

**COUNSELLING TYPES AND THEIR EFFECTIVENESS IN
MANAGEMENT OF TEENAGE PREGNANCIES IN SECONDARY
SCHOOLS**

Rhoda Akinyi Muga

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UNIVERSITY OF SCIENCE & TECHNOLOGY**

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DECLARATION & APPROVAL

DECLARATION BY THE STUDENT

I hereby declare that this thesis is my own original work and not a duplication of similar written or published work by any other scholar for academic or partial requirement of any university.

Signature: _____ **Date:** _____

Name: Rhoda Muga Student NO: ED/PGS/4230/11

APPROVAL BY UNIVERSITY SUPERVISORS

This research proposal has been submitted for examination with our approval as university supervisors.

Signature: _____ **Date:** _____

Name: Prof. Pamela Raburu

Department of Psychology & Educational Foundations,
School of Education, Humanities and Social Sciences
Jaramogi Oginga Odinga University of Science & Technology

Signature: _____ **Date:** _____

Name: Dr. Benson Charles Odongo

Department of Special Needs & Early Childhood Education,
School of Education, Humanities and Social Sciences
Jaramogi Oginga Odinga University of Science & Technology

DEDICATION

Mama, the journey was long and you dropped along the way but the first thing I will tell you when we finally get to meet is, 'I ran the race, I fought the fight and we WON!'

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I wish to thank God the almighty for giving me good health, wisdom and protection during this exercise. I appreciate and acknowledge with profound gratitude my supervisors; Prof. Pamela Raburu and Dr. Benson Charles Odongo for their tireless supervision, advice, great patience and encouragement during the exercise. I will forever be indebted. Thank you for your professional support and input.

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ABSTRACT

The role of Guidance and Counselling in making informed choices cannot be overemphasized. Although institutional-based Guidance and Counselling was introduced to equip learners with the skills of making informed decisions so as to reduce risky sexual behaviours and teenage pregnancies, the numbers of teenage pregnancies are on the rise in Siaya county especially Ugenya Sub County in Kenya. The aim of this study was to investigate the counselling types and their effectiveness in management of teenage pregnancy among girls in secondary schools in Ugenya Sub-County of Kenya. The study's objectives were: To assess the effectiveness of peer counselling in management of teenage pregnancy among girls, to establish the effectiveness of group counselling in management of teenage pregnancy, to assess the effectiveness of individual counselling in management of teenage pregnancy; and to examine the effectiveness of expert counselling in management of teenage pregnancy. The study utilized a Concurrent Triangulation Design within the Mixed Methods Approach. Rational Emotive Behaviour Therapy Theory informed the study. Purposive sampling technique was used to sample 30 Principals and Teacher Counsellors. Kerlinger formula was also employed to determine and select 347 teenage girls in Form 2 and 3 to participate in the study, while 50 peer counsellors were selected to participate in the study using stratified random sampling. Data for the study was collected using questionnaires, structured interview schedules and Focus Group Discussions. Ethical clearance was sought from the ethical review board of the Jaramogi Oginga Odinga University of Science and Technology and the institutions where the data was collected. Reliability of the instruments was ascertained through a pilot study of 10% of the population that did not take part in the study. The Cronbach's Alpha was used to calculate internal consistency. Data collected from the questionnaires was edited, coded and analysed using inferential statistics such as Pearson Correlation and Regression Analysis in SPSS version 26 while. Thematic Analysis was used to analyse qualitative data. The findings indicated that there was a strong and positive correlation ($r = .675$) between peer counselling and the management of teenage pregnancy at $p < 0.05$; an average and positive correlation ($r = .512$) between group counselling and the management of teenage pregnancy at $p < 0.05$; a strong and positive correlation ($r = .634$) between individual counselling and the management of teenage pregnancy at $p < 0.05$, and finally, a strong and positive correlation ($r = .628$) between expert counselling and the management of teenage pregnancy at $p < 0.05$. Peer counselling, therefore stands out as being more effective as compared to group, individual and expert counselling in the management of teenage pregnancy in secondary schools. The Ministry of Education should emphasize more diverse training of guidance and counselling teachers on varied therapies for them to be effective in schools. The policy makers in education should also come up with various training programs meant for peer counsellors to assist in therapy programmes in their respective secondary schools, since students preferred seeking counselling services from their peer counsellors.

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LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
ASRH	Adolescent Sexual Reproductive Health
BCRTF	Bridge Centres under Righting the Future
BPS	Board of Postgraduate Studies
CDC	Centre for Disease Control and Prevention
COPD	Chronic Obstructive Pulmonary Disease
CSA	Centre for the Study of Adolescents
EFA	Education for All
EFL	English as a Foreign Language
G&C	Guidance & Counselling
GES	Ghana Education Service
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
JOOUST	Jaramogi Oginga Odinga University of Science and Technology
KAP	Knowledge, Attitude and Practice
KDHS	Kenya Demographic Health Survey
KIE	Kenya Institute of Education
LVCT	Liverpool Care and Treatment
MOE	Ministry of Education
NACOSTI	National Commission for Science Technology and Innovation
NCPD	National Council of Population Department
NCPTP	National Campaign to Prevent Teen and Unplanned Pregnancy
NGOs	Non-Governmental Organisations
PA	Physical Activity

PBC	Process of Behaviour Change
PCEA	Presbyterian Church of East Africa
QUAL	Qualitative
QUAN	Quantitative
RCTs	Randomized Controlled Trials
REBT	Rational Emotive Behaviour Therapy
RTF	Righting the Future
STI	Sexually Transmitted Infections
TASO	The AIDS Support Organization
TPB	Theory of Planned Behaviour
TSC	Teachers Service Commission
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children Education Fund
USA	United States of America
W.H.O	World Health Organizations
YFRHS	Youth-Friendly Reproductive Health Services

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In schools, guidance and counseling are often seen as helpful in assisting students to solve their difficulties. According to the United Nations Educational, Scientific, and Cultural Organizations (UNESCO) 2021 Report, the worldwide trend in giving advice and counseling has shifted from a casework and remedial strategy to a preventative, developmental approach. According to Kost, Henshaw, and Carlin (2017), the school counselling profession in the United States originated as a vocational guidance movement at the beginning of the 20th century, when a systematic school guidance program was devised and made available to schools. Personal, social, and emotional changes are emphasized by the vocational guidance movement in order to build and enhance students' character and prevent behavioral disorders. In Japan, the objective of high school guidance counselling services is to assist each student in developing self-awareness, decision-making, life planning, and action-taking skills in order to adapt socially and emotionally (Shoffner, & Williamson, 2018). The notion of guidance and counseling has been accepted throughout Africa. Education policymakers in Kenya have endorsed a whole school approach to guidance and counselling as a model of excellent practice for assisting learners and students with diverse challenges (Osodo, et al., 2016). These include emotional and psychological disturbances, career decisions and growth, family concerns, and alternatives to corporal punishment.

The Basic Education Act (2013) defines guidance and counseling as the process of identifying and meeting the developmental needs of students through public lectures, peer counseling, group counseling, and individual counseling (Kilonzo, 2017). Similarly, Nyaga (2018) asserts that individual, group, and peer counseling services are routinely provided to secondary school students. Individual counselling is a process in which a professional

counsellor and a client build an interactive connection that enhances the client's self-awareness and enables him or her to effectively handle his or her own situational challenges. Group therapy may be characterized as a dynamic interaction between individuals for the aim of preventing or resolving problems or fostering personal growth via the interaction of those who meet for a predetermined purpose and period. Peer counselling, on the other hand, is the procedure whereby exemplary students are taught in counselling in order to provide services to their peers (Hossain & Faisal, 2018).

Teenage pregnancy is a universal phenomenon and a public health and social economic challenge affecting millions of school-going girls worldwide. Attention on teenage pregnancy has significantly increased among researchers, educationists, public health experts and policy makers in the past two or so decades (Odimegwu, Amoo, and De Wet, 2018). It is an area of concern by the fact that teenage pregnancy reflects a pattern of sexual activity that puts teenagers both at risk of pregnancy and infection by Sexually Transmitted Infections (STIs) including the Human Immunodeficiency Virus (HIV). This includes religious circles where teenage pregnancy has been identified as a societal and moral problem that needs to be dealt with (Albert, Chein, & Steinberg 2018). Birungi (2017) asserts that this concern is attributable to the worldwide studies that indicate that annually, as many as 50% of adolescent mothers ages 15 to 17 are usually forced to drop out of high school and do not return.

According to World Health Organization (WHO, 2020), teenage pregnancy refers to incidences of unintended pregnancies occurring to girls aged between 13 and 19 years. as United Nations Children Education Fund (UNICEF, 2019) observes, the vice is universally common with as many as 13 million births being reported annually to girls in this age bracket in both high and low-income states. Interestingly, Hossain, and Faisal, (2018) emphasises that

the sub Saharan Africa has the highest incidence in teenage pregnancy as it is responsible for more than 90% of all the reported annual teenage global births.

Globally, teenage pregnancy has remained persistent due to various contributing factors, which also impacts negatively on the life of the teenagers involved. According to the National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTP, 2020), reduction of pregnancies among adolescent females is listed by the Centre for Disease Control and Prevention (CDC) as a critical health objective for adolescents. Although many gains have been made since the programme was initiated, the US still has one of the highest pregnancy rates compared to other industrialized nations. Kost, Henshaw and Carlin (2017) suggest after 15 years of steady decline, teen birth rates are now on the rise once again and it is conservatively estimated that births to teen parents cost taxpayers in the US approximately \$9.1 billion annually in health care, foster care, incarcerations of children of teen parents and public assistance. Although many disadvantages may exist before a teenage pregnancy occurs, factors such as school failure, single parenthood, and poverty are compounded and perpetuated in families with teenage parents (Nichols, Javdani, Rodriguez, Emerson, & Donenberg, 2016).

In South Africa, teenage pregnancy has become a focus of discussion partly because of an unfolding longitudinal case that involves school policy on pregnant learners. Ralph, Foster, Barar & Rocca, (2020) also explains that a teenage pregnancy victim may have unwillingly become pregnant after being coerced into sex by means of physical force, economic background or peer pressure. The father may be a schoolboy, a teacher, a “sugar daddy” (a man engaging in sexual relationships with his daughter’s agemate) or even a close relative. The question is what the premature pregnancy will mean for the victim’s future because such pregnancies change a teenager’s life forever and mostly negative in a negative way. Tsebe

(2010) also documents that becoming a parent is a leading cause of dropping out of school among girls in South Africa and as posited by Runhare and Vandeyar (2012), teenagers who become pregnant are more likely to drop out of school and become pregnant again. Malahlela (2012) goes on to postulate that teenage pregnancy affects the emotional behaviour of the teenagers and economic deprivation, sex inequalities and mobility, including social disruption, are all important outcomes of teenage pregnancy that victims are constantly forced to endure. However, studies by Tsebe (2010), Runhare and Vandeyar (2012) and Malahlela (2012) only highlights effects of teenage pregnancies on education and emotional strength of a child but not how counselling types are effective in managing the pregnancies. Therefore, it would be important to assess the effectiveness of counselling types in management of teenage pregnancies in secondary schools.

A study by Odimegwu, Amoo and De Wet (2018) in all nine South African provinces also reveals that as many as 80% of teenage pregnancy victims end up living in poverty and children born to them have more health and school problems and are at a greater risk of falling victim to abuse and neglect. Societal factors that facilitate the spread of HIV and STI are also well documented amongst teenage pregnancy victims in the Republic of South Africa (Yakubu, and Salisu, 2018).

Kenya has a population of slightly over 40 million (Benyawa, 2013). Out of which, 42% are under 14 years, 55.2% is between 15 and 64 years while 2.6% are over 65 years old. These statistics clearly show that the percentage of the population under the age of fourteen is undeniably large. According to the United Nations Population Fund (2019) nearly 378,400 adolescent girls in Kenya aged between 10 and 19 years became pregnant between July 2016 and June 2017. A total of 28,932 girls aged between 10 and 14 years were impregnated, while 349,465 girls were between 15 to 19 years. Another study by United Nations Educational,

Scientific and Cultural Organization (2021) indicates an upward trend in cases of teenage pregnancy in Kenya as shown in table 1.

Table 1 2015 to 2020 Trends in Teenage Pregnancy in Ages 15 to 19 in Kenya

Age	2015	2016	2017	2018	2019	2020
15	1.0	1.7	3.4	2.4	2.6	5.0
16	8.2	4.3	3.1	5.3	6.0	18.6
17	13.0	14.1	10.5	12.0	19.1	21.4
18	21.6	26.2	27.7	30.4	33.2	44.7
19	30.0	39.5	39.5	39.4	38.1	48.6
National % Av.	14.8	17.2	16.8	17.9	19.8	27.7

Source: UNESCO (2021)

Table 1 shows trends of teenage pregnancy with respect to age from 15 to 19, from 2015 to 2020. The trends are illustrated in terms of percentages of teenage mothers. The table shows that the national average of teenage pregnancies increased from 14.8% in 2015 to 17.9% in 2020. In 2020, the percentage of teenage pregnancy shot up significantly due to Covid-19 pandemic that forced all the learners to be out of school at its onset. For instance, in Siaya County in which Ugenya Sub-County is part of, almost 5,000 girls below the age of 18 years fell pregnant in a span of 3 months, compared to 2100 the previous year (UNESCO, 2021).

A study by Taffa and Matthews (2011) shows that teenage pregnancy and subsequent dropouts is one of the most significant challenges to attaining the Education for All (EFA) goals and the achievement of education for girls in Kenya. As a result, these girls lose their already low opportunity of continuing their education and being gainfully employed when unable to return to school and eventually (N'Tonjira, 2016). The rampant dropout situation also causes financial and wastage when the country loses billions of shillings annually in financial, policy and man power investment (Mwangi, 2015). Teenage pregnancies have been

linked to poverty (Moturi, 2018). Many studies have also found that girls in poverty engage in “transactional” sex to meet basic needs while other studies have blamed “absentee parents” or a lack of parental guidance for the spiralling teenage pregnancy situation in the country (UNAIDS, 2018). In another study by Achieng (2015), some people have taken advantage of the naivety and innocence of the girls to push them into risky sexual behaviour that puts them at the risk of getting pregnant. A study undertaken by KDHS (2019) found that Nyanza and Coast have some of the highest numbers of teenage pregnancies in Kenya with an estimated 27% of teenage girls falling pregnant annually. That 90% of these are already in marriage clearly demonstrates that girls in the region are leaving school and being married at very tender ages due to teenage pregnancy. Table 2 is a representation of annual percentage of teenage pregnancies in Kenya.

Table 1: *Annual Percentage of Teen Pregnancies in Kenya*

Province	% of Teenage Pregnancies
Central	16.2
Coast	26.9
Eastern	17.1
Nairobi	10.5
North Eastern	9.8
Nyanza	27.1
Rift Valley	13.0
Western	20.5

Adopted from KDHS, 2018

From Table 2, the latest survey carried by (2019), Nyanza had the highest number of teenage pregnancies at 27.1% followed closely by coast at 26.9%. According to the County government of Siaya under the department of health, teenage pregnancy has increased from 17% (2014) to the current 35% in 2020, which was largely occasioned by the Covid-19 pandemic that forced learners to be out of schools for the better part of the year 2020. For

instance, in Siaya County in which Ugenya Sub-County is part of, almost 5,000 girls below the age of 18 years fell pregnant, compared to 2100 the previous year (UNESCO, 2021).

Similarly, a survey carried out by NCPD (2020) in Siaya County shows regional distribution of teen pregnancy across the sub counties.

Table 2 Percentage of Teen Pregnancies in Siaya County

Sub County	Bondo	Gem	Rarieda	Alego	Ugenya	Ugunja
% of Teenage Pregnancies	4.48	4.32	4.45	4.11	4.90	4.50

Adopted from NCPD, 2020

Table 3 is a representation of trends in the percentage of teenage pregnancies in Siaya County with Ugunja and Ugenya Sub- Counties recording the highest cases of teenage pregnancies at 4.50 and 4.90% respectively.

These statistics support findings by UNESCO (2021) revealing a high prevalence of teenage pregnancy in Ugenya Sub County and indicating that school going teenage girls were at risk of getting pregnant and dropping out of school early. The study cites teenage pregnancy, early marriage, low academic achievement, poverty and indiscipline as factors that caused dropout among boys and girls in secondary schools in Siaya County. Sadly, the study found that more girls dropped out of school than boys. A similar study was carried out by the Ugenya Sub County Education Office in 2021. The study reported incidences of teenage pregnancy across the 23 secondary schools in the Sub County, 1075 such cases having been reported between 2019 and 2020, which signifies an existence of relatively weak management strategies for dealing with teenage pregnancy among school going teenage girls in Ugenya Sub-County. It also implies that school going teenage girls in the Sub County are continuously at risk of getting pregnant and dropping out of school and might develop psychosocial problems due to their unpreparedness to handle the predicament of being a school going teenage mother.

Table 3 Trends in Number of Teen Pregnancies in Ugenya Sub County

Year	2015	2016	2017	2018	2019	2020
Number of teenage	218	242	250	265	400	675

Source: Ugenya Sub County Education Office, 2021

Table 4 is a representation of trends in the prevalence of teenage pregnancies in Ugenya Sub County. It indicates that the number of teenage pregnancies has been slowly but steadily rising from 218 in 2015 to 675 in 2020

As for the government policy on readmission and retention of pregnant school girls to school, a study by Opondo, Raburu and Aloka (2017) on influence of age on adjustment of readmitted teenage mothers in secondary schools Kenya, the study found a significant influence of age on adjustment of pregnant girls who are readmitted to school. The study reports that compared to older readmitted teen mothers, young teen mothers encountered far more difficulties in adjusting to school life on return to school, which reinforces the fact that despite various interventions being undertaken by teachers, parents, the government and other stakeholders to upsurge school enrolment and retention of learners in schools, teenage mothers in Ugenya Sub County were still experiencing stigma and other negative consequences of school readmission. The study recommended strengthening of guidance and counselling departments at the school level so as to offer quality services that may lead to more responsible behaviours. Following these recommendations, the researcher sought to study the effectiveness of counselling types on management of teenage pregnancy in secondary schools in the sub county.

1.2 Problem Statement

Many gains have been made since Guidance and Counselling (G&C) programmes were introduced in secondary schools in Kenya to equip teenage girls with skills for daily living. Policy makers had anticipated that the G&C programmes would help girls to self-regulate

their emotions and behaviour and eventually reduce the incidence of teenage pregnancies and motherhood. However, report by United Nations Population Fund (UNFPA), (2019) shows that Kenya still has one of the highest teenage pregnancy rates in the Sub Saharan region. In Ugenya Sub County, Centre for the Study of Adolescent [CSA] (2018) reports that teenage pregnancy is among the highest three health issues which are drug abuse, teenage pregnancy and STI presently affecting girls in the Sub County. In addition, between 2015 and 2020, some 2040 teenage pregnancy cases were reported in the Sub County and that incidences of teenage pregnancy were still on the rise despite numerous interventions being initiated by schools, parents, the government and other stakeholders to forestall the alarming trend (UNESCO, 2021).

Numerous studies on effectiveness of G&C on students' behaviour have been undertaken, but very few, if any, have been conducted within the context of teenage pregnancies in secondary schools. They have majorly concentrated on a specific counselling type and have been conducted in different geographical locations, including the United States, Nigeria, and Tanzania, rendering the conclusions inapplicable to secondary schools in Kenya. It is against this backdrop that the present study sought to explore the effectiveness of counselling types in management of teenage pregnancies in secondary schools in Ugenya Sub-County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to investigate the counselling types and their effectiveness in the management of teenage pregnancy in secondary schools in Ugenya Sub County, Siaya County, Kenya.

1.4 Specific Objectives

This study was based on the following objectives:

- i. To assess the effectiveness of peer counselling in management of teenage pregnancy in secondary schools.

- ii. To establish the effectiveness of group counselling in management of teenage pregnancy in secondary schools.
- iii. To explore the effectiveness of individual counselling in management of teenage pregnancy in secondary schools.
- iv. To examine the effectiveness of expert counselling in management of teenage pregnancy in secondary schools.

1.5 Research Questions

The following research questions guided the study:

- (1) What is the effectiveness of peer counselling in management of teenage pregnancy in secondary schools?
- (2) How effective is group counselling in management of teenage pregnancy in secondary schools?
- (3) What is the effectiveness of individual counselling in management of teenage pregnancy in secondary schools?
- (4) How effective is expert counselling in management of teenage pregnancy in secondary schools?

1.6 Significance of the Study

To date, few parent-based interventions if any have been developed specifically to support teenagers in order to avert pregnancies. With parents being too busy to give their children quality time and attention for mentorship, and children spending more time in school with teachers the onus of G&C to prevent pregnancy among the teenagers remains with teachers.

Teachers, parents, school quality assurance officers, education planners, curriculum writers, and education administrators may be alerted by the results of this study to the usefulness of G&C programme types in the management of adolescent pregnancy among students. Teacher Counselors may find the findings of this study useful in selecting suitable therapeutic

strategies for students at risk of becoming pregnant. The outcomes of the research may aid principals in identifying relevant administrative steps to implement in response to the identified issue. The outcomes of this study may aid parents in conceiving parenting strategies that effectively prevent adolescents from becoming pregnant.

Learners may also benefit by recognizing the negative impact of adolescent pregnancy and devising strategies to avoid entering the at-risk group. The findings of the study will also give planners at the Ministry of Education with pertinent information to aid in the design and strengthening of policies that protect schools and society against adolescent pregnancy. Civil society may benefit from the findings of this study in their efforts to advocate for the right of girl children to school and reduce gender gaps in education. The findings may serve as a guide for identifying and designing programmes and methods to address and prevent and mitigate the impacts of adolescent pregnancy among learners, as well as a source of information and reference for future research and general reading.

1.7 Scope of the Study

The study was conducted in 30 secondary schools in Ugenya Sub-County, Kenya. It investigate the counselling types and their effectiveness in management of teenage pregnancies in secondary schools in Ugenya Sub-County, Kenya. It in particular focused on the effectiveness of the four counselling forms namely; peer counselling, group counselling, individual counselling and expert counselling in management of teenage pregnancy in secondary schools. The study employed a Concurrent Triangulation Design within the Mixed Methods Approach and adopted the Rational Emotive Behavior Therapy (REBT) by Albert Ellis. The participants of the study included teenage girls in Form 2 and 3, School Principals, Teacher Counsellors and peer counsellors.

