

Parent–Teacher Collaboration and Its Influence on Teenage Pregnancy Prevention Among School-Going Adolescents: A Case of Public Primary Schools in Ngong Sub-County, Kajiado County

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Accepted: 05 June 2026 || Published: 16 June 2026

Abstract

Teenage pregnancy is now a global pandemic and interferes with the socio-economic development of children. It prevents girls from accessing education not only in high school but also in primary school in most countries worldwide. Although several interventions have been put in place to address the challenge of teenage pregnancy among primary school pupils, this problem continues to be witnessed in Kenya among school-going children, particularly in Kajiado County. This study examined the extent to which parent–teacher collaboration influences teenage pregnancy prevention among school-going adolescents in public primary schools in Ngong Sub-County, Kajiado County, Kenya. Social learning theory, family systems theory, and attachment theory are utilized. The study used a descriptive research design. A total of 7,400 respondents constituted the target population for this study. Purposive sampling techniques and stratified random sampling techniques were used to select a sample of 379 respondents. Questionnaires and an interview guide were used as data collection instruments. Quantitative data were analyzed using descriptive statistics and regression analysis. Qualitative data obtained from interviews were analyzed using thematic analysis. Sex education was identified as a key preventive strategy, explaining 64.2% of the variance in teenage pregnancy prevention. Parent–teacher collaboration and parent–child communication showed even stronger influence, accounting for 69% and 69.2% respectively. Overall, regression results confirm that strengthening sex education, school–family partnerships, and open family communication through integrated approaches is critical to reducing teenage pregnancy in public primary schools. The findings benefit stakeholders in the education sector and policymakers in shaping interventions on teenage pregnancies.

Keywords: *Parent–Teacher Collaboration, Teenage Pregnancy Prevention, School-Going Adolescents*

How to Cite: Akoth, O. C., Ireri, N., & Gachuri, E. (2026). Parent–Teacher Collaboration and Its Influence on Teenage Pregnancy Prevention Among School-Going Adolescents: A Case of Public Primary Schools in Ngong Sub-County, Kajiado County. *Journal of Sociology, Psychology and Religious Studies*, 6(4), 60-73.

1. Introduction

Teenage pregnancy remains a major global public health and social concern because of its adverse health, educational, and socioeconomic consequences for both mothers and their children. Adolescent or teenage pregnancy refers to pregnancy occurring among girls aged 13–19 years (Riley et al., 2020). Globally, an estimated 21 million girls aged 15–19 years become pregnant annually, and approximately 12 million give birth, with nearly 95% of these pregnancies occurring in low- and middle-income countries (LMICs) (Malunga et al., 2023). Complications related to pregnancy and childbirth remain among the leading causes of death among adolescent girls, with many maternal deaths occurring in LMICs. Beyond health risks, teenage pregnancy frequently disrupts education, limits future employment opportunities, and exposes young mothers to emotional and financial hardships (Amjad et al., 2022).

Despite global commitments to reduce adolescent pregnancy through the Sustainable Development Goals (SDGs), the prevalence remains high in many developing regions. In South Asia and sub-Saharan Africa, early marriage, poverty, gender inequality, and limited access to reproductive health information continue to contribute to early childbearing (Poudel et al., 2023). Globally, nearly one in four adolescent women experiences pregnancy (Kassa et al., 2018). In Africa, adolescent pregnancy prevalence is estimated at 19%, with Eastern Africa reporting some of the highest rates (Kaphagawani & Kalipeni, 2017). Studies indicate that approximately half of adolescent pregnancies in Eastern Africa are unintended (Worku et al., 2021).

In Kenya, teenage pregnancy continues to pose significant health, educational, and developmental challenges. The 2022 Kenya Demographic and Health Survey (KDHS) reported that 15% of girls aged 15–19 years had begun childbearing, with prevalence increasing sharply with age (KNBS & ICF, 2023). Teenage pregnancy contributes to school dropout, unemployment, intergenerational poverty, and social inequality, thereby undermining national development goals. Multiple factors contribute to teenage pregnancy, including poverty, peer influence, media exposure, limited sexuality education, cultural norms, and weak family support systems (Moturi, 2016).

