The Influence of Government and Faith-Based Interventions on the Management of Teenage Pregnancy in Mombasa County, Kenya

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ABSTRACT

The purpose of this study was to assess government and faith-based interventions measures on the management of teenage pregnancy with reference to Mombasa County, Kenya. The findings show that the issue of teen pregnancy is of great concern in the county of Mombasa. This is evidenced by the high rate of school dropout among girls who got pregnant, early motherhood, transmission of venereal diseases, cases of abortion and death after abortion in some cases. Pearson correlation shows that family stability (0.006, P>0.05) and school based interventions (r=0.063, p>.05) did not have significant effects on the management of teenage pregnancy. On the other hand, the regression coefficients shows that religious interventions could statistically predict the management of teenage pregnancy (P values <0.05). Furthermore, government interventions had a statistically significant moderating influence on the relationship between ecological transformative social change strategies and the management of teenage pregnancy. As a result, the government interventions are urgently needed to address teenage pregnancy in Mombasa County. There is need to put measures in place aimed at checking teenage pregnancies and their associated consequences such as abortions, girls dropping out of school as well as early marriages among others. There is also need to strengthen the contribution of families and school interventions in curbing teenage pregnancy. Civil society organizations, role models and other targeted community based interventions should be carried out to advocate for changes that could lead to reduction in teenage pregnancy among girls. The government in its capacity should be at the centre of ecological transformative social change strategies and the management of teenage pregnancy in Mombasa County.

Keywords: Early Motherhood, Faith-Based Interventions, School Dropout, Teenage Pregnancy
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I. INTRODUCTION

Many countries continue to experience a high incidence of teenage pregnancy despite the intervention strategies that have been put in place. In 2017, there were 194,377 babies born to women aged 15-19 years in 2017 in the United States of America (USA) (Martin et al, 2018). A report by The United Nations Educational, Scientific, and Cultural Organization (UNESCO, 2017) shows that teenage pregnancy and complications associated with childbirth are the second main causes of death among teenage girls aged 15 to 19 years leading to death of approximately 70,000 girls per year. This calls for ecological transformative social change to strength the strategies put in place aimed at curbing teenage pregnancy and the associated consequences.

In Vietnam, a study by Nguyen et al. (2016) found out that teenage pregnancy was a major challenge facing the education sector. Based on Assessment of Vietnamese Youth surveys conducted in 2003 and 2008 the three established that the prevalence of pregnancy among Vietnamese teenagers was stable at 4% for girls aged between 14 and 19. This translates to 40 pregnancies for every 1,000 teenage girls

Based on the systematic review and meta-analysis of existing literature, the study shows that the prevalence of teenage pregnancy on African continent stood at 18.8%. It was highest in East Africa (21.5%) and lowest in North Africa (9.2%). This came with adverse maternal and prenatal outcomes. The main predictors of high levels of teenage pregnancy were illiteracy rates, rural residence, early marriages, and poor parental guidance on sexual and reproductive health issues.

In Kenya, teenage pregnancy is a major challenge facing learning processes. A UNFP report 2016 as cited by Nyagah (2018) on adolescent and teenage pregnancies in Kenya shows 378,397 girls aged 10 to 19 got pregnant between July 2016 and June 2018. Some 28,932 girls aged 10-14 got pregnant, the same as 349,465 age 15-19. Of the 47 counties, Narok had the highest rate of teenage pregnancies at 40 per cent, followed by Homa Bay (33) and Tana River (28). However, the efficacy of the strategies aimed at checking teenage pregnancy in selected parts of Kenya such as the coastal region has not been systematically studied. The region is characterised by booming sex tourism. This leads to the initiation of young girls into prostitution which often results in high levels of teenage pregnancy.

Ecological transformative social change at community levels is thus pivotal in checking the involvement of girls in prostitution. National Council for Population and Development (NCPD, 2013) as cited by Awuor (2018) reported that the coast region, including Mombasa, had the second highest level of teenage pregnancy in Kenya at 25.7% after Nyanza region at 27% (Awuor, 2018).

In the backdrop of high levels of teenage pregnancy, various strategies and policies have been put in place to reign in these high levels teenage pregnancy. Most of these strategies are put in place in the ecology of these teenagers to control such pregnancies. In this study, the ecology entails the environment of an adolescent (Steinberg, 2004). Within the context of this study, the ecology of the teenager includes their family, school, community as well as government and faith-based organizations. This study hypothesizes that the ecological transformative social change in the ecology of these girls could strengthen the management of teenage pregnancy at these levels.

1.1 Statement of the Problem

In most cases, adolescents are exposed to immense social problems. These social problems such as risky sexual behaviour pose serious health issues that warrant special attention (Kauppi, 2015). Theorists such as Bronfenbrenner (1993) posit that the ecology in which an adolescent grows will affect his/her behaviour. The Coastal region, where Mombasa County is located, has had some of the highest levels of teenage pregnancy in Kenya in the last two decades. Most of the teenage mothers in the county drop out of school; which has adverse effects of their schooling (Onjoro et al, 2014). This calls for ecological transformative social change to change this situation.

