
Examining Strategies for Preventing Risky Sexual Behaviors and Teenage Pregnancies among Teenage Mothers in Kajiado County, Kenya

Authors: Eucabeth Kemunto Manyibe, Tonny Amisah & Stephen Asatsa

The Catholic University of Eastern Africa, Nairobi, Kenya
P.O BOX 62157-00200. Nairobi, Kenya

Email: eucabethmanyibe@gmail.com

Abstract: *This study aimed to explore strategies for preventing risky sexual behaviors and teenage pregnancies among teenage mothers in public secondary schools in Kajiado County, Kenya. The study adopted a concurrent mixed-method with a sample population of 340 participants, 298 teenage mothers, 20 parents and 22 high school Heads of counselling department. Two sub counties were selected based on the increased cases of teenage pregnancy. The study used census sampling technique to select 298 teenage mothers from the schools in Kajiado North and Kajiado west sub-counties. Systematic sampling was used to select parents on the list of the cases recorded at the sub-county offices and counseling teachers was automatically be include from 22 schools. The study employed a modified Parenting Style Four-Factor Questionnaire and interview schedule to measure parenting styles as perceived by the teenagers. The Adolescent Clinical Sexual Behaviors Inventory (ACSBI-S) tool was adopted to collect the respondents' data on teenage sexual activities. Data from the semi-structured interview guides were coded and analyzed using thematic analysis and presented in verbatim. Pearson correlation was used to test relationships between independent and dependent variables. The study concluded that preventing risky sexual behaviors and teenage pregnancies among teenage mothers necessitates a comprehensive approach that encompasses comprehensive sex education, access to contraception, parental involvement, peer support, empowerment, addressing gender inequality, and collaborative partnerships. Implementing evidence-based strategies within a supportive environment can empower teenage mothers, reduce the risk of subsequent pregnancies, and promote the well-being of both mothers and children.*

Keywords: *preventing risky sexual behaviors, teenage sexual behaviors, risky sexual behaviors, teenage pregnancies prevention, teenage pregnancies, teenage mothers*

INTRODUCTION

Adolescent sexual behaviors and teenage pregnancies are significant global public health concerns that have long-lasting implications for the well-being of young mothers and their children. The prevalence of sexual behaviors and teenage pregnancies remains substantial, particularly in low- and middle-income countries where access to sexual and reproductive health services is often limited (UNFPA, 2020; WHO, 2021). Teenage mothers face various health risks, including increased maternal mortality rates, preterm birth, low birth weight, and obstetric

complications (WHO, 2021). Furthermore, children born to teenage mothers often experience adverse health and developmental outcomes and are at higher risk of poverty and limited opportunities (UNFPA, 2020). Therefore, it is crucial to develop effective strategies to prevent and address the challenges associated with sexual behaviors and teenage pregnancies among teenage mothers.

Comprehensive sex education programs have been recognized as a crucial strategy in preventing sexual behaviors and teenage pregnancies among adolescents. Such programs provide accurate information on reproductive health, contraception, sexually transmitted infections (STIs), and healthy relationships (Santelli et al., 2017). They empower young people to make informed decisions about their sexual health, promote responsible sexual behaviors, and help them understand the consequences of their actions. Comprehensive sex education programs have been associated with delayed sexual initiation, increased knowledge about contraception, and improved attitudes towards condom use (Kirby et al., 2007; Haberland&Rogow, 2015). For example, a systematic review conducted by Haberland and Rogow (2015) found that comprehensive sex education programs were associated with delayed sexual debut, increased knowledge about contraception and STIs, and improved condom use.