Parental involvement has increasingly been recognized as a critical protective factor against risky sexual behavior and teenage pregnancy. Research shows that adolescents who experience warm, supportive, and communicative parenting are more likely to delay sexual activity, have fewer sexual partners, and use contraception consistently (Honig, 2012). Parents are strategically positioned to guide adolescents by providing sexuality education, setting behavioral expectations, and modeling responsible decision-making. Open parent-child communication regarding sexuality and reproductive health has been associated with reduced engagement in risky sexual behavior (Silk & Romero, 2014).

However, many parents experience cultural, religious, and social barriers that limit effective communication about sexuality and reproductive health. Studies have shown that parents often avoid discussing safe sex practices and contraceptive use because such discussions are perceived as culturally inappropriate or uncomfortable (Mudhovozi, 2012). In many communities, adolescents rely more heavily on peers than parents for reproductive health information, increasing their vulnerability to misinformation and risky behavior (De Beer et al., 2024). Consequently, interventions promoting parental engagement and family-centered

sexuality education have gained increasing attention as effective strategies for teenage pregnancy prevention.

Evidence further suggests that collaborative approaches involving schools, families, and communities are more effective in addressing adolescent sexual health challenges. School-based sexuality education programs linked to parental support and community engagement have demonstrated positive outcomes in reducing unintended pregnancies (Santelli et al., 2021). Parent-teacher collaboration, in particular, can strengthen communication, reinforce consistent guidance, and create supportive environments for adolescents both at home and at school. Nonetheless, the effectiveness of parental involvement may vary across cultural contexts, parenting styles, and the quality of parent-child relationships (Masuku et al., 2021).

Although several studies have examined determinants of teenage pregnancy in Kenya, limited attention has been given to the role of parent-teacher collaboration in preventing teenage pregnancy among adolescents in public primary schools. Existing studies largely focus on individual and socioeconomic determinants, leaving a contextual gap regarding how coordinated parental and school engagement influences adolescent behavior. This study, therefore, sought to examine the influence of parent-teacher collaboration on teenage pregnancy prevention in public primary schools in Ngong Sub-County, Kajiado County.

2. Literature Review

2.1 Theoretical Review

Research on adolescent sexual behavior and teenage pregnancy is largely informed by theories of social behavior that explain how family relationships, social interactions, and emotional attachments influence adolescent decision-making. Although no single theory fully explains teenage pregnancy, several complementary perspectives provide insight into the factors shaping adolescent sexual behavior (Son & Updegraff, 2023). This study is guided by Social Learning Theory and Family Systems Theory because they collectively explain how parental involvement and parent-teacher collaboration may influence teenage pregnancy prevention among adolescents.

2.1.1 Social Learning Theory

Social Learning Theory was developed by Albert Bandura in 1977 and emphasizes that individuals learn behaviors through observation, imitation, and interaction with their social environment (Pusch, 2024). The theory argues that learning occurs through observing role models, evaluating experiences, and responding to environmental influences (Okine et al., 2020). Human behavior is therefore shaped not only by individual choices but also by social interactions and surrounding environments (Utami et al., 2024).

The theory originated from behaviorist perspectives that explain how individuals acquire behaviors through reinforcement and observation. Social Learning Theory posits that socialization processes strongly influence adolescent sexual behavior, as young people tend to imitate behaviors and attitudes observed in families and communities (Gavazzi & Lim, 2023). Adolescents who are exposed to positive parental guidance and responsible sexual behavior are more likely to adopt healthy sexual practices.

This theory is relevant to the current study because it explains how parental involvement may influence adolescents' attitudes and behaviors regarding sexuality and pregnancy prevention. Parents who model responsible behavior, maintain open communication, and discuss the consequences of risky sexual behavior can positively shape adolescents' decisions (Camilleri & Kozak, 2022). Conversely, weak parental guidance and negative social influences may increase adolescents' vulnerability to early sexual activity and teenage pregnancy.