The 2008/9 Kenya Demographic and Health Survey (KDHS) as cited by Marline shows that 25.7% of teenagers aged 15-19 had begun childbearing. Compared to only 10% in the central region of Kenya, this points a grim picture for girls in the region (Marline, 2012). A related study by Shiateya on the determinants of teenage fertility in coastal Kenya with reference to Mombasa County shows that in a sample of 165 adolescent girls aged between 15 and 19 years, the mean interval of sexual debut was 15 years (Shiateya, 2016). At the same time, 43% of them had already started bearing children. These findings showed significant departure from a KDHS report (Kenya National Bureau of Statistics & ICF International, 2016) that put 6 other counties higher at 25-40% in 2014. At the same time, the KDHS report estimated the level of teenage pregnancy in the coast region between 20 and 24%. However, the 2014 KDHS report sums up findings from Mombasa, Kwale and Kilifi and may not depict the real picture in Mombasa. This means that problem of teenage pregnancy in the county is often underestimated; calling for more focused studies.

The gravity of teenage pregnancy in Mombasa County was reiterated by a report by National Council for Population and Development that shows that in addition to STIs, Drug and Substance Abuse, teenage Pregnancy was one of the major health issues facing young people in the county (NCPD, 2017). The region is also characterised by booming sex tourism; which was liked by a study by Njoka to teenage pregnancy in the coastal region (Njoka, 2016). This leads to the initiation of young girls into prostitution which often results in high levels of teenage pregnancy. Regrettably, most teenagers in county were averse to using condoms during sex and saw it as a sign of mistrust (Kenya National Bureau of Statistics & ICF International, 2016). This puts to question the efficacy of interventions on safe sex practices in the ecology of the teenagers.

The efficacy of the strategies aimed at checking teenage pregnancy in Mombasa County has not been systematically studied. Each of the studies on the impact of ecological interventions aimed at stemming in on teenage have focused on only one component and not holistically hence making it difficult to make conclusive recommendations. Without studies such as this one thus, it may be untenable to gain an understanding of how to reign in on teenage pregnancy in the region.

1.2 Research Objective

The study was guided by the following objective
(i) To assess the influence of government and faith-based interventions on the management of teenage pregnancy in Mombasa County.

II. LITERATURE REVIEW

2.1 Theoretical Review

This study adopted two theoretical foundations namely: Ecological systems Theory and, Problem Behaviour Theory.

2.1.1 Ecological Systems Theory

Ecological Systems Theory (EST) was advanced by Bronfenbrenner (1979). In the work titled, "the Ecology of Human Development (1979), he argues that "the properties of the person and of the environment, the structure of the developmental settings, and the processes that take place within and between them must be viewed as interdependent and analysed in systems terms".

Bronfenbrenner (1979; 1993) shows five systems that influence the development of a person. These include the microsystem where by the person is exposed to a pattern of activities, roles and interpersonal relations in one-on-one setting. These include home and school. The second system is the mesosystem. This incorporates linkages occurring between numerous settings were the developing person is located such as home and school.

The third system is the ecosystem. This includes one or more settings that do not involve the developing person as an active participant. In these settings, events occur that affect, or are affected by, what happens in the setting containing the developing person. These could be the parental workplace whereby an individual can be affected by the context in which the parent works through acquired values among others.

The last system is the macrosystem. This includes influences from culture, subculture and other extended social structure" (Bronfenbrenner, 1993). The last system is the chronosystem. In this one, the development of a person is affected by affected over time by numerous influences that occur at school, home or in the country at large.

The critiques of this theory posit that the person has to remain in the ecology continuously so as to be influenced by all the systems effectively. If the person relocates to a faraway place or another country, the systems change; leading to different development patterns (Feldman, 2003).

In this current study, EST is relevant since the ecology in which an adolescent grows will affect his/her behaviour. This includes school, home, community, religious organizations and national policies among others. Ecological transformative social change to strengthen interventions at these levels could go on to determine the level to which teenage pregnancy is managed.

2.2.2 Problem Behavior Theory

The Problem Behavior Theory (PBT) was advanced by Jessor in 1977 (Jessor, 1977). The theory explains the adaptions to unconventional behaviour among adolescents (risk behaviours as in this study). The theory has been used to explain why students all over the world take to risk-taking behaviours such as substance use, fighting, alcohol and drug abuse among others (Ma & Shive , 2000). The theory assumes that behaviour is guided by the interaction of three systems: legal norms in the society; value system of the individual and; the relationships that one sustains in his or her environment.

The societal as well as governmental legal systems and how they are enforced will influence the problem behaviour of an individual. An individual will also act based on what he or she perceives as peer, societal and family expectations for achievements. Lastly, an individual will act based on the influence of the relationships they have. If the social relationships of an individual tolerate a particular behaviour, the individual is also likely to tolerate it and vice versa.

This theory relates to this current study since the legal framework in which adolescents live could influence how teenage pregnancy is managed and controlled. If adolescents are strongly guided to avoid some behaviour, they are likely to shun such behaviour. In addition, what the adolescents perceive as the expectations of the society will affect their behaviour patterns. The relationships of the adolescent and what they tolerate will also determine the extent to which they will engage in problem and how this could influence teenage pregnancy among others.

2.3 Empirical Review
2.3.1 Faith-Based Intervention and the Management of Teenage Pregnancy

Studies have linked faith-based interventions to the fight against risky sexual behaviours and teenage pregnancy by extension. A study by Thompson-Robinsonm et al. (2018) on "Teen Pregnancy Prevention and African American Faith-Based Organizations: Lessons Learned from the Southern Nevada Teen Pregnancy Prevention Project" posits that in the United States of America, faith-based organizations played key roles in teenage prevention among those aged between 14 and 19 years (Thompson-Robinsonm et al., 2018). This current study sets out to investigate the level to which these findings can be applied to teenage girls in public secondary schools of Mombasa County.

