THE CATHOLIC CHURCH'S RESPONSE TO TEENAGE PREGNANCY IN ITS SPONSORED PUBLIC SENIOR SECONDARY SCHOOLS IN NZAUI SUB COUNTY, MAKUENI COUNTY, KENYA

KALUKU REGINAH KAMWETHYA (SR)

Registration Number: 1035132

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DECLARATION

I, the undersigned here declare that this thesis is my original work and it has not been presented in any other institution of higher learning for academic credits. All information obtained from other sources has been acknowledged.

KALUKU REGINAH KAMWETHYA (SR)

Registration Number: 1035132

Signature: Sr. PDF **Date:** 20/8/2026

This thesis has been submitted for examination with our approval as the University Supervisors:

First Supervisor

Prof. Getui Mary N.

Department of Religious Studies

The Catholic University of Eastern Africa

Signature: Mary Getui **Date:** 20. 8. 2026

Second Supervisor

Rev. Dr. Wambugu James

Department of Religious Studies

The Catholic University of Eastern Africa

Signature: **Date:** 20/8/2026

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DEDICATION

I gladly dedicate this thesis to my religious congregation of the Assumption Sisters of Nairobi for their financial, spiritual, psychological and moral support. I also dedicate to African Sisters Education Collaborative, my sponsors for my Master's Degree. It is a humble dedication to my deceased parents; Joseph Kaluku, Mary Wandii and my late sister Philomena Katunge. I cannot forget my brother Raphael and sisters Wanza, Petronilla and Pauline for their encouragement.

Finally, I wish to dedicate this thesis to the young people of Kikumini Parish, Catholic Diocese of Wote. To the teenagers navigating the challenges of life, may this work serve as a beacon of support and a testament to the unwavering care of the Catholic Church. This work is a tribute to all who strive to make a difference in addressing teenage pregnancy and fostering a compassionate and supportive society.

ABSTRACT

Teenage pregnancy remains a major educational, health, social and moral challenge among adolescents in Kenya, particularly in rural communities including Nzaui Sub County. The Catholic Church, through its sponsored schools and pastoral ministries, plays a significant role in addressing this challenge by promoting moral formation, counseling and youth empowerment. This study examined the Catholic Church's response to teenage pregnancy in its sponsored public Senior secondary schools in Nzaui Sub County, Makueni County, Kenya. The following objectives guided the study: To investigate the prevalence of teenage pregnancy in Nzaui Sub County, to examine the Catholic Church's intervention and initiative programmes in mitigating the causes and consequences of teenage pregnancy in Nzaui Sub County, to explore the challenges/barriers faced by the Catholic Church in responding to teenage pregnancy in Nzaui Sub County and finally to identify ways of empowerment opportunities for teenage mothers in Nzaui Sub County. The research was guided by Bronfenbrenner's Ecological Systems Theory. The study employed a convergent parallel mixed methods design. Data were collected from students, school principals, guidance and counselling teachers and religious personnel using questionnaires and interview guides. The target population of the study was 2,102. The sample size was 361, with a response size 305 of response rate 84.5%. Quantitative data were analyzed using descriptive statistics in using measures of central tendency and dispersion, such as frequency distributions, percentages, means, standard deviation computed using Statistical Package for Social Sciences (SPSS) Version 25. The study revealed that the prevalence rate of teenage pregnancy in Nzaui Sub County was 17.8% that exceeds the national average of 15%. Qualitative data were analyzed thematically. The findings revealed that the Catholic Church has implemented interventions such as religious and moral instruction, pastoral counselling, youth mentorship, guidance and counselling, parental involvement and psychosocial support for teenage mothers. These programmes have positively influenced value formation, school retention and emotional wellbeing. However, their effectiveness is limited by poverty, peer pressure, inadequate parental support, cultural beliefs, stigma and insufficient reproductive health information. The study concludes that the Catholic Church is a key stakeholder in addressing teenage pregnancy but requires stronger collaboration with families, schools, health institutions and government agencies. It recommends strengthening integrated faith-based interventions, expanding youth empowerment programmes and enhancing counselling to raise teenager's self-esteem and promote community participation to reduce teenage pregnancy.

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ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immunodeficiency Syndrome

AMECEA Associations of Member Episcopal Conferences in Eastern Africa

ANCOVA Analysis of Covariance

ANOVA Analysis of Variance

AOSK Association of Sisterhoods of Kenya

ASEC African Sisters Education Collaborative scholarship program

CBE Competence Based Education

CMA Catholic Men Association

COVID-19 Coronavirus Disease 2019

CRE Christian Religious Education

CSE Comprehensive Sexual Education

CSO Curriculum Support Officer

CUEA The Catholic University of Eastern Africa

CWA Catholic Women Association

FLE Family Life Education

FAWE Forum for African Women Educationalists

FAWEK Forum for African Women Educationalists Kenya Chapter

FGDs Focus Group Discussions

GCN Girl Child Network

GEM Girl Education Movement

GOK Government of Kenya

HIV Human Immunodeficiency Virus

KARHP Kenya Adolescent Reproductive Health Project

KCCB Kenya Conference of Catholic Bishops

KCPE Kenya Certificate of Primary Education

KCSE Kenya Certificate of Secondary Education

KDHS Kenya Demographic and Health Survey

KESSP Kenya Education Sector Support Programme

KNEC Kenya National Examination Council

MANOVA Multivariate Analysis of Variance

MOE Ministry of Education

NACOSTI National Commission for Science, Technology and Innovation

NCPD National Council for Population and Development

NGOs Non-Governmental Organizations

PPI Programme of Pastoral Instruction

PTA Parents' Teacher Association

SCC Small Christian community

SPSS Statistical Package for Social Sciences

Sq.km2 Square Kilometre

SRH Sexual and Reproductive Health

TSC Teachers Service Commission

UNESCO United Nations Educational Scientific and Cultural Organization

UNICEF United Nations International Children's Emergency Fund

W H O World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter aims discuss the background to the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County and posit the statement of the research. This chapter presents the statement of the problem, the research objectives and the study questions. Additionally, it covers the significance of the study, its scope and the delimitation of the study. The chapter further addresses the theoretical framework, the conceptual framework, significance of the study, justification of the study and definition of key terms.

1.2 Background to the Study

Teenage pregnancy is a significant public health and educational challenge worldwide. Early pregnancy often interrupts education, increases health risks and limits the social and economic opportunities of adolescent girls. Despite efforts by governments and development partners, the problem remains prevalent in many low- and middle-income countries where poverty, gender inequality and limited access to reproductive health information persist

Teenage pregnancy remains a serious problem globally, regionally and locally, especially in developing countries where cultural, religious, and institutional reactions have a significant impact on reproductive health. Internationally, Chandra Mouli, Lane and Wong (2015) conducted a study on behalf of the World Health Organization (WHO) that was centered on global actions by faith-based actors towards teen sexual and reproductive health. It was conducted across several countries, including Brazil and the Philippines. The study was important in demonstrating the influence of faith based actors, like the Catholic Church, on influencing teenage behavior. The

authors reported that wherever the Church acted through youth friendly and non-judgmental education and counseling, teenage pregnancy was greatly curbed.

The aim of the study was to investigate the Catholic Church's response to teenage pregnancy in its public senior secondary schools in Nzaui Sub county. Despite the many researches on teenage pregnancy, teenagers are becoming pregnant. The research assessed the Catholic Church involvement in dealing with pregnant students and teen mothers.

Leone and Wringe (2020) in Latin America conducted research on the role of the Catholic Church in reproductive health education in Peru's rural areas. The study identified the Church taking conservative stances on contraception and abstinence, but there were instances where churches silently supported comprehensive sexuality education by engaging with Non-Governmental Organizations (NGOs). This ambivalence was a manifestation of tensions between doctrinal fidelity and pastoral concern. Worldwide, maternal conditions are among the top causes of Disability Adjusted Life Years (DALYS) and death among girls aged 15 to 19. That is DALYS and mortality globally (Sully et al., 2020).

In developing nations, the World Health Organization (2022) indicated that close to 21 million girls aged 15 to19 years become pregnant annually, of whom approximately 12 million deliver. According to UNICEF (2021), teenage birth rates from 2015 to 2020 were 44 births per 1000 girls aged 15 to 19 years. The regions in Sub Saharan Africa records some of the highest adolescent pregnancy rates globally. West and Central Africa had the highest regional teenage birthrate at 115 births per 1000 girls aged 15 to 19. Kenya ranks among the top 10 sub Saharan countries in the list. As of 2021, the estimated global number of child brides was 650 million (WHO, 2021). The Kenya Demographic and Health Survey (KDHS, 2022) reports that 15% of female teenagers aged 15 to 19 have begun childbearing. The ratio is higher in rural and religiously conservative counties. The Catholic Church's response consists of moral and religious education, counseling and guidance, reintegration policy for teen mothers, and partnership with community

stakeholders. These components capture the multi-faceted role the Catholic Church plays in shaping the values, attitudes and support systems that influence teenagers' sexual and reproductive behavior.

Several reasons contribute to prevalence of adolescent pregnancy, particularly in rural and poor communities. The lack of comprehensive sexuality education is one reason that leaves teenagers uneducated about reproduction and contraception. Poverty is also a significant factor because poor girls will engage in transactional sex to pay for basic commodities (Chandra Mouli et al., 2015). Peer pressure and early sexual initiation, which is usually encouraged through exposure to sexual content on social media, also increase vulnerability. Parental neglect, dysfunctional families and lack of parental supervision role also place teens at risk for unhealthy conduct. In some cases, cultural norms such as early marriage of children and supporting girls' or women's oppression also contribute to the problem. Studies have established that where teenagers lack access to youth centered health care, including contraception as well as guidance, teen pregnancy is on the increase (WHO, 2020).

According to UNESCO (2017), teen pregnancy is quantified in terms of rates of teenage pregnancy occurrences, school dropout due to pregnancy, re- entry to school rates of teenage mothers and awareness levels of reproductive health among students. Teen pregnancy in this instance is not just an expression of a health outcome but an educational and social issue affecting school enrollment, achievement and future socioeconomic prospects for teenage girls. There is a reciprocating interaction between the teen pregnancy rate among Catholic Church sponsored schools and how the Catholic Church has responded. Religious and moral instruction encourages abstinence and morals that may keep early sex off their agenda (Mokomane & Mokomane, 2016).

Conversely, restrictive attitudes to contraception and the restricted sexuality education curriculum may hinder efforts to equip teenagers with the information and apparatus needed to make educated decisions (Leone & Wringe, 2020). On the contrary, the Catholic Church officially

opposes the use of artificial contraceptives. This teaching is based on their theological and natural law principles and reaffirmed by the church authorities. The natural law and human sexuality teach that the sexual act is for two purposes of expressing love and unity between spouses and for procreation. (Human Vitae 1968). Pope Francis (2023) reaffirmed the ban on artificial contraception; endorsed Natural Family planning and responsible parenthood.

In Africa, Niger is leading with 203.604 births per 100000 teenage women, followed by Mali 175.4438, Angola 166.6028, Mozambique 142.5334, Guinea 141.6722, Chad 137.173, Malawi 136.972, and Cote d'Ivoire 135. 464. In most of these countries teenage marriages are the major causes of teenage pregnancies. As a result, baby mortality rates are also high in these countries due to insufficient medical infrastructure and increased risks that are associated with younger girls giving birth (Mabika, Nkosi & Mthembu, 2020). Nonetheless, there are also issues of malnutrition, famine, war and pestilence that are in the increase across countries with high teenage pregnancies. In the cases of war, soldiers are accused of invading into the communities and rape women regardless of their age (World Atlas).

From a continental perspective, Mokomane and Mokomane (2016) conducted a study in Botswana on religious reactions to teenage pregnancy in secondary schools. In accordance with their research, the vast majority of church supported schools had abstinence only approaches, which limited students' access to fuller reproductive health information. The Catholic Church, however, was observed to favor counseling and reintegration activities for pregnant youth but lacked sufficient outreach.

According to Adebowale et al (2023), Nigeria had high teenage pregnancy of 106 per 1000 and it was in the increasing rate in 2021. She argues that African countries had the highest rates of teenage pregnancy globally. Information from UNICEF Data on May 2021, after the Coronavirus Disease 2019 (COVID 19) pandemic struck the world, indicates that early childbearing led to severe consequences for teenage girls worldwide. Approximately 15 percent of young women give

birth before age 18. In fact, this early childbearing, with higher rates in rural areas and delivery by teenagers' derail girls' healthy development into adulthood. Teenage pregnancy also hurts the girls' education, livelihoods and health.

A study by Onoyase (2019) in Nigeria investigated the effectiveness of moral and spiritual education in Catholic sponsored secondary schools in Benin City in preventing teenage pregnancy. The study concluded that high pastoral involvement, mentoring activities and frequent spiritual retreats were associated with fewer reported cases of teenage pregnancy compared to public schools. However, the lack of sexuality education limited long term effectiveness. Apparently, pregnant girls or teen mothers may also be protected from the long term academic disruption they experience as a result of pregnancy by reintegration policies and psychosocial interventions.

In Uganda, Kaggwa and Sekiwunga (2021) also conducted a study on religious leaders' attitudes and their response to teenage pregnancy in church sponsorship schools. The research found that even though the Catholic Church advocated for abstinence, local clergy also participated in sensitization campaigns at community levels. The research identified that the engagement of clergy in dialogue with parents and students helped in decreasing stigma against pregnant teenagers.

At the national level in Kenya, Mutua (2018) examined the role played by Catholic schools in halting teenage pregnancy in Kisii County. The study identified that Catholic sponsored institutions combined moral instruction with formal mentorship. However, school officials cited challenges with parents' resistance to comprehensive sex education and conflicting Church communications regarding reproductive health. In Nairobi County, Wanjiku and Kimani (2020) reviewed a study that compared the effect of religious teaching on reproductive health policy implementation in Catholic secondary schools. Findings showed that administrators in schools had problems accommodating national reproductive health policies to Church teaching, thereby

selectively applying government guidelines. However, institutions with functioning chaplaincy programs reported fewer cases of teenage pregnancy.

Another study by Ndunda (2022) focused on Makueni County and specifically looked at the role of the Catholic Church in allowing teen mothers to return to school. The study determined that Catholic sponsored schools in the region, including Nzaui Sub County, offered psychosocial support and collaborated with community health workers to support girls' reintegration. Nevertheless, the conservative stance of the Catholic Church on contraception hindered preventive interventions.

From the point view that the Catholic Church funds a good number of schools in Kenya and plays a significant role in the teaching of morals, its response to teen pregnancy is important. According to medical statistics in Kikumini, Health Centre within Nzaui Sub-County, the problem of teenage pregnancy has been experienced in the Catholic Diocese of Wote at Kikumini Parish for the last six years. From January 2016 to July 2021, a total of 1,023 girls attended antenatal clinics at Kikumini Health Centre. Primary school girls have even dropped out of school due to these unplanned pregnancies. The consequences include school dropout, poor academic achievement, poverty and social exclusion, highlighting the need for effective interventions.

Moreover, there are always about 4 to 10 girls giving birth at Kikumini Health Centre during the Kenya Certificate of Secondary Education (KCSE) period. In fact, every year, several Kenya Certificate of Secondary Education candidates are required to take examinations in the dispensary maternity ward at various times (Kikumini Health Centre Antenatal Records, 2021). Nzaui Sub County under Wote Diocese, reports 17.8% teenage pregnancy rate, slightly above the national average rate of 15% (Ministry of Health, 2023). This context challenges the effectiveness of available Church initiated responses, such as moral education, counselling, reintegration and stakeholder participation in managing the multifaceted causes of teenage pregnancy within its schools. This calls for research that is specific to contexts to establish how such interventions

function within rural and religiously conservative settings such Nzaui Sub County. This necessitates the importance of evaluating the effectiveness and limitations of Catholic Church programs in addressing teen pregnancy in schools.

The Catholic Diocese of Wote sponsors several public senior secondary schools within Nzaui Sub County. Thus, the Catholic Church has provided education and social services in Kenya and contributed to adolescent development through religious and moral instruction, pastoral care, guidance and counselling, youth mentorship and parental engagement. These programmes seek to promote responsible behaviour while supporting vulnerable learners, including pregnant students and teenage mothers. Despite these efforts, teenage pregnancy remains common in Catholic sponsored schools in Nzaui Sub-County, Makueni County. This raises concerns about the challenges affecting their implementation. This research therefore examines the Catholic Church's response to teenage pregnancy in Nzaui Sub- County, with the aim of informing faith-based, educational and policy institutions on interventions for improving adolescent well-being.

1.3 Statement of the Problem

Teenage pregnancy remains a major challenge affecting the education, health and social well-being of adolescent girls in Nzaui Sub County, Makueni County. Despite government policies and faith-based interventions aimed to reducing teenage pregnancy, many girls continue to become pregnant while in school, leading to school dropout, poor academic performance, stigma and limited future opportunities. Reports from Nzaui Sub County indicate that the teenage pregnancy rate remains above the National average, highlighting the need for more effective and context-specific interventions.

As a sponsor of public senior secondary schools, the Catholic Church has implemented various programmes, including moral instruction, pastoral counselling, youth mentorship, guidance and counselling and parental engagement, to prevent teenage pregnancy and supported affected

learners. Teenage pregnancy is a persistent issue in Nzaui Sub County, with far reaching educational, health and social consequences for teenage girls. Despite various interventions, teen pregnancy continues to compromise the academic performance and well-being of students in Catholic sponsored secondary schools. However, the continued occurrence of teenage pregnancies suggests that the effectiveness of these interventions has not been adequately evaluated.

Existing studies have largely focused on the prevalence and determinants of teenage pregnancy, with limited attention given to the specific contribution of Catholic Church programmes within rural Catholic sponsored schools. This study is looking to close this gap through critical examination of the Catholic Church's response to teen pregnancy in its sponsored public senior secondary schools in Nzaui Sub County with a view to identifying strengths, weaknesses and areas for improvement. The research therefore sought to investigate the Catholic Church's response to teenage pregnancy in its public senior secondary schools in Nzaui Sub County, Makueni County, Kenya.

1.4 General Objective

To establish the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County Makueni County, Kenya.

1.5 Specific Objectives

i. To investigate the prevalence of teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.
ii. To examine the Catholic Church's intervention programmes in mitigating the causes and consequences of teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.
iii. To explore the challenges/barriers faced by the Catholic Church in responding to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.

iv. To assess ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya,

1.6 Research Questions

i. What is the prevalence of teenage pregnancy in Nzaui Sub County, Makueni County, Kenya?

ii. How do the Catholic Church's intervention programmes mitigate the causes and consequences of teenage pregnancy in Nzaui Sub County, Makueni County, Kenya?

iii. What are the challenges/barriers faced by the Catholic Church in responding to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya?

iv. What are the ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya?

1.7 Significance of the Study

The purpose of this study was to examine how the Catholic Church responds to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub- County. There are cases of girls getting pregnant while in school in Nzaui Sub County. This poses several challenges to all educational stakeholders and society. The results of the study are of great help to the churches, schools, parents, health centres, teenagers, teachers, education officers and the Ministry of Education (MOE). To the Ministry of Education, the study could assist the education officers and its stakeholders in planning a curriculum of education that is inclusive and caters for needs of the girl child.

The study was a checklist for the Catholic Church to revisit its pastoral care, moral teachings and practices for the teens and reawakened their aspirations and dreams. The Catholic schools and church leaders were able to instil self -respect among the adolescents and create awareness of the value of self- control and abstinence. The study also created self -awareness in the adolescents. This helped the teenagers to grow physically, emotionally, socially, mentally and spiritually.

Ultimately, the findings of the research are useful in setting educational objectives, curriculum development and amendments. It was an eye-opener in setting up any future strategic plan for achieving better academic performance of the girl child in school. The female students realized their right to education and are able to stand firm in it. Therefore, the research contributed immensely to the academic sector especially for the girl child. The findings of the study also helped in rebuilding the lives of teenage mothers and raise their dignity and self- esteem through proposing teenage empowerment programmes of the Catholic Church.

1.8 Justification of the Study

The issue of teenagers getting pregnant is among the most persistent social, moral and emotional challenges distressing young people in Kenya, predominantly in countryside communities such as Nzaui Sub County, Makueni County. According to the Kenya Demographic and Health Survey (KDHS, 2022), about 15% of adolescent girls aged 15–19 are either expectant or already breast feeding in their early years, with rural areas reporting advanced rates in comparison to urban areas. This being a reality, it has far reaching implications on education, health and the socio economic future of teenage mothers. In Catholic sponsored schools, where rounded formation and ethical guidance are essential, the prevalence of teenage pregnancies raises a pastoral and educational concern that requires crucial and deliberate responses.

The Catholic Church has traditionally played a major role in education, ethical formation and social transformation in Kenya. As a sponsor of many schools in Nzaui Sub County, the Catholic Church is not only a custodian of academic excellence but also an ethical guide and defender of young people. Teenage pregnancy within these institutions underscores in both academic achievement and the ethical integrity that Catholic education seeks to impart. Additionally, teenage pregnancy contributed to school dropout, premature marriages and series of

poverty that opposed the Catholic Church's mission of encouraging the dignity of the human person (Kenya Conference of Catholic Bishops [KCCB], 2021).

Notwithstanding government interventions such as the National Adolescent Sexual and Reproductive Health Policy (2015) and community consciousness programmes, teenage pregnancy continued suggesting the need for more context specific retorts. The Catholic Church, through her schools, parishes and pastoral programmes was deliberately positioned to address this issue by combining moral guidance, counselling, parental involvement and youth empowerment. However, there was inadequate academic certification on the Catholic Church's tangible responses to teenage pregnancy in Catholic sponsored public senior secondary schools in Nzaui Sub County.

Reviewing the Catholic Church's response in this precise context was therefore justified for some major reasons. Firstly, it helped to recognize the merits and demerits of present interventions and identified ideal practices that were replicated in other regions. Secondly, it provided understandings into how faith based institutions could work together with government and community efforts in fighting teenage pregnancy. Thirdly, the conclusions contributed to academic knowledge and policy dialogue on the role of religious institutions in controlling modern social challenges affecting teenagers. In light of this, the study was both appropriate and important, for it not only bridged the gap in knowledge but also informed practical, pastoral and policy strategies to the protection of education, health and moral wellbeing of young people in Catholic sponsored schools in Nzaui Sub County.

1.9 Scope and Delimitation of the Study

The study focused on the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County, Makueni County, Kenya. Nzaui Sub County is located in Makueni County of the Eastern region of Kenya. Primary data was collected from the Catholic sponsored public senior secondary schools in Nzaui Sub County of the Catholic Diocese

of Wote. The reason for focusing on Catholic Church sponsored senior secondary schools only was that these schools have the Catholic Church's doctrines, morals and practices taught, yet there are still cases of teenage pregnancy. So, the research aimed at going to the root causes of teenage pregnancy by establishing the factors that contributed to teenage pregnancy in Nzaui Sub County and analyzing the challenges faced by pregnant students and teenage mothers.

The study was limited to investigating the response of the Catholic Church to teenage pregnancy by assessing the interventions the Catholic Church has made towards this problem. The participants in the research enabled the researcher to gather in depth data using questionnaires and interview guides.

1.10 Theoretical Framework

The study was anchored on the Ecological Systems Theory, which was formulated by developmental psychologist Urie Bronfenbrenner (1979). It posited that human development was shaped by a complex system of relationships affected by multiple levels of the surrounding environment. This theory was especially effective in analyzing the layered influences that affected adolescents' lives including family, school, church and societal norms. Bronfenbrenner's model was organized into five nested systems: Microsystem, which was the immediate surroundings such as family, school and church. Mesosystem which indicated the interactions between two or more microsystems (family church relationship) and Exosystem showed indirect environments like parent workplaces and local media. Furthermore, Macrosystem was attached to societal and cultural values, including religious ideologies and Chronosystem, which was the dimension of time, accounting for life transitions and historical context. In Nzaui Sub County, each of these systems played a role in shaping adolescents' attitudes and behaviors toward sexuality and pregnancy. The Catholic Church operated primarily within the microsystem and mesosystem, exerting direct and collaborative influence over the adolescent's environment.

In view of the strength of the theory, it was clear that this theory was particularly strong in its holistic approach to human development. It recognized that behavior could not be understood in isolation, and emphasized the importance of contextual and systemic interactions. This aligned with the complex reality of teenage pregnancy, which was often influenced by intersecting social, familial and institutional factors**.**

Criticism. A significant critique of Bronfenbrenner's theory was its difficulty in empirical application due to its broad and abstract nature. Measuring and interpreting the interaction between different systems was methodologically challenging (Tudge et al., 2009). Furthermore, the theory did not always address the power dynamics or structural inequalities that existed within these systems. The weakness of the theory was addressed by allowing interwork relationship of the available theories which gave it more support in straightening the study problem.

In justification of the theory, the Catholic Church's intervention efforts considered multiple levels of influence: Collaboration with parents (microsystem), aligning teachings with school curriculum (mesosystem), advocating for youth friendly policies (Exosystem) and promoting Catholic doctrine in public discourse (Macrosystem) are all strategies grounded in this model. Programmes that link families, schools and the Catholic Church created a synergistic effect in reducing teenage pregnancy.

1.11 Conceptual Framework

A conceptual framework is a visual or written representation of how the independent and dependent variables are related, including any other potential factor that might influence the relationship between them. The independent variable (Catholic Church's response) was what the researcher studied about; its potential effects on the dependent variable (teenage pregnancy rates). Given the relationship between the variables, the independent variable, according to the model, was the Catholic Church's Response that was operationalized by main aspects: including spiritual

guidance and counselling, health and educational support, sensitization and mobilization campaigns for sexual awareness, advocacy for policy (abstinence and life skills) implementation and engagement, and support groups for rehabilitation. All these answers comprised of conscious interventions meant to address different dimensions of the teen pregnancy crisis in the Sub County.

The Catholic Church responses directly influenced the dependent variable. The incidence and consequences of teen pregnancy were assessed through four main indicators, namely: teen pregnancy rates, teen birth rates, rates of dropout and adversity of challenges faced by teen mothers (social, economic and emotional). For instance, religious and moral guidance discouraged early sex, while schooling support kept pregnant students in school. Similarly, campaigning led to improved local policies for teen mothers.

The effect of Catholic Church responses on the outcomes of teen pregnancy was also affected by intervening variables such as Catholic Church doctrines on sexuality and morality, Cultural factors and community support. These facilitated or hindered the Catholic Church's efforts. High community acceptance, for example, broadened the reach of Catholic Church initiative programmes, while conservative cultural values limited openness to topics such as contraception or active sexual activities among the teenagers.

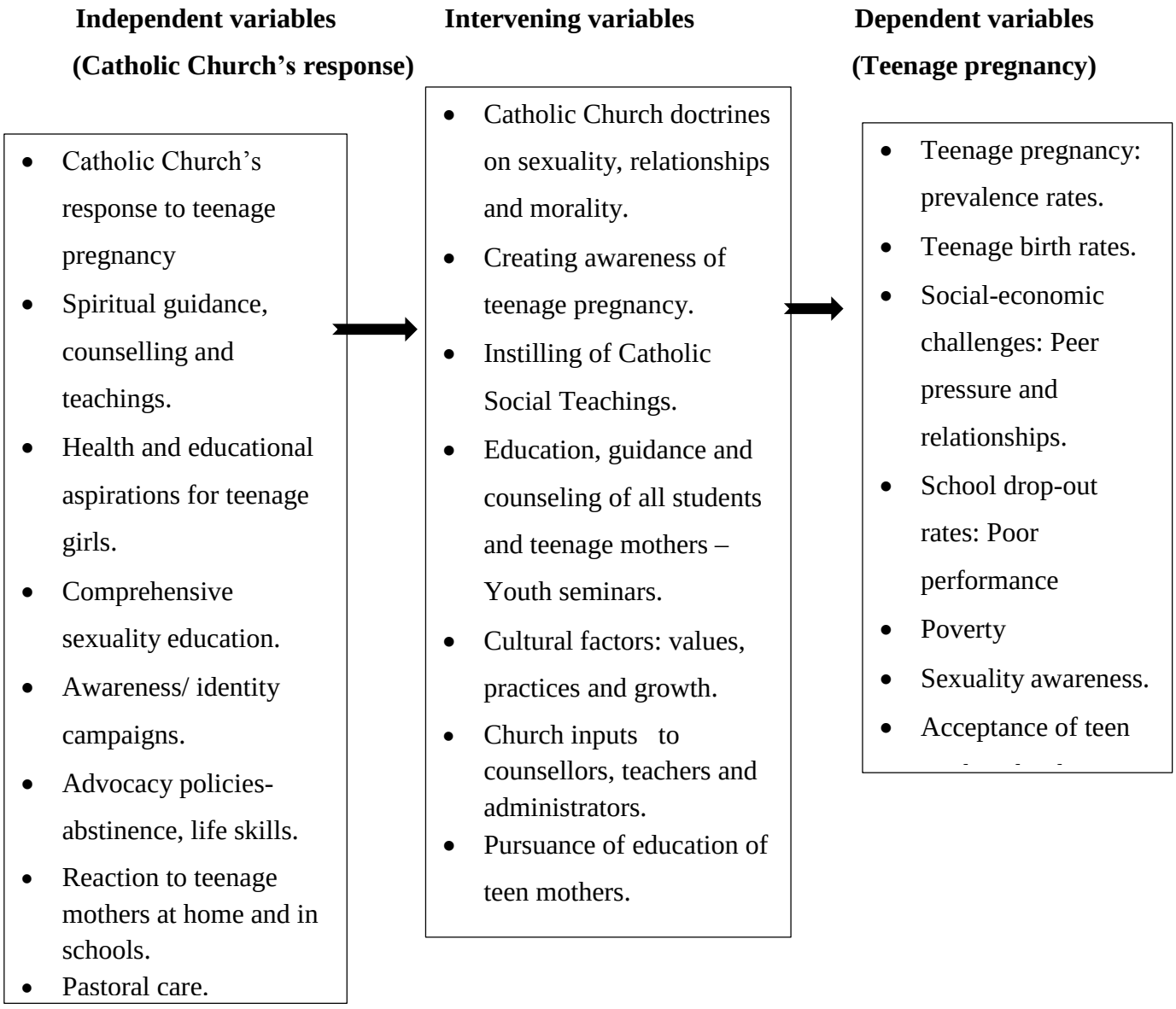


Figure 1: Conceptual Framework

1.12Assumptions of the Study

The study was based on the assumption that pregnant teenagers in school face many challenges due to what was expected from them as they played the roles of mothers, students and teenagers. They became mothers when they were too young to play the role of a responsible parent. It also focused on the response of the Catholic Church to teenage pregnancy in helping the teen mothers or students to excel in their studies and realize their aspirations which had been tampered with. Moreover, the research assumed that with good interventions by the Catholic Church, it assisted in reducing the prevalence rates of teenage pregnancy in Nzaui Sub County, Makueni County.

1.13 Operational Definition of Key Terms

Abstinence: is promoted as the most effective and moral way of avoiding teen pregnancy, especially among teenage students. Catholic Church doctrine demands sexual purity before marriage and supports abstinence based programmes in curricula and youth ministries.

Advocacy policies: are official stances, guidelines and public interventions of the Catholic Church in the formation of social behaviour, pedagogical practices and policy decisions regarding adolescent pregnancy. In Catholic sponsored public senior secondary schools, Catholic Church advocacy extended beyond catechetical education to include institutional policies that promoted adolescent welfare and moral values.

Catholic Church is a visible society of baptized Christians professing the same faith and religious beliefs under the authority of the invisible head (Christ) and the authority of the visible head (the Pope and the bishops in communion with Him). In this study the Catholic Church was taken as an institution that shaped the lives of teenagers especially in sexuality and morality. This research intended to investigate the response of the Catholic Church to teenage pregnancy.

Catholic Church teaching: is paramount in setting moral values and guiding the behavior of teenagers. Catholic teaching emphasized on purity, sanctity of life, dignity of the human person and the value of the family. In teenage pregnancy, this study determined the extent to which these teachings were taught within Catholic Church sponsored public senior secondary schools.

Church based counselling and guidance: are essential pastoral assets in helping students to deal with emotional, spiritual and social concerns. In Catholic sponsored schools, the availability and effectiveness of such support systems played a key role in preventing and responding to teen pregnancy. It examined whether such services were available, confidential, and dependable by students who had sexual pressures or pregnancy emergencies.

Cultural belief and practice: This strongly affected teenage behaviour, especially where early marriage or childbearing was culturally accepted. It evaluated the Catholic Church's endeavour in advocating counter cultural teaching through catechism, youth ministry and intergenerational dialogue aimed at recasting unhealthy cultural narratives.

Life: refers to its unwavering pro -life stance. Adolescent pregnancies, though unplanned were viewed in terms of human dignity and abortion is condemned. Instead, the Catholic Church promoted support to the unborn baby and the adolescent mother.

Parent according to Webster's International Dictionary, a parent brings forth an offspring through birth, adoption, or by becoming a step parent (Munene 2000).

Peer influence: At time referred to as peer pressure. This particularly among teenagers, had a powerful effect on behaviour like risky involvement in relationships. Catholic schools likely emphasized on community, friendship and moral integrity. But peer groups on their own reinforced unhealthy patterns such as early sexual experimentation and wrong decision-making. The study analyzes how the Catholic Church encouraged peer leadership and responsibility through organized youth programmes such as apostolates and retreats.

Relationships: Teen relationships were romantic and emotional ones. They were taken as a stepping block to early sex and subsequently, teenage pregnancy. The Catholic Church appreciated the importance of guiding the teens to learn from Christian teachings the sanctity and significance of relationships and hence that led to teenage pregnancy.

School Dropout Rates: School dropout rates of adolescent pregnancy were a point of primary concern. Pregnant girls got expelled or chose to drop out due to stigma, health issues or lack of support. The dignity of life stance of the Catholic Church and education as a universal right were entertained as a policy and practice framework for supporting or re- establishing the educational trajectory of students.

Sexuality Awareness meant understanding of one's sexuality (being a girl or a boy). An individual needed to be aware of the physical changes and secondary sexual characteristics that occurred at puberty (about 10 - 14 years) and the whole adolescence period. It included: body, mind, feelings, will and spirit as male or female.

Social Challenges: Considerations of such social challenges of teenage pregnancy included stigma, exclusion, ridicule and rejection. These were particularly seen in Church environments where there were high moral expectations. This study examined how the Catholic Church addressed those challenges. If any, through extensive pastoral care, support groups or official reintegration mechanisms.

Teenage Birth Rates: This was a measurement of live births to teenage mothers. The indicator was useful in enabling the study to track pregnancy outcome and establish the long term impact on the students' lives. In the Catholic Church environment where abortion is morally unacceptable, the rate yield increased results and therefore, the response by the Catholic Church in maternity care, re admission of pregnant students and social care was critical. The research delved into whether those teen mothers received regular education, material and psychosocial support by the Catholic Church.

Teenage pregnancy: This was the main problem being researched in this study. Research into it referred to the prevalence of teenage pregnancy among girls aged 13 to 19 and presented different challenges; educational, health and religious. Teenage pregnancy was often discouraged in Catholic Church sponsored institutions, and its prevalence was seen as failure in moral formation. It examined how the Catholic Church balanced upholding moral standards and showed compassion and care to affected students.

The prevalence rate of teenage pregnancy: This provided a numerical overview of just how widespread the issue was across Catholic Church sponsored public senior secondary schools in Nzaui Sub County. This was essential in ascertaining if prevailing Church sponsored interventions were adequate or if there remained a shortfall. The study collected and analyzed data on teenage pregnancy within the targeted schools to inform Catholic Church authorities as well as assisted in strategic planning towards designing future protective interventions.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL REVIEW

2.1 Introduction

This chapter presented the theories underpinning the research on the Catholic Church's response to teenage pregnancy in Nzaui Sub County's Catholic sponsored senior secondary schools. Subsequently, the section delved into the empirical review, which had been organized systematically from global to local studies. The following variables guided the empirical review: Factors that contributed to the prevalence of teenage pregnancy, the Catholic Church's intervention and initiative programmes, challenges/barriers faced by the Catholic Church, and the opportunities for empowering pregnant teenagers and teen mothers. The gaps were equally identified at the end of the review.

2.2 Critical Review of Theories

This section reviewed the theories that were proposed to support the study. These included Biological Theory on Human Behaviour by Codey and Bronfenbrenner's Ecological Systems Theory and Social Learning Theory.