2.1.2 Family Systems Theory

Family Systems Theory was developed by Murray Bowen in the 1950s to explain how family relationships influence human behavior (Calatrava et al., 2022). The theory views the family as an interconnected social system in which the behavior of one member affects the entire family unit (Gavazzi & Lim, 2023). Changes occurring in one individual are therefore likely to influence relationships and interactions within the broader family structure.

The theory emphasizes that adolescent behavior cannot be understood in isolation from the family environment. Family interactions, parental relationships, communication patterns, and emotional support systems all contribute to shaping adolescent development (Twintoh et al., 2021). Adolescents continuously interact with and respond to their family environments while simultaneously influencing those environments through their own behaviors (Wang et al., 2021).

Family Systems Theory is applicable to this study because it highlights the importance of parental involvement and family relationships in preventing teenage pregnancy. Positive family dynamics characterized by parental warmth, supervision, communication, and consistent guidance can reduce risky sexual behavior among adolescents. In addition, effective collaboration between parents and teachers may strengthen support systems around adolescents and reinforce positive behavioral expectations both at home and at school.

2.2 Empirical Review

Empirical studies have shown that parenting practices significantly influence adolescent sexual behavior and teenage pregnancy prevention. Research indicates that parental monitoring, emotional support, and communication reduce adolescents' engagement in risky sexual activities by limiting exposure to negative peer influence (Effendi et al., 2021). Parents who are actively involved in their children's lives are more aware of their peer relationships and are better positioned to guide their social interactions (Xiao et al., 2023).

Studies further demonstrate that high levels of parental monitoring reduce the likelihood of adolescent pregnancy, particularly among girls, by discouraging affiliation with deviant peer groups (Camilleri & Kozak, 2022). In contrast, weak parent-child relationships and poor communication increase adolescents' susceptibility to peer pressure and risky sexual behavior (Effendi et al., 2021). Adolescents who lack emotional closeness with parents may seek emotional fulfillment through intimate peer relationships, thereby increasing the risk of early sexual activity and unintended pregnancy.

Parent-teacher collaboration has increasingly been recognized as an important strategy for improving both educational and behavioral outcomes among adolescents. Teachers and parents bring different experiences, skills, and knowledge that can collectively support learners' development (Adams, Harris, & Jones, 2018). Effective collaboration enables schools and families to work together in addressing social and behavioral challenges affecting adolescents.

Research conducted in South Africa found that teenage mothers were more likely to succeed academically when they received adequate support from both families and schools (Chigona & Chetty, 2008). However, lack of institutional support, stigma, and misunderstanding often contributed to school dropout and emotional distress among teenage mothers. Similarly, Malunga et al. (2023) found that many teenage mothers experienced disruptions in school attendance due to inadequate social and educational support.

Other studies have highlighted the importance of supportive family relationships and school-community partnerships in improving outcomes for adolescent mothers (Erfina et al., 2022). Effective communication between schools and families is particularly important in strengthening parental engagement and promoting adolescent well-being. Good communication involves empathy, openness, active listening, and culturally sensitive interactions between parents and teachers (Collins et al., 2020).

Evidence also suggests that students perform better academically and socially when schools establish strong partnerships with families (Palm et al., 2023). Parent-teacher collaboration can therefore play an important role in reinforcing sexuality education, monitoring adolescent behavior, and creating supportive environments that discourage teenage pregnancy.

Teenage pregnancy remains both a cause and consequence of educational and health inequalities globally (Hadley, 2020). Adolescents who experience early pregnancy are more likely to drop out of school, experience economic hardship, and face long-term social disadvantages. Prevention strategies, therefore, require comprehensive interventions that address both behavioral and structural factors.

Research has identified several effective teenage pregnancy prevention strategies, including comprehensive sexuality education, contraceptive access, parental involvement, and peer education programs (Sengonul, 2022). School-based relationship and sexuality education programs linked to reproductive health services have shown positive effects in reducing adolescent pregnancy rates and improving contraceptive use (Roets & Clemence, 2021).

