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EDUCATIONAL RESEARCH

TEACHERS' PERCEPTIONS ON ABSTINENCE AND LIFE SKILLS PROGRAMMES FOR TEENAGE PREGNANCY MITIGATION IN NANDI NORTH, KENYA

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ABSTRACT

Purpose of the study. The study aimed to establish teachers' perceptions of two selected mitigation measures, namely the sexual abstinence program and life skills education regarding teenage pregnancy in public primary schools in Nandi North Sub-County, Nandi County, Kenya.

Problem Statement. Teenage pregnancy remains a concern in Kenya and around the world. Mitigation measures have been adopted to curb this problem, including policies and programmes that governments establish to address teenage pregnancy. The success of such measures depends largely on teachers who interact with them daily.

Methodology. The study was grounded on the social learning theory. The target population was 1387 teachers, including 172 guidance and counselling teachers from 172 public primary schools in Nandi North Sub-County. A total of 24 guidance and counselling teachers were chosen from 172, representing 14%, using the rule of thumb for data saturation. A total of 301 teachers were selected from the six education zones by using the proportionate stratified random sampling method. Guidance and counselling teachers were selected using a purposive sampling method. A questionnaire for teachers and an interview schedule for guidance and counselling teachers were used to collect data.

Results. The study established that teachers had positive perceptions of selected mitigation measures on teenage pregnancy in public primary schools in Nandi North Sub-County as follows: sexual abstinence programmes (mean=3.92, standard deviation=1.12) and life skills education (mean=3.80, Std. dev=1.24).

Conclusion. Sexual abstinence programmes can help curb teenage pregnancies in Nandi Sub-County

Recommendation. The study recommends that schools integrate sexual abstinence programmes with comprehensive sex education, and include a life skills programme in the schools, to help address the problem of teenage pregnancy.

Key Words: *Abstinence, Life skills, Mitigation measures, teenage pregnancy*.

1. Introduction

Teenage pregnancy is defined as pregnancy among girls between the ages of 10 and 19 years (Asmamaw *et al.,* 2023). Teenage pregnancy shatters the widely held belief that the appropriate order in the stages of an individual's life should be to get an education, then get a job, become financially self-sufficient, and then establish a family (Saleh, 2022). It also negatively affects one's personal life, including health and emotional stability, as well as one's social life (Asmamaw *et al.,* 2023). Teenagers often rush to become adults; yet, they lack the life stability that comes from job security, owning a home, and financial and economic independence (Azzopardi *et al.,* 2019). Most of them are still pursuing their education, rely on their parents for custody of their children, and have a more difficult time entering the labour market. Teenagers who fall pregnant often drop out of school, preventing or delaying their entry into the workforce (Malesi, *et al.,* 2021). Teenage motherhood may have longer-term academic consequences than previously thought (Psaki *et al.,* 2019). Because employment opportunities for teenage mothers are limited, particularly for those from low-income families (Tull, 2020), some teenagers choose to abandon schooling and plan pregnancy as an alternative to youth employment (Musyimi *et al.,* 2020). There is a link between pregnancy and increased social status among low-income teenagers in South American and the Caribbean (LAC) countries (WHO, 2024).

In Africa, the percentage of teenagers who were pregnant between 1990 and 2018 was 18.8% (Kassa *et al.,* 2018). In sub-Saharan Africa, where 44% of the population is under 15 years old, the share of pregnant teenagers exceeds 20% in some countries (Ngasa *et al.,* 2017). In rural Cameroon, for instance, the percentage of pregnant teenagers between 2009 and 2016 was 20.4% (Agbor *et al.,* 2017). In Ethiopia, Africa's second most populous country, the teenage pregnancy rate between 1950 and 2016 was 13% (Stovner *et al,* 2018). The percentage of pregnant teenagers is higher in developing countries than in developed countries, and even more so within Sub-Saharan Africa. In West and Central Africa, on average, 28% of teenagers give birth before they reach the age of 18 years, while the rates in Eastern and Southern Africa stand at 25% (World Health Organisation, 2018). In Uganda, more than one out of four teenagers become pregnant, with rates higher (27%) in rural than urban areas (Ndugga et al., 2023).

Curbing the rise in teenage pregnancy is one of the targets under the United Nations Sustainable Development Goal (SDG) 3.7.2 on adolescent birth rates (WHO, 2024). This has led to several measures aimed at addressing the increase in teenage pregnancies. Some of the mitigation measures used to prevent and decrease rising levels of pregnancy among teenage girls include abstinence, sex education, contraceptive use, parental communication with teenagers, life skills education, provision of educational materials on sexual health in both digital and print forms, and guidance and counselling, among others (Miriti & Mutua, 2019; Mohamed *et al.,* 2023).

As a result of witnessed incidents of teenage girls getting pregnant in schools, several measures have been proposed to address the problem, including setting up life skills education and sexual abstinence programmes. In the current digital age, there has been a proliferation of digital sexual literacy devices and programmes to address teenage pregnancy. Although knowledge

remains an important building block, eventually, professionals have recognized that efforts to develop skills, change norms, and improve self-efficacy are also needed (Brindis *et al.,* 2020

The high risk of pregnancy among teenage girls is attributed to their physiological immaturity and lack of enough knowledge on sexual and reproductive health (Amjad *et al.* 2019). Earlier attempts to address this phenomenon focused primarily on educational interventions, which later evolved to recognize the need for a more inclusive and sustained response (Abdullai, 2021). Sexual health education in schools aimed to close information and knowledge gaps, particularly concerning anatomy and puberty, and often emphasized the negative consequences of getting sexually transmitted diseases and becoming pregnant early (Chavula *et al.,* 2022). Within these educational efforts, there has long been tension between approaches that stress delaying sexual activity until marriage and those that advocate for more comprehensive strategies providing information on abstinence and the use of contraception (United Nations Educational, Scientific and Cultural Organisation, 2025)

Life skills education involves the adoption of positive behaviours, which facilitates teenagers to deal with the demands and challenges of everyday life effectively (Godana et al., 2023). Keya (2023) noted that the Education Ministry has been aware of the need to adopt the education programme on Life Skills as a remedy to the teenage pregnancy challenges faced in schools today for long time. Research carried out by Njenga (2019) from Ruiru sub -county found that most teachers reported that teenagers who have gone through LSE were greatly impacted in their lives in terms of decision-making over their sexual lives. Musyoka, Cheloti, and Kasivu's (2024) research on teachers' perceptions of the relationship between life skills education and teenage pregnancy in public secondary schools in Machakos County established a positive relationship. This is an indication that life skills education was critical in addressing teenage pregnancy in schools, an issue that this study investigated with respect to teachers' perceptions from Nandi County, Kenya.