2.2.1 Biological Theory on Human Behaviour

The Biological Theory on Human Behaviour was espoused by Dr. Samuel Codey (2022). It holds that human decisions and behaviour were primarily based on physiological and genetic factors. This theory was centered on the role of heredity, anatomy of the brain, neurotransmitter function and endocrine function in arriving at behavioural outcomes (Codey, 2022). From this perspective, behaviour was seen as the result of biological programming, with deviations from social norms. For example, risk taking or impulsiveness, being caused by neurochemical imbalance or genetics rather than environmental or social causes.

In its strength, the theory relied on empirical science. It was supplemented by advances in neuroscience and genetics that established links between some biological states and behavioural outcomes (Johnson & Turner, 2021). For instance, studies had established links between hormonal fluctuations during adolescence and sexual behaviour or risk taking. The biological basis employed accounted for the reasons why some adolescents tended to have unprotected sex, which led to teenage pregnancy. Further, it de -stigmatized by shifting the attention from moral defects to intrinsic biological causes, which were extremely important in the construction of evidence based and medically driven health interventions (Ngugi, 2023).

The theory had significant weaknesses. It underemphasized the role of environment, culture and agency (Kilonzo & Muthoni, 2020). By attributing behaviour mainly to biology, it was exposed to overlooking the socio economic, emotional and spiritual nature of human existence. Such a flaw was especially essential while researching teenager pregnancy like in Nzaui Sub County's Catholic sponsored public senior secondary schools. Catholicism fostered an integral view of humanity's dignity and morality founded on free will, social values, and spiritual development (Catholic Diocese of Machakos, 2023). A biological explanation by itself was inadequate to address the root causes of adolescent pregnancy under this perspective since it did not consider other causes such as peer pressure, poor sex education, poverty and eroding family institutions. Therefore, another theory of social learning to supplement this theory addressed the flaw it had to offer a better understanding of the current study.

In reality, although the Biological Theory provided good understanding of the physiological factors that influenced teenager behaviour. Its usage had to be integrated with other theories in order to formulate a more holistic reaction. In Catholic sponsored public senior secondary schools within the Nzaui Sub County, responses to teenage pregnancy needed not only to consider potential biological vulnerabilities but also included moral education, family involvement and psychosocial care. Catholic Church doctrines mandated chastity, respect for life and the construction of well -

rounded individuals. Both biological education such as puberty and reproductive health and spiritual formation (for example values, education and personal responsibility) were components of programmes that more accurately mirrored both the Catholic Church's mission and the adolescent's multifaceted behaviour (Mwikali, 2024).

In short, Codey's Biological Theory offered a useful but limited viewpoint in describing teenage behaviour. While its usefulness relied on medical and scientific applicability, its limitation necessitated the use of complementary methods, particularly in religious based educational institutions. An equilibrium use that accommodated both biological realities and Catholic Church moral doctrines that better addressed the intricate phenomenon of teen pregnancy in Nzaui Sub County's Catholic sponsored public senior secondary schools.

2.2.2 Social Learning Theory

Social Learning Theory by Albert Bandura (1977), presented a model for how individuals learnt new behaviour from the social context. Differing from classical conditioning with a stimulus response relationship or operant conditioning with a focus on reinforcement and punishment. Bandura created a model of observation based learning. This theory dictated that people, especially adolescents, learnt by observing other people, especially role models such as parents, teachers, friends and clergy. The theory relied on four basic processes: attention, retention, reproduction and motivation. For learning to occur, individuals paid attention to a model's behaviour, retained the observed behaviour in memory, reproduced the behaviour when required and were motivated to do so. Those processes were significantly influenced by the perceived credibility, status or attractiveness of the role model. For the Catholic Church sponsored public senior secondary schools in Nzaui Sub County, teachers, priests and community leaders served as strong role models for adolescents.

Social Learning Theory held a particular potency in explaining the process of socialization among adolescents. It provided a common sense of basis for how values such as chastity, abstinence and personal responsibility were acquired through modeling and reinforcement by respected adults. In schools where Catholic doctrines are part of the curriculum and co- curricular activities, the moral and behavioral standards set by teachers and clergy had a significant impact on adolescent decision making.

One of the largest criticisms of Social Learning Theory was that it undervalued the impact of internal thought and emotions in acquiring behaviour. It had also a broad generalization of behaviour patterns without sufficient attention to individual differences or socio economic constraints (Miller, 2011). Furthermore, in very traditional or patriarchal societies, the presence of competing models (mass media, peer groups) might have reduced the effectiveness of positive modeling by Church leaders. In an attempt to keep the theory current for the study, ecological systems theory was proposed in a bid to meet the criticisms by some of the scholars. The Catholic Church's response to teen pregnancy was enhanced by this theory through a focus on role modeling. Priests, nuns and devout laymen provided an example and stressed on teachings that discouraged premarital sex. Youth programmes with mentorship, Catholic Church social events and discussions based on moral education likewise reinforced those values in tangible and observable ways.

2.3 Empirical Literature Review

This section reviewed literature from different sources, guided by the study variables in line with the teenage pregnancy mitigation by the Catholic Church among various schools under their sponsorship. A comprehensive framework encompassing global, continental and local studies were provided guided by the research objectives. Teenage pregnancy remains a critical challenge in Kenya, undermining teenage girls' educational continuity, health and future prospects. Faith based organizations including the Catholic Church are key actors in the education sector and moral formation in Kenya, especially in Catholic sponsored public senior secondary schools. A literature

review of the Catholic Church's response provided insight into what was known, what worked and gaps created thus involving research or its intervention in Nzaui Sub County.

The existing studies highlighted both the potential and limitations of religious reactions to teenage pregnancy. For instance, Chandra Mouli et al. (2015) emphasized that youth friendly and non- judgmental faith- based reactions significantly reduced teen pregnancies. However, Leone and Wringe (2020) found that in Latin America, conservative Catholics viewed on sexuality limited access to fundamental reproductive health information. They similarly found that in Africa, Mokomane and Mokomane (2016) reported that many Church sponsored schools taught abstinence only programmes, which restricted students' reproductive experiences and autonomy. While such research was helpful, it also pointed out to loopholes in measuring how pastoral care, reintegration and collaboration were practiced at the grassroots level, especially in balancing doctrinal teachings with the actual needs of teenagers.

2.3.1 Factors that contribute to Teenage Pregnancy

Some of the socio economic determinants such as poverty, limited access to education and limited reproductive health information have been highlighted in the studies as key determinants of teenage pregnancy. According to Muthengi et al. (2020), socio economic issues in the majority of rural Kenyan communities, a case study in Machakos County, compelled adolescent girls into early relationships, which normally terminated a pregnancy. Additionally, cultural traditional values such as societal taboos of discussing sexuality limited access to important information on conception and reproductive health to adolescents, hence making them vulnerable.

Brown, Johnson, and Liu (2019) utilized a longitudinal correlational design to investigate the effects of parental communication and religiosity on sexual activity among adolescents from 500 Catholic high school students. Utilizing systematic random sampling and standardized questionnaires, the researchers conducted binary logistic regression and established that students

who had limited communication with their parents regarding sex had considerably higher odds of initiating sex early (OR = 2.75, 95% CI [1.89–4.01], $p < .001$). The study established that religious teachings, as powerful as they are, are not enough without accompanied open and informed family involvement.

Smith and Taylor (2021) carried out a study in the United Kingdom which explored how Catholic schools' religious values affected adolescents' sexual behaviour. Convergent mixed methods design was used and 300 students from six Catholic schools were recruited through stratified random sampling. Data were collected through structured questionnaires and focus group interviews. Analysis included thematic analysis and multiple linear regression and revealed that stringent religious observance was negatively related to the practice of using contraceptives ($\beta = 0.43$, $p < .01$). The qualitative findings also revealed that abstinence only programmes led to misinformation and confusion, hence verifying the inadequacy of existing sexual education models in such programmes.

In the African context, Okonkwo and Eze (2020) examined the role of religious and cultural silence to teen pregnancy among students of Catholic mission schools in Enugu, Nigeria. The descriptive cross sectional study involved 400 purposively recruited students surveyed using semi structured questionnaires. Chi square tests revealed a statistically significant relationship between limited sexual education and higher pregnancy rates (χ^2 (2, N = 400) = 16.38, $p < .001$). Open ended responses also indicated how religious and cultural taboos hindered students from gaining important reproductive information. Asante and Mensah (2022) also conducted a qualitative case study in Ghana with 45 participants who included: students, teachers, and clergy in three Catholic schools in Accra. Utilizing purposive and snowball sampling, the study used in depth interviews and content analysis to determine that doctrinal silence on conception, alongside patriarchal norms, constrained students' agency and consciousness. Although inferential statistics had not been

utilized, school documents indicated a 9.5% annual adolescent pregnancy rate, which justified the qualitative findings.

In Uganda, a descriptive survey on the causes of teenage pregnancy involving 350 students from five Kampala Catholic schools was conducted by Kaggwa and Namusoke (2021), employing simple random sampling. Structured questionnaires were employed to collect data, whereas multiple regression analysis was employed. The results suggested that socioeconomic status, peer influence and lack of youth friendly services were robust predictors of adolescent pregnancy (R^2 = 0.48, F (3,346) = 45.92, p <.001), with the most influential predictor being peer influence (β = 0.52). The results highlighted the multifaceted nature of adolescent pregnancy, extending beyond doctrine instruction to include socio economic and interpersonal processes.

In Kenya, Wanjala (2023) investigated the influence of Catholic values on adolescent reproductive behaviour among 280 female students in Catholic sponsored schools in Machakos County. Using a correlational design and cluster sampling, structured questionnaires were administered and analyzed using Pearson's correlation and one-way ANOVA. It found a significant negative correlation between religious instruction intensity and student's willingness to seek reproductive health services (r = 0.39, p <.01) and ANOVA to demonstrate variation in pregnancy rates in schools with varying religious instruction intensities (F (2, 277) = 6.24, p <.01). This suggested that even if moral instruction was rudimentary, it might unintentionally have limited reproductive autonomy if not accompanied by integral health education.

Achieng and Mutua (2021) used a mixed methods approach to examine religious determinants of teenage pregnancy in six Catholic high schools in Kisumu County, among 320 randomly selected students and teachers. Data were collected through questionnaires and interviews and analyzed through logistic regression and thematic coding. The study confirmed that experiences of gender based violence were significantly associated with risk of pregnancy (OR = 3.12, 95% CI [1.95–5.04], p <.001). Qualitative responses brought into the foreground the

institutional failure to act in the face of sexual abuse, with the underlying disconnect between religious teachings and real vulnerabilities. In the case of Kitui County, Mumo (2020) conducted a descriptive survey on the influence of peer behaviour and mentorship on adolescent pregnancy in Catholic sponsored institutions. The study employed 250 students through systematic random sampling and employed questionnaires and school records. Using t tests and correlation analysis, the study found high positive correlation between sexual initiation and peer influence ($r = 0.44$, $p < .01$), and a significant difference in behaviour between students offered mentorship programs and those not offered such programmes ($t(248) = 3.62$, $p < .001$). This reflected the protective role of adult mentorship in resisting peer influenced risk.

Another qualitative study by Nzomo and Kilonzo (2022) on the ongoing trend of increased teen pregnancies in urban schools involving two Nairobi urban Catholic schools had 30 participants (20 students and 10 teachers) who were purposively sampled. Narrative and content analysis were employed to analyze the data using key informant interviews and focus group discussions. While no inferential statistics were applied, school data revealed an ongoing trend of increased teen pregnancies from 5% in 2019 to 8% in 2021. Misinterpretation of Catholic doctrines and a lack of open discussions about sexuality created confusion and risk behaviour among students. Teachers complained that moral education alone was not sufficient in addressing adolescents' social and emotional needs. Despite numerous studies conducted worldwide, in Africa and in Kenya on the determinants of teenage pregnancy among Catholic sponsored secondary schools, there is not much localized, empirical evidence on Nzaui Sub County. The distinctive socio cultural tendencies, religious rituals and school organization in the sub County had diverse challenges and determinants that were not well documented in existing literature. Therefore, a focused study in Nzaui Sub County were done to create context specific results that informed targeted interventions and policy actions in Catholic sponsored institutions within the area.

2.3.2 Catholic Church's Interventions and Initiative Programmes in Mitigating the Causes and Consequences of Teenage Pregnancy.

A quasi experimental study conducted by Martinez and Alvarez (2021) in the Philippine investigated the effect of abstinence education and community based mentorship programs by the Catholic Church among Manila adolescent girls. Employing a quasi- experimental design, the study enrolled 400 teens in Catholic sponsored parishes and schools using cluster random sampling. Pre and post intervention surveys were used to collect data for 12 months. Using ANCOVA to assess the program's impact, analysis showed a statistically significant reduction in risky sexual behaviour and enhanced contraceptive knowledge among the intervention group participants ($F (1, 398) = 14.72$, $p < .001$). The findings confirmed that Catholic Church based mentorship and life skills training significantly reduced teenagers' susceptibility to pregnancy.

In Colombia, Gomez and Rojas (2020) carried out a longitudinal mixed methods study among 250 Catholic teenagers who were enrolled in a Church sponsored reproductive health programme in Medellin. Purposive sampling was employed to recruit the sample, and data were gathered using structured questionnaires, interviews and health record audits over a period of 18 months. Repeated measures ANOVA test revealed significant decreased occurrence of pregnancy ($p <.01$), while qualitative data revealed increased reproductive rights awareness. The study advocated for positioning Catholic Church teachings within the broader public health frameworks.

In Nigeria, Okafor and Nwosu (2022) evaluated the role of Catholic youth clubs in preventing teen pregnancy in Anambra State. A cross sectional study was carried out among 320 adolescents from Catholic schools, selected by systematic random sampling. Questionnaires and focus group discussions were used to collect data. Using logistic regression, the study found that youth who were engaged in active faith based peer education programmes were 2.8 times less likely to engage in unprotected sex (OR = 0.36, 95% CI [0.22–0.60], $p <.001$). The study determined that

youth club interventions grounded in Catholic social doctrine were protective against pregnancy at a young age.

In Uganda, Atwine and Musoke (2021) determined the impact of parish level sexual health workshops by the clergy and lay counsellors in Mbarara Diocese. The descriptive research utilized stratified sampling to enroll 360 adolescent girls, collecting information through interviews and structured questionnaires. Chi square tests showed a significant association between attendance at workshops and late initiation of sex (χ^2 (1, N = 360) = 11.24, p <.001). The study also showed increased openness on the part of adolescents to discuss sexual health issues in a religious framework. In Tanzania, Mwita and Baraka (2023) implemented a participatory action research with church initiated empowerment programmes with participants in Mwanza region, consisting of 150 Catholic school girls and 20 teachers. Participants were selected through purposive sampling and data were collected through pre post testing and interviews. Paired t test analysis showed statistically significant differences in knowledge about reproductive health (t (149) = 5.63, p < .001) and fewer occurrences of coercion during sex. The study set the empowerment and psychosocial support involving Catholic managed interventions as a powerful instrument.

In Kenya, Nairobi County, Mwangi and Njeri (2022) conducted a quasi -experimental study to establish the efficacy of the Archdiocese's "Dignity of Life" curriculum for Catholic secondary school students. The study sampled 300 students from five schools using multi stage sampling. Using questionnaires and interviews as well as data analysis with MANOVA, the researchers learned that high self efficacy, abstinence intentions and peer pressure attitudes were enhanced (Wilks' Lambda =.84, F (3, 296) = 12.34, p <.001). The programme hailed for integrating Catholic teachings with current youth issues.

In the area of Pastoral programmes in Catholic sponsored schools, a dissertation centred in the Catholic Archdiocese of Mombasa's sponsored secondary schools examined the Programme of Pastoral Instruction (PPI) and its influence on teenage mothers' education. It found that while the

Pastoral Programme had potential social benefits in addressing teenage pregnancy and promoted girls' education, implementation remained weak. (repository.cuea.edu). In addition, a more general study assessed pastoral care programmes in Nyeri County secondary schools (Christian based) and found that pastoral care helped with holistic student development including addressing "early teenage pregnancies". (The Arts Journal)

Another study in Tigania Central Sub County (Meru County) investigated pastoral role in addressing teenage pregnancy among high school girls and showed the church leadership's pastoral programmes impacted awareness of causes (attitudes towards sex, cultural norms, contraception) and recommended possible solutions like appointing teen patrons, placing chaplains in church sponsored schools and including teenagers in pastoral Programme planning. (Int. J. of Professional Practice). From the role of the Catholic Church and faith based organizations, the Kenyan church and faith based responses to moral or value approach. A Conference of Catholic Bishops issued statements emphasizing on moral formation and parental responsibility in curbing teenage pregnancies: for instance, condemning comprehensive sexual education (CSE) being introduced into schools and advocated for virtues, abstinence and character building. (AMECEA Communications)

A study in Njoro Deanery (Nakuru County) on the "Influence of Catholic Theology of Sexuality" found a gap between church teaching and teenage behaviour, identifying lack of trained moral agents, poor methodologies and inadequate teenage involvement in sexuality programmes. (IR Library). In capacity building and teacher training, a project by the Association of Sisterhoods of Kenya (AOSK) equipped teachers with skills to support learners (including teenage girls) through puberty and prevent pregnancies. Teachers pointed to poverty and cultural practices as underlying causes. (ACI Africa). Mutuku and Kilonzo (2021) explored the role of Catholic sponsored health outreach programmes toward health development in Kitui County. They used a descriptive survey design and sampled 280 adolescent girls and 30 programme coordinators by

purposive and snowball sampling. Questionnaires and key informant interviews were utilized for data collection. Data analysis included correlation and thematic analysis. The study established a moderate but negative relationship between programme participation and reported sexual activity ($r = 0.42$, $p < .01$). Qualitative data established the importance of integrating faith with health education and counselling.

At Machakos County, Kariuki and Muthoni (2023) evaluated the efficacy of parish based Family Life Education (FLE) in preventing teenage pregnancies among Catholic sponsored schools. The study applied a mixed methods explanatory sequential design based on a sample of 250 students and 20 facilitators, using random sampling for students and purposive sampling for facilitators. Multiple regression and thematic coding were used in the analysis of structured surveys, interviews and school records. Findings demonstrated that consistent FLE participation strongly predicted reduced chances of teen pregnancy ($R^2 = 0.51$, $F(2, 247) = 49.67$, $p < .001$). Parental involvement was a significant complementary predictor.

Much past researches had been conducted in urban or densely populated dioceses but failing to control for rural based Catholic sponsored schools where adolescent mentorship and reproductive health services access were limited. Furthermore, the majority of the past researches had employed predominantly either qualitative or quantitative methods in isolation, limiting the depth and breadth of knowledge of the students' and stakeholders' lived experiences. This created a methodological gap and the current study sought to fill this by introducing a mixed methods design and allowing for an entire investigation of the measurable influence and the subtle perceptions surrounding interventions by the Catholic Church in Nzaui Sub County's sponsored Catholic public senior secondary schools.

2.3.3 Challenges Faced by the Catholic Church in Response to Teenage Pregnancy

Silva and Monteiro (2021) investigated, globally, how doctrinal constraints hindered the Catholic Church from offering reproductive health education to teenagers in Rio de Janeiro, Brazil. Using a descriptive cross sectional design, they enrolled 400 youth leaders and clergy through stratified random sampling. Data were collected using semi structured questionnaires and interviews and analyzed using factor analysis and ANOVA. Results showed that doctrinal inflexibility, limited theological education on sexual health and fear of contradicting Church authority significantly restricted effective interaction with adolescents ($F(2,397) = 9.84$, $p < .001$).

In Ireland, O'Donnell and Burke (2022) examined also the experiences of Catholic clergy and youth ministers in handling teenage sexuality under conservative religious contexts. They used a phenomenological qualitative method of which 30 priests and youth workers were purposively sampled. Using thematic analysis and in depth interviews, the study learned that pastoral leaders struggled to discuss pregnancy and contraception because they dreaded institutional condemnation, theological ambiguity and a widening gap between Catholic Church teaching and contemporary adolescent life.

In the Philippines, Del Rosario and Tan (2020) explored Catholic Church reproductive doctrine clashes with community demands among adolescents in Manila. The exploratory mixed methods design was composed of 350 sample participants who were students, nuns and catechists. Interviews and surveys were conducted. Logistic regression analysis identified that adherence to strict Catholic Church guidelines was a predictor of significantly lower adolescent programme participant rates (OR = 3.10, 95% CI [2.01–4.76], $p < .001$). Qualitative evidence also highlighted individual tensions between clergy and staff who were eager to maintain safe practices but were limited by ecclesiastical constraints.

In South Africa, Naidoo and Mokoena (2023) examined how silence and moral stigma shaped the pastoral reaction of the Church on teen pregnancies in Gauteng Province. Utilizing a longitudinal ethnographic analysis, researchers followed up with 120 participants; students, teachers and clergy who were enrolled using snowball sampling. Participant observation and narrative interviews revealed that moral shaming, theological discomfort about sex and institutional silence about abuse cases generated distrust among teenagers despite the lack of inferential statistics.

In Ghana, Owusu and Danso (2020) examined how the moral stance of the Catholic Church and community expectations influenced its response to teenage pregnancy in Accra. A cross sectional mixed methods design was used with 300 adolescents and 20 pastoral workers, who were selected through cluster sampling. Questionnaires and interviews were used to gather data. T tests revealed significant gender based differences in perception of Catholic Church guidance ($t(298) = 3.87$, $p < .001$), while thematic analysis established that both clergy and youths were hindered by stigma and theological uncertainty about sexuality.

In Zambia, Phiri and Banda (2021) explored the capacity of Catholic rural dioceses to respond to teenage pregnancies through pastoral outreach and education. A descriptive mixed methods design was employed involving 250 young people and 20 priests who were sampled via cluster and purposive sampling. Questionnaires, Focus Group Discussion(FGDs), and Church reports were used to collect data, with t tests showing that there was a significant difference between levels of support for the programme among rural and urban parishes ($t(248) = 3.22$, $p < .01$). Thematic analysis provided funding limitations, lack of inter-agency collaboration, and doctrinal rigidity as key barriers.

Another research was also carried out by Teshome and Abebe (2022) on difficulties faced by Catholic clergy in the Amhara Region of Ethiopia in balancing Church teachings with adolescent sexual realities. A cross sectional survey design was used, and 280 youth and 35 pastoral workers

were randomly selected. Data were collected using questionnaires and focus group discussions. Chi square tests revealed significant communication breakdowns between Catholic Church leaders and adolescents, with adolescents perceiving Church messages as moralistic and impractical (χ^2 (1, N = 315) = 10.73, p <.01).

Nabwire and Kaggwa (2021) in Uganda evaluated institutional and logistical constraints encountered by Catholic Church leaders in responding to teenage pregnancy in rural and peri urban parishes. A descriptive survey design was employed with 270 participants, recruited through simple random sampling. Using questionnaires and focus group discussions, regression analysis was employed to examine data and concluded that inadequate funding (β = 0.48, p <.01), doctrinal rigidity (β = 0.52, p <.01), and ineffective policy coordination (β = 0.41, p <.05) significantly influenced intervention activities.

Teen pregnancy remains as one of the gender issues in Kenya. Previous researches had shown that teenage pregnancy played a role in the drop of girls' education in the world. In most cases, teenage mothers were not able to complete their secondary education. Teen pregnancy resulted in undesirable outcomes like maternal and infant health complications, school dropout and perpetuation of poverty traps (UNICEF, 2021). Unfortunately, the situation was complex for pregnant teenage girls who were rejected by their families and society.

According to KCCB, some limitations, tensions and critiques concerning the Catholic Church's strong stance against Comprehensive Sexuality Education (CSE) and contraception in school presented tensions: while emphasizing on abstinence and values. The approach limited fuller sexuality education or harmed reduction strategies. Some interventions by faith based organizations and schools focused heavily on morality and less on structural drivers such as poverty, gender inequality and school dropouts or school re-entry for pregnant teen mothers. There appeared to be less published evidence on how Catholic Church sponsored schools handled the actual reentry of

pregnant girls or their support post teenage pregnancy. One media article flagged concern about policies that banned pregnant teenagers from school as “ill advised”. (ACI Africa).

In Kenyan settings, Chebet and Kibet (2023) focused on the structural and pastoral problems faced in the youth programmes of the Catholic Church in Baringo County rural parishes. Employing a descriptive correlational research design, they used systematic sampling to randomly sample 260 youth and 25 youth mentors. Data collection was conducted using questionnaires and interviews. Pearson correlation analysis found a high negative correlation between pastoral resource availability and youth programme sustainability ($r = 0.49$, $p < .01$). Interviews showed that unstable funding and constant clergy turnover hindered programme continuity.

Another study by Nyamweya and Kemunto (2022) in Kisii County examined how doctrinal positions and institutional barriers affected the reaction of the Catholic Church to teen pregnancies within diocesan schools. The mixed methods sequential explanatory design had 280 adolescents and 15 clergies, who were sampled using multi stage sampling. Data were collected using questionnaires, interviews and Focus Group Discussions (FGDs). Multiple regression analysis revealed that doctrinal inflexibility ($\beta = 0.57$, $p < .001$), stigma ($\beta = 0.39$, $p < .01$), and lack of pastoral capacity ($\beta = 0.44$, $p < .01$) significantly constrained the Catholic Church’s support systems.

In previous studies, few had employed inferential statistical techniques such as regression analysis to examine how specific variables such as doctrinal hardness, resource constraints or pastoral capacity influenced the effectiveness of the Church in addressing teenage pregnancy. Additionally, there was limited context specific research that had been carried out in rural Kenyan settings where cultural expectations, Church doctrines and communal norms intersected. The current study conducted in Nzaui Sub County used mixed methods with regression analysis to test hypotheses. It addressed the methodological and contextual gap by quantifying relationships between variables while further supplementing interpretation with qualitative data.

2.3.4 The response of the Catholic Church: The initiative programmes and interventions of the Catholic Church to teenage pregnancy.

Religious organizations like the Catholic Church played a pivotal role in curbing teenage pregnancy through upholding moral teachings, counselling and assisting victims. The Catholic Church believes in sanctity of life and chastity, which it had aligned with the broader efforts to impart moral values to adolescents (Lemuel & Odhiambo, 2019).

A study was conducted in the United States by Levesque (2021) looked into the effectiveness of Catholic Church abstinence and life skills programmes implemented in inner city Catholic schools aimed at preventing teen pregnancy. A quasi experimental design was utilized. Data were collected through pre and post intervention surveys, with paired t tests and multiple regression employed for analysis. 420 students were selected through cluster random sampling. The findings showed a statistically significant improvement in abstinence knowledge following the programme ($t(419) = 4.87$, $p < .001$) and that attendance predicted significantly reduced sexual activity ($\beta = 0.42$, $p < .01$).

In Colombia, Ramírez and Ortega (2020) evaluated Church run mentorship programmes that integrated reproductive education with religious guidance. A longitudinal mixed methods design was applied to 320 adolescents who were recruited via stratified sampling. Interviews, church records and standardized questionnaires were utilized to collect data. Regression analysis showed that frequency of mentorship was a predictor of reduced pregnancy rates ($\beta = 0.37$, $p < .05$), while qualitative findings highlighted the importance of clergy, youth relationship and peer modelling.

In the Philippines, De Guzman, Flores, and Alvarado (2022) discussed how the integration of catechism lessons with reproductive lectures into parish activities impacted adolescent behaviour in rural dioceses. A descriptive survey design was used involving 325 participants identified using snowball and purposive sampling. Instruments used were questionnaires and Focus Group

Discussions. Data were analyzed using Chi square tests and thematic analysis. The study found programme participation was significantly associated with more sexually safer behaviour (χ^2 (1, N = 325) = 12.53, p <.01), and themes revealed that trust in spiritual leaders was the deciding factor. In South Africa, Ndlovu (2023) studied ecumenical reproductive health coalitions organized by the Catholic Church in Kwa Zulu Natal. A qualitative ethnographic study was carried out with 45 youth leaders and 10 pastoral workers chosen through purposive sampling. Data were collected through life history interviews and participant observation and analyzed through thematic coding. Interfaith collaboration was found to enable flexible messaging without compromising Catholic values, but only through subtle avoidance of doctrinal limits.

From Malawi, Chikondi and Banda (2022) conducted a case control study assessing the effect of the "Faith and Futures" programme on school girls in Lilongwe. A sample of 260 girls (130 per group) were sampled using matched sampling. Data was collected through surveys and interviews, and logistic regression was conducted for analysis. Results showed that the participants had lower chances of becoming pregnant than controls (OR = 0.41, 95% CI [0.26–0.65], p <.001), which suggested that the combination of moral formation and material assistance was efficient at inhibiting teenage pregnancy. In Tanzania, Moshi (2021) investigated youth empowerment programmes initiated by the Catholic Church in the Arusha Diocese, namely their role in adolescent reproductive decisions. Using an explanatory sequential mixed methods design, 280 adolescents and 15 Church employees were sampled via multi stage sampling. Data were collected via questionnaires and interviews. Linear regression analysis revealed that participation in the programme was a positive predictor of informed reproductive decisions (β = 0.49, p <.01), while qualitative themes emphasized the importance of vocational training.

In Kenya, Chege, Kiptoo, and Langat (2022) evaluated parish based youth workshops focused on adolescent reproductive awareness in Uasin Gishu County. A descriptive mixed methods design was applied and 320 youths were sampled using cluster sampling. Surveys and

FGDs were employed, while data analysis was done using t tests and content analysis. It was determined that the intervention greatly improved sexual health knowledge ($t(319) = 5.02$, $p < .001$). Testimonies emphasized the value of interactive and participatory sessions to improve effectiveness.

In Machakos Diocese, Kamau (2020), noted that the Catholic Church had come up with programmes such as youth education programmes and family counselling to mitigate the impact of teenage pregnancy. Lack of resources, cultural resistance and stigma however, hindered the effectiveness of these initiatives. Mutua (2023) established the impact of Catholic Church peer support programmes on adolescents in Kitui County. The research applied the correlational survey design, comprising of 290 students and 20 caregivers who were randomly sampled. The information was gathered using questionnaires and interviews and processed through Pearson correlation and regression analysis. Results showed a very high negative relationship between peer group exposure and teenage pregnancy ($r = 0.52$, $p < .01$). Regression analysis indicated that exposure to peer groups was a significant protective factor ($\beta = 0.46$, $p < .001$).

Rotich (2021) carried out another study in Kericho County and looked at diocesan programmes integrating moral education and reproductive health instruction to prevent school dropout. Longitudinal cohort design tracked 200 girls for two years, sampled via stratified sampling. Interview guides, attendance records and FGDs were the methods applied. Then repeated measures ANOVA was used to analyze the data. There was a significant decrease in dropout rates ($F(2,198) = 6.71$, $p < .01$). Qualitative response assigned it to mentorship and Church presence as the key driving components of staying in school.

Despite the increasing body of literature on Catholic Church projects in addressing teen pregnancy, there are scant empirical findings on how the Catholic Church's programmes were implemented, understood and interpreted in situated contexts such as Nzaui Sub County, where traditional beliefs, poverty and access to education converge with religious agency. The contextual

deficiency highlighted the imperative for place specific research on how projects of Catholic Church initiative operated vis à vis the specific demographic, cultural and pastoral realities of Nzaui Sub County.

2.4 Gaps in the literature

Although there was no published work that the researcher found specifically for Nzaui Sub County and the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools, the above literature review yielded key themes relevant to the context: On values and pastoral dimension matters, the Catholic Church's sponsored schools included leverage chaplaincy, youth patrons, morals or values' programmes that addressed attitudes, cultural norms and moral formation**.** As stated, school policy and inclusive approaches in Catholic schools needed clear policy on pregnant learners, reentry, support, counselling and collaboration with parents and community. The dissertation in Mombasa noted implementation gaps. In the areas of monitoring, evaluation and research gap**,** there was limited published research on Catholic Church response in specific sub County contexts like Nzaui. This presented an opportunity for this study to fill that gap.

Literature review on existing gaps for this research on the Catholic Church response to teenage pregnancy in its sponsored public senior Secondary Schools in Nzaui Sub County, Kenya seemed to take various forms. Teenage pregnancy remains one of the most persistent challenges affecting education and teenager's wellbeing in Kenya. While the Catholic Church had historically played a central role in education and moral formation, its practical response to teenage pregnancy among secondary school students has not been sufficiently documented, especially in rural sub counties such as Nzaui in Makueni County. National data and policy frameworks provide a general understanding of the issue, yet there remains a significant research gap in how faith based institutions particularly Catholic Church sponsored schools interpret, apply and influence

interventions related to teenage pregnancy prevention and school reentry (Ministry of Education, 2020).

Existing studies in Kenya tended to focus on the national or County level rather than localized, community specific contexts. For instance, research conducted in counties such as Kitui, Tigania, and Mombasa highlighted the Catholic Church's pastoral involvement through moral instruction and youth ministry (Chiriswa, 2021; Miriti, 2019). However, there was limited empirical evidence from Nzaui Sub County where cultural practices, access to health information and religious influence differed significantly. This gap in localized data restricted understanding of how Catholic Church institutions in Nzaui adapted national guidelines and Church doctrine to the lived realities of students especially the girl child and communities.

Another notable gap concerns the absence of rigorous evaluations of faith based interventions. Catholic Church programmes such as Caritas, youth mentorship, parish counselling sessions and diocesan pastoral care for young mothers are often described in reports or media publications but rarely assessed for measurable impact (Caritas Nairobi, 2022). Most existing studies were descriptive, focusing on moral or spiritual dimensions rather than educational or health outcomes. Consequently, there was inadequate evidence on whether pastoral initiatives reduced incidences of teenage pregnancy, increased school reentry rates, or improved psychosocial wellbeing among affected learners. The lack of quantitative and longitudinal evaluation data represented a critical limitation in evidence based policymaking and programming.

Relating to Policy practice gaps are also prominent. Although the Ministry of Education's *School Re Entry Guidelines* (2020) mandated that learners who drop out due to pregnancy be allowed to resume education. Their implementation remains inconsistent, particularly in faith sponsored schools. Studies revealed that some Catholic Church institutions face internal tensions between upholding Church moral teachings and complying with state policy on reentry (National Council for Population and Development [NCPD], 2021). In certain cases, school administrators

and local clergy interpreted reentry through the lenses of morality and discipline, leading to stigma or informal restrictions for pregnant learners. This inconsistency underscored the need to investigate how Catholic educational administrators in Nzaui sub county balanced pastoral care with policy obligations.

Relatedly, contradictions between Catholic Church doctrines and teenage Sexual and Reproductive Health (SRH) needs remain insufficiently examined. The Catholic Church promotes abstinence and opposes modern contraception and some aspects of comprehensive sexuality education (Kenya Conference of Catholic Bishops [KCCB], 2022). Yet, in contexts with high teenage pregnancy rates, school chaplains and teachers often faced dilemmas in guiding teens who required practical information on reproductive health. Very few studies have documented how these tensions are navigated in practice, whether through referrals, private counselling or collaboration with public health services. Research in this area could provide valuable comprehension into how religious values are reconciled with teenage realities in rural Kenya like in Nzaui Sub County.

In addition, there was limited documentation on psychosocial and socioeconomic dimensions of teenage pregnancy within Catholic Church contexts. Studies indicated that stigma, poverty, and inadequate counselling hindered pregnant learners from returning to school (ID insight, 2022). However, most existing research neglected to explore how the Church either mitigated or perpetuated stigma through its teachings and community attitudes. The experiences of male partners, often older peers or out of school youths, remained largely absent from both Catholic Church and academic discussions. Consequently, Church responses tended to focus exclusively on girls, overlooking the broader social and gender dynamics that sustained teenage pregnancy. This study addressed the challenge of gender through advising the Catholic Church to look into psychosocial needs of both teenage boys and girls.

Methodologically, most Kenyan studies relied on cross sectional, qualitative designs with small samples, often limited to single schools or parishes. Few employed mixed methods or longitudinal approaches that captured behavioural changes, educational outcomes or the long term effects of pastoral interventions (Chiriswa, 2021). Moreover, there was limited triangulation between school records, health facility data and parish reports. This methodological weakness limited the reliability and generalizability of existing findings. Future studies in Nzaui would therefore employ mixed designs, combining surveys, interviews and administrative data to enhance the robustness of evidence.

Another critical gap was the weak coordination between Church structures and government agencies. Despite national efforts to integrate faith based organizations into teenage health and education strategies, the extent of formal collaboration between diocesan offices, Caritas and County Education or Health Departments remained poorly documented (NCPD, 2021). Understanding how such partnerships operated or failed to, would clarify the role of the Church as a development partner rather than merely a moral authority.