Studies further emphasize that effective prevention programs should incorporate family and community support systems. Adolescents who receive guidance from parents, schools, and healthcare providers are more likely to make informed sexual decisions and seek reproductive health services when needed (Marseille et al., 2018). In addition, support for pregnant teenagers and adolescent parents is important in reducing repeat pregnancies and improving educational continuation.

Overall, existing empirical literature demonstrates that parental involvement, supportive family relationships, effective school-family partnerships, and comprehensive sexuality education are critical components of teenage pregnancy prevention. However, limited studies have specifically examined how parent-teacher collaboration influences teenage pregnancy prevention in Kenyan public primary schools, particularly in Ngong Sub-County, Kajiado County. This study seeks to address this gap.

3. Methodology

3.1 Research Design

Research design refers to the overall framework that guides data collection, analysis, and interpretation in a study (Huntington-Klein, 2021). It provides a systematic approach to addressing the research problem by integrating methods and procedures coherently. This study adopted a descriptive research design to examine the influence of parent-teacher collaboration on teenage pregnancy prevention in public primary schools in Ngong Sub-County, Kajiado County.

Descriptive research design is appropriate because it enables the researcher to systematically describe the characteristics, attitudes, and experiences of the target population without manipulating study variables (Sileyew, 2019). The design allows the collection of detailed information regarding parental involvement, school support systems, and teenage pregnancy prevention strategies. It further facilitates the use of both quantitative and qualitative approaches to provide a comprehensive understanding of the phenomenon under investigation.

A mixed-methods approach was employed in the study. The quantitative approach was used to collect numerical data and generate statistical descriptions of parental involvement and teenage pregnancy prevention. The qualitative approach was used to obtain in-depth insights into the experiences, perceptions, and attitudes of parents, teachers, and administrators regarding adolescent pregnancy prevention.

3.2 Target Population

A target population refers to the entire group of individuals or elements relevant to a particular study (Willie, 2023). The target population for this study comprised learners in Grades Four to Eight attending public primary schools in Ngong Municipality, Kajiado County. In addition, parents, teachers, and government administrators were part of the study population due to their direct involvement in adolescents' social and educational development. The study focused on five selected public primary schools within the municipality. The total learner population across the selected schools was approximately 7,400 pupils, forming the primary study population.

3.3 Sample and Sampling Procedures

Sampling is the process of selecting a representative portion of a population to participate in a study (Dubey & Kothari, 2022). This study employed both purposive and stratified random sampling techniques. Purposive sampling was used to identify public primary schools for the study based on their relevance to the research objectives. Stratified random sampling was then used to select learners, parents, and teachers from the sampled schools. The respondents were stratified according to categories such as school, grade level, age, and family background to ensure adequate representation of different groups within the study population. The sample size for the study was determined using Yamane's (1968) sampling formula, which is widely used in social science research to obtain representative samples from large populations.

3.4 Data Collection Instruments

The study utilized questionnaires and interview guides as the primary instruments for data collection. The use of multiple instruments enabled the researcher to obtain both quantitative and qualitative data, thereby enhancing the comprehensiveness of the findings.

Self-administered questionnaires were used to collect quantitative data from respondents who could read and write. The questionnaires consisted mainly of closed-ended questions designed to elicit standardized responses on parental involvement and teenage pregnancy prevention. The questionnaires enabled the researcher to gather information on respondents' views, perceptions, and experiences regarding parenting practices, communication, and adolescent sexual behavior. The instrument was considered appropriate because it allowed respondents to provide information confidentially and minimized interviewer bias.

Interview guides were used to collect qualitative data from teachers and government officials. Interviews provided an opportunity to obtain detailed information and professional perspectives regarding teenage pregnancy and the role of parental involvement in its prevention. The interviews allowed respondents to elaborate on their experiences, observations, and recommendations concerning adolescent reproductive health and parent-teacher collaboration. The interview guide ensured consistency in the questioning process while allowing flexibility for probing and clarification where necessary (Roberts, 2020).