A study by Weeks et al. (2016) carried out a study on "bringing evidence-based sexual health programs to adolescents in black churches: applying knowledge from systematic adaptation frameworks." The study was based on community-based participatory approaches with respondents being 9 church leaders from Baltimore, Maryland

(Weeks, et al., 2016). The study shows that interventions by churches could play pertinent roles in managing teenage pregnancy in the country. Although the study took place in the United States of America, it could inform teenage management strategies in Kenya.

Taylor et al. (2021) in "recovering from an epidemic of teen pregnancy: the role of rural faith leaders in building community resilience," sought to establish the role played by faith leaders as well as their congregations in preventing teenage pregnancy in two counties in Oklahoma (Taylor et al., 2021). Seventeen faith-based leaders participated in the study. The findings show that faith-based leaders played key roles in advocating for a reduction in teenage pregnancy as well as enhancement of health outcomes. In this regard, faith communities contributed to the implementation of culturally relevant health programming, which went on to check teenage pregnancy. This proposed study sets out to find the applicability of these findings in Kenya.

Yakubu and Salisu (2018) in "determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review," undertook a desk review of extant literature. In this regard, a search was made in "MEDLINE, Scopus, Google Scholar databases and Web of science" among others. Studies were searched in English for the years 2000 to 2017 with 24 original articles being included (Yakubu & Salisu, 2018). The findings show that various measures were important in controlling teenage pregnancy. Some of these interventions included Community sensitization, some of which could be undertaken by faith-based organizations. This current study sets out to examine the veracity of these findings among teenage girls in the Mombasa County of Kenya.

Nabugoomu et al. (2020) carried out a study aimed at reducing the prevalence of teen pregnancy in rural Eastern Uganda. The study sought to examine multi-stakeholder perceptions regarding the strategies that could be put in place to manage teenage pregnancy which stood at 25%. The study showed that various strategies could be put in place to manage the high level of teenage pregnancy (Nabugoomu et al., 2020). The study was based on qualitative methods and involved 106 respondents including family members, adolescent mothers, and officials from government and non-government organizations. The study highlighted the importance of various strategies to manage teenage pregnancy including those by the community as well as faith-based organizations as envisaged by this current study.

2.3.2 The Influence of Government Measures on the Management of Teenage Pregnancy

The importance of government interventions in mitigating teenage pregnancy was also studied by Yakubu and Salisu (2018) in "the Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review." The study sought to identify the factors which influence adolescent pregnancies in Sub-Saharan Africa, which then provides a background for designing intervention programs suitable for this need. This study identified individual, health service-related, socio-cultural, environmental and economic factors that leads to early pregnancies. In this study, it is observed that teenage pregnancy is cause by various factors which require mitigation policies such as provision of adolescent-friendly health care, comprehensive sexuality education, community sensitization and enrolling and ensuring girls stay in school.

A study by Akella and Jordan (2014) titled the moral and social narratives of sexual and reproductive health in Kenya: a case of adolescents and young people pre- and within the MDG era aims at providing an understanding of the moral and social narratives of adolescents and young people's sexual and reproductive health (AYSRH) in Kenya. Findings show that the gradual evolution of AYSRH policies and programmes in Kenya were shaped by the development threats and moral and social narratives experienced within the country. This study provides critical evidence that can be used to formulate policies and programmes approaches to AYSRH in Kenya and Sub-Saharan Africa at large which are in line with the SDGs.

Kumar et al. (2018) agrees with the position of Yakubu and Salisu (2018) in their study on "Adolescent Pregnancy and Challenges in Kenyan Context: Perspectives from Multiple Community Stakeholders." The study by Kumar and others seeks to provide a phenomenological account of the mental health challenges and experiences, roles of social support and absence of empathy, roles played by adolescent mothers, their partner, health care workers and the community and their effect on adolescent new mothers. Data collection was through interviews in two maternal and child health (MCH) facilities located in Kangemi and Kariobangi where four samples with 36 participants were recruited and the use of the grounded theory approach to provide a methodology to aid in this discussion. This study concludes that there are individual stakeholder-related and system-level barriers in the MCH primary care setting affecting psychosocial support delivery which need to be addressed.

III. METHODOLOGY

3.1 Research Strategy and Techniques

The study adopted the descriptive survey and cross-sectional study designs. In this design, the researcher collected data through interviewing or administering questionnaires to a sample of individuals. The design had an interesting attribute in that it described the relationship between variables. Thereafter, generalization principles and/or theory that have universal validity were developed (Khan, 1993). In assessing the contribution of government and faith-based interventions to the management of teenage pregnancies in Mombasa County, this was deemed a suitable design. The design was also cross-sectional because it was a point in time study (2021). Data were collected using questionnaires, interviews, and Focus Group Discussions (FGDs).

3.2 Target Population

There were 7 public girls' secondary schools reported by the County Ministry of Education in Mombasa County. The study targeted principals, guidance and counseling teachers, and students from these schools. There were 15,676 girls in these schools, with only Form 3 students (numbering 3,801) being targeted (Ministry of Education Mombasa County, 2021). This was for the purpose of narrowing down the study in scope. Furthermore, these students were targeted because by the time they reached this class, they were able to understand the factors influencing their behavior considerably. This was in line with a 2015 study by Kiarie that showed that students in Form 3 and 4 were better suited to understand the factors influencing teenage pregnancy in public schools since they had stayed in their respective schools longest and had a wealth of information from their experiences (Kiarie, 2015). The study did not focus on Form 4 students who were often busy preparing for national examinations. At the same time, the study targeted the 7 principals and the 15 guidance and counseling teachers from the 7 public girls' secondary schools. Additionally, 30 senior religious leaders from the County were targeted. Additionally, 8 Ministry of Education, Science, and Technology (MoEST) officials were targeted. These included 3 from the national and 5 from the county governments respectively.