Mitigating teenage pregnancy is a complex issue that requires comprehensive strategies and sustained efforts. Kenya has recognized the gravity of this problem and has taken various steps to address it. One of the key measures undertaken by the Kenyan government is the development of the National Adolescent Sexual and Reproductive Health Policy. Introduced in 2015, this policy focuses on improving access to comprehensive sexual education and youth-friendly health services for teenagers, particularly those in marginalized communities (Manguro & Temmerman, 2022). Raising the age of consent for sexual relations is another significant step taken by the Kenyan government. In 2020, a proposal was made to increase the age of consent from 16 to 18 years. The objective behind this move is to protect teenagers from early sexual experiences and reduce the risk of teenage pregnancy (Kwachi *et al.,* 2023). Education and awareness programmes play a crucial role in tackling teenage pregnancy.

Nandi County has had one of the highest teenage pregnancy incidences compared to the neighbouring counties (Ndanyi, 2020). Statistics show that the teenage pregnancy rate in Nandi County was high between 2016 and 2022, with an increase of 2,667 cases from 4,422 in 2016 to 7,089 in 2020. In contrast, the neighbouring county of Uasin Gishu recorded a decline of 1,861 cases over the same period, from 6,611 in 2016 to 4,750 in 2020.

Different stakeholders have made efforts to mitigate teenage pregnancy in the county through various interventions. For instance, the Nandi County Government, in collaboration with a group of professionals known as *Irip Gaa* (a Nandi phrase meaning "take good care of the family"), has introduced mentorship programmes that provide mental, spiritual, and moral support to teenagers. In addition to supplying sanitary pads, the programme also sensitises teenagers on the importance of avoiding early pregnancies by practicing self-control, sexual abstinence, and building their self-esteem to help them cope with peer pressure. Ultimately, these initiatives aim to empower teenagers to focus on achieving their goals, aspirations and making informed decisions. Therefore, the study investigated teachers' perceptions of selected mitigation measures on teenage pregnancy in public primary schools in Nandi North Sub-County, Nandi County, Kenya.

Statement of the Problem

There has been a significant rise in teenage pregnancy in Nandi North Sub-County in recent years, particularly among teenage girls in primary schools. Data from the Nandi North Sub-County Education Office (2022) indicate that a total of 1,149 primary school teenagers became pregnant in 2021. While neighbouring sub-counties have recorded a reduction in teenage pregnancy cases, Nandi North Sub-County continues to experience an upward trend. Various intervention measures have been proposed in the literature to address the challenge of teenage pregnancy, such as guidance and counselling and self-awareness programmes. However, despite the implementation of these programmes in schools, the number of teenage pregnancies continues to rise in public primary schools within Nandi North Sub-County. Many studies have examined the causes, consequences, prevalence, impact, and prevention measures related to teenagers' pregnancies in Kenya and beyond. However, few have focused on teachers' perceptions of selected intervention measures on teenage pregnancy in schools. It is against this backdrop that the present study investigated teachers' perceptions of selected mitigation measures, namely, sexual abstinence programmes, life skills education, and teenage pregnancy in public primary schools in Nandi North Sub-County, Nandi County, Kenya.

Objectives of the Study

The following specific objectives guided the study:

(i) To establish teachers' perceptions of sexual abstinence programmes on teenage pregnancy in public primary schools in Nandi North Sub-County

(ii) To analyze teachers' perceptions of life skills education on teenage pregnancy in public primary schools in Nandi North Sub-County.

Research Questions

(i) What are the teachers' perceptions of sexual abstinence programmes on teenage pregnancy in public primary schools in Nandi North Sub-County?

(ii) How do teachers perceive life skills education on teenage pregnancy in public primary schools in Nandi North Sub-County?

2. Theoretical Framework

The research was guided by Social Learning Theory, developed by psychologist Albert Bandura. Albert Bandura developed the Social Learning Theory in 1971 (Bandura, 2024). This theory states that individuals learn by observing others through modelling and imitation. This theory can be applied to a variety of strategies aimed at mitigating teenage pregnancy, including digital sexual literacy, sexual abstinence programmes, life skills education, and parental closeness. Social Learning Theory suggests that teenagers can learn responsible sexual behaviours through observation and imitation. Bandura suggested that behaviour is influenced by reinforcement and punishment (Bandura, 2021). Highlighting the potential negative consequences of teenage pregnancy, such as educational setbacks, financial constraints, and health risks, can serve as a deterrent to risky sexual behaviour. Conversely, positively reinforcing responsible behaviours, such as the use of contraception and fostering open discussions about sexual health with partners, can encourage safer sexual practices**.**

Social Learning Theory explains that modelling, or demonstrating behaviours for others to imitate, is a powerful tool in shaping behaviour. Digital platforms can provide modelling opportunities to promote sexual literacy (Zechuan & Shuchang, 2025)**.** Health professionals, educators, or influencers advocating for safe sex, regular STI testing, and consensual sex can influence teenagers' behaviour positively.

Abstinence programmes often incorporate testimonies, stories, or role-playing activities whereby individuals model abstinence. Teenagers observing these models can learn through imitation, understanding that abstaining from sexual activities is an accepted and reasonable choice **(**Bomester, 2021)**.** Prominent figures who successfully abstained from sex until their personally determined time (like marriage) can be positive role models for teenagers. By demonstrating the benefits of their choices (avoidance of unwanted pregnancies, STIs, and emotional complications), these individuals can influence teenagers to emulate their behaviour. While abstinence can prevent teenage pregnancy, it is also crucial to provide comprehensive sexual education. This ensures that teenagers make informed choices and understand how to protect themselves if they do become sexually active.

Social Learning Theory can explain how sexual abstinence programmes can help mitigate teenage pregnancy (Paton *et al.,* 2020). However, these programmes must be part of a comprehensive, respectful, and understanding approach to sexual education. Social Learning Theory highlights concepts of reinforcement and punishment to explain how behaviours are learned and repeated. In the context of sexual abstinence programmes, positive reinforcement can come in the form of praise, recognition, or rewards for maintaining abstinence. On the other hand, the potential negative consequences of engaging in sexual activities, such as teenage pregnancy or STIs, can act as a form of punishment that deters such behaviours.

Life skills education often involves practical exercises or role-play scenarios whereby these skills are modelled. Teenagers may watch a skit about some teenage girls providing the necessary information on preventing pregnancies and encouraging teens to make responsible choices. By observing these models, teenagers can learn how to handle similar situations in their own lives. Role models can influence life skills education. Teachers, mentors, or even

peers who demonstrate responsible behaviours can serve as positive models for teenagers to emulate (Kearney & Levine, 2020). A mentor who talks about their own decision-making process in difficult situations can influence teenagers to think critically and make responsible choices, including sexual behaviours. Comprehensive sex education programmes can provide accurate information and model responsible behaviours regarding sexual health (Miedema et al., 2020). This involves teaching essential skills such as decision-making, problem-solving, creative thinking, and communication, which can help teenagers navigate challenging situations, including those related to sex (Dupuy *et al.,* 2018).