Finally, data quality and reporting inconsistencies continued to hinder effective monitoring. School level records on pregnancy cases are often incomplete or under reported due to fear of stigma or administrative reluctance. Faith based schools were especially cautious in disclosing statistics, further complicating accurate assessment. The absence of reliable sub County data constrained both government and Catholic Church efforts to plan targeted interventions and evaluate progress.

In summary, existing literature highlighted several critical gaps concerning the Catholic Church's response to teenage pregnancy in Kenyan senior secondary schools. These included the absence of localized empirical data, inadequate evaluation of faith based programmes, poor policy implementation, and doctrinal tensions with SRH education, under explored psychosocial dimensions, limited methodological rigor and weak institutional coordination. Addressing these

gaps required comprehensive, context specific studies in sub counties such as Nzaui and using mixed methods and participatory approaches. Such research informed policies that were both evidence based and culturally sensitive hence ensuring that Catholic Church sponsored schools provided effective, compassionate and inclusive support to pregnant teenagers and parenting learners while upholding the Catholic Church's moral and educational mission.

Table 1:

Summary of Identified Research Gaps and Justifications

Identified Research Gap	**Supporting Evidence / Sources**	**Justification / Why the Gap Matters**
Lack of localized empirical studies in Nzaui Sub County on the Catholic Church's response to teenage pregnancy.	Miriti (2019); Chiriswa (2021); Ministry of Education (2020)	Most studies were County or national level; local context (Nzaui) differs culturally and religiously, limiting transferability of findings.
Absence of rigorous impact evaluations of Catholic and faith based interventions.	Caritas Nairobi (2022); IDinsight (2022)	Existing evidence was largely descriptive; no measurable assessment of programme outcomes such as reduced pregnancies or increased school reentry.
Weak implementation of *National School Re Entry Guidelines* in faith sponsored schools.	Ministry of Education (2020); NCPD (2021)	Policy–practice gap persisted as many Catholic schools inconsistently applied reentry policy due to moral or cultural resistance.
Limited research on how Catholic doctrine was reconciled with adolescent sexual and reproductive health (SRH) realities.	KCCB (2022); NCPD (2021)	Tension between Church teaching (abstinence, opposition to contraception) and adolescents' practical needs remained unresolved in literature.
Poor documentation of psychosocial support, stigma	ID insight (2022); Miriti (2019)	Focus had been on girls only; neglected mental health,

reduction, and inclusion of male partners.		socioeconomic barriers, and male accountability in prevention and support.
Methodological weaknesses — small, cross sectional studies; lack of mixed or longitudinal methods.	Chiriswa (2021); Miriti (2019)	Limited generalizability and evidence strength; long term effects of Church interventions remained unknown.
Weak coordination between Church institutions and government/NGO stakeholders.	NCPD (2021); Caritas Nairobi (2022)	Collaboration mechanisms for joint interventions and referrals were poorly understood, undermining programme integration.
Inconsistent and incomplete data on teenage pregnancy cases in faith based schools.	Ministry of Education (2020); NCPD (2021)	Underreporting due to stigma prevented accurate assessment and evidence based planning.
Limited attention to gender dynamics, particularly the role of boys and fathers.	KCCB (2022); IDinsight (2022)	Teenage pregnancy was addressed as a girls' issue; neglecting male responsibility perpetuated the cycle.
Limited triangulation between Church, school, and health data systems.	Chiriswa (2021); Ministry of Education (2020)	Data silos weakened evaluation and evidence synthesis for policy decisions.

Source: Miriti (2019) and Chiriswa (2021)

Numerous studies had explored the interventions of the Catholic Church in teen pregnancy prevention, yet there was vast knowledge on the transferability of these programmes to different socio cultural and rural environments. Scholars such as Levesque (2021) and De Guzman et al. (2022) had underscored the impacts of abstinence and reproductive education in urban and parish environments, mainly in Western and Asian countries. Similarly, Moshi (2021) undertook African research in Tanzania and Chikondi and Banda (2022) undertook Malawian research that had dealt specifically with youth empowerment and material aid interventions in general.

However, such studies fell short of delving into a more precise definition of how Catholic doctrine was interpreted and applied within smaller, locally centered education systems such as those in Nzaui Sub County, Kenya. The cultural dynamics of religious norms, traditional patterns of belief and teenage reproductive behaviour in such local contexts remained understudied and therefore limited contextual applicability to general findings.

Methodologically, most of the studies reviewed employed either pure qualitative or quantitative approaches, which, while useful, did not facilitate an in depth understanding of teenage pregnancy in Catholic sponsored public senior secondary schools. Chikondi and Banda (2022), for instance, used case control design with logistic regression while Rotich (2021) used longitudinal designs with repeated measures ANOVA, but none of them combined these to triangulate statistical significance and lived experiences. Moreover, certain research like that of (Ramírez & Ortega, 2020) was grounded considerably in purposive or snowball sampling and that had triggered problems of generalizability. This methodological deficiency speaks to the need for a mixed methods approach integrating inferential statistical analysis with qualitative depth so that both hypotheses are tested as well as richer contextual understanding. This study filled this gap by using mixed methods to examine both the effectiveness and real life contexts of Catholic Church interventions to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County.

The literature reviewed on the Catholic Church's response to teenage pregnancy in senior secondary schools highlighted several overarching themes that shaped both understanding and intervention approaches. These themes revealed the multifaceted nature of the Catholic Church's role, spanning moral, educational, social and policy dimensions yet also exposed significant limitations and contradictions in its practices and influence. The Catholic Church's moral and doctrinal foundations stance on teenage sexuality and pregnancy was grounded in its moral theology emphasizing chastity, abstinence and sanctity of life. Studies such as KCCB (2022) and

Miriti (2019) underscored how Catholic Church teaching promoted abstinence only education within faith based schools. While this moral guidance aimed at reducing premarital sexual activity, critics argued it inadequately addressed the realities of adolescents' sexual behaviour and access to reproductive health services. The Catholic Church's moral authority remained strong but its doctrinal rigidity often limited pragmatic interventions.

In the educational and School based response, the Catholic Church's influence in Kenya's education system through sponsorship and management of many schools, positioned it as a critical player in addressing teenage pregnancy. Literature by Chiriswa (2021) and Ministry of Education (2020) indicated that Catholic schools often promoted character formation and moral discipline but varied in their implementation of re- entry policies for pregnant girls. Some schools reintegrate affected learners compassionately, while others resisted due to fear of moral compromise, exposing inconsistencies between policy and practice.

The Catholic Church psychosocial and community Support was evidence from ID insight (2022) and Caritas Nairobi (2022) that highlighted Church led efforts in providing psychosocial support, counselling and community awareness programmes. However, most interventions focused on the affected girls, neglecting male involvement and broader socio economic factors such as poverty, parental neglect and peer influence. The limited integration of mental health and stigma reduction initiatives weakened the sustainability of Church driven support systems. Collaboration with Government and NGOs, the National Council for Population and Development (NCPD, 2021) reports limited collaboration between faith -based institutions and government agencies, despite shared objectives in reducing teenage pregnancies. Thus, coordination challenges stemmed from differences in moral frameworks and resource limitations. Strengthening partnerships with non-faith organizations and local health departments enhanced the Catholic Church's reach and impact responding to teenage pregnancy.

There seemed to be policy and implementation challenges despite the introduction of the National School Re- Entry Guidelines (2020)**, f**aith sponsored schools had been inconsistent in applying them. Studies such a**s** NCPD (2021) and Chiriswa (2021) revealed a persistent gap between national policies and local implementation was largely due to conflicting moral, cultural and administrative interpretations. Effective implementation required clearer Church guidance, teacher sensitization, and local level monitoring mechanisms. In methodological and knowledge gaps most reviewed studies were descriptive, qualitative or case based with limited empirical evaluations of intervention outcomes. As noted by Miriti (2019) and Chiriswa (2021)**,** few studies used longitudinal or mixed methods to measure behavioural change, policy impact or educational outcomes. This methodological weakness underscored the need for localized evidence based studies in sub counties such as Nzaui, where unique cultural and religious contexts influenced program success.

Table 2:

Summary of Key Literature Review Themes

Theme	**Key Comprehension from Literature**	**Representative Sources**
Moral and Doctrinal Foundations	The Church promoted abstinence only education and condemned contraceptive use; provided strong moral direction but limited practical SRH guidance.	KCCB (2022); Miriti (2019); NCPD (2021)
Educational and School Based Responses	Faith based schools played a major role in shaping values; inconsistent application of school re -entry guidelines for pregnant learners.	Chiriswa (2021); Ministry of Education (2020)
Psychosocial and Community Support	Counselling and awareness programmes existed but focused mainly on girls; weak	IDinsight (2022); Caritas Nairobi (2022)

	inclusion of male roles and stigma reduction.	
Collaboration with Government and NGOs	Coordination was limited due to doctrinal differences and resource constraints, reducing impact and duplication of efforts.	NCPD (2021); Caritas Nairobi (2022)
Policy and Implementation Challenges	National guidelines existed but were poorly implemented at school level; moral concerns cause non-compliance in some Catholic institutions.	Ministry of Education (2020); Chiriswa (2021)
Methodological and Knowledge Gaps	Most studies were descriptive with weak empirical grounding; lack of localized studies in Nzaui Sub County.	Miriti (2019); Chiriswa (2021); IDinsight (2022)

Source: Miriti (2019), NCPD (2021) and KCCB (2022)

2.5 Conclusion

From the literature review, it was evident that previous researches had been carried out on the causes and challenges of teenage pregnancy but not in the area of response of Catholic Church to teenage pregnancy. The chapter critically reviewed theories that were suggested for the study problem. Furthermore, the chapter reviewed the various literature sources in support of the empirical research. The process was guided by the research questions and interview guides to give relevance of the study areas.

The reviewed literature demonstrated that, while the Catholic Church in Kenya is deeply involved in moral guidance and education, its operational response to teenage pregnancy lacked systematic documentation, evaluation and coordination. Addressing these gaps through mixed methods, locally grounded research in Nzaui Sub County helped generate actionable evidence for both Church based and public education policies, supporting equitable access to education for pregnant and parenting learners.

The Catholic Church adopted for abstinence and use of natural family planning method as opposed to artificial methods. In Nzaui Sub County, where teenage pregnancy was openly derailing girls' education and health, the Catholic Church's double role as moral leader and school sponsor put it in a special position to react in a more holistic way. But yet no local study had thoroughly evaluated how well the Catholic Church's multi- faceted interventions were working. The literature revealed that while the Catholic Church remained a critical stakeholder in moral and educational formation, its capacity to effectively address teenage pregnancy was hindered by doctrinal constraints, implementation inconsistencies and inadequate collaboration with secular partners. Bridging these gaps required integrating moral instruction with evidence based, inclusive and community driven approaches tailored to the realities of Nzaui Sub County. The study explored ways and intervention programmes the Catholic Church came up with to mitigate teenage pregnancy in Catholic sponsored public senior secondary schools in Nzaui sub County, Makueni County.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter described the procedures that were used to conduct the study on the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui sub- County. It outlined the research design, target population, sample and sampling procedures, description of data collection instruments, data collection procedures and data analysis procedures. The chapter concluded with a description of ethical considerations that were taken in conducting the study.

3.2 Research Design

According to Creswell (2018), research design referred to the overall strategy one chooses to integrate different components of the study coherently and logically, thereby ensuring the researcher effectively addressed the research problem. The study employed a Convergent Parallel mixed- methods research design. The design enabled the researcher to collect both quantitative and qualitative data concurrently, analyze each dataset independently and integrate the findings during interpretation. The mixed- method approach was appropriate because it provided a comprehensive understanding of the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County. Quantitative and qualitative data complement each other by combining numerical evidence with participants' lived experiences and perceptions (Creswell & Creswell,2018). Quantitative data provided measurable information on the prevalence and effectiveness of Catholic Church intervention programmes, while the descriptive qualitative data offered deeper insights into the experiences, challenges and perspectives of school administrators, guidance and counselling teachers, students and religious personnel.

However, each method had its limitations; quantitative research may lack contextual details, while qualitative research may not be generalizable. The mixed method approach balanced these limitations and revealed comprehension that might be missed if only one methodological approach was used, leading to more effective interventions and policies (McBride et al, 2019). The uniqueness of convergent parallel mixed-method design was that it provided priority and sequence to qualitative and quantitative approaches. In terms of priority, both quantitative data and qualitative data supported each other (McLeod, 2019). In terms of sequence, quantitative and qualitative data was concurrently collected. It was often used to make inferences about possible relationships or gathered preliminary data to support further research and experimentation.

3.3 Description of the study area

The study was conducted in Nzaui Sub County, Makueni County, Kenya, within the Catholic Diocese of Wote. Nzaui Sub County is located the south Eastern part of Kenya, within Makueni County, Eastern region in Kenya. It is situated approximately140 kilometres Southeast of Nairobi, the capital city. The sub County is characterized by a combination of rural landscapes, agricultural activities, mixed of urban and semi urban settlements. The residents primarily engage in subsistence farming. The local economy is also supported by small scale businesses and trade. This in a way might have contributed to factors leading to increase of teenage pregnancy rates in this area. Infrastructures such as road are not well developed. According to the 2019 Kenya population and housing census, Nzaui Sub County had a population of 126,701 people. The area has several Catholic-sponsored public senior secondary schools, where the Church participates actively in educational management, pastoral care, guidance and counselling, youth formation, moral and religious instruction. The study focused on the Catholic sponsored public senior secondary schools in Nzaui Sub County. The Sub County was selected because it has continued to record relatively high cases of teenage pregnancy despite ongoing interventions by the government, schools and the Catholic Church.

3.4 Target population

A target population is a group of individuals or subjects from which a sample for the study is drawn (Majid, 2018). The target population comprised of school principals, secondary school guidance and counselling teachers, students and religious people (priests, Reverend Sisters) serving in Catholic-sponsored public senior secondary schools in Nzaui Sub County, which lies in the Catholic Diocese of Wote. These groups were selected because they play direct roles in implementing, supervising or benefitting from the Catholic Church's intervention programmes aimed at preventing teenage pregnancy and supporting affected learners. Teenage or adolescent mothers were not interviewed since some were back to school and the pregnant girls were among the students. There were 7 Catholic sponsored public senior secondary schools in the Sub County that the study targeted. Data gathering instruments included questionnaires for students and religious peoples while interview guides served for principals and the counselling teachers. The face and content validity was ascertained by exposing the instruments for adequate discussion of the items with two supervisors.

3.5 Sampling Procedures and Sample Size

Sampling is the process of choosing a representative sample for a study from a broader population (Tuovila, 2020). According to Mvumbi and Ngumbi (2015), the sample needed to be sufficiently large and contained key characteristics to guarantee that it accurately represented the population. The study employed both probability and non-probability sampling techniques. Stratified and simple random sampling were used to select the largest category of respondents (students). Purposive was also used to select principals, guidance and counselling teachers and religious people (priests and religious sisters). The sample size was determined based on the study population and ensured adequate representation of all respondent categories. Therefore, sample size

of 361 was preferably achieved:7 principals, 7 guidance and counselling teachers, 12 religious people and 335 students.

3.5.1 Sampling of Schools

A sample of 7 Catholic sponsored public senior secondary schools were incorporated in the study through non- probability sampling technique. The entire population was studied using this non probability sampling technique because it was small and every individual was considered significant in the research.

3.5.2 Sampling of Principals

Principals for the study were selected through purposive sampling technique. Purposive is a non-probability sampling technique that the researcher employed in the research where participants were specifically chosen based on particular attributes or criteria that were pertinent to the study. This method guaranteed that the sample consisted of people who offered rich, in depth and useful information about the phenomena being studied. Principals being the school managers were at a better position in providing reasons behind teen pregnancy in their schools and the contributions of the Catholic Church in dealing with such issues. Since the sampled schools were 7 in total, a purposive sampling technique was employed to select 7 principals, where one participant was sampled from every school to give the desired sample size.

3.5.3 Sampling of Guidance and Counselling Teachers

The same sampling procedure Purposive was used to sample 7 guidance and counselling teachers of Nzaui sub County in Catholic Church sponsored public senior secondary schools. The purposive sampling technique was only considering one guidance and counselling teacher in any institution where there were more than one. Therefore, out of the seven sampled institutions, a total of 7 counsellors were engaged in the study. The consideration of the guidance and counselling

teachers was due to the fact that they often interacted with the students for therapeutic and counselling sessions hence they had rich information. The information gathered in this case, aided the study in examining prevalence, intervention programmes, challenges and empowerment opportunities for parenting learners in regard to teenage pregnancy in schools.

3.5.4 Sampling of Religious people

Further, purposive sampling technique was employed in the incorporation of 12 religious people selected for the study from the three Catholic Church parishes within Nzaui Sub County. The information from the priests and religious sisters in the area of study regarding teenage pregnancy brought in additional data to the research**.** Finally, the inclusion of the religious people in the study was motivated by their role as school sponsors. They also participated in spiritual and moral guidance and other significant interventions in dealing with teen pregnancy in our schools as well as in the community at large.

3.5.5 Sampling of Students

For determining an appropriate sample size for students, the Yamane (1967) scientific formula with stratified and random sampling technique was employed. The population 2076 (Sub County records) was separated into discrete strata according to common traits and a random sample was then selected from each stratum. This technique was a probability sampling procedure used in research. The accuracy and dependability of the results were improved by this method, which guaranteed that all significant sub groups were fairly represented in the final sample.

$n = N / (1 + Ne2)$

Where:

n = sample size

N = total population (in this case, 2076)

e = margin of error (at 95%, e=0.05)

The sample size shall be computed as follows:

n = N / (1 + Ne2)

n = 2076/ (1 + 2076× 0.25^2)

n = 2076/ (1 + 2076× 0.0025)

n = 2076/ (1 +5.19)

n = 2076/ 6.19

n = 335 Students

In contrast, stratification and the simple random sampling technique were used for the selection of 335 students from a population of 2076. The researcher used stratified random sampling technique to classify students into groups according their class of study; a few Form Two, Three and Four respectively in all the seven Catholic sponsored public senior secondary schools. The students were targeted on the basis of being the subject of study and they provided the required information on teen pregnancy. The number of students who participated depended on the school enrollment. Then written pieces of papers were folded and thoroughly mixed in a container. Students were assisted by the research assistant to pick randomly as per their strata and school enrolment until the required sample size of 335 was achieved.

Table 3:
Sampling Matrix

Population categories	**Target Population From the Sub - County**	**Sample Size Yamane Calculations**	**Percentage from the researcher**	**Sampling technique**
Students	2076	335	92.8%	Stratified & Simple random Sampling
Counselling teachers	7	7	100%	Purposive
Principals	7	7	100%	Purposive
Religious people	12	12	100%	Purposive sampling by right
Total	**2102**	**361**	**98.2%**	

Source; (Nzaui Sub County Education Basic Statistics, 2024)

3.6 Description of Data Collection Instruments

Data collection instruments are essential tools for gathering relevant information to address the study's research questions comprehensively (Matula et al., 2018). The study utilized primary instruments of structured questionnaires and semi- structured interview guides. The questionnaire was a structured tool comprising a set of standardized questions designed to be answered by participants (Creswell, 2018). In alignment with the study's research objectives, the questionnaires were carefully formulated to ensure clarity and relevance. Questionnaires were efficiency research tools in gathering factual information rapidly and consistently. They subjected the respondents to the same set of questions, minimized biasness and captured a diverse range of viewpoints essential to the study. Orodho (2019) emphasized that the questionnaires are both a cost effective and straightforward method for collecting substantial amounts of data within a short time frame. The questionnaires were administered to students and religious people to collect quantitative information regarding the prevalence rates, challenges and Catholic Church intervention programmes to teenage pregnancy in Nzaui Sub County.

The semi- structured interview guide outlined specific questions in a logical sequence and helped the researcher guide and standardize the interview process. The semi- structured interview instruments gathered comprehensive information from the principals and guidance and counselling teachers who had extensive knowledge on teenage pregnancy. Unlike the questionnaire, the interview guides allowed for in depth exploration of complex topics, offered opportunities for clarification, probing and flexibility in questioning. The semi- structured interview guides enabled the collection of rich, comprehensive and deeper qualitative data that was not accessible through standardized questionnaires. In accordance with Matula et al. (2018), the combination of these tools helped the researcher to triangulate information, interpret and improve the credibility of the findings.

3.6.1 Interview Guide for Counselling Teachers

The semi structured in depth interview guide was a qualitative data gathering tool. It explored the lived experiences, attitudes and professional practices of guidance and counselling teachers on teenage pregnancy within Catholic sponsored public senior secondary schools (Brinkmann & Kvale, 2015). The tool provided the flexibility of open ended questions and the direction of pre- determined thematic areas. Thus, it gathered rich, detailed and contextually embedded data. With the semi structured format, interviewers had the ability to follow a similar outline during interviews and allowed for comparability through probing and exploration of emergent issues.

The tool was divided into four broad theme areas based on the primary variables being analyzed: teachers' attitudes towards teen pregnancy which showed participants' understanding of the prevalence and nature of teenage pregnancy in their schools. Questions in this section also explored teachers' perceptions of the impact of teen pregnancy on students' academic progress, psychological stability and socialization. School based intervention strategies looked at prevention and support mechanisms implemented in schools. It considered the range of guidance and counselling services offered, how teachers implemented the sessions. Further, effectiveness of Catholic Church's response explored teachers' views on the initiatives of the Catholic Church to teenage pregnancy. It sought to determine how Catholic Church doctrine influenced school policy and the level of collaboration between Church leaders and school staff.

It examined further how the Catholic Church supported preventive education or provided care and guidance for pregnant adolescents, challenges faced by Guidance and counselling teachers which echoed the dilemmas teachers experienced in their work and some of the opportunities for empowering pregnant teenagers and teen mothers (Gibson & Mitchell, 2016). The information gathered from the participants of the seven schools under study was analyzed. Guidance and

counselling teachers were assured of anonymity and confidentiality throughout the study. Each interview process lasted for 45 to 60 minutes. Interviewees had to freely consent for audio recording for the purposes of transcription and accuracy in gathering of information. In some insistences, the interviewer took down supplementary notes to back up the collected information.

3.6.2 Interview Guides for Principals

The interview guide for principals comprised of semi structured questions or any other. The semi structured in depth interview schedule for principals was a qualitative data collection instrument that sought to attain an in depth understanding of school leadership attitudes and teen pregnancy issues in Catholic sponsored public senior high schools (Cohen, Manion & Morrison, 2018). Since the problem at hand was sensitive in nature and because principals hold a unique position as both educational administrators and moral guardians in church affiliated institutions, this schedule was designed to give reflexive, experience- based responses under an open ended but structured format.

The survey tool was broken down into four areas including Principals' Perceptions of Teenage Pregnancy. Principals' attitudes had a tendency of shaping the formulation of policies and interventions in the school leadership and policy response. This section investigated how principals managed cases of teenage pregnancy, including their adherence to Ministry of Education policy and internal school policy, the role of the Catholic Church in policy and practice. Principals were queried regarding the involvement of the Catholic Church in shaping school policies, student discipline and moral education. In addition, challenges of school management of teenage pregnancy, where principals were requested to write down some specific incidents or dilemmas they have had and how they dealt with them. The semi-structured interview examined opportunities for empowering pregnant teenagers and teen mothers by the Catholic Church in Nzaui Sub County.

The researcher conducted one on one interviews with 7 principals sampled from the seven schools sponsored by the Catholic Church to gather detailed information on the study problem. Interviews were conducted in a private and respectful setting to encourage openness. Principals were assured that their views were anonymized and treated with confidentiality (Leith wood, Harris & Hopkins, 2020). Each interview process lasted for 45 to 60 minutes, where with consent, some interviews were audio recorded for transcription, accuracy and supplementary notes were written by the interviewer.

3.6.3 Questionnaire for Religious People

The researcher set the questionnaires for the religious people. Prior the visit, the researcher had made appointment with the personnel in charge. After a brief introduction and explanation of the purpose of the study, the researcher distributed the questionnaires to the respondent in person with the help of research assistant. Then gave time to the respondents to fill in the questionnaires freely. The respondents gave back the filled questionnaires by hand to the researcher. The researcher appreciated the respondents for volunteering to fill in the questionnaires.

The questionnaires for religious people contained structured questions. The structured questions facilitated easy interpretation and analysis of the collected quantitative data. The questionnaires were categorized into five sections A, B, C, D and E. Section A was for gathering data which sought to identify the social demographic background of priests or religious sisters taking part in the study. Section B addressed the factors that contributed to the prevalence of teenage pregnancy, Section C focused on the influence of the Catholic Church's intervention and initiative programmes in mitigating the causes and consequences of teenage pregnancy while Section D gathered information on challenges/barriers faced by the Catholic Church in its response to teenage pregnancy and E looked at opportunities for empowering pregnant teenagers and teen mothers.

3.6.4 Questionnaires for Students

The questionnaire for students was well structured to capture teen pregnancy in Catholic Church sponsored public senior secondary schools in Nzaui Sub County. The researcher made appointment with the principal. Then visited the school and presented the questionnaires to the students with the help of the researcher assistant. The learners were selected through stratified and simple random technique per classes. They were given time to respond to the questionnaires. After completing they gave them back to the researcher by hand.

The questionnaire comprised of five sections A, B, C, D, and E. The structured questions facilitated easy interpretation and analysis of the collected data. Section A gathered data which sought to identify the social demographic background of the students taking part in the study. Section B addressed the factors that contributed to the prevalence of teenage pregnancy, Section C focused on the influence of the Catholic Church's intervention and initiative programmes in mitigating the causes and consequences of teenage pregnancy while Section D gathered information on challenges/barriers faced by the Catholic Church in its response to teenage pregnancy and Section E looked at opportunities for empowering pregnant teenagers and teen mothers. These structured questions helped to reduce variation of the responses from the respondents.

3.7 Description of Data Collection Procedures

According to Baldissone, Comberti, Bosca and Murè (2019), Data collection referred to obtaining of precise data that confirmed or disputed truths. Before collecting data, the researcher sought approvals and obtained an introduction letter from the Catholic University of Eastern Africa. This was followed by obtaining research permit from NACOSTI (National Commission for Science, Technology, and Innovation) and also permission from Nzaui Sub-County Director of Education. Following the ethical approval and authorization from the relevant institutions, the

researcher sought permission from the Catholic Diocese of Wote and the administrators of the selected schools. The researcher then secured an appointment with school authorities about date and time to carry out data collection. On reaching the schools, the researcher introduced herself to the heads for the consent to approach the learners and teachers. Participants were informed of about the purpose of the study and their voluntary participation. Informed consent was obtained before administering the questionnaires and conducting interviews. Questionnaires were distributed and collected by the researcher while interviews were conducted at mutually convenient times and recorded with participant's consent. The same procedure was applied to the Parishes Priests to collect data from the religious people. An additional letter was attached to the questionnaire assuring confidentiality to the respondents and that the responses were used only for academic purposes. Both qualitative and quantitative data were collected separately but concurrently.

3.7.1 Validity, Piloting and Reliability of the Research Instruments

This section presented discussion on the validity, piloting test and the internal consistency of the research instruments. Guaranteeing reliability and validity in the study was crucial to ensure that the findings accurately represented the study problem among the Catholic Church sponsored public senior secondary schools in Nzaui Sub County.

3.7.2 Validity of the Research Instruments

The research instruments were subjected to expert review to establish content and face validity. Supervisors and specialists in educational research examined the instruments to determine whether they adequately addressed the study objectives and research questions. Research validity was the extent to which a measure truly represented the characteristic or aspect it was meant to represent. It was also whether the scores obtained on a test or any other measurement were relevant, useful and meaningful for the inferences made from them (Orodho, 2019). Validity in this study was achieved through face validity, content validity and construct validity because they all ensured

the credibility and accuracy of the instruments used to gather data. Face validity was concerned with whether the items on the instrument appeared to be appropriate and relevant enough on the surface to both respondents and experts. It was the question of whether or not the instrument itself measured what it intended to, even though it might not guarantee scientific adequacy. In order to obtain face validity, the question items within the questionnaire were presented in a clear, coherent format and appropriate language was used to match the target population.

Content validity, on the other hand, ensured that the research tools effectively measured the domain of the construct that it claimed to be measured. Content validity within this study was increased by organizing the questionnaire into separate sections which corresponded to the research questions and objectives and thereby connected directly to the research conceptual framework (Kothari et al., 2020). Each element of the instrument was designed with a view of inquiring into a particular aspect of the Catholic Church's response to teenage pregnancy so as not to leave a major aspect behind.

In light of establishing face and content validity, the instruments were subjected to intensive examination by an expert panel of two educational administration experts and one postgraduate research specialist from the Catholic University of Eastern Africa. These experts reviewed the questionnaire to ensure its clarity, relevance, thoroughness in content and logical sequence of items. Their feedback was essential in simplifying the instruments to avoid ambiguity and ensure maximum accuracy. This exercise guaranteed that every question aligned with the constructs being studied and all aspects of the phenomenon such as advocacy, abstinence, education, peer influence and pastoral care response had been captured.

Construct validity was the extent to which the instrument really measured the theoretical construct that it was meant to measure, was secured by aligning each questionnaire item with variables in the conceptual framework of the research. Its function secured both that the instrument was consistent in form, content and also that the instrument was an accurate representation of the

underlying theoretical assumptions. For qualitative instruments such as interview guides, the researcher stretched on the tool validation beyond codes through code cross checking. This was a procedure where codes from qualitative responses independently were checked for agreement. Regularly, similar coding outcomes across rounds indicated that the instrument was picking up on participants' experiences and perception in similar manners. Conversely, in the event of evident differences, this necessitated a revision of the guide to achieve clearer and more precise probing questions. Finally, everything the pilot testing and subject matter experts had to said was used to update and finalize the instruments before final field deployment. This thorough validation process enhanced the quality, integrity and accuracy of the data collected for the research.

3.7.3 Piloting of the Instruments

A pilot study according to Chhetri and Khanal (2024) referred to a preliminary and limited scale investigation conducted before the primary research study. It involved testing the research methods, instruments, procedures and protocols on a limited sample of the target population. To ensure the accuracy of pilot research, a sample size of 10 % was adequate (Tsang, Royse & Terkawi, 2021). Permission was sought from NACOSTI and The Catholic University of Eastern Africa before administering for pilot testing to determine whether it gives relevant feedback.

Pretest study was conducted in 2 Catholic Church's sponsored public senior secondary schools outside the study area but with characteristics similar to those of sampled schools. A sample of 30 participants was studied. Feedback from the pilot study was used to refine the instruments before the actual data collection. Piloting test of the instruments ensured that accurate and valid data was collected for the study. The piloting ascertained the accuracy of study instruments by gathering information on the Catholic Church's response to teenage pregnancy. It assessed the clarity and relevance of the research questions and tested the comprehensibility of the research tools. Based on the pretest findings, the researcher made the necessary adjustments to the

instruments to enhance their effectiveness. This process helped refine the instruments, ensuring that they captured reliable and relevant data for the study's objectives and research questions.

3.7.4 Reliability

Reliability is the consistency, stability and dependability of a research instrument over time as well as across various conditions. It was considered that an instrument was reliable when it produced similar results on repeated administration under identical conditions (Al Jaghsi et al., 2021). Reliability essentially addressed the degree to which the instrument removed errors and consistently measured the construct to be measured. As posited by Orodho (2018), test retest was among the most used techniques to check reliability. Under this technique, the same instrument was administered to the same group of respondents at two intervals. Under the current study, pilot test was conducted in Makueni Sub County on a small yet representative sample of the target population. The same questionnaire was re- administered to the same participants after two weeks. Consistency in their responses across the two administration times were the basis for assessing the reliability of the research instrument.

Statistically, data collected from the questionnaire was processed numerically using Statistical Package for the Social Sciences (SPSS) Version 25 with the use of Cronbach's Alpha (α) in order to determine internal consistency. Internal consistency was to ensure that items on one measure were measuring the same variable. In this study, the reliability of the questionnaires was ascertained through Cronbach's Alpha (α) coefficient. A reliability coefficient of 0.70 or above was considered acceptable, indicating that the instruments consistently measured the intended variables (Cronbach, 1951). The Cronbach's Alpha coefficient ranging from 0.70 to 1.00 was acceptable, having high reliability (Moshki et al., 2020). Where the alpha was below this, then the measure was rewritten and clarified further prior to re testing. Furthermore, test retest scores were analyzed to determine the coefficient of dependability, a measure of stability of the instrument

across time. This allowed the researcher to identify and correct any ambiguity, inconsistency and design flaw in the instrument before applying it in the main study.

For qualitative instruments such as interview, reliability was ensured through expert consultation and peer review. The reliability of the interview guides was ensured through accurate consultation and through analysis by the University research experts, at the department of Religious Studies and the cross checking by the supervisors. The research tools were presented to experienced university research supervisors and instructors in the Department of Religious Studies at the Catholic University of Eastern Africa. Their feedback was related to logical flow of questions, probed clarity and thematic appropriateness.

In addition, qualitative reliability was also addressed with cross checking of pilot interviews' codes. The researcher cross- checked and then analyzed independently the responses and similarities in theme and patterns reflected high inter rater reliability. In the event of observed differences of interpretation, the instruments were adjusted so that they effectively captured the information of interest. Therefore, through the use of both quantitative and qualitative reliability procedures, the study guaranteed that the research tools were credible, reliable and suitable for getting reliable information in the actual fieldwork process.

3.8 Description of Data Analysis Procedures

Data analysis involved organizing data to derive helpful information (Johnson, 2022). Data analysis as the process of reducing collected data to a manageable size, developing summaries, identifying patterns and applying statistical techniques to interpret the meaning. Quantitative data were coded and entered into the Statistical Package for Social Sciences (SPSS) Version 25 for analysis. Descriptive statistics analysis was analyzed using measures of central tendency, frequencies, percentages in contingency or cross tabulation tables and figures, means and standard deviation. These were used to summarize respondents' characteristics and assess perceptions

regarding the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County.

Qualitative data obtained from the interviews were transcribed verbatim, organized into themes and analyzed using thematic analysis. The analysis and interpretation of data was conducted to address the purpose of the study. Narrative thematic analysis was used to find patterns and themes in the qualitative data and then the categories and themes were interpreted to provide a deeper understanding of the study objectives. The qualitative findings were integrated with the quantitative results during interpretation to provide a comprehensive understanding of the prevalence rates, intervention programmes, challenges and opportunities empowerment of the Catholic Church response to teenage pregnancy in Nzaui Sub County. Finally, a comparison of the outcomes from the two data sets was performed to find any patterns or discrepancies. The multiple regression Model was employed to test the influence of the independent variable on the dependent variable.

$Y = \beta 0 + \beta\ 1X1 + \beta\ 2X2 + \beta\ 3X3 + \beta\ 4X4 + e \ldots$

Where:

Y = Teen Pregnancies (Dependent variable)

X1 = Factors that contribute to the prevalence of teenage pregnancy

X2 = Catholic Church's intervention and initiative programs

X3 = Challenges/barriers faced by the Catholic Church

X4 = Opportunities for empowering pregnant teenagers and teen mothers

e stands for the error term which is considered to be regularly distributed with mean zero and constant variance.

3.9 Ethical Considerations

The study adhered to established ethics and principles governing social science research. Research ethics refers to the adherence and keen observance of research morality with regard to norms, principles and values before and during field work and actual writing (Resnik, 2020). After receiving approval from Catholic University of Eastern Africa Board of Post Graduate Studies, the researcher applied for authorization from the National Commission for Science, Technology, and Innovation (NACOSTI). The Department of Religious Studies in the Catholic University of Eastern Africa issued an introduction letter to the researcher for the study. Then, a letter from the Director of Education Nzaui Sub County was further acquired to introduce researcher to school principals and priests in- charge of parishes of study. The researcher embarked on the actual field work.

Participants were informed about the purpose of the study, their consent and voluntary participation. The researcher assured the respondents of confidentiality and anonymity. Respondents were also informed of their right to participate in the research. They were not coerced into participating in the study and were free to withdraw from the study at any stage without any consequences. This means that potential research participants were fully informed about the procedures and risks involved in the research and must give their consent to participate. The participation into the study was fully free and voluntarily. In addition, no incentives were offered in exchange for the data needed. The researcher further assured the respondents that the study maintained their anonymity by not collecting identifying information, such as names, email addresses and by not connecting responses to the respondent's identity. During the field work, the respondents were assured of their confidentiality. Confidentiality and respect were upheld by the researcher to the participants. During writing, appropriate acknowledgement of sources of information was observed and accurate data was reported. After the data collection, the researcher ensured that the information collected during the study was used strictly for academic purposes and

all research data were treated with the highest level of confidentiality. The cleaning was also conducted in order to check any errors in the data for the analysis.