3.3 Sample Size and Sampling Technique
3.3.1 Sample Size

The study shall use the following formula put for obtaining the girls' sample size (Kaur, 2021). The formula is:

$$n = z^2 * \frac{p(1-p)}{e^2}$$

Where:

z = z score
ε = margin of error
N = population size
p = population proportion

When the formula was fitted to the population of Form three girls, a sample of 349 was obtained. On their part, all the 7 principals, 15 guidance and counseling teachers, 8 government officials, and 30 religious leaders were sampled. To deal with attrition, the study included 5 more guidance and counseling teachers, 50 more girls, and 5 more religious leaders. The sample size is presented in Table 1.

Table 1

Sample Size

Category	N	n
Girls	3,801	349
Guidance Counseling Teachers	15	15
Religious Leaders	30	30
MOeST Officials	8	8
Total	**3,861**	**402**
Attrition		
Girls		50
Teachers		5
Religious leaders		5
Total		**60**
Grand Total		**462**

3.3.2 Sampling Technique

The study used simple random sampling to select students from each school. Purposive sampling was used to select principals and a guidance and counseling teacher from each of the 7 public secondary schools. These were selected as the key informants due to their role in offering guidance and counseling services to girls in the schools. In addition, all the MoEST officials and religious leaders were also purposively sampled.

3.4 Research Instruments

The study used questionnaires, interview guides, and Focus Group Discussion (FGD) guides as data collection tools. The questionnaires were used to collect data from students, while the interviews were carried out with guidance and counseling teachers, principals, and MoEST officials. Religious leaders participated in 3 FGDs, with each FGD comprising 10 to 11 persons. The questionnaire contained closed-ended questions on the respondents' demographic information and Likert-type statements to capture relevant and important information for the study based on the study variables and the gaps arising from the literature reviewed. The interviews and FGDs were guided by open-ended questionnaires based on the research objectives.

3.5.1 Questionnaires

Kaphagawani and Kalipeni (2017) defined a questionnaire as a quantitative method aimed at expressing its findings in figures. A questionnaire obtains the requisite quantitative data that is useful to a study. The questionnaire used in this study was a self-report inventory adapted from school-going girls. It consisted of 7 sections. Part A sought the background information of the study respondents. Part B contained questions on Family-Based Interventions, while parts C and D investigated School-Based and Community-Based Interventions, respectively. Part E looked at faith-based interventions, and part F focused on government measures/policies.

3.5.2 Interview Schedule

McGrath et al. (2019) described an interview schedule as consisting of questions directed to an individual to obtain information about a particular aspect. In this study, an interview schedule for counseling and guidance, principals, and MoEST officials was used. The questions focused on the level of teenage pregnancy, family-based, school-based, community-based, and faith-based interventions, as well as government measures/policies that influence the management of teenage pregnancy in Mombasa County.

3.5.3 Focus Group Discussions

A focus group discussion (FGD) comprises individuals with certain characteristics who freely discuss a given issue or topic. A focus group explores attitudes, perceptions, and feelings about a topic. In this study, four questions were prepared for discussion by the religious leaders in 3 FGDs, each consisting of 8 to 12 persons.

3.6 Pilot Study

Pre-testing was conducted to assist in determining the accuracy, clarity, and suitability of the research instrument. This included a pilot study targeting 10 girls and 2 guidance and counseling teachers drawn from 2 schools in neighboring Kwale County.

3.6.1 Instrument Reliability

The data obtained from the pilot study were used to ascertain the appropriateness and relevancy of the questionnaire to the study. Cronbach's alpha, a reliability coefficient which varies from 0 to 1 whereby a value of 0.7 or less indicates unsatisfactory internal consistency reliability, was used to test the reliability of items in the questionnaires (Malhotra, 2004).

3.6.2 Instrument Validity

To ensure the validity of the instrument, internal and external validity tests were carried out. Face validity was assessed by observing the ease with which the respondents answered the research questions. Any ambiguous questions were adjusted to make them easy to understand and answer. Cooper and Schindler point out that content validity offers adequate investigation of the study questions (Cooper & Schindler, 2003). The questionnaire was also presented to the supervisors for review and their input on the constructs of the research used to improve the questionnaire. Construct validity was ensured through operationalization by setting the questions in the questionnaire based on the reviewed literature and the operationalized definition of the study variables.

Content validity was used to find out if the instrument would answer all the research questions. Furthermore, factor analysis was also used to test construct validity whereby the right coefficients from the data were obtained and the results used to make adjustments, corrections, and additions to the research instrument.

3.7 Method of Data Collection

First and foremost, the researcher obtained a research authorization letter from Kenya Methodist University and a research permit from the National Commission for Science, Technology & Innovation (NACOSTI). Thereafter, three research assistants were recruited and trained to help with the data collection. They were trained to ensure that they understood the objectives of the study as well as the research instruments.

The researcher, together with the research assistants, then visited the study area to issue the questionnaires and carry out the interviews. Appointments were sought from the various respondents for interviews, while the questionnaires were self-administered. The whole data collection exercise lasted for 21 non-continuous days.