In addition to comprehensive sex education, access to contraception is a vital strategy in preventing teenage pregnancies. Ensuring the availability, affordability, and youth-friendly access to a wide range of contraceptive methods, including condoms, oral contraceptives, and long-acting reversible contraceptives (LARCs), can help reduce unintended pregnancies among teenagers (Wellings et al., 2016; Bearinger et al., 2019; Oringanje et al., 2016). Accessible contraceptive services should include confidential counseling, information on various contraceptive methods, and the provision of contraceptives tailored to adolescents' needs. Studies have demonstrated that increased access to contraception is associated with lower teenage pregnancy rates (Wellings et al., 2016; Oringanje et al., 2016). Study by Bearinger et al. (2019) has also demonstrated that increased access to contraception is associated with lower teenage pregnancy rates. In their observation, Bearinger et al. (2019) revealed that improved access to contraception was linked to reduced teenage pregnancy rates. It is essential to address barriers to access, such as cost, stigma, lack of knowledge, or unavailability of services, in order to ensure that adolescents can make informed choices about their reproductive health.

Peer education programs have demonstrated effectiveness in promoting positive sexual health behaviors among adolescents. Peer educators, who are trained to engage with their peers, can provide accurate information, share personal experiences, and foster discussions on healthy relationships and responsible sexual behaviors (Mason-Jones et al., 2016). Peer-led interventions have been associated with increased knowledge about sexual health, improved attitudes towards condom use, and increased intentions to use contraception (Mason-Jones et al., 2016). Peer support groups can also play a vital role in providing emotional support, information, and resources to teenage mothers, helping them navigate the challenges of early motherhood (Gillen &Lefkowitz, 2012). Albert et al. (2019) also observed that a peer-led sexual health program was effective in improving knowledge, attitudes, and communication skills among Hispanic adolescents.

Parental involvement and support play a critical role in preventing teenage pregnancies and promoting healthy sexual behaviors among adolescents. Open and ongoing communication between parents and teenagers about sexual health enables adolescents to make informed decisions and seek guidance (Miller et al., 2019; Guilamo-Ramos et al., 2017). Research has shown that parental monitoring, support, and discussions about sex are protective factors against early sexual debut and risky sexual behaviors among teenagers (Guilamo-Ramos et al., 2017). A longitudinal study by Guilamo-Ramos et al. (2017) found that parent-adolescent communication about sex was associated with delayed sexual initiation and increased condom use among Latino youth. Cultivating supportive family environments that provide accurate information, promote healthy attitudes towards sex, and encourage dialogue can positively influence adolescents' behaviors and decision-making processes (Sieving et al., 2017).

Addressing underlying gender inequality and harmful social norms is vital in preventing sexual behaviors and teenage pregnancies among teenage mothers. Gender norms and stereotypes can shape adolescents' perceptions of sexuality, relationships, and gender roles, thereby influencing their sexual behaviors and contraceptive use (Chandra-Mouli et al., 2017). Efforts to promote gender equality and challenge traditional gender roles can empower young girls and boys to make informed choices about their sexual and reproductive health. Gender-transformative interventions that aim to challenge harmful gender norms have been associated with reduced sexual risk behaviors and teenage pregnancies (Doyle et al., 2018; Dartnall et al., 2019). For instance, a study by Dartnall et al. (2019) found that a gender-transformative intervention reduced intimate partner violence and increased condom use among adolescent girls in South Africa.

While significant progress has been made in understanding and implementing strategies to prevent sexual behaviors and teenage pregnancies among teenage mothers, several research gaps remain. Further research is needed to evaluate the long-term impact of comprehensive sex education programs, explore barriers and facilitators to accessing contraception, assess the effectiveness of peer education programs, investigate the role of parental involvement, and address gender inequality and harmful social norms. As such, the current study intended to examine the strategies towards preventing risky sexual behaviors and teenage pregnancies among teenage mothers in Public Secondary Schools, Kajiado County, Kenya.

METHODOLOGY

Study Design

The study used mixed method specifically concurrent design. The convergent parallel method design was useful in this study because it helped to collect simultaneously the quantitative and qualitative data from the same respondents. The assumption for this method was that what was not captured by the quantitative approach will be picked by the qualitative approach and vice versa. Concurrent design was useful for this research because the integration of qualitative and quantitative data is used to create an excellent insight beyond the information provided by either quantitative or qualitative data, therefore the design was used to overcome the weakness of either

method with the strength of the other (Creswell (2018; Ngumbi (2015). For quantitative research the study employed cross-sectional study. Cross-sectional study design is a type of observational study design. In a cross-sectional study, the investigator measures the outcome and the exposures in the study participants at the same time. This design was open and responsible for magnificent data collection from the respondents (Setia, 2016).