3.5 Data Analysis Techniques

After data collection, the questionnaires were inspected, coded, and entered into the Statistical Package for Social Sciences (SPSS) version 22.0 for analysis. Quantitative data were analyzed using descriptive statistics, including frequencies, percentages, tables, charts, and graphs, to summarize the findings. In addition, multiple regression analysis was conducted to determine the predictive relationship between parental involvement and teenage pregnancy prevention. The regression model helped establish the extent to which parental involvement significantly influenced teenage pregnancy outcomes.

Qualitative data obtained from interviews were analyzed using thematic analysis procedures outlined by Marshall and Rossman (2006). The process involved data coding, categorization, identification of emerging themes, interpretation, and presentation of findings. The integration of quantitative and qualitative findings enhanced the validity and depth of the study's conclusions.

3.6 Ethical Considerations

Ethical approval for the study was obtained from Africa International University before the commencement of data collection. Permission to conduct the study was also sought from the relevant school administrations and County Education Offices. In addition, a research permit was obtained from the National Commission for Science, Technology, and Innovation to ensure compliance with national research regulations and ethical standards. Participation in the study was voluntary, and respondents were informed of their right to withdraw at any stage without penalty. Participants were also informed that the information collected would be used strictly for academic purposes and kept confidential.

Informed consent forms were issued to parents, teachers, and other adult participants before participation. For respondents below the age of 18 years, parental or guardian consent was obtained alongside learners' assent. Participants were also informed that interviews would be audio-recorded, where applicable. To ensure confidentiality and anonymity, respondents' identities were protected through the use of pseudonyms and secure handling of research data. These ethical measures were intended to safeguard participants' rights, maintain trust, and ensure adherence to accepted research standards.

4. Results and Discussion

4.1 Response Rate

A total of 379 questionnaires were distributed across five public primary schools in Ngong Sub-County, Kajiado County. Of these, 349 questionnaires were fully completed and returned, representing a response rate of 92%, while 30 questionnaires (8%) were either incomplete or not returned. The high response rate indicates strong participant engagement and enhances the reliability and representativeness of the study findings. Among the sampled schools, Oloolua Primary recorded the highest number of completed questionnaires (97), followed by Ngong Township Primary (88), Kibiko Primary (70), and St. Joseph Primary (68). Osupuko Primary recorded the fewest completed questionnaires (26). Despite these variations, the proportion of incomplete responses remained relatively low across all schools, suggesting consistent participation.

As shown in Table 1, 56% of respondents were male, and 44% were female, indicating that both genders were adequately represented in the study, although males constituted a slightly larger proportion. The relatively balanced gender distribution enhances the representativeness of the sample and minimizes the likelihood of gender-related bias in the findings. Regarding age, the largest proportion of respondents (30%) were aged 12–13 years, followed by those aged 14–15 years (28%), while 25% were aged 16 years and above, and 17% were below 12 years. This distribution indicates that the majority of respondents were in early adolescence, particularly between ages 12 and 15. By grade level, Grade 6 had the highest representation (29%), closely followed by Grade 8 (28%), while Grade 9 accounted for 25% and Grade 7 had the lowest proportion (19%). The relatively even distribution across grades suggests broad participation, with a slight concentration in the lower and middle grades. Concerning housing characteristics, nearly half of the respondents (48%) lived in block houses, indicating that permanent housing was the most common type of residence. Iron sheet houses accounted for 23%, timber houses for 18%, and mud wall houses for 11%, making them the least common. Furthermore, most respondents (31%) lived in two-room houses, 24% in single-room houses, 21% in three-room houses, 16% in four-room houses, and only 8% in houses with five or more rooms. These findings suggest that the majority of respondents came from households with relatively small housing units, reflecting modest living conditions among the study population.