3.8 Method of Data Analysis

The data collected using questionnaires was analyzed using the Statistical Package for the Social Sciences (SPSS) version 24. Descriptive statistics such as frequencies, percentages, and means were conducted. Furthermore, inferential statistics (Correlation Analysis) were used to test the relationships between the independent and dependent variables.

The findings obtained were presented in the form of Tables and Figures, and conclusions were drawn. Data from interviews and FGD guides were subjected to thematic analysis. These were reviewed, and emergent meanings were drawn and applied to answer the initial research questions and issues (Miles & Huberman, 1994).

IV. FINDINGS & DISCUSSIONS

4.1 Response Rate

The study sampled 349 girls, 15 guidance and counselling teachers, 30 religious leaders and 9 MOeSt officials. Out of these, 296 girls (84.8%), 11 guidance and counselling teachers (73.3%), 24 religious leaders (80%) and 6 MOEST officials (75%) took part in the study. The overall response rate was 82.4%. This was considered sufficient for data analysis.

Table 2

Response Rate

| Category	Sampled	Responded	Response Rate
1. Girls	349	296	84.8
2. Guidance & Counseling Teachers	15	11	73.3
3. Religious Leaders	30	24	80.0
4. MOEST Officials	8	6	75.0
Total	**409**	**337**	**82.4**

4.2 Demographic Information

The study sought to examine selected demographic information about the girls. This included age, parents' marital statuses, persons the girls lived with and their religion. The findings as shown in Figure 1 shows that most of the girls (48%) were aged between 15 and 16 years. This was followed by those aged between 17 and 18 years at 47.3%. The rest were aged 14 years and below at 4.7%. These findings show that most of the girls were in their late teenage. The reason for this was most girls aged 14 years and below had just joined secondary schools and were not well suited to understand the ecological transformative social change strategies under investigation in this study.
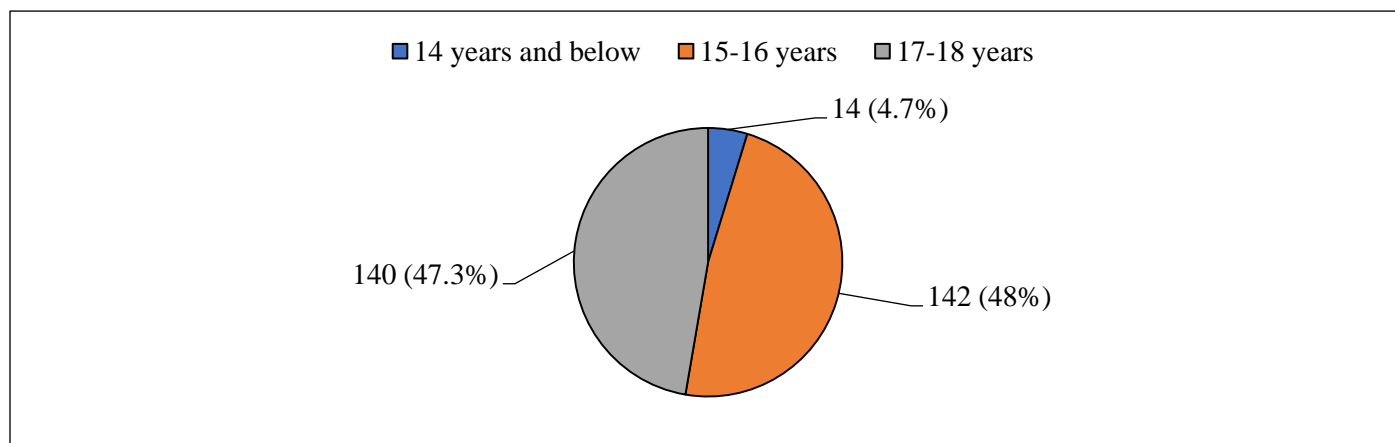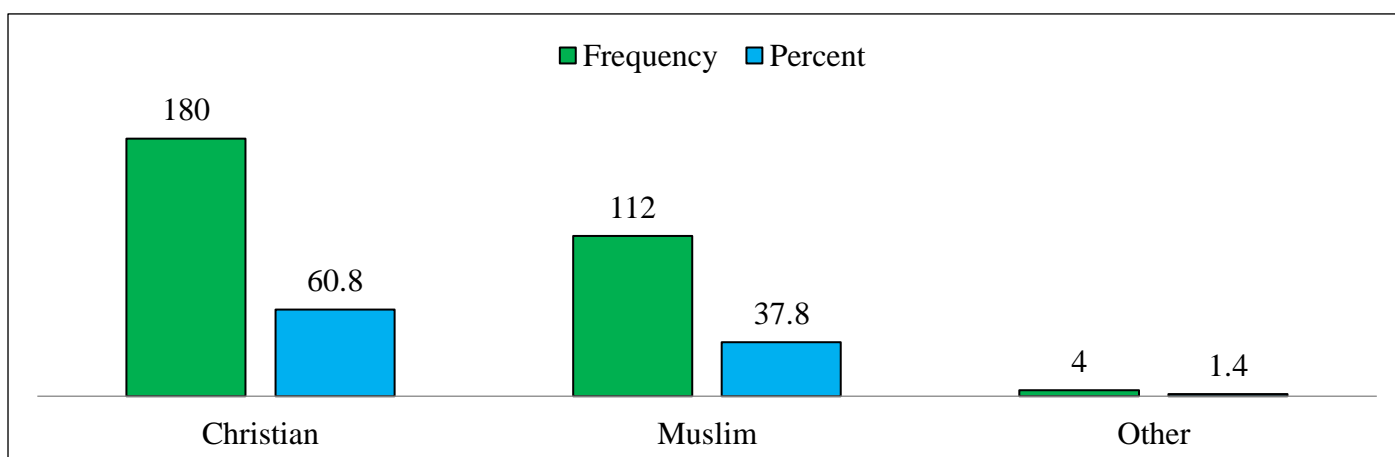