The qualitative dimension was approached using phenomenology. This is because it afforded the researcher “a wealth and depth of information which is not usually afforded by other methods” (Astalin, 2013). Among the hallmarks of phenomenology, as with any other qualitative design, is its concern with a rich and vivid description and chronological narrative of facts and events relevant to the case (Cohen, Manion, & Morrison, 2013). Not only does it enhance quantitative approaches, it allows for an in-depth appreciation of the phenomenon under investigation from the research participants’ perspective in light of the particular institutional and cultural context – aspects which would be lost if conclusions are drawn based on quantitative methods alone (Palmer & Bolderston, 2018).

Target Population

The study targeted all pregnant and teenage mother students in public secondary schools, teacher counselors and parents in Kajiado North and Kajiado west sub- Counties. The total number of public secondary schools in the two sub counties in Kajiado County stands at 22 secondary schools (CEO, 2020). According to the records at the county education office the girls who were reported to be pregnant in the year 2021 were 298 girls (Kurgat Marindany, 2021). Therefore, the target population was 298 students, 22 parents and 22 teacher counselor from the 22 public schools. Research used targeted group of participants in public secondary schools because it would be difficult to find these teenagers at home because some may have gone too far schools while others may have been married.

Sampling Procedures and Sample Size

In order to obtain a representative sample, different techniques were used.

The students from the sub county selected were selected using census technique because the study was only targeting the teenagers who are mothers or the pregnant one. A census is an attempt to gather information about every member of some group, called the population (Singh, and Masuku, 2014). This means all the participants in the two sub counties were used.

The parents were purposively sampled. The sample size of parents and teacher counselors was 30% of their respective target population. Each group consisted of 6 participants. Purposive sampling was used to get 6 parents because of the limited resources and time of getting all the parents. Also, most of the data required was given by the teenagers so a small sample of parents was required to spice up the data from the teenagers.

Table 1

Sampling matrix

Category of Respondents	Target Population	Sample size	Sampling Technique
Students	298	298	Census
Parents	22	6	Systematic
Teacher counsellors	22	6	Automatic inclusion
Total		334	

Data Collection Instruments

The study employed three data collection instruments: general information questionnaire, a modified parenting style four-factor questionnaire (PSFFQ), Focused group guide and interview guide. Primary data was collected through questioning and interviewing respondents. Both self-administered questionnaires and interview guides were used. Close ended questions were used to collect data from 298 students for the quantitative data after which they were again put into groups for discussion.

The Adolescent Clinical Sexual Behaviors Inventory - Self Report (ACSBI) was also an indispensable tool for the study. The screening tool was crafted to allow assessment of sexual related behaviors within diverse clinical populations. The ACSBI has found immense relevance when assessing the sexual interest, sexual risk taking, sexual avoidance and discomfort, and conformity to sexual behaviors. It is a vital tool in devising intervention measures for detrimental behaviors. The tool is based on the Child Sexual Behaviors Inventory (CSBI), which is extensively used in analyzing sexual behaviors among children aged between 2 and 10.

Data Analysis Procedure

Collected data was checked to ensure that it completed, accurate and reasonable. This is to improve on quality through data cleaning and correction of detected errors and omissions. Quantitative data was organized and analyzed depending on the categorization of the research questions using descriptive statistics such as frequency tables, means and standard deviations. Descriptive statistics was used because it details the lived experiences in depth, it is simple to understand and easier to make the results known to a variety of readers (Kothari,2012). Qualitative data was analyzed by arranging responses obtained in the study according to the research questions and objective of the study for content/ thematic analysis (Kothari & Garg, 2019). Thematic analysis (TA) was employed to classify forms of meaning across a dataset that responds to the research question addressed. Statistical Package for Social Science (SPSS) version 24.0 helped analyze collected data and then present in frequencies and percentages and summarize in tables and figures. Correlation analysis was used to test the relationship between variables: Parenting styles and teenage pregnancies.

