpostgraduate@kabarak.ac.ke

20th May, 2021

The Chairman
Research Ethics Committee
Kabarak University
P. O. Private Bag - 20157
Kabarak

Dear Sir,

RE: DAISY CHEROTICH – GME/M/2224/11/17

The above named is a student at Kabarak University pursuing Master's degree in Guidance and Counselling. She is carrying out a research entitled "***Role of Psychological Constructs on Educational Performance among Pregnant Teenagers in Public Secondary Schools in Narok County, Kenya***".

She has successfully defended her proposal and has been authorised to proceed with field research.

Please consider the student for KUREC clearance to enable the student obtain NACOSTI research permit.

Thank you.

KABARAK UNIVERSITY
DIRECTOR
POST GRADUATE STUDIES
20 MAY 2021
PRIVATE BAG - 20157, KABARAK

Yours faithfully,

Dr. Wilson O. Shitandi
DIRECTOR, INSTITUTE OF POST GRADUATE STUDIES

Appendix X: KUREC Introduction Letter

KABARAK UNIVERSITY RESEARCH ETHICS COMMITTEE

Private Bag - 20157
KABARAK, KENYA
Email: kurec@kabarak.ac.ke

Tel: 254-51-343234/5
Fax: 254-051-343529
www.kabarak.ac.ke

OUR REF: KABU01/KUREC/001/01/08/21

9th August, 2021

Daisy Cherotich Tonui,
Kabarak University,

Dear Daisy,

SUBJECT: ETHICS REVIEW DECISION

Kabarak University Research Ethics Committee (KUREC) received application for a protocol titled "ROLE OF PSYCHOLOGICAL CONSTRUCTS IN EDUCATIONAL PERFORMANCE AMONG PREGNANT TEENAGERS IN PUBLIC SECONDARY SCHOOLS IN NAROK COUNTY, KENYA" on 9th July, 2021. The protocol was reviewed and discussed during a virtual meeting held on 2nd August, 2021 at 1000 Hours. The committee considered the application in accordance with the Kabarak University procedures on review of research protocols for ethical clearance and decided as follows:

1. **PROPOSED STUDY SITE**

   NAROK COUNTY

2. **KUREC DECISION**

   Approved for data collection for a minimum period of ONE year from 9th August, 2021

This approval is subject to the following conditions:

i. The researcher shall obtain a RESEARCH PERMIT from NACOSTI before commencement of data collection & submit a copy to the Kabarak University Institute of Postgraduate Studies (IPGS);
ii. The researcher shall immediately notify KUREC in case of any adjustments to the protocol;
iii. The researcher shall within 7 days of occurrence notify KUREC of any adverse events associated with the conduct of this study;
iv. The researcher shall apply for extension of the study period should the initial 1 year expire before completion of data collection;
v. The researcher shall submit study progress reports to KUREC after every 6 months and a full report at completion of the study/project

Thank you.

Sincerely,

KABARAK UNIVERSITY
INSTITUTIONAL RESEARCH ETHICS COMMITTEE
09 AUG 2021
APPROVED
P. O. PRIVATE BAG - 20157, KABARAK

Prof. Jackson Kitetu PhD.
KUREC-Chairman

Cc Vice Chancellor
DVC-Academic & Research
Registrar-Academic & Research
Director-Research Innovation & Outreach
Institute of Post Graduate Studies

As members of Kabarak University family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord. (1 Peter 3:15)

Kabarak University is ISO 9001:2015 Certified

Appendix XI: Research License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **129718**

Date of Issue: **23/August/2021**

RESEARCH LICENSE

This is to Certify that Miss.. CHEROTICH Daisy DAISY of Kabarak University, has been licensed to conduct research in Narok on the topic: Role of psychological constructs on educational performance among pregnant teenagers in public secondary schools in Narok county ,Kenya. for the period ending : 23/August/2022.

License No: **NACOSTI/P/21/12498**

129718

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix XII: Authorization Letter from Narok County Government

NAROK COUNTY GOVERNMENT

DEPARTMENT OF EDUCATION, SPORTS, CULTURE & SOCIAL SERVICES

County Headquarters
Mau-Narok Road, Narok Town
P.O. Box 898 - 20500
Narok, Kenya.