Figure 1
Ages of Girls

Regarding the marital status of the parents/guardians of the girls, the findings as shown in Figure 2 shows that more than half the girls (54.7%) had both parents. This was followed by 17.6% who had single parents and 16.9% who had separated parents. The rest had divorced parents (6.1%) and guardians (4.7%). These findings show that whereas the girls came from diverse families, most of them had both parents signifying high levels of family stability which is one the variables under investigation in this study.
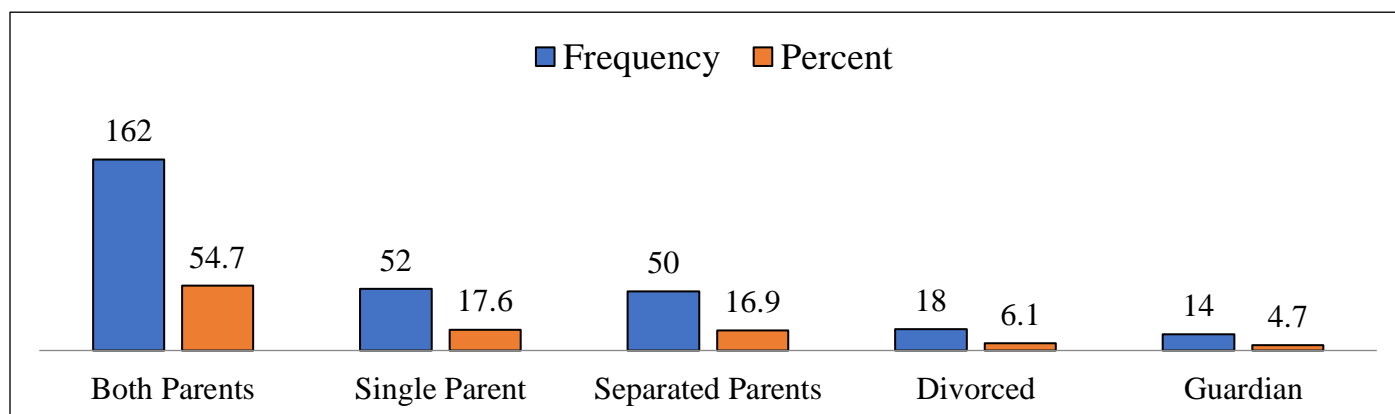
Figure 2
Marital Statuses of Parents

The study went on to examine the religion of the girls. The findings show that most of the girls (60.8%) were Christians. These were followed by 37.8% who were Muslims. Only 4(1.4%) opined that they came from other religions. The findings show that most of the girls came from the mainstream religions in Kenya. This could create bulwarks against risk taking behaviours among the girls and by so doing prevent teenage pregnancy. The findings were presented in Figure 3.

Figure 3
Religions of Girls

4.3 Presentation of Research Analysis and Findings
This section presents the findings of the study in line with the research objectives.

4.3.1 Faith-based Interventions and Management of Teenage Pregnancy
The objective of the study was to examine the influence of government and faith-based interventions on the management of teenage pregnancy in Mombasa County. The findings were presented in Table 3.

Table 3
Faith-based Interventions and Management of Teenage Pregnancy

Descriptive Statistics				
	Min	Max	Mean	Std. Dev.
Religious organizations support education programmes on how to avoid early pregnancy	1	5	4	1.22
Religious organizations gives financial help to students who are from poor backgrounds	1	5	4	1.17
Religious organizations are engaged in numerous programs on risky sexual behaviours and HIV	1	5	3	1.19
Religious organizations undertake community sensitization on enrolling and ensuring girls stay in schools	1	5	3	1.38
Religious organizations roll out programs aimed at ensuring that girls are adequately guided against irresponsible sexual behaviours and the associated consequences	1	5	4	1.41

N=296

The respondents agreed to a great extent (M=4) that religious organizations supported education programmes on how to avoid early pregnancy and that religious organizations gave financial help to students who were from poor backgrounds (M=4). They also agreed to a great extent (M=4) that religious organizations rolled out programs aimed at ensuring that girls were adequately guided against irresponsible sexual behaviours and the associated consequences. Furthermore, the respondents agreed to moderate extent that religious organizations were engaged in numerous programs on risky sexual behaviours and HIV (M=3) and that religious organizations undertook community sensitization on enrolling and ensuring girls stay in schools (M=3). These findings are indicative of the fact that religious organizations undertook some measures aimed at protecting girls from risky sexual behaviours that could lead to pregnancy.

Regrettably, the findings from interviews and FGDs rated faith-based interventions poorly. To this end, the respondents said that religious organizations had largely failed in their duties to guide girls adequately. There were even cases of the clergy getting involved in sexual relationships with young girls which robbed them of the moral authority to rebuke sexual immorality. Most churches did not channel finances towards protecting girls and ensuring that those who got pregnant returned to school. In fact, the findings show that in most cases, girls who got pregnant

were stigmatized with some deciding to carry out abortion, get married off or run away to avoid being shamed. This was affirmed by words of one of the respondents who said:

> *Churches were doing very little to appropriate girls well. Religious organizations assume a lot. Girls get summons but most of them are not tailored specifically to deal with teenage pregnancy.* (FGD 3, May 2022, Mombasa)

4.3.2 Government Measures and the Management of Teenage Pregnancy

The second variable was to determine the influence of government measures on the management of teenage pregnancy in Mombasa County. The findings were presented in Table 4.