Through modelling and reinforcement, life skills education can empower teenagers to make responsible choices regarding their sexual behaviour (Tasema *et al.,* 2020). The application of life skills in real-life situations and the positive outcomes that result can serve as reinforcement, encouraging teenagers to repeat those behaviours. A teenager who uses their communication skills to talk with their partner about sexual boundaries and receives a positive response was more likely to continue using those skills in the future (Njenga, 2019). Teaching teenagers about the consequences of teenage pregnancy, how to make informed decisions, and the importance of consent can influence their attitudes and expectations regarding sexual behaviour. Life skills education programmes should be sensitive to the cultural, social, and personal factors that influence a teenager's sexual behaviour. For life skills education to be effective, a supportive environment is crucial. This includes supportive teachers, parents, and peers who encourage the application of these skills

3. Empirical Review of Literature

Concept of Teenage Pregnancy

When a female and a male engage in sexual intercourse, pregnancy may occur. Teenage pregnancy is when a woman aged between 10 and 19 years conceives and subsequently carries a baby in her womb (WHO, 2024). According to the United Nations Population Fund (UNFPA) report, teenagers who get pregnant before attaining the age of 18 often contend with serious negative effects of teenage pregnancy (Manguro & Temmerman, 2022). Aside from the fact that teenage pregnancy infringes on many other rights of teenagers, it also causes other life-threatening results on their sexual and reproductive health and brings about high development costs for communities, including the perpetuation of the cycles of poverty in families (Olenja *et al.,* 2020).

At the teenage stage, a teenage girl has not fully matured physiologically to become healthily pregnant and bear healthy children (Wado *et al.,* 2019). Therefore, teenagers who become pregnant are often at risk of serious complications associated with reproductive health. This is coupled with the fact that the majority of teenagers who become pregnant come from poor families that cannot afford basic health care (WHO, 2014). There is a greater likelihood of deaths occurring for pregnant teenage girls under the age of 15 years in low- and middle-income countries than for women who conceive in their 20s (WHO, 2024). Education and income potential for teenage girls are affected by pregnancy, as many are forced to drop out of school, which in turn prevents their future expectations and economic potential.

In Ghana, teenage pregnancy is endemic (Kyei-Arthur *et al.*, 2025). The Ghana Demographic and Health Survey 2014 report shows that the rate of pregnancy among young girls aged 13 to 19 years is high, with people living in the countryside and those living in the Brong Ahafo, Central, and Volta regions experiencing the highest rates (Tetteh *et al.*, 2022). The number of teenagers who were pregnant with one child in the Central Region was 7%. Within the Central Region, the Komenda-Edina-Eguafo-Abrem municipality is one of the districts with a high prevalence of teenage pregnancy. In 2020, of all the pregnancies in the Municipality, 17.5% were teenage girls (Amoadu *et al.*, 2022).

The rate of teenage pregnancy in Tanzania is significantly high compared to other countries in the world. A United Nations report shows that 27% of girls aged 10-19 years were pregnant in 2020 (Heizomi *et al.*, 2020). The World Bank (2020) also indicates that, on average, 5,500 pregnant girls drop out of school each year in Tanzania due to teenage pregnancy. Another report by the Centre for Reproductive Rights (CRR) notes that more than 55,000 schoolgirls were expelled from school in Tanzania over the last decade for being pregnant (Nkata, *et al.*, 2021). This report provides concrete evidence, as well as persuasive stories, of the numerous challengTanzanian girls face in their search for education. According to CRR, in Tanzania, many young women are subjected to mandatory pregnancy testing in primary or high schools, either as part of official government policy or individual school practice. The rights of girls to privacy and dignity are infringed when these tests are usually done without their permission.

In Kenya, during a three-month COVID-19 lockdown period, 152,000 teenage girls were reported to have become pregnant, representing a 40% increase over the country's monthly average. These numbers, from early July, are some of the earliest evidence linking the COVID-19 pandemic to an increase in unplanned pregnancies (Wastnedge *et al.*, 2021). A survey by the Kenya Health Information System found that 3,964 girls under 19 were pregnant in Machakos County alone (Oduor, 2020). Moreover, data from the International Rescue Committee found that girls living in refugee camps have been particularly affected (Stark *et al.*, 2018). Eight cases of teenage pregnancy were reported in June 2019 at Kakuma Refugee Camp in the northwest of Kenya (Cha, 2021). At Dadaab Refugee Camp, there was a 28% increase in reported teenage pregnancy during the April-June period, compared to the same period the previous year (Ng'ang'a, 2021).

Nandi County is no exception to the problem of teenage pregnancy. On Sunday, November 2020, for instance, the Nandi County Deputy Governor announced, "More than 6,000 Nandi County girls fell pregnant. This number was double the pregnancy rate in the second half of the year 2019. The actual number could be higher, as only hospital births were recorded. Many teenage pregnancies and births were not reported in health facilities, and others may have ended in abortion. Most of these girls got pregnant after schools closed in March 2020. Nandi County, like the rest of Kenya, is facing a crisis of teen pregnancy that threatens an entire generation. Educational opportunities for girls are being curtailed because of teen pregnancies; hence, all stakeholders must come together to tackle the crisis" (Nandi County Governor's Statistics Database Office, 2021). Nandi County has six sub-counties, and the rate of teenage pregnancy between the years 2018 and 2021 was particularly highest in Nandi North Sub-County. Nandi

North Sub-County had 25% teenage pregnancy, compared to Chesumei (23%); both Nandi Central and Nandi South had 14% each. Tindiret at 13% and Nandi East at 10% (Nandi North Educational Statistics Database Office, 2021). In Nandi North Sub-County, 1062 teenage pregnancies were reported in 2021.

Factors Contributing to Teenage Pregnancy

Several factors have been documented in research to contribute to rising incidents of teenage pregnancy. Current technological advancements facilitate access to a multiplicity of sexual content for young people, who constitute the majority of users of modern technologies. Pornographic content alone represents 4% of the world's total websites and 14% of total web searches (Turvey *et al.,* 2024). With respect to gender, teenage boys are the prevalent consumers of pornography, followed closely by teenage girls. Massey *et al. (2020)* observe that exposure to hours of mass media plays a big role in determining teenagers' social behaviour, especially when it includes pornography. Therefore, Droubay *et al. (2021)* opine that much needs to be done to address the effects of technology-facilitated sexual violence. There is a need for appropriate legislation to curb the harmful effects of media on young people (Henry *et al.,* 2018). According to Henry *et al.,* as of 2016, only Victoria and South Australia had in place specific legislation on the management of the non-consensual distribution of intimate images on the internet.