RESULTS

Demographic Characteristics of the Respondents

Regarding the class of the students, slightly more than a third (38%) of the respondents who took part in the study were in form one, 25.3% of them were from form four, these shows that the majority of the teens who were mothers were from form ones and fours compared to the form threes who made up for 19.5%. Similarly, the number of form twos were low with a percentage of 17.2%.

With reference to the age bracket, less than a third (28.5%) of the students who took part in the study were 16 years old. This was attributed to the age at which most of the participants are either in form three or four and this is usually the age where they have perfected the art of sexual relationships. Only 24.4% of the students were 17 years of age. The least percentage of the age group of students who took part in the study was 9%. The students from this group were of 14 years of age.

Category of school was also another factor that was assessed in this study. It was found that majority (62.4%) of the students in the quantitative aspect of the research study were from mixed day.

With Regards to the person (s) the students stayed with at home, more than a half (57%) of the students who took part in the study stayed with both parents. Those with single mothers were 23.5%, while those with single fathers were represented by 3.2%.

Regarding the gender distribution of the teachers, there was equal distribution, where 3 teacher councilors were male, while the remaining 3 were female. With reference to the age brackets of teacher councillors, 5 of them were of the age bracket of between 43-45 years. Only 1 of them were above 50 years of age. Regarding the educational background of the respondents, there was an equal distribution of 2 respondents per education level, including 2 from masters, 2 from bachelor's degree and 2 from diploma level. When asked about their years of experience in the field of counseling, 3 of the teacher councillors ranged between 7-10 years of experience, the remaining 3 ranged between 11-15 years.

Regarding the gender distribution of parents/ Guardian who took part in the study, 4 of them were female, while 2 of them were male. When asked about their age bracket, those between the ages of 36-40 years was 1. Those whose age bracket ranged from 41-45 years were 2, while those who were of the age bracket of 46 and above were 3 parents/guardians. Regarding the demographic characteristics of parents/ guardians, the characteristics sought included educational background of the parents, the occupation, whether they had communication with their children and their marital status. About the educational level, 5 parents had attained tertiary education level, while only 1 had attained secondary school educational level. With reference to occupation, 3 of the parents were business men and women, 2 of them, while only 1 was a farmer. Students whose parents were in business were the majority and this could be attributed to the fact that maybe they spent much of the time away from family which contributed to them

being unavailable to guide their children. Regarding communication, discussions about sex amongst parents and their children were scarce and often took place well after their sexual debut.

About their marital status, 1 of the parents was married, 2 divorced, 2 single and only 1 widowed.

Strategies for Preventing Risky Sexual Behaviors and Teenage Pregnancies among Teenage Mothers in Public Secondary Schools

Students' response on strategies for preventing risky sexual behaviors among students

The study sought to examine strategies for preventing sexual behaviors and teenage pregnancies among teenage mothers in public secondary schools. Table 2 shows students' response on strategies for preventing risky sexual behaviors among students

Table 2

Students' response on strategies for preventing risky sexual behaviors among students

Statement	Not True		Somewhat true		Very true		True	
	f	%	f	%	F	%	F	%
Comprehensive Sex Education programs has not been fully implemented in public secondary schools	112	50.7	79	35.7	29	13.1	1	.5
Access to sexual and reproductive health services, including contraceptives, are very poor in public secondary schools.	98	44.3	59	26.7	64	29.0	-	-
Peer education programs focusing on responsible sexual behavior and pregnancy prevention are often done in our school	141	63.8	35	15.8	45	20.4		
The school curriculum has been including topics related to sexual health, reproductive rights, and family planning in our school	150	67.9	41	18.6	30	13.6	-	-
In our school, counseling services for teenage mothers have been made mandatory to support them in making informed decisions about their sexual health	184	83.3	27	12.2	10	4.5	-	-
Our teachers and school staff normally receive training on addressing issues related to teenage pregnancies and sexual behaviors	126	57.0	50	22.6	45	20.4	-	-
Public awareness campaigns about the consequences of early sexual behaviors and teenage pregnancies should be organized in the community	53	24.0	47	21.3	120	54.3	1	.5
Our school receives resources and funding to support comprehensive sexual health education programs	94	42.5	65	29.4	62	28.1	-	-

According to the responses, 50.7% of the participants believe that comprehensive sex education programs have not been fully implemented, while 35.7% somewhat agree with this statement, and 13.1% strongly agree or believe it to be true. Only 0.5% of the participants strongly believe that comprehensive sex education programs have been fully implemented in their schools.