Table 4

Government Measures and the Management of Teenage Pregnancy

Descriptive Statistics				
	Min	Max	Mean	Std. Dev.
The government supports education programmes on how to avoid early pregnancy	2	5	4	0.93
The governments employ teachers with counselling experience to guide us in the right direction.	1	5	4	1.29
The government gives financial help to students who are from poor backgrounds	1	5	4	1.08
The government employs teachers who understand the challenges we face and check risky sexual behaviour we undertake	1	5	3	1.23
The government is engaged in numerous programs on risky sexual behaviours and HIV	1	5	4	1.27
The government institutes the right policies aimed at mitigating early teenage pregnancy	1	5	3	1.26
There is adolescent-friendly health care in our community and this has kept many girls from early teenage pregnancy	1	5	3	1.37
The government funds comprehensive sexual education in schools and this has made many girls aware of the risks associated with teenage pregnancy	1	5	3	1.47

N=296

The students agreed to a great extent (M=4) that government supported education programmes on how to avoid early pregnancy and that the governments employed teachers with counselling experience to guide them in the right direction (M=4). They also agreed to a great extent (M=4) that the government gave financial help to students who were from poor backgrounds and that the government was engaged in numerous programs on risky sexual behaviours and HIV (M=4). Furthermore, the girls agreed to a moderate extent (M=3) that the government employed teachers who understood the challenges that they faced and checked risky sexual behaviour they undertook.   They also agreed to moderate extent (M=3) that the government instituted the right policies aimed at mitigating early teenage pregnancy and that there was adolescent-friendly health care in their communities and this had kept many girls from early teenage pregnancy (M=3). They also agreed to a moderate extent that the government funded comprehensive sexual education in schools and this had made many girls aware of the risks associated with teenage pregnancy (M=3).

These findings are a pointer to the fact that the government had instituted some interventions aimed at curbing teenage pregnancy. However, some of the interventions were not strong enough which could affect their efficacy. Indeed the interview and FGD participants opined that the efforts by the government were often weak and underfunded. They pointed any that any non-school-based programs were weak and collapsed after some time. This was attested to by one of the *checking* FGD participants who said:

> *Although the government comes up with programs aimed at risky sexual behaviours by promoting safe sex practices, these interventions are often not sustained and collapse after some time.* (FGD 1, May 2022, Mombasa).

The bursaries given by the government were often little and could not address all the financial needs of girls in the county. This left many of them prey to sexual exploitation with some getting pregnant in the processes. Poor economic conditions also meant that some parents could not adequately cater for the needs of their teenage girls. In the absence of safety nets from the government, the parents watched helpless as the girls took to risk-taking behaviours which contributed to teenage pregnancy in some of them. The government was also unable to deal with

emergent influences exposed girls to phonography and other pervasive behaviours through social media and the internet.

4.3.3 Management of Teenage Pregnancy
The dependent variable in this study was the management of teenage pregnancy. The findings from psychometric scale statement were presented in Table 5.

Table 5
Teenage Pregnancy

Descriptive Statistics					
	N	Min	Max	Mean	Std. Dev.
There are high levels of teenage pregnancy in my community	296	1	5	3	1.59
Sometimes we have cases of unwanted pregnancies and abortions in the school	296	1	5	3	1.30
Sometimes I have casual and unprotected sex among my colleagues in school	296	1	5	1	0.91
Some girls have dropped out of school due to teenage pregnancy and opted to get married	296	1	5	4	1.29
There are some girls who are young mothers and have been allowed to go back to school and learn	296	1	5	4	1.14

N=296   296

The girls agreed to a great extent (M=4) that some girls had dropped out of school due to teenage pregnancy and opted to get married. They also agreed to a great extent (M=4) that some girls who were young mothers had been allowed to go back to school and learn   (M=4). They also agreed to a moderate extent (M=3) that there were high levels of teenage pregnancy in their communities and that sometimes they have cases of unwanted pregnancies and abortions in the school (m=3). However, the girls denied that sometimes they had casual and unprotected sex with their colleagues in school (M=1). These findings show that there were incidences of teenage pregnancy among school girls. This underlines the need for interventions aimed at checking the teenage pregnancies and their associated consequences such as abortions, girls dropping out of school as well as early marriages among others.

The interview and FGD participants affirmed the gravity of teenage pregnancy among girls in the county. Some of the respondents said that it was often hard to quantify the numbers of teenage pregnancy. Nevertheless, it was hard to deny the consequences of teenage pregnancy in the county which was evidenced in high rate of school dropout among girls who got pregnant, early motherhood, transmission of venereal diseases, cases of abortion and death after abortion in some cases. These incidences called for transformative social change strategies to the management of teenage pregnancies in Mombasa County as envisaged by this current study. In support of these findings, one of the interview participants said:

> *Teenage pregnancy was a menace in the society. Girls were often exposed to risky sexual behaviours with some of them ending up getting pregnant. Some of them ended up carrying out abortion.* (FGD 2, May 2022, Mombasa).

