Re-enrolment and retention of adolescent mothers in Kenya

Background
Wasimah Witu Waiwai. Let our girls succeed in a DFID-funded project insight ASAL, sord and seminland counties in Kenya to work on enabling 64,500 girls to complete their current phase of education, achieve improved learning outcomes and transition to a positive next phase.

Wasimah Witu Waiwai (WWI)Wondo its predecessor programme, Wasimah Witu Waiwai (Wasimah Rite Waamoei) (Let our girls team), apply a holistic approach to behaviour change to overcome the complex barriers to girls’ education. The Theory of Change works to drive change in four dimensions—the girl herself, the girl at home, the girl in the school and the girl in the community. The programme is bridged with three pathways: pathway one focuses on transition from primary to secondary school; pathway two focuses on transition for primary and out-of-school girls into alternative pathways like TVET (Technical and Vocational Education and Training); and pathway three on an on one-out of-school girls into the school system.

Simplified Theory of Change Diagram

Findings
Adolescent mothers in the study experience complex and interacting vulnerabilities. Mothers described living in poverty, circumstances of parental neglect, lack of sexual and reproductive knowledge, and involvement in transactional sexual relationships, both intergenerational and with elder peers at school. Practices such as female genital mutilation (FGM), beading and disco hallucinations were described as increasing girls’ vulnerability to early pregnancy in certain counties.

Girl herself
• Girls showed determination, resilience and hope
• Girls drove the decision to enrol in school
• Girls wanted to return to and stay in school in order to provide a better life for their child. Aspirations included career training, nursing, and the police service, while some wished to join technical training institutions to pursue professional courses like hairdressing and tailoring.
• I want to work hard in school so that I can prosper in life. If I pass Kenya Certified of Primary Education, I am sure of finding a good boarding secondary school and later join university. This will enable me to get a job and be able to take care of my family and myself. (Adolescent mother interview, Samuru County.)

• I made the decision to go back to school and Grandma supported me. (viewed going back to school at the only way I would be able to take care of myself and the baby in the future. I hope to get a job and support my parents in everything they need) (Adolescent mother interview, Turkana County).

Girl in the household
Mothers were the main source of support—the childcare provided by mothers was vital to enabling girls to return to school. Mothers interviewed for this study spoke about watching after the child, even where this had negative impacts on their own earning capacity. Girls talked about their future careers or education being disappointed when told that they were pregnant but becoming more supportive over time.

My mother was disappointed but later accepted my situation and she never abandoned me. She continuously advised me to take heart and regroup with my education. She promised to look after baby to allow me go back to school (Adolescent mother interview, Tana River).

Girl in the school
Almost all school level respondents were aware of Kenya’s re-entry policies, but none of the schools visited had a copy of the policy and there were some confusion around how long a pregnant girl should stay in school.

All the schools had visited taken actions to support re-entry and retention.

• Headteachers and teachers with responsibility for child rights clubs supported and encouraged girls to return to school. In some cases, school representatives made visits to a girl’s home to encourage her to return to school.

• Of the 8 schools visited, schools had arrangements that allowed girls to breastfeed during the school day.

• Schools positively associated the provision of kits containing items like uniform, soap and sanitary towels with girls’ re-enrollment and attendance.

• Inreach school visited, the success of adolescent mothers was down to an individual member of staff acting as a champion.

• It was the initiative of the deputy teacher that Margaret came back to school. He counselled the girl and encouraged her to return to school after delivery. When she gave birth, he personally visited the home and talked to the parents to support her return to school (Headteacher interview, Tana River).

• I had been told about the plight of that teen mother and so one day when she came to school to fetch water I convinced her to return to school. The said girl does not pay anything. She even enjoy the low cost boarding facilities free of charge. (Headteacher interview, Turkana County.)

Policy environment
• Girls’ school re-entry policy was passed in 1994, with implementation guidelines published in 1998. The policy states that pregnant girls should be allowed to stay in school as long as possible and allowed to return to school after childbirth, with the optional re-enrolment at a different school.
• National School Health Policy, passed in 2009, states that pregnant girls should be able to continue their studies as long as possible and that school should provide facilities for nursing mothers.
• In 2015, Kenya developed a National Adolescent Sexual Reproductive Health Policy. The implementation guidelines include a range of measures to tackle teenage pregnancy including the provision of age-appropriate Comprehensive Sexuality Education.

References:

Outputs
Schools and teachers and school leaders in primary and secondary schools are trained to improve knowledge and understanding of gender equality and inclusive education approaches.

Intermediate outcomes
Schools become alternative pathways. Enroll girls into alternative pathways. Increase drop-out rates between Classes 5 and 6.

Outcomes
65% of married girls across all counties demonstrate improved social, economic, and educational capabilities leading to graded empowerment.

Impact
Girls are able to progress through high school TRANSITIONING into educational settings

Adolescent pregnancy in Kenya

Data from Kenya’s 2014 DHS survey shows that almost one quarter of women had given birth by the age of 18 and nearly half by the age of 20. The table below shows the breakdown of this data for study counties:

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage of women aged 15 to 19 who have ever had a live birth</th>
<th>Percentage of women aged 15 to 19 who are pregnant with their first child</th>
<th>Percentage of women aged 15 to 19 who have begun coniving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tana River</td>
<td>20.4</td>
<td>7.8</td>
<td>28.2</td>
</tr>
<tr>
<td>Turkana</td>
<td>17.6</td>
<td>2.6</td>
<td>20.2</td>
</tr>
<tr>
<td>Samburu</td>
<td>19.7</td>
<td>6.0</td>
<td>25.7</td>
</tr>
<tr>
<td>Kitui</td>
<td>38.6</td>
<td>5.0</td>
<td>25.8</td>
</tr>
</tbody>
</table>

Adolescent mothers are among the most marginalized groups globally. In Kenya, it is estimated that 18% of girls who have been pregnant drop out of school, with few girls re-enrolling in formal education. Recent international research has found that many girls, including teen mothers, have experienced repeated drop-out and re-enrolment. Much of the available research focuses on programming to delay or prevent pregnancy, as far as we are aware, no research in Kenya looks at the specific needs of adolescent mothers to re-enroll in school or enter an alternative pathway.

Programm demographic implications

There is a strong need for holistic programming to support adolescent mothers to return to and stay in school.

• Counselling and guidance: girls face significant challenges, pressure and social stigma on return to school. Increased counselling training for teachers can help tackle obstacles and maintain motivation and helps girls to map out and weather their aspirations for the future.

• Child care: adolescent mothers consistently identified childcare are provided by family members as essential for them to return to school. Quality early years programming or support for mothers to care for babies in the school compound would provide additional support for families.

• Economic support: many of the mothers in the study faced financial strain in returning to school, and a loss of work income for both themselves and parents providing childcare. In WW’s, targeted cash and in-kind support such as back-to-school kits has been effective in supporting girls’ school attendance.

• Academic support: supporting girls to catch up with their peers are adjusted to a formal education environment can support attendance. Schools that are able to offer arrangements for breather or alternative schedules, accommodation or childcare could also support girls’ re-enrollment and attendance.

• Access to alternative pathways: returning to primary school or the formal education system might not be the best path for all girls.

• Access to high-quality relevant vocational training can provide a faster and more sustainable route to a livelihood amongst adolescents, girls, and communities.

All the policy level we found that schools were aware of Kenyan re-entry policy but implementation varied extensively between schools. Wider dissemination, case guidance and baseline data is how to implement the policy would help standardize practice and raise awareness amongst girls, schools, and communities.

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