Table 1: The demographic information of respondents who participated in the study

	Description	Frequency	Percentage
Gender	Male	194	56%
	Female	155	44%
Age	Below 12 yrs	61	17%
	12-13 yrs	103	30%
	14-15 yrs	99	28%
	16 yrs and above	86	25%
	Grade levels	Grade 6	100
	Grade 7	65	19%
	Grade 8	97	28%
	Grade 9	87	25%
Type of house	Blocks	169	48%
	Timber	62	18%
	Iron sheet	81	23%
	Mud wall	37	11%
How many rooms does your house have?	1 room	85	24%
	2 rooms	108	31%
	3 rooms	72	21%
	4 rooms	55	16%
	5+ rooms	29	8%

4.2 Parent–Teacher Collaboration and Teenage Pregnancy Prevention

Most respondents (63%) agreed or strongly agreed that parents and teachers communicate regularly on issues related to teenage pregnancy prevention. Similarly, 64% agreed that collaboration between parents and teachers is essential in addressing teenage pregnancy among adolescents. These findings suggest broad recognition of the importance of shared responsibility between schools and families. However, inconsistencies emerged regarding the nature of communication and coordination. A majority of respondents (57%) disagreed that parents and teachers consistently communicated with students about pregnancy prevention. This suggests that conflicting guidance from home and school environments may weaken the effectiveness of prevention efforts.

The availability of resources for parents on teenage pregnancy prevention was also perceived as moderate. While 40% agreed that schools provided resources for parents, a substantial proportion remained neutral (30%) or disagreed (29%). This indicates uneven access to educational support materials and limited parental engagement initiatives in some schools. Respondents also expressed strong confidence in the value of joint efforts between parents and teachers, with 64% agreeing that collaboration creates a safer environment for adolescents. Perceptions of school policies on teenage pregnancy prevention were mixed: 42% agreed that supportive policies existed, 30% disagreed, and 28% were neutral. This may imply limited awareness or inconsistent implementation of school policies.

Table 2: Parent–Teacher Collaboration and Teenage Pregnancy Prevention

	SD	D	N	A	SA
Parents and teachers communicate regularly on teenage pregnancy prevention in this school	44 (13%)	56 (16%)	29 (8%)	121 (35%)	99 (28%)
Collaboration between parents and teachers is essential for preventing teenage pregnancies.	30 (9%)	41 (12%)	56 (16%)	89 (26%)	133 (38%)
Parents and teachers share consistent messages about pregnancy prevention with students	121 (35%)	78 (22%)	23 (7%)	68 (19%)	59 (17%)
Our school always provides resources for parents on teenage pregnancy prevention	57 (16%)	46 (13%)	106 (30%)	74 (21%)	66 (19%)
I believe joint efforts between parents and teachers create a safer environment.	71 (20%)	36 (10%)	21 (6%)	97 (28%)	124 (36%)
Our school has policies to support teenage pregnancy prevention.	55 (16%)	49 (14%)	98 (28%)	78 (22%)	69 (20%)

4.3 Regression Analysis

Regression analysis was conducted to determine the relationship between independent variables and teenage pregnancy prevention. The independent variables included sex education, parental socioeconomic status, parent–teacher collaboration, and parent–child communication, while teenage pregnancy prevention formed the dependent variable. The findings showed that parent–teacher collaboration was a statistically significant predictor of teenage pregnancy prevention. The model produced an R^2 value of 0.6924, indicating that approximately 69% of the variation in teenage pregnancy prevention could be explained by parent–teacher collaboration. Although the adjusted R^2 value reduced to 0.4208 after accounting for model complexity, the findings still demonstrate substantial explanatory power.

The ANOVA results confirmed that the regression model was statistically significant ($F = 4.602$, $p = 0.003$), indicating that the relationship between parent–teacher collaboration and teenage pregnancy prevention was unlikely to have occurred by chance. The regression coefficient for parent–teacher collaboration ($\beta = 0.3304$, $p = 0.0042$) was positive and statistically significant. This implies that increased collaboration between parents and teachers contributes positively to teenage pregnancy prevention. Strong partnerships between schools and families may enhance communication, monitoring, emotional support, and adolescents' access to reproductive health information.