According to Gyan *et al.* (2017) peer pressure is a critical force in teenage years. In their study in a suburb of Accra, Ghana, Gyan *et al.* found that teenagers mostly fall victim to unsafe sex because of persuasion from peers. Negative peer pressure has been identified as a contributing factor to teenage pregnancy. Another contributing factor is poverty. Accordingly, teenage girls from poor families are more prone to teenage pregnancy compared to those from well-off families (Kyei-Arthur *et al.,* 2024). Studies have also shown that teenage mothers are more likely to live in poverty.

Consequences of Teenage Pregnancy

Teenage pregnancy and its consequences represent a major public health concern in many low- and middle-income countries of the world (Asmamaw *et al.,* 2023). Maternal mortality is highest for teenage girls under 15 years; complications in pregnancy and childbirth are higher among teenage girls aged 10 to 19 years compared to young women aged between 20 and 24 years (UNICEF, 2024). Pregnancy in teenage girls could lead to death since their bodies are still developing and are prone to complications during delivery. Globally, the rate of pregnancy-related deaths in teenage mothers is 28% higher than in older women (Azzopardi, *et al.,* 2019).

Higher rates of psychological problems such as suicide and health challenges like malnutrition are also common among teenage mothers (Tull, 2020). Suicide is the most common cause of death among teenage girls (Azzopardi *et al.,* 2019). Not much research has been done concerning suicide and dropping out of school, particularly among pregnant teenage girls (Kapungu *et al.,* 2018). However, in Brazil, suicidal behaviour is frequent among pregnant

teenagers, with a predominant rate of 13.3%; also common in this cohort are psychiatric disturbances such as anxiety and depression (Lacerda-Pinheiro *et al.*, 2014 in Musyimi, 2020). These effects are more prevalent among adolescent mothers who become pregnant outside marriage (Musyimi *et al.*, 2020). Girls who become pregnant outside wedlock are subjected to depression in and out of school. When a teenage learner becomes pregnant, she must contend with the new thoughts and experiences about the consequences of the pregnancy and impending motherhood, which further exacerbate the negative psychological outcomes of pregnancy (Kalisa, 2021). The case is worse if, for example, the pregnancy is a result of rape or incest. Moreover, a teenage girl who becomes pregnant may lose her peers as she is forced to attend to her family's subsequent obligations.

In Kenya, early and unwanted pregnancies among adolescent girls portend other cross-cutting problems for both their education and their sexual and reproductive health (Langat *et al.*, 2024). When a girl becomes pregnant in most Kenyan communities, it usually means the end of education for her. When pregnant, the economic prospects of girls also diminish drastically as their educational achievement drops, with increased possibility of early marriage (Olenja *et al.*, 2020). Teenage mothers are particularly vulnerable to further risks and exploitation due to poverty, limited knowledge of contraception, and a lack of independence in making life choices (Muthima *et al.*, 2022). The national school health policy in Kenya states that school-age girls who become pregnant should be accepted to continue with their education for as long as possible and allowed to go back to school after giving birth. Implementation of this policy still faces challenges. There is a lack of interventions to increase demand for education among teenagers who have already dropped out of school or to prevent unintended pregnancy among teenagers in school (Okoli *et al.*, 2022). Evidence shows that many adolescent mothers are limited to required forms of support or social assistance both during pregnancy and in raising their children in a world that is driven largely by economic interests and priorities. Teenage girls are mostly plagued by financial challenges, lack of support, and high stigmatization in their communities and schools (Waddell, 2024).

Mitigation Measures for Teenage Pregnancy

Adolescence is a period when pupils in schools require special attention and guidance, particularly in the modern era of rapid modernisation, globalisation, and technological advancement, characterised by information overload and changing family structures (Brindis *et al.*, 2020). Schools, parents, the government and non-governmental organisations have put in place various strategies to mitigate teenage pregnancy and enhance girl-child education in Kenya. For purposes of this study, digital sexual literacy, sexual abstinence programmes, life skills education and parental closeness were addressed.

Sexual Abstinence Programmes

There has been an increase in promotion of sexual abstinence programmes to reduce the spread of HIV, other infections transmitted through sexual intercourse (STIs), and unintended pregnancies among adolescent girls (Kantor, *et al.*, 2020). This rise in encouragement of sexual abstinence has been precipitated by the recognition that commencement of sexual activity

among teenagers is a major risk factor for negative reproductive health outcomes. Among these outcomes is giving birth at an early age, which portends other potentially adverse maternal and child health outcomes, aside from increased risks of STIs and HIV (Ramchandani *et al.*, 2018). Sexual abstinence is, therefore, always taken as the well-timed primary response to mitigation of teenage pregnancy and STIs (Yakubu *et al.*, 2019).

Various studies have been conducted to examine the association between sexual abstinence programmes and teenage pregnancy. In Spain, Barriuso-Ortega *et al.* (2024) assessed the effectiveness of school-based sexuality education programmes for teenagers by collecting data from 2000 to 2020 across various contexts. Results demonstrated that sexuality education programmes were effective in increasing teenagers' knowledge of abstinence. The gap in their study is that it was longitudinal in design, whereas the present study used a descriptive research design. The risk of unintended pregnancy, with the right combination of interventions, can be reduced through abstinence programmes. Mohamed *et al.* (2023) conducted a systematic literature review on teenage pregnancy prevention. The aim was to support evidence-based decision-making in most countries around the world. They found that abstinence, peer-led, and skill-building programmes were generally effective in reducing teenage pregnancy rates. The gap emanating from this study is that it relied on data from reviewed secondary research studies, and the present study depends on primary data to determine whether abstinence programmes are effective in addressing teenage pregnancy.

Sexual abstinence models have been criticized as being partly theoretical many times. Therefore, in Northern Ghana, Yakubu *et al.* (2019) assessed an educational intervention programme on sexual abstinence based on the Health Belief Model (HBM) among teenage girls. It was a cluster randomized controlled trial involving two groups of students: those who received an educational intervention programme and a control group. The study discovered that educational intervention guided by HBM significantly improved sexual abstinence and the knowledge of teenagers on pregnancy prevention among the intervention group. The gap arising from Yakubu *et al.*'s study is that it employed an experimental design, and the present study sought to explore teachers' perceptions of how abstinence education programmes affect teenage pregnancy in their schools.