Accurate information was reported after the analysis without any prejudice, which was healthy for the study process. Plagiarism check as an important area in academic institutions of higher learning was administered. To avoid plagiarism, an author or researcher ensured that any work which was written was original and devoid of any texts, results or expressions which were borrowed, manipulated or used such ideas, processes, results or even words of the author or publication without acknowledging where the information had been obtained from (Mugenda2003). Saunders et al. (2011) argued that this malpractice had been made necessary by the advancement of the Information Communication Technology (ICT) in contemporary society. Ethically, confidentiality and respect was upheld by the researcher. In addition, appropriate acknowledgement of sources of information was observed and accurate data was reported as received.

CHAPTER FOUR

PRESENTATION, DISCUSSION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presented the findings of the study on the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub County, Makueni County, Kenya. The aim was to establish how the Catholic Church had responded to teenage pregnancy within these schools, examining both the nature of the problem and the interventions in place. The study employed a mixed methods approach with a convergent parallel design. The data response rate was collected using structured questionnaires administered to 279 students and 12 religious people, alongside interview guides for 7 principals and 7 guidance and counselling teachers from the seven Catholic Church sponsored public senior secondary schools in the Sub County. The questionnaires for student achieved a return rate of 83.3% and for religious people was 100%. Meanwhile all targeted interviews were successfully conducted: principals 7 respondents of 100% and 7 response rate 100% for guidance and counselling teachers. Therefore, 305 participants responded out of the targeted 361 respondents, giving a response rate of 84.5 %.

This chapter was organized according to the four research objectives that guided the study. It began with the demographic characteristics of respondents, followed by presentation of findings on: the prevalence of teenage pregnancy in Nzaui Sub County; the Catholic Church's intervention programmes in mitigating the causes and consequences of teenage pregnancy; the challenges and barriers faced by the Catholic Church in responding to teenage pregnancy; and the empowerment opportunities for teenage mothers. For each objective, both quantitative and qualitative data were presented, followed by discussion and interpretation of the findings in light of the Bronfenbrenner's Ecological Systems Theory and existing literature. The chapter concluded with a summary of the key findings.

Objective one: To investigate the Prevalence of Teenage Pregnancy in Nzaui Sub-County, Makueni County, Kenya.

Quantitative and qualitative findings consistently demonstrated that the prevalence rate of teenage pregnancy was17.8% in Nzaui Sub County, exceeding the national average of 15% (KEDHS 2022). Kikumini Health Centre within Nzaui Sub-County, reported 1023, teenage pregnancies and this was seen as a severe problem (2016-2021).

UNICEF (2021), supported the above findings and explained further that, teenage birthrate from2015-2020, were 44 births per100 girls aged 15-19 years. Sub-Saharan Africa had the highest regional teenage birthrate at 115 births per 1000 girls. Kenya is among the top 10 Sub-Saharan countries in the list.

Objective Two: To examine the Catholic Church's intervention programs in mitigating the causes and consequences of teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.

The respondents reported that, the Catholic Church interventions included youth seminars, adolescent moral formation, psychosocial support, guidance and counselling, pastoral care, Catholic doctrine, collaboration between the church and the schools, chaplaincy programme, and mandatory teaching of Christian Religious Education (C.R.E), chaplaincy and spiritual formation through Mass celebration and mentorship activities. However, the effectiveness of these programmes is constrained by socio-economic, cultural and institutional challenges

Nkafor and Nwosu (2022: Mwangi and Njeri (2022), conformed that, the Catholic church had reduced teenage pregnancies through health education and counselling, as well as integrating Catholic teachings with current youth issues.

Objective Three: To explore the challenges/barriers faced by the Catholic Church in responding to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.

According to the feedback from the available data, challenges included: family dysfunction, poverty, cultural norms and socio-economic structures, shortage of trained counsellors, stigma and

judgement from the community, insufficient collaboration with government health services, with teenage reluctance to seek help being the highest (70%),

KCCB (2021): Silva and Monteiro (2021), supported the above findings, by adding that the Catholic Church had faced tension on adoption of comprehensive sex education in schools which did not respect the values of the Catholic Church, as well as doctrinal constraints on reproductive health as observed by Silva and Monteiro (2021).

Objective Four: To assess ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy in Nzaui Sub County, Makueni County, Kenya.

The study reported several empowerment opportunities to teenage mothers; for youth was support group (80.2%), while religious people suggested counselling to restore dignity with (93%). Others included parental support, peer solidarity, spiritual accompaniment, positive church community engagement, vocational training, financial support programmes and educational scholarship.

Ministry of Education (2020), advocated for school re-entry for learners who had dropped out of school due to pregnancy, though the Catholic Church institutions interpreted re-entry through the lenses of morality and discipline.

4.2 Demographic Characteristics of Respondents

4.2.1 Response Rate

The researcher distributed questionnaires and conducted interviews based on the sampled population of 361 participants from the seven Catholic Church sponsored public senior secondary schools in Nzaui Sub County. However, not all students responded, 279 students out of the targeted 335 participated in the study, giving 83.3 %. For the 7 principals, 7 guidance and counselling teachers and 12 religious people was 100% response rate. Overall 305 participants responded in the research out of the target sample of 361, giving a response rate of 84.5 %.

Table 4 presents the distribution and return rates across the different participant categories.

Table 4:

Response Rate

Population Categories	Sample Size	Number Responded	Response Rate (%)
Students	335	**279**	83.3
Counselling teachers	7	**7**	100
Principals	7	**7**	100
Religious people	12	**12**	100
Total	**361**	**305**	**84.5**

The findings in Table 4 showed that out of the targeted 335 students, 279 successfully completed and returned the questionnaires, representing a response rate of 83.3%. This rate is considered excellent for analysis as it exceeds the 70% threshold recommended by Mugenda and Mugenda (2003) for social science research. The high student response rate was attributed to the researcher's presence during questionnaire administration and the assurance of confidentiality and anonymity, which encouraged genuine participation. For the counselling teachers, 7 as per targeted 7, giving a response rate of 100%. In addition, officially designated guidance and counselling teachers and other teachers who handled pastoral duties and peer counselling participated in the study. This brought valuable viewpoints on how the Catholic Church's response to teenage pregnancy was implemented at different levels within the Catholic sponsored public senior secondary schools in Nzaui Sub County.

Among principals, 7 responded as per the targeted 7, representing a 100% response rate. Their combined comprehension provided a more complete picture of the school leadership perspective on teenage pregnancy responses. For religious people, 12 took part in the research as per the targeted 12, representing a 100% response rate. The religious people included priests, sisters working in schools, health facilities and those coordinating parish pastoral work. Their participation

brought diverse experiences of how the Catholic Church responded to teenage pregnancy through different ministries beyond the parish structure.

Overall, 305 out of the targeted 361 participants responded, giving an overall response rate of 84.5%. According to Creswell (2018), a response rate above 80% is considered very good and sufficient for drawing meaningful conclusions. The high response rate across all categories enhanced the validity and reliability of the findings presented in this chapter.

4.2.2 Demographic Profile of Student Respondents

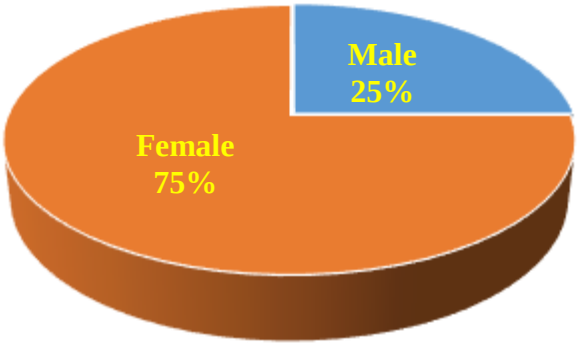
This section presents the demographic characteristics of the 279 students who participated in the study. Understanding the background of student respondents was important as it provided context for interpreting their viewpoints on teenage pregnancy and the Catholic Church's response. The demographic variables examined include gender, age bracket, class level, type of school, average academic grade and length of enrollment in the school.

4.2.2.1 Gender Distribution

The findings in Figure 2 below indicated that female students formed the majority of respondents at 209 (75%), while male students were 70 (25%). This gender distribution reflected the reality that teenage pregnancy directly affects female students, making their viewpoints particularly valuable for this study. The inclusion of male students, though fewer in number, was important as they provided comprehension into peer pressure, relationships and the role of boys in teenage pregnancy prevention. The higher proportion of female respondents was also aligned with the study's focus on understanding the experiences and needs of girls who are most affected by the phenomenon. Two out of the 7 schools that participated in the research were girls' schools. This led to the higher ratio of the female students to male students.

Figure 1

Gender Distribution

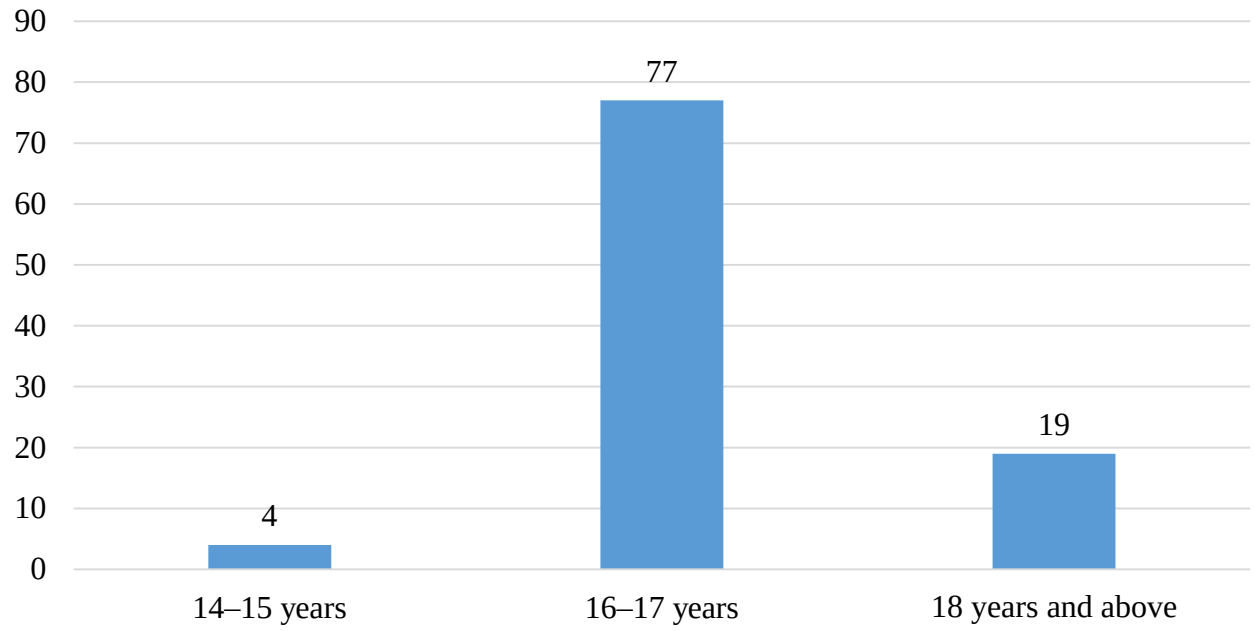


4.2.2.2 Age Distribution

Regarding age brackets (as shown in figure 3 below), the majority of student respondents were aged 16–17 years, comprising 214 students (77%). Those aged 18 years and above were 53 (19%), while the youngest category of 14–15 years had only 12 students (4%). This age distribution was consistent with the typical age range for students in Forms 2 to 4 in Kenyan secondary schools. The concentration of respondents in the 16–17 years' age bracket was significant as this is the period when many teenagers become sexually active and are at higher risk of teen pregnancy. Their responses therefore provided relevant information on the factors contributing to teenage pregnancy and the interventions of the Catholic Church.

Figure 2

Age Distribution

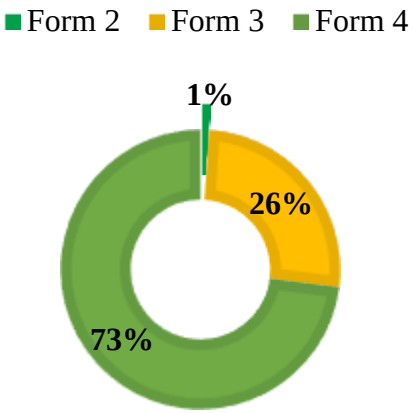


4.2.2.3 Class Level Distribution

In terms of class level, Form 4 students formed the largest group with 202 respondents (73%), followed by Form 3 with 72 respondents (26%), and Form 2 with only 4 respondents (1%). The dominance of Form 4 students is explained by the timing of data collection, which occurred during the first term when Form 4 students were preparing for their final examinations and were readily available in school. Form 2 students were the fewest because the new Education curriculum in Kenya of Competence Based Education (CBE) was phasing out Form Two in 2026. The few Form Two participated in the research in October 2025 in one school as per their request to take part in the research. The viewpoints of Form 4 students are particularly important as they have spent more years in the school system and have observed or experienced issues related to teenage pregnancy over a longer period. Figure 4 shows the class level distribution of the students below.

Figure 4

Class Level Distribution

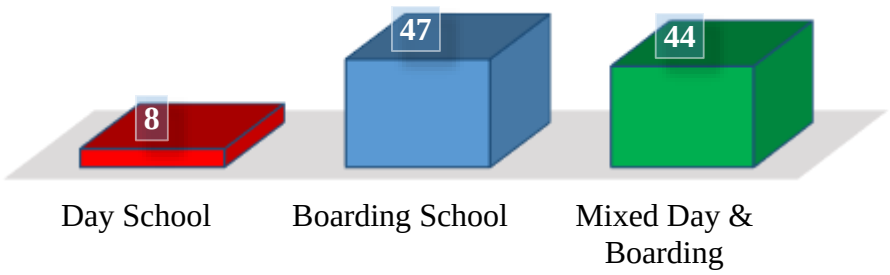


4.2.2.4 School Type Distribution

Regarding the type of school (as shown in figure 5 below), boarding schools had the highest number of respondents at 131 (47%), followed closely by mixed day and boarding schools with 123 (44%), while day schools had only 23 respondents (8%). This distribution reflected the actual composition of Catholic sponsored public senior secondary schools in Nzaui Sub County, where boarding and mixed schools are more common. Boarding schools provided a unique environment where students spend most of their time away from parental supervision, which can influence their behavior and vulnerability to teenage pregnancy. The inclusion of students from different school types allowed for comparison of how the school environment affected teenage pregnancy and the Catholic Church's response.

Figure 3

School Type Distribution

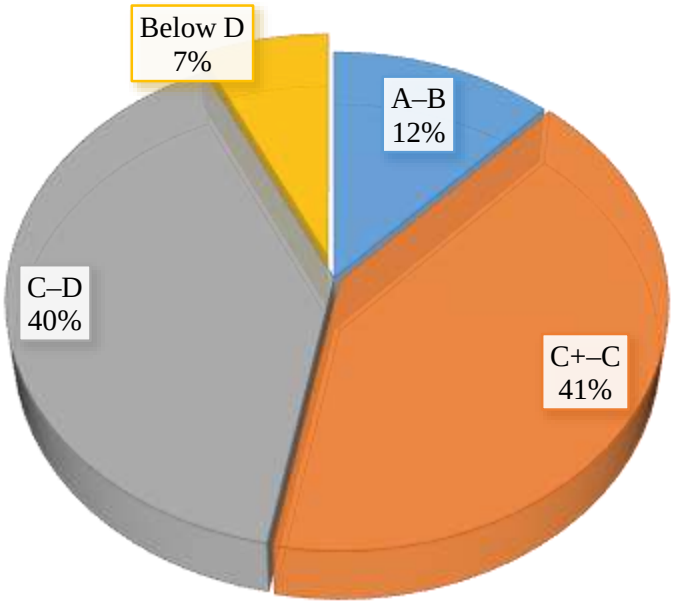


4.2.2.5 Academic Grade Distribution

On academic performance, the largest groups were students with average grades of C+–C at 113 (41%) and C–D at 112 (40%). Those with grades A–B were 34 (12%), while those with grades below D were 20 (7%). This distribution showed that the majority of respondents were average performing students, with a small proportion performing either very well or very poorly. Academic performance is relevant to this study because teenage pregnancy often leads to poor performance or school dropout. Therefore, understanding the academic profile of respondents helped in interpreting their awareness and experiences related to the teenage pregnancy.

Figure 4

Academic Grade Distribution

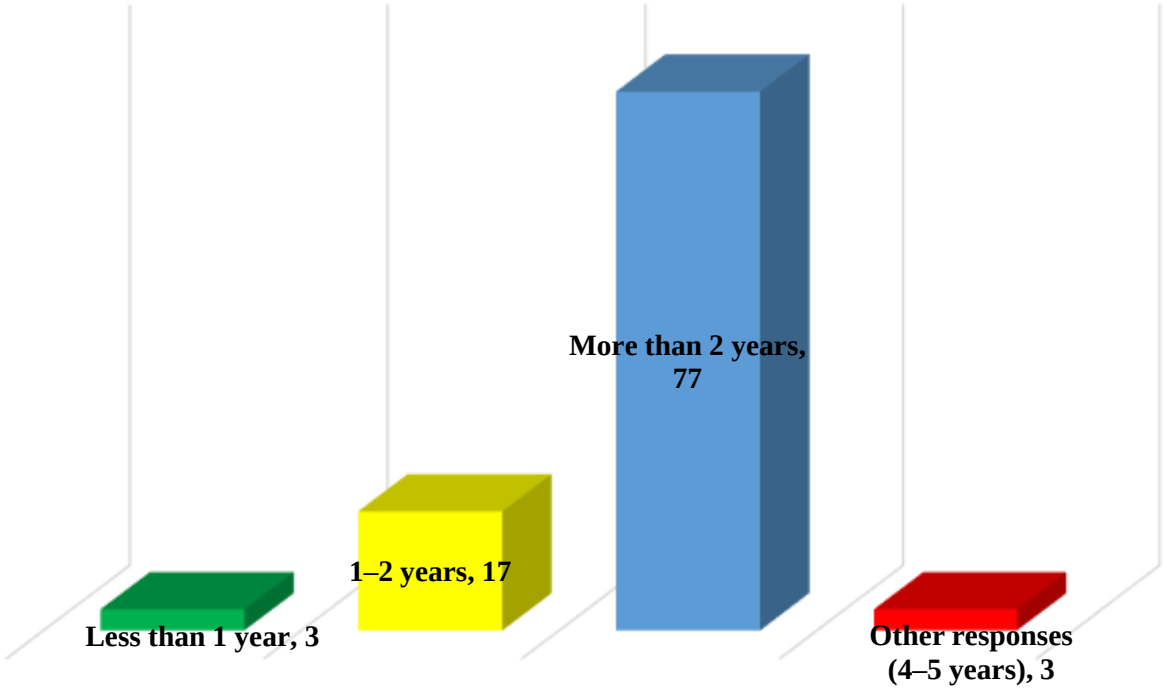


4.2.2.6 Length of Enrollment

Concerning how long students had been enrolled in their schools, the majority had been in the school for more than two years, with 210 respondents (77%). Those enrolled for 1–2 years were 47 (17%), while those with less than one year were only 8 (3%). An additional 7 students (3%) indicated they had been in the school for 4–5 years, which was captured under “other responses.” The long enrollment period for most students means they had sufficient exposure to the school environment, Catholic Church teachings and any interventions related to teenage pregnancy. Their responses therefore reflected experiences accumulated over time rather than momentary impressions.

Figure 5

Length of Enrollment



4.2.3 Demographic Profile of Religious People

This section presented the demographic characteristics of the 12 religious people who participated in the study. These respondents included priests, brothers, and sisters serving in parishes and other Catholic institutions within Nzaui Sub County. Their demographic profile was important as it provided context for understanding their viewpoints on teenage pregnancy and the Catholic Church's response, considering factors such as gender, age, education, length of service, and religious position.

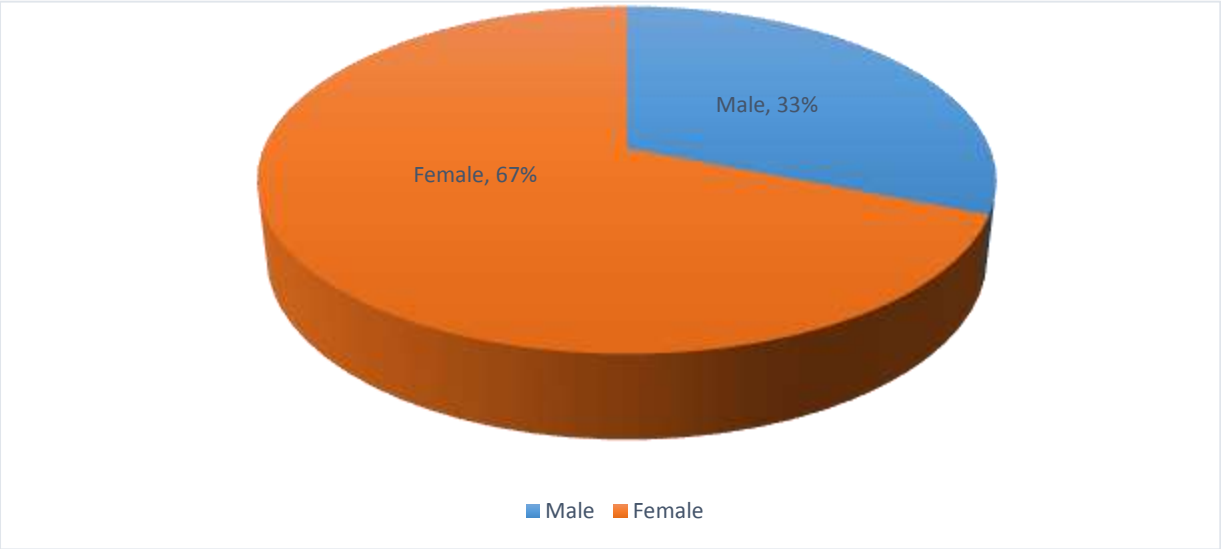
4.2.3.1 Gender Distribution

The findings in Figure 8 show that female religious (sisters) formed the majority of respondents at 8 (66.7%), while male religious (priests and brothers) were 4 (33.3%). This gender distribution reflected the active presence of sisters in pastoral work, education and health services within Nzaui Sub County. Sisters often work directly with girls and young women in schools,

parishes and health facilities, placing them in a position to witness the challenges of teenage pregnancy firsthand. Their viewpoints therefore provided valuable comprehension into the lived experiences of pregnant teenagers and the Catholic Church's pastoral response. The male religious, though fewer, contributed viewpoints from parish leadership and administrative roles within the Catholic Church.

Figure 6

Gender Distribution of Religious People



4.2.3.2 Age Distribution

Regarding age brackets, the largest group of religious respondents was aged 30–39 years, comprising 5 respondents (41 %). Those aged 40–49 years were 3 (25 %), while those aged 50 years and above were 2 (17 %). The youngest category of 20–29 years had also 2 respondents (17%). This age distribution indicated that the majority of religious people serving in the Sub County were in their mid-age years, combining youthful energy with maturity and experience. This was significant because younger religious relate more easily with teenagers and understand their challenges, while older religious bring wisdom and long experience in pastoral care. The mix of

ages among respondents ensured that viewpoints from different generational viewpoints were captured.

Table 5:

Age Distribution of Religious People

Age Bracket	%
20–29 years	17
30–39 years	41
40–49 years	25
50 years and above	17
	100%

4.2.3.3 Academic Qualifications

In terms of academic qualifications, the majority of religious respondents held a Bachelor's Degree, with 5 respondents (41.7 %). Those with a Diploma were 4 (33.3%), while those with a Certificate were 2 (16.7%). Only one respondent (8.3%) held a Master's Degree, and none had a PhD. This distribution showed that religious people in the Sub County were generally well educated, with most having post-secondary qualifications. Their level of education was relevant to this study because it affected their ability to understand the complex factors contributing to teenage pregnancy, to design and implement appropriate interventions and to communicate effectively with teenagers, parents and other stakeholders. The presence of religious people with training in counselling, education or health services was particularly valuable in responding to teenage pregnancy.

Table 6:

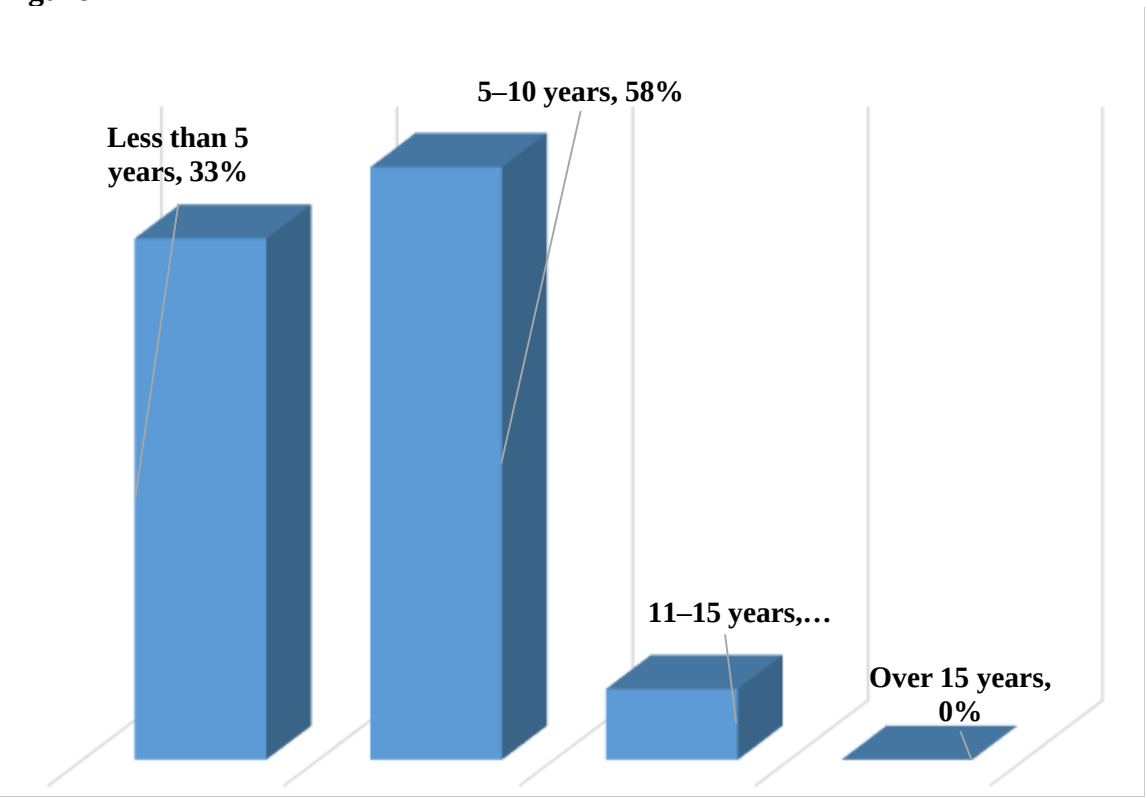
Academic Qualifications

Highest Academic Qualification	%
Certificate	17
Diploma	33
Bachelor's Degree	42
Master's Degree	8
PhD	0
	100%

4.2.3.4 Length of Service in Parish/Sub County

Concerning how long the respondents had served in the parish or Sub County, those with 5–10 years of service formed the largest group at 7 respondents (58.3%). Those with less than 5 years were 4 (33.3%), while only one respondent (8.3%) had served for 11–15 years. None had served for over 15 years. This distribution indicated that most religious people in the Sub County had served for a moderate period but long enough to understand the local context, build relationships with the community and observe trends in teenage pregnancy over several years. Those with less than five years brought fresh viewpoints from other regions or from recent training, while those with longer service provided continuity and deeper knowledge of the community.

Figure 7



Length of Service in Parish/Sub County

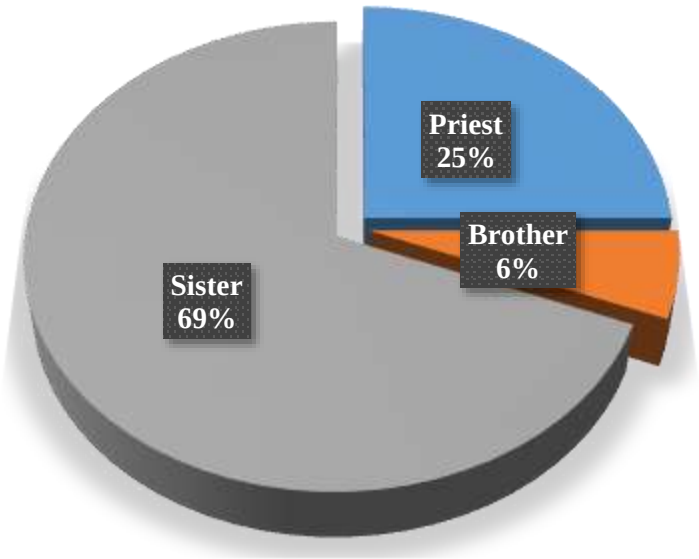
4.2.3.5 Religious People Position

Regarding religious people position, sisters formed the majority at 8 respondents (66.7%), followed by priests at 3 (25.0%), and one brother (8.3%). This distribution reflected the composition of religious personnel actively engaged in the parishes and Catholic institutions of Nzaui Sub County. The high number of sisters was significant because they are often involved in girls' education, youth ministry, health services and direct pastoral care with women and families. Their proximity to the lives of girls and young women made their comprehension particularly valuable. Priests, as parish leaders and school chaplains, provided viewpoints on Catholic Church teaching, policy implementation, and overall pastoral strategy. The brother, though only one, contributed a male religious perspective on working with youth and families.

The demographic profile of religious respondents showed a group that was predominantly female, well-educated and with sufficient experience in the local context to provide informed viewpoints on teenage pregnancy and the Catholic Church's response. Their diverse backgrounds in terms of age, education and religious position enriched the data collected and allowed for a comprehensive understanding of how the Catholic Church in Nzaui Sub County was responding to this challenge. Religious personnel acknowledged the effectiveness of the church programmes of youth seminars, religious counselling, partnerships between schools and parishes and moral guidance through the Church leaders. Nonetheless, respondents expressed reservations regarding the extent to which the Catholic Church teachings openly addresses practical issues related to teenage pregnancy. This indicated a need to strengthen communication on adolescent reproductive health within the framework of Catholic teaching.

Figure 8

Religious People Position



4.2.4 Profile of Principals and Guidance and Counselling Teachers

This section presents a brief profile of the principals and guidance and counselling teachers who participated in the study. These respondents were interviewed because of their direct involvement in school leadership, student discipline and the management of causes related to teenage pregnancy. Unlike the student and religious respondents, detailed demographic data such as gender, years of experience, and academic qualifications were not formally recorded using structured questionnaires. The principals and guidance and counselling teachers participated through interviews and the focus of data collection was primarily on their professional roles, experiences, and viewpoints regarding teenage pregnancy and the Catholic Church's response.

However, during the interviews, it was evident that the participants possessed substantial professional experience in school administration and student counselling. As heads of institutions and departmental coordinators, they were directly responsible for policy implementation, student welfare, disciplinary procedures and parental engagement. Their positions placed them at the centre of decision making processes concerning pregnant students and prevention strategies within Catholic sponsored public senior secondary schools in Nzaui Sub County.

In terms of academic and professional qualifications, all interviewed principals and guidance and counselling teachers met the minimum qualifications required by the Teachers Service Commission (TSC) for secondary school educators and administrators. Most had training in education administration and the guidance and counselling. As educators, they had additional responsibilities related to student mentorship, psychosocial support and moral formation. Although detailed demographic statistics were not presented in tabular form for this category, the participants' professional standing, leadership roles and firsthand experience in handling teenage pregnancy cases provided rich and credible qualitative data. Their comprehension significantly contributed to understanding the institutional and pastoral response of the Catholic Church within the school context. This profile therefore served to situate their responses within their professional

responsibilities rather than personal demographic characteristics which were not the primary focus of the interviews.

4.3 Presentation of Findings

This section presents the findings of the study organized according to the four research objectives. Both quantitative and qualitative data were presented with qualitative voices from principals and counselling teachers, while students and religious people provided quantitative data from questionnaires for deeper and contextual information to the statistical findings.

4.3.1 Prevalence of Teenage Pregnancy in Nzaui Sub County

The study sought to investigate the prevalence of teenage pregnancy in Nzaui Sub County. Data was collected from multiple sources including students and religious people questionnaires and interviews with principals and guidance and counselling teachers. Students were asked to indicate the extent to which various factors contributed to teenage pregnancy. Table 4. On page 58 presented the distribution of student responses.

Principals

The seven principals who participated the research were coded as follows

H001	H003	H005	H007
H002	H004	H006	

All seven principals interviewed confirmed an upward trend in teenage pregnancy cases over the past five years. Respondents observed that the Catholic Church interventions had positively influenced learner's behaviour by strengthening moral values, promoting self-control and provided opportunities for adolescents to discuss personal and social challenges. Some schools also reported that regular religious activities had contributed to improved student discipline and a decline in reported cases of teenage pregnancy after the COVID-19 pandemic

Respondent H002 described the situation with concern, stating," When *I first came here eight years ago, a pregnant student was a rare occurrence maybe one every two years, and it would shock the entire school community. Now we have multiple cases every term. Last year alone, we had ten confirmed cases, and I know we lost at least four more girls who transferred out when we started asking questions. The normalization of this situation is what frightens me most."*

H001 noted the changing profile of affected students, observing," Previously, *we would see pregnancies mostly among girls who were struggling academically, those who were already disengaged from school. But now we are seeing our top performers, our class prefects, girls from 'good' families getting pregnant. It cuts across all categories. The drivers are so powerful that no girl is truly safe."*

H004 observed the cyclical nature of the problem, linking it to broader social disruptions, remarking," Since *resumption from COVID-19 break, we initially had no reported incidence, which was encouraging. But now the numbers are creeping back up. It seems the long break disrupted not just academic learning but moral formation as well."*

H005 noted the pattern of increases and decreases based on intervention intensity, stating," We *see patterns. When we have a good year with strong guidance programmes, the numbers dip. But when we relax, they surge again. It is like fighting a fire that keeps reigniting."*

There was consensus among principals that Form 2 and Form 3 students, typically 15 to 17 years old, are most vulnerable. H001 explained, Form Two is the danger zone. They have survived the transition from primary school, they are comfortable with their peers, they are exploring their independence and they are not yet under the intense examination pressure of Form 4. It is a window of vulnerability. Form Three is almost as bad but by Form Four, the girls are usually so focused on their final examination that they are less likely to engage in risky behaviour. But then you have the post examination period, which brings its own dangers." H006 echoed this observation, saying," *Form Two and Form Three that is where we lose most of them. Form One are still scared*

and closely watched. Form Four are focused on exams. But Form Two and Three think they know everything, yet they are still children making adult decisions."