1.8 Limitations of the Study

The following limitations were considered when interpreting the findings of this study: First, due to COVID 19 regulations the researcher faced difficulty in getting permission to carry out the study in the schools. This was however addressed by assuring the administration that all the regulations would be strictly adhered to by the researcher. . Second, some respondents were not willing to give correct information due to fear of the consequences if such information was to be known by other people. The researcher explained to them the confidential nature of the study and the fact that the results will be used for academic purposes only. Some data from principals and teacher counsellors had discrepancies and therefore the researcher went back to the field to collect more data for confirmation of the same.

1.9 Assumptions of the Study

The basic assumption of the study were that the selected sample have the capacity to respond effectively on issues pertaining to the effectiveness of the G&C in combating teen pregnancy and other aspects of student's life, learners' understanding of reproductive health information. That all secondary schools in the Sub-County are implementing the guidance and counselling program as recommended by the ministry of education. That the respondents would trust that information would be dealt with confidentially and be free to share what they know. The study also assumed that the sample selected would be representative and hence the findings would be generalized to represent the entire target population. The study further assumed that all respondents would be honest and the information they offered would be relied upon in future studies.

1.10 Theoretical Framework

Albert Ellis created rational emotive behavior therapy (REBT) in 1953 as a method of treatment (Ellis, and Joffe-Ellis, 2011). The theory is a method for identifying illogical ideas and negative thought patterns that may contribute to emotional or behavioral problems. REBT is based on the assumption that most individuals desire to succeed in life. For instance, a person may wish to attain his or her goals and discover happiness. However, occasionally illogical ideas and emotions interfere. These beliefs can affect one's perception of circumstances and events, typically for the worse. Consequently, the REBT tenets are based on three core principles known as the ABCs of REBT, with the A referring to the Activating event or situation that triggers a negative reaction or response, the B referring to the beliefs or irrational thoughts you may have about an event or situation, and the C referring to the consequences, typically the distressing emotions that result from the irrational thoughts or beliefs.

Teenage students in the present study, like many adults, frequently reason irrationally and draw conclusions without sufficient evidence. Students who think irrationally have a tendency to create false assumptions about themselves, others, and situations (Bester, 2014). These erroneous and sometimes irrational inferences lead to beliefs, which in turn lead to damaging emotions and deviant behavior, such as hazardous sexual behavior that results in teenage pregnancy. In a separate research, Ellis found a number of illogical ideas that he feels to be the source of several emotional and behavioral issues among adolescents. The ideas include that everyone should always like and accept you, that issues should be avoided rather than resolved, and that you cannot succeed in life without assistance.

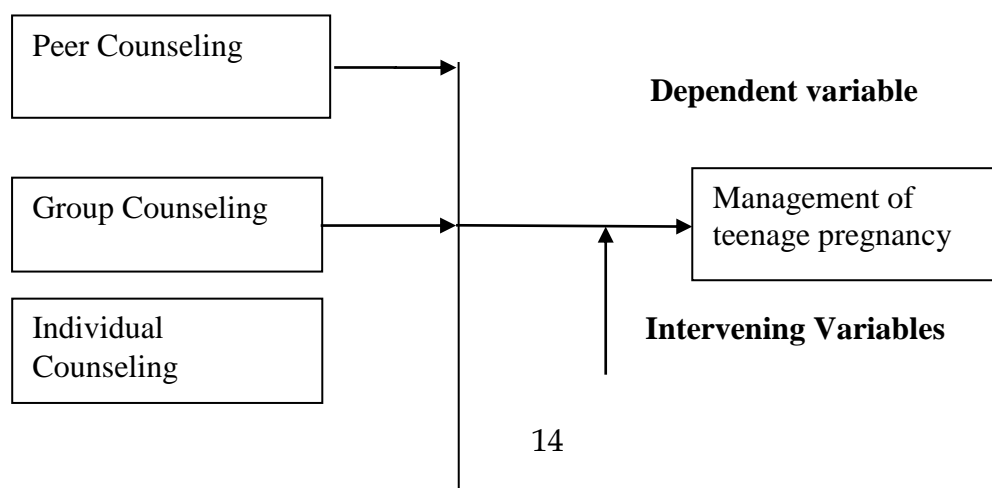
Rationally-Emotionally Behavioral Therapy ideas can be applied into student counseling at various levels (Bernard & Joyce, 2014, Vernon, 2019). In the present study, REBT may be used to illustrate and comprehend students' views, so affecting their logical way of thinking,

if the model concepts are provided at their conceptual level and they are active participants during counselling sessions (Lamarine, 2017). REBT is utilized with adolescents who repeatedly display improper emotional reactions that may cause them to participate in deviant behavior, such as engaging in early, intense, and prolonged coitus (Bernard & Joyce, 2014). Ellis and Bernard (1983) explained that the purpose of REBT in counseling is to help clients, who in the present study are adolescent girls, take control of their emotions through rational thought and problem solving, which ultimately prevents them from engaging in risky sexual behavior due to irrational beliefs. This can be done through counseling sessions in which clients learn to recognize and express their emotions, distinguish between their ideas and feelings, and practice reasonable self-statements and beliefs. On addition, during these counseling sessions, the adolescent female students are instructed in the ABCs of REBT, the distinctions between logical and irrational views, and disputation. Consequently, the adolescents will form conclusions or make logical judgments that will assist them in avoiding participating in hazardous sexual behavior, thereby controlling adolescent pregnancies, making REBT an appropriate theory for the current study.

1.11 Conceptual Framework

A conceptual framework is a diagrammatical illustration of possible courses of action or idea or thought, indicating how they relate (Kothari, 2008). The variables are summarized in Figure 1.

Independent variable (Counseling Types)



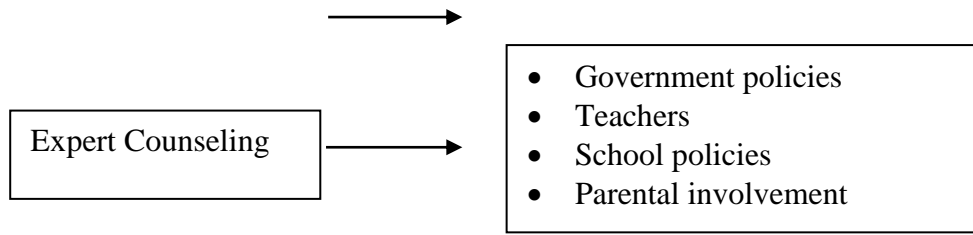


Figure 1: *Conceptual Framework Showing Relationship among Variables*

The framework in Figure 1, illustrates that there is a direct relationship between the independent variables and dependent variables. However, this relationship is moderated or intervened by government policies, school policies, parental involvement and teachers (intervening variables). These intervening variables were controlled by increasing the sample size and identifying control cases from the students questionnaires where some students were not exposed to counselling and the after effect compared to those who had undergone counselling.

The independent variable are represented by the types of counselling which are peer, group, individual and expert counselling while the dependent variable is effective management of teenage pregnancy. Counselling as used in school could be viewed as having an effect in addressing teenage pregnancy by having fewer or no cases of teenage pregnancy. The learner, having undergone any of the sessions of counselling is expected to make informed judgment on risky behaviour. The teachers could adopt peer, group, individual or expert counselling or all of them in the management of teenage pregnancy among girls in secondary schools.

1.12 Operational Definition of Terms

The following terms and concepts used in the study were of reference as stated: -

At risk group means the segment of the population that is more vulnerable to infection during intercourse and are at greater risk for pregnancy and pregnancy-related complications. In this study, this includes teenagers between ages 14 and 19.

Expert counselling refers to a talking therapy that involves a trained therapist listening to you and helping you find ways to deal with emotional issues. In this study this will include learners' referrals to external expert counsellors or expert counsellor invitations to speak to learners.

Group counselling means a form of counselling where a small group of people meet regularly to discuss, interact, and explore problems with each other and has a group leader. In this study it refers to all groups made up of learners in high school, comprising of 15 to 18 years meeting during counselling sessions to discuss social issues impacting on their lives.

High-risk sex means sexual acts with a person who one is neither married to nor living with and in the context of the present study, it is indulgence in coitus with or between students within the age of 15 to 18 years.

Individual counselling refers to a one-on-one discussion between the teacher counsellor and the client. The two form an alliance, relationship or bond that enables trust and personal growth. In this study the discussion is between a teacher counsellor and a learner.

Peer counselling means a process that involves one-on-one interaction or interaction between members of a group, who have several things in common. In this study, it refers to trained students helping their fellow students.

Risky behaviour means any compromising behaviour that may lead the teenager to engaging in sex that leads to teenage pregnancy while still in school going age (15 to 18 years).

Teenager Means a girl in high school between the ages of 13 and 19 inclusive.

Unwanted/Teenage pregnancy means a pregnancy that has not been planned and which the pregnant teenager between the age of 15-18 years is unhappy about in this context it refers to a pregnancy carried by a school going teenager between age 15-18 years

Management of Pregnancy means taking care of a pregnancy to term. In the current study it means controlling/reducing the rate of teenage pregnancies in secondary schools in Kenya..

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides the empirical information from diverse researchers who conducted different researches in the similar field of study. Explicitly, the chapter provides a literature review on the effectiveness of four counselling forms, namely; peer counselling, group counselling, individual counselling and expert counselling in management of teenage pregnancy in secondary school. Gaps from the reviewed studies have also been highlighted.

2.2 Peer Counselling in Management of Teenage Pregnancy

Harper, Rocca, and Thompson, (2018) carried out a qualitative study of the relationship between alcohol consumption and risky sex in adolescents in East Sussex, England. The results found that young people consumed alcohol in peer group and alcohol consumption affected one's assessment of sexual attractiveness, was used as an excuse for socially unacceptable behavior and impaired judgment in recognizing and controlling potential risky situations. The study concluded that participants indulging in peer groups and alcohol consumption reported engagement in both risky and non-risky sexual. Harper, Rocca, and Thompson, (2018) reviewed study employed a qualitative survey design and not a Concurrent Triangulation Design. Thus, the reviewed study had a methodological gap given that it only used qualitative approach to explore the relationship between alcohol consumption and risky sex in adolescents in East Sussex, England. Besides, the study was based in England and not Kenya hence contextual gap. The present study added on the quantitative aspect to explore the effectiveness of counselling types in managing teenage pregnancies secondary schools in Ugenya sub county Kenya, thereby expanding and strengthening the conclusions drawn.

Omar, Hasim, Muhammad, Jaffar, Hashim, Siraj, (2019) studied the influence of peers on delinquency in South Carolina, USA. The study adopted a longitudinal survey research method on a sample of adolescents to explore the extent to which internal and external constraints condition the relationship between gender, delinquent peers, and delinquent behaviour. According to the findings, delinquent peer association is an important predictor of delinquency generally, although its effect varies across gender. However, Omar et al (2019) studied the negative influence of peers using longitudinal survey design hence its findings may not be generalised for the current study which used cross-sectional study with concurrent triangulation to explore the effectiveness of peers counselling in managing teenage pregnancies. Besides, there were contextual gaps given that the reviewed study was based on South Carolina and not in Kenya.

In another study, Gipalen, and Madrigal, (2021) assessed the Implementation and Challenges of Basic Guidance Services in Selected Philippine Diocesan Catholic Schools. The study applied a descriptive method using both quantitative-qualitative designs. Data for the study was analysed using simple mean and descriptions. Results revealed that students have positive perceptions towards the guidance programme provided by peers at the University. They perceived that guidance staff has been of help to them especially in improving themselves. The study suggested some improvements for the guidance programmes offered by the University. Balot, et al., (2016) identified a positive perception towards peer counselling. The present study went further to study the effect of peer counselling specifically in the management of teenage pregnancy focusing on female high school learners who were more vulnerable to engaging in risky sexual behaviour given their experimental age.

Similarly, Ayuba and Gani (2020) examined the impact of peer group pressure on the sexual behavior of 100 students in mixed public secondary schools in Ijebu-Ode Local Government

Area of Ogun State. The study indicated that exposure to pornographic films and periodicals, romantic novels, and discussion of sexual problems had a significant impact on adolescents as they aged. Ayuba and Gani (2020) focused on the role of peer group pressure on the sexual behavior of secondary school students, rather than the efficacy of counseling program types in the treatment of adolescent pregnancies. Therefore, the present study addressed a gap in the literature by concentrating on the efficacy of peer impacts in the management of adolescent pregnancies among female adolescent learners in Kenya.

Malahlela, & Chireshe (2018) conducted a research on educators' impressions of the consequences of adolescent pregnancy on the behavior of secondary school students in Atteridgeville, Tshwane South, South Africa. The research utilized a qualitative design approach. The study indicated that family and peer pressure were predictors of adolescent pregnancies among high school students. The conclusion of the study was that peer group pressure from teenage moms contributed to teen pregnancy in high schools. The research indicated that community members serve as role models for adolescents and that societal malpractices may be eradicated via education by inviting skilled individuals to talk to students.

Malahlela and Chireshe (2018) determined that peer group pressure was the primary contributor to the teen pregnancy problem. However, the reviewed study by Malahlela and Chireshe (2018) relied solely on qualitative data and lacked quantitative information. The current study utilized a Concurrent Triangulation Design with both qualitative and quantitative data to fill the gaps in the literature, hence strengthening the result as the deficiencies of one technique are compensated by the other.

In a separate research, Mghweno, Mghweno, and Baguma (2014) analyzed the impact of secondary school students' access to G&C services on school life, attitude toward academics,

and career choices in Same District, Tanzania. Access to individualized G&C services has an influence on students' attitudes regarding their academics and job choices, according to the data. Mghweno et al. (2014) examined the impact of students' access to G&C services on school life and found that it influenced students' attitudes toward academics and job selection. This study contributes to the existing literature by concentrating on the efficacy of counseling program types in the treatment of adolescent pregnancies in Kenya.

Chireshe (2013) wanted to determine the perceptions of school instructors on the status of peer counseling in secondary schools in Zimbabwe. The research employed a qualitative methodology. The results indicated that the majority of secondary schools from which the respondents came lacked peer counselors, although some cited peer counselors in the form of visiting peer educators from HIV and AIDS-related organizations or NGOs. Nonetheless, the reviewed study by Chireshe (2013) lacked context, as it was conducted in Zimbabwe. In addition, the study relied solely on qualitative data for its conclusions, making its assessment of the status of peer counseling in secondary schools inadequate. To overcome these gaps, the present study employed both quantitative and qualitative data approaches to examine the efficacy of peer counseling in managing adolescent pregnancies in secondary schools in the Ugunja sub county of Kenya.

Atieno, Odongo, Mobegi, Aloka, and Ongoro (2016) conducted a research to determine the effect of training on the efficacy of peer counselors in addressing hazardous sexual behavior among students in public secondary schools in Kisii Central Sub-County. The results of the study demonstrated a correlation between peer counselor training and sexually hazardous behavior among adolescents in public secondary schools. The survey also revealed that peer counselors thought they had the ability to affect the views of many kids on issues that expose them to unsafe sexual practices. The research advised that school administrators provide the

necessary resources and training for peer counselors, particularly in the area of reproductive health. Atieno et al. (2016) focused on the role of peer counselor training on their efficacy in addressing hazardous sexual behaviors among students, rather than the efficacy of counseling program types in the treatment of teen pregnancies.

Bett and Maite (2017) also conducted a research to compare the perspectives of Headteachers and Teacher Counselors about the efficacy of peer counseling in Kenyan public secondary schools in the sub-County of Molo. A descriptive survey design was utilized. The study discovered that Headteachers and Teacher Counselors viewed peer counseling among their students adversely. In contrast to Bett and Maite (2017), who relied solely on the perceptual differences between head teachers and teacher counselors to draw conclusions about the effectiveness of peer counselling in public secondary schools, the current study also included students and peer counselors.

In addition, Osodo, Mito, Raburu, and Aloka (2016) examined the effect of peer counseling in encouraging discipline among secondary school students in the Ugunja Sub-County of Kenya.

The research employed a descriptive survey design using quantitative data collection methods.

Using person correlation analysis of quantitative data, the study demonstrated that peer counseling has a substantial influence in encouraging discipline among secondary school students in public schools. However, the reviewed work by Osodo et al. (2016) relied solely on quantitative data analyzed using inferential statistics. Quantitative techniques and inferential statistics alone cannot provide a comprehensive analysis and coverage of the topic under investigation. The present study included both quantitative and qualitative methods, as well as descriptive and inferential statistics, to provide an in-depth investigation of the

efficacy of peer counseling in managing adolescent pregnancies in secondary schools. Similar to the use of both descriptive and inferential statistics, concurrent triangulation enables quantitative and qualitative methods to complement one another and to account for each other's weaknesses.

2.3 Group Counselling in Management of Teenage Pregnancy

Kok, Low, Lee, and Cheah (2012) investigated the availability of counseling services in secondary schools in the Malaysian state of Perak. The study employed a descriptive survey design and surveyed 56 professional secondary school counselors. Using descriptive statistics, the study determined that the provision of counseling services in government secondary schools is well-established. It was determined that the guidance program was centralized, unpopular, and the counsellors' experience was needs-based, as opposed to a whole-school integrated approach. The report advocated a more integrated whole-school collaborative strategy that included group counselors and all education stakeholders. However, the background of the reviewed study by Kok et al. (2012) was lacking because it was conducted in secondary schools in Malaysia and not Kenya. In addition, the study employed a limited sample size and only descriptive statistics to investigate the provision of counseling services in secondary schools; hence, its findings cannot be generalized to the current study. The present study will address these gaps by employing a larger sample size and descriptive and inferential statistics to provide an in-depth investigation of the efficacy of group counseling in the treatment of adolescent pregnancy.

Townsend (2013) investigated the impact of group therapy on the self-esteem of teenage females in Monroe County, Western New York, United States. The investigation utilized a Descriptive Survey Design. The study discovered that ties were forged via shared experiences, with individuals recognizing strengths in one another that they themselves may

have failed to recognize. The conclusion of the study was that group-based therapy affords teenagers the chance to examine many elements of their lives and selves, uncovering personal qualities that can result in feelings of competence and an improvement in self-esteem. Townsend (2013) focused on the efficacy of group counseling on the self-esteem of adolescent females rather than the efficacy of counseling programme types in the treatment of adolescent pregnancies. Therefore, the present study addressed the effectiveness of group counseling in the treatment of adolescent pregnancies, filling a gap in the literature.

Mohammad and Abdel-Rahman (2015) studied the effectiveness of group counseling in lowering anxiety among Jordanian students enrolled at Ajloun National University, Jordan, as English as a Foreign Language (EFL) learners. The sample was comprised of 32 male and female students and utilized a longitudinal approach design. Since statistical analysis indicated no statistically significant difference between males and females ($p = 0.05$), the study concluded that usage of Rational Emotive Behaviour Therapy (REBT) was not gender-specific. The study advised the use of REBT in group therapy to improve anxiety levels among English as a foreign language students. However, Mohammad and Abdel-(2015) Rahman's findings were based on a longitudinal approach, thus they may differ from those of cross-sectional studies and are therefore not generalizable to the present study. In addition, the reviewed study employed a lower sample size, which may not be sufficiently representative to conduct an in-depth examination of the effects of different forms of counseling on adolescent pregnancies. The present study utilized both quantitative and qualitative methods in a cross-sectional study with a larger sample size to fill gaps in the existing literature.

Farnoodian (2016) investigated the effect of group reality therapy on students' mental health and self-esteem. The research employed a semi-empirical design with experimental and

control groups. The results of the study reveal that the average post-test scores for mental health in the experimental group are lower than those in the control group. In addition, the average post-test self-esteem levels of the experimental group are greater than those of the control group. The conclusion of the study was that group reality therapy had a positive effect on the mental health and self-esteem of pupils. Due to contextual and conceptual differences, the findings of Farnoodian (2016) about the effectiveness of group reality therapy on the mental health and self-esteem of students cannot be generalized to the present study. In addition, the previous study employed a semi-empirical research approach, whereas the current study employed a mixed research strategy to cover gaps in the literature.

Gysbers, & Henderson, (2018) examined the development and effects of a reality therapy parent group counseling program for mothers in Soweto, South Africa. Subjects of the experimental groups were 25 mothers, and the control group consisted of 15 mothers. The results partially support the hypothesis that the program using Reality Therapy is effective to increase self-esteem and parent-children human relationships. Also, the effect on the experimental group was maintained for 12 weeks after the group ended. Gysbers, & Henderson, (2018) focused on effects of a reality therapy parent group counseling program and not the effectiveness of counselling program types in management of teenage pregnancies. Therefore, the present study filled gaps in literature by focusing on female teenage learners in Kenya and using a Mixed Methods Approach using a Concurrent Triangulation Design. However, the findings by Gysbers, & Henderson, (2018) was based on an experimental design hence may vary with that from cross-sectional study design hence not generalizable for the present study. Besides, the reviewed study used a smaller sample size which may not be representative enough to make in-depth analysis of effectiveness of counselling types on teenage pregnancies. The present study used mixed study design and a bigger sample size to fill the gaps left in the literature.

In another study Maddineshat, Keyvanloo, Lashkardoost, Arki, & Tabatabaeichehr, (2016) examined the effectiveness of a group counselling Design on ex-convict in Ibadan State in Nigeria. Using descriptive study design and descriptive statistics, the study results show that group counselling Design is effective in helping ex-drug addicts to kick their drug-seeking behavior. However, the study by Maddineshat, et al., (2016) had both conceptual and contextual gaps given that it focused on the effectiveness of a group counselling Design helping ex-drug addicts to kick their drug-seeking behavior and not in the management of teenage pregnancies. Moreover, the reviewed study based its findings on solely descriptive statistics and hence lacked inferential component. Therefore, the present study filled gaps by using both descriptive and inferential statistics to bring out in-depth analysis of effectiveness of counseling types in managing teenage pregnancies in secondary schools.

Another study by Agi (2017) investigated effects of group counseling and self-reinforcement on students' study behaviour in selected universities in Nigeria. Quasi-experimental, pretest, post-test control, group design guided the study. The results indicated that group counseling strategies were effective in improving student's study behavior. Agi (2017) used a Quasi-Experimental, Pretest, Post-Test Control, Group Design and not and not a Mixed Methods Approach using a Concurrent Triangulation Design. The selected sample were university students, the present study filled gaps in literature by focusing on high school female teenage learners who are more vulnerable and volatile in their behaviour employing a Concurrent Triangulation Design in the Mixed Methods Approach.