Slightly less than a half (44.3%) of respondents reported that access to sexual and reproductive health services, including contraceptives, is very poor in their schools. Additionally, 26.7% somewhat agree with this statement, and 29.0% believe it not to be true.

The responses indicate that 63.8% of the participants believe that peer education programs focusing on responsible sexual behavior and pregnancy prevention are often conducted in their school. Furthermore, 15.8% somewhat agree with this statement, and 20.4% believe it to be not true.

According to the findings, 67.9% of the participants believe that the school curriculum includes topics related to sexual health, reproductive rights, and family planning. Additionally, 18.6% somewhat agree with this statement, and 13.6% believe it to be not true.

The majority of respondents (83.3%) reported that counseling services for teenage mothers have been made mandatory in their school to support them in making informed decisions about their sexual health. Additionally, 12.2% somewhat agree with this statement, and 4.5% believe it to be not true.

The findings indicate that 57.0% of the participants believe that their teachers and school staff do not receive training on addressing issues related to teenage pregnancies and sexual behaviors. Moreover, 22.6% somewhat agree with this statement, and 20.4% believe it to be true.

According to the responses, 24.0% of the participants believe that public awareness campaigns about the consequences of early sexual behaviors and teenage pregnancies should be organized in the community. Additionally, 21.3% somewhat agree with this statement, 54.3% believe it to be not true.

Nearly a half (42.5%) of respondents reported that their school does not receive sufficient resources and funding to support comprehensive sexual health education programs. Furthermore, 29.4% somewhat agree with this statement, and 28.1% believe it to be not true.

Teachers and Parents Response on strategies for preventing risky sexual behaviors among students

The study sought to find out the strategies that could be helpful in preventing the sexual behaviors that lead to teenage pregnancy among teenage mothers in Kajiado County. Qualitative data was used to collect views on strategies for preventing sexual behaviors and teenage pregnancies among teenage mothers from teachers, parents and students. Participants' responses were as summarized below.

During interview, one of the teachers who participated in the study reported the following in relation to what role schools can play in preventing sexual behaviors and teenage pregnancies among teenage mothers: "Schools act as social vaccine in preventing adolescent sexual and reproductive health (SRH) harms, risky sexual behaviors including pregnancy" (TC1, 2022).

The major role of the school in providing a safeguarding role was comprehensive Sex Education. One of the teachers from the council had the following to say:

Our school provides comprehensive sex education programs that equip our students with accurate information about sexual health, contraceptives, and the consequences of risky sexual behaviors. This education provides empowerment to students and enables them make informed decisions, reducing the likelihood of unintended pregnancies and sexually transmitted infections (TC1, 2022).

Another teacher counselor had the following to say:

We collaborate with community organizations and healthcare providers to ensure that teenage mothers have access to comprehensive support services, including counseling, parenting programs, and healthcare resources (TC3, 2022).

Girls' experiences of sex education in school were largely limited to moral and religious admonitions to abstain from sex. Some had not received any form of sex education. Others had received some semblance of sex education (at least with the inclusion of condom use), but either this had taken place after they had become pregnant or they had had no access to condoms. One girl received some sex education from a counseling teacher during the usual counseling sessions. Another role that emerged was that the school offered a supportive environment for teenage mothers. During an interview with the teachers, the following was brought up by one of them

Our school strives to create a supportive environment for teenage mothers by providing resources, counseling services, and flexible educational programs that accommodate their unique needs (TC2, 2022).