Tel: 020-268 8929/03
Email: education@narok.go.ke
Website: www.narok.go.ke

When Replying Quote:

23rd August, 2021

THE RESEARCH DEPARTMENT,

KABARAK UNIVERSITY,

P.O.BOX 20157,

KABARAK

Dear Sir/Madam,

RE: RESEARCH LICENSE

This is to certify that Ms. Cherotich Daisy of Kabarak University has been licensed to conduct research in Narok County on the topic: Role of Selected Psychological Constructs on Educational Performance among Pregnant Teenagers in Public Secondary Schools in Narok County, Kenya for the period ending 23rd August, 2022.

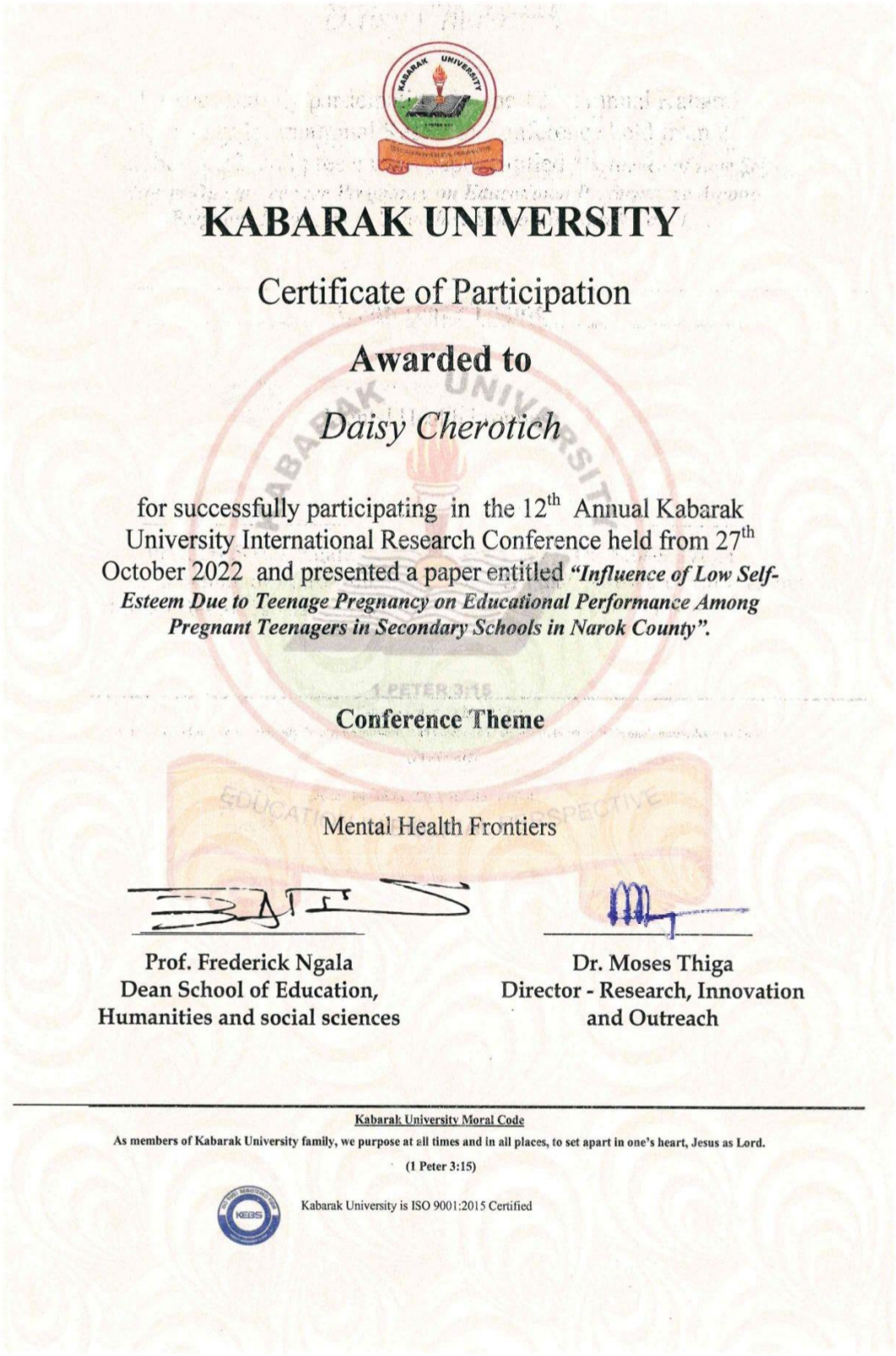
License No. NACOSTI/P/21/12498

Ref No: 129718

ROBERT SIMOTWO,

CECM- EDUCATION, SPORTS, CULTURE, GENDER AND YOUTH AFFAIRS AND SOCIAL SERVICES

Appendix XIII: Evidence of Conference



KABARAK UNIVERSITY

Certificate of Participation

Awarded to

Daisy Cherotich

for successfully participating in the 12th Annual Kabarak University International Research Conference held from 27th October 2022 and presented a paper entitled ***"Influence of Low Self-Esteem Due to Teenage Pregnancy on Educational Performance Among Pregnant Teenagers in Secondary Schools in Narok County".***

Conference Theme

Mental Health Frontiers

Prof. Frederick Ngala
Dean School of Education, Humanities and social sciences

Dr. Moses Thiga
Director - Research, Innovation and Outreach

Kabarak University Moral Code

As members of Kabarak University family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord.

(1 Peter 3:15)

Kabarak University is ISO 9001:2015 Certified

Appendix XIV: List of Publication

East African Journal of Humanities and Social Sciences

Journal homepage: https://www.utafitionline.com/index.php/eajhss

ISSN (online): 2958-4558

Influence of Low Self-Esteem Due To Teenage Pregnancy on Educational Performance among Pregnant Teenagers in Secondary Schools in Narok County

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[c] School of Education, Humanities and Social Sciences, Kabarak University, Kenya

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Article info

Article history:
Received August 2022
Reviewed September 2022
Accepted October 2022
Published November 2022

Keywords:
Low Self-Esteem
Teenage Pregnancy
Educational Performance

How to cite this article:
Cherotich, D., Kiptiony, G. & Kay, J (2022). Influence of Low Self-Esteem Due To Teenage Pregnancy on Educational Performance among Pregnant Teenagers in Secondary Schools in Narok County. *East African Journal of Humanities and Social Sciences.* 1(1): 21-36

Abstract

The aim of this paper was to establish the influence of low self-esteem due to teenage pregnancy on educational performance among pregnant teenagers in secondary schools in Narok County. The study was backed by the human capital theory and self-efficacy theory. The study adopted the Expost Facto research design. The Target population was pregnant teenagers in public secondary schools in Narok County, Kenya. The study was conducted in 78 secondary schools, with a population of 156 pregnant teenagers in schools from which as a sample size of 132 pregnant teenagers and 66 guidance and counseling teachers was drawn. Data was collected using questionnaires and interview schedules. Piloting of instruments was done in 7 public secondary schools (10 percent of the sample size in Narok County. Validity check was done with the help of supervisors, and a reliability Cronbach coefficient of 0. 743 was achieved. The study computed descriptive statistics such as frequency means and percentages using SPSS 25 and presented using Tables and charts. Qualitative data was analyzed using a thematic analysis approach and presented using narrations. The study established that low self-esteem due to teenage pregnancy has a statistically insignificant negative influence on educational performance among pregnant teenagers in secondary schools. The study recommended that: The Ministry of Education should consider reviewing the policy relating to teenage program, such that pregnant teenagers are allowed to go home and come back to school after giving birth. Contextual barriers that may hinder pregnant teenagers exercising their right to education need to attended to, and further collaboration between the school management and the community leadership fostered, so that boyfriends and parents also benefit from the G/C arrangements. The Ministry of Education's stakeholders may refer to these findings as a guide for updating and/or implementing relevant policies geared towards controlling of role of psychological constructs on educational performance among pregnant teenagers.