Similarly, Len (2018) explored group counselling techniques and risk behaviour management among secondary school students from a curriculum implementation viewpoint in Yaounde, Cameroun. The study employed the Descriptive Survey Design. The study results revealed that group counselling techniques influence risk behaviour management among secondary

school students. Len (2018) employed the Descriptive Survey Design and not a Mixed Methods Approach using a Concurrent Triangulation Design. Therefore, the present study filled gaps in literature by focusing on female teenage learners in Kenya and using a Mixed Methods Approach using a Concurrent Triangulation Design.

Maluwa-banda (2018) examined school counsellors' perceptions of a G&C programme in Malawi's secondary schools in the southern and central regions of Malawi. The study employed a Descriptive Survey Design. The study revealed that majority of the school counsellors had had no formal training in group G&C since school G&C was still in its infancy in Malawi. Maluwa-banda (2018) used a Descriptive Survey Design and not and not a Mixed Methods Approach using a Concurrent Triangulation Design. Therefore, the present study filled in literature gaps by focusing on female teenage learners in Kenya using Concurrent Triangulation Design in Mixed Methods Approach.

Jumba (2017) studied the adequacy of school mechanisms in the socialization of teen mothers in secondary schools in a case of Trans-Nzoia West Sub-County, Trans-Nzoia County, Kenya. The study adopted a Descriptive Survey Design. The findings of the study revealed group counselling methods were crucial in the socialization process of teen mothers in schools. The study recommended the government to acknowledge schools which support and enable a greater number of teen mothers complete their secondary education; school administrators to rally teachers to support teen mothers and communities, religious groups and other well-wishers to be sensitized to support teen mother socialization in schools. Jumba (2017) revealed that group counselling methods were crucial in the socialization process of teen mothers in schools. This study will filled gaps in literature by establishing the effectiveness of group counselling in the management of teenage pregnancy in secondary

schools in Kenya and using a Mixed Methods Approach using a Concurrent Triangulation Design.

Kwamboka (2014) assessed the uptake of modern contraceptives among women in Nairobi County, Kenya. The study used the Descriptive Research Design. The study also employed the Theory of Planned Behaviour (TPB) and the Process of Behaviour Change (PBC). The study found out that the group campaigns should be carried out through platforms that are appealing to the youth like road shows all over the country, actual visits to schools especially during cultural days, sports days or when there is an activity at school and focus group discussions. Kwamboka (2014) used employed the TPB and PBC and the Descriptive Research Design. Whereas, the present study was guided by the reinforcement theory using Concurrent Triangulation Design in the Mixed Methods Approach thus filling in gaps in literature.

Toto (2014) studied the effectiveness of G&C in managing students' discipline in public secondary schools in Kandara District, Murang'a County, Kenya. The study adopted a Descriptive Survey Design and was guided by the theory of Albert Bandura (1977) on learning by observing others as role models. The study established that group counseling was offered in schools but most students were not willing to seek G&C when faced with problems. Toto (2014) focused on the effectiveness of G&C in managing students' discipline and not the effectiveness of counselling programme types in management of teenage pregnancies. Having established that group counseling was offered in schools, the present study filled in gaps in literature by focusing on the effectiveness of the group counselling programme in management of teenage pregnancies.

2.4 Individual Counseling in Management of Teenage Pregnancy

Jalali and Dehghan (2017) investigated the efficacy of individual counseling on Preoperative Perceived Stress in Cholelithiasis Surgery Patients. The research employed a quasi-experimental design. Individualized counseling was found to be useful in decreasing patients' perceived stress levels prior to surgery. Individualized counseling can be utilized to lower patients' pre-surgery perceived stress, according to the study. Jalali and Dehghan (2017) focused on the impact of individual counseling on preoperative felt stress in patients undergoing cholelithiasis surgery, as opposed to the effectiveness of an individual counseling program in the treatment of adolescent pregnancies. Therefore, the present study filled gaps in the literature by concentrating on the efficacy of counseling program types in the treatment of adolescent pregnancies in Kenya.

In a qualitative research conducted in Southwest Georgia, Brown (2013) explored the efficacy of a teen pregnancy prevention program that delivers specific benefits to pregnant and parenting adolescents. The investigation utilized a qualitative case study design. The findings of the research indicated that the individualized program was helpful in persuading participants to engage in safer sex, but failed to prevent more unwed pregnancies or improve moral standards, since all but one participant had extra children and was living with an unmarried guy. Within the Mixed Methods Approach, Brown (2013) utilized a qualitative case study design instead of a concurrent triangulation approach. Therefore, the present study filled gaps in the literature by concentrating on the efficacy of counseling program types in the treatment of adolescent pregnancies in Kenya utilizing a Concurrent Triangulation Design within the Mixed Methods Approach and Kenyan secondary school students.

Maselli, Maselli, Gobbi, Gobbi, Carraro, & Carraro (2019) conducted a study on the efficacy of personalized counseling and activity monitors in promoting Physical Activity (PA) among

Spanish university students. The research used a Descriptive Study Design. Individual counseling led to an increase in self-reported energy expenditure, according to the study's findings. Maselli et al. (2019) examined the impact of individual counseling and activity monitors in promoting Physical Activity (PA) among university students in Spain using a Descriptive Study Design. Whereas the present study filled gaps in the literature by concentrating on adolescent pregnancy among secondary school students in Kenya utilizing a Mixed Methods Approach.

Thin, Liabsuetrakul, McNeil, and Htay (2013) investigated gender differences in exposure to SRH knowledge and hazardous sexual debut among impoverished Myanmar teens in Mandalay City, Burma. The study indicated that youngsters' limited exposure to credible SRH information through available mainstream media is an urgent issue, particularly among men. Thin et al. (2013) focused on gender disparities in exposure to sexual and reproductive health (SRH) information and hazardous sexual debut rather than the efficacy of counseling program types in the management of adolescent pregnancies. Therefore, the present study filled gaps in the literature by concentrating on the efficacy of counseling program types in the treatment of adolescent pregnancies in Kenya.

Oringanje, Meremikwu, Eko, Esu, Meremikwu, and Ehiri (2016) investigated methods for avoiding unplanned pregnancies among Nigerian adolescents. The research employed a descriptive survey design. Individualized treatments were shown to reduce the risk of unwanted pregnancy among teenagers. Oringanje et al. (2016) utilized a descriptive study design as opposed to a concurrent triangulation design. Consequently, the present study filled gaps in the literature by concentrating on female adolescent learners in Kenya and used a Concurrent Triangulation Design under the Mixed Methods Approach.

Okonta, Ubaka, and Arukwe (2013) conducted a research to determine the degree and correlation of demographic characteristics on hazardous sexual behaviors and condom usage among students recruited and purposefully sampled from a Nigerian university. According to the findings, more female students than male students had bisexual or gay partners; did not use a condom during their most recent intercourse; and had been coerced for sex within the last year. Individualized therapy helped respondents to adopt a less dangerous lifestyle, according to the findings of the study. While Okonta et al. (2013) focused on senior students from a Nigerian university, the present study filled in gaps in the literature by concentrating on secondary school students and used qualitative and quantitative approaches.

In Bungoma and Butere/Mumias Districts of Western Kenya Province, Dupas (2019) utilized a randomized experiment to determine if and what type of information alters adolescents' sexual behavior. Participants were recruited from 328 elementary schools. The study indicated that delivering personalized information on the relative risk of HIV infection by partner's age resulted in a 28% drop in adolescent pregnancy, an objective surrogate for the prevalence of unprotected intercourse. The focus of Dupas's (2019) study was on a sample collected from elementary schools to determine whether and what sort of information alters adolescents' sexual behavior, and not the efficacy of counseling program types in the management of teen pregnancies. Therefore, the present study filled gaps in the literature by concentrating on older secondary school students who are more prone to participate in sexual behaviors intentionally.

Mboya (2015) investigated the influence of effective G&C on student discontent in secondary schools: a case study of Kangundo Sub-County, Machakos County, Kenya. In this study, a descriptive research design was utilized. The results of the survey indicate that the majority of schools provide more group and school-wide counseling than individual counseling. The

research suggests that schools should increase individual counseling and make explicit efforts to alter students' views regarding G&C. Mboya (2015) emphasized on the significance of competent guidance and counseling in preventing student discontent in secondary schools and advocated that schools improve individual counseling. Therefore, the present study addressed a gap in the literature by examining the efficacy of the individual counseling program in the treatment of adolescent pregnancies in Ugenya Sub County, Siaya County, Kenya.

Oyieyo (2012) examined the effect of G&C on student conduct in public secondary schools in the Kabondo Division of Kenya. The investigation utilized a Descriptive Survey Design. Individualized G&C services were provided in the schools, and 82.4 percent of the principals deemed it significant, but they lacked the requisite material and literary support. Oyieyo (2012) focused on the impact of G&C on student discipline in public secondary schools rather than the efficacy of counseling programme types in the management of adolescent pregnancies. Therefore, the present study filled gaps in the literature by concentrating on the efficacy of counseling program types in the treatment of adolescent pregnancies in Ugenya Sub County, Siaya County, Kenya.

2.5 Expert Counselling in Management of Teenage Pregnancy

Nichols, Javdani, Rodriguez, Emerson, and Donenberg (2016) investigated sibling adolescent pregnancy and the use of condoms among clinic-referred females in metropolitan Chicago. This research included longitudinal analysis of HIV risk behavior. Girls with a family history of adolescent pregnancy may benefit from tailored interventions to strengthen maternal supervision of high-risk adolescents, according to the study's findings. Nichols et al. (2016) conducted a longitudinal research on females recruited from outpatient psychiatric clinics. The present study addressed female secondary school students in Kenya utilizing a Mixed Methods Approach and a Concurrent Triangulation Design to cover gaps in the literature.

Frost and Forrest (2019) conducted a study on the effect of successful adolescent pregnancy prevention programs on eighth-graders in Atlanta, Georgia, United States. The outcomes of this study indicate that school-based activities and professional counseling benefit students in identifying the cause and motive behind pressures to participate in hazardous behavior, such as engaging in sexual activity, and in acquiring abilities to resist such pressures. Frost and Forrest (2019) participants were eighth graders and not female secondary school students. Therefore, the present study filled a vacuum in the literature by concentrating on the efficacy of counseling program types in the management of adolescent pregnancies among Kenyan female secondary school students.

Devkota, Khan, Alam, Sapkota, and Devkota (2017) investigated the effects of counseling on knowledge, attitude, and practice on medicine usage during pregnancy in Nepal, India. A Pre-Post Interventional Study Design was utilized for this investigation. The study indicated that specialized counselling treatment had a good effect on the knowledge, attitude, and behavior of pregnant women about medicine, and may thus be regarded an appropriate strategy for promoting safe medication use during pregnancy. Devkota et al. (2017) observed that specialized counseling treatment had a favorable effect on pregnant women's knowledge, attitude, and practice about medicine. The present study examined the efficacy of professional counseling in the treatment of adolescent pregnancy in secondary schools, therefore filling a vacuum in the literature.

Adhikari and Tamang (2017) examined the premarital sexual behavior of male college students in Kathmandu, Nepal and India. Using a cross-sectional sampling technique. The study implies that school- or college-based sexuality education might help even out-of-school adolescents, given their partners are frequently students. Adhikari and Tamang (2017) concentrated on premarital sexual behavior among male college students rather than the

efficacy of counseling program types in the management of adolescent pregnancies. Therefore, the present study filled a vacuum in the literature by concentrating on the efficacy of counseling program types in the management of adolescent pregnancies among Kenyan female secondary school students. Nalenga (2012) analyzed the reasons of teen pregnancy in Addis Abeba, Ethiopia. The research samples comprised of pregnant teenage females between the ages of 15 and 19 who attended prenatal clinics and were separated into two focus groups of ten. The results of the study indicated that socioeconomic factors such as economic status, education, religion, place of residence, peers' and partners' behaviors, family and community attitudes, gender and age, and mass media and lack of reproductive health services contributed to the rise in unintended pregnancies among adolescents in Ethiopia. Whereas Nalenga (2012) focused on the reasons of unplanned pregnancy among teenagers and not the efficacy of counseling program types in the management of adolescent pregnancies, this study examines the effectiveness of counseling program types in the management of ado. This study examined the effectiveness of counseling program types in the management of adolescent pregnancies among secondary school female students in Kenya, therefore filling a vacuum in the literature.

Mturi and Gaearewe (2014) investigated gender disparities in sexual behavior among college students in Mahikeng, South Africa. Girls are more susceptible to the effects of 'irresponsible' sexual practices than males on college campuses, and the proportion of virgin females was double that of boys. The study concluded that specialized gender and year of study were significant predictors of first sexual encounter, and it was suggested that the campus pregnancy and HIV/AIDS prevention program should focus on ways to reduce irresponsible sexual activity, with a particular emphasis on female students. Mturi and Gaearewe (2014) focused on gender variations in sexual behavior among university students, rather than the efficacy of counseling program types in the treatment of adolescent pregnancies. Therefore,

the present study filled a vacuum in the literature by concentrating on the efficacy of counseling program types in the management of adolescent pregnancies among Kenyan female secondary school students.

Odilia (2018) conducted an evaluation of G&C services at secondary schools in the Korogwe Town Council in Tanzania. This study utilized a descriptive survey design in conjunction with a mixed research methodology. The research indicated that the G&C program is necessary. The study proposed the following countermeasures: provision of in-service training for councilor teachers and school heads through seminars and workshops; provision of the necessary facilities for G&C; and the Ministry of Education, Science, and Technology revitalising the 2002 Circular on G&C for the current context and monitoring its effective implementation with the aid of education quality assurers. Odilia (2018) focused on an evaluation of G&C services in secondary schools, rather than the efficacy of counseling program types in the management of adolescent pregnancies. This study focused on the effectiveness of counseling program types in the treatment of adolescent pregnancies in Kenya, filling a vacuum in the literature.

Gama (2019) investigated the capacity of facility-based Youth-Friendly Reproductive Health Services (YFRHS) to promote ASRH in rural Malawian societies where culture greatly impacts adolescents' sexual behaviors. Using a sequential exploratory approach, qualitative and quantitative data were gathered, and the findings were obtained by triangulating both qualitative and quantitative data. In nations with a high cultural effect on sexual behavior, the study suggests that suitable health promotion interventions based on ideas of empowerment and aimed at adolescents, the community, and health workers be employed to promote ASRH. Gama (2019) use a sequential exploratory design as opposed to a Mixed Methods Approach employing a Concurrent Triangulation Design. Therefore, the present study filled

gaps in the literature by concentrating on female adolescent learners in Kenya and used a Concurrent Triangulation Design with a Mixed Methods Approach.

Rujumba, Neema, Tumwine, Tylleskar, and Heggenhougen (2013) examined the HIV counseling and testing experiences of pregnant women in Eastern Uganda. The research employed a Qualitative Study Design. The majority of HIV-positive women were happy with the early counseling they got from health care professionals, but the study recognized the need for follow-up counseling and assistance following the test as areas for improvement. In order to optimize possibilities for primary and post-exposure HIV prevention, the study suggested that post-test and follow-up counseling for HIV-positive and HIV-negative women must be enhanced. Rujumba et al. (2013) used a Qualitative Study Design as opposed to a Mixed Methods Approach using a Concurrent Triangulation Design. Therefore, the present study fills gaps in the literature by concentrating on female adolescent learners in Kenya and employing a Concurrent Triangulation Design with a Mixed Methods Approach.

Muango and Ogutu (2012) assessed the efficacy of G&C services at Kenyan public universities. The Research employed a Descriptive Survey Design. The study determined that G&C services were successful for students who requested them. The research suggested that the G&C department should focus more on social, health, and financial concerns impacting students on campus, as well as investigate the impact of university enrollment and home-based variables that may affect students. The report also urged stakeholders to participate in the G&C process. Muango and Ogutu (2012) used a Descriptive Survey Design as opposed to a Mixed Methods Approach using a Concurrent Triangulation Design. Therefore, the present study filled gaps in the literature by concentrating on female adolescent learners in Kenya and used a Concurrent Triangulation Design with a Mixed Methods Approach.

Achoka, Nafula, and Mark (2013) investigated the detrimental cultural effect on the academic success of secondary school female students at 8 Girls' Secondary Schools in Bungoma County, Kenya. Using a descriptive survey design, the study discovered that stereotypical gender role dispositions, early marriages, and female genital mutilation were among the traditional and cultural beliefs that led to girls engaging in adolescent sexual behaviors and ultimately performing poorly in their academic pursuits. The report proposed, among other things, an increase in parental education on the importance of girls' education, the distribution of sanitary towels to girls in secondary schools, an increase in affirmative action, and the enforcement of legislation on girls' rights. Achoka et al. (2013) used a Descriptive Survey Design as opposed to a Mixed Methods Approach using a Concurrent Triangulation Design. Therefore, the present study filled gaps in the literature by concentrating on female adolescent learners in Kenya and used a Concurrent Triangulation Design with a Mixed Methods Approach.

Kariuki (2019) studied the impact of premarital counseling programs on the marital stability of a sample of Kenyan couples residing in Nairobi County. The research employed a quantitative descriptive design. The sample comprised of 105 married Presbyterian Church of East Africa (PCEA) members from Milimani South Presbytery who had been married for less than ten years. There was a substantial difference in marital happiness between couples who got varied numbers of premarital counseling sessions, according to the findings of the study. In addition, the results indicated that premarital counseling had a significant impact on marital satisfaction. The study suggested that premarital counseling programs should be administered six months prior to the wedding in order to be effective. In order to increase overall marital stability, the study concluded that successful premarital counseling should

include communication, financial management, and personality development. However, the reviewed study by Kariuki (2019) revealed that he relied solely on quantitative data for the study's findings, as his Research Design was quantitative descriptive. In addition, the study only surveyed couples and not female secondary school students. This detracts from the study's consideration of the topic at hand. This study investigated the impact of guidance and counseling kinds on the management of adolescent pregnancy in secondary schools utilizing both quantitative and qualitative data collected using a mixed methods approach and concurrent triangulation design.

2.6 Summary of the Literature Reviewed and Gaps

Various empirical literatures analyzed demonstrate how different local and foreign experts have emphasized the influence of counseling on student conduct. For example, Omar, Hasim, Muhammad, Jaffar, Hashim, and Siraj (2019) investigated the effect of peers on delinquency in South Carolina, United States and discovered that delinquent peer association is a significant predictor of delinquency in general, while its effect differs by gender. Additionally, Agi (2017) evaluated the impact of group counseling and self-encouragement on students' study behavior in certain Nigerian colleges. The results suggested that group counseling tactics improved the study habits of students. A Cameroonian research by Kibinkiri (2018) demonstrated that group counseling strategies impact the management of risky behavior among secondary school pupils. Atieno, Odongo, Mobegi, Aloka, and Ongoro (2016) conducted a research to determine the effect of training on the efficacy of peer counselors in addressing hazardous sexual behavior among students in public secondary schools in Kisii Central Sub-County. The survey also revealed that peer counselors thought they had the ability to affect the views of many kids on issues that expose them to unsafe sexual practices.

In Kenya, Kamore and Tiego (2015) found that peer counseling programs are offered in the majority of schools, but there are no unified selection criteria, training is poor, peer counselors are seldom supervised, and peer counseling programs are rarely assessed. Several of these research compared school-based counseling programs to student success and found favorable benefits. It is obvious from the literature that counselling programs and their effectiveness have been studied internationally, regionally in Africa, and locally in Kenya. However, research on the usefulness of different forms of counseling programs in the treatment of adolescent pregnancy in secondary schools is limited, and a comparable study has not been conducted in Ugenya Sub County, Siaya County. This study contributes to the literature on the issue by concentrating on the effectiveness of counseling program types in the management of adolescent pregnancies and secondary school students in Ugenya Sub County, Siaya County, Kenya.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter presents issues relating to the methods and procedures employed in collecting information for this study. In particular, the chapter outlines the research design, the area of study, the target population, the sampling technique and sample size, the research instruments, the validity and reliability of the instruments, trustworthiness of the instruments, data collection procedure, the data analysis techniques and the ethical considerations for the study.

3.2 Research Design

The study adopted a concurrent triangulation design within the Mixed Methods Approach. This design fits the characteristics of the sample given the mixed nature of the target population in terms of characteristics of each category (school principals, teacher counsellors and peer counsellors) (Creswell, 2014). This paradigm often employs distinct quantitative and qualitative techniques to compensate for the inherent flaws of one method with the strengths of the other (or vice versa, the strength of one method enhances the strength of the other) (Creswell, 2018).

The design also helps the researcher to take a shorter time to collect data thus a very short period of interruption of the school programs or none at all since the researcher organized with the guidance and counselling department to integrate the research into their programs. According to Tashakkori and Teddlie (2010), concurrent triangulation design helps in collecting, analysing and integrating quantitative and qualitative research. In concurrent triangulation design only one data collection phase is used, during which quantitative and

qualitative data collection and analysis are conducted separately yet concurrently. The findings are integrated during the interpretation phase of the study. Usually, equal priority is given to both types of research.

Creswell (2014) further describes Concurrent Triangulation Design as an approach where data that is of qualitative (QUAL) and quantitative (QUAN) nature are concurrently collected, analysed and used to confirm, cross-validate, or corroborate findings within a study. Tashakkori and Teddlie (2010) further explains that the mixed method approach is valuable as a research methodology because it enables the researcher to complement shortcomings that are apparent in one method with the strengths of another. The method is also vital in expanding quantitative data through collection of open-ended qualitative data.

By mixing both quantitative and qualitative research and data, the researcher gains the depth and breadth of understanding and corroboration, while offsetting the weakness inherent in using each approach by itself. Mixed methods have an advantage of triangulation using several means to examine the same phenomenon. Triangulation allows one to identify aspects of a phenomenon more accurately by approaching it from different vantage points using different methods and techniques (Johnson, 2014).

3.2.1 Triangulation

Teddlie and Tashakkori (2010) describes the key purpose of triangulation as that of establishing validity of the study findings. It is done by linking the findings from the qualitative and quantitative data. This method of analysis is primarily used in concurrent mixed methods designs where the QUAL and QUAN data are obtained within the same time period, usually from the same sample.