Examining the success of sexual abstinence campaigns in Kenyan schools, Mocheche (2018) conducted a study that included students and teachers in Kabete Sub- County public secondary schools. It was established that teachers and students had a positive attitude toward sexuality. The gap established by this investigation was the failure to link attitudes toward sexuality to abstinence campaigns and teenage pregnancy, an issue that this study focused on. In Nandi County, 2021 statistics show that 16% of girls aged 10 to 19 have begun childbearing. Specifically, 1.8% are pregnant with their first child, and 13.8% have ever given birth, compared with 3.4% and 14.7% countrywide, respectively. Nandi County's age-specific fertility rate for girls aged 10-19 (teenage birth rate) is 102 per 1000 girls, indicating that teenagers in the County engage in premarital sex, which may result in teenage pregnancy. Parents in Nandi County have been urged to ensure their children do not fall victim to early pregnancies that force many affected girls to drop out of school. The County Youth and Gender

Director says the early pregnancies witnessed in schools have forced many affected girls out of school in the County. Parents were urged to follow up on their children's whereabouts and discourage them from reckless sexual activities. The study noted that other risks include contracting STIs. The Director also noted that teenage girls who become pregnant are often stigmatized when they return to school. Abstinence from sex is the most effective way to prevent unwanted pregnancies (Nandi County Uwezo Fund Database Office, 2021). Therefore, this study sought to establish teachers' perceptions of sexual abstinence programmes on teenage pregnancy in public primary schools in Nandi North Sub-County.

Life Skills Education

Governments and other institutions have rolled out various programmes to sensitize and empower teenage girls with respect to reproductive or sexual health. Empowering teenage girls through training and capacity building increases their social participation and decision-making power in relation to mitigating early pregnancy (Singla *et al.,* 2020). Sex education is one of the many strategies used to empower teenage girls (Bomester, 2021). Sex education interventions have been linked with better adolescent reproductive health outcomes and knowledge (Ivanova *et al.,* 2019). It enables teenagers to gain significant knowledge and improve self-concept, which boosts decision-making on matters of reproductive health (Denwigwe *et al.,* 2018).

Research has also shown that the rate of teenage pregnancy varies according to economic status. Girls from economically endowed homes are at a lower risk of pregnancy than those from less economically endowed backgrounds. Therefore, economic interventions have been used to reduce the rates of teenage pregnancy in low-economic populations (Okoli *et al.,* 2022). In general, economic empowerment influences teenage pregnancy rates both directly and indirectly through, among other things, increased decision-making ability in relationships and access to contraceptives (Holt *et al.,* 2020). This scenario was demonstrated in research in Uganda, which used vocational training and sex education. Results showed a 32% increase in girls' participation in economic activities as well as a 26% decrease in the risk of teenage pregnancy (Atuhaire, *et al.,* 2023).

Life skills education can influence youth behaviours in ways that improve sexual and reproductive health outcomes. Teenage girls have unique health and development needs. They also have to contend with challenges that are more detrimental to their lives compared to boys of the same age, including teenage pregnancy. Every year, an estimated 21 million girls aged 10 to 19 become pregnant in developing countries (Shibeshi *et al.,* 2024). The Kenya Demographic Health Survey 2022 reports that 15% of women aged 10 to 19 years have at least one birth (KNBS, 2023). The Survey suggests that if pregnancy is integrated into the wider subject of life skills or sexuality education, both boys and girls will have an opportunity to recognize that both male and female learners have a role to play in decisions about healthy sexual relationships.

Imparting applicable life skills education programmes to teenagers' minds has become an indispensable tool in addressing teenage pregnancy in Bhutan. Research by Norbu and Gurung

(2021) found that life skills education programmes- awareness programmes via teaching, discussion, and role-play were effective for teenagers in bettering their understanding of issues regarding sexual activities, teenage pregnancy, and STIs. Life skills also incorporates elements of sex education. During teenage years, most girls have not fully comprehended the biological and emotional processes associated with having sex. Much of the information they get is from friends and social media, which is unreliable. Many teenage pregnancies arise in such scenarios where knowledge about the risks of unprotected sex is scanty or is based on unreliable information. Gyane *et al.* (2025) observe that long hours of mass media exposure play a significant role in influencing teenagers' social behaviour, especially around sex and sexuality.

Life skills education enhances the ability of teenagers to adopt positive behaviours, that enable them to effectively deal with the demands and challenges of everyday life, including teenage pregnancy. In Ethiopia, Godana *et al.* (2023) assessed the effectiveness of a school-based life skills education intervention programme on teenagers' sexual and reproductive health skills. They found that implementing a school-based life skills education intervention programme created a positive impact on sexual and reproductive health life skills development in pastoral communities. The research failed to link LSE with teenage pregnancy, an area that this study centered upon.

The Ministry of Education in Kenya has recommended adoption of Life Skills Education as a remedy to the challenges that teenagers encounter in recent times (Keya, 2023). Therefore, in 2013, the Kenyan government signed a declaration committing itself to improve comprehensive rights-based sexuality education beginning in primary school. Comprehensive Sexuality Education (CSE) is necessary to ensure healthy sexual and reproductive lives for teenagers. It should include accurate information on a range of age-appropriate topics, should be participatory, and should foster knowledge, attitudes, values, and skills to enable teenagers to develop positive views of their sexuality (Njenga, 2019).

In Makadara Sub County, Shirao *et al.* (2020) explored how Life Skills Education was used to curb teenage pregnancy in public secondary schools. The research found out that Life Skills Education was beneficial to teenagers in schools, as it provided them with the ability to make informed decisions in life. Most (87.9%) respondents were in agreement that LSE incorporated strong abstinence messages to teenagers on matters of sex education, which was a saviour towards the alarming statistics of teenage pregnancy in the sub-county. The study differs from Shirao *et al.* by focusing on teachers' views with respect to LSE's role in teenage pregnancy in a rural primary school setting; their study was conducted in urban secondary schools.

Further, as a way of addressing rising cases of teenage pregnancy in Kilifi County, schools in the area devised several mechanisms to address the problem. Therefore, Ng'ang'a (2021) examined the effectiveness of peer counselling, mentorship programs, and comprehensive sex education in preventing teenage pregnancy. The results indicated that through peer counselling, teenagers were able to appreciate their weaknesses and strengths, which helped in preventing teenage pregnancy. Another study by Musyoka *et al.* (2024) from Machakos County assessed the relationship between LSE and teenage pregnancy in public secondary schools. They found

out that the provision of the LSE programme assisted in reducing incidents of teenage pregnancy in schools. A glaring gap is that the studies were conducted in secondary school settings, while the present study was carried out in primary schools.

In Emuhaya Sub County, Keya (2023) examined teachers' perception of life skills education on moral behaviour of students in secondary schools. It was established that teacher training did not influence the teaching of LSE. Additionally, LSE courses have an influence on moral behaviour content; teacher attitude in LSE did not influence moral behaviour. The gap coming out of this study is that the dependent variable was moral behaviour, while the present study concentrated on teenage pregnancy.

Towards the end of the year 2021, the Nandi County Commissioner announced that more than 9,000 schoolgirls in the County were pregnant, while others had already delivered. The commissioner emphasised the need for life skills and sex education to help girls make informed decisions about their sexuality. The local administrators, education officers and security agents were collecting evidence to have men responsible for teenage pregnancy prosecuted. All schools were instructed to admit the affected girls and help them access health services and education while they continued in their studies (Nandi County Governor's Office Database, 2021).