TC4 also had the following to say:

Teachers and staff are trained to be understanding and sensitive to the challenges faced by teenage mothers. We provide them with guidance,

encouragement, and resources to help them navigate their educational journey while balancing their parenting responsibilities (TC4, 2022).

Another teacher had the following to say

Our school encourages open dialogue about sexual and reproductive health, creating a safe space for teenage mothers to ask questions, seek guidance, and access the necessary support they need (TC6, 2022).

While the school played a critical role in provision of conducive environment for the teenage mothers, some parents and students felt that the environment in which they/their children studied was not conducive and ideal for their children. In the discussion, one of the parents had the following to say:

.... if I was having a good job I would take my daughter to a boarding school at least I protect her from the motorcycle riders who pick and drop her to the school. Day school is a bad influence because girls are never monitored when going to school and coming back in the evening (Parent 6)

The view was also observed by one of the students from the FGD who had the following to say:

If my mother had enough money I know I would not be in a day school and for sure there are some friends I would not be keeping. I know she would buy me good clothes and provide all that I need (FGD)

When asked about their views on access to resources, one of the teachers had the following to say:

Teachers and staff are trained to be understanding and sensitive to the challenges faced by teenage mothers. We provide them with guidance, encouragement, and resources to help them navigate their educational journey while balancing their parenting responsibilities (TC3, 2022).

Further, one of the teachers had the following to add

We recognize that each teenage mother has unique circumstances, and we work closely with them to develop personalized educational plans that accommodate their needs while ensuring they receive a quality education (TC1, 2022)

On peer pressure and peer education, some teachers had different views. Teacher 3 had the following to say:

Peer support is essential for teenage mothers, and we facilitate the formation of support networks where they can connect with other students who understand their experiences and provide emotional support (TC3, 2022).

Majority of the teenage mothers said that they had a lot of pressure to have a boyfriend and that since everybody in class had a boyfriend. Others believed that they could use their menstrual cycle to prevent pregnancy since some said it is practically impossible not having a boyfriend since it is the current trend. However, they had very limited knowledge about their menstrual cycle and its use in pregnancy prevention.

On access to contraception and reproductive healthcare, the respondents had an idea on the availability but lacked information on the usage. Most of the teenage mothers indicated that they had heard about condoms before their pregnancies. Most mentioned that condoms could protect against pregnancy and diseases. However, whether they knew how to use condoms was much less clear – while one girl clearly claimed she knew how to use condoms, others seemed to have no idea. Some of the young women seemed only to have heard about condoms without any clear picture of what they looked like. One girl did not even know that one can get pregnant without using condoms. Even though some young women stated that they knew about family planning, it seemed they had either only heard of ‘family planning’ or knew about it in a very general way. Most of the young women’s knowledge of family planning methods was limited to injectable methods.

When asked about their views on media literacy, one of the parents had the following to say:

By developing media literacy skills, teenage mothers can critically analyze and interpret the messages conveyed by the media, discern fact from fiction, and make informed choices that align with their values and aspirations. Media literacy empowers them to challenge stereotypes, cultivate positive body image, understand healthy relationships and consent, access reliable information, and create their own media narratives (TP4, 2022).

TP3 also had the following to say:

By integrating media literacy education into their support systems, teenage mothers can develop the skills necessary to navigate the complex landscape of media representations of sexuality. This can help them make informed decisions, challenge societal norms, and develop a positive and empowered understanding of their own sexuality (TP3, 2022).

TP6 also had the following to say

Media literacy has been enabling my daughter to recognize and critique portrayals of consent and healthy relationships in the media. Through this, she has been able to develop a healthier understanding of what constitutes healthy, consensual relationships, and discern between real-life dynamics and potentially harmful or unrealistic media representations (TP6, 2022).