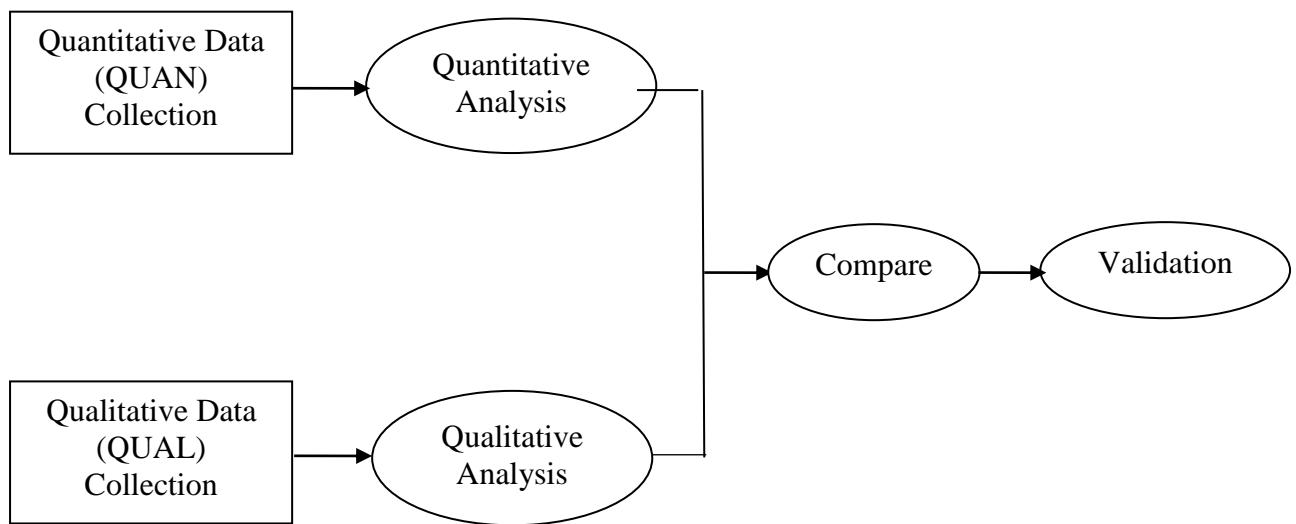


Figure 2: *Concurrent Triangulation Design*
Adapted from Creswell (2011, p 14).

Figure 2 demonstrates that the process of triangulation begins with the researcher creating a study in which the same research issue is explored using two distinct techniques (qualitative and quantitative). Using typical quantitative and qualitative data analysis techniques, this QUAL and QUAN data are then separately analyzed to provide two different sets of findings. The results drawn from both sets of data are then examined to see if they are identical. In the current study, the triangulation process began with the researcher simultaneously collecting interview (QUAL) data and survey (QUAN). The researcher then analysed both sets of data independently using traditional QUAL and QUAN data analysis methods to obtain two independent sets of results. Thereafter, the researcher compared the results from both sets of data to confirm, cross-validate and/or corroborate the study findings. The validity of the conclusions was thus be reaffirmed as it was found that the same conclusions were reached using both methods. That notwithstanding, Orodho (2012) suggests that disagreements

observed in the conclusion are clear points that more studies should be carried to determine why the two sets of data are disagreeing.

3.3 Area of the Study

The study was carried out in Ugenya Sub County in Siaya County, Kenya. It is one of the 6 Sub-counties in Siaya County and has Ukwala Township as its Administrative Headquarter. The Sub County borders Ugunja Sub County to the East, Alego Sub County to the South, Mumias Sub County to the North and Budalangi Sub County to the West. Ugenya Sub County is located between latitudes 0° 17' North and 1° 43' South, longitudes 36° 18' East and 39° East. The total area of the Sub County is about 310.20 Km². The Sub County has a population of 108,934 (KDHS, 2019). The major economic activities in the area include wage employment, business and subsistence farming (Republic of Kenya, 2012). The poverty rate of the Sub-County stands at 48% against the national rate of 66% (KDHS, 2019). The Sub County has a total of 34 secondary schools. Out of these, 1 is for boys only while 3 for girls' only. The 30 secondary schools are mixed day schools. The teenage pregnancy numbers have been slowly but steadily rising from 218 in 2015 to 275 in 2020.

3.4 Target Population

The target population of the study was public mixed and girls' secondary schools, school principals, teacher counsellors and heads of guidance and counselling in these secondary schools and teenage female students in form 2 and 3. There are 30 secondary schools in Ugenya Sub County that are either girls' only or mixed spread across its 5 zones. This implies that the study also targeted 30 school principals, 30 teacher counsellors; specifically heads or acting heads of the G&C department and 3470 teenage girls in Form 2 and 3 in the 30 secondary schools in Ugenya Sub County. The form 2 and 3 was used in the study because they were deemed to have been taken through the G&C programme for a period that would enable them to make wise and firm decisions unlike the form 1 class that had just come in to

school. Secondly, they are quite vulnerable because many of them are in mid teenage years. The form 4 class was left out given their busy schedule and were deemed to be more focused on their studies and the coming exams. Therefore, they were less likely to engage in risky behaviour. According to Mugenda (2008), the target population is the specific population about which data for a study is being sought. It is defined in terms of people, services, elements, events, group of things or households that are being investigated. The study population is represented in Table 5.

Table 5 Distribution of Target Population

Zone	Schools	Principals	HOD Teacher Counsellors	Peer Counsellors	No of F2 & F3 Girls
1	5	5	5	65	444
2	7	7	7	96	660
3	7	7	7	159	1094
4	6	6	6	108	747
5	5	5	5	76	525
Total	30	30	30	504	3470

Source: Researcher (2021)

Table 5 shows the distribution of study or target population across the zones in Ugenya sub-county. The target population are shown in terms of number of schools, principals, HOD teacher counsellors, peer counsellors and number of form two and form three girls in the Sub-County.

3.5 Sampling Technique and the Sample Size

3.5.1 Determination of the Sample for Schools, Principals and Teacher Counsellors

The study employed census and purposive sampling technique to include all the 30 secondary schools, 30 Principals and 30 heads of the Guidance and Counselling department given that the number was small and if reduced any further would compromise the generalizability of the results This is justified by Mugenda and Mugenda (2008) who also explains that when the target population is small of 30 subjects or less, then the whole population can be involved in the study to their small number. Cresswell, (2014) highlights that, purposive sampling

technique allows the researcher to use cases that have the required information with respect to the objectives of his or her study.

3.5.2 Determination of the Sample for Teenage Girls in Form 2 and 3

In order to obtain the sample size for the study, the researcher employed Kerlinger (1986) method of determining sample size to calculate a sample size of 347 respondents from the study population of 3470 teenage girls in Form 2 and 3 based on the following formula:

$$\frac{10}{100} \times N = n = \frac{10}{100} \times 3470 = 347$$

Where:

N = Study Population; and

n = Sample Size

This translates to a sample of 10% of the entire population of 3470 Teenage Girls in Form 3 and 4. Kerlinger (1986) also explains that 10% to 30% of the accessible population is deemed fit in studies of this nature. Using simple random sampling technique, the study randomly selected 12 form two and three female students from every school, until the sample size was reached. Simple random sampling technique was conducted by marking yes and no on papers and then allowing the students to pick, only those that picked yes were allowed to participate in the study. Simple random sampling technique is preferred because it gives respondents equal chance of being selected.

3.5.3 Distribution of the sample of peer counsellors

The study employed purposive and stratified random sampling techniques to identify peer counsellors for focus group discussions. The researchers purposed to identify schools that had not less than 10 peer counsellors as this would form the size of a focus group discussion as indicated in (Bryman and Bell, 2015). The strata were of three categories. The first was the 5 zones to ensure even distribution of the schools. The second was school categories so that the

research would be representative of learners from all levels. Finally the both classes (form 2 and 3) were considered to ensure an even representation of the whole population.

Table 6 Distribution of Target population with respect to School Category

School Category	Number of public secondary schools	Population of Form 2 & 3 students	Population of Principals	Peer Counsellors	Population of heads of guidance and counselling dept
Extra County	1	622	1	91	1
County	3	382	3	149	3
Sub-County	26	2466	26	264	26
Total	30	3470	30	504	30

Source: *Sub- county Director of Education Office, Ugenya, 2020*

Table 6 describes the distribution of target population in Ugenya sub-county with respect to school category, i.e the extra county school, county schools and sub-county. This shows that based on school categories, the table illustrate the distribution of form two and three, school principals, population of heads of guidance and counselling departments in Ugenya Sub-County.

3.5.4 Distribution of Respondents on the Sampling Frame

The distribution of respondents on the sampling frame is represented on Table 7 The table also shows the distribution of sampling sizes and sampling techniques used for sampling schools, Teacher Counsellors, School Principals, Teenage Girls in Form 2 and 3 and Peer Counsellors

Table 7 Distribution of the Respondents on the Sampling Frame

Target Group	Population	Sampling Technique	Sample Size	%
Schools	30	Saturation	30	100
Teacher Counsellors	30	Purposive and Saturation	30	100
School Principals	30	Purposive and Saturation	30	100
Teenage Girls in Form 2 and 3	3470	Kerlinger (1986) formula	347	10
Peer Counsellors	504	Purposive and stratified random sampling	50	10

Source: Researcher (2017)

3.6 Research Instruments

In the present study, the researcher was anticipated to utilize a self-administered questionnaire, two sets of interview schedules, and a focus group discussion to collect the opinions of adolescent girls in Forms 2 and 3, Teachers Counselors, School Principals, and peer counselors.

According to Kothari (2008), research tools are employed to gather data in a quick and efficient manner. Cohen, Manion, & Morrison (2007) say that these instruments are also perfect for assessing information on respondents' emotions, motives, attitudes, achievements, and experiences, and are inexpensive in terms of time, money, and effort.

3.6.1 Questionnaire for Teenage Girls in Form 2 and 3

Questionnaire for Teenage Girls in Form 2 and 3 sought teenager's opinion on how effective the counselling types are in managing teenage pregnancy in their school. The self-administered questionnaire for teenage girls in Form 2 and 3 was divided into four sections with a 5-point Likert scale. Section A would gather information on the demographic

information about the respondents in terms of age and form. Section B, C, D and E consisted of a 5-point Likert Scale of Strongly Disagree, Disagree, Uncertain, Agree and Strongly Agree. In Section B, respondents selected in a scale of 1 to 5 using a tick [✓] the extent they agreed or disagreed with statements based on effectiveness of peer counselling in management of teenage pregnancy.

In Section C, respondents selected in a scale of 1 to 5 using a tick [✓] how much they agreed or disagreed with statements based on effectiveness of group counselling in management of teenage pregnancy. In Section D, respondents selected in a scale of 1 to 5 using a tick [✓] the extent they agreed or disagreed with statements based on effectiveness of individual counselling in management of teenage pregnancy. In Section E, respondents selected in a scale of 1 to 5 using a tick [✓] the extent they agreed or disagreed with statements based on effectiveness of expert counselling in management of teenage pregnancy. The total number of questionnaires distributed was 347.

The study first sought the consent of the teenage girls (See Appendix I) prior to administration of the questionnaires. The questionnaires (Appendix 2) were then distributed in a suitable place as guided and permitted by the school administration. The researcher then explained what was expected of the girls, gave a brief explanation of the terminologies used in the questionnaires and assured them of confidentiality and anonymity of information after explaining the purpose of the study (see informed consent form appendix I). The respondents were then given time to respond to the items. The exercise took about one and a quarter to one and a half hours.

3.6.2 Interview Schedule

According to Sagoe (2012) an interview process allows the researcher to observe and ask questions thus providing an opportunity to look at issues as if through the eye of the

participants. Interviews provide deeper understanding of social phenomena that would be obtained from purely qualitative methods. Interview schedule gives the interviewer insight into where a subject is coming from rather than getting yes or no answers that provide incomplete feedback (Gill, Stewart, Teasine and chadwick, 2008).

3.6.2.1 Interview Schedule for Principals

The researcher used Interview Schedule guide questions to have an interview session with the 30 school principals for qualitative data. They were given the opportunity to determine the time and place convenient to them to respond to the questions. The interviewee was taken through the objectives and significance of study. The researcher then sought consent to participate in the session assuring the respondent of confidentiality (see informed consent form appendix I). The interview took approximately 40 minutes. The Schedule consisted of 3 questions. Questions 1 and 2 were introductory seeking a general view of Guidance and Counselling programmes and the management of pregnancy in the school. Question 3, sought the respondent's views on the most effective counselling types in managing teenage pregnancy in secondary schools? A copy of the Interview Schedule for Principals is provided as Appendix 3.

3.6.3 Interview Schedule for Teacher Counsellors

The researcher used a structured Interview Schedule for 30 Teacher Counsellors. The heads of department of teachers in charge of guidance and counselling in the sampled schools were interviewed. They determined the time and place convenient to them to respond to the questions. The interviewee was taken through the objective and significance of study after which the researcher sought consent to participate in the session assuring the respondent of confidentiality of information. The sessions lasted for approximately 45 – 60 minutes. The Interview Schedule consisted of six questions, which were basically soliciting for the same

information from the respondents. Questions 1 and 2 were introductory; seeking a general view of Guidance and Counselling programmes and the management of pregnancy in the school. Question 2, sought an explanation of how the department handles guidance and counselling programs and teenage pregnancy. Question 3 required the respondents to state their views on the effectiveness of G&C programmes in the school. In Question 4, respondents were asked to give their opinion on which of the methods they use is the most effective in dealing with teenage pregnancy. Question 5 sought to know which class usually experiences the highest number of pregnancy and a possible explanation for the same. Question 6 sought the respondent's recommendations on how best to manage teenage pregnancy in secondary schools.

A copy of the Interview Schedule for Teacher Counsellors is provided as Appendix 4.

3.6.4: Focus Group Discussions for Peer Counselors

Focus Group is a type of in-depth interview accomplished in a group, whose meetings present characteristics defined with respect to the proposal, size, composition, and interview procedures. The focus or object of analysis is the interaction inside the group (Lokanath, 2016). A Focus Group Discussion is a form of group interviewing in which a small group usually 5 to 12 people is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest (Bryman and Bell, 2015). The course of the discussion is usually planned in advance and most moderators rely on an outline, or moderator's guide, to ensure that all topics of interest are covered.

A total of five FGDs were conducted, one in each of the selected locations. Each FGD was facilitated by the researcher, lasted for one hour, and had between eight and twelve discussants, based on Mugenda and Mugenda (2008) who proposed that on average, 10 (ten) participants who belong to a pre-existing informal or formal group of respondents with similar characteristics. All FGDs were conducted in a conducive environment, whereby

discussants were encouraged to participate freely without fear. The researcher reassured all participants of their anonymity and confidentiality, and moderated the discussions to ensure that each participant got an opportunity to contribute. The researcher recorded the proceedings at each FGD.

Focus group discussions can lead to a wealth of detailed information and deep insights. Therefore it will be important to select participants that will provide the richest information leading to high quality data in a social context that will aid in understanding further the problem at hand from the view point of the study participants (Belotto, 2018). One of the most reliable ways is to interview people who will be affected by the decision. It is because they have an interest in the question (Bryman and Bell, 2015). In this study, the participants were drawn from the body of Peer Counselors in the schools. There were 5 Focus Group Discussions (FGDs), one in each zone within the sub-county. Each FGD had 10 students and each session lasted for one hour. All the participants of the FGD were assured of confidentiality of information and anonymous participation and reporting (see informed consent form appendix 1)

3.7 Validity and Reliability of the Instruments

3.7.1 Validity of the Instruments

Nachmias and Nachmias (2008) avers that validity is the degree to which an instrument accurately measures what it is intended to measure. For the instrument to be regarded legitimate, the information selected and incorporated in its tools must also be pertinent to the researched variables. Cohen, Manion, and Morrison (2007) argue that research instruments typically have several flaws that might compromise the validity of their conclusions. These may include biases, systematic mistakes, or random errors in the results. While acknowledging that it is very difficult to defend a research instrument against bias and

random mistakes, the researcher still attempted to circumvent these issues by preparing meticulously at every stage of the endeavor.

The elements on the questionnaire were ordered from easiest to most difficult, and an attempt was made to determine the validity of the data by comparing diverse sources through observation and direct inquiries, written records and oral reports, and pilot samples. The researcher also banked on the input of lecturers from the Department of Postgraduate Studies at JOOUST, who are experts in the field of study, to evaluate the research tools give approximation of their validity based on how efficiently and effectively they sampled their purpose.

3.7.2 Reliability of the Instruments

According to Kothari (2008), reliability is the consistency of an instrument in producing identical or nearly identical findings when administered to the same individuals. Creswell (2014) defines reliability as the degree to which repeated administrations of a research instrument yield same results. It may also be defined as the extent at which a research tool consistently measures a phenomena (Cohen, Manion and Morrison, 2007). In other words, can the instrument produce same or comparable results when delivered to a different sample? A positive response signifies that the outcomes of such study are dependable and may be relied upon for documenting and making decisions (Kothari, 2008).

First, the researcher ensured the internal consistency of research tools by ensuring that the language used in the instrument was straightforward, clear, easily comprehensible, and devoid of technical jargon. The researcher next employed the test-retest reliability approach to determine the internal consistency of the research tools by issuing them again to the sampled schools, one week following the initial administration (Kothari, 2008). The scores from Tests 1 and 2 were assessed to determine their stability over time, but their results were omitted from the primary analysis (Creswell: 2005). The Cronbach Alpha Coefficient test

was employed to determine the research instruments' internal consistency. According to Lehmann and Simmons (2009), a tool has strong internal consistency if its Alpha Coefficient is 0.6 or above.

Piloting through random sampling was done in three schools in the study area, which did not take part in the actual study. The choice of three (3) secondary schools accounted for the 10% of the parent sample size as per the recommendation of Kothari (2004) which says that 10-30% of the parent sample size is adequate for pilot testing. These schools were not included in the actual study. Pilot testing help to test the adequacy of the research instruments and to identify and correct logistical problems which would occur. Similarly, 10% of the sample size of form two and three students was used to obtain 34 respondents for pilot testing of the questionnaires.

$$10/100 \times 347 = 34$$

Therefore 34 participants (form two and three students) drawn from 3 schools through random sampling technique were considered for the piloting of the questionnaires. Therefore, the assessment of reliability was done by approximating how well items of same construct yielded same results. Therefore, the pilot samples of 34 female students were given the questionnaires for pilot testing. Therefore to establish reliability of the questionnaires for the present study, the study used Cronbach Alpha reliability test which was computed through SPSS version 23. The output of Cronbach reliability coefficients for every scales and the general reliability measure were as shown in Table 8

Table 8 Reliability of the Questionnaires

	N	Items	Items Deleted	Reliability
Individual Management of teenage pregnancy	34	9	2	0.741
Peer Counselling questions	34	8	3	0.733
Group Counselling questions	34	7	1	0.712
Individual Counselling questions	34	7	2	0.723
Expert Counselling Questions	34	7	1	0.755
Average Reliability	34			0.7328

From Table 8 on reliability, questionnaire questions on Individual Management of teenage pregnancy had a reliability coefficient of $\alpha = 0.741$, questions on peer counselling had a reliability coefficient of $\alpha = 0.733$, questions on group counselling had a reliability coefficient of $\alpha = 0.712$, questions on individual counselling had a reliability coefficient of $\alpha = 0.723$, while questions on expert counselling had $\alpha = 0.755$. The general reliability for the items in the questionnaire was $\alpha = 0.7328$. Since the threshold of 0.7 for social sciences (Creswell, 2011; Mugenda & Mugenda, 2008), the questionnaire was thus found to be reliable as $\alpha = 0.7328 > 0.7$.

3.7.3 Trustworthiness and Authenticity of the Qualitative Instruments

According to Creswell (2009), trustworthiness of a research study refers to the truth value or worth of a piece of research. In order to ensure the trustworthiness of this present study and allow readers to develop a comprehensive understanding of the methods and their effectiveness, the researcher has included sections in the report explaining the research design as well as its implementation detailing what was to be carried out in the course of the study, the operational aspect of data gathering addressing the details of what was done in the field and the reflective assessment of the project evaluating the potency of the process of inquiry to be carried out. The researcher also conducted a code-recode procedure on the data

throughout the analysis phase of the study. The researcher further improved on the trustworthiness of the study by means of triangulation to make sure that the weak points of one data collection approach were reimbursed by the use of alternate data-gathering methods.

3.8 Data Collection Procedures

Permission to conduct the research was sought from the National Commission for Science Technology and Innovation (NACOSTI) (Appendix VI) through the Director, Post Graduate Studies of Jaramogi Oginga Odinga University of Science and Technology (Appendix VII). The researcher then proceeded to Ugenya Sub-County Education Office to give information on the intended research in secondary schools in the county. Interview schedules were administered to School Principals (Appendix III) and Teacher Counsellors in the sampled secondary schools in Ugenya Sub-County (Appendix IV). The researcher visited the schools with questionnaires (Appendix VII) that were filled in by the respondents and gave them time to do so before collecting the questionnaires (Appendix II) to ensure adequate return. Completed questionnaires were then collected for purposes of analysis. During the interviews, the researcher recorded responses to questions as given by the respondents. Thus quantitative data was collected using questionnaires from the sampled girls in secondary schools while qualitative data was collected through personal interviews. It took approximately 30 minutes to fill in a questionnaire for the girls and the interviews lasted for between 30 and 45 minutes per participant.

A total of five FGDs were conducted with the peer counsellors in the school. Each FGD was facilitated by the researcher, and had 10 discussants, based on Mugenda and Mugenda (2008) who proposed that on average, 10 (ten) participants who belong to a pre-existing informal or formal group (family or kin, co-workers, elderly group, women's self-help group, neighborhood club, teachers' credit association) prior to the study are adequate to conduct an informative FGD. All FGDs were conducted in a conducive environment, whereby

discussants were encouraged to participate freely without fear. The researcher reassured all participants of their anonymity and confidentiality, and moderated the discussions to ensure that each participant got an opportunity to contribute. One research assistant recorded the proceedings at each FGD.

3.9 Data Analysis

Data analysis is the act of analyzing, cleaning, manipulating, and modeling data in order to identify usable information, propose conclusions, and aid in decision-making (Mugenda, 2008). Data will be both quantitatively and qualitatively as depicted below.