4.6 Discussion of the Findings
4.6.1 Social Demographic Characteristics of Respondents
The findings show that most of the respondents (48%) were girls aged between 15 and 16 years. About 47% were aged between 17 and 18 years. This shows that the majority of the girls were in their late teenage. These girls, as posited by Nguyen et al. (2016), confront significant risks and vulnerabilities that have a negative impact on their health and overall well-being. These include low educational attainment and illiteracy, household poverty, lack of economic independence, limited income earning options, exposure to violence, and social isolation among others. As a result, early adolescence affords a significant window of opportunity to intervene at a time when females are facing several challenges, but before those experiences have resulted in irreversible outcome as pointed out by Omoro et al. (2018).

4.6.2 Faith-based Interventions and Management of Teenage Pregnancy

The objective of the study was to examine the influence of faith-based interventions on the management of teenage pregnancy in Mombasa County. The findings show that the respondents agreed to a great extent (M=4) that religious organizations played an important role in the teenager' life. These organizations supported education programmes that empowered the girls to avoid early pregnancy and they also gave financial help to students who were from poor backgrounds. Such help, as argued by UNESCO (2017) could cushion such girls from teenage pregnancy.

Furthermore, the respondents pointed out that religious organization were engaged in numerous programs on risky sexual behaviours and HIV control. These findings are indicative of the fact that religious organizations undertook some measures aimed at protecting girls from risky sexual behaviours that could lead to pregnancy and school dropout. Similar findings were recorded by Weeks et al. (2016) who showed that interventions by churches could play pertinent roles in managing teenage pregnancy.

Regrettably, the findings from interviews and FGDs rated faith-based interventions poorly. To this end, the respondents said that religious organizations had largely failed in their duties to guide girls adequately. There were even cases of the clergy getting involved in sexual relationships with young girls which robbed them of the moral authority to rebuke sexual immorality. It is seems like the faith-based organizations do not have responsive interventions to curb teenage pregnancy among teenage girls. In fact, the findings show that in most cases, girls who got pregnant were stigmatized with some deciding to carry out abortion, get married off or run away to avoid being shamed. These challenges were also identified by the study by Yakubu and Salibu (2018).

4.6.3 Government Measures and the Management of Teenage Pregnancy

The second variable of the study was to determine the moderating influence of government measures on the relationship between ecological transformative social change strategies and the management of teenage pregnancy in Mombasa County. The findings show to a great extent (M=4) that government supported education programmes on how to avoid early pregnancy. This was implemented through hiring teachers with counselling experience. In addition, the government also gave financial help to students who were from poor backgrounds and that the government was engaged in numerous awareness programs on risky sexual behaviours and HIV. These interventions have been attested to by Yakubu and Salisu (2018) among others. The respondents also pointed out that the government instituted policies aimed at mitigating early teenage including adolescent-friendly community healthcare and comprehensive sexual education in schools. These findings are supported by Kumar et al. (2018) who posited that such policies and programmes were in line with the attainment of the SDGs.

Although, the findings are a pointer to the fact that the government had instituted some interventions aimed at curbing teenage pregnancy, there were still gaps. Indeed the interview and FGD participants opined that the efforts by the government were often weak and underfunded. For example, the bursaries given by the government were often little and could not address all the financial needs of girls in the county. This left many of them prey to sexual exploitation with some getting pregnant in the processes. Poor economic conditions also meant that some parents could not adequately cater for the needs of their teenage girls. In the absence of safety nets from the government, the parents watched helpless as the girls took to risk-taking behaviours which contributed to teenage pregnancy. The government was also unable to deal with emergent influences exposed girls to pornography and other pervasive behaviours through social media and the internet. This agrees with a study by Trouvala and others that attests to inabilities to deal with emergent behavioural challenges in the context of girls among government authorities (Throuvala et al., 2021).

4.6.4 Management of Teenage Pregnancy

The dependent variable in this study was the management of teenage pregnancy. The findings show that some girls had dropped out of school due to teenage pregnancy and opted to get married (M=4) while some young mothers had been allowed to go back to school to continue with their studies. This is because there were high levels of teenage pregnancy in their communities. Allowing girls to back to school could alleviate the negative effects of teenage pregnancy among such girls as attested to by Morgan et al. (2022).

Although cases of unwanted pregnancies and abortions in the school were rampant, the girls denied that they recklessly engaged into casual and unprotected sex with their colleagues in school. These findings show that there were incidences of teenage pregnancy among school girls. This underlines the need for interventions aimed at checking the teenage pregnancies and their associated consequences such as abortions, girls dropping out of school as well as early marriages among others (Nabugoomu et al., 2020).

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

The findings show that the issue of teen pregnancy is of great concern in the county of Mombasa. This is evidenced by the high rate of school dropout among girls who got pregnant, early motherhood, transmission of venereal diseases, cases of abortion and death after abortion in some cases. Regression coefficients shows that religious interventions could statistically predict the management of teenage pregnancy (P values <0.05). Furthermore, government interventions had a statistically significant moderating influence on the relationship between ecological transformative social change strategies and the management of teenage pregnancy. Thus, the government interventions are urgently needed to address teenage pregnancy in Mombasa County.

5.2 Recommendations

There is need to put measures in place aimed at checking teenage pregnancies and their associated consequences such as abortions, girls dropping out of school as well as early marriages among others. As a result there is thus the need to strengthen the contribution of families and school interventions in curbing teenage pregnancy. Interventions at the societal level were also recommended. To this end, civil society organizations, role models and other targeted community based interventions should be carried out to advocate for changes that could lead to reduction in teenage pregnancy among girls.

The role of the government interventions cannot be underestimated. The government in its capacity should be at the centre of ecological transformative social change strategies and the management of teenage pregnancy in Mombasa County.

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