Table 3: Regression analysis

Multiple R	0.5409
R Square	0.6924
Adjusted R-Square	0.4208
Standard Error	67.4147
Observations	349

ANOVA					
	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance (P-value)</i>
Regression	1	10.2102	17.902	4.602	0.003
Residual	344	4.668	49.505		
Total	349	14.6782			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>
Intercept	21.3507	3.5599	0.1158	0.7290	-400.5020	517.3232
Parent-Teacher Collaboration	0.3304	7.4452	1.2079	0.0042	-17.7354	0.8706

4.4 Discussion

The study examined the influence of parental involvement on teenage pregnancy prevention in public primary schools in Ngong Sub-County, Kajiado County. The findings showed that most respondents were male (56%) and predominantly aged between 12 and 15 years. Housing characteristics further revealed socioeconomic disparities among respondents, with most living in block houses and small-sized households.

Studies have shown that socioeconomic factors, including household characteristics and living conditions, are associated with adolescent reproductive health outcomes. Kirby found that family socioeconomic status and parental engagement are important determinants of adolescent sexual behavior and pregnancy risk. Similarly, Harden (2014) reported that socioeconomic disadvantage is associated with earlier sexual initiation and higher rates of teenage pregnancy.

Some studies argue that socioeconomic status alone is not a sufficient predictor of adolescent pregnancy, emphasizing the role of peer influence, school connectedness, and community norms instead. For example, Crosby et al. (2003) found that social and behavioral factors may have stronger effects than household characteristics in certain contexts.

5. Conclusion

The study concludes that the prevention of teenage pregnancy in public primary schools is significantly influenced by parental involvement, particularly through effective collaboration between parents and teachers. Strong school–family partnerships foster open communication, enhance the supervision and guidance of adolescents, and improve access to accurate reproductive health information. Consequently, parent–teacher collaboration plays a critical role in supporting efforts to reduce teenage pregnancy among school-going adolescents.

The findings further demonstrate that socioeconomic conditions, sex education, and parent–child communication also contribute significantly to adolescent reproductive health outcomes. Effective teenage pregnancy prevention, therefore, requires integrated approaches involving schools, families, and communities.

6. Recommendations

Based on the findings, the study recommends that schools and policymakers should strengthen structured parent–teacher collaboration programs focused on adolescent reproductive health and teenage pregnancy prevention. Additionally, schools should provide parents with accessible educational materials and regular awareness forums on adolescent sexuality and reproductive health issues.

The study also notes that policymakers should strengthen the implementation of age-appropriate comprehensive sexuality education within primary schools, and parents should be encouraged to maintain open and supportive communication with adolescents regarding sexual behavior and reproductive health.

Further studies should examine the influence of cultural practices and household dynamics on teenage pregnancy prevention in both public and private schools.

References

- Amjad, S., Adesunkanmi, M., Twynstra, J., Seabrook, J. A., & Ospina, M. B. (2022). Social determinants of health and adverse outcomes in adolescent pregnancies. In *Seminars in Reproductive Medicine*, *Semin Reprod Med* 2022; 40(01/02): 116-123. DOI: 10.1055/s-0041-1735847.
- Camilleri, M. A., & Kozak, M. (2022). Interactive engagement through travel and tourism social media groups: A social facilitation theory perspective. *Technology in Society*, 71, 102098.
- Chigona, A., & Chetty, R. (2008). Teen mothers and schooling: Lacunae and challenges. *South African journal of education*, 28(2), 261-281.
- Collins, S., Brueton, R., Graham, T. G., Organ, S., Strother, A., West, S. E., & McKendree, J. (2020). Parenting Science Gang: radical co-creation of research projects led by parents of young children. *Research involvement and engagement*, 6, 1-15.
- Dubey, U. K. B., & Kothari, D. P. (2022). *Research methodology: Techniques and trends*. New York: Chapman and Hall/CRC.
- Effendi, D. E., Handayani, L., Nugroho, A. P., & Hariastuti, I. (2021). Adolescent pregnancy prevention in rural Indonesia: participatory action research. *Rural and Remote Health*, 21(4), 1-12.