3.9.1 Quantitative Data Analysis

In this study, quantitative data collected using the questionnaires was analysed by both descriptive and inferential statistics. Participant characteristics were presented by use of frequencies and percentages for categorical variables. Variables would be considered statistically significant if $p\text{-value} \leq 0.05$. Descriptive statistics such as percentages and frequencies were used to analyse data. Inferential statistics such as Pearson correlation was also used to analyse to look at the correlation between counselling and the outcome of pregnancy management where the r value was used to determine the correlation. Data analysis was done using STATA Version 13 for Windows. This is as indicated in the quantitative data analysis matrix on Table 3.5

Table 9 Quantitative Data Analysis Matrix

Research objectives	Independent Variable	Dependent Variable	Statistical Tests
1. To determine the effectiveness of peer counselling in management of teenage pregnancy among girls in secondary schools in Ugenya Sub County	effectiveness of Peer Counselling	management of teenage pregnancy	Frequencies and Percentages Pearson Correlation Regression
2. To establish the effectiveness of group counselling in management of teenage pregnancy among girls in secondary schools in Ugenya Sub County	effectiveness of Group Counselling	management of teenage pregnancy	Frequencies and Percentages Pearson Correlation Regression
3. To assess the effectiveness of individual counselling in management of teenage pregnancy among girls in secondary schools in Ugenya Sub County.	effectiveness of Individual Counselling	management of teenage pregnancy	Frequencies and Percentages Pearson Correlation Regression
4. To examine the effectiveness of expert counselling in management of teenage pregnancy among girls in secondary schools in Ugenya Sub County.	effectiveness of Expert Counselling	management of teenage pregnancy	Frequencies and Percentages Pearson Correlation Regression

Source; Researcher (2018)

Table 9 describes the quantitative data analysis matrix, showing the independent and dependent variables in each study objective and also the statistical test that were used to analyse each objective.

3.9.2 Qualitative Data Analysis

Using a theme framework, qualitative data analysis was conducted. (Braun & Clarke, 2006)

Thematic analysis is described as the ways of detecting, analyzing, and reporting patterns or

themes within data and interpreting various elements of a study issue. This involves reading and re-reading the entire set of data to look for patterns of meanings and issues of potential interest before, during or even after analysis. Braun and Clarke (2006) recommended the following six phases for thematic analysis that allowed the researcher to interpret various aspects of study. This is presented in Table 10

Table 10 Steps in Thematic Analysis

No	Phase	Process
1.	Data familiarity	The researcher actively read and re-read her data to familiarize herself with the content to ascertain meanings and trends.
2.	Creating initial codes	The researcher assigned codes for similar patterns and meanings (themes) i.e. most straightforward segment of the raw data that can be assessed in a meaningful way about the issue under study
3.	Sorting themes	The researcher sorted and combined themes to form overarching themes from the whole set of data.
4.	Reviewing themes	The researcher recombined major themes considerations the validity and accuracy in echoing meaning evident in the data set. Missed data may be coded at this level.
5.	Defining/naming themes	The researcher detected the essence of every theme and the aspect of data it captures with respect to the study questions for every theme.
6.	Reporting	The researcher compiled a report with distinct extracts of instances to tell the story of her data convincingly, coherently, logically and without repetition.

Adapted from (Braun & Clarke 2006, p.g 36)

Table 10 indicates the steps and procedures that were employed by the study when coming up with the themes for the thematic analysis of the qualitative data that were obtained from FGDs and interview schedules.

3.9.3 Inductive Approach to Qualitative Data Analysis

According to Azungah (2018), the inductive approach to qualitative data analysis is a research technique that uses sets of codes to lessen bulky written or verbal material into more manageable data from which the researcher can recognise patterns and gain scholarly insight. Liu (2016) adds that this approach to data analysis relies on inductive reasoning, in which themes are developed by the researcher from raw data through repeated examination

and comparison. Therefore, in the present study, the researcher identified key themes from the raw material and reduced them to a set of themes or categories in the area of interest. Samples of some generated themes and codes as well as participants codes that were used in the study are presented in Table 11

Table 11 Samples of interview excerpts, codes and themes Interview excerpts

	codes	Themes
<i>“the girls share from peer counsellors and they trust them because they view them as age mates and this makes information sharing to very easy among our students. This has helped us to manage teenage pregnancies very well in our school” (principal, 1)</i>	LSC	Lateral Social Comparison
<i>“During group counselling sessions that are organized in school, we compare our knowledge with girls who are more knowledgeable in the manageable of teenage pregnancy. We listen a lot to the girls with more knowledge in such issues and its very helpful to us” (peer counsellor, 3, FGD, 4)</i>	USC	Upward social comparison
<i>“The individual therapy has better results as compared to other counselling types when we look at its effective in helping to manage teenage pregnancy and adolescent health related issues that affect our girls” (Principal, 27)</i>	BTO	Best therapy outcomes

Table 11 illustrates the samples of interview excerpts, codes and themes of interview excerpts that were used for thematic analysis of qualitative data.

3.9.4 Ethical Considerations

According to Sagoe (2012), ethical issues are crucial for all types of research. Ethical difficulties refer to questions and dilemmas that emerge about the proper approach to conduct research, particularly how to avoid creating detrimental conditions for study participants. In this study, the researcher verified that ethical rules for doing research were followed such that no ethical principles were compromised.

A consent forms (see Appendix I) was given to the participants to seek their consent as provided in appendix I. The researcher ensured that the participants found the task easy to carry out by explaining the procedure of the research to them. It was made clear to the participants that there would not be any payments or any form of incentives for participation in the study. In addition, the participants were assured that there was no other hidden purpose for collecting the data and it would be used solely for the function of research (Sagoe, 2012). To ensure confidentiality (see Consent Form Appendix I) the researcher agreed with the respondents, that the information provided during interviews was only going to be used for research purposes only. Hence any information given by the participants concerning the research would be treated with utmost care, respect, dignity and confidentiality. In order to achieve this, building a relationship of trust and mutual respect was considered. However, to maintain anonymity of participants, pseudonyms would be employed.

CHAPTER FOUR

4.0: FINDINGS, INTERPRETATIONS AND DISCUSSIONS

4.1 Introduction

In this chapter, study findings based on the data analyzed are provided. The section first presents response return rate, as well as demographic information of the study respondents. It then provides descriptive statistics (frequencies and percentages) on the variables based on the study objectives. Correlation analysis was also tested using Pearson Correlation test while qualitative data obtained from interview schedules were analyzed using thematic content analysis.

4.2 Return Rates of Instruments

The study found that out of the 347 female students (form two and three) that were given questionnaires, 332 duly filled the questionnaires and returned for analysis, while 15 did not fill the questionnaires. As for the interviews and focused group discussion, all the 30 teacher counsellors, 30 school principals and 40 peer counsellors took part in the study. This implies that the study achieved response return rate of 95.7% for female students, 100.0% teacher counsellors, 100% school principals and 100% peer counsellors. Table 12 illustrate a summarized response return rate.

Table 12 Return Rates of Instruments

Respondents	Sample Size	Number Responded	Percentage
Teacher Counsellors	30	30	100.0
School Principals	30	30	100.0
Peer Counsellors	40	40	100.0
Female students	347	332	95.7

Source: Researcher's data, 2020

The study realized a response rate of 91.7% and which was attained because the researcher administered a clearly typed questionnaires, giving enough time to the respondents to

complete the questionnaires and frequently following up to guarantee maximum filling up of the questionnaires. In addition, the researcher carried out face to face interviews with all the peer counsellors, teacher counsellors and 30 school principals. This was achieved after proper orientation to attain rapport and explanation of the intent of the study to the participants. Mugenda & Mugenda, (2008) and Saunders, Lewis & Thornhill, (2012) explain that a response return rate of 50% above is tolerable in social sciences research.

4.3: Demographic Information on the Respondents

There is need to ascertain the distribution of respondents based on specific background and demographic factors. This would ensure adequate representation of views of various stakeholders in the study project. As such, background and demographic information was captured and analyzed that included; distribution of respondents by age, form, availability of G&C department and G&C meetings. Table 13 shows the results

Table 13 Demographic Information on the Respondents

	Variables	Frequency	Percentage
Age	Below 13 years	0	0.0
	14 years to 16 years	189	56.9
	17 years to 19 years	121	36.4
	Above 19 years	22	6.6
Form/class	Form 2	165	49.7
	Form 3	167	50.3
G&C department	Yes	312	94.0
	No	20	6.0
G&C meetings	Yes	296	89.2
	No	36	10.8

Table 13 indicate that majority of the respondents at 56.9% were between 14 to 16 years, while 36.4% were between 17 to 19 years. Only 6.6% were above 19 years while none were below 13 years. On Form/class, 50.3% ere in form three, while 49.7% were in form in form two. The study also found that almost all the respondents at 94.0% agreed that their school had guidance and counselling department in their schools, while only 6.0% indicated

otherwise. Most of the respondents at 89.2% agreed that their schools had guidance and counselling meetings, while only 10.8% disagreed.

4.4: Effectiveness of Peer Counselling and management of teenage pregnancy

Peer counselling is a helping process that involves one-on-one interaction or interaction between an appointed student leader or peer counsellor and a fellow student. The aim is to exchange ideas and explore thoughts, feelings, issues and concerns, with the hope of reaching a clear understanding and make informed decisions. The first study objective sought to determine the effectiveness of peer counselling in management of teenage pregnancy in secondary schools. Peer counselling and its effectiveness in managing teenage pregnancy were assessed using a five-point Likert. The quantitative data illustrated frequency occurrence of every response and also percentages.

4.4.1 Availability and Effectiveness of peer counselling in schools

Respondents were probed to indicate whether peer counselling take place in their schools and whether the program was effective in preventing teenage pregnancies in schools. Figure 3 shows the response

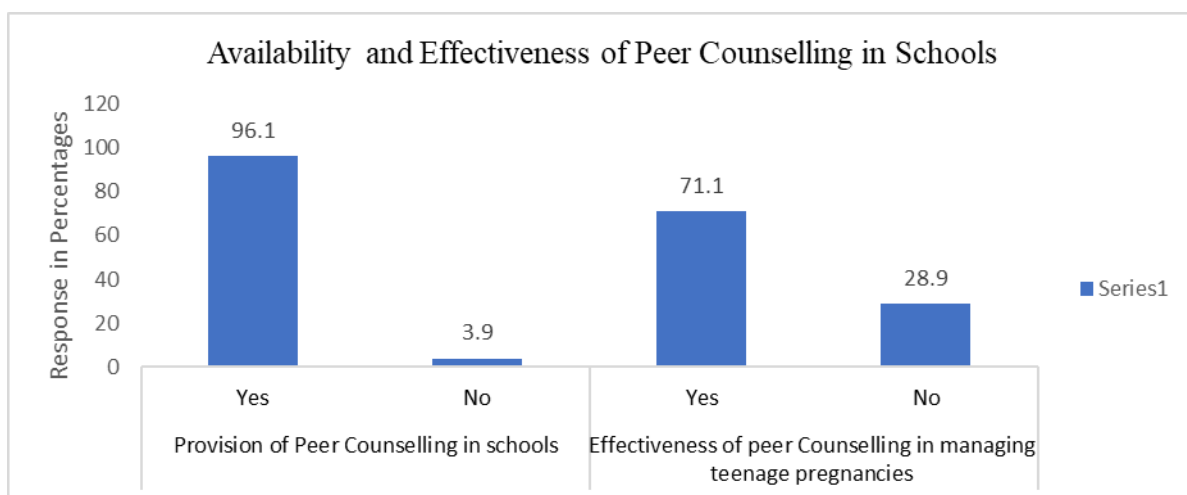


Figure 3 Availability and Effectiveness of peer counselling in schools

The study established that majority of the respondents at 96% confirmed that peer counselling programs were provided in their schools, while only 4% indicated otherwise. On effectiveness, the study found that majority of the respondents at 71.1% indicated that peer

counselling in secondary schools were helpful and effective in controlling teenage pregnancies among the female students in school.

Peer counselling in schools and its effectiveness in management of teenage pregnancies was also evaluated based on a 7-item five level scale. Thus, the emerging data was summarized and aggregated in terms of response frequency and corresponding percentage with reference to each item. Respondents (female students) were asked to tick the ones that applied to them using SA for Strongly Agree, A for Agree, N Neutral, D for Disagree and SD for Strongly Disagree. Table 14 shows the response

Table 14 Peer Counselling and teenage pregnancy management

Statement	SA	A	N	D	SD
Peer counselling has helped me feel attractive	187 (56.3%)	96 (28.9%)	29 (8.7%)	11 (3.3%)	9 (2.7%)
Peer counselling has helped me to attain confidence in my studies	169 (50.9%)	107 (32.2%)	41 (12.3%)	8 (2.4%)	7 (2.1%)
Peer counselling has helped do better in the class	213 (64.2%)	89 (26.8%)	25 (7.5%)	2 (0.6%)	3 (0.9%)
Peer counselling has helped me to be happy	182 (54.8%)	93 (28.0%)	43 (13.0%)	9 (2.7%)	5 (1.5%)
Peer counselling has helped me to solve difficult problems as an adolescent girl	186 (56.0%)	84 (25.3%)	51 (15.4%)	7 (2.1%)	4 (1.2%)
Peer counselling has helped me get means and ways of getting what I want	191 (57.5%)	91 (27.4%)	40 (12.0%)	6 (1.8%)	4 (1.2%)
Peer counselling has enabled me stick to my aims and accomplish my goals	184 (55.4%)	88 (26.5%)	54 (16.3%)	4 (1.2%)	2 (0.6%)
Peer counselling has made me confident to deal efficiently with an expected event such as boyfriend dynamics	191 (57.5%)	97 (29.2%)	36 (10.8%)	5 (1.5%)	3 (0.9%)

On whether peer counselling has helped the female students in feeling attractive, 56.3% of the students strongly agreed, 28.9% agreed, 8.7% remained neutral or were undecided, 3.3%

disagreed, while 2.7% strongly disagreed. This translated to a majority at 85.2% of the respondents supporting the statement while only 6.0% refuting it. This implies that peer counselling in secondary schools has helped most of the female students feel attractive and boost their self-esteem.

The study also found that 50.9% of the students strongly agreed with the statement that peer counselling has helped female students in secondary schools attain confidence in their studies, 32.2% agreed, 12.3% remained neutral, 2.4% disagreed while 2.1% strongly disagreed. Generally, most of the respondents at 83.1% supported the statement, while only 2.5% indicated otherwise. This shows that peer counselling in secondary schools has helped in boosting self-confidence for good academic performance, given that it help in the students in social uprightness, dealing with their daily life challenges, academic work and other social issues.

This shows that peer counselling in secondary schools has helped in boosting self-confidence for good academic performance. This finding agrees with Piquero, Gover, MacDonald and Piquero (2005) which reported that delinquent peer association is an important predictor of delinquency generally, although its effect varies across gender. Similarly, Balot, Garcia and Ancheta (2016) revealed that students have positive perceptions towards the guidance programme provided by peers at the University. They perceived that guidance staff has been of help to them especially in improving themselves.

Qualitative data was obtained using interview schedule for principals, teacher counsellors and focus group discussions for peer counsellors. On the effectiveness of peer counselling in management of teenage pregnancy, the findings revealed that, there are themes which emerged on peer counselling effectiveness.

Lateral Social Comparison

Peer counselling enabled lateral social comparison among the female students as they were able to share their views and knowledge on how to avoid teenage pregnancies. Lateral social comparison: Peer counselling refers to comparing oneself to someone they see as “equal” to themselves in various areas. Most likely, this person would be a peer, as we tend to compare ourselves most often with others of the same age. Some participants indicated that they shared their experiences with other students of similar ages and classes and were able to utilize their ideas that they obtained. Some interview results from participants are presented as follows:

“the girls share from peer counsellors and they trust them because they view them as age mates and this makes information sharing to very easy among our students. This has helped us to manage teenage pregnancies very well in our school” (Principal, 1)

These statements by the school principals were also echoed by the teacher counsellors when one of them said that;

“it’s easy for girls to obtain information from fellow girls who are peer counsellors. They are likely to share very close information that helps them to avoid teenage pregnancy. Most girls trust peer counsellors since they compare their views on how to avoid teenage pregnancy” (TC, 2).

Similarly, during the focus group discussion, one of the peer counsellor had this to say;

“when students consult peer counsellors who are their fellow students, it’s easy to tell them anything because we don’t fear. This has helped many girls to avoid teenage pregnancy because we get very adequate information which helps us to take care of ourselves very well” (PC, 2)

From the interview excerpts, the study concluded that peer counsellors enhanced lateral social comparison which made it easy for the female students to share information with the peer counsellors and hence it reduced the incidences of teenage pregnancy. The lateral social comparison enhanced the effective management of teenage pregnancy among the female students due to peer counselling programmes. Tope (2012) The study concluded that peers exerted great influence on the adolescent through exposure to pornographic films and magazines, romantic novels and discussion of sexual issues as they grew older.

On whether peer counselling has helped female students do better in the class, 64.2% of the students strongly agreed with the statement, 26.8% agreed, 7.5% were undecided, 0.6% disagreed, while 0.9% strongly disagreed. Overall, majority of the respondents at 91.0% supported the statement, while only 1.5% disagreed with it. This shows that peer counselling in school helped in promoting academic performance in schools. The study also found that 54.8% of the respondents strongly agreed with the statement that peer counselling has helped students to be happy in schools, 28.0% agreed, 13.0% were neutral, 2.7% disagreed while 1.5% strongly disagreed. This translates to majority of the respondents at 82.8% agreeing with the statement, while only 4.2% refuting it. This shows that offering peer counselling in secondary school also help in promoting cheerful behaviour among the students. Similarly, Dikeledi (2007) concluded that peer group pressure was the major contributing factor in the problem of drug abuse since these children longed to be accepted by their peers. Another theme which emerged from the qualitative findings on the effectiveness of peer counselling is increased confidence.

Increased self-confidence

The findings also reported that peer counselling led to increased confidence among the girls and this enhanced the management of teenage pregnancy. The girls received confidence from

seeking therapy from peer counsellors who were students like themselves. The increased confidence influenced many girls to manage teen pregnancies and factors which would lead to pregnancies very adequately. Some respondents reported increased confidence from the peer counselling services and it was reported that:

“most of our girls have increased self-confidence in themselves because they have been counselled by peer counsellors in school. Most girls are free with peer counsellors as compared to other counselling techniques or forms that we have. This has had positive impact on how our girls manage sex related matters within and without school” (Principal, 10).

The above statements by the school principal was also supported by one of the teacher counsellors when she said that;

“With our peer counsellors, our girls have gained lots of self-confidence in themselves in their capability of handling teenage pregnancies. Most girls trust their fellows and its very easy for them to share with other girls who are experts and have undergone training on counselling” (Teacher Counsellor, 12)

Similarly, one of the peer counsellors had this to say;

“in most cases, peer counsellors are consulted on matters related to sex and this leads to gains in lots of information from them. Am very confident now, I know I cannot be pregnant and I can advise other girls who are sexually active on how to handle themselves as well to be safe and finish their education” (Peer Counsellor 6, FGD, 1)

From the interview results above, it can be concluded that peer counselling enhanced confidence among girls and this led to effective management of teenage pregnancies in

schools. From the results, it is evident that most girls have trust on fellow students with whom they can share close guarded information on sex related matters affecting their lives within and outside school life. This finding agrees with Mghweno, Mghweno and Baguma (2014) which revealed that accessing individualised G&C services had an effect in shaping students' attitude towards studies and career choice.

The study also found that 56.0% of the students agreed with the statement that peer counselling has helped them in solving difficult problems as an adolescent girl, 25.3% agreed, 15.4% were undecided in this statement, 2.1% disagreed while 1.2% strongly disagreed. Generally, majority of the respondents at 81.3% agreed with the statement, while only 3.3% disagreed. This implies that peer counselling in secondary schools helps adolescents in managing their social and emotional challenges. On whether peer counselling has helped female students get means and ways of getting what they wanted, 57.5% strongly supported the statement, 27.4% agreed, 12.0% remained undecided, 1.8% disagreed, while 1.2% strongly disagreed. This shows that majority of the respondents at 84.9% supported the statement, while only 3.0% indicated otherwise. This implies that offering peer counselling in schools help the students access means and ways of getting whatever they wanted. The study found that 55.4% strongly agreed with the statement that peer counselling has enabled the students stick to their aims and accomplish their goals, 26.5% agreed with the statement, 16.3% remained neutral, and 1.2% disagreed while 0.6% strongly disagreed with the statement. In general, majority of the respondents at 81.9% supported the statement while 1.8% disagreed with the statement. This shows that peer counselling in schools helps the students accomplish both their academic and social goals. This finding is contrary to that of Chireshe (2013) which results revealed that most of the secondary schools from which the respondents came, did not have peer counsellors while some of them mentioned peer

counsellors in the form of peer educators from HIV and AIDS related organisations or NGOs who visited their schools.

Another theme which emerged from the qualitative findings on the effectiveness of peer counselling is role models.

Role models

The findings also indicated that another theme which emerged from peer counsellors was the role models in school. It was reported that there were role model peer counsellors who provided support to other girls through their own lives on how they handled teen pregnancies and other sex related matters. Some respondents reported that some peer counsellors acted as role models to the girls regarding the way in which they handled themselves. Some interview excerpts regarding the role models are presented below:

“we have peer counsellors who are like role models because some had been teen mothers and returned to school and now they are doing very well. We decided to appoint such girls as peer counsellors because they would be a source of encouragement to other girls who are facing similar issues” (Principal, 7)

These statements have also been voiced by Teacher counsellor when he said that;

“having role models among peer counsellors has really helped our girls in school. We have several cases of girls who were pregnant and became teen mothers but later they returned to school and they provide education to other girls on how to take care of themselves so that they avoid pregnancies. This has helped our school so much” (Teacher counsellor, 12).

These statements have also been corroborated by one of the peer counsellors during the focus group discussion when she said;

“we have role models among peer counsellors who are living examples to girls within school. There are peer counsellors who have had lots of challenges but have remained steadfast in their academic work and social lives and have made it to the universities” (Peer Counsellor, 9, FGD, 3)

From the interview results above, it can be concluded that peer counsellors acted as role models to other girls in school and this has enabled girls to manage teen pregnancy related issues. The role models are providing living examples to other girls on how to manage their sex lives and this has proved to be very fruitful in schools. In agreement, Atieno, Odongo, Mobegi, Aloka and Ongoro (2016) also found out that peer counsellors believed that they could influence many students to change their attitudes on issues that expose them to risky sexual activities.