According to a report by the Nandi County Executive Committee (CEC) member for Health, Nandi County recorded 6,060 pregnant schoolgirls as of June 15, 2020, while another 3,500 conceived between July and December of the same year. The CEC continued to say that no student should be denied admission to school for being pregnant. The CEC urged schools to accord special care to affected girls because of their condition. Administrators were required to provide weekly updates regarding admissions, adding that those who did not report would be penalised. Officers from DCI were collecting statements from the children with a view to arresting the responsible male suspects to face defilement and rape charges. The commissioner added that, under the Sexual Offences Act 2010, defilement and rape are treated extremely seriously because Kenya wants to protect the girl-child from sex pests (Nandi County Governor's Office Database, 2021). In light of this information, the current study sought to identify teachers' perceptions of life skills education on teenage pregnancy in public primary schools in Nandi North Sub-County.

4. Research Methodology

Research Design

The study employed a descriptive research survey design. In this design, the researcher gathers and summarizes data from a sample of the population to examine the characteristics, opinions, or interactions within a given population (Morrison, 2022). This design also provides a clear framework for investigating relationships between independent and dependent variables, considering potential cause-and-effect (Andrade, 2021). Descriptive research enables the researcher to describe, identify trends and patterns, and examine relationships among variables.

Location of Study

The study was conducted in public primary schools in Nandi North Sub-County, Nandi County, Kenya. This study area was selected due to its highest incidence of teenage pregnancy cases compared to other sub-counties in Nandi County. Despite the implementation of various mitigation strategies to address teenage pregnancy, no prior studies had specifically focused on teachers' perceptions of these measures. Therefore, Nandi North Sub-County was a suitable location for this research on teachers' perceptions of selected mitigation measures: sexual abstinence programmes and life skills education.

Population of Study

The target population of this study was all public primary school teachers in Nandi North Sub-County. The accessible population consisted of 1,387 teachers and 172 guidance and counselling teachers from 172 public primary schools across three educational zones within the Sub-County. The Teachers were targeted to provide their views on selected intervention measures for addressing teenage pregnancy in schools. When a female and a male engage in sexual intercourse, pregnancy may occur. Teenage pregnancy is when a woman aged between 10 and 19 years conceives and subsequently carries a baby in her womb (WHO, 2024). According to the United Nations Population Fund (UNFPA) report, teenagers who get pregnant before attaining the age of 18 often contend with serious negative effects of teenage pregnancy (Manguro & Temmerman, 2022). Aside from the fact that teenage pregnancy infringes on many other rights of teenagers, it also causes other life-threatening results on their sexual and reproductive health and brings about high development costs for communities, including the perpetuation of cycles of poverty in families (Olenja et al., 2020).

At the teenage stage, a teenage girl has not fully matured physiologically to become healthily pregnant and bear healthy children (Wado et al., 2019). Therefore, teenagers who become pregnant are often at risk of serious complications associated with reproductive health. This is coupled with the fact that the majority of teenagers who become pregnant come from poor families that cannot afford basic health care (WHO, 2014). There is a greater likelihood of deaths occurring for pregnant teenage girls under the age of 15 years in low- and middle-income countries than for women who conceive in their 20s (WHO, 2024). Education and income potential for teenage girls are affected by pregnancy, as many are forced to drop out of school, which in turn prevents their future expectations and economic potential.

Teachers taking Guidance and Counselling participated in this research because of their role in the provision of guidance and counselling services to teenagers and their expert insights into the effectiveness of the intervention measures.

Sample Size and Sampling Procedures

Sampling refers to selecting subjects from a defined population to represent that population (Mertler, 2024). Considering the large target population of teachers (1,387), a representative sample size was required to ensure the findings could be generalized. Further, the guidance and counselling (G&C) teachers' population, of approximately 172, was high; therefore, 14% of the target was selected as the sample size based on the rule of thumb, resulting in 24 G&C

teachers. Subedi (2021) states that in qualitative research, a sample size of 10 – 30 cases is appropriate for data saturation.

The sample size for the general teacher population was determined using the Krejcie and Morgan's (1970) formula, as shown in Appendix VI. Based on this calculation, the appropriate sample size drawn from the accessible population of 1,387 was 154 respondents.

Under the proportionate stratified random sampling method, the population of teachers was divided into six strata based on educational zones: Kabisaga, Sang'ali, Kabiyet, Kabyemit, Kurkung', and Chepterwai. A sample was then drawn randomly from each stratum according to proportional allocation. The respondents obtained from each stratum were combined to form a total sample of 301 teachers.

Proportionate stratified random sampling technique was used to ensure that the sample of teachers was proportional to the population of each division (Coe *et al.*, 2025). This approach eliminated significant differences between strata, thereby reducing sampling error. The method also enhanced the precision of the sample estimates, particularly when within-strata variability was minimal. Regarding the guidance and counselling (G&C) teachers, a proportionate sampling method was also applied. These teachers were drawn from the 172 public primary schools

Instrumentation

The instruments for this study included a researcher-administered questionnaire. The instrument was designed to collect both quantitative and qualitative data relevant to the study objectives.

5. Results and Discussions

Teachers' Perceptions of Sexual Abstinence Programmes on Teenage Pregnancy

The first objective of the study was to establish teachers' perceptions of sexual abstinence programmes on teenage pregnancy in public primary schools in Nandi North Sub-County. To achieve this, teachers were asked to indicate their level of agreement or disagreement on a series of statements regarding the effectiveness and relevance of sexual abstinence programmes in preventing teenage pregnancy in schools. Findings are presented in Table 1.

Table 1:

Teachers' Perceptions of Sexual Abstinence Programmes on Teenage Pregnancy

Statement		**SD**	**D**	**N**	**A**	**SA**	**Mean**	**St.Dv**
Sexual abstinence programmes are the most effective way to prevent teenage pregnancy	F	19	29	11	120	102	3.91	1.19
	%	6.8	10.3	3.9	42.7	36.3		
Abstinence-only programmes leave teenagers unprepared for situations where they might choose to have sex	F	11	36	10	142	82	3.88	1.09
	%	3.9	12.8	3.6	50.5	29.2		
Sexual abstinence programmes can be beneficial in delaying sexual activity but are not a realistic solution for all teenagers	F	13	29	9	148	82	3.91	1.07
	%	4.6	10.3	3.2	52.7	29.2		
I believe sexual abstinence programmes should be combined with comprehensive sex education, including information on contraception	F	11	15	14	134	107	4.11	0.99
	%	3.9	5.3	5.0	47.7	38.1		
Open communication about sex between teenagers and parents can be more effective in preventing teenage pregnancy than abstinence programmes	F	15	18	11	123	114	4.08	1.09
	%	5.3	6.4	3.9	43.8	40.6		
Schools that offer abstinence-only programmes should also be required to provide access to confidential reproductive health services	F	19	26	13	140	83	3.86	1.14
	%	6.8	9.3	4.6	49.8	29.5		
Teenagers who participate in abstinence-only programmes are less likely to engage in risky sexual behaviours.	F	22	31	19	132	77	3.75	1.20
	%	7.8	11.0	6.8	47.0	27.4		
The effectiveness of sexual abstinence programmes in reducing teenage pregnancy needs further research	F	22	24	16	131	88	3.85	1.18
	%	7.8	8.5	5.7	46.6	31.3		
Composite statistics							**3.92**	**1.12**