- Gavazzi, S. M., & Lim, J. Y. (2023). Family systems theory. In *Families with Adolescents: Bridging the Gaps Between Theory, Research, and Practice* (pp. 35-45). Cham: Springer International Publishing.
- Hall, J., & Nayar, S. (2014). Building trust to work with children after a severe traumatic accident. *Contemporary Nurse*, 46(2), 161-169.
- Kaphagawani, N. C., & Kalipeni, E. (2017). Sociocultural factors contributing to teenage pregnancy in Zomba district, Malawi. *Global public health*, 12(6), 694-710.
- KNBS and ICF. (2023). Kenya demographic and health survey 2022 (Vol. 1). and ICF.
- Malunga, G., Sangong, S., Saah, F. I., & Bain, L. E. (2023). Prevalence and factors associated with adolescent pregnancies in Zambia: a systematic review from 2000–2022. *Archives of Public Health*, 81(1), 27.
- Masuku, A. S., Sibiya, M. N., & Hlengwa, R. T. (2021). Psychosocial challenges associated with teenage pregnancy amongst high school learners at eMondlo Township, KwaZulu-Natal, South Africa. *African Journal for Physical Activity and Health Sciences (AJPHEs)*, 27(2), 265-283.
- Moturi, F. M. (2016). Determinants of teenage pregnancies in Narok county. Doctoral dissertation, University of Nairobi.
- Mudhovozi, P. (2012). Social and academic adjustment of first-year university students. *Journal of social sciences*, 33(2), 251-259.
- Pusch, N. (2024). A meta-analytic review of social learning theory and perpetration of teen dating violence. *Journal of Research in Crime and Delinquency*, 61(2), 171-223.
- Riley, T., Sully, E., Ahmed, Z., & Biddlecom, A. (2020). Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *International perspectives on sexual and reproductive health*, 46, 73-76.
- Roets, L., & Clemence, I. S. (2021). Teenage pregnancy prevention: The church, community, culture, and contraceptives. *African Journal of Reproductive Health*, 25(6), 51-57.
- Santelli, J. S., Bell, D. L., Trent, M., Klein, J. D., Grubb, L., Barondeau, J., ... & North, S. (2021). School-based sex education in the US at a crossroads: Taking the right path. *Journal of Adolescent Health*, 69(6), 886-890.
- Sengonul, T. (2022). A Review of the Relationship between Parental Involvement and Children's Academic Achievement and the Role of Family Socioeconomic Status in This Relationship. *Pegem Journal of Education and Instruction*, 12(2), 32-57.
- Sileyew, K. J. (2019). Research design and methodology (Vol. 7). Cyberspace.
- Silk, J., & Romero, D. (2014). The role of parents and families in teen pregnancy prevention: An analysis of programs and policies. *Journal of Family Issues*, 35(10), 1339-1362.
- Son, D., & Updegraff, K. A. (2023). Sexual minority adolescents' disclosure of sexual identity to family: A systematic review and conceptual framework. *Adolescent research review*, 8(1), 75-95.

- Wang, K., Hu, Y., He, Q., Xu, F., Wu, Y. J., Yang, Y., & Zhang, W. (2023). Network analysis links adolescent depression with childhood, peer, and family risk environment factors. *Journal of Affective Disorders*, 330, 165-172.
- Willie, M. M. (2023). Distinguishing between the population and the target population: A mini-review. *Surgery Research Journal*, 3(2), 1-2.
- Worku, M. G., Tessema, Z. T., Teshale, A. B., Tesema, G. A., & Yeshaw, Y. (2021). Prevalence and associated factors of adolescent pregnancy (15–19 years) in East Africa: a multilevel analysis. *BMC Pregnancy and Childbirth*, 21(1),253
- Xiao, H., Chang, M., Torres, A., Flores, G., & Lau, M. (2023). Preventing Teen Pregnancy: A Qualitative Study of the Perspectives of Parenting and Expecting Latino Adolescents. *Journal of pediatric and adolescent gynecology*, 36(6), 532-540.