On whether peer counselling has made female students confident to deal efficiently with an expected event such as boyfriend dynamics, 57.5% strongly agreed with the statement, 29.2% agreed with the statement, 10.8% were neutral, 1.5% disagreed while 0.9% strongly disagreed. Overall, majority of the respondents at 86.7% supported the statement, while only 2.4% indicated otherwise. This shows that peer counselling increase self confidence among the female students to manage efficiently with an expected event such as boyfriend dynamics. This finding disagrees with that of Sigilai, & Bett (2013) which found that Head teachers and Teacher counsellors negatively perceived the effectiveness of peer counselling among their learners.

4.4.2 Pearson Correlation Analysis of Peer Counselling and Management of Teenage Pregnancy

To determine the effectiveness of peer counselling in management of teenage pregnancy in secondary schools, a Pearson Correlation test was carried out for the two variables. Since data for peer counselling and teenage pregnancy among female students were assessed through

Likert level for each item, it was meaningful to convert the data into continuous data to allow for the performance of correlation analysis. Therefore, sum of scores for every respondent was drawn from the two scales. The Pearson correlation test was done at 0.05 significance.

Table 15 shows the results

Table 15 Correlation output for peer counselling and management of teenage pregnancy

		Peer Counselling	Management of Teenage pregnancy
Peer Counselling	Pearson Correlation	1	.675**
	Sig.		.00
	<i>n</i>	332	332
Management of teenage pregnancy	Pearson Correlation	.675**	1
	Sig.	.00	
	<i>n</i>	332	332

** . Correlation significant at the 0.05 level (2-tailed).

Table 15 depicts a strong positively correlation ($r = .675$) between peer counselling and the management of teenage pregnancy at $p < 0.05$. This implies that statistically the more peer counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. This finding agrees with Osodo, Mito, Raburu and Aloka (2016) study which reported that peer counselling has a significant role in promoting discipline among students in public secondary schools. On the contrary, Sigilai and Bett (2013) found that Headteachers and Teacher Counselors negatively perceived the effectiveness of peer counselling among their learners.

4.5: Effectiveness of Group Counselling and Management of Teenage Pregnancy

Group counselling is a helping process that involves one-on-one interaction or interaction between members of a group, who have several things in common. In an academic setting, it usually refers to students meeting regularly to discuss, interact, and explore problems with each other guided by a group leader. In this study it refers to groups made up of learners in high school.

4.5.1: Availability and effectiveness of group counselling in schools

Respondents were probed to indicate whether group counselling take place in their schools and whether the program was effective in preventing teenage pregnancies in schools. Figure 4 shows the response

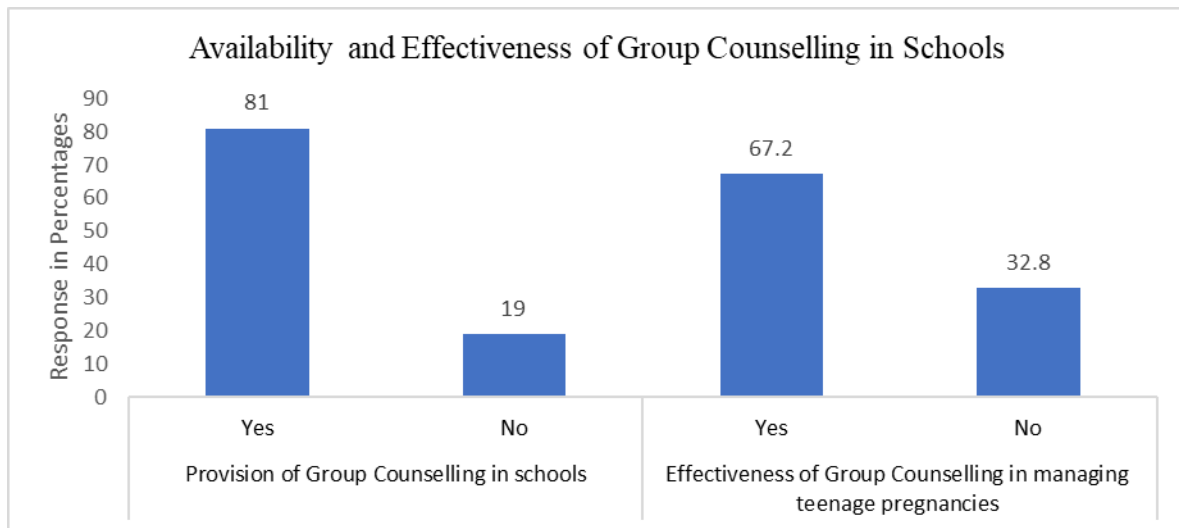


Figure 4: *Availability and Effectiveness of Group Counselling in Schools*

The study established that majority of the respondents at 81% confirmed that group counselling programs were provided in their schools, while 19% indicated that there was no provision of group counseling within the school. On effectiveness, the study found that majority of the respondents at 67.2% indicated that group counselling in secondary schools were effective in controlling teenage pregnancies among the female students in school while 32.8% of the respondents indicated otherwise. In agreement, Townsend (2013) concluded that group-based counselling provides opportunity for adolescents to discuss various arenas of their lives and aspects of themselves, discovering personal strengths that can lead to feelings of competence and an increase in self-esteem.

Group counselling in schools and its effectiveness in management of teenage pregnancies was also evaluated basing on a 7- item five level scale. Thus, the emerging data was summarized and aggregated in terms of response frequency and corresponding percentage with reference

to each item. Respondents (female students) were asked to tick the ones that applied to them using SA for Strongly Agree, A for Agree, N Neutral, D for Disagree and SD for Strongly Disagree. Table 16 shows the response

Table 16 Group Counselling and management of teenage pregnancy

Statement	SA	A	N	D	SD
Group counselling has helped me to manage my social life	189 (56.9%)	88 (26.5%)	33 (9.9%)	10 (3.0%)	12 (3.6%)
Group counselling has helped me to abstain from sex	171 (51.5%)	94 (28.3%)	39 (11.7%)	11 (3.3%)	17 (5.1%)
Group counselling is very effective to me	178 (53.6%)	79 (23.8%)	52 (15.7%)	9 (2.7%)	14 (4.2%)
Group counselling has helped to I feel equal with other classmates	182 (54.8%)	85 (25.6%)	43 (13.0%)	10 (3.0%)	12 (3.6%)
Group counselling has helped to handle peer pressures in school	166 (50.0%)	98 (29.5%)	52 (15.7%)	6 (1.8%)	10 (3.0%)
Thanks to Group counselling, I can now handle unforeseen situations.	181 (54.5%)	93 (28.0%)	38 (11.4%)	9 (2.7%)	11 (3.3%)
With the help of Group counselling, I can now remain calm when faced with difficulties	174 (52.4%)	107 (32.2%)	36 (10.8%)	8 (2.4%)	7 (2.1%)

On whether group counselling has helped the respondents to manage their social life, 56.9% of the students strongly agreed, 26.5% agreed, 9.9% remained neutral, 3.0% disagreed, while 3.6% strongly disagreed. This translated to a majority of the respondents at 83.4% supporting the statement while only 6.6% refuting it. This implies that group counselling has helped female students in the schools to manage their social life while at school and at home. The study found that 51.5% of the students strongly agreed with the statement that group counselling has assisted them to abstain from sex, 28.3% agreed, 11.7% remained neutral, 3.3% disagreed while 5.1% strongly disagreed. Generally, most of the respondents at 79.8% supported the statement, while only 8.4% indicated otherwise. This shows that group counselling in secondary schools has helped the students in abstaining from sex hence

making the students focus more in their studies and improving their performance. In agreement, Kok, Low, Lee and Cheah (2012) findings suggest that the counselling provision is well established as a form of service in the government secondary schools. The guidance programme was found to be centralized, unpopular, and the experience of the counsellors was needs driven, rather than a whole school integrated approach.

Qualitative data was obtained using interview schedule for principals, teacher counsellors and focus group discussions for peer counsellors. On the effectiveness of group counselling in management of teenage pregnancy, the findings revealed that, there are themes which emerged on group counselling effectiveness.

Upward social comparison

Upward social comparison was reported as one of the themes which emerged from group counselling in the management of teenage pregnancy among girls. Upward comparison occurred when girls compared themselves to some other girls in the same group whom they perceived to be superior in the management of teenage pregnancy. Some respondents reported that upward social comparison existed during school group counselling sessions that were organized for the girls. Some girls compared their situations with other girls who were better off in the management of teenage pregnancy and related issues. Some interview results on this theme are reported below:

“During group counselling sessions that are organized in school, we compare our knowledge with girls who are more knowledgeable in the manageable of teenage pregnancy. We listen a lot to the girls with more knowledge in such issues and its very helpful to us” (Peer Counsellor, 3, FGD, 4)

These statements by one of the peer counsellors have also been echoed by school principal when she said that said;

“We have group counselling sessions organized per class at times and at times as a school, and we have seen girls who have little knowledge rely on other girls who have received more training on adolescent sex related matters and this has really helped us to reduce the teenage pregnancy cases in school” (School Principal, 5)

Similarly, one of the Teacher Counsellors supported these statement when she said;

“There are structured group counselling sessions for girls in school every term and we give girls to share their experiences. The other girls are able to draw their experiences from other more knowledgeable girls on sex related matters and adolescent health issues” (Teacher counsellor, 14)

From the interview results above, it can be concluded that group counselling made the girls to compare upwards socially with those who were perceived to be better off or more knowledgeable in managing teen pregnancy. This enhanced effective management of teenage pregnancy among the girls in secondary schools. On the contrary, Mohammad and Abdel-Rahman (2015) study concluded that use of Rational Emotive Behaviour Therapy (REBT) was not gender specific since statistical analysis revealed no statistically significant difference between males and females ($\alpha= 0.05$).

The students view on whether group counselling is very effective to them, 53.6% of the students strongly agreed with the statement, 23.8% agreed, 15.7% were undecided, 2.7% disagreed, while 4.2% strongly disagreed. Overall, majority of the respondents at 77.4% supported the statement, while only 6.9% disagreed with it. 15.7% of the students were uncertain as to whether group counselling was very effective to them. This shows that group counselling effectiveness to the students in schools has helped the students to learn from one another and has in turn helped in preventing student pregnancies in the schools. The study

also found that 54.8% of the respondents strongly agreed with the statement that group counselling has helped the students to feel equal with other classmates, 25.6% agreed, 13.0% were neutral, 3.0% disagreed while 3.6% strongly disagreed. This translate to majority of the respondents at 80.4% agreeing with the statement, with only 6.6% refuting it. This shows that group counselling in the schools has assisted in making students to feel as equals among themselves as they get to learn from one another. In agreement, Farnoodian (2016) study concluded that group reality therapy is influential in promoting the mental health and self-esteem of the students. Similarly, Tope, (2012) results partially support the hypothesis that the program using reality therapy is effective to increase self-esteem and parent-children human relationships. Another theme which emerged from the qualitative findings on the effectiveness of peer counselling is downward social comparison.

Downward social comparison

Down ward social comparison was also reported by participants on the effectiveness of group counselling in the management of teen pregnancy. The downward comparison is defined by making a comparison with someone perceived to be inferior, and in this case, girls who look at themselves as worse off in managing teen pregnancy would see others that they are better off to. This was revealed by few participants who developed confidence after making comparison with other students that they were better off. Some interview results from respondents are reported below:

“During group counselling, there are girls who think that they worse off in managing teenage pregnancy, but they compare with others whom they find to be worse off than themselves. In such cases, the girls who are feeling to have inadequate knowledge gain confidence because they get others who are relatively weak in managing teenage pregnancy” (Teacher counsellor, 18)

These statements by one of the teacher counsellors have also been supported by peer counsellors when she said that said;

“in our group therapy sessions in school, I have seen girls who are actually worse off than others on how to manage teenage pregnancies but this gives lots of hopes that they are better off than many others” (peer counsellor 6, FGD, 3)

From the interview results above, it can be concluded that group counselling helped the girls to make downward comparison and led to confidence as they would get that they are better off as compared to other students in the management of teenage pregnancy. The study finding agrees with William, (2012) study which showed that group counselling design is effective in helping ex-drug addicts to kick their drug-seeking behaviour.

The study also found that 50.0% of the students strongly agreed with the statement that group counselling has helped them to handle peer pressure in school, 29.5% agreed, 15.7% were undecided, 1.8% disagreed while 3.0% strongly disagreed. Generally, majority of the respondents at 79.5% agreed with the statement, while only 4.8% disagreed. This implies that group counselling in secondary schools has helped the students in handling their peer pressure making them to think twice before following what others are doing hence preventing school pregnancies among the students. From the study, 54.5% of the students strongly support the statement that, thanks to group counselling I can now handle unforeseen situations while 28.0% agreed, 11.4% remained undecided, 2.7% disagreed and 3.3% strongly disagreed. This shows that majority of the respondents at 82.5% supported the statement, while only 6.0% indicated otherwise. This implies that offering group counselling to the students has assisted them in handling unforeseen situations which has made it easier for them to make better judgments even in new situations as they learn from one another. In

agreement, Len (2018) revealed that group counselling techniques influence risk behaviour management among secondary school students.

Another theme which emerged from the qualitative findings on the effectiveness of peer counselling is high efficacy on numbers.

High efficacy on large numbers

The qualitative findings also reported that group counselling was very effective in managing teenage pregnancies because a large number of girls could be counselled at once in a very short or limited time. The findings indicated that group counselling was effective when there were large numbers involved either as classes or as schools as a whole. Some respondents reported that:

“group counselling is highly effective when we are dealing with large numbers of students like if it’s a whole school or class. I have seen us use group therapy to address cases of teen pregnancies and related sex matters among each classes where we find the problem very prominent” (Teacher counsellor, 20)

These statements by one of the teacher counsellors have also been echoed by school principal when she said that said;

“when handling large numbers of girls, it has been very easy to use group therapy because they are reached at once. We mostly use group therapy to address teenage pregnancy issues or sex related matters among our girls” (Principal, 15)

Also, one of the peer counsellors equipped that;

“in our school, we use group counselling for each class or hostel to talk to girls about adolescent health matters. We are able to reach many girls at once in our

school. We see as very effective in handling large numbers of students when doing therapy” (Peer Counsellor 10, FGD, 1)

From the interview results, the study concluded that group counselling enhances high efficacy in handling many students at a given time. The group therapy is highly efficacious on handling many groups of students and it has been very effective in managing teen pregnancy related issues. In agreement, Agi (2017) results indicated that group counseling strategies were effective in improving student’s study behavior. Similarly, Ochieng’ (2013) study recommended group therapy for learners of both genders to increase knowledge about their sexuality.

On whether with the help of group counselling, students can remain calm when faced with difficulties 52.4% strongly agreed with the statement, 32.2% agreed with the statement, 10.8% were neutral, 2.4% disagreed while 2.1% strongly disagreed. Overall, majority of the respondents at 84.6% supported the statement, while only 4.5% indicated otherwise. This shows that group counselling has enabled the students to remain calm when faced with difficulties and not to rush into doing anything that would put them at more risk hence making the students know how to manage difficult situations. On the contrary, Maluwabanda (2008) study revealed that majority of the school counsellors had had no formal training in group G&C since school G&C was still in its infancy.

4.5.2 Pearson Correlation Analysis of Group Counselling and Management of Teenage Pregnancy

To determine the effectiveness of group counselling in management of teenage pregnancy in secondary schools, a Pearson Correlation test was carried out for the two variables. Since data for group counselling and management of teenage pregnancy among female students were assessed through Likert level for each item, it was meaningful to convert the data into continuous data to allow for the performance of correlation analysis. Therefore, sum of scores

for every respondent was drawn from the two scales. The Pearson correlation test was done at 0.05 significance. Table 17 shows the results

Table 17 Correlation output for Group counselling and management of teenage pregnancy

		Group Counselling	Management of teenage pregnancy
Group Counselling	Pearson Correlation	1	-.512**
	Sig.		.00
	<i>N</i>	332	332
Management of teenage pregnancy	Pearson Correlation	-.512**	1
	Sig.	.00	
	<i>N</i>	332	332

** . Correlation significant at the 0.05 level (2-tailed).

Table 17 depicts average positively correlation ($r = .512$) between group counselling and the management of teenage pregnancy at $p < 0.05$. This implies that statistically the more group counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. In agreement, Jumba (2017) study revealed that group counselling methods were crucial in the socialization process of teen mothers in schools. On the contrary, Toto (2014) study established that group counselling was offered in schools but most students were not willing to seek G&C when faced with problems.

4.6: Effectiveness of Individual Counselling and Management of Teenage Pregnancy

Respondents were probed to indicate whether individual counselling take place in their schools and whether the program was effective in preventing teenage pregnancies in schools.

Figure 5 shows the response

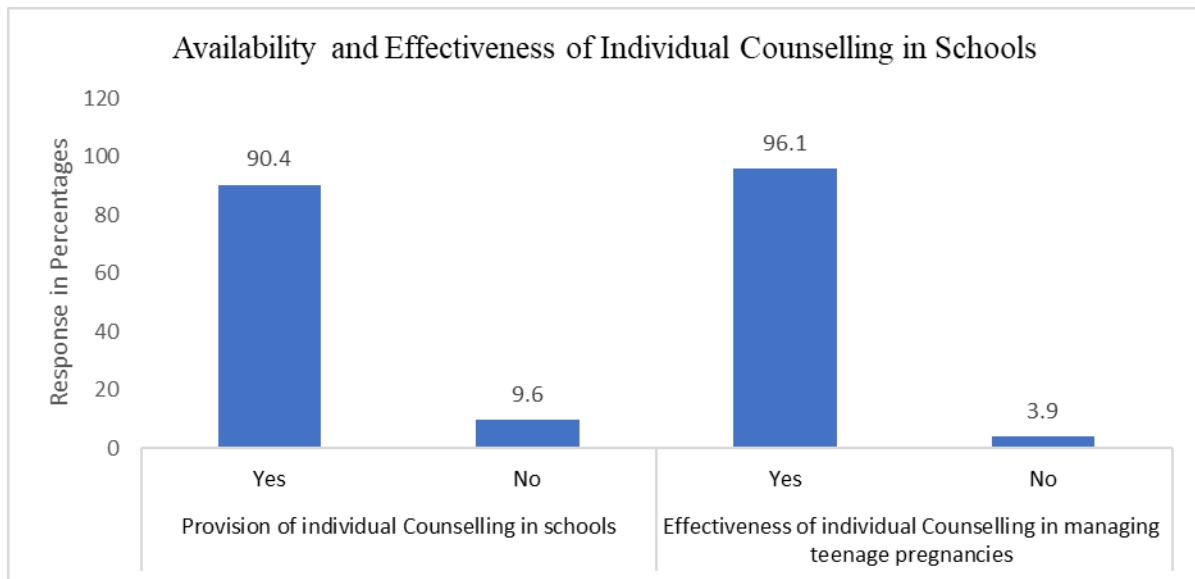


Figure 5: *Availability and Effectiveness of Individual Counselling in Schools*

The study established that majority of the respondents at 90.4% confirmed that individual counselling was provided in their schools, while 9.6% indicated that there was no provision of individual counselling within their schools. On the effectiveness, the study found that majority of the respondents at 96.1% indicated that individual counselling in secondary schools were effective in controlling teenage pregnancies among the female students in school while 3.9% of the respondents indicated otherwise. In agreement, Jalali and Dehghan (2017) found that individualized counselling was effective in reducing perceived stress in patients before surgery. The study recommended that individualized counselling can be used to reduce the perceived stress of patients before surgery.

Individual counselling in schools and its effectiveness in management of teenage pregnancies was also evaluated basing on a 7- item five level scale. Thus, the emerging data was summarized and aggregated in terms of response frequency and corresponding percentage with reference to each item. Respondents (female students) were asked to tick the ones that applied to them using SA for Strongly Agree, A for Agree, N Neutral, D for Disagree and SD for Strongly Disagree. Table 18 shows the response

Table 18 Individual Counselling and management of Teenage pregnancies

Statement	SA	A	N	D	SD
Individual counselling has helped me to manage my social life	214 (64.5%)	73 (22.0%)	28 (8.4%)	8 (2.4%)	9 (2.7%)
Individual counselling has helped me to abstain from sex	208 (62.7%)	83 (25.0%)	24 (7.2%)	10 (3.0%)	7 (2.1%)
Individual counselling is very effective to me	199 (59.9%)	76 (22.9%)	37 (11.1%)	11 (3.3%)	9 (2.7%)
Individual counselling has helped to handle boyfriend issues	202 (60.8%)	85 (25.6%)	31 (9.3%)	9 (2.7%)	5 (1.5%)
Individual counselling has helped to handle peer pressures in school	209 (63.0%)	71 (21.4%)	33 (9.9%)	10 (3.0%)	9 (2.7%)
Thanks to individual counselling, I can now handle unforeseen situations.	211 (63.6%)	63 (19.0%)	40 (12.0%)	10 (3.0%)	8 (2.4%)
With the help of individual counselling, I can now remain calm when faced with difficulties	198 (59.6%)	77 (23.2%)	38 (11.4%)	9 (2.7%)	10 (3.0%)

From table 18, 64.5% of the respondents strongly agree with the statement that, individual counselling has helped the students to manage their social life, 22.0% agreed, 8.4% remained neutral, 2.4% disagreed, while 2.7% strongly disagreed. This translated to a majority of the respondents at 86.5% supporting the statement while only 5.1% refuting it. This implies that individual counselling provided at the schools has helped the students in managing their social life while at school and at home. The study found that 62.7% of the students strongly agreed with the statement that, individual counselling has helped the students to abstain from sex, 25.0% agreed, 7.2% remained neutral, 3.0% disagreed while 2.1% strongly disagreed. Generally, most of the respondents at 87.7% supported the statement, while only 5.1% indicated otherwise. This shows that individual counselling offered in secondary schools has helped the students in abstaining from sex and this in turn reduces the number of unplanned pregnancies among the students. This finding agrees with that of Brown (2013) which

showed that the individualised programme was successful in encouraging participants to practice safer sex, but was unsuccessful in preventing additional pregnancies out of wedlock or improving moral values, as all but one participant had gone on to have more children and were living with a man to whom they were not married.

Qualitative data was obtained using interview schedule for principals, teacher counsellors and focus group discussions for peer counsellors. On the effectiveness of individual counselling in management of teenage pregnancy, the findings revealed that, there are themes which emerged on individual counselling effectiveness.