Key: SD-strongly disagree, D - disagree, UD - undecided, A - agree, and SA - strongly agree

Findings in Table 1 indicate that a majority of teachers, 222 (79.0%), agreed that sexual abstinence programmes are the most effective way to prevent teenage pregnancy. These results align with the findings of Mohamed *et al.* (2023), who established that abstinence programmes are among the primary prevention strategies for teenage pregnancy in many Sub-Saharan African countries. Beyond preventing teenage pregnancy, abstinence programmes also contribute to reducing the risk of sexually transmitted infections (STIs) among teenagers, including males, by discouraging early sexual engagement.

Despite the generally positive perception of sexual abstinence programmes, qualitative responses revealed a significant gap in their implementation. Nine G&C teachers responded that sexual abstinence programmes were not implemented in their schools. This indicates that, although G&C teachers recognise the value of abstinence programmes in reducing teenage pregnancy, some schools in Nandi North Sub-County have yet to implement them. The absence

of dedicated programmes highlights challenges in translating positive perceptions into actual practice, which may limit effectiveness of abstinence as a mitigation strategy.

From the results, it is noted that the majority of teachers, 224 (79.7%), agreed that abstinence-only programmes leave teenagers unprepared for situations where they might choose to engage in sexual activity. The result suggests that while abstinence-only programmes may help reduce teenage pregnancy, they may not equip teenagers with adequate skills or knowledge to make informed decisions should they choose to become sexually active. These findings are supported by Crocker *et al.* (2019), who observed that increased sexual abstinence initiatives resulted in reduced sexual encounters, lower rates of HIV/AIDS, teenage pregnancy, and sexually transmitted infections, but may not fully prepare teenagers for real-life scenarios where abstinence is not maintained.

The findings also revealed that most teachers, 230 (81.9%), agreed that sexual abstinence programmes can be beneficial in delaying sexual activity but are not a realistic solution for all teenagers. The descriptive results indicate that teachers generally believe abstinence programmes are effective in postponing sexual activity among learners, but may not address the needs of every teenager. This finding aligns with Kamangu and Mbago (2024), who observed that school-based sexual abstinence programmes in Tanzania reduced risky sexual behaviours among teenagers while in school, although the effect diminished once they left school. Therefore, teachers generally perceived sexual abstinence programmes as effective, particularly when taught thoroughly.

The findings also revealed that a majority of teachers, 241 (85.8%), agreed that sexual abstinence programmes should be combined with comprehensive sex education, including information on contraception. The descriptive results indicate strong teacher support for integrating comprehensive sex education into abstinence programmes. In support of this finding, Thelma et al.'s (2024) research in Zambia found that most teachers perceived a blended approach as more effective in equipping teenagers with the knowledge and skills to make informed choices regarding their sexual and reproductive health.

Findings revealed that 209 (74.4%) of teachers agreed that teenagers who participate in abstinence-only programmes are less likely to engage in risky sexual behaviours. This suggests that most teachers perceived abstinence-only programmes as effective in reducing risky sexual behaviours among teenagers (Mean = 3.75, standard deviation = 1.20). These findings are supported by the research of Mochehe (2018) in Kabete Sub-County, which established that both teachers and students held positive attitudes towards abstinence programmes, acknowledging their effectiveness in reducing incidents of risky sexual encounters among teenagers both within and outside the school environment.

The findings further showed that the majority of teachers, 219 (77.9%), agreed that the effectiveness of sexual abstinence programmes in reducing teenage pregnancy required further research. The findings show a strong consensus among teachers on the need to explore ways of improving sexual abstinence programmes to enhance their impact. These findings align with Greene *et al.* (2024), who emphasised the importance of conducting further research to expand

and refine existing sexual abstinence programmes, ensuring they are more effective in addressing the needs of teenagers across diverse demographics and with varying abilities.

Composite data show that most teachers (78.4%, mean=3.92, standard deviation=1.12) held positive perceptions of abstinence programmes in public primary schools in Nandi North Sub County. A higher standard deviation of more than 1 suggests that there are still a small number of teachers who believe that abstinence programmes are not effective in addressing teenage pregnancy.

The outcomes show that the effectiveness of abstinence programmes is undermined by broader social influences, cultural restrictions, and institutional priorities which often neglect sexual education provision to teenagers in schools.

Teachers' Perceptions of Life Skills Education on Teenage Pregnancy

The second objective of the study was to analyze teachers' perceptions of life skills education on teenage pregnancy in public primary schools in Nandi North Sub-County. Teachers were asked to indicate their level of agreement or disagreement with statements on how life skills education contributes to preventing teenage pregnancy in their schools.

Table 2 shows that 221 (78.6%) of respondents agreed that life skills education programmes in communication skills help teenagers make informed decisions about relationships. These findings align with Rojpaisarnkit (2022), who established that life skills education programmes incorporating interpersonal relationship skills and effective communication are essential in preventing teenage pregnancy. Including communication skills in life skills education programmes enables learners to make informed, responsible decisions about the relationships they engage in.

The results show that a majority of respondents, 216 (76.9%), agreed that learning about goal setting and future planning in life skills classes can reduce the risk of teenage pregnancy. It is deduced that most teachers supported the view that incorporating goal setting and future planning in life skills education can help reduce the risk of teenage pregnancy. In agreement with the study findings, Keya (2023) established that equipping learners with the ability to set personal goals and plan for the future fosters responsible decision-making that can deter early sexual engagement and unintended pregnancies.