A striking pattern emerged regarding the timing of pregnancies. All seven principals noted two distinct peak periods: the long April holiday and the extended December January break. H007 provided a detailed explanation, stating," We *can almost predict it now. After the April holidays, we will have two or three girls come back and within a month, the rumors start. By June, we are calling parents. But the December break is the worst. It is longer, there is less supervision because parents are busy with Christmas preparations and farming, and there are many social events: parties, dances, church youth events that sometimes go late. When schools reopen in January, we do a headcount and hold our breath. By February, we start seeing the results."*

This observation was echoed by respondent H003 who noted," The *pattern is so predictable that we have started doing pre-holiday counseling specifically targeting the long breaks. We bring in former students, we talk about the dangers and we try to arm them with strategies. But every year, the same story: 'We were just at a party, I did not plan it, it just happened.' The holidays are when they have time and space, combined with freedom, is dangerous."* H005 added," Holidays *are the enemy. Long April holidays, August break, December that is when it happens. They come back to school and we see the changes. Then a few months later, the news breaks. By then, it is too late."* H004 noted the deception that can occur during examination periods, remarking*," Examination periods are deceptive. You could think they are studying, but some girls use the excuse of 'group discussions' to meet boys. We have had cases where Form Four candidates sit for examinations while pregnant, only to disappear after."*

Responses from guidance and Counselling Teachers on Prevalence of teenage pregnancy

The seven guidance and counselling teachers who took part in the study were coded as follows

R001	R003	R005	R007
R002	R004	R006	

The seven guidance and counselling teachers provided the most nuanced understanding of prevalence to teenage pregnancy, particularly regarding cases that never appear in official records. R001 who was an experienced guidance and counselling teacher estimated that documented cases represented a fraction of actual pregnancies, explaining," Let *me tell you the real story. For every girl we officially record as pregnant, there are at least two others who quietly disappear. A girl will start missing school, her performance drops, she becomes withdrawn. Then suddenly, the parents come to transfer her 'We are moving to another County,' they say. 'Family reasons.' But we know. We know she is pregnant, and they are moving to save face. Those girls do not appear in our statistics, but their pregnancies are just as real."*

Respondent R003 described the phenomenon of "holiday pregnancies" that never result in school documentation, stating," A *girl gets pregnant during the December holidays. Her parents find out in January before school reopens. They do not even bother enrolling her for the new term they just keep her at home, or send her to relatives up country. The school never knows she was pregnant. We just wonder why our enrollment dropped by one. By the time she would have been in Form Three, she is a mother with no education, and no one connects her to our school statistics."*

The issue of abortion as a hidden factor was raised by R005 who described the desperation that leads some girls to extreme measures, revealing," Most *teenagers end up procuring abortion since they are afraid of the stigma. This prevents the real problem; teenagers are still getting pregnant and risk their lives during abortions. We have had girls almost die from unsafe*

procedures. Those cases do not show up as teenage pregnancy statistics they show up as health complications, or sometimes as deaths that no one links to pregnancy. But we in guidance and counselling know what is really happening." A particularly poignant account highlighted the hidden reality of secret pregnancies, as one teacher shared," I have *had girls sit in my office, crying, six months pregnant, too afraid to tell anyone. They wear loose sweaters, bind themselves and miss school on 'sick days.' By the time they break down, it is too late for any intervention. These are the hidden cases that never make it to any report."*

Impact of Teenage Pregnancy on Academic Performance and School Attendance

Guidance and counselling teachers described a predictable trajectory when a girl becomes pregnant, beginning with declining performance long before the pregnancy is confirmed. R006 explained," The *first sign is almost always academic. A girl who was performing well suddenly starts failing. She is distracted, she is tired, she is worried. Then attendance becomes irregular. She is missing school because of morning sickness, or because she is trying to avoid questions. By the time the pregnancy is visible, she is already so far behind academically that catching up feels impossible. Even if she wants to stay, the system has already failed her."*

R007 described the physical and emotional toll, recounting," We *had a Form Two girl last year who tried to continue attending classes. She would sit at the back, trying to hide her growing belly. But the other students would whisper, some would mock her. She could not concentrate. She could not participate in any school activities. Eventually, she stopped coming. The pregnancy itself was not the end it was the shame, the isolation, the feeling that she no longer belonged. Her education ended long before she gave birth."* R002 mourned the loss of a potential student stating," We *had a brilliant Form Three girl, top of her class in sciences. She got pregnant over December. When she came back in January, she was a ghost of herself. She tried to continue but*

by February, she could not handle the shame. She left and never returned. That is the tragedy we do not just lose a student, we lost a potential doctor, engineer, and leader."

Challenges of Teen Mothers

Teachers unanimously described reintegration as the most difficult phase, fraught with emotional and social obstacles. R002 described the challenges, stating," Reinforcing *teenage mothers back into school after giving birth has a challenge of stigma, low self-esteem and lack of parental involvement."* The emotional toll on returning mothers was vividly described by another teacher who asked," Some feel shy to interact with other students when they are received back. Some lack concentration in school. Others would always wish to go back home to see their babies even during school time. How can a 16-year-old concentrate on Shakespeare when her three-month old is at home with a grumpy grandmother?"

Stigma from peers created an unwelcoming environment, as R006, a guidance and counselling coordinator explained," The *other students can be cruel. They name call 'mama mtoto,' 'mother.' They exclude her from groups. The girl sits alone in class, eats alone and walks alone. Eventually, she stops coming. We can force the policy, but we cannot force acceptance."* Parental attitudes further complicate reintegration, with one teacher noting," Some *parents are the biggest obstacle. They say, 'You brought us shame, now you want to go back to school and waste more fees?' Or they refuse to support financially. The girl is caught between a baby she must care for and parents who have given up on her."*

A particularly poignant account highlighted the lack of institutional support, as R007 shared," We *had one girl who came back after having her baby. She was so brave she would walk two kilometres to school every day with her baby on her back, leave the baby with a neighbour, attend classes, and then rush back to breastfeed during lunch break. She lasted two months. The neighbuor could not continue helping for free. She had no money to pay. She had to choose between*

her education and her baby's care. She chose her baby. I do not blame her, but I mourn for what she could have become."

Table 7:

Student Response Distribution on Factors contributing to Teenage Pregnancy

Factor	SD	D	N	A	SA	Total Responses	Observation
Lack of parental guidance	23 (8.3%)	23 (8.3%)	29 (10.5%)	78 (28.2%)	124 (44.8%)	277	Majority (73%) agreed it contributes
Poverty	33 (11.9%)	33 (11.9%)	52 (18.7%)	60 (21.6%)	100 (36.0%)	278	Over half (57.6%) agreed it contributes
Peer pressure	10 (3.6%)	11 (4.0%)	47 (17.0%)	66 (23.8%)	143 (51.6%)	277	Highest agreement (75.4%)
Lack of access to reproductive health education	36 (13.1%)	48 (17.5%)	64 (23.3%)	54 (19.6%)	73 (26.5%)	275	About 46% agreed it contributes
Early engagement in relationships and marriage	16 (5.8%)	10 (3.6%)	23 (8.4%)	64 (23.3%)	162 (58.9%)	275	Most significant factor, 82.2% agreed

The student data revealed that early engagement in relationships and marriage had the highest combined agreement at 82.2% (23.3% agreed, 58.9% strongly agreed), making it the most significant factor according to student perceptions. This finding suggests that students recognize the progression from conception to pregnancy as a common trajectory among their peers.

Peer pressure followed closely with 75.4% agreement (23.8% agreed, 51.6% strongly agreed), indicating the powerful influence of social dynamics among adolescents. Lack of parental guidance had 73% agreement (28.2% agreed, 44.8% strongly agreed), highlighting the critical role

of family in providing supervision and moral direction. Poverty was identified by 57.6% of students, while lack of access to reproductive health education received the lowest agreement at 46%, though still representing a substantial minority who recognize this as a contributing factor. Table 5 presents the distribution of responses from religious people on factors contributing to teenage pregnancy.

Table 8:

Religious People Response Distribution on Factors Contributing to Teenage Pregnancy

Factor	SD n (%)	D n (%)	N n (%)	A n (%)	SA n (%)
Lack of strong family foundations	1 (6)	0 (0)	1 (6)	10 (63)	4 (25)
Poverty among families	1 (6)	1 (6)	1 (6)	5 (31)	8 (50)
Exposure to inappropriate media content	1 (6)	1 (6)	4 (25)	3 (19)	7 (44)
Lack of comprehensive sex education	2 (13)	2 (13)	0 (0)	6 (38)	6 (38)
Peer influence	1 (6)	1 (6)	3 (19)	6 (38)	5 (31)
Drug and alcohol abuse	2 (13)	2 (13)	1 (6)	5 (31)	6 (38)
Neglect of spiritual teachings†	1 (7)	2 (13)	2 (13)	6 (40)	4 (27)
Cultural practices (e.g., early marriages)	3 (19)	2 (13)	1 (6)	5 (31)	5 (31)

For religious people, lack of strong family foundations received the highest agreement, with 88% agreeing or strongly agreeing (63% agreed, 25% strongly agreed). This finding aligns with the student data on lack of parental guidance, confirming that family breakdown is perceived as foundational to the problem across all respondent categories. Poverty also ranked high with 81% agreement (31% agreed, 50% strongly agreed). Lack of comprehensive sex education had 76% agreement, while exposure to inappropriate media content had 63% agreement. Peer influence was identified by 69% of religious respondents, and neglect of spiritual teachings by 67%. Cultural

practices such as early marriage received 62% agreement, and drug and alcohol abuse had 69% agreement. Beyond the quantitative data, the lived experiences and observations of those working directly with teenagers provide rich context for understanding the prevalence of teenage pregnancy in Nzaui Sub County. Interviews with seven principals and seven counselling teachers revealed deep comprehension into the patterns, hidden dimensions and consequences of the phenomenon.

4.3.1.1 Triangulated Findings on Factors Contributing to Teenage Pregnancy

The study identified multiple interconnected factors contributing to teenage pregnancy in Nzaui Sub County. Data was triangulated from questionnaire responses from students and religious people and qualitative interviews with counselling teachers and principals. Table 9 presents the quantitative findings ranked by mean scores.

Table 9:

Mean Scores and Ranking of Factors Contributing to Teenage Pregnancy

Factor	Students (Mean)	Religious People (Mean)	Combined Mean	Overall Rank
Lack of parental guidance	4.62	4.71	4.67	1
Poverty	4.58	4.63	4.61	2
Peer pressure	4.51	4.42	4.47	3
Neglect of spiritual teachings	3.82	4.58	4.2	4
Lack of reproductive health education	4.12	4.18	4.15	5
Exposure to inappropriate media	3.94	4.21	4.08	6
Early relationships/marriage	3.88	4.12	4	7
Cultural practices (early marriage)	3.56	4.08	3.82	8
Drug and alcohol abuse	3.42	3.64	3.53	9

The combined means revealed that all nine factors are perceived as either "Major" or "Very Major" contributors to teenage pregnancy, with mean scores ranging from 3.53 to 4.67. The top three factors Lack of parental guidance with a combined mean of 4.67, Poverty with 4.61, and Peer pressure with 4.47 emerged as the most critical drivers, with mean scores in the "Very Major" range. Notably, religious people consistently rated each factor higher than students did, suggesting that clergy and religious sisters have a more acute awareness of the structural and moral forces at play. Lack of parental guidance emerged as the single most significant factor across all respondent categories, with a combined mean of 4.67. Counselling teachers universally identified parental absence and disengagement as foundational to teenage pregnancy. One respondent R003 described the modern reality of parenting in the community, stating," Most *parents are absentee parents as their jobs are far from home. They leave early in the morning, return late at night and on weekends, they are exhausted or working in their farms. The children are left alone for hours, sometimes days. There is no one to ask, 'Where are you going? Who are you meeting? What time will you be back?' The girls are raising themselves and they are not equipped to do it."*

Another R001 linked parental absence directly to vulnerability, explaining," Parents *who leave their children, teenage girls to go and work open an opportunity for girls to explore the world, hence endangering themselves. A girl needs supervision, she needs someone to notice when her behaviour changes, when she is staying out late, when new 'friends' appear. Without that, she is navigating adolescence alone and adolescence is too dangerous to navigate alone."*

The lack of guidance extends beyond supervision to communication. Several teachers noted that parents avoid discussing sexuality with their children, with one observing," Many *parents never talk to their daughters about sex. It is a taboo. They assume the girl will learn in school, or in church, or just 'know' somehow. But no one teaches them. So they learn from friends, from media, from older boys all the wrong sources. By the time a parent realizes their daughter is sexually active, she is already at risk of pregnancy."*

A direct contrast was drawn between involved and uninvolved parents by a teacher who stated," Those *parents that counsel their daughters, they do not fall pregnant. Some parents are bad role models to their daughters. So their daughters may emulate them, hence end being pregnant."* One teacher commented on the emotional dimension, sharing," Children *need love at home. Girls who feel unloved, unseen, or unvalued by their parents will seek love anywhere they can find it. And predators know this. They offer attention, affection, small gift and the girl, hungry for love, mistakes exploitation for care. Lack of parental love at home makes the girls fall in love with any person showing love, but it becomes exploitation."* A principal connected parental neglect to wider community failure, remarking," We *cannot be parents and teachers and counsellors and police. The Catholic church cannot do it alone. When parents abandon their role, everyone else is just trying to fill a gap that keeps widening."*

Poverty emerged as both a direct and indirect driver, with a combined mean of 4.61, creating vulnerability that men exploit. One counselling teacher described the harsh economic reality, stating," Learners *who are poor or from poor background become cheap prey for males who misuse them and most get pregnant."* Another teacher offered a stark economic analysis that captured the daily choices girls face, explaining," There is a sharp line between poverty and increased cases of teenage pregnancy. Girls at times cannot afford simple items like sanitary towels and end up exchanging sex for cash. You have a 15-year-old girl, her period starts, and her mother cannot afford pads. She is embarrassed to go to school without them. A man sometimes a boy her age, sometimes much older offers her money. She knows what it means. But her need is immediate and the consequences seem distant. So she says yes. And nine months later, she is pregnant."

The transactional nature of relationships born of poverty was repeatedly emphasized, with one teacher noting," Girls *from poor families may be lured by men using money because they lack basic necessities."* A disturbing dimension of poverty parental complicity was revealed by several respondents, including one who stated," Also *some parents may sell their daughters to the rich men*

so as to be given money." This finding points to the extreme desperation that poverty creates, where even the protective role of parents can be compromised by economic necessity.

Another respondent connected poverty to social pressures that compound vulnerability, observing," Since *learners lack essentials, and the push to fit in a particular social class, girls end up into risky relationships which lead to early pregnancies."* A religious leader observed the moral dilemma poverty creates, remarking," When *a girl has nothing no sanitary pads, no decent clothes, no money for bus fare, and a man offers all that, what is she supposed to do? We judge her, but we do not feed her. The Catholic Church tries, but the need is overwhelming."*

A counselling teacher described the cycle of poverty and exploitation in detail, sharing," Girls *from poor backgrounds are easy prey for predators. The boys and men often have just a few coins, 200 shillings, maybe 500 and the girls are there to be exploited. They are hungry, they need school supplies and they want to fit in with friends who have things they do not have. The money is tempting. And once they have accepted it once, it becomes easier to accept again. Some teenage girls would be promised money to buy some of their basics. By the time they realize the cost, it is too late."*

A particularly heartbreaking case was shared by a counselling teacher who recounted," We *had a girl last year who was orphaned, living with a grandmother who could barely feed her. She started 'dating' a bodaboda man. He would give her 100 shillings here, 200 there. Buy her lunch. She thought he loved her. When she got pregnant, he disappeared. Now she is 16 with a baby, no education, no support. She told me, 'I knew it was wrong, but I was hungry.' That is poverty. It does not just make you poor it makes you desperate, and desperation leads to choices you would not otherwise make."* A counselling teacher summarized the economic vulnerability succinctly in a way that challenges moralistic approaches, stating," Yes, *some teenagers engage in premarital sex because of lack of basic needs. It is not about desire; it is about survival. We talk about morality,*

about abstinence, about waiting—but we are talking to girls who do not know where their next meal is coming from. Morality is a luxury when you are hungry."

Guidance and counselling teachers described peer pressure as the social engine driving teenage pregnancy, with a combined mean of 4.47, creating an environment where sexual activity becomes normalized and expected. One teacher explained the cruel logic of adolescent social dynamics, stating," Peers *use verbal abuse to girls who do not have boyfriends or men. They call them names 'unsweetened,' 'stubborn,' 'backward.' The weak girls give in and look for boyfriends blindly. They are not choosing a partner; they are choosing acceptance. And once they have a 'boyfriend,' the pressure to prove their love, to keep him, leads them to do things they are not ready for."*

The social dynamics within friend groups were explained by another teacher who noted," Where *they discuss their boyfriends openly one may be tempted to have her boyfriend like others."* Peer pressure combines powerfully with the need for acceptance, as one teacher observed," Teenagers *want to identify with their peers and so value more what their colleagues do; it is like a fashion."* A student perspective was shared by a teacher who regularly counsel girls, revealing that" They *tell me, 'Madam, everyone has a boyfriend. If you do not have one, you are nobody.' The pressure to belong, to be seen as normal, is stronger than any lesson we teach in class."*

Another teacher described how peer pressure operates within friend groups to override other influences, explaining," Teenagers *face the challenge of belonging to a certain peer group, and they have to abandon the rules of the group church rules, family rules to fit in. If all her friends are 'dating,' if they are talking about their experiences, a girl feels left out. She feels like she is missing something. So she finds a boy, not because she wants him, but because she wants to belong. The pregnancy is just the logical endpoint of that desire for acceptance."*

The competitive nature of peer pressure was highlighted by a teacher who noted," It's *highly encouraging early pregnancies. Teenagers compete—who has the oldest boyfriend, who gets the most attention, who is 'loved' the most. They do not see the danger; they only see the status. If teenagers are not advised, if no one intervenes, they will follow their peers straight into disaster."* One teacher offered insight into how peer pressure intersects with other factors, particularly family dysfunction, stating," The *girls who are most vulnerable to peer pressure are often those with the weakest family support. They are desperate for a place to belong, and the peer group offers that. So when the group says, 'Having a boyfriend is cool,' she gets a boyfriend. When the group says, 'If you love him, you'll prove it,' she proves it. The group becomes her family, and she'll do anything to keep that family. Including things that can change her life forever."*

With a combined mean of 3.53, drug and alcohol abuse was ranked ninth. Though ranked lowest, substance abuse was still noted as a contributing factor. One teacher described its role, stating," When *there are events, when there is drinking, when boys and girls mix with alcohol that is when things happen. A girl who is drunk does not make good decisions. A boy who is drunk does not care about consequences."* Another added," We *do not see much drug abuse in school they cannot afford it. But during holidays, at parties, the cheap alcohol, the bhang it lowers inhibitions. And nine months later, we have a case."* Another teacher noted the intersection with other factors, observing," Alcohol *is often provided by the older men who target these girls. He buys her a drink, then another, then another. By the time she is intoxicated, she is vulnerable. It is not an accident it is predation. The alcohol is a tool to lower her resistance. And when she is pregnant, she barely remembers how it happened."*

The triangulation of quantitative and qualitative data reveals a complex web of interconnected factors contributing to teenage pregnancy in Nzaui Sub County. Lack of parental guidance, ranked first with a combined mean of 4.67, creates a vacuum in teenagers' lives that peer pressure, ranked third with 4.47, eagerly fills. Poverty, ranked second with 4.61, provides the economic desperation that makes transactional relationships seem necessary for survival. Early

relationships, ranked seventh with 4.00, flourish in the absence of parental supervision, and lack of reproductive health education, ranked fifth with 4.15, ensures that when sexual activity occurs, pregnancy is the likely outcome. The lower ranked factors exposure to inappropriate media, neglect of spiritual teachings, cultural practices, and substance abuse act as amplifiers, intensifying the effects of the primary drivers.

As one counselling teacher eloquently summarized," It is *never just one thing. It is a girl whose parents are never home, who is hungry, who has friends pressuring her to have a boyfriend, who meets an older man with a little money and a lot of charm, who has no one to talk to about what is happening, who gets drunk at a party and makes a choice she cannot take back. Every factor we have talked about is present in that story. You cannot address just one and expect change. You have to address all of them, together, as the system they are."*

4.3.2 Catholic Church's Intervention and Initiative Programs in Mitigating Causes and Consequences of Teenage Pregnancy

The study also sought to examine the Catholic Church's intervention and initiative programs in mitigating the causes and consequences of teenage pregnancy in Nzaui Sub-County. Data was collected from students, religious people, principals, and counselling teachers through questionnaires and interviews. The findings are presented in three sections: quantitative findings on Church interventions, qualitative findings from principals, counselling teachers, and religious people, and document analysis of Catholic Church programme records. Students were asked to indicate the extent to which they agreed with statements about the Catholic Church's intervention programs using a five-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. **Table 10** presents the distribution of student responses on Catholic Church intervention programmes.

Table 10:

Student Response Distribution on Catholic Church's Intervention and Initiative Programs (N=279)

Catholic Church Initiative	SD	D	N	A	SA
Provides education on sexual and reproductive health	30 (10.8%)	14 (5.0%)	40 (14.4%)	80 (28.8%)	114 (41.0%)
Catholic Church-led youth programs help reduce teenage pregnancies	10 (3.6%)	21 (7.6%)	29 (10.4%)	70 (25.2%)	148 (53.2%)
Counseling services benefit at-risk teenagers	18 (6.5%)	4 (1.4%)	42 (15.2%)	75 (27.1%)	138 (49.8%)
Sermons and teachings address teenage pregnancy issues	19 (6.9%)	25 (9.1%)	42 (15.2%)	75 (27.2%)	115 (41.7%)
Collaboration with schools and communities to prevent teenage pregnancies	16 (5.8%)	17 (6.2%)	35 (12.8%)	64 (23.4%)	142 (51.8%)

The student data revealed that Catholic church-led youth programmes received the highest level of agreement, with 78.4% of students agreeing or strongly agreeing that such programmes helped reduce teenage pregnancies. Within this, 25.2% agreed and 53.2% strongly agreed, indicating strong student recognition of the value of these programmes. Collaboration between the Catholic Church and schools also received high endorsement, with 75.2% agreement (23.4% agreed, 51.8% strongly agreed). Counseling services were recognized by 76.9% of students as beneficial for at-risk teenagers (27.1% agreed, 49.8% strongly agreed). Catholic Church provision of sexual and reproductive health education had 69.8% agreement, while sermons and teachings addressing teenage pregnancy issues had 68.9% agreement. Table 11 presents the distribution of responses from religious people on the Catholic Church's intervention and initiative programs.

Table 11:

Religious People Response Distribution on Catholic Church's Intervention Programs (N=16)

Statement	SD n (%)	D n (%)	N n (%)	A n (%)	SA n (%)
Church-organized youth seminars effectively educate teens about responsible behavior	2 (13)	0 (0)	2 (13)	4 (25)	8 (50)
Faith-based counseling has helped many teenagers avoid early pregnancies	2 (13)	0 (0)	3 (19)	7 (44)	4 (25)
Catholic Church teachings openly address issues related to teenage pregnancy	1 (6)	2 (13)	7 (44)	4 (25)	2 (13)
Church programs offer practical alternatives to risky behaviors	1 (6)	1 (6)	5 (31)	6 (38)	3 (19)
Partnerships between the Church and schools help prevent teenage pregnancies	0 (0)	3 (19)	2 (13)	8 (50)	3 (19)
Church leaders regularly guide teenagers on moral and sexual ethics	1 (6)	0 (0)	6 (38)	5 (31)	4 (25)
The Catholic Church provides support to teenage mothers to continue education	1 (6)	2 (13)	5 (31)	4 (25)	4 (25)
Church initiatives have reduced teenage pregnancy rates in the parish	0 (0)	2 (13)	5 (31)	5 (31)	4 (25)

For religious people, Catholic church-organized youth seminars received the highest endorsement, with 75% agreeing or strongly agreeing (25% agreed, 50% strongly agreed). Partnerships between the Church and schools also ranked highly, with 69% agreement (50% agreed, 19% strongly agreed). Faith-based counseling was recognized by 69% of respondents as helpful in preventing early pregnancies (44% agreed, 25% strongly agreed). Church leaders'

regular guidance on moral and sexual ethics had 56% agreement (31% agreed, 25% strongly agreed). The provision of support to teenage mothers to continue education had 50% agreement (25% agreed, 25% strongly agreed), while 31% remained neutral on this statement. Notably, 44% of religious respondents were neutral on whether Catholic Church teachings openly address teenage pregnancy issues, suggesting some ambivalence about the directness of Catholic Church communication on this topic.

Table 12 presents the comparative mean scores for both respondent categories on Church intervention programmes.

Table 12:

Mean Scores on Catholic Church's Intervention Programs to Teenage Pregnancy

Intervention Program	Students' Mean	Religious People's Mean	Combined Mean
Catholic Church-organized youth seminars on responsible behaviour	4.18	4	4.09
Faith-based counseling helps avoid early pregnancies	4.21	3.81	4.01
Catholic Church teachings address teenage pregnancy issues	3.87	3.31	3.59
Catholic Church programmes offer practical alternatives to risky behaviours	3.89	3.63	3.76
Partnerships between Church and schools prevent teenage pregnancies	4.09	3.75	3.92
Catholic Church leaders guide teenagers on moral/sexual ethics	4.02	3.69	3.86
Catholic Church supports teen mothers to continue education	3.89	3.56	3.73
Catholic Church initiatives have reduced pregnancy rates	3.87	3.69	3.78

The combined means revealed that most intervention programmes fall within the "Agree" range, with scores between 3.41 and 4.20. Church-organized youth seminars on responsible behaviour had the highest combined mean at 4.09, followed by faith-based counselling at 4.01. Partnerships between Church and schools scored 3.92, and Church leaders' guidance on moral and sexual ethics scored 3.86. Programs receiving "Moderate Agreement" included Church support for teen mothers to continue education (3.73), Church programmes offering practical alternatives to risky behaviors (3.76), Church initiatives reducing pregnancy rates (3.78), and Church teachings addressing teenage pregnancy issues (3.59). Notably, students consistently rated Catholic Church interventions higher than religious people did across all categories, suggesting that students perceive these programs more positively than the religious leaders implementing them.

4.3.2.1 Qualitative Findings on Catholic Church Interventions

Beyond the quantitative data, interviews with principals and counselling teachers provided rich contextual understanding of how the Catholic Church's intervention programmes operated in practice, their perceived effectiveness and the challenges they face.

Principals identified several types of Catholic Church programmes operating within their schools in Nzaui Sub County. One principal explained," The *Catholic Church offers guidance and counselling to the students. They hold seminars for the youth where they are taught about their human sexuality. They offer pastoral programmes for the youth."* Another principal highlighted the spiritual formation aspect, stating," The *school ensured that learners attend church services. The school allowed the girls to attend Morning Mass which can instill discipline."*

The integration of Catholic Church teachings into the curriculum was noted by a principal who described," Very *effective; the teaching of CRE as mandatory subject and the culture of religion in the school have played a great role because since resumption from COVID-19 break, no reported incidence."* Another principal mentioned," Mandatory *CRE teaching, workshops for*

learners" as key components of the Church's presence in the school. Regarding the frequency of interventions, principals described both regular and special programmes. One principal noted," Every *opening, the school and the Catholic Church organize the opening Mass. Every Saturday an external counsellor is invited to guide the students on life issues."* Another mentioned," During *holy mass celebrations, guidance is offered"* as an ongoing practice. However, some principals noted limitations in guidance and counselling of the teenagers, with one observing," The *youth are too busy to be reached or avail themselves for the programmes."*

Another principal noted the protective function of faith-based teachings, observing," The *faith-based teachings have greatly influenced teenagers' behaviour, as they make reference to those teachings when they feel themselves in a tough spot. In difficult moments, especially those that could tempt one to derail from the right path, most teenagers get guidance from the teaching."* However, other principals expressed concerns about effectiveness. One stated candidly," The *Catholic Church's initiatives in reducing teenage pregnancy within the school community is quite ineffective as it gives the girls guidance aid also offers support to the poor."* Another principal emphasized the need for more intensive engagement, saying," More *needs to be done especially one on one encounters by the Catholic Church. The current Catholic Church-led counselling and youth programmes are not sufficient to meet the needs of at-risk students."*

Principals described various ways Catholic Church teachings are integrated into school life. One explained," The *school and the Catholic Church have partnered in guidance and counselling sessions, parents being involved even at the church level."* Another noted the role of religious instruction, stating," Mandatory *CRE teaching, workshops for learners"* as ongoing practices. The chaplaincy model was also mentioned, with one principal describing," Through *ensuring chaplaincy services are offered by chaplaincy agents; an initiative that has already been adopted by KCCB to train school chaplaincy agents through the Commission for Education and Religious Education."*

Guidance and Counselling Teachers' Interviews

Guidance and Counselling teachers revealed varying levels of awareness about Catholic Church programs. One teacher admitted," I *am not aware of any programme by the Catholic Church aimed at preventing teenage pregnancy."* However, others identified specific initiatives, such as" youth *seminars during vacation where they are given speakers to guide them."* The seasonal nature of some programmes was noted, with one teacher observing," The Catholic *Church's programmes are effective during the long holiday and December."*

Some counselling teachers described existing referral pathways. One explained," Guidance *and counselling sessions"* are conducted jointly between school counsellors and Catholic Church representatives. Another mentioned," The *Catholic Church offers talks to the students,"* suggesting a flow of communication from Church to school. However, the absence of systematic referral systems was implied by the lack of detailed descriptions in most responses.

Collaboration between schools and parish youth programmes was described as occurring but with limitations. One teacher noted," The *school ensures that learners attend church services,"* indicating that the primary collaboration is through facilitating student participation in existing Catholic Church activities rather than jointly designed programmes. Another mentioned," The *school allowed the girls to attend Morning Mass which can instill discipline,"* again pointing to facilitation rather than active partnership. Counselling teachers described both existing support and significant gaps. One teacher noted that the Catholic Church provides" guidance *and counselling to promote positive attitude to work."* However, when it comes to specific support for pregnant students and teen mothers, the responses indicated limited concrete assistance. One teacher stated simply," Support *them financially"* as a recommendation, implying this is not currently happening. Another suggested," Have *a home for runaway teen mothers, to provide scholarships and counselling services,"* indicating the absence of such structures. Teachers offered nuanced assessments of programme effectiveness. One stated," They *are about 50%*

effective," suggesting significant room for improvement. Another emphasized the need for practical approaches, saying," The Catholic *Church is doing a good job but it could be improved. This will take a more hands-on approach such as counselling rather than leave it to stakeholders."*

The value of involving experts was highlighted by a teacher who noted," When *the Catholic Church organizes people in Medical field to counsel the teens, those with ears get good counsel."* This suggests that programmes are most effective when they bring in specialized knowledge. Another teacher affirmed the positive impact, stating," The Catholic *Church's programmes are effective because the peers are able to be enlightened."* Teachers consistently affirmed the positive influence of faith-based teachings. One stated," Faith-*based teachings on teenagers' behaviour is highly making them change positively."* Another explained the mechanism of influence, observing," The *faith-based teachings have greatly influenced teenagers' behaviors... as they make reference to those teachings when they feel themselves in a tough spot. In difficult moments, especially those that could tempt one to derail from the right path, most teenagers get guidance from the teaching."*

However, a critical perspective was also offered by a teacher who noted," The Catholic *Church is not explicit on the practical realities."* This points to a perceived gap between moral teaching and the practical guidance teenagers need when facing real-world situations and choices. Teachers identified several challenges limiting the effectiveness of Catholic Church programs. One noted the difficulty of" reaching *the unreached – teenagers not attending Catholic Church services or getting involved in church."* Resource limitations were mentioned, with one teacher citing" lack *of funds"* as a constraint. Community resistance was also noted, with one teacher describing" community *support is poor."* Another challenge mentioned was" limited *time, lack of co-operation from them"* referring to youth engagement. A particularly concerning observation was shared by a teacher who stated," Some *girls commit heinous acts even in the church compound*

at night or at dawn." This suggests that even church spaces, which should be safe havens, can become sites of vulnerability when not properly supervised.

Synthesis of Findings on Catholic Church Interventions

The triangulation of quantitative and qualitative data revealed a complex picture of the Catholic Church's intervention programmes to teenage pregnancy in Nzaui Sub-County. Students generally perceive the Catholic Church programmes positively, with strong majorities affirming the value of youth seminars, counselling services and collaborative efforts with schools. Religious people also affirmed these programmes, though with somewhat lower mean scores, suggesting more nuanced awareness of implementation challenges. Qualitative findings from principals and counselling teachers illuminated both the strengths and limitations of current interventions. On the positive side, Catholic Church programmes provided moral guidance, created spaces for discussion of sensitive topics and offered pastoral support to vulnerable youth. The integration of Catholic Church teachings through CRE curriculum and chaplaincy services provided ongoing moral formation. Faith-based teachings served as a reference point for teenagers facing difficult decisions.

However, significant limitations were identified. Programme reach was inconsistent, with many at-risk youths not engaged. Follow-up was limited, reducing long-term impact. Practical support for pregnant students and teen mothers remains minimal. Collaboration between schools and parishes, while present, is often more about facilitation than genuine partnership. Record-keeping and monitoring are weak, making it difficult to assess programme effectiveness or make evidence-based improvements. As one counselling teacher summarized," The Catholic *Church is doing a good job but it could be improved. This will take a more hands-on approach such as counselling rather than leave it to stakeholders. The Catholic Church was not explicit on the practical realities."* This pointed to the need for interventions that move beyond moral teaching to

address the practical challenges teenagers face, including poverty, family dysfunction, and lack of access to reproductive health information.

4.3.3 Challenges/Barriers Faced by the Catholic Church in Responding to Teenage Pregnancy

The study also sought to explore the challenges and barriers faced by the Catholic Church in responding to teenage pregnancy in Nzaui Sub-County. Data was collected from students, religious people, principals, and counselling teachers through questionnaires and interviews. The findings are presented in three sections: quantitative findings on challenges, qualitative findings from principals, counselling teachers, and religious people, and analysis of institutional and structural barriers. Students were asked to indicate the extent to which they agreed with statements about challenges and barriers facing the Catholic Church in responding to teenage pregnancy. Table 13 presents the distribution of student responses.

Table 13:

Student Response Distribution on Challenges/Barriers Faced by the Catholic Church Responding to Teenage Pregnancy (N=279)

Challenge/Barrier	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Lack of sufficient resources	66 (24.0%)	57 (20.7%)	47 (17.1%)	58 (21.1%)	47 (17.1%)
Cultural beliefs and traditions	41 (14.9%)	61 (22.2%)	48 (17.5%)	48 (17.5%)	77 (28.0%)
Teenagers' reluctance to seek help	17 (6.2%)	22 (8.0%)	42 (15.3%)	86 (31.4%)	107 (39.1%)
Shortage of trained counselors	49 (17.9%)	49 (17.9%)	37 (13.6%)	68 (24.9%)	70 (25.6%)
Stigma and judgment from the community	27 (9.8%)	38 (13.8%)	65 (23.6%)	62 (22.5%)	83 (30.2%)

The student data revealed that teenagers' reluctance to seek Catholic Church help was identified as the most significant barrier, with 70.5% of students agreeing or strongly agreeing (31.4% agreed, 39.1% strongly agreed). This finding suggests a critical disconnect between the Catholic Church's availability to help and teenagers' willingness to access that help. Stigma and judgment from the community was the second-highest barrier, with 52.7% agreement (22.5% agreed, 30.2% strongly agreed). This indicates that the social environment in which the Church operates creates additional obstacles to effective intervention. Shortage of trained counselors was identified by 50.5% of students (24.9% agreed, 25.6% strongly agreed), pointing to human resource constraints. Cultural beliefs and traditions limiting Catholic Church efforts had 45.5% agreement, while lack of sufficient resources had 38.2% agreement, though notably 44.7% of students disagreed or strongly disagreed that resources were a limitation, suggesting varying perceptions of Catholic Church capacity.

Table 14 presents the distribution of responses from religious people on challenges and barriers facing the Catholic Church.

Table 14:

Religious People Response Distribution on Challenges/Barriers Faced by the Catholic Church (N=16)

Statement	SD n (%)	D n (%)	N n (%)	A n (%)	SA n (%)
Limited financial resources hinder the Catholic Church's response	2 (13)	2 (13)	3 (19)	5 (31)	4 (25)
Resistance from parents limits Catholic church interventions	2 (13)	1 (6)	7 (44)	5 (31)	1 (6)
Negative cultural beliefs hinder open discussion	0 (0)	2 (13)	4 (27)	3 (20)	6 (40)
Shortage of trained counselors and youth ministers	0 (0)	1 (6)	5 (31)	3 (19)	7 (44)
Teenagers fear stigma and avoid Catholic church programmes	1 (6)	1 (6)	4 (25)	4 (25)	6 (38)
Insufficient collaboration with government health services	2 (13)	1 (6)	2 (13)	7 (44)	4 (25)
Lack of proper monitoring and evaluation	1 (6)	0 (0)	5 (31)	5 (31)	5 (31)
Some Church leaders feel uncomfortable addressing sexual health issues	1 (8)	1 (8)	2 (15)	4 (31)	5 (39)

Significant barrier, with 63% agreeing or strongly agreeing (19% agreed, 44% strongly agreed). This was closely followed by negative cultural beliefs hindering open discussion, with 60% agreement (20% agreed, 40% strongly agreed). Teenagers' fear of stigma and avoidance of Catholic Church programmes had 63% agreement (25% agreed, 38% strongly agreed), aligning with student perceptions on this barrier. Some Catholic Church leaders feeling uncomfortable addressing sexual health issues was identified by 70% of religious respondents (31% agreed, 39%

strongly agreed), revealing an important internal challenge within the Catholic Church itself. Lack of proper monitoring and evaluation had 62% agreement (31% agreed, 31% strongly agreed), indicating weaknesses in program oversight. Insufficient collaboration with government health services had 69% agreement (44% agreed, 25% strongly agreed). Limited financial resources had 56% agreement, while resistance from parents had 37% agreement, with 44% neutral on this item. Table 15 presents the comparative means for both respondent categories on challenges and barriers.