Increased attention

The qualitative finding indicated that increased attention was reported as a theme from the individual counselling in an attempt to address the teenage pregnancy problems among girls. It was reported that most respondents reported that individualized counselling led to increased attention on the clients hence it led to better management of teenage pregnancy mechanisms among girls in secondary schools. The results indicate that increased attention was realized because the girls who had needs of counselling had attention from the therapists for their own issues. Some respondents reported that:

“individual counselling is very effective because it has resulted to increased attention for girls who seek the therapy from counsellors’ ion school. The girls are able to explain their problems very well to the counsellor” (Principal, 25)

These statements by one of the school principals were also supported by teacher counsellors when she said that said;

“We have had very good outcomes with individual counselling because the girls who seek this therapy have reported that the therapists have provided them with increased attention in an attempt to address their sex related questions and

issues. This has helped most of our girls in schools and we see as very effective to us” (Teacher counsellor, 24)

Similarly, during the focus group discussion session with the peer counsellors, one of the peer counsellors had this to say;

“There are instances when we use individual therapy during counselling in school and it gives the girls the opportunity to express their problems to the counsellor without any fears at all because they are only two persons in the therapy room. This method has made girls to be very informed because of increased attention that they receive from counsellors” (Peer counsellor, 8, FGD, 3)

From the qualitative results on the theme of increased attention, it can be concluded that individual counselling is very effective in the management of pregnancy and adolescent related matters among girls. This finding agrees with Maselli, Maselli, Gobbi, Gobbi, Carraro and Carraro (2019) which revealed that students in the individual counselling group increased self-reported energy expenditure.

The study found that the students view on whether individual counselling is very effective to them as 59.9% of the students strongly agreed with the statement, 22.9% agreed, 11.1% were undecided, 3.3% disagreed, while 2.7% strongly disagreed. Overall, majority of the respondents at 82.8% supported the statement, while only 6.0% disagreed with it. This shows that individual counselling effectiveness to the students in school has helped the students to focus on themselves and their studies hence improving their performance while preventing pregnancies in schools. Individual therapy gives one the chance to explore conscious or subconscious habits, emotions, and behaviours that could be causing the teenage students to engage in coitus.

The study also found that 60.8% of the students strongly agreed with the statement that individual counselling has helped them to handle boyfriend issues, 25.6% agreed, 9.3% were neutral, 2.7% disagreed while 1.5% strongly disagreed. This translate to majority of the respondents at 86.4% agreeing with the statement, while only 4.2% refuting it. This shows that individual counselling in schools has helped the female students to handle boyfriend issues and assist them to make better decisions when it came to having boyfriends while at school to help them to prevent teenage pregnancies. This finding agrees with Thin, Liabsuetrakul, McNeil and Htay (2013) which concluded that limited individualized exposure to reliable SRH information among youths through possible mass media, especially among males, is an urgent issue.

Another theme which emerged from the qualitative findings on the effectiveness of peer counselling is best therapy outcomes.

Best therapy outcomes

The qualitative findings from participants indicated that one theme that was reported was best therapy outcomes from individual counselling. Best therapy outcome was realized from the individualized sessions that was available for girls during the therapy sessions in school. The findings reported that the girls would receive the best counselling and therapy outcomes when exposed to individual counselling. This has led to better management of adolescent health related issues among girls in secondary schools. Some respondents reported that:

“The individual therapy has better results as compared to other counselling types when we look at its effective in helping to manage teenage pregnancy and adolescent health related issues that affect our girls” (Principal, 27)

These sentiments by school principals were also shared by one of the teacher counsellor when she said that said;

“there are better outcomes that come with individual counselling on our girls because there is maximum confidentiality which makes a good result from the therapy. The girls have benefited so much from individual counselling which is available through the teacher counsellor in school” (Teacher counsellor, 28)

During the focus group discussion, one of the peer counsellors also voiced that;

“in most cases, when girls go for individual counselling, there are best outcomes that are realized because they can ask all the questions that they have with them. The girls leave the counselling room with all their issues attended to and they are able to so much better” (Peer counsellor, 8, FGD, 2)

From the qualitative results above, it can be concluded that individual counselling leads to the better therapy results because the girls have opportunity to have all their issues well addressed by the therapists. This finding agrees with Oringanje, Meremikwu, Eko, Esu, Meremikwu and Ehiri (2016) study which showed that personalised interventions lowered the risk of unintended pregnancy among adolescents.

The study also found that 63.0% of the students strongly agreed with the statement that individual counselling has helped them to handle peer pressure in school, 21.4% agreed, 9.9% were undecided, 3.0% disagreed while 2.7% strongly disagreed. Generally, majority of the respondents at 84.4% agreed with the statement, while only 5.7% disagreed. This implies that individual counselling in secondary schools has helped the students in handling their peer pressure while at school and home as they seek guidance before they emulate what their peers are doing and this in turn has assisted in preventing school pregnancies among the students.

From the study, 63.6% of the students strongly agree with the statement that, thanks to group counselling I can now handle unforeseen situations while 19.0% agreed, 12.0% remained undecided, 3.0% disagreed and 2.4% strongly disagreed. This shows that majority of the respondents at 82.6% supported the statement, while only 5.4% indicated otherwise. This implies that offering individual counselling for the students has assisted them in handling unforeseen situations while at school and at home and this helps in reducing teenage pregnancies as the students have guidance on what to do when faced with such situations. In agreement, Okonta, Ubaka and Arukwe (2013) study concluded that individualized therapy enabled respondents to adopt less risky lifestyle. The qualitative findings also indicated that another theme reported from the individual counselling is the high therapy satisfaction.

High therapy satisfaction

This was reported by most participants who indicated that individual counselling enhanced the management of teenage pregnancies because it led to high therapy satisfaction. The respondents were of the opinion the individual therapy was highly regarded because it made girls highly satisfied with the way their issues have been handled by the therapists. Some respondents reported that:

“most girls have reported lots of satisfaction when they attend individual counselling sessions with the teacher counsellor’s ion school. The girls have reported that they become satisfied because much of their questions are addressed by the therapist” (Teacher Counsellor, 24)

These sentiments by one of the teacher counsellors were also shared by another teacher counsellor when she said that said;

“girls like individual counselling because of fear of shame on sharing their issues in a group, so individual counselling has proven to be very popular among our girls. We see they are very happy with it” (Teacher counsellor, 30)

Similarly, one of the peer counsellor during the FGD voiced that;

“in our school, we see many girls opting for individual therapy especially for those with serious cases that need lots of attention and confidentiality. The girls with early sexual activities have been assisted through this method” (Peer counsellor, 6, FGD, 3)

From the qualitative results above, it can be concluded that great therapy satisfaction has been realized with individual counselling by therapists. The students have reported lots of satisfaction after undergoing individual therapy as opposed to other counselling types. In agreement, Dupas, (2019) study found that providing individualised information on the relative risk of HIV infection by partner’s age led to a 28% decrease in teen pregnancy, an objective proxy for the incidence of unprotected sex.

On whether with the help of individual counselling, students can remain calm when faced with difficulties 59.6% strongly agreed with the statement, 23.2% agreed with the statement, 11.4% were neutral, 2.7% disagreed while 3.0% strongly disagreed. Overall, majority of the respondents at 82.8% supported the statement, while only 5.7% indicated otherwise. This shows that individual counselling offered to the students has enabled them to remain calm when faced with difficulties and know how to handle the situation prudently from the guidance that they have been given reducing the number of teenage pregnancies as the students can better manage the difficult situations when they are calm. In agreement, Mboya (2015 revealed that most schools are offering more of group and entire school forms of G&C than individual counselling.

4.6.1: Pearson Correlation Analysis of Individual Counselling and Management of Teenage Pregnancy

To determine the effectiveness of individual counselling in management of teenage pregnancy in secondary schools, a Pearson Correlation test was carried out for the two variables. Since data for individual counselling and management of teenage pregnancy among female students were assessed through Likert level for each item, it was meaningful to convert the data into continuous data to allow for the performance of correlation analysis. Therefore, sum of scores for every respondent was drawn from the two scales. The Pearson correlation test was done at 0.05 significance. Table 19 shows the results

Table 19 Correlation output for individual counselling and management of teenage pregnancy

		Individual Counselling	Management of teenage pregnancy
Individual Counselling	Pearson Correlation	1	.634**
	Sig.		.00
	<i>N</i>	332	332
Management of teenage pregnancy	Pearson Correlation	.634**	1
	Sig.	.00	
	<i>N</i>	332	332

** . Correlation significant at the 0.05 level (2-tailed).

Table 19 depicts a strong positively correlation ($r = .634$) between individual counselling and the management of teenage pregnancy at $p < 0.05$. This implies that statistically the more individual counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. This finding is contrary to that of Oyieyo (2012) which revealed that individualised G&C services were offered in the schools and most of the principals considered it important but lacked the necessary material and literature support.

4.7: Effectiveness of Expert Counselling and Management of Teenage Pregnancy

Respondents were probed to indicate whether expert counselling take place in their schools and whether the program was effective in preventing teenage pregnancies in schools. Figure 6 shows the response

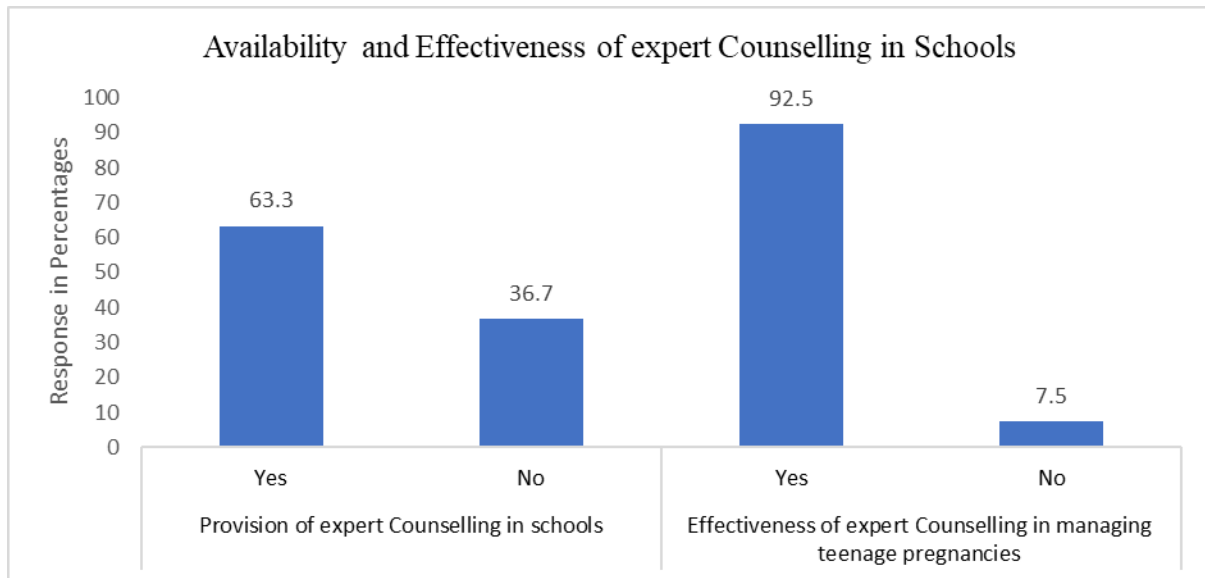


Figure 6: *Availability and Effectiveness of Expert Counselling in schools*

The study established that majority of the respondents at 63.3% confirmed that the school does provide expert counselling, while 36.7% indicated that there was no provision of expert counselling within their schools. On the effectiveness, the study found that majority of the respondents at 92.5% indicated that expert counselling in secondary schools was effective in managing teenage pregnancies among the female students in school while 7.5% of the respondents indicated otherwise. This finding agrees with Frost and Forrest (2019) which showed that school-based activities and expert counselling help learners to identify the source of and motivation behind pressures to engage in risky behaviour including sex and to assist them in developing skills to resist such pressures.

Expert counselling in schools and its effectiveness in management of teenage pregnancies was also evaluated based on a 7-item five level scale. Thus, the emerging data was summarized and aggregated in terms of response frequency and corresponding percentage with reference

to each item. Respondents (female students) were asked to tick the ones that applied to them using SA for Strongly Agree, A for Agree, N Neutral, D for Disagree and SD for Strongly Disagree. Table 20 shows the response

Table 20 Expert Counselling and Management of teenage pregnancies

Statement	SA	A	N	D	SD
Expert counselling has helped me to handle peer pressure	162 (48.8%)	96 (28.9%)	48 (14.5%)	15 (4.5%)	11 (3.3%)
Expert counselling has helped me to manage social issues	178 (53.6%)	93 (28.0%)	43 (13.0%)	8 (2.4%)	10 (3.0%)
Expert counselling has helped me to feel bold about myself	159 (47.9%)	96 (28.9%)	52 (15.7%)	16 (4.8%)	9 (2.7%)
Expert counselling has helped me to have high self-esteem	166 (50.0%)	105 (31.6%)	39 (11.7%)	12 (3.6%)	10 (3.0%)
My expert counsellor has enabled me solve most problems	182 (54.8%)	91 (27.4%)	41 (12.3%)	9 (2.7%)	9 (2.7%)
With the help of my counsellor, I can now regain self confidence	177 (53.3%)	93 (28.0%)	47 (14.2%)	7 (2.1%)	8 (2.4%)
With the help of my expert counsellor am able to think of solution whenever I am in trouble	158 (47.6%)	107 (32.2%)	44 (13.3%)	11 (3.3%)	12 (3.6%)

From the study, 48.8% of the respondents strongly agree with the statement that, expert counselling has helped the students to handle peer pressure, 28.9% agreed, 14.5% remained neutral, 4.5% disagreed, while 3.3% strongly disagreed. This translated to a majority of the respondents at 77.7% supporting the statement while only 7.8% refuting it. This implies that expert counselling in secondary school does help the students in handling peer pressure which is one of the contributing factors to teenage pregnancies in school. The study found that 53.6% of the students strongly agreed with the statement that, expert counselling has helped them to manage social issues, 28.0% agreed, 13.0% remained neutral, 2.4% disagreed while 3.0% strongly disagreed. Generally, most of the respondents at 81.6% supported the statement, while only 5.4% indicated otherwise. This shows that expert counselling does help

the students in managing their social life both at school and home. In agreement, Nichols, Javidani, Rodriguez, Emerson and Donenberg (2016) study concludes that that targeted interventions to increase maternal monitoring of high-risk teens may be beneficial for girls with a sibling history of teenage pregnancy.

Qualitative data was obtained using interview schedule for principals, teacher counsellors and focus group discussions for peer counsellors. On the effectiveness of expert group counselling in management of teenage pregnancy, the findings revealed that, there are themes which emerged on expert counselling effectiveness.

Increased knowledge

Increased knowledge meant that the expert counsellors made the girls have increased knowledge in the management of teen pregnancies. Most of the respondents reported that there were expert counsellors who were invited into school by principals to address the girls on the ways of managing teenage pregnancies. Some of the respondents reported that:

“we have expert counselling services that are being offered by our principal in school every term of the academic year. During this sessions, girls have reported increased knowledge because bring them medical personnel, lecturers and other professionals who talk to them on how they can manage teenage pregnancies, and this has proved to very helpful to our school because it has minimized cases of pregnancies” (Teacher counsellor, 7)

These sentiments by one of the teacher counsellors were also corroborated by one of the school principals when she said that;

“there are expert counsellors who come to our school always to talk to the girls on how to manage their lives. We have seen lots of increased knowledge from the many talks that we have had with the expert counsellors, and this continues to

bear fruit as the girls are able to handle issues of pressures that lead to teen pregnancies” (Principal, 8)

Similarly, one of the peer counsellors during the FGD session opined that;

“in our school, we have had many expert counsellors who come to talk to us on various matters related to academic and sex. We have relay had the opportunity to gain lots of information from the counsellors who have widened our knowledge on how to address issues that may make us get pregnant” (Peer Counsellor 3, FGD, 2)

From the interview results above, the expert counselling was very effective in managing teenage pregnancies among girls in secondary schools because of the increased knowledge that they obtained. This gives the implications that most expert counsellors are well equipped with adequate knowledge which are meant to assist the girls in secondary schools. In agreement, Devkota, Khan, Alam, Sapkota and Devkota (2017) study concluded that specialised counselling therapy had a positive impact on knowledge, attitude and practice of pregnant women towards medication and thus it could be considered a suitable method to encourage safe medication during pregnancy.

The study found that expert counselling does help the students to feel bold about themselves as 47.9% of the students strongly agreed with the statement, 28.9% agreed, 15.7% were undecided, 4.8% disagreed, while 2.7% strongly disagreed. Overall, majority of the respondents at 76.8% supported the statement, while only 7.5% disagreed with it. This shows that expert counselling assists in making the students to feel bold about themselves and this makes them love themselves more hence they are in a better position to say no to instances which can lead them to teenage pregnancies. The study also found that 50.0% of the students strongly agreed with the statement that expert counselling helped them have high self-esteem,

31.6% agreed, 11.7% were neutral, 3.6% disagreed while 3.0% strongly disagreed. This translates to a majority of the respondents at 81.6% agreeing with the statement, while only 6.6% refuted it. This shows that expert counselling has a positive impact on students in having high self-esteem as they are taught about loving themselves and being assertive, this impacts students who can easily say no to situations leading them to unplanned pregnancies while in school. In agreement, Adhikari and Tamang (2017) study suggests that school or college-based sexuality education could benefit even out-of-school youths, because their partners often are students.

From qualitative findings on effectiveness of expert counselling, another theme which emerged on expert counselling effectiveness was increased efficiency.

Increased efficiency

The qualitative results also indicated that another theme which emerged from the study was that increased efficiency has resulted from expert counselling in the management of teenage pregnancy. The respondents reported that there was increased efficiency because of the individualized counselling and this made the management of teenage pregnancy to be highly effective. Some respondents reported that:

“We can see lots of increased efficiency on the use of individual counselling on the girls in the management of teen pregnancies. The students are able to get very detailed information that they need on how they can manage the adolescent health related issues” (Principal, 23)

These sentiments by school principals were also shared by one of the teacher counsellors when she said that said;

“there many instances when girls go for expert counselling especially when we invite doctors, nurses or senior professionals to address our girls on sex related matters. This has proven to be very effective in helping to address teenage pregnancies” (Teacher counsellor, 30)

The statements have also been voiced by the peer counsellors when one of them had this to say;

“most girls really prefer expert counsellors who have detailed knowledge on pregnancies and other issues that affect them. This form of therapy is very useful in helping our girls to avoid pregnancies” (Peer counsellor, 10, FGD, 4)

From the results above, it can be concluded that increased efficiency has been achieved by expert counselling. This has eventually led to better management of teenage pregnancies among the girls in secondary schools. In contrary, Nalenga (2012) reported that lack of counselling services contributed to the increase of unintended pregnancy among adolescents in Ethiopia.

The study also found that 54.8% of the students strongly agreed with the statement that expert counselling has enabled them solve most problems that they face, 27.4% agreed, 12.3% were undecided, 2.7% disagreed while 2.7% strongly disagreed. Generally, majority of the respondents at 82.2% agreed with the statement, while only 5.4% disagreed. This implies that expert counselling has enabled the students solve most of their problems as they do have a counsellor who listens to them and advices them appropriately and this in turn helps them make better choices when faced with a situation. From the study, 53.3% of the students strongly agree with the statement that, with the help of my counsellor I can now regain my self-confidence, 28.0% agreed, 14.2% remained undecided, 2.1% disagreed and 2.4% strongly disagreed. This shows that majority of the respondents at 81.3% supported the statement, while only 4.5% indicated otherwise. This implies that expert counselling to the

students has a positive impact on them regaining their self confidence in themselves and this makes it easy for them to say no to sex and stand by it which helps in reducing the number of teenage pregnancies in schools. This finding agrees with Mturi and Gaeawe (2014) which concluded that specialised gender and year of study were significant determinants of first sexual encounter and recommended that the pregnancy and HIV/AIDS prevention programme on campus should focus on ways to minimize irresponsible sexual activities focusing more on female learners. The qualitative results also indicated that another theme which emerged from expert counselling was Increased consultation levels

Increased consultation levels

This meant that expert counselling resulted to increased consultation levels with the therapists and this benefited the girls who sought the therapy services. The respondents reported that there was increased consultations which finally led to better management of teenage pregnancies in schools. Some of the respondents reported that:

“the expert counselling is viewed as very beneficial to our girls because they can consult more with the therapists. This made us to realize very reduced cases of teenage pregnancies in our school because we have many experts visit us and talk to our girls” (Principal, 25)

These statements by school principals were also shared by one of the teacher counsellor when she said that said;

“most girls prefer to talk to expert counsellors when they visit our school. This approach is seen as very beneficial to us because there are increased consultations that are reported to be evident” (Teacher counsellor, 28)

Similarly, one of the Peer Counsellors had this to voice out;

“in our school, we like expert counsellors because they possess lots of time for us and we can consult as much as we can. The girls can get referred and have their issues well addressed, and this has helped us to reduce the many cases of teenage pregnancies” (Peer counsellor, 8, FGD, 1)

From the interview results above it can be concluded that expert counselling is helpful in enhancing increased consultation levels among the girls and this has reduced cases of teenage pregnancies. In agreement, Odilia (2018) revealed that the G&C programme was effective in addressing students’ problems as required.

On whether with the help of a student’s expert counsellor one is able to think of a solution whenever they are in trouble, 47.6 % strongly agreed with the statement, 32.2% agreed with the statement, 13.3% were neutral, 3.3% disagreed while 3.6% strongly disagreed. Overall, majority of the respondents at 79.8% supported the statement, while only 6.9% indicated otherwise. This shows that expert counselling enables the students to think of a solution whenever they are in trouble as they are guided on how to handle tough situations in their lives making them make better choices in life. This finding agrees with Jimmy-Gama (2009) which recommended that appropriate health promotion interventions based on empowerment theories directed at adolescents, community and health workers should be used in ASRH promotion in societies with strong cultural influence on sexual behaviours.