DISCUSSION

Schools play a crucial role in safeguarding and addressing sexual behaviors among teenage mothers. As educational institutions, schools have the opportunity to provide comprehensive sex education, create a supportive environment, and offer resources and support services that can help prevent and address sexual behaviors and teenage pregnancies among teenage mothers. Schools can foster a supportive environment where students feel comfortable discussing sexual health matters and seeking guidance. To add on the study findings, a study by Allen and White (2013) indicated that positive teacher-student relationships played a crucial role in supporting teenage mothers. Teachers who demonstrated understanding, empathy, and provided individualized support were more likely to foster engagement, motivation, and academic success among teenage mothers. Research by Ream, Bere, and Blackburn (2012) also emphasized the importance of emotional support and mental health services for teenage mothers. Schools that offered counseling, mental health resources, and a safe space for sharing experiences reported improvements in mental well-being, reduced stress levels, and enhanced coping strategies among teenage mothers.

Comprehensive sex education programs implemented in schools are an effective strategy for promoting healthy sexual behaviors and reducing the incidence of teenage pregnancies. These programs provide accurate information on reproductive health, contraception, STIs, and healthy relationships (Jemmott et al., 2019). By equipping students with knowledge and skills, comprehensive sex education empowers them to make informed decisions about their sexual health and engage in responsible behaviors. Schools should ensure that sex education curricula are evidence-based, inclusive, and address the specific needs of teenage mothers. Additionally, school-based programs should focus on building skills such as communication, negotiation, and assertiveness, which can help teenage mothers make informed choices about their sexual and reproductive health (Kirby et al., 2007). Moreover, schools can create a supportive environment that promotes positive sexual health behaviors and reduces the risk of teenage pregnancies. This can be achieved through the development of policies and practices that foster a safe and inclusive atmosphere. Schools should establish clear guidelines on respectful relationships, consent, and non-discrimination, promoting a culture of respect and gender equality. Creating a safe space for open dialogue and discussions about sexual health can help teenage mothers feel comfortable seeking information, guidance, and support from trusted adults within the school community (Gavin et al., 2010). Schools can also establish peer support networks or mentoring programs to provide additional emotional support and guidance for teenage mothers.

In addition to promoting healthy sexual behaviors, schools can offer targeted support services for teenage mothers. This may include access to reproductive health services, counseling, and referrals to community resources. School nurses or counselors can play a vital role in providing confidential support, addressing the specific needs and concerns of teenage mothers, and connecting them with appropriate services. By offering comprehensive support, schools can help teenage mothers navigate the challenges they may face, including balancing education and parenting responsibilities (Sadowski et al., 2010). Supportive measures such as flexible school

schedules, childcare facilities, and access to parenting classes can also help teenage mothers continue their education and improve their overall well-being.

It is important to note that schools should collaborate with parents, community organizations, and healthcare providers to ensure a comprehensive and coordinated approach to safeguarding against sexual behaviors among teenage mothers. By working together, these stakeholders can provide consistent messaging, reinforce protective factors, and address the underlying factors that contribute to sexual behaviors and teenage pregnancies.

From the qualitative data collected, the student mothers said using condoms was the way to control pregnancy because majority stated that staying without a boyfriend is practically impossible. Some had used condoms before, but such usage was irregular. Reasons mentioned for not using or inconsistently using condoms included the non-availability of condoms at the point of need, being confused at the point of sexual intercourse, being unaware that the boy was not using condoms, being unable to negotiate condom use, the boy promising to marry them or the girl wanting to marry the boy, or 'it just happened'. Some of the young women cited the boy complaining about not getting enough feeling with condoms, needing to prove fertility after an STI infection, the 'need to have a child for her father', or trust in the partner as reasons for not using condoms resulting in pregnancies. None of them had been using other family planning methods. So, they advocated for the use of condoms to stop pregnancy.

In Ghana, Hindin, McGough, and Adanu (2014) reported similar barriers to condom use, including shyness in buying contraceptives, the cost of contraceptives, and non-youth friendly health services being barriers to access.

Youth in schools therefore need to be taught skills that make it possible for them to earn a comfortable living outside the sex trade. They should be encouraged to conduct themselves with dignity by seeking alternative means to earn a living rather than reducing themselves to sex objects, (Wanyonyi, 2014). One of the students from the FGD added the following to beef up what had been said.