Table 15:

Mean Scores on Challenges/Barriers Faced by the Catholic Church

Challenge/Barrier	Students' Mean	Religious People's Mean	Combined Mean	Overall Rank
Teenagers' reluctance to seek Church help	3.89	3.88	3.89	1
Stigma and judgment from community	3.49	3.81	3.65	2
Shortage of trained counselors	3.28	4	3.64	3
Cultural beliefs/traditions limiting efforts	3.34	3.87	3.61	4
Insufficient resources	2.87	3.44	3.16	5
Some Church leaders uncomfortable addressing sexual health	—	3.85	3.85	—
Insufficient collaboration with government health services	—	3.63	3.63	—
Lack of proper monitoring and evaluation	—	3.81	3.81	—
Resistance from parents	—	3.13	3.13	—

The combined means revealed that the top four challenges all fall within the "Agree" range. Teenagers' reluctance to seek Catholic Church help ranked first with a combined mean of 3.89, followed by stigma and judgment from community at 3.65, shortage of trained counselors at 3.64, and cultural beliefs and traditions limiting efforts at 3.61. Insufficient resources ranked fifth at 3.16, falling within the "Neutral" range, suggesting that while resources are a concern, they are not perceived as the primary barrier. Notably, religious people consistently rated challenges higher than students did, with particularly large gaps on shortage of trained counselors (4.00 vs. 3.28) and cultural beliefs (3.87 vs. 3.34). This suggested that those working within Catholic Church structures have a more acute awareness of the operational and cultural constraints facing interventions. Among items only included in religious people's questionnaires, some Church leaders feeling uncomfortable addressing sexual health issues scored 3.85, lack of proper monitoring and evaluation scored 3.81, and insufficient collaboration with government health services scored 3.63, all within the "Agree" range. Resistance from parents scored lowest at 3.13, in the "Neutral" range.

4.3.3.1 Qualitative Findings on Challenges to Teenage Pregnancy

Beyond the quantitative data, interviews with principals, counselling teachers, and religious people provided deep contextual understanding of the challenges and barriers facing the Catholic Church in responding to teenage pregnancy. Principals identified significant tensions between Catholic Church doctrine and the practical needs of comprehensive sex education. One principal explained," The Catholic *Church's teaching on contraception creates a dilemma. We cannot talk about condoms or other methods, but the students need this information. They are going to be sexually active whether we approve or not. So we are caught between fidelity to Catholic Church teaching and the reality of teenage behavior."*

Another principal described the challenge of balancing moral instruction with practical guidance, stating," The *Catholic Church says 'wait' but does not explain what waiting means in*

practical terms. Students need to understand their bodies, need to understand consequences, need to know how to protect themselves. But when we try to provide this, we are accused of encouraging immorality." This tension was summarized by a principal who observed," We are *trying to teach abstinence in a world where everything media, peers, even some parents is telling them something different. The Catholic Church's voice is important, but it is one voice against many."*

Principals described challenges in implementing the Ministry of Education's school re-entry guidelines within the context of Catholic Church moral teaching. One principal explained," The *government says girls must be allowed back after pregnancy. But some in the church community see this as rewarding sin. They ask, 'If she gets pregnant, why should she be allowed back? Where is the consequence?' We have to balance the policy with community expectations."*

Another principal noted the inconsistency in application, stating," Some *Catholic Church schools quietly discourage re-entry. They make it difficult, create barriers, hoping the girl will just go away. Officially, they follow the policy. Practically, they do not. This puts those of us who genuinely try to reintegrate at a disadvantage because the community compares."* A third principal observed," The *policy is clear, but implementation is messy. There is no Catholic Church guidance on how to handle re-entry in a way that is both compassionate and morally consistent. So each school figures it out alone."*

Principals spoke at length about the challenge of balancing moral expectations with compassionate response. One principal reflected," We *have a girl who is pregnant, who is scared, who needs support. But we also have parents who say, 'You are supposed to be teaching our children Catholic Church values. How can you keep her here? She is a bad influence.' We have to care for the girl while managing the community's expectations."*

Another principal described the personal struggle, stating," As *a Catholic Church school leader, I believe in the teachings. But I also see these girls they are children themselves, they are scared, they have made a mistake. My faith calls me to compassion, but the community calls me to*

judgment. Finding that balance is the hardest part of this job." A third principal noted," We *want to be pastoral, not punitive. But when you are too compassionate, people say you are condoning sin. When you are too strict, you fail the girl. There is no easy path."*

Principals identified fear as a significant barrier to open discussion. One principal explained," If *I bring in someone to talk about sex education real sex education, not just biology I worry about the phone calls from parents. I worry about the bishop's office. I worry about being seen as promoting the very thing we are trying to prevent."* Another principal described the chilling effect of this fear, stating," We *tiptoe around the topic. We talk about 'purity' and 'waiting' but never about what actually happens in relationships. The students pick up on our discomfort. They learn that sex is something shameful that cannot be discussed. And then when they are in a situation, they have no one to ask, no one to guide them."* Respondent R004 observed," The Catholic *Church's fear of discussing sexuality openly creates a vacuum. And that vacuum gets filled by pornography, by older friends, by trial and error. It is the worst possible outcome."*

Guidance and Counselling Teachers' Interviews

Guidance and counselling teachers described significant challenges around maintaining confidentiality while also needing to involve parents or school authorities. One teacher explained," A *girl tells me she is pregnant, in confidence. She is terrified, she is crying, she begs me not to tell anyone. But I know she needs medical care, she needs her parents, and she needs support I cannot give alone. I am torn between keeping her trust and doing what is best for her."* Another teacher described the consequences of broken confidentiality, stating," If *word gets out that a counsellor shared something confidential, no girl will ever trust us again. They will suffer in silence rather than risk exposure. So we have to be extremely careful, but this caution can also delay getting them the help they need."* A third teacher noted," The *Catholic Church expects us to*

involve parents, to involve priests. But the girls know this, so they do not come to us at all. They suffer alone rather than risk everyone knowing their shame."

Many counselling teachers acknowledged their own limitations in handling pregnancy cases. One teacher admitted," I am *a teacher, not a professional counsellor. I have had some training, but when a girl comes to me pregnant, I do not really know what to do. I listen, I comfort, but I do not know the medical options, I do not know the legal requirements, I do not know how to really help."*

Another teacher described the need for specialized skills, stating," These *girls need more than sympathy. They need practical guidance how to tell parents, how to access prenatal care, how to plan for the future. I am not trained for this. I do my best, but my best is not enough."* A third teacher observed," We *have one counsellor for 500 students. Some have no specialized training in adolescent reproductive health. The church talks about supporting these girls, but where is the investment in our capacity?"*

Teachers described how stigma within the school environment creates additional barriers for pregnant students. One teacher explained," The *other students can be cruel. They whisper, they point, and they make comments. Even some teachers make judgmental remarks. The girl feels like everyone is watching her, judging her. It's unbearable."*

Another teacher described how this stigma affects help-seeking behavior, stating," Girls *know what happens when a pregnancy is discovered. They have seen it before the whispers, the shame, the dropping out. So they hide it as long as possible. They do not come for help because they are terrified of becoming that girl, the one everyone talks about."* R003 observed that," The Catholic *Church community outside school can be even worse. At school, at least there are rules. In the parish, in the village, there is no protection. The girl becomes a cautionary tale, an example of what happens to 'bad' girls."*

Counselling teachers provided detailed accounts of the nearly insurmountable challenges facing teen mothers attempting to return to school. One teacher explained," Reinforcing *teenage mothers back into school after giving has a challenge of stigma, low self-esteem and lack of parental involvement. Even when a girl wants to come back, the obstacles are overwhelming."* The practical barriers were described by another teacher, who asked," Who *will care for the baby while she is in class? She cannot afford a babysitter. Her mother might help, but her mother is probably working. She has to breastfeed, so she needs to leave school during the day, which means she misses lessons. The baby gets sick; she misses more school. By the time she is supposed to sit for her exams, she is exhausted and unprepared."*

The emotional toll was vividly described by a teacher who stated," Some feel shy to interact with other students when they are received back. Some lack concentration in school. Others would always wish to go back home to see their babies even during school time. How can a 16-year-old concentrate on Shakespeare when her three-month-old is at home with a grumpy grandmother?" Parental attitudes further complicate reintegration, with one teacher noting," Some *parents are the biggest obstacle. They say, 'You brought us shame, now you want to go back to school and waste more fees?' Or they refuse to support financially. The girl is caught between a baby she must care for and parents who have given up on her."*

A particularly poignant account highlighted the systemic failure, as one teacher shared," We *had one girl who came back after having her baby. She was so brave she would walk two kilometers to school every day with her baby on her back, leave the baby with a neighbor, attend classes, then rush back to breastfeed during lunch break. She lasted two months. The neighbor could not continue helping for free. She had no money to pay. She had to choose between her education and her baby's care. She chose her baby. I do not blame her, but I mourn for what she could have become."*

Synthesis of Findings on Challenges and Barriers

The triangulation of quantitative and qualitative data reveals multiple layers of challenges facing the Catholic Church in responding to teenage pregnancy. Teenagers' reluctance to seek Church help emerged as the most significant barrier from both student and religious viewpoints, with 70.5% of students identifying this as a challenge. This reluctance is rooted in fear of stigma, judgment, and broken confidentiality fears that qualitative accounts confirm are well-founded. Stigma operates at multiple levels from peers, from teachers, from the community, and even from within the Church itself. *At school, at least there are rules. In the parish, in the village, there is no protection."* This stigma not only discourages help-seeking but also makes reintegration nearly impossible for those who become mothers.

Human resource constraints are equally severe. The shortage of trained counselors, identified by 50.5% of students and 63% of religious people, leaves schools and parishes ill-equipped to provide the specialized support pregnant teenagers need. As one teacher admitted," I am *a teacher, not a professional counsellor. I listen, I comfort, but I do not know how to really help."* Doctrinal tensions create another layer of complexity. The Church's teaching on contraception and its discomfort with open discussion of sexuality limits the practical guidance that can be offered. As one principal observed," We are *trying to teach abstinence in a world where everything is telling them something different."* The fear of appearing to compromise Church teaching silences even those who recognize the need for more practical conversations.

Institutional, barriers funding limitations, policy coordination weaknesses, clergy turnover and inconsistent implementation of re-entry guidelines compound these personal and relational challenges. The result is a fragmented response that, while well-intentioned, falls short of meeting the needs of vulnerable teenagers. As one religious leader summarized," We *want to help, but we are constrained by our teachings, by our resources, by our own discomfort, by the community's*

judgment. The girls who need us most are often the ones we cannot reach. And that failure weighs on all of us."

4.3.4 Empowerment Opportunities for Teenage Mothers as a Response to Teenage Pregnancy

The study also sought to assess the ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy in Nzaui Sub-County. Data was collected from students, religious people, principals, and counselling teachers through questionnaires and interviews. The findings are presented in three sections: quantitative findings on empowerment opportunities, qualitative findings from principals, counselling teachers, and religious people, and emerging opportunities identified by stakeholders. Students were asked to indicate the extent to which they agreed with statements about opportunities for empowering pregnant teenagers and teen mothers. Table 16 presents the distribution of student responses.

Table 16:

Student Response on Opportunities for Empowering Pregnant Teenagers and Teen Mothers (N=279)

Opportunity	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Vocational training	15 (5.5%)	14 (5.2%)	29 (10.7%)	93 (34.3%)	120 (44.3%)
Faith-based counseling	16 (5.9%)	12 (4.4%)	41 (15.2%)	98 (36.3%)	103 (38.1%)
Financial support programs	10 (3.7%)	17 (6.3%)	34 (12.6%)	82 (30.4%)	127 (47.0%)
Support groups	10 (3.7%)	10 (3.7%)	33 (12.4%)	80 (30.0%)	134 (50.2%)
Educational scholarships	17 (6.3%)	9 (3.3%)	30 (11.1%)	61 (22.6%)	153 (56.7%)

The student data revealed overwhelming support for all five empowerment opportunities, with agreement levels ranging from 74.4% to 80.2%. Support groups received the highest endorsement, with 80.2% of students agreeing or strongly agreeing (30.0% agreed, 50.2% strongly agreed). Educational scholarships followed closely at 79.3% agreement (22.6% agreed, 56.7% strongly agreed). Vocational training had 78.6% agreement (34.3% agreed, 44.3% strongly agreed), while financial support programs had 77.4% agreement (30.4% agreed, 47.0% strongly agreed). Faith-based counseling, while still strongly supported at 74.4%, received the lowest agreement among the five options, though this still represents a substantial majority.

These findings indicated that students recognize the need for comprehensive support that addresses multiple dimensions of teenage mothers' lives economic empowerment through vocational training and financial support, educational continuity through scholarships, psychosocial support through counseling, and community connection through support groups.

Table 17 presents the responses from religious people on opportunities for empowering pregnant teenagers and teen mothers.

Table 17:

Religious People Responses on Opportunities for Empowering Pregnant Teenagers and Teen Mothers (N=7)

Statement	SD n (%)	D n (%)	N n (%)	A n (%)	SA n (%)
Vocational skills training can empower teenage mothers	1 (7)	1 (7)	1 (7)	3 (20)	7(47)
Small business support programs can uplift teen mothers	1 (7)	1 (7)	1 (7)	5 (33)	7 (47)
Church-led mentorship programs would support teen mothers	0 (0)	1 (7)	1 (7)	6 (40)	7 (47)
Faith counseling can restore dignity	1 (7)	0 (0)	0 (0)	7 (50)	6 (43)
Church-based daycare centers would assist teen mothers	2 (13)	1 (7)	2 (13)	7 (47)	3 (20)
Scholarship programs can transform their lives	1 (7)	1 (7)	2 (13)	5 (33)	6 (40)
Partnering with NGOs can strengthen empowerment efforts	1 (7)	1 (7)	0 (0)	7 (47)	6 (40)
Promoting life skills education can prevent repeat pregnancies	1 (7)	0 (0)	4 (27)	4 (27)	6 (40)

For religious people, vocational skills training received the highest endorsement, with 80% agreeing or strongly agreeing (20% agreed, 60% strongly agreed). Faith counseling to restore dignity had 93% agreement (50% agreed, 43% strongly agreed), representing the strongest consensus among religious respondents. Church-led mentorship programs had 87% agreement (40% agreed, 47% strongly agreed). Small business support programs had 80% agreement (33% agreed, 47% strongly agreed). Scholarship programs had 73% agreement (33% agreed, 40% strongly agreed). Partnering with NGOs had 87% agreement (47% agreed, 40% strongly agreed).

Promoting life skills education had 67% agreement (27% agreed, 40% strongly agreed). Church-based daycare centers, while still supported by 67% (47% agreed, 20% strongly agreed), had the highest neutral and disagreement responses, suggesting some uncertainty about the feasibility or appropriateness of this intervention.

Table 18 Presents the Mean Scores on Opportunities for Empowering Pregnant Teenager and Teen Mothers

Table 18:

Mean Scores on Opportunities for Empowering Pregnant Teenagers and Teen Mothers

Empowerment Opportunity	**Students' Mean**	**Religious People's Mean**	**Combined Mean**	**Overall Rank**
Support groups	4.19	—	4.19	1
Educational scholarships	4.2	4	4.1	2
Vocational training	4.07	4.2	4.14	3
Financial support programs	4.11	—	4.11	4
Faith-based counseling for resilience	3.96	4.29	4.13	5
Church-led mentorship programs	—	4.27	4.27	—
Partnering with NGOs	—	4.13	4.13	—
Small business support programs	—	4.07	4.07	—
Faith counseling to restore dignity	—	4.29	4.29	—
Church-based daycare centers	—	3.53	3.53	—
Life skills education	—	3.93	3.93	—

Among items included in both questionnaires, vocational training had a combined mean of 4.14, educational scholarships 4.10, and faith-based counseling 4.13, all within the "Agree" range. Students rated support groups at 4.19 and financial support programs at 4.11, both in the "Agree" range. Among items only included in religious people's questionnaires, faith counseling to restore dignity scored highest at 4.29, followed by church-led mentorship programs at 4.27, both in the "Strongly Agree" range. Partnering with NGOs scored 4.13, small business support programmes 4.07, and life skills education 3.93, all in the "Agree" range. Church-based daycare centers scored

lowest at 3.53, still in the "Agree" range but with more mixed responses. Beyond the quantitative data, interviews with principals, counselling teachers, and religious people provided rich contextual understanding of existing and potential empowerment opportunities for teenage mothers.

Principals described various support structures currently available, though they acknowledged significant limitations. One principal explained," We *have guidance and counselling, and we try to support girls who want to return to school. It is not systematic. A sympathetic teacher helps where she can, with active guidance and counselling schedule."*

Another principal noted the role of government policy, stating," The *government has allowed the pregnant girls to go back to school after giving birth with the introduction of re-entry Programme of pregnant student. But policy without implementation is just words."* H006 described," We *have some teachers who take special interest. They check on the girls, encourage them, help them catch up. But this depends on individual goodwill, not institutional commitment."*

Despite the challenges, principals shared stories of successful reintegration and identified factors that enabled success. One principal recounted," We *had a girl who came back after her baby. Her mother supported her completely, cared for the baby, encouraged her, came to school meetings. The girl finished Form Four and is now in college. Parental support made all the difference."* Another principal described the role of peer support, stating," A *group of her friends rallied around her. They protected her from gossip, helped her with missed work, included her in everything. She succeeded because she was not alone."* H007 noted," When *the Church community gets involved positively when the parish doesn't judge but supports it transforms what is possible. We have seen girls thrive when they feel the community still values them."*

Principals articulated clear desires for how the Church could better support school-based programs. One principal stated," We *need the Church to provide trained counselors people who know how to work with traumatized girls, who understand adolescent development, who can offer real psychological support."*

Another principal emphasized financial support, explaining," Scholarships *for teen mothers would change everything. Right now, even when a girl wants to return, her family often cannot afford fees. The Catholic Church could sponsor these girls, give them a real second chance."* H004 noted," We *need the Church to speak up publicly, clearly that these girls are still valued, still welcome, still part of us. Too often, the Catholic Church's silence is interpreted as judgment."* Principals identified Caritas, the Church's development arm, as a potential partner in empowering teen mothers. One principal explained," Caritas *already does good work with vulnerable groups widows, orphans, the poor. Teen mothers are vulnerable too. Why can't Caritas extend its programs to them?"*Another principal described the potential, stating," Caritas *has experience with income-generating projects, with vocational training, with community organizing. All of these could be adapted to support teen mothers. The infrastructure is there; we just need to connect it to this need."* H001 noted," Caritas *also has relationships with donors, with NGOs, with government agencies. They could be the bridge that connects our girls to resources we cannot access alone."*

Guidance and Counselling Teachers' Interviews

Guidance and counselling teachers provided detailed accounts of the psychosocial needs of teen mothers. One teacher explained," These *girls are traumatized. They have been through pregnancy alone, often in secret. They have faced judgment, rejection, shame. They need more than academic support they need healing."* Another teacher described the emotional landscape, stating," They *feel like failures. They feel like they have let everyone down; their parents, their teachers and their God. Some are suicidal. Some have been thrown out of their homes. The psychological damage is enormous."* R004 noted," Even *those who seem strong on the surface are struggling inside. They need safe places to talk, to cry, to process what has happened to them. We do not have those spaces."*

Counselling teachers saw enormous potential in peer support groups. One teacher explained," Girls *listen to each other in ways they do not listen to adults. A support group of young mothers facilitated, but peer-led could be incredibly powerful. They would realize they are not alone, not the only ones."*

Another teacher described the mutual benefit, stating," In *a support group, the older ones can mentor the newer ones. They can share what worked, what did not work and how they coped. It builds solidarity, reduces isolation, creates hope."* R005 noted," The Catholic *Church could host these groups. Parish halls are empty most days. Small Christian Communities (SCC) could sponsor them. It would not cost much, but it would mean everything to these girls."*

Teachers identified specific academic supports needed for teen mothers. One teacher explained," When *a girl returns after months away, she is behind. Way behind. She needs catch-up classes, tutoring, extra time. The current system does not accommodate this she is expected to pick up where she left off, which is impossible."* Another teacher described the need for flexibility, stating," She *might need to arrive late, leave early, and miss days when the baby is sick. The school day was not designed for mothers. We need to be flexible allow her to take examinations when she is ready, not on a fixed schedule."* R002 noted," Some *girls are so far behind that returning to the same class is humiliating. They need alternative pathways vocational training, distance learning, something that fits their situation."*

Teachers saw untapped potential in existing parish women's groups. One teacher explained," The *Catholic Women Association these are mothers, grandmothers, women of faith. They could mentor young mothers, provide practical support, model how to be a good mother while still pursuing your dreams."* Another teacher described the potential for material support, stating," CWA *groups already do fundraising, already support vulnerable members. Why could not they "adopt" a teen mother help with baby supplies, with school fees, with emotional support?"* R003 noted," The *Catholic Men Association (CMA) could also be involved providing*

positive male role models for the children, helping with practical needs like repairs or transport. The whole community could wrap around these girls."

Synthesis of Findings on Empowerment Opportunities

The triangulation of quantitative and qualitative data reveals strong consensus across all respondent categories on the importance and potential of empowerment opportunities for teenage mothers. Students expressed overwhelming support for all proposed interventions, with agreement levels ranging from 74% to 80%. Religious people were equally supportive, with many opportunities receiving over 80% agreement, and faith counseling to restore dignity receiving 93% agreement. Qualitative findings from principals, counselling teachers, and religious people enrich these statistics with concrete examples, practical ideas, and passionate advocacy. Several cross-cutting themes emerge from their testimony.

First, empowerment must be holistic, addressing multiple dimensions of need. As one counselling teacher noted," These *girls need more than academic support they need healing."* The most effective interventions would combine educational support (scholarships, catch-up classes, flexible schooling), economic empowerment (vocational training, small business support, income-generating projects), psychosocial support (counseling, support groups, mentorship), and spiritual accompaniment (pastoral care, faith-based counseling, dignity restoration).

Second, empowerment must be community-based, leveraging existing structures and relationships. Small Christian Communities (SCC) parish women's groups, and peer networks were all identified as natural support systems that could be mobilized. As one religious leader observed," The *SCC is the church in the neighborhood. They are in the best position to support her practically and spiritually."*Third, empowerment requires partnership between schools and parishes, between Church and government, between faith-based organizations and health facilities. No single institution can meet all the needs of teen mothers. As one principal emphasized," This

requires a multi-agency collaboration with the school, church, parents, children's agencies, society at large. All involved should revisit the fact that a child belongs to the community."

Fourth, empowerment must address stigma and shame directly. The spiritual dimension of healing helping girls see themselves as beloved by God, restoring their sense of dignity was emphasized repeatedly. As one religious sister explained," Without *spiritual healing, material support is just a bandage. These girls need to know their dignity is restored, that they are not defined by their mistake."* Finally, empowerment requires advocacy for policy implementation, for changed attitudes, for Church leadership that models compassion rather than judgment. As one principal urged," We *must shun away from 'the don't care' attitude and make this issue a concern for all."*

One counselling teacher stressed and captured the vision beautifully, stating," Imagine *a girl, pregnant and alone, finding a community that does not judge but supports. A school that welcomes her back. A Catholic parish that surrounds her with love. A group of other young mothers who understand. Skills training that gives her a future. Spiritual care that restores her soul. That is the dream. That is what we should be building. This point came up with many of the guidance and counselling teachers"*

4.5 Discussion of the Findings

This section integrates the findings presented in Chapter Four with the literature reviewed in Chapter Two and the theoretical framework that guided the study. The discussion is organized according to the four research objectives, examining how the findings align with or diverge from existing scholarship and what they reveal about the Catholic Church's response to teenage pregnancy in Nzaui Sub-County.

4.5.1 Prevalence and Contributing Factors

The first objective sought to investigate the prevalence of teenage pregnancy in Nzaui Sub-County and identify the factors contributing to it. The findings revealed a complex picture of rising prevalence rates and multiple interconnected causal factors. The study found that teenage pregnancy is a significant and growing problem in Nzaui Sub-County. School records documented 166 cases across seven Catholic-sponsored schools over a five-year period (2019-2024), with a clear upward trend from 18 cases in 2019 to 39 cases in 2023. These figures, however, represent only documented cases. As counselling teachers consistently reported, official records capture only a fraction of actual pregnancies. One teacher estimated," For *every girl we officially record as pregnant, there are at least two others who quietly disappear."*

In summary, the prevalence rate of 17.8% reported by the Ministry of Health (2023) for Nzaui Sub-County exceeds the national average of 15% (KDHS, 2022). This finding aligns with the Kenya Demographic and Health Survey (KDHS, 2022) which reported that 15% of female teenagers aged 15-19 are sexually active and some have begun childbearing, with higher rates in rural and religiously conservative counties. The Kikumini Health Centre records showing 1,023 girls in school were attending antenatal clinics between January 2016 and July 2021 further confirm the magnitude of the problem, with 4-10 girls giving birth during KCSE examination periods annually. This pattern of pregnancy during examination periods was also noted by principals. One of whom observed," We have *had cases where about 12 Form Four candidates sit for exams while pregnant, only to disappear after."*

The discrepancy between school records and health Centre data suggests significant underreporting in official school statistics, a finding consistent with the literature on hidden pregnancies and the phenomenon of "holiday pregnancies" documented by counselling teachers in this study. Bronfenbrenner's (1979) Ecological Systems Theory provides a useful framework for

understanding the multiple, interacting levels of influence on teenage pregnancy in Nzaui Sub-County. The findings reveal that factors at every level of the ecological system contribute to the problem. At the microsystem level, which includes the immediate environments of family, school, and peer groups, the study found that lack of parental guidance was the single most significant factor, with a combined mean of 4.67. This finding aligned with Brown, Johnson, and Liu (2019), who found that students with limited communication with parents had significantly higher odds of early sexual initiation. One counselling teacher explained the mechanism, stating," Parents *who leave their children, teenage girls, to go and work opens an opportunity for girls to explore the world, hence endangering themselves."* The absence of parental supervision creates a vacuum that peer pressure fills. Peer pressure ranked third with a combined mean of 4.47, and teachers described how this operates:" Peers *use verbal abuse to girls who do not have boyfriends or men. The weak girls give in and look for boyfriends blindly."*

At the mesosystem level, which involves interactions between microsystems, the findings reveal weak linkages between family, school, and Church. While the Church provides moral teaching, this teaching is often disconnected from the realities students face. As one counselling teacher noted," The Catholic *church offers moral teaching but no practical help. They say, 'Do not have sex,' but they do not say, 'If you do, here is how to protect yourself.'"* This disconnect between what students hear in church and what they experience in their peer relationships and media exposure creates a gap that leaves them vulnerable.

At the Exosystem level, which includes indirect environmental influences such as community resources and economic conditions, poverty emerged as the second most significant factor with a combined mean of 4.61. This finding strongly supports Muthengi et al. (2020), who found that socio-economic issues in rural Kenyan communities compel adolescent girls into early relationships that often end in pregnancy. One teacher's account captures the desperation poverty

creates:" We *had a girl last year who was orphaned, living with a grandmother who could barely feed her. She started 'dating' a bodaboda man... She told me, 'I knew it was wrong, but I was hungry.'"* The study also found disturbing evidence of parental complicity in transactional relationships, with one respondent noting," Also *some parents may sell their daughters to the rich men so as to be given money."*

At the Macrosystem level, which encompasses cultural values and societal norms, the study found that cultural practices, neglect of spiritual teachings, and exposure to inappropriate media all contribute to teenage pregnancy. Cultural practices such as early marriage, though ranked eighth with a combined mean of 3.82, were significant in specific communities. One teacher explained," Some *communities offer girls to migrants as early as when the girls are 14 years. This opens the door to pregnancy."* The neglect of spiritual teachings, ranked fourth with a combined mean of 4.20, was rated much higher by religious people (4.58) than by students (3.82), highlighting a perception gap between adults and youth. This gap may reflect what Okonkwo and Eze (2020) identified as "religious and cultural silence" that hinders students from gaining important reproductive information.

The chronosystem level, which considers changes over time, is evident in principals' observations of increasing cases since the COVID-19 pandemic. One principal noted," Since *resumption from COVID break, we initially had no reported incidence, which was encouraging. But now the numbers are creeping back up. It seems the long break disrupted not just academic learning but moral formation as well."* The findings strongly align with existing literature on factors contributing to teenage pregnancy. Wanjala (2023) found a significant negative correlation between religious instruction intensity and students' willingness to seek reproductive health services suggesting that moral instruction without accompanying health education may unintentionally limit reproductive autonomy. This study found similar dynamics, with students reporting that they learn about morality in church but receive no practical guidance.

Achieng and Mutua (2021) confirmed that experiences of gender-based violence were significantly associated with pregnancy risk. While this study did not specifically measure violence, teachers described relationships with older men that have characteristics of grooming and exploitation:" We *have many cases of girls involved with men who are not boys but men in their 20s, 30s, sometimes older. These men have money, have experience, know exactly what to say. The girl thinks she is special. It is exploitation dressed up as romance."* The finding that early engagement in relationships and marriage had the highest student agreement (82.2%) as a contributing factor aligns with Mumo (2020), who found a high positive correlation between sexual activity initiation and peer influence. The social dynamics described by students and teachers in this study demonstrate competition for boyfriends, pressure to prove love, desire for acceptance mirror those documented in the literature.

4.5.2 Catholic Church Intervention Programs to teenage pregnancy

The second objective sought to examine the Catholic Church's intervention and initiative programs in mitigating the causes and consequences of teenage pregnancy. The findings reveal both strengths and significant limitations in current Catholic Church responses. Bandura's (1977) Social Learning Theory provides a usefulness for understanding how Catholic Church interventions might influence teenage behavior. The theory posits that individuals learn by observing role models through four processes: attention, retention, reproduction, and motivation. In Catholic-sponsored schools, clergy, religious sisters, teachers, and peer leaders serve as potential role models whose behavior and teaching can shape adolescent decision-making.

The study found evidence that Church programs do provide positive role modeling. One principal noted," The *faith-based teachings have greatly influenced teenagers' behaviors... as they make reference to those teachings when they feel themselves in a tough spot."* Another observed," In *difficult moments, especially those that could tempt one to derail from the right path,*

most teenagers get guidance from the teaching." These accounts suggest that when Church teachings are internalized, they can serve as an internal moral compass. However, the theory also requires that role models be perceived as credible and attractive for learning to occur. The study found that some teenagers do not find Church messaging credible or relevant. One counselling teacher noted," The *youth are too busy to be reached or avail themselves for the programmes."* Another observed a generational gap:" I *give talks on purity, on waiting, on respecting your body. But I can see their eyes glazing over. It does not connect to their lives."* This disconnect limits the effectiveness of Church programs as vehicles for social learning.

The findings both align with and diverge from existing literature on Catholic Church interventions. Levesque (2021) found that abstinence and life-skills programs in inner-city Catholic schools produced statistically significant improvements in abstinence knowledge. Similarly, this study found that students affirmed the value of church-organized youth seminars, with 78.4% agreeing that these programs help reduce teenage pregnancies. One teacher noted," When *the Catholic Church organizes people in medical field to counsel the teens. Those with ears get good counsel."* Martinez and Alvarez (2021) found that Church-based mentorship and life-skills training significantly reduced risky sexual behavior among adolescents in Manila. This study found support for counseling services, with 76.9% of students affirming their benefit. However, the qualitative data revealed significant gaps in the availability and quality of these services. One counselling teacher admitted," I am *a teacher, not a professional counsellor. I have had some training, but when a girl comes to me pregnant, I don't really know what to do."*

Mwangi and Njeri (2022) found that the Archdiocese of Nairobi's "Dignity of Life" curriculum enhanced self-efficacy, abstinence intentions, and attitudes toward peer pressure among Catholic secondary school students. This study found that 68.9% of students agreed that Church sermons and teachings address teenage pregnancy issues, though 44% of religious people were neutral on whether Church teachings openly address these issues, suggesting ambivalence about

the directness of Church communication. Chiriswa (2021) examined the Pastoral Programme of Instruction in Catholic-sponsored schools in Mombasa and found that while the program has potential social benefits in addressing teenage pregnancy, implementation remains weak. This study found similar implementation gaps. One teacher observed," The *church is doing a good job but it could be improved. This will take a more hands-on approach such as counselling rather than leave it to stakeholders who lack guidance and counselling skill."*

The study identified several strengths in current Church interventions. First, Catholic Church programs provide moral guidance and spiritual formation that many teenagers value. H002 noted," The *teaching of CRE as mandatory subject and the culture of religion in the school have played a great role."* Secondly, Church programs create spaces for discussion of sensitive topics that might otherwise be completely taboo. Youth seminars during school holidays were cited as particularly effective. Thirdly, the Catholic Church's pastoral presence through chaplaincy services, retreats, and counseling offers support that students may not find elsewhere.

However, significant weaknesses were also identified. First, program reach is limited. Many at-risk youth, particularly those not actively involved in church, are not reached. One religious leader noted the challenge of" reaching *the unreached – teenagers not attending Catholic church services or getting involved in church."* Second, follow-up is minimal, reducing long-term impact. Then practical support for pregnant students and teen mothers is almost entirely absent. When asked about Church support, one teacher simply stated," Support *them financially"* as a recommendation, implying this is not currently happening.

The study revealed significant gaps between Catholic Church policy and actual practice. While the Church officially supports the dignity of every person and the importance of education, this support does not consistently translate into practical assistance for pregnant students and teen mothers. One religious person admitted," The *Catholic Church provides support to teenage*

mothers to continue education," but the quantitative data showed only 50% agreement on this statement, and qualitative accounts revealed minimal concrete support.

The gap is particularly evident in the implementation of school re-entry guidelines. Despite national policy requiring schools to allow girls to return after childbirth, many Catholic schools create barriers. One principal acknowledged," Officially, *we follow the policy. But practically, we make it difficult."* This finding aligns with Ndunda (2022), who found out while Catholic Church-sponsored schools in Makueni County offered reintegration support, they lacked preventative measures due to unavailability of Catholic Church interventions to teenage pregnancies.

4.5.3 Challenges and Barriers faced by the Catholic Church in responding to teenage pregnancy

The third objective sought to explore the challenges and barriers faced by the Catholic Church in responding to teenage pregnancy. The findings reveal multiple layers of obstacles operating at different levels of the ecological system. Applying Bronfenbrenner's (1979) framework, the challenges identified operate at every level of the ecological system, creating a complex web of barriers that limit Church effectiveness. At the microsystem level, teenagers' reluctance to seek Church help was identified as the most significant barrier, with a combined mean of 3.89. This reluctance stems from fear of stigma, judgment, and broken confidentiality. One counselling teacher explained," If *word gets out that a counsellor shared something confidential such as a girl who opened up to be pregnant, no girl will ever trust us again. They will suffer in silence rather than risk exposure."* This finding aligns with Nzomo and Kilonzo (2022), who found that misinterpretation of Catholic Church doctrines and lack of open discussions on sexuality created confusion and risk behaviors among students.

At the mesosystem level, weak collaboration between schools, churches, and families creates gaps in support. One principal noted," We *cannot be parents and teachers and counsellors*

and police. The Catholic church cannot do it alone. When parents abandon their role, everyone else is just trying to fill a gap that keeps widening." The study found that while some collaboration exists through opening school Mass / Prayer Day, external counselors, and chaplaincy services it is often more about facilitation than genuine partnership. At the Ecosystem level, resource constraints and policy coordination weaknesses create structural barriers. Shortage of trained counselors was identified by 50.5% of students and 63% of religious people as a significant barrier. One religious leader explained," I am *responsible for three parishes, 15,000 Catholics, and I am the only priest. I have one sister helping with youth ministry, but she is also running a health clinic. We simply do not have the people to do everything that needs to be done, as a result the teenagers might not get sufficient pastoral care from our Priest."* This finding aligns with Phiri and Banda (2021), who found funding limitations, lack of inter-agency collaboration, and doctrinal rigidity as key barriers in rural Zambian dioceses.

At the Macrosystem level, doctrinal tensions, cultural beliefs, and stigma create powerful barriers. The finding that 70% of religious people agreed that some Church leaders feel uncomfortable addressing sexual health issues reveals an important internal challenge. One youth minister admitted," I *do not know what I am allowed to say. If I talk about condoms, am I promoting sin? If I do not talk about them, am I failing to protect these girls?"* This theological uncertainty echoes O'Donnell and Burke's (2022) finding that pastoral leaders in Ireland struggled to discuss pregnancy and contraception due to fear of institutional condemnation and theological ambiguity. The study revealed significant tensions between Catholic doctrine and the practical needs of comprehensive sex education. The Catholic Church's teaching on contraception, rooted in *Humanae Vitae* (1968) and reaffirmed by Pope Francis (2023), creates a dilemma for those working with sexually active teenagers. One principal explained," We *cannot talk about condoms or other methods, but the students need this information. They are going to be sexually active*

whether we approve or not. So we are caught between fidelity to Church teaching and the reality of teenage behavior."