4.7.1 Pearson Correlation Analysis of Expert Counselling and Management of Teenage Pregnancy

To determine the effectiveness of expert counselling in management of teenage pregnancy in secondary schools, a Pearson Correlation test was carried out for the two variables. Since data for expert counselling and management of teenage pregnancy among female students were assessed through Likert level for each item, it was meaningful to convert the data into

continuous data to allow for the performance of correlation analysis. Therefore, sum of scores for every respondent was drawn from the two scales. The Pearson correlation test was done at 0.05 significance. Table 21 shows the results

Table 21 Correlation output for expert counselling and management of teenage pregnancy

		Expert Counselling	Management of teenage pregnancy
Expert Counselling	Pearson Correlation	1	.628**
	Sig.		.00
	<i>n</i>	332	332
Management of teenage pregnancy	Pearson Correlation	.628**	1
	Sig.	.00	
	<i>n</i>	332	332

** . Correlation significant at the 0.05 level (2-tailed).

Table 21 depicts a strong positively correlation ($r = .628$) between expert counselling and the management of teenage pregnancy at $p < 0.05$. This implies that statistically the more expert counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. This finding agrees with Rujumba, Neema, Tumwine, Tylleskär and Heggenhougen (2013) study which found out that most HIV positive women were satisfied with the immediate counselling they received from health workers, but identified the need to provide follow up counselling and support after the test, as areas for improvement. Similarly, Muango and Ogutu (2012) found out that G&C services were effective among students who sought the services. Kariuki (2019) study also revealed that premarital counselling had a significant effect on marital satisfaction.

CHAPTER FIVE

5.0: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1: Introduction

This chapter presents the findings of the study as well as presents the interpretation of these findings in light of existing literature. The chapter also provides conclusions and makes recommendations for future practice and research.

5.2: Summary of Findings

5.2.1: Effectiveness of Peer Counselling and management of teenage pregnancy

The study established that a big number of the respondents confirmed that peer counselling programs were provided in their schools. On effectiveness, the study found that majority of the respondents indicated that peer counselling in secondary schools were helpful and effective in controlling teenage pregnancies among the female students in school. On whether peer counselling has helped the female students in feeling attractive, most of the students supported the statement. This implies that peer counselling in secondary schools has helped most of the female students feel attractive and boost their self-esteem. The study also found that most of the students confirmed that peer counselling in secondary schools has helped in boosting self-confidence for good academic performance.

Inferential findings indicated that there was a strong and positive correlation between peer counselling and the management of teenage pregnancy. This implies that statistically the more peer counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. The qualitative findings revealed that, there are themes which emerged on peer counselling effectiveness such as lateral social comparison, increased self-confidence and role models.

5.2.2: Effectiveness of Group Counselling and Management of Teenage Pregnancy

The study established that most of the respondents confirmed that group counselling programs were provided in their schools. On effectiveness, the study found that over two thirds of the respondents that group counselling in secondary schools were effective in controlling teenage pregnancies among the female students in school. On whether group counselling has helped the respondents to manage their social life, most of the students had agreed that group counselling has helped female students in the schools to manage their social life while at school and at home, most of the respondents supported the statement, while very few indicated otherwise. This shows that group counselling in secondary schools has helped the students in abstaining from sex hence making the students focus more in their studies and improving their performance.

Inferential findings indicated that there was an average and positive correlation between group counselling and the management of teenage pregnancy. This implies that statistically the more group counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. Qualitative findings revealed that, there are themes which emerged on group counselling effectiveness, such as upward social comparison, downward social comparison and high efficacy on large numbers.

5.2.3: Effectiveness of Individual Counselling and Management of Teenage Pregnancy

The study established that majority of the respondents confirmed that individual counselling was provided in their schools, and on the effectiveness, most of the students agreed that individual counselling in secondary schools were effective in controlling teenage pregnancies among the female students in school. A big number of the students agreed that individual

counselling had helped them to manage their social life. This implies that individual counselling provided at the schools has helped the students in managing their social life while at school and at home. The study also found that most of the students strongly agreed with the statement that, individual counselling has helped the students to abstain from sex. This shows that individual counselling offered in secondary schools has helped the students in abstaining from sex and this in turn reduces the number of unplanned pregnancies among the students.

Inferential findings indicated that there was a strong and positively correlation between individual counselling and the management of teenage pregnancy. This implies that statistically the more individual counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. Qualitative findings revealed that, there are themes which emerged on individual counselling effectiveness, such as increased attention, best therapy outcomes and high therapy satisfaction.

5.2.4: Effectiveness of Expert Counselling and Management of Teenage Pregnancy

The study established that majority of the respondents confirmed that the school does provide expert counselling. On the effectiveness, the study found that majority of the respondents indicated that expert counselling in secondary schools was effective in managing teenage pregnancies among the female students in school. Over three quarters of the respondents also supported the statement that expert counselling in secondary school does help the students in handling peer pressure which is one of the contributing factors to teenage pregnancies in school. Most of the respondents supported the statement that expert counselling does help the students in managing their social life both at school and home.

Inferential findings indicated that there was a strong and positive correlation between expert counselling and the management of teenage pregnancy. This implies that statistically the more expert counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. Qualitative findings revealed that, there are themes which emerged on expert counselling effectiveness such as increased knowledge, increased efficiency and increased consultation levels.

5.3: Conclusion

On the effectiveness of peer counselling in management of teenage pregnancy in secondary schools, it can be concluded that the more peer counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. Moreover, peer counsellors enhanced lateral social comparison which made it easy for the female students to share information with the peer counsellors and hence it reduced the incidences of teenage pregnancy. The lateral social comparison enhanced the effective management of teenage pregnancy among the female students due to peer counselling programmes. In addition, peer counselling enhanced confidence among girls and this led to effective management of teenage pregnancies in schools. It can be concluded that peer counsellors acted as role models to other girls in school and this has enabled girls to manage teen pregnancy related issues. The role models are providing living examples to other girls on how to manage their sex lives and this has proved to be very fruitful in schools.

On the effectiveness of group counselling in management of teenage pregnancy in secondary schools, it can be concluded that the more group counselling programs are implemented in school, the more likely effective management of teenage pregnancies among the individual

female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. It can be concluded that group counselling made the girls to compare upwards socially with those who were perceived to be better off or more knowledgeable in managing teen pregnancy. This enhanced effective management of teenage pregnancy among the girls in secondary schools. it can be concluded that group counselling helped the girls to make downward comparison and led to confidence as they would get that they are better off as compared to other students in the management of teenage pregnancy. it can be concluded that group counselling enhances high efficacy in handling many students at a given time. The group therapy is highly efficacious on handling many groups of students and it has been very effective in managing teen pregnancy related issues.

On the effectiveness of individual counselling in management of teenage pregnancy in secondary schools, the more individual counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. it can be concluded that individual counselling is very effective in the management of pregnancy and adolescent related matters among girls. it can be concluded that individual counselling leads to the better therapy results because the girls have opportunity to have all their issues well addressed by the therapists. it can be concluded that great therapy satisfaction has been realized with individual counselling by therapists.

On the effectiveness of expert counselling in management of teenage pregnancy in secondary schools, the more expert counselling program implementation in school, the more likely effective management of teenage pregnancies among the individual female students would be, given that they would less likely engage in sexual activities that result into teenage pregnancies. the expert counselling was very effective in managing teenage pregnancies among girls in secondary schools because of the increased knowledge that they obtained. it

can be concluded that increased efficiency has been achieved by expert counselling. This has eventually led to better management of teenage pregnancies among the girls in secondary schools. it can be concluded that expert counselling is helpful in enhancing increased consultation levels among the girls and this has reduced cases of teenage pregnancies.

5.4: Recommendations

From the study findings, the following recommendations are suggested for practice:

- (i) The Ministry of Education should emphasize more diverse training of teachers on varied therapies for them to be effective in schools. This is because as indicated, not one therapy mode would handle students' issues appropriately.
- (ii) The school principals should train more peer counsellors to assist in therapy programmes in their respective secondary schools. This is because the study reported that students preferred to seek counselling services from the peer counsellors.
- (iii)The school principals should involve parents in the therapy sessions for the girls who are teen mothers and are still in school.

5.5: Suggestions for further research

From the study findings and recommendations, the following areas are suggested for further research:

- (i) Psychological behaviours of teenage fathers in secondary schools.
- (ii) Effects of teenage peer pressure on female students in secondary schools.
- (iii)Training levels of teachers in the management of teen pregnancies among girls in secondary schools.

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APPENDICES

Appendix I: Informed Consent Form

Dear Respondent

You are invited to participate in an informational interaction on my research titled:

“Counselling types and their effectiveness in management of teenage pregnancies in secondary schools in Ugenya Sub County, Kenya.”.

I respectfully beg that you help me by completing the accompanying survey. Thank you; the information you submit will be kept strictly secret and used only for academic reasons. If you agree to participate in the project, please read the information below and fill out and sign the corresponding fields.

RHODA AKINYI MUGA

PARTICIPANTS' INFORMED CONSENT

I, the undersigned, confirm that:

1. I have read and comprehended all that is said about the project, as indicated above and I willingly consent to take part in the project.
2. I am aware that any time I can withdraw from participating in the project without providing any justifications and that no penalization will be pressed against me upon withdrawal nor will I be interrogated on my reason to withdraw.
3. The Researcher and I have agreed to append our signature on this consent form.

Participant:

Name of Participant

Signature

Date

Researcher:

Name of Researcher

Signature

Date

Appendix II Questionnaire for Teenage Girls in Form 2 And 3

This study investigates the counselling types and their effectiveness in management of teenage pregnancies in secondary schools in Ugenya Sub County, Kenya. You are requested to provide answers to these questions based on the last three years. Responses to these questions will be treated as confidential. Please tick [✓] where appropriate or fill in the required information in the spaces provided.

Section A: Demographic Information on the Respondents

(1) Please indicate your age bracket.

Below 13 years	1
14 years to 16 years	2
17 years to 19 years	3
Above 19 years	4

(2) Please indicate your class

Form Two	1
Form Three	2

(3) Please indicate whether you have the guidance and counselling department.

Yes	1
No	2

(4) Please indicate whether you have guidance and counselling meetings.

Yes	1
No	2

Section B: Effectiveness of Peer Counselling

Peer counselling is a helping process that involves one-on-one interaction or interaction between an appointed student leader or peer counsellor and a fellow student. The aim is to exchange ideas and explore thoughts feelings, issues and concerns, with the hope of reaching a clear understanding and make informed decisions.

- (5) Does peer counselling take place in your school?

Yes	1
No	2

- (6) To the best of your knowledge, is peer counselling effective of in the management of teenage pregnancy among secondary school girls?

Yes	1
No	2

- (7) Below are statements that describe peer counseling. Please tick the ones that apply to you using SA for Strongly Agree, A for Agree, UC for Uncertain, D for Disagree and SD for Strongly Disagree.

	Statements	SA	A	UC	D	SD
1.	Peer counselling has helped me feel attractive					
2.	Peer counselling has helped me to attain confidence in my studies					
3.	Peer counselling has helped do better in the class					
4.	Peer counselling has helped me to be happy					
5.	Peer counselling has helped me to solve difficult problems as an adolescent girl					
6.	Peer counselling has helped me get means and ways of getting what I want					
7.	Peer counselling has enabled me stick to my aims and accomplish my goals					
8.	Peer counselling has made me confident to deal efficiently with an expected event such as boyfriend dynamics					

Section C: Effectiveness of Group Counselling

Group counselling is a helping process that involves one-on-one interaction or interaction between members of a group, who have several things in common. In an academic setting, it usually refers to students meeting regularly to discuss, interact, and explore problems with each other guided by a group leader. In this study it refers to groups made up of learners in high school.

- (8) In your own opinion, is Group Counseling effective of in the management of teenage pregnancy among teenage secondary school girls?

Yes	1
No	2

- (9) Below are statements that describe Group Counseling. Please tick the ones that apply to you using SA for Strongly Agree, A for Agree, UC for Uncertain, D for Disagree and SD for Strongly Disagree.

	Statements	S A	A	U C	D	S D
1	Group counselling has helped me to manage my social life					
2	Group counselling has helped me to abstain from sex					
3	Group counselling is very effective to me					
4	Group counselling has helped to I feel equal with other classmates					
5	Group counselling has helped to handle peer pressures in school					
6	Thanks to Group counselling, I can now handle unforeseen situations.					
7	With the help of Group counselling, I can now remain calm when faced with difficulties					

Section D: Effectiveness of Individual Counselling

- (10) In your own opinion, is Individual Counseling effective of in the management of teenage pregnancy among teenage secondary school girls?

Yes	1
No	2

- (11) Below are statements that describe Individual Counseling. Please tick the ones that apply to you using SA for Strongly Agree, A for Agree, UC for Uncertain, D for Disagree and SD for Strongly Disagree.

	Statements	S A	A	U C	D	S D
1	Individual counselling has helped me to manage my social life					
2	Individual counselling has helped me to abstain from sex					
3	Individual counselling is very effective to me					
4	Individual counselling has helped to handle boyfriend issues					
5	Individual counselling has helped to handle peer pressures in school					
6	Thanks to individual counselling, I can now handle unforeseen situations.					
7	With the help of individual counselling, I can now remain calm when faced with difficulties					

Section D: Effectiveness of Expert Counselling

(12) Do your school invite guest speakers to talk about sex education?

Yes	1
No	2

(13) In your own opinion, is it effective of in the management of teenage pregnancy among teenage secondary school girls?

Yes	1
No	2

(14) Below are statements that describe Expert Counseling. Please tick the ones that apply to you using SA for Strongly Agree, A for Agree, UC for Uncertain, D for Disagree and SD for Strongly Disagree.

	Statements	S A	A	U C	D	S D
1	Expert counselling has helped me to handle peer pressure					
2	Expert counselling has helped me to manage social issues					
3	Expert counselling has helped me to feel bold about myself					
4	Expert counselling has helped me to have high self-esteem					
5	My expert counselor has enabled me solve most problems					
6	With the help of my counselor, I can now regain self confidence					
7	With the help of my expert counselor am able to think of solution whenever I am in trouble					

Appendix III: Interview Schedule For Principals

- (1) What is your comment on guidance and counseling program generally?
- (2) How have pregnancy cases been handled in the school?
- (3) What is the impact of peer counseling on the management of teenage pregnancy in your school?
- (4) How effective are the teachers in counseling students individually?
- (5) How, in your own opinion, has group counseling helped in the management of teenage pregnancy?
- (6) What is your view on inviting experts to speak to the students about pregnancy?
- (7) Based on your experience and knowledge which of the four areas of counselling has had a greater impact in managing teenage pregnancy.

Appendix IV: Interview Schedule For Teacher Counsellors

- (1)
 - i) What is your view on guidance and counseling programs for schools?
 - ii) When do you begin G&C programs?
 - iii) Are all the types of counselling introduced simultaneously or do you spread them over time.

- (2)
 - i) How does the G&C department handle cases of pregnancy in the school?
 - ii) In which class do you experience the highest number of pregnancies and what is a possible explanation for it?

- (3)
 - i) What criteria do you use to select peer counselors and what is their role?
 - ii) Which topics do peer counsellors cover during training?
 - iii) What skills do the peer counsellors use to manage teenage pregnancy?
 - iv) What are the indicators of successful peer counselling programs?
 - v) How has peer counselling impacted on teenage pregnancy in your school?

- (4)
 - i) How do you carry out individual counseling?
 - ii) What training do teacher counsellors have to guide them in the management of teenage pregnancy?

- (5) How effective in managing teenage pregnancy has it been?

- (6) What are the goals of group counseling in your school?
How do you carry out group counselling?
Which topics are covered in group discussion in your school?
How do you determine a successful group counselling session?
What is the effect of group counselling on teenage pregnancy in your school?

- (7)
 - i) What criteria do you use to select experts invited to your school?
 - ii) Which topics do invited experts tackle during their visits?
 - iii) What training do the experts invited have?
 - iv) What are the indicators of successful expert counselling programs?
 - v) How has expert counselling impacted on teenage pregnancy in your school?

- (8) Based on your experience and knowledge which of the four types is most effective in managing teenage pregnancy?

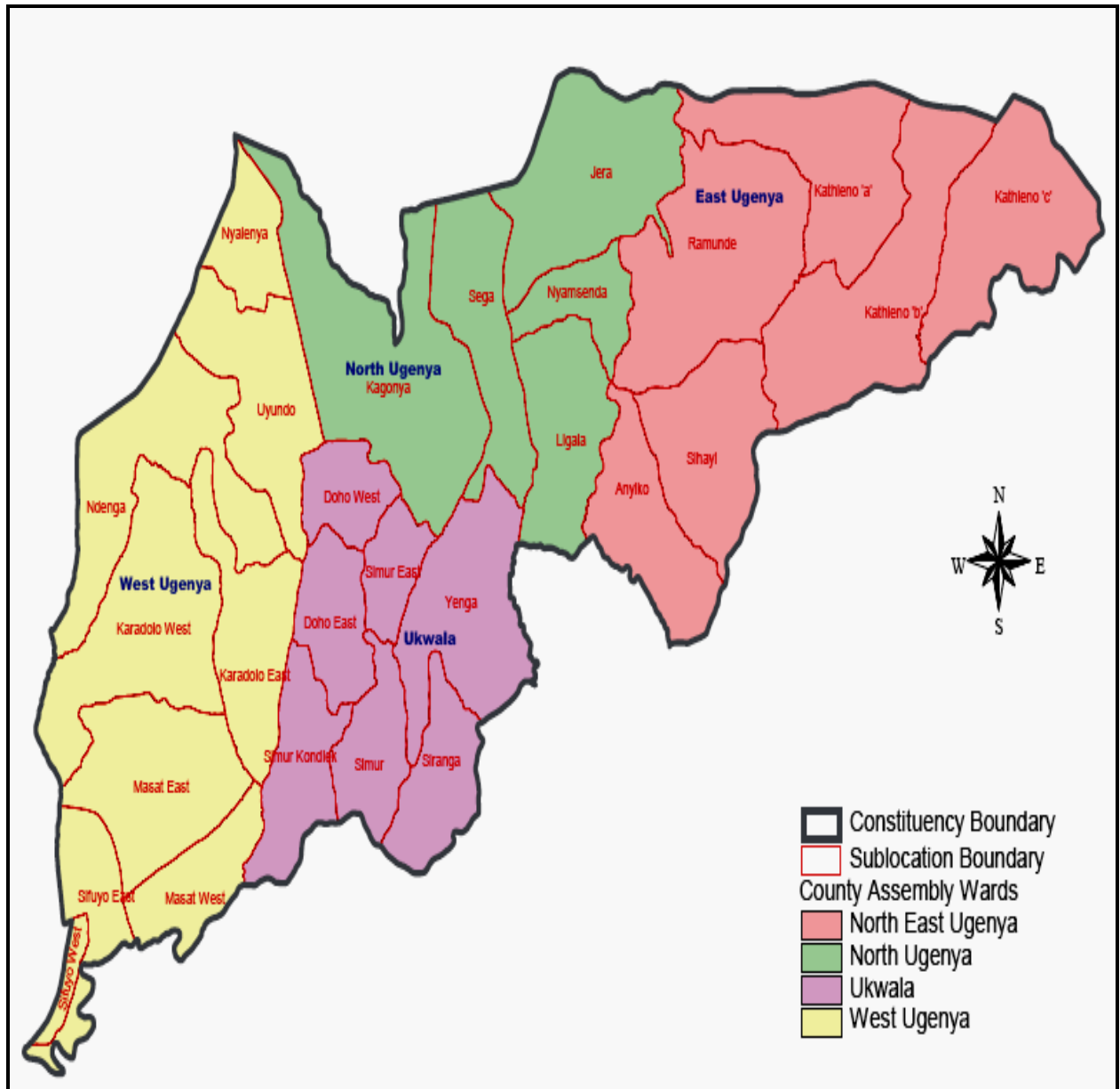
Appendix V: FGD Guide for Peer Counsellors

- (1) How can we deal with teenage pregnancy in schools today?
- (2)
 - i) Explain your fellow students feeling towards peer counselling?
 - ii) How do you handle the topic of teenage pregnancy?
 - iii) Explain students' perspective after the peer counselling?
 - v) In your opinion, how do the sessions you have help in reducing cases of pregnancy in the school?
- (3)
 - i) Who do you engage during group counselling on teenage pregnancy?
 - ii) How has group counselling influenced students' behavior in school?
 - iv) Explain the benefits of group counseling on teenage pregnancy in your school?
- (4)
 - i) Why do students go to the teacher in charge of counseling for pregnancy related issues and how to avoid it?
 - ii) Why would a student go to the teacher for counseling on the same?
 - iii) How do you think does it help to talk to the teacher?
- (5)
 - i) Are expert counselors invited to your school to talk about teenage pregnancy?
 - ii) What are some of the issues regarding sexuality have they helped you understand better?
 - iii) How has it helped to manage teenage pregnancy?
- (6) Explain how the following methods for Guidance and Counselling are used in your school to manage teenage pregnancy.
 - i. Peer counselling
 - ii. Group counselling
 - iii. Expert counselling
 - iv. Individual counselling

b) Explain how the following methods are used in your school


 - i. Peer counselling
 - ii. Group counselling
 - iii. Expert counselling
 - iv. Individual counselling


Appendix VI: Map of Ugenya Sub County




Source: www.ngcdf.go.ke

Appendix VII: NACOSTI Research Permit


REPUBLIC OF KENYA
 National Commission for Science, Technology and Innovation
 Ref No: **502002**


NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
 Date of Issue: **14/October/2022**



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This is to Certify that Mr. RIBODA AKINYI MUGA of Jaramogi Oginga Odinga University of Science and Technology, has been licensed to conduct research in Siaya on the topic: COUNSELLING TYPES AND THEIR EFFECTIVENESS IN MANAGEMENT OF TEENAGE PREGNANCIES IN SECONDARY SCHOOLS IN UGENYA SUB COUNTY, SIAYA COUNTY, KENYA, for the period ending : 14/October/2022.

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off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

Appendix IX: Data Collection Letter From BPS JOOUST



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Tel. 057-2501804
Email: bps@jooust.ac.ke

P.O. BOX 210 - 40601
BONDO

Our Ref: ED/PGS/4230/11

Date: 7th January 2020

TO WHOM IT MAY CONCERN

RE: RHODA AKINYI MUGA – ED/PGS/4230/11

The above person is a bonafide postgraduate student of Jaramogi Oginga Odinga University of Science and Technology in the School of Education, Humanities and Social Sciences pursuing Master of Education in Guidance & Counseling. She has been authorized by the University to undertake research on the topic: “*Effectiveness of Counseling Types in Management of Teenage Pregnancy in Secondary Schools in Ugenya Sub County, Siaya County, Kenya*”.

Any assistance accorded her shall be appreciated.

Thank you.

Prof. Dennis Ochuodho

DIRECTOR, BOARD OF POSTGRADUATE STUDIES