Some young women also had a perception that family planning would lead to infertility and therefore were not positive about it. Some girls did not consider abortion as a good option for their pregnancy. Various reasons for this were given, including the fear of destruction of the womb or death: After going through pregnancy and childbearing, some young women did not want to get pregnant again, some indicated that sex was no longer important to them because of the painful first-time sex experience, pregnancy having led to their dropping out of school, and embarrassing negative beliefs associated with sex. Concerning normative beliefs towards teenage sex in general, several young women shared their perception of how important others in their lives expected them to behave sexually; for example, mothers or teachers expecting them to abstain from (Krug, Mevissen, Munkel, & Ruiter, 2017).

Regular assess the effectiveness of prevention programs and interventions through monitoring and evaluation are also recommended. this is done through data collection on teenage pregnancy rates, sexual behaviors, and the impact of interventions to identify areas for improvement and inform future strategies. While these strategies have shown promise in preventing sexual

behaviors and teenage pregnancies among teenage mothers, it's important to note that the effectiveness may vary depending on cultural and contextual factors. Ongoing research and evaluation are crucial to identifying the most effective interventions for this population.

CONCLUSIONS

Preventing sexual behaviors and teenage pregnancies among teenage mothers necessitates a comprehensive approach that encompasses comprehensive sex education, access to contraception, parental involvement, peer support, empowerment, addressing gender inequality, and collaborative partnerships. Implementing evidence-based strategies within a supportive environment can empower teenage mothers, reduce the risk of subsequent pregnancies, and promote the well-being of both mothers and children. By prioritizing these strategies, societies can strive towards a future where teenage pregnancies become a rarity, enabling young girls to thrive and reach their full potential.

REFERENCES

- Astalin, (2013). Parenting Skills, Family Functioning and associated maternal risk factors in sub-Saharan Africa: a multi-country analysis.
- Centers for Disease Control and Prevention (CDC). (2021). Reproductive Health: Teen Pregnancy. Retrieved from: <https://www.cdc.gov/teenpregnancy/about/index.htm>
- Chandra-Mouli, V., et al. (2017). A never-before opportunity to strengthen investment and action on adolescent contraception, and what we must do to make full use of it. *Reproductive Health*, 14(1), 85.
- Doyle, A. M., et al. (2018). Engendering healthy masculinities to reduce sexual risk and gender-based violence in Ethiopia: Findings from a cluster-randomized controlled trial. *Reproductive Health*, 15(1), 2.
- Gavin, L., et al. (2010). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR Recommendations and Reports*, 59(RR-4), 1-50.
- Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1 Suppl), S15-S21.
- Mason-Jones, A. J., et al. (2016). School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. *Cochrane Database of Systematic Reviews*, 11, CD006417.
- Miller, K. S., et al. (2019). Communication with parents about sexual health among US adolescents aged 15-19: 2012-2017. *JAMA Pediatrics*, 173(1), 87-94.

-
- Organisation for Economic Co-operation and Development (OECD). (2021). Teenage mothers. Retrieved from: <https://data.oecd.org/pop/fertility-rates.htm>
- Oringanje, C., et al. (2016). Interventions for preventing unintended pregnancies among adolescents. *Cochrane Database of Systematic Reviews*, 2, CD005215.
- Santelli, J. S., et al. (2017). Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use. *American Journal of Public Health*, 107(2), 232-238.
- Sieving, R. E., et al. (2017). Associations between parent-child communication about sex and subsequent sexual risk behaviors among urban minority youth: A longitudinal study. *Journal of Adolescent Health*, 61(2), 180-186.
- UNFPA. (2020). *Motherhood in childhood: Facing the challenge of adolescent pregnancy*.
- United Nations Population Fund (UNFPA). (2020). *Motherhood in childhood: Facing the challenge of adolescent pregnancy*.
- Wellings, K., et al. (2016). The prevalence of unplanned pregnancy and associated factors in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Lancet*, 388(10047), 1803-1812.
- World Health Organization (WHO). (2021). *Adolescent pregnancy*.