This tension is not merely theoretical. It has practical consequences for teenagers' health and well-being. This gap between teaching and practical guidance leaves teenagers navigating sexual activity without the information they need to protect themselves. The tension extends to school re-entry policies. Some in the Church community view allowing pregnant girls to return to school as "rewarding sin." One principal noted," They *ask, 'If she gets pregnant, why should she be allowed back? Where is the consequence?'"* Balancing pastoral compassion with moral expectations creates ongoing challenges for school leaders.

The findings strongly aligned with existing literature on challenges faced by the Catholic Church in responding to teenage pregnancy. Silva and Monteiro (2021) found that doctrinal inflexibility, limited theological education on sexual health, and fear of contradicting Church authority significantly restricted effective interaction with adolescents in Brazil. This study found similar dynamics, with one religious leader admitting," There *are things I would like to say to these girls, practical things, things that might actually help them. But I am afraid. What if someone reports me?"* Nyamweya and Kemunto (2022) found that doctrinal inflexibility, stigma, and lack of pastoral capacity significantly constrained the Catholic Church's support systems in Kisii County. This study found that stigma and judgment from the community was the second-highest barrier according to students (52.7% agreement) and a significant concern for religious people. Nabwire and Kaggwa (2021) concluded that inadequate funding doctrinal rigidity, and ineffective policy coordination significantly influenced intervention activities in Ugandan parishes. Such studies have stressed the importance of a review or strengthening of the Catholic Church doctrines on human sexuality study found similar constraints, with 56% of religious people identifying limited financial resources as a barrier, and 69% identifying insufficient collaboration with government health services.

Chebet and Kibet (2023) found a high negative correlation between pastoral resource availability and youth program sustainability in Baringo County, with unstable funding and constant clergy turnover hindering program continuity. This study found that clergy turnover disrupts relationships and programs. One religious leader observed," Just *when a priest gets to know the community, just when he has built relationships with the youth, he is transferred. The new priest starts from zero. Programs stall, relationships end, trust has to be rebuilt."*

4.5.4 Empowerment Opportunities

The fourth objective sought to assess the ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy. The findings reveal strong consensus across all respondent categories on the importance and potential of comprehensive empowerment strategies. The empowerment opportunities identified in this study align closely with core principles of Catholic Social Teaching. The principle of the dignity of the human person underlies all efforts to support teenage mothers. As one teacher explained," These *girls need to know they are still loved by God. The Church has often communicated judgment, not love. Spiritual accompaniment is about undoing that damage, helping them experience God's unconditional love."*

The emphasis on restoring dignity reflected in the 93% agreement among religious people that faith counseling can restore dignity directly addresses this fundamental principle. The principle of the option for the poor and vulnerable calls the Church to prioritize those on the margins. Teenage mothers are among the most vulnerable members of the community often stigmatized, rejected, and impoverished. From the questioner's rejection and stigmazation were among the challenges experienced by teenage mothers. One counselling teacher's account captures their vulnerability:" We *had one girl who came back after having her baby. She was so brave... She lasted two months. The neighbor could not continue helping for free. She had no money to pay. She had to choose between her education and her baby's care."* Empowerment opportunities that

provide financial support, vocational training, and educational scholarships directly respond to this preferential option.

The principles of participation and solidarity call for involving all members of the community in supporting one another. The emphasis on support groups, mentorship programs, and Small Christian Community involvement reflects these principles. As one teacher noted," The *SCC is the Catholic Church in the neighborhood. They know the girl, know her family, and know her situation. They are in the best position to support her practically and spiritually."* The findings align with and extend existing literature on empowerment programs for teenage mothers. Mutuku and Kilonzo (2021) seemed to be in line with response from the participants since they found a moderate but negative relationship between participation in Catholic-sponsored health outreach programs and reported sexual activity with qualitative data establishing the importance of integrating faith with health education and counseling. This study found strong support for integrating multiple forms of support, with 78.6% of students supporting vocational training, 77.4% supporting financial programs, and 80.2% supporting support groups.

Chikondi and Banda (2022) found that participants in the "Faith and Futures" program in Malawi had lower chances of becoming pregnant than controls suggesting that combining moral formation with material assistance is effective. This study's findings strongly support such an integrated approach, with religious people endorsing both spiritual interventions (faith counseling to restore dignity at 93%) and practical interventions (vocational training at 80%, small business support at 80%). Moshi (2021) found that participation in youth empowerment programs in the Arusha Diocese was a positive predictor of informed reproductive decisions, with qualitative themes emphasizing the importance of vocational training. This study similarly found that vocational training was highly endorsed by both students (78.6%) and religious people (80%).

Kariuki and Muthoni (2023) found that consistent participation in parish-based family life education strongly predicted reduced chances of teen pregnancy, with parental involvement as a

significant complementary predictor. This study's findings on the importance of mentorship programs (87% agreement among religious people) and support groups (80.2% among students) align with this emphasis on sustained, relational interventions.

4.5.5 Summary of Discussion

The discussion of findings revealed that teenage pregnancy in Nzaui Sub-County is a complex, varied problem shaped by interacting factors at all levels of the ecological system from individual family dynamics to broader cultural and economic forces. The Catholic Church's response, while valued by students and communities, is constrained by significant challenges including resource limitations, doctrinal tensions, stigma, and implementation gaps. The findings align with existing literature on contributing factors, intervention effectiveness, and barriers to Church response, while also extending this literature by providing rich contextual data from a rural Kenyan setting. The study confirms that poverty, parental neglect, and peer pressure are the primary drivers of teenage pregnancy, and that Catholic Church interventions, while providing valuable moral guidance, fall short of meeting the comprehensive needs of vulnerable teenagers.

The empowerment opportunities identified by stakeholders offer a vision for a more elaborate Catholic Church response, one that is holistic, community-based, partnership-oriented, and grounded in the core principles of Catholic Social Teaching. As one counselling teacher envisioned," Imagine *a girl, pregnant and alone, finding a community that does not judge but supports. A school that welcomes her back. A Catholic parish that surrounds her with love. A group of other young mothers who understand. Skills training that gives her a future. Spiritual care that restores her soul. That is the dream. That is what we should be building."*

4.6 Interpretation of Findings

This section provides an interpretation of the study's findings by integrating them with the theoretical frameworks that guided the research Ecological Systems Theory and Social Learning

Theory. It offers a holistic interpretation of the Catholic Church's response to teenage pregnancy and draws out implications for policy and practice at various levels of Church and educational governance.

4.6.1 Integration with Ecological Systems Theory

Bronfenbrenner's (1979) Ecological Systems Theory posits that human development is shaped by a complex system of relationships affected by multiple levels of the surrounding environment. This theory is particularly effective in analyzing the layered influences that affect adolescents' lives, including family, school, church, and societal norms. The findings of this study can be interpreted through each level of the ecological system, revealing how factors at different levels interact to shape both the problem of teenage pregnancy and the Church's response to it.

Microsystem Level: Family, School, and Church Influences

The microsystem represents the immediate environments in which adolescents directly interact with family, school, peer groups, and church. The findings reveal that these microsystems are often failing to provide the protection and guidance that teenagers need this microsystem levels include; **Family Influences**: The study found that lack of parental guidance was the single most significant factor contributing to teenage pregnancy, with a combined mean of 4.67. This finding can be interpreted as evidence of a breakdown in the family as a protective microsystem. When parents are absent whether physically due to work demands or emotionally due to communication taboos adolescents are left to navigate the challenges of puberty and emerging sexuality without adult supervision or guidance. One counselling teacher's observation captures this interpretation:" Parents *who leave their children, teenage girls, to go and work opens an opportunity for girls to explore the world, hence endangering themselves. A girl needs supervision; she needs someone to notice when her behavior changes."* The family microsystem, which should be the primary source of protection and moral formation, has become a source of vulnerability.

School Influences: Schools, as microsystems, provide both risks and protections. The finding that Form 2 and Form 3 students are most vulnerable suggests that schools may not be providing adequate guidance during this critical developmental window. While Catholic-sponsored schools integrate religious education and moral teaching, these alone are insufficient. The gap between moral instruction and practical reproductive health education means that students are not equipped to make informed decisions. One teacher noted," They *do not know their bodies. They do not understand how pregnancy happens. Some think 'first time' does not cause pregnancy."* This knowledge deficit represents a failure of the school microsystem to provide comprehensive education.

Church Influences: The Church, as a microsystem, provides moral guidance and spiritual formation that many students value. However, the finding that teenagers are reluctant to seek Church help (70.5% agreement) suggests that the Church microsystem is not perceived as a safe or helpful space for adolescents facing sexual health challenges. This reluctance can be interpreted as a failure of the Church to create an environment of trust and non-judgmental support.

Peer Influences: The peer microsystem emerged as a powerful force, with peer pressure ranked third (combined mean 4.47). The interpretation of this finding is that when other microsystems fail to provide guidance and belonging, adolescents turn to peers for validation and acceptance. The competitive dynamics described *"who has the oldest boyfriend, who gets the most attention, who is 'loved' the most"* suggest that the peer microsystem has become a space where risky behavior is rewarded and normalized.

Mesosystem Level: Interactions between Microsystems

The mesosystem comprises the interactions between microsystems how family, school, and church relate to and influence each other. The findings reveal weak and often conflicting interactions that undermine adolescent well-being. **Family-School Interactions**: The study found that parental involvement is inconsistent, with some parents actively engaged while others are completely

absent. One principal noted," Those *parents that counsel their daughters, they do not fall pregnant."* This suggests that when the family and school microsystems work together, when parents reinforce what schools teach and schools support parental guidance adolescents are better protected. However, the more common pattern is disconnection: parents are absent, and schools are left to fill the gap alone.

Family-Catholic Church Interactions: The findings reveal limited interaction between families and the Church on issues of adolescent sexuality. While families may attend church, there is little evidence of intentional collaboration between parents and Church leaders in guiding youth. One teacher noted," If *parents are not praying with their children, if families are not reading the Bible together, if faith is just a Sunday activity then do not be surprised when the girl has no moral compass."* The lack of mesosystem connection means that Church teachings remain abstract, disconnected from daily family life.

School-Catholic Church Interactions: The study found some evidence of school-church collaboration through school opening Mass / Prayer Day, chaplaincy services, and youth seminars. However, these interactions are often superficial rather than deeply integrated. One principal's vision for stronger collaboration captures what an effective mesosystem might look like:" Religious *institutions and schools can have a better/stronger relationship by cooperating and doing the guidance programmes as a team, working as one entity in educating the society."* The current reality falls short of this vision.

Exosystem Level: Community Resources and Institutional Structures

The Exosystem includes the broader social structures that indirectly influence adolescents' experiences community resources, health services, media, and institutional policies. The findings reveal significant Exosystem constraints that limit the Catholic Church's response. Some of community resources and institutional structures are as follows;

Community Resources: Poverty, ranked second among contributing factors (combined mean 4.61), reflects the inadequacy of community economic resources. The interpretation is that when communities lack economic opportunities and social safety nets, adolescents particularly girls become vulnerable to exploitation. One teacher's account *"She told me, 'I knew it was wrong, but I was hungry'"* illustrates how economic deprivation at the Exosystem level translates into individual vulnerability at the microsystem level. One religious leader's description of being responsible for three parishes with minimal support illustrates how Exosystem resource constraints cascade down to affect microsystem interactions.

Health Services: The shortage of trained counselors and youth ministers (identified by 63% of religious people) reflects limitations in the Church's institutional capacity. This can be interpreted as a failure at the Exosystem level diocesan policies and priorities have not invested sufficiently in training personnel for youth ministry and counseling. Hence majority of the challenges of teenagers are left unattended such as teenage pregnancy.

Media Influences: The finding that exposure to inappropriate media is a significant factor (combined mean 4.08) reflects the pervasive influence of the media Exosystem. Smartphones and internet access expose adolescents to sexual content that shapes their expectations and behaviors. One teacher's reflection *"When I was growing up, we had one radio and the village gate. Now every child has a smartphone in their pocket, watching things I have never seen"* captures how changes in the media Exosystem have fundamentally altered the developmental landscape for adolescents.

Diocesan Policies: The inconsistency in implementing school re-entry guidelines reflects policy weaknesses at the Exosystem level. While national policy exists, diocesan-level guidance on how to implement this policy in a manner consistent with Catholic teaching is lacking. This inability leaves individual schools to navigate the tension between compassion and moral expectations on their own, leading to inconsistent and often inadequate responses.

Macrosystem Level: Cultural Values, Catholic Church Doctrine and Societal Norms

The Macrosystem encompasses the overarching cultural values, religious doctrines, and societal norms that shape all other levels of the ecological system. The findings from the research reveal both supportive and constraining influences at this level that contribute to teenage pregnancy as observed from the ecological system theory by developmental psychologist Urie Bronfenbrenner (1979).

Cultural Values: The study found that cultural practices such as early marriage contribute to teenage pregnancy in specific communities. One teacher explained," Some *communities offer girls to migrants as early as when the girls are 14 years."* This can be interpreted as a Macrosystem influence that normalizes early childbearing and devalues girls' education. At the same time, cultural taboos around discussing sexuality create barriers to open communication, with one teacher noting," In *many communities and culture, discussing sex is considered taboo, which leads to lack of open communication."* These cultural values permeate all other levels, shaping what parents feel able to discuss, what schools feel able to teach, and what adolescents feel able to ask.

Catholic Church Doctrine: Catholic Church teaching on sexuality, rooted in *Humanae Vitae* (1968) and reaffirmed by Pope Franc is (2023), provides a moral framework that many in the Church seek to uphold. However, the interpretation of how this doctrine is applied varies. The finding that 70% of religious people agreed that some Church leaders feel uncomfortable addressing sexual health issues suggests that doctrine, rather than enabling engagement, may sometimes function as a barrier. The fear of saying something that could be interpreted as questioning Church teaching silences the very conversations that adolescents need. One counselling teacher "*I do not know what I am allowed to say"* reflects how Macrosystem doctrine, when not accompanied by pastoral guidance on application, can paralyze rather than empower.

Societal Norms: The normalization of teenage pregnancy in the community described by one priest as" so *common that people do not even whisper about it anymore"* represents a

Macrosystem shift in societal norms. When teenage pregnancy becomes accepted as "how things are," the urgency of prevention diminishes, and the stigma experienced by individual girls, while still real, coexists with a collective shrug. This normalization can be interpreted as a Macrosystem failure, a lowering of expectations and a loss of collective commitment to protecting adolescent girls.

Chronosystem Level: Changes over Time

The chronosystem encompasses the dimension of time, including life transitions and historical context. The findings reveal important chronosystem influences such as;

Historical Context: The increase in teenage pregnancy cases since the COVID-19 pandemic, noted by several principals, reflects a chronosystem influence. The pandemic disrupted not only academic learning but also social structures, family routines, and moral formation. One principal's observation *"It seems the long break disrupted not just academic learning but moral formation as well"* suggests that the pandemic period created a rupture in the developmental trajectories of adolescents, the effects of which are still being felt.

Life Transitions: The identification of Form 2 and Form 3 as the most vulnerable periods represents a chronosystem influence at the individual level. These years mark a transition from early adolescence to mid-adolescence, a period of increased independence and exploration before the focusing pressure of final examinations. One principal's description *"Form Two is the danger zone. They have survived the transition from primary school, they are comfortable with their peers, they are exploring their independence"* captures how developmental timing intersects with social vulnerability.

Evolving Catholic Church Responses: The study reveals that Church responses to teenage pregnancy have evolved over time, though slowly. References to the KCCB initiative to train school chaplaincy agents represent a chronosystem development a recognition that the Catholic

Church needs to invest more systematically in pastoral presence in schools. However, the finding that implementation remains weak suggests that this evolution is still in its early stages.

4.6.2 Integration with Social Learning Theory

Bandura's (1977) Social Learning Theory provides a framework for understanding how adolescents learn behaviors, values, and attitudes through observation of role models. The theory's four processes attention, retention, reproduction, and motivation offer a lens for interpreting the Catholic Church's effectiveness in shaping adolescent behavior.

Role Modeling by Priests, Religious Sisters, Teacher and Peer Leaders

Social Learning Theory posits that individuals learn by observing models who are perceived as credible, attractive, and powerful. In the context of Catholic-sponsored schools, priests, religious sisters, teachers, and peer leaders serve as potential models whose behavior and teaching can shape adolescent development.

Observational Learning Processes

The findings suggest that when these role models as noted by a principal are perceived as credible and relatable, they can positively influence adolescent behavior. One principal noted," The *faith-based the Catholic Church teachings have greatly influenced teenagers' behaviors... as they make reference to those teachings when they feel themselves in a tough spot."* This can be interpreted as evidence of successful observational learning adolescents have internalized the values modeled by Catholic Church leaders and draw on them in moments of decision.

The potential of peer modeling is suggested by teachers' observations about peer dynamics. While negative peer influence is powerful "*Peers use verbal abuse to girls who do not have boyfriends or men"* this same peer influence could be channeled positively through peer mentorship programs. One teacher's vision "*In a support group, the older ones can mentor the newer ones. They can*

share what worked, what did not, how they coped" reflects an intuitive understanding of social learning principles.

However, the theory also predicts that modeling will be ineffective if the model is not perceived as relevant or attractive. The finding that some teenagers find Catholic Church messaging disconnected from their lives can be interpreted through this lens. One teacher "*I give talks on purity, on waiting, on respecting your body. But I can see their eyes glazing over. It does not connect to their lives"* suggests that the models are not perceived as sufficiently relatable to capture adolescents' attention.

The four processes of observational learning provide a framework for interpreting why Catholic Church programs have limited effectiveness and how they could be strengthened.

Attention: For learning to occur, adolescents must pay attention to the model. The study found that many at-risk youths are not attending church services or youth programs. One teacher noted the challenge of" reaching *the unreached – teenagers not attending Catholic Church services or getting involved in church."* This suggests that Catholic Church programs fail at the most basic level of gaining adolescents' attention. Without attention, no learning can occur.

Retention: Even when adolescents attend programs, they must retain what they have learned. The finding that students value youth seminars and can recall teachings in difficult moments suggests that retention does occur for some. However, the absence of follow-up and reinforcement limits long-term retention. One teacher noted that programs are only" about *50% effective,"* suggesting that retention is partial at best.

Reproduction of values: Adolescents must be able to translate what they have learned into behavior. The gap between moral teaching and practical guidance identified in this study *"The Catholic Church offers moral teaching but no practical help,"* Adolescents are told what not to do but not taught how to navigate situations where they might be pressured to do it. They lack the behavioral scripts and skills needed to reproduce the values they have learned.

Motivation: Finally, adolescents must be motivated to act on what they have learned. The powerful influence of peer pressure suggests that competing motivations often outweigh the motivation provided by Church teaching. The desire for acceptance, belonging, and status in the peer group can override internalized values. As one teacher observed," The *group becomes her family, and she will do anything to keep that family."* This interpretation suggests that Church programs must address not only what adolescents learn but also the motivational dynamics that shape their choices.

Reinforcement of Values through Catholic Church Programs and School Culture

Social Learning Theory emphasizes the role of reinforcement in shaping behavior. The findings suggest that Church programs and school culture provide both positive and negative reinforcement, with mixed effects. Positive reinforcement comes from affirmation within church communities, recognition for moral behavior, and the sense of belonging that faith communities provide. One teacher noted that for girls genuinely engaged in their faith," faith *can be a powerful protection."* However, negative reinforcement also operates. The stigma and judgment that pregnant girls experience from peers, from the community, and sometimes from the Church itself can be interpreted as punishment that reinforces the message that they have failed. This punishment, rather than deterring others, may simply drive pregnant girls further into isolation and despair. One counselling teacher's account of a girl who" stopped *coming to church altogether because she was so ashamed"* illustrates how the Church's response can inadvertently reinforce the very shame it seeks to address.

4.6.3 Holistic Interpretation of the Catholic Church's Response

Bringing together the findings and their theoretical interpretation, a holistic picture emerges of the Catholic Church's response to teenage pregnancy in Nzaui Sub-County one characterized by both strengths and significant limitations.

Balancing Catholic Church Doctrinal Fidelity with Pastoral Compassion

The Catholic Church in Nzaui Sub-County faces an ongoing tension between maintaining fidelity to Catholic doctrine and responding with pastoral compassion to the real situations of teenagers. This tension is not easily resolved. Doctrine provides clear teaching on sexuality, marriage, and contraception. Pastoral compassion calls for meeting people where they are, offering support without judgment.

The findings suggest that the current balance tilts toward doctrinal emphasis at the expense of pastoral connection. The discomfort many Catholic Church leaders feel in addressing sexual health issues, the reluctance of teenagers to seek Church help, and the perception that Catholic Church teaching is disconnected from practical realities all point to a pastoral gap. Yet there are also signs of compassionate response by religious sisters who mentor young mothers, priests who visit families, Small Christian Communities that quietly support vulnerable girls.

The interpretation is that the Catholic Church's response will remain incomplete until this tension is more creatively and consistently navigated. Doctrinal fidelity need not mean pastoral distance. As one teacher reflected," These *girls know the teachings. They have heard the sermons about purity, about waiting. But knowledge alone does not protect them when they are lonely, when a boy promises love, when life at home is hard. The church must do more than preach we must walk with them."*

Integrating Prevention with Support and Empowerment

The findings reveal a Church response that is stronger on prevention through moral teaching, youth programs, and spiritual formation than on support for those already affected. Once a girl becomes pregnant, the Catholic Church's response becomes uncertain and inconsistent. Some receive pastoral support; many experience judgment and exclusion. Support for reintegration into school is minimal; empowerment opportunities for young mothers are almost entirely absent. This imbalance

can be interpreted as a failure to recognize that prevention and support are not alternatives but complementary dimensions of a complete response. That requires that girls who become pregnant are not cast out because seeing the fate of pregnant girls, other teenagers learn that pregnancy means the end of education, the loss of community, a life of shame. This knowledge, rather than deterring them, may simply make them more secretive and less likely to seek help. The strong endorsement of empowerment opportunities by both students and religious people suggests readiness for a more integrated approach. The vision of holistic support combining educational scholarships, vocational training, counseling, support groups, and spiritual accompaniment reflects an intuitive understanding that prevention and support must go together.

Addressing Both Individual Behavior and Systemic Factors

The Ecological Systems Theory interpretation reveals that teenage pregnancy is not simply a matter of individual moral failure but the product of interacting factors at multiple levels of the environment. Individual choices are shaped by family dynamics, peer influences, economic constraints, cultural norms, and institutional responses.

The Catholic Church's current response focuses primarily on the individual level encouraging individual moral choices, providing individual guidance, addressing individual behavior. This focus is valuable but insufficient. As one counselling teacher observed," It is *never just one thing. It is a girl whose parents are never home, who is hungry, who has friends pressuring her to have a boyfriend, who meets an older man with a little money and a lot of charm, who has no one to talk to about what is happening. You cannot address just one and expect change. You have to address all of them, together, as the system they are."*

This interpretation suggests that the Catholic Church's response must expand to address systemic factors advocating for economic policies that reduce poverty, challenging cultural practices that devalue girls, strengthening family support systems, improving collaboration with health services, and creating community structures that protect and support vulnerable adolescents.

Opportunities for Transformative Engagement with Youth

Despite the limitations identified, the findings also reveal significant opportunities for transformative engagement with youth. The high levels of student support for Catholic Church programs, the willingness of religious people to envision more comprehensive responses, and the existing infrastructure of parishes, schools, and Small Christian Communities all provide foundations on which to build.

The interpretation is that the Catholic Church in Nzaui Sub-County stands at a moment of possibility. The problem of teenage pregnancy is recognized as severe by all stakeholders. The desire for more effective responses is evident. The resources such as human, institutional, spiritual are present, if not yet fully mobilized. What is needed is a strategic vision that integrates the comprehension of Ecological Systems Theory and Social Learning Theory into a comprehensive approach.

4.7 Chapter Summary

This chapter presented, discussed, and interpreted the findings of the study on the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub-County, Makueni County, Kenya.

The chapter began by presenting the demographic characteristics of respondents, including 279 students, 12 religious people, 7 principals, and 7 guidance and counselling teachers. The response rate of 84.5% across all categories provided a robust data set for analysis.

The findings were organized according to the four research objectives. For Objective one, the study found that teenage pregnancy is a significant and growing problem in Nzaui Sub-County, with prevalence rates exceeding the national average. Nine interconnected factors contribute to the problem, with lack of parental guidance, poverty, and peer pressure emerging as the most critical

drivers. Hidden cases and reintegration challenges compound the problem, with many girls never returning to school after pregnancy.

For Objective two, the study found that the Catholic Church provides various intervention programs including youth seminars, counseling services, and pastoral programs. Students generally perceive these programs positively, but significant gaps exist between policy and practice, particularly in support for pregnant students and teen mothers. Program effectiveness is mixed, with reach limited and follow-up minimal.

For Objective three, the study identified multiple challenges and barriers facing the Catholic Church's response. Teenagers' reluctance to seek Catholic Church help, stigma and judgment from the community, shortage of trained counselors, and Catholic doctrinal tensions emerged as the most significant barriers. Institutional constraints including funding limitations, policy coordination weaknesses, and clergy turnover further complicate the Catholic Church's response.

For Objective 4, the study found strong support across all respondent categories for comprehensive empowerment opportunities for teenage mothers. Vocational training, educational scholarships, support groups, financial support programs, and faith-based counseling were all highly endorsed. Stakeholders articulated a vision of holistic support that addresses educational, economic, psychosocial, and spiritual needs.

The discussion of findings integrated the results with existing literature and the theoretical framework. The Ecological Systems Theory illuminated how factors at multiple levels from family microsystems to cultural Macrosystem interact to shape both the problem and the Catholic Church's response. Social Learning Theory provided insight into how role modeling and observational learning processes influence adolescent behavior and how Catholic Church programs could be strengthened.

The interpretation of findings revealed that the Catholic Church's response, while valued, is constrained by a focus on individual behavior at the expense of systemic factors, an emphasis on prevention over support, and a tension between Church doctrinal fidelity and pastoral compassion. Opportunities for transformative engagement with youth exist through strengthened microsystems, enhanced mesosystem collaboration, addressed Exosystem constraints, engaged Macrosystem norms, and leveraged social learning processes.

CHAPTER FIVE
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study's key findings, draws conclusions based on the evidence gathered, and offers recommendations for action and further research. The study aimed to establish the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui Sub-County, Makueni County, Kenya. The chapter is organized according to the four research objectives that guided the study, followed by recommendations for various stakeholders and suggestions for future research.

5.2 Summary of the Study

The study was guided by four research objectives: to investigate the prevalence of teenage pregnancy in Nzaui Sub-County; to examine the Catholic Church's intervention programs in mitigating the causes and consequences of teenage pregnancy; to explore the challenges and barriers faced by the Catholic Church in responding to teenage pregnancy; and to assess the ways of empowerment opportunities for teenage mothers as a response to teenage pregnancy.

The study employed a mixed methods approach with a convergent parallel design. Data were collected from 279 students, 12 religious people, 7 principals, and 7 guidance and counselling teachers from the seven Catholic-sponsored public senior secondary schools in Nzaui Sub-County. Questionnaires were used for students and religious people, while interview guides were used for principals and counselling teachers. The overall response rate was 87.3%, providing a robust data set for analysis. Quantitative data were analyzed using descriptive statistics including frequencies, percentages, and mean scores, while qualitative data were analyzed thematically.

The study was anchored on Bronfenbrenner's (1979) Ecological Systems Theory, which provided a framework for understanding the multiple, interacting levels of influence on adolescent behavior from the immediate microsystems of family, school, and church to the broader

Macrosystem of cultural values and Catholic doctrine. Bandura's (1977) Social Learning Theory complemented this framework by illuminating how adolescents learn behaviors, values, and attitudes through observation of role models.

5.2.1 Prevalence of Teenage Pregnancy in Nzaui Sub-County

The study found that teenage pregnancy is a growing problem in Nzaui Sub-County. School records from the research documented 166 cases across the seven Catholic Church-sponsored schools from 2019 to 2024, showing an upward trend from 18 cases in 2019 to 39 cases in 2023. The prevalence rate of 17.8% in Nzaui Sub-County exceeds the national average of 15% (KDHS, 2022). Kikumini Health Centre records further confirmed the magnitude of the problem, documenting 1,023 girls attending antenatal clinics between January 2016 and July 2021, with 4-10 girls giving birth during KCSE examination periods annually.

The majority of both students (75.2%) and religious people (87.6%) perceive teenage pregnancy as either a severe or very severe problem. Nine factors were identified as contributing to teenage pregnancy, all rated as "Major" or "Very Major" contributors. The top three factors were: lack of parental guidance (combined mean 4.67), poverty (combined mean 4.61), and peer pressure (combined mean 4.47). Students identified early engagement in relationships and marriage as the most significant factor (82.2% agreement), while religious people identified lack of strong family foundations as most significant (88% agreement).

Qualitative findings revealed that official school records significantly underreport actual pregnancies. Counselling teachers estimated that for every documented case, at least two others go unreported through transfers to other schools, holiday pregnancies, or abortions. Form 2 and Form 3 students (ages 15-17) are most vulnerable, with pregnancies peaking after long school holidays, particularly the December-January break.

5.2.2 Catholic Church's Intervention and Initiative Programs

The study found that students generally perceive Catholic Church programmes positively, with strong majorities affirming that church-led youth programs help reduce teenage pregnancies (78.4%), counseling services benefit at-risk teenagers (76.9%), and collaboration with schools and communities is effective (75.2%). Religious people similarly endorsed church-organized youth seminars (75% agreement), partnerships between Church and schools (69% agreement), and faith-based counseling (69% agreement). Catholic Church programmes identified include youth seminars during holidays, guidance and counseling sessions, pastoral programs, chaplaincy services, and mandatory Christian Religious Education teaching. One principal noted:" Very *effective; the teaching of CRE as mandatory subject and the culture of religion in the school have played a great role because since resumption from COVID-19 break, no reported incidence."* Faith-based teachings positively influence teenagers who are engaged, serving as a moral reference point in difficult moments.

However, significant gaps exist between policy and practice. Program effectiveness is mixed, with some respondents rating programs as "very effective" while others describe them as "quite ineffective" or "about 50% effective." Support for pregnant students and teen mothers is minimal, with little concrete assistance available. One counselling teacher observed:" The *Catholic Church is doing a good job but it could be improved. This will take a more hands-on approach such as guidance and counselling. The church is not explicit on the practical realities."* Collaboration between schools and parishes, while present, is often superficial rather than deeply integrated. Record-keeping and program monitoring are inconsistent, making it difficult to assess effectiveness or make evidence-based improvements.

5.2.3 Challenges and Barriers Faced by the Catholic Church response to teenage pregnancy

The study identified multiple challenges and barriers facing the Catholic Church's response to teenage pregnancy. Teenagers' reluctance to seek Catholic Church help emerged as the most significant barrier, with 70.5% of students agreeing (combined mean 3.89). One counselling teacher explained:" If *word gets out that a counsellor shared something confidential, no girl will ever trust us again. They will suffer in silence rather than risk exposure."*

Stigma and judgment from the community was the second-highest barrier (52.7% student agreement, combined mean 3.65). Shortage of trained counselors was identified by 50.5% of students and 63% of religious people (combined mean 3.64). Cultural beliefs and traditions limiting Catholic Church efforts had a combined mean of 3.61. Among religious people, significant internal challenges included: some Church leaders feeling uncomfortable addressing sexual health issues (70%), insufficient collaboration with government health services (69%), lack of proper monitoring and evaluation (62%), and teenagers fearing stigma and avoiding Catholic Church programs (63%).

Reintegration of teen mothers' faces overwhelming challenges including stigma, lack of childcare, parental resistance, and inadequate institutional support. One counselling teacher poignantly described:" We *had one girl who came back after having her baby. She was so brave she would walk two kilometres to school every day with her baby on her back... She lasted two months. The neighbor could not continue helping for free. She had to choose between her education and her baby's care. She chose her baby."*

Church Doctrinal tensions create significant challenges, particularly around contraception education and balancing moral expectations with compassionate response. Conflicts between Church teaching and national re-entry guidelines lead to inconsistent implementation, with some Catholic schools creating barriers to reintegration. Resource limitations financial, human, and material constrain the Church's ability to respond effectively. Clergy turnover disrupts program

continuity and relationship-building with youth. Confidentiality dilemmas leave counselling teachers torn between maintaining student trust and involving necessary adults.

5.2.4 Empowerment Opportunities for Teenage Mothers

The study found overwhelming support across all respondent categories for comprehensive empowerment opportunities for teenage mothers. Students expressed strong endorsement for: support groups (80.2% agreement), educational scholarships (79.3% agreement), vocational training (78.6% agreement), financial support programs (77.4% agreement), and faith-based counseling (74.4% agreement).

Religious people similarly endorsed: faith counseling to restore dignity (93% agreement), church-led mentorship programs (87% agreement), partnering with NGOs (87% agreement), vocational skills training (80% agreement), small business support programs (80% agreement), and scholarship programs (73% agreement).

Qualitative findings revealed that existing support structures are minimal and informal, dependent on individual goodwill rather than institutional commitment. Successful reintegration stories highlight enabling factors: strong parental support, peer solidarity, and positive Church community engagement. The teenage mothers were empowered spiritually, materially and with skills to reduce stigmatization among the other teenagers. In addition, the adolescent mothers were able to find acceptance in the Catholic Church, school and in the community at large. Psychosocial support needs of teen mothers are profound, including trauma, shame, isolation, and in some cases, suicidal ideation. Peer support groups were identified as having enormous potential for mutual support and mentorship. Parish-based initiatives including Small Christian Communities (SCC), Catholic Women Association (CWA) and Catholic Men Association (CMA) offer untapped potential for supporting young mothers.

Income-generating projects, vocational training, and cooperative businesses could provide economic empowerment. Spiritual accompaniment is essential for healing and dignity restoration, addressing the shame and self-condemnation many young mothers experience. Multi-sectoral collaboration with government programs, health facilities, and NGOs could multiply the impact of Catholic Church initiatives to mitigate Teenage Pregnancy.

5.3 Conclusions

The research examined the Catholic Church's response to teenage pregnancy in its sponsored public senior secondary schools in Nzaui sub county, Makueni county, Kenya. In conclusion, the prevalence rate of teenage pregnancy was 17.8% in Nzaui sub-County exceeding the national average of 15% (KEDHS, 2022). Concerning Catholic Church intervention, youth seminars, guidance and counselling, are taking place, though new interventions were suggested by the current study such as positive attitude in accepting teenage mothers in our institutions and churches to respect their dignity. Several challenges were mentioned though teenage reluctance to seek help had the highest respondence (70%) and advocating for comprehensive sex education that respects Catholic Church teachings. Empowerment opportunities for teenage mothers included support group, counselling, vocational training and moral support to reduce stigmatization among teenage Mothers.

The study concluded that the Catholic Church plays a significant role in mitigating the causes and consequences of teenage pregnancy in Catholic sponsored public senior secondary schools in Nzaui Sub County. Through youth seminars, pastoral counselling, mandatory teaching of Christian Religious Education, chaplaincy services, guidance and counselling and mentorship programmes, the Catholic Church contributes to the moral, spiritual and psychosocial development of adolescents. These interventions promoted responsible behaviour and strengthened ethical values and encourage learners to make informed life choices.

The research draws the conclusion that teenage pregnancy in Nzaui Sub-County is a significant, growing and multifaceted problem that extends far beyond officially documented cases. The prevalence rate exceeds national averages, and the problem is perceived as severe by all stakeholder groups. The causes are deeply rooted in interconnected factors operating at multiple levels of the ecological system from family dysfunction and poverty at the microsystem level to cultural norms and economic structures at the Macrosystem level. The hidden nature of many pregnancies, through transfers, holiday pregnancies, and abortions, masks the true magnitude of the problem and allows it to persist unaddressed. The profound impact on girls' education, health, and future prospects demands urgent and comprehensive intervention. The Catholic Church in Nzaui Sub-County provided values, moral guidance and spiritual formation through various programmes that reached a significant number of young people. Students appreciated these programmes and recognized their positive influence.