Table 2:

Teachers' Perceptions of Life Skills Education on Teenage Pregnancy

Statement		SD	D	N	A	SA	Mean	St.Dv
Life skills education programmes that teach communication skills can help teenagers make informed decisions about relationships	F	25	28	7	131	90	3.83	1.23
	%	8.9	10.0	2.5	46.6	32.0		
Learning about goal setting and future planning in life skills classes can reduce the risk of teenage pregnancy	F	25	32	8	136	80	3.76	1.23
	%	8.9	11.4	2.8	48.4	28.5		
Life skills education that emphasizes assertiveness training can empower teenagers to say no to unwanted sexual pressure.	F	26	29	10	126	90	3.80	1.25
	%	9.3	10.3	3.6	44.8	32.0		
Schools that integrate sexual health education within life skills programmes can provide teenagers with accurate information to avoid unintended pregnancy	F	26	35	19	118	83	3.70	1.26
	%	9.3	12.5	6.8	42.0	29.5		
If teenagers feel comfortable discussing relationships and sexuality openly in life skills classes, it can lead to more responsible decision-making	F	25	28	8	116	104	3.87	1.26
	%	8.9	10.0	2.8	41.3	37.0		
I believe life skills education programmes can help teenagers develop healthy coping mechanisms to deal with stress, reducing the likelihood of risky sexual behaviour	F	25	26	14	136	80	3.78	1.21
	%	8.9	9.3	5.0	48.4	28.5		
In my opinion, life skills classes that teach critical thinking skills can equip teenagers to evaluate potential consequences of their actions, including teenage pregnancy	F	25	29	10	122	95	3.83	1.25
	%	8.9	10.3	3.6	43.4	33.8		
I believe that comprehensive life skills education programmes can be a valuable tool in reducing teenage pregnancy rates.	F	25	30	7	129	90	3.81	1.24
	%	8.9	10.7	2.5	45.9	32.0		
Composite statistics							**3.8**	**1.24**

Key: SD-strongly disagree, D - disagree, UD - undecided, A - agree, and SA - strongly agree

From the findings, it can be concluded that the development of life skills such as self-awareness, respect, and self-control is viewed as essential in empowering adolescents to make responsible choices and prevent early sexual involvement. Norbu and Gurung (2021) observed that equipping teenagers with the ability to set personal goals and plan for their future, life skills education empowers them to make informed and responsible decisions regarding relationships and sexual behaviour, thereby lowering the likelihood of early pregnancies.

The study results revealed that the majority of respondents, 216 (76.8%), agreed that life skills education emphasising assertiveness training can empower teenagers to resist unwanted sexual pressure. The result implies that assertiveness training equips teenagers with the confidence and skills to refuse sexual advances, thereby reducing the likelihood of engaging in risky sexual behaviour and allowing them to focus on their education. This finding aligns with Shirao *et al.* (2022), who reported in Makadara Sub County that life skills education enhances teenagers' ability to make informed life decisions, including saying no to sexual advances.

The findings indicate that most respondents, 201 (71.5%), agreed that schools integrating sexual health education within life skills programmes can equip teenagers with accurate

information to avoid unintended pregnancy. The result implies that incorporating sexual health education into life skills programmes is perceived as an effective strategy for providing teenagers with knowledge and skills to make informed choices that reduce the risk of unintended pregnancies.

The findings indicated that most respondents, 220 (78.3%), agreed that teenagers feel comfortable discussing relationships and sexuality openly in life skills education (LSE) classes, it can lead to more responsible decision-making. The results suggest that LSE sessions create a safe environment where teenagers can discuss sensitive topics. This openness can encourage responsible decision-making regarding sexuality during adolescence, thereby reducing the risk of teenage pregnancy. These findings align with Crocker *et al.* (2019), who observed that providing a comfortable and interactive space for teenagers to exchange perspectives on sexuality facilitated by peer educators enhances youth engagement during LSE sessions.

Results also revealed that the majority of respondents, 216 (76.9%), agreed that life skills education (LSE) programmes could help teenagers develop healthy coping mechanisms to deal with stress, thereby reducing the likelihood of engaging in risky sexual behaviour. This indicates a strong perception that LSE programmes play a significant role in equipping teenagers with skills to manage stress, a key factor contributing to risky sexual behaviour. These findings align with Waiganjo and Waiganjo (2018), who noted that LSE is an interactive teaching and learning process that enables learners to acquire knowledge, develop attitudes, and build skills that support the adoption of healthy behaviours.

Further, findings show that most 217 (77.2%) respondents agreed that life skills education classes that teach critical thinking skills have the capacity to equip teenagers to evaluate potential consequences of their actions, including teenage pregnancy. This indicates that most teachers perceive life skills classes that teach critical thinking skills as capable of equipping teenagers to evaluate the potential consequences of their actions, including the risk of teenage pregnancy (Mean = 3.83, Standard Deviation = 1.25). Supporting this finding, Rojpaisarnkit (2022) established that the cognitive domain, particularly creative and critical thinking skills developed during LSE lessons, was essential in preventing teenage pregnancy in schools. Similarly, Dupuy (2018) emphasised that teenagers must engage in critical thinking to lead healthy lives and avoid situations that may expose them to pregnancy, sexually transmitted infections (STIs), or HIV/AIDS.

A majority of respondents, 219 (77.9%), agreed that comprehensive life skills education programmes could be a valuable tool in reducing teenage pregnancy rates. Supporting this outcome, Musyoka *et al.* (2024) found a significant relationship between comprehensive life skills education programmes and the reduction of teenage pregnancy in public secondary schools in Machakos County. Therefore, comprehensive life skills education programmes can be considered an effective tool in addressing and reducing teenage pregnancy rates.

Composite statistics show that most teachers (75.9%) held positive perceptions of life skills education programmes on teenage pregnancy in public primary schools in Nandi North Sub-County (Mean = 3.80, Standard Deviation = 1.24). Therefore, it is important to note that most teachers held positive perceptions of life skills education (LSE) on teenage pregnancy in

schools by emphasising its role in promoting self-awareness, informed decision-making, and responsible behaviour among teenagers.

6. Conclusion

The study found that most teachers (78.4%) had positive perceptions of sexual abstinence programmes on teenage pregnancy in Nandi North Sub-County. These programmes were seen as empowering teenagers to courageously refuse sexual advances from peers and others, enabling them to focus on their studies. Teachers further perceived that the effectiveness of abstinence programmes was enhanced when combined with comprehensive sex education that includes information on contraception. Additionally, open communication between teenagers and their parents about sexual matters was viewed as a more effective strategy for preventing teenage pregnancy than relying solely on abstinence programmes.

Secondly, most teachers (75.9%) perceived that provision of life skills education, focusing on communication, goal setting, assertiveness training, and critical thinking, played a significant role in reducing the risk of teenage pregnancy in schools. They noted that such programmes empowered teenagers to make responsible decisions regarding their sexual health by equipping them with the necessary skills to evaluate the consequences of their actions.

7. Recommendations

Following the study findings, the following recommendations are made for policy and practical action by various stakeholders:

1. To improve abstinence programmes in schools, the study recommends that age-appropriate comprehensive sexuality education be provided to teenagers to equip them with the knowledge needed to make informed decisions about their sexuality. Schools should partner with health personnel, religious organisations, and community-based organisations to conduct forums and initiatives that promote abstinence and healthy decision-making among teenagers.
2. There is a need to integrate a comprehensive life skills education programme into the school timetable to ensure that all components of sexuality education are adequately addressed for teenagers in schools. These programmes should be designed to equip students with the skills to navigate the complexities of relationships and sexual health, thereby reducing the risk of teenage pregnancy. It is further recommended that life skills education content be regularly updated to address emerging challenges faced by teenagers.

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