However, the study also concluded that faith-based interventions alone are insufficient to address the complex factors contributing to teenage pregnancy. Poverty, peer influence, inadequate parental involvement, cultural practices, stigma, limited counselling services and insufficient collaboration with health and education stakeholders continued to undermine programme effectiveness. Therefore, reducing teenage pregnancy requires an integrated approach that combines faith-based values with educational, psychosocial, economic and public health interventions.

Primarily, the Catholic Church's response remains majorly focused on prevention through moral teaching, with minimal attention to support for those already affected. There is a significant gap between the Catholic Church's stated commitment to the dignity of every person and the practical reality faced by pregnant students and teen mothers. They often experience judgment rather than compassion. Programme effectiveness is limited by inconsistent implementation,

inadequate follow-up and a lack of practical guidance that addressed the real situations teenagers face.

The Catholic Church faces formidable challenges in responding to teenage pregnancy, operating at multiple levels of the ecological system. Teenagers' reluctance to seek Church help rooted in fear of stigma, judgment and broken confidentiality represented the most significant barrier, indicating that the Catholic Church is not perceived as a safe space for those in crisis. Internal challenges, including clergy discomfort with sexual health discussions, shortage of trained counselling personnel and doctrinal tensions, further constrained the Catholic Church's response. Moreover, institutional barriers such as fund limitations, policy coordination weaknesses, clergy turnover and inconsistent implementation of re-entry guidelines compounded these personal and relational challenges. Forthwith creating a fragmented response that falls short of meeting the needs of vulnerable teenagers.

In addition, there is need for teacher and school staff capacity building: Training teachers especially in guidance and counselling, as chaplains to respond to teen sexuality crisis, pregnancy risk and provision of pastoral support to teenagers. Teachers were reminded of their roles in reproductive health care for teenagers in school. Likewise, parents learnt how to practise new methods of handling sex education matters with their children. Hence, the society was challenged on bringing up a holistic child who is morally upright and committed to religious duties and practices. Structural and contextual drivers to teenage pregnancy that were addressed included; Poverty, early sexual debut, cultural expectations, peer pressure, school policies such as school reentry for pregnant girls. They all influenced teenage pregnancy in that pastoral work alone is insufficient without addressing these other aspects.

There was strong consensus across all stakeholder groups on the importance and potential of comprehensive empowerment opportunities for teenage mothers. The vision of holistic support addressed educational, economic, psychosocial and spiritual needs in an integrated manner

resonates deeply with students, religious people and educational leaders. Existing Catholic Church structures parishes, schools, Small Christian Communities and lay associations provided a foundation upon which such comprehensive support could be built. The strong endorsement of empowerment opportunities reflected a readiness for a more compassionate and effective Catholic Church response that moves beyond judgment to accompaniment, beyond prevention to support, and beyond individual moral teaching to systemic engagement with the factors that make girls vulnerable.

5.4 Recommendations

Based on the findings and conclusions of this study, the following recommendations were made for various stakeholders:

5.4.1 Recommendations for the Catholic Diocese of Wote

The Diocese to develop a clear, comprehensive policy that addresses both prevention and response to Teenage Pregnancy. Given the finding that many Catholic Church leaders do not feel free to address sexual health issues especially to teenagers, the Diocese should invest in training programmes that equip clergy, religious sisters and lay pastoral workers with the knowledge and skills to engage adolescents on issues of sexuality. The Diocese to consider establishing centralized support services that individual parishes cannot provide on their own such as a counselling centre for adolescents, a scholarship fund for teen mothers or a vocational training programmes. The Diocese to develop formal partnerships with health facilities, including Kikumini Health Centre, to ensure that pregnant adolescents receive comprehensive medical and psychosocial support. Protocols for referral and follow-up to be established. The Diocese should encourage and resource Small Christian Communities to actively support vulnerable adolescents and young mothers. The Diocese to train Catholic Women Association members and Catholic Men Association members on guidance and counselling to the Teenage Mothers.

5.4.2 Recommendations for Catholic-Sponsored Schools in Nzaui Sub-County

Schools to invest in developing systems that go beyond moral teaching to include practical life skills decision-making, assertiveness, negotiation and understanding of reproductive health. Schools should invest more in training guidance and counselling teachers specifically in adolescent reproductive health and crisis counselling. Schools to actively implement the national re-entry guidelines, creating environments where young mothers are welcomed and supported, not merely tolerated. Schools should facilitate the formation of support groups for vulnerable girls and young mothers. These groups, possibly facilitated by trained peer leaders or counselors, can provide psychosocial support and practical guidance. Schools should move beyond superficial collaboration to develop genuine partnerships with parishes jointly planning programmes, sharing resources and coordinating support for students and families.

5.4.3 Recommendations for the Kenya Conference of Catholic Bishops (KCCB)

KCCB to develop national guidelines for responding to teenage pregnancy in Catholic-sponsored schools and parishes. These guidelines should address the tensions between Catholic Church teaching and practical needs, providing clear direction for local implementation. The KCCB should use its influence to advocate for national policies that support pregnant students and young mothers including full implementation of re-entry guidelines, increased funding for guidance and counselling in schools, and economic empowerment programmes for vulnerable youth. The KCCB should support ongoing research on teenage pregnancy in Catholic-sponsored institutions, including the collection of reliable data on prevalence, interventions, and outcomes. The KCCB should identify and promote best practices such as abstinence, healthy boy-girl relationships and peer counselling in schools from dioceses and schools that have developed effective responses to teenage pregnancy. This could include documenting model programmes, facilitating exchange

visits, and providing resources for replication. The KCCB should facilitate theological reflection on how to balance doctrinal fidelity with pastoral compassion in responding to teenage pregnancy.

5.4.4 Recommendations for the Ministry of Education

The Ministry of Education to strengthen monitoring of school re-entry guideline implementation, particularly in faith-based schools where resistance may be strongest. The Ministry should allocate resources specifically for guidance and counselling in schools, including funding for trained counsellors, materials, and programmes. The Ministry to work with faith-based education providers to develop a comprehensive sexuality education curriculum that respects religious values while providing the practical information adolescents need. The Ministry should support the development of alternative education pathways for young mothers who cannot easily return to traditional school settings including vocational training, distance learning, and flexible schooling options. The Ministry should facilitate collaboration between education, health and social protection sectors to ensure comprehensive support for pregnant students and young mothers. This could include establishing referral protocols and coordinating services at the local level.

5.4.5 Recommendations for Catholic Parish Pastoral Programmes

Parishes should develop youth ministry programmes specifically focused on adolescent sexuality and relationships. These programmes should be engaging, relevant, doctrinal friendly and facilitated by trained youth ministers who can relate with young people. Parishes to invest in training peer leaders who can serve as credible role models and provide peer-to-peer support. Peer-led initiatives may be more effective than adult-led programmes in reaching adolescents. Parishes should establish support networks for young mothers, linking them with mentors, providing practical support and creating spaces for mutual encouragement. These networks could be hosted by Small Christian Communities or parish Catholic Women Association and peer groups. Parishes

should integrate discussions of adolescent sexuality and parenting into marriage preparation and family life programmes, equipping parents to talk with their children about these issues. Parishes should intentionally create environments where young mothers feel welcomed and valued, not judged and excluded. This includes how they are greeted at Mass, whether they are included in parish activities and whether their children are welcomed in parish programmes.

5.4.6 Recommendations for Guidance and Counselling Departments

Guidance and counseling teachers should receive specialized training in adolescent reproductive health, including how to counsel pregnant students, how to support young mothers and how to provide developmentally appropriate sexuality education. Clear protocols to be developed around confidentiality, ensuring that students can seek help without fear of exposure while also ensuring that parents and authorities are appropriately involved when necessary. Guidance and counselling departments should develop referral networks with health facilities, social services and Church-based support programmes, ensuring that students can access the full range of services they need. Guidance and counseling departments should facilitate support groups for vulnerable students, including girls at risk of pregnancy and young mothers. Guidance and counselling departments should document their experiences, successes, challenges, sharing these with other schools and with diocesan education offices to contribute to collective learning and improvement.

5.4.7 Recommendation to the Teenagers / Teenage Mothers

Teenagers to create self and sexuality awareness so as to control their emotions and feelings and find their identities in life. Abstinence, life skills and healthy boy-girl relationship are recommended for teenagers in order to minimize teenage pregnancies. Peer counselling and courage to overcome stigmatization are useful skills for teenage mothers. To seek guidance and counselling once faced with challenges in life especially on relationship and teenage pregnancy.

Teenagers to be spiritually build through Catholic Church doctrinal teaching on sexuality and proper pastoral care. Teenage mothers to be bold enough to go back to school after delivery as recommended by the Ministry of Education to pursue their dreams in life.

5.5 Suggestions for Further Research

Based on the findings and limitations of this study, the following areas were suggested for further research: A comparative study examining the Catholic Church's response to teenage pregnancy across multiple dioceses in Kenya would identify contextual factors that influence programme effectiveness and highlight best practices that could be replicated elsewhere. Rigorous evaluations of specific Church intervention programmes such as youth seminars, mentorship programmes or support groups using experimental or quasi-experimental designs would provide evidence on what works and why, informing programme improvement and resource allocation. Research examining how Catholic schools can provide comprehensive sexuality education that respects Catholic Church teaching while giving students the practical information they need would help resolve one of the key tensions identified in this study. The study identified SCCs as having untapped potential for supporting vulnerable adolescents and young mothers. Further research could explore how SCCs currently engage with youth, what support they need to be more effective and what models of SCC-based youth support are most promising. Given the strong link between poverty and teenage pregnancy identified in this study, further research exploring the mechanisms through which economic deprivation increases vulnerability and what interventions are most effective in breaking this link, would be valuable. Action research projects that develop, implement and evaluate empowerment programmes for teenage mothers such as vocational training, support groups or scholarship programmes would generate practical knowledge about what works in the local context.

5.6 Chapter Summary

This chapter presented a summary of the study's key findings, drew conclusions based on the evidence gathered and offered recommendations for action and further research. The study found that teenage pregnancy is a significant and growing problem in Nzaui Sub-County, driven by interconnected factors including lack of parental guidance, poverty, and peer pressure. The Catholic Church provides valued moral guidance through various programmes, but its response is constrained by teenagers' reluctance to seek help, stigma, shortage of trained counsellors and doctrinal tensions. There is strong support across all stakeholder groups for comprehensive empowerment opportunities for teenage mothers, including vocational training, educational scholarships, support groups and spiritual accompaniment.

Recommendations were offered for the Catholic Diocese of Wote, Catholic-sponsored schools, the Kenya Conference of Catholic Bishops, the Ministry of Education, parish pastoral programmes and guidance and counselling departments. Areas for further research were identified including longitudinal studies on teenage mothers' outcomes, comparative studies across dioceses, research on male involvement and evaluation of specific intervention programmes.

The study contributed contextual empirical data, demonstrated the value of Ecological Systems Theory in understanding teenage pregnancy, integrated multiple viewpoints, focused on empowerment opportunities, generated practical recommendations and demonstrated the integration of theory and practice. Despite limitations that included cross-sectional design and reliance on self-report data, the study provided valuable comprehension for strengthening the Catholic Church's response to teenage pregnancy in Nzaui Sub-County and in other similar contexts.

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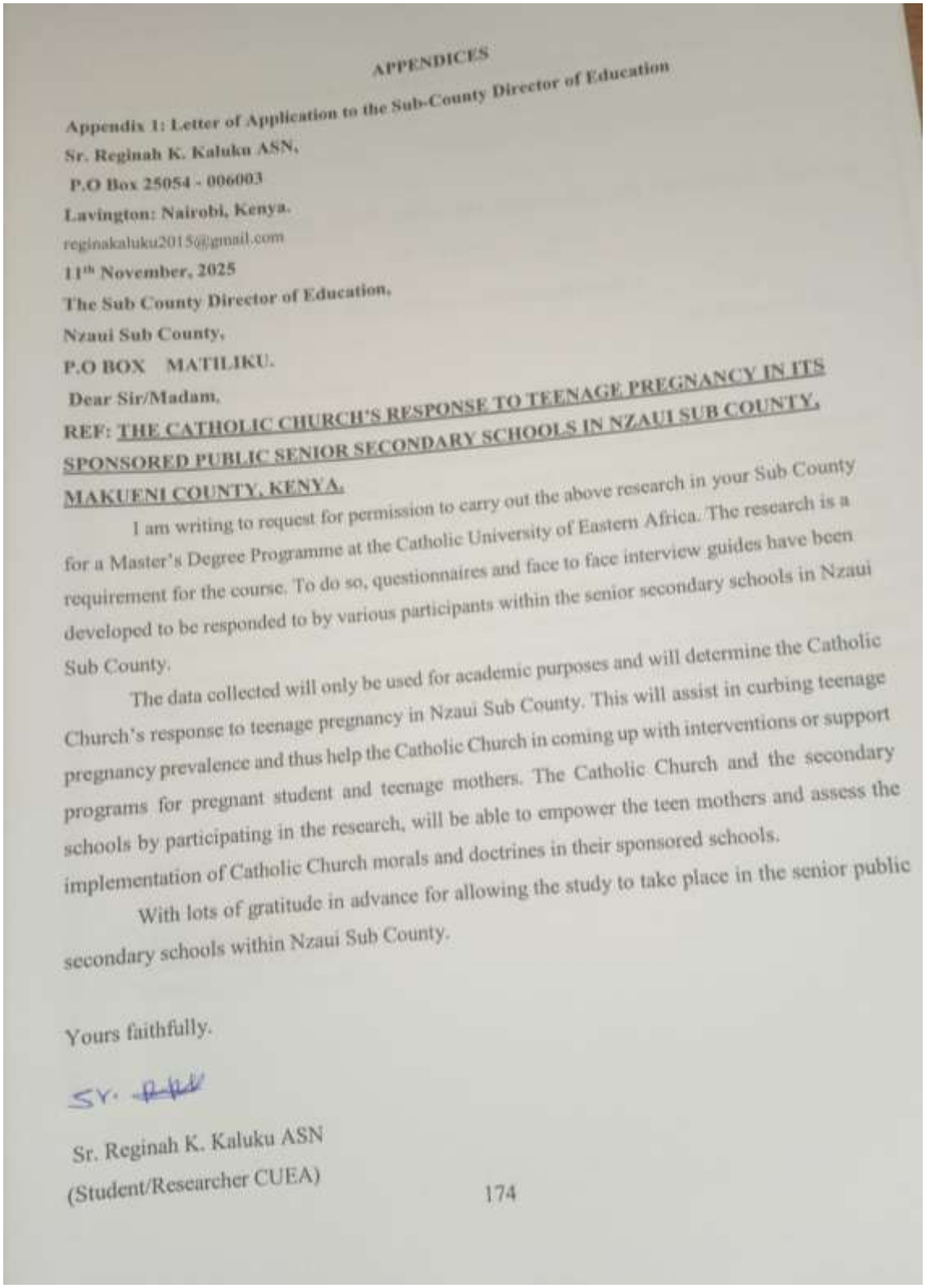
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APPENDICES

Appendix 1: Letter of Application to the Sub-County Director of Education



APPENDICES

Appendix 1: Letter of Application to the Sub-County Director of Education

Sr. Reginah K. Kaluku ASN,
P.O Box 25054 - 006003
Lavington: Nairobi, Kenya.
reginakaluku2015@gmail.com

11th November, 2025

The Sub County Director of Education,
Nzaui Sub County,
P.O BOX MATILIKU.

Dear Sir/Madam,

REF: THE CATHOLIC CHURCH'S RESPONSE TO TEENAGE PREGNANCY IN ITS SPONSORED PUBLIC SENIOR SECONDARY SCHOOLS IN NZAUI SUB COUNTY, MAKUENI COUNTY, KENYA.

I am writing to request for permission to carry out the above research in your Sub County for a Master's Degree Programme at the Catholic University of Eastern Africa. The research is a requirement for the course. To do so, questionnaires and face to face interview guides have been developed to be responded to by various participants within the senior secondary schools in Nzaui Sub County.

The data collected will only be used for academic purposes and will determine the Catholic Church's response to teenage pregnancy in Nzaui Sub County. This will assist in curbing teenage pregnancy prevalence and thus help the Catholic Church in coming up with interventions or support programs for pregnant student and teenage mothers. The Catholic Church and the secondary schools by participating in the research, will be able to empower the teen mothers and assess the implementation of Catholic Church morals and doctrines in their sponsored schools.

With lots of gratitude in advance for allowing the study to take place in the senior public secondary schools within Nzaui Sub County.

Yours faithfully.

SR.

Sr. Reginah K. Kaluku ASN
(Student/Researcher CUEA)

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Appendix 2: Letter of Introduction from the Catholic University of Eastern Africa

The Catholic University of Eastern Africa

Consecrate them in the truth

P. O. BOX 00200 62157, KENYA
P. O. BOX 123456

Department of Religious Studies

18th November, 2025

To whom it may concern

RE: PERMISSION TO COLLECT DATA

By this letter, I wish to inform you that **Reginah Kaluku (Registration No. 1035132)**, is a student pursuing Master of Arts in religious studies at the Catholic University of Eastern Africa, in the Department of Religious Studies. She successfully defended her proposal. The topic of the thesis is; ***"The Catholic Church's Response to Teenage Pregnancy in their sponsored public senior secondary schools in Nzaui Sub-County, Makueni County, Kenya."*** The candidate as since effected corrections made by the panel of examiners to the satisfaction of the supervisors. To this end, the department recommends her to the next step which is data collection. In this connection, I kindly request you to accord Regina the kind of assistance she needs to enable her accomplish this research task amicably.

Your kind assistance to this candidate will be highly appreciated by the department.

Yours faithfully

Dr. Mwita James
Head of Department
Email: jmwita@cuea.edu

Appendix 3: Research Permit from NACOSTI



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **287402**

Date of Issue: **26/November/2025**

RESEARCH LICENSE

This is to Certify that Sr.. REGINAH KAMWETHYA KALUKU of Catholic University of Eastern Africa, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Makueni on the topic: The Catholic Church's Response to Teenage Pregnancy in their Sponsored Public senior Secondary Schools in Nzaui Sub-county, Makueni County, Kenya". for the period ending : 26/November/2026.

License No: **NACOSTI/P/25/4182307**

287402

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013 (Rev. 2014)
Legal Notice No. 108: The Science, Technology and Innovation (Research Licensing) Regulations, 2014

he National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was the established under the cience, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to egulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to.
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
    i. Endanger national security
    ii. Adversely affect the lives of Kenyans
    iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
    iv. Result in exploitation of intellectual property rights of communities in Kenya
    v. Adversely affect the environment
    vi. Adversely affect the rights of communities
    vii. Endanger public safety and national cohesion
    viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
4. Neither the license nor any rights thereunder are transferable.
5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

National Commission for Science, Technology and
Innovation(NACOSTI),
Off Waiyaki Way, Upper Kabete,
P. O. Box 30623 - 00100 Nairobi, KENYA
Telephone: 020 4007000, 0713788787, 0735404245
E-mail: dg@nacosti.go.ke
Website: www.nacosti.go.ke

Appendix 4: Authorization Letter from the Nzaui Sub-County Education Office

REPUBLIC OF KENYA

MINISTRY OF EDUCATION

STATE DEPARTMENT FOR BASIC EDUCATION

Telegrams: "Education Nzaui"
Telephone: 0722308921
Fax:
Email: deonzaui@yahoo.com
When replying please quote

SUB-COUNTY EDUCATION OFFICE
NZAUI SUB - COUNTY
P. O. BOX 30 - 90140
MATILIKU.

Ref NO: NZ /SEC.G /17/ VOL.3 /188 20/11/2025

TO: ALL PRINCIPALS
PUBLIC SECONDARY SCHOOLS
NZAUI SUB-COUNTY

RE: AUTHORITY TO COLLECT DATA FOR ACADEMIC RESEARCH.

Reference is made to the letter dated 18th November 2025 from the Head of Department, Religious Studies, Catholic University of Eastern Africa.

The bearer of this letter, Regina Kaluku (Registration No: 1035132), is hereby authorized to collect data for her Masters Thesis within public secondary schools in Nzaui Sub-County.

Kindly accord her any assistance required to undertake the exercise.

Thank you.

for: Sub-County Director of Education
Nzaui

JOHN K. MUSANGO
SUB COUNTY DIRECTOR OF EDUCATION
NZAUI.

Appendix 6: Authorization Letter from the Catholic Diocese of Wote



CATHOLIC DIOCESE OF WOTE
EDUCATION SECRETARY

P.O BOX 35 - 90300
MAKUENI
KENYA

Email: educationsecretarywote@gmail.com

CONTACTS:
0722 846 122
0741 156 617

Your Ref:.....

Our Ref:.....

24Th November, 2025.
Date:.....

TO: ALL THE PRINCIPALS,
CATHOLIC SECONDARY SCHOOLS
NZAUI SUB – COUNTY.

RE: AUTHORITY TO COLLECT DATA FOR AN ACADEMIC RESEARCH FOR SR. REGINAH KALUKU (REG. NO. 1035132), OF CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA).

This is to acknowledge receipt of your application dated 24Th November 2025 requesting permission to conduct an academic Research in Nzaui Sub County Catholic Secondary Schools.

You are hereby authorized to conduct the research within the Catholic Secondary Schools in Nzaui Sub - County.

Kindly accord her any assistance required.

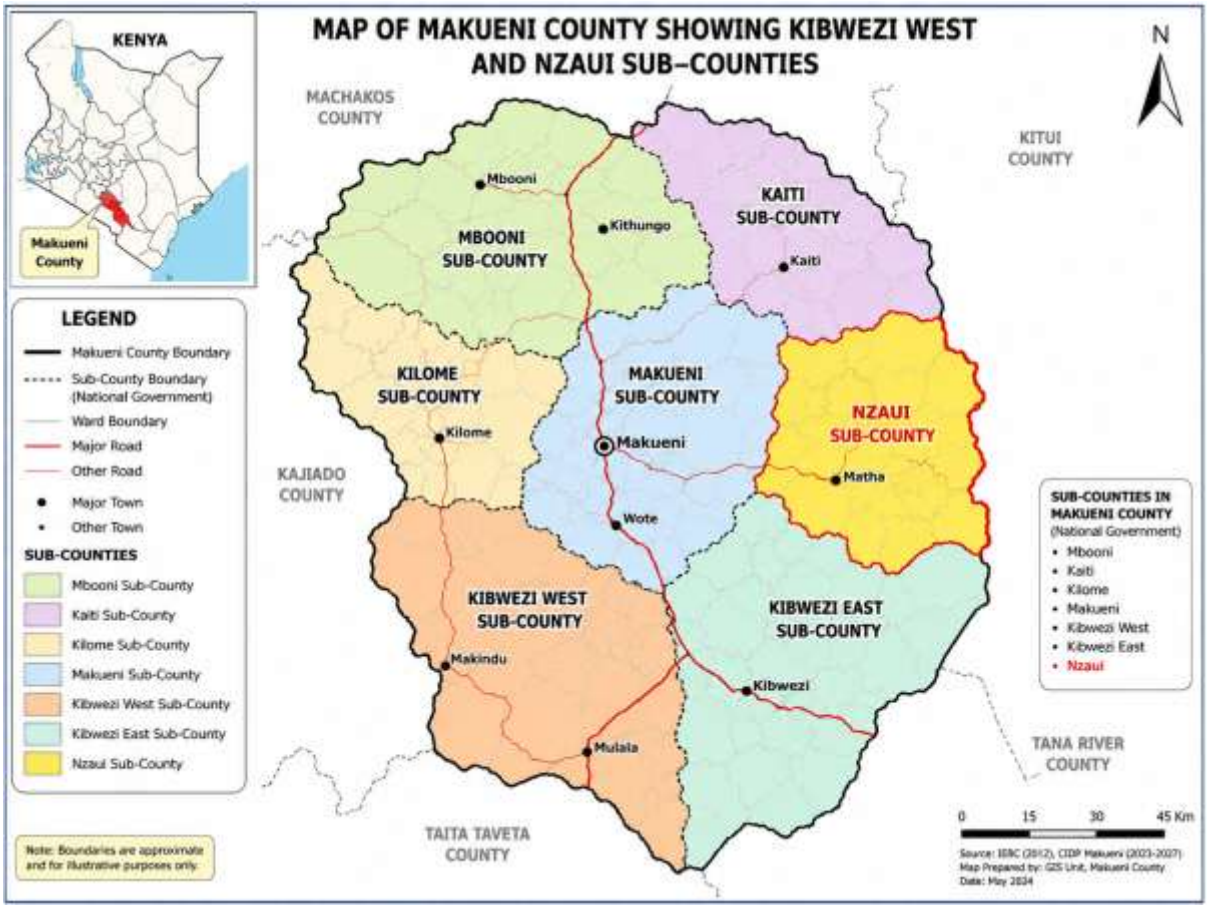
Thank you.

Yours Sincerely,

24 NOV 2025

Education Secreatry,
Nzaui Sub – County.
Catholic Diocese of Wote.

Appendix 7: Map of Nzaui Sub- County in Makueni County



Source: The County Government of Makueni

Appendix 5: Consent Form

Appendix 5: Consent Form

I am SR. REGINAH KAMWETHYA KALUKU. A student of Master Degree in Religious Studies in the Catholic University of Eastern Africa. I have been permitted to carry out a research on **THE CATHOLIC CHURCH'S RESPONSE TO TEENAGE PREGNANCY IN ITS SPONSORED PUBLIC SENIOR SECONDARY SCHOOLS IN NZAUI SUB COUNTY, MAKUENI COUNTY, KENYA.**

The purpose of this study is examine the Catholic Church's response to teenage pregnancy in their sponsored public senior secondary schools in Nzaui sub- County, Makueni County, Kenya. The research tools are questionnaires and interview guides. If you choose to take part in the research, your participation is voluntary. You are free to withdraw at any time without any consequences.

I wish to assure my respondents that all the information collected is strictly for academic purposes and all responses are held in anonymity and confidential. The participants are free to take part in the research of their own free will. Your responses will contribute to a better understanding of how institutions respond to teenage pregnancy in schools.

Thanking you in advance for participating in the research and for your time. God bless you.

Yours sincerely.

Sr. Reginah K. Kaluku

(Student/Researcher)

CUEA

Respondent.....

Signature.....

Appendix 6: Questionnaire for Students

Section A: Demographic Information

1. What is your gender?

[ ] Male

[ ] Female

2. What is your age bracket?

[ ] 14 – 15 years

[ ] 16 – 17 years

[ ]18 years and above

3. What is your class level?

[ ] Form 2

[ ] Form 3

[ ] Form 4

4. What is the type of your school?

[ ] Day school

[ ] Boarding school

[ ] Mixed day and boarding

5. What is your average academic grade in the last term?

[ ] A–B

[ ] C+–C

[ ] C–D

[ ] Below D

6. How long have you been enrolled in this school?

[ ] Less than 1 year

[ ] 1–2 years

[ ] More than 2 years

Section B: Factors that Contribute to the Prevalence of Teenage Pregnancy

Show to what extent you agree or disagree with the statements regarding **factors that contribute to the prevalence of teenage pregnancy.** Kindly tick (√) once per the question in the box provided below, taking a Likert scale of 1 5, where 1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree.

Statement	1	2	3	4	5
Lack of parental guidance contributes to teenage pregnancy.					
Poverty is a major factor leading to teenage pregnancies in this parish.					
Peer pressure significantly influences teenagers to become pregnant.					
Lack of access to reproductive health education increases teenage pregnancies.					
Early engagement in relationships and marriage leads to teenage pregnancies.					

Section C: Catholic Church's Intervention and Initiative Programs in Mitigating the Causes and Consequences of Teenage Pregnancy

Indicate the degree to which you attach the respective statement on **Catholic Church's intervention and initiative programs in mitigating the causes and consequences of teenage pregnancy.** Kindly tick the appropriate box guided by the Likert scale, where: (1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree).

Statement	**1**	**2**	**3**	**4**	**5**
The Catholic Church provides effective education on sexual and reproductive health.					
Church led youth programs have helped reduce teenage pregnancies.					
Counseling services provided by the Church are beneficial for teenagers at risk.					
Church sermons and teachings address issues related to teenage pregnancy.					
The Catholic Church collaborates with schools and communities to prevent teenage pregnancies.					

Section D: The Challenges/barriers Faced by the Catholic Church in Response to Teenage Pregnancy

Indicate the extent to which you agree or disagree to the statements o**n the challenges/barriers faced by the Catholic Church in response to teenage pregnancy.** Please tick the appropriate box as directed by the Likert scale, where: (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agreement, and 5 = Strongly Agree).

Statement	**1**	**2**	**3**	**4**	**5**
The Church lacks sufficient resources to address teenage pregnancy effectively.					
Cultural beliefs and traditions limit the Church's efforts against teenage pregnancy.					
Some teenagers are reluctant to seek help from the Church.					
There is a shortage of trained counselors within the Church.					
Stigma and judgment from the community hinder the Church's initiatives.					

Section E: Opportunities for Empowering Pregnant Teenagers and Teen Mothers that the Catholic Church can use in supporting them in the Sub County

Show to what extent you agree or disagree with the statements regarding **opportunities for empowering pregnant teenagers and teen mothers that the Catholic Church can use in supporting them in the sub County.** Kindly tick (√) once per the question in the box provided below, taking a Likert scale of 1 5, where 1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree.

Statement	**1**	**2**	**3**	**4**	**5**
Vocational training can help empower pregnant teenagers and teen mothers.					
Faith based counseling can encourage resilience among teenage mothers.					
Financial support programs by the Church can improve the lives of teen mothers.					
Support groups formed by the Church can boost teenage mothers' confidence.					
Providing educational scholarships for teenage mothers would reduce stigma and encourage progress.					

Appendix 7: Questionnaire for Religious People

1. **Gender**

   Male [ ] Female [ ]

2. **Age Bracket**

   20–29 years [ ]

   30–39 years [ ]

   40–49 years [ ]

   50 years and above [ ]

3. **Highest Academic Qualification**

   Certificate [ ]

   Diploma [ ]

   Bachelor's Degree [ ]

   Master's Degree [ ]

   PhD [ ]

4. **How long have you been in this Parish/ Sub County**

   Less than 5 years [ ]

   5–10 years [ ]

   11–15 years [ ]

   Over 15 years [ ]

5. **What is your religious position?**

   Priest [ ]

   Brother [ ]

   Sister [ ]

Section B: Factors that Contribute to the Prevalence of Teenage Pregnancy

Show to what extent you agree or disagree with the statements regarding **factors that contribute to the prevalence of teenage pregnancy.** Kindly tick (√) once per the question in the box provided below, taking a Likert scale of 1 5, where 1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree.

Statement	1	2	3	4	5
Lack of strong family foundations is a major cause of teenage pregnancy.					
Poverty among families increases vulnerability to teenage pregnancy.					
Exposure to inappropriate media content influences teenagers to engage in early sexual activity.					
Lack of comprehensive sex education contributes to teenage pregnancies.					
Peer influence strongly affects teenagers' decisions regarding relationships.					
Drug and alcohol abuse among teenagers leads to an increase in teenage pregnancies.					
Neglect of spiritual teachings among families contributes to teenage pregnancy.					
Cultural practices, like early marriages, contribute to teenage pregnancies.					

Section C: Catholic Church's Intervention and Initiative Programs in Mitigating the Causes and Consequences of Teenage Pregnancy

Indicate the degree to which you attach the respective statement on **Catholic Church's intervention and initiative programs in mitigating the causes and consequences of teenage pregnancy.** Kindly tick the appropriate box guided by the Likert scale, where: (1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree).

Statement	**1**	**2**	**3**	**4**	**5**
Church organized youth seminars effectively educate teens about responsible behavior.					
Faith based counseling has helped many teenagers avoid early pregnancies.					
Church teachings openly address issues related to teenage pregnancy.					
Church programs offer practical alternatives to risky behaviors for teenagers.					
Partnerships between the Church and schools help prevent teenage pregnancies.					
Church leaders regularly guide teenagers on moral and sexual ethics.					
The Catholic Church provides support to teenage mothers to continue with education.					
Church initiatives have reduced teenage pregnancy rates in the parish.					

Section D: The Challenges/barriers Faced by the Catholic Church in Response to Teenage Pregnancy

Indicate the extent to which you agree or disagree to the statements o**n the challenges/barriers faced by the Catholic Church in response to teenage pregnancy.** Please tick the appropriate box as directed by the Likert scale, where: (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agreement, and 5 = Strongly Agree).

Statement	**1**	**2**	**3**	**4**	**5**
Limited financial resources hinder the Church's response to teenage pregnancy.					
Resistance from parents limits the success of Church interventions.					
Negative cultural beliefs make it difficult to discuss teenage pregnancy issues openly.					
Shortage of trained counselors and youth ministers is a major barrier.					
Some teenagers fear stigma and avoid Church programs.					
Insufficient collaboration with government health services challenges Church efforts.					
Lack of proper monitoring and evaluation weakens Church programs.					
Some Church leaders feel uncomfortable addressing sexual health issues.					

Section E: Opportunities for Empowering Pregnant Teenagers and Teen Mothers that the Catholic Church can use in supporting them in the Sub County.

Show to what extent you agree or disagree with the statements regarding **opportunities for empowering pregnant teenagers and teen mothers that the Catholic Church can use in supporting them in the parish**. Kindly tick (√) once per the question in the box provided below, taking a Likert scale of 1 5, where 1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4=Agree, 5= Strongly Agree.

Statement	**1**	**2**	**3**	**4**	**5**
Vocational skills training through the Church can empower teenage mothers.					
Creating small business support programs can uplift teen mothers.					
Church led mentorship programs would greatly support teenage mothers.					
Faith counseling sessions can restore the dignity of teenage mothers.					
Establishing Church based daycare centers would assist teen mothers in continuing education.					
Scholarship programs for pregnant teenagers and teen mothers can transform their lives.					
Partnering with NGOs can strengthen Church efforts in empowering teenage mothers.					
Promoting life skills education in the Church can prevent repeat teenage pregnancies.					

Appendix 8: Interview Guide for Guidance and Counselling Teachers

1. In your experience, what are the main factors contributing to teenage pregnancy among students in Catholic sponsored public senior secondary schools in Nzaui sub County?
2. Are you aware of any Catholic Church programs or initiatives aimed at preventing teenage pregnancy among teenagers?
3. How does the level of parental involvement affect the risk of teenage pregnancy among students you interact with?
4. What challenges does the Catholic Church face in addressing teenage pregnancy in this community, based on your observations?
5. Can you describe any collaborations between your school and the Catholic Church in efforts to prevent teenage pregnancy?
6. How do cultural norms and community attitudes affect teenagers' decisions and the Church's interventions?
7. What role does peer pressure play in influencing teenagers to engage in risky sexual behavior?
8. How effective do you think the Church's programs are in educating teenagers about sexual and reproductive health?
9. What opportunities do you see for schools and the Church to work together to empower teenage mothers?
10. Have you noticed a link between poverty and increased cases of teenage pregnancy among your students? Could you explain?
11. What strategies would you suggest for the Catholic Church to better support pregnant teenagers and teenage mothers?
12. How would you assess the influence of faith based teachings on teenagers' behavior regarding sexual responsibility?

Appendix 9: Interview Guide for Principals

1. What are the most common factors, in your view, that lead to teenage pregnancy among students in your school?
2. How effective are the Catholic Church's initiatives in reducing teenage pregnancy within your school community?
3. In what ways does parental involvement (or lack of it) influence teenage pregnancy rates among your students?
4. What partnerships, if any, exist between your school and the Catholic Church in addressing teenage pregnancy?
5. How do economic challenges and poverty influence teenage pregnancy cases among learners in your school?
6. Have you encountered barriers that the Catholic Church faces when implementing programs against teenage pregnancy? If yes, please describe them.
7. To what extent do cultural and traditional beliefs interfere with efforts to prevent teenage pregnancy in your school community?
8. In your leadership experience, how does stigma from community members affect teenage mothers' chances of returning to school?
9. How can the Catholic Church better collaborate with schools to support pregnant teenagers and teenage mothers?
10. What role does peer influence and the media play in shaping student behavior regarding sexuality and pregnancy?
11. Do you think the current church led counseling and youth programs are sufficient to meet the needs of at risk students? Why or why not?
12. What practical opportunities do you see for empowering pregnant teenagers to continue their education?
13. What are some specific life skills or vocational skills you believe the Church and schools should offer teenage mothers?
14. Have you faced challenges in reintegrating teenage mothers back into school after giving birth? If yes, what are they?
15. What improvements would you suggest for the Catholic Church's intervention programs on teenage pregnancy prevention and support?
16. How do you envision a stronger partnership between religious institutions and schools to tackle teenage pregnancy more effectively?