

## CHALLENGES AND OPPORTUNITIES FOR SCALING UP PASTORAL PROGRAMME OF INSTRUCTION (PPI) IN REDUCING EARLY MOTHERHOOD IN CHURCH-SPONSORED PRIMARY SCHOOLS IN KAJIADO NORTH, KENYA

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### ABSTRACT

This study explores the effectiveness of the Pastoral Programme of Instruction (PPI) in mitigating early motherhood among female pupils in church-sponsored primary schools in Kajiado North, Kenya, a region heavily influenced by traditional practices such as early marriage and female genital mutilation (FGM). Early motherhood remains a persistent challenge in the region, undermining girls' educational attainment, health, and future opportunities. The study employed a mixed-methods cross-sectional design, collecting data from 163 pupils selected through random sampling, and 10 parents and 10 headteachers chosen purposively from ten church-sponsored schools. Data collection tools included structured questionnaires, interviews, and focus group discussions, with quantitative data analyzed using SPSS, and qualitative data subjected to thematic analysis. The findings indicate that early motherhood remains a significant issue, with 19 reported cases in the previous year alone. Key drivers include deeply rooted cultural norms, peer pressure, and limited reproductive health knowledge. While PPI emerged as a promising tool for value-based education and moral guidance, its effectiveness is hampered by several factors: outdated curriculum content, lack of trained facilitators, inadequate stakeholder engagement, and resistance from communities adhering to patriarchal traditions. Nevertheless, the study identifies considerable opportunities for enhancing PPI's impact, including the integration of digital technology, culturally contextualized content, and collaboration with faith leaders, parents, and policy actors. The study recommends a comprehensive modernization of the PPI curriculum, integrating age-appropriate and culturally sensitive sexual and reproductive health education, complemented by digital learning tools. Stakeholder capacity building is vital, particularly for teachers and parents, to ensure effective communication and guidance on adolescent issues. Additionally, the study underscores the need for sustainable funding mechanisms through partnerships with government agencies and NGOs, and policy advocacy to mainstream reproductive health education in the national curriculum. The research contributes to a growing body of knowledge on faith-based interventions in adolescent health and calls for further research into the long-term impact of PPI on girls' academic trajectories and the role of male pupils in addressing early motherhood.

**KEYWORDS:** *Pastoral Programme of Instruction (PPI), Early Motherhood, Church-Sponsored Schools, Reproductive Health Education, Cultural Practices.*

### 1.1 Background of the Study

Early motherhood defined as childbearing among adolescent girls aged between 10 and 19 years remains a pressing global challenge with significant public health, educational, and socio-economic ramifications. According to the World Health Organization (2023), adolescent pregnancies are closely linked to increased risks of maternal and neonatal morbidity and mortality,

disruptions in schooling, diminished economic opportunities, and intergenerational cycles of poverty. This phenomenon is particularly pronounced in Sub-Saharan Africa, where adolescent fertility rates remain high and continue to impede national development goals related to health, education, gender equality, and poverty eradication.

In Kenya, early motherhood is both a manifestation and a driver of systemic social and cultural inequalities. The problem is further exacerbated in regions such as Kajiado North Sub-County, where socio-cultural traditions significantly shape the life trajectories of adolescent girls. The sub-county, home to the predominantly Maasai population, is characterized by traditional norms and practices including female genital mutilation (FGM) and early or arranged marriages that perpetuate gender disparities. These cultural practices often valorize early marriage and motherhood while discouraging continued education for girls. Coupled with poverty, limited access to adolescent reproductive health services, and gaps in policy enforcement, these factors contribute to a complex environment that fosters early motherhood.

Amidst these challenges, faith-based institutions especially church-sponsored primary schools have emerged as important stakeholders in addressing the holistic development of children and adolescents. Such schools often provide not only formal education but also spiritual and moral instruction, offering a unique platform for interventions aimed at behavioral change. One such intervention is the Pastoral Programme of Instruction (PPI), a curriculum designed to integrate biblical principles with life skills and reproductive health education. PPI aims to foster moral integrity, critical thinking, and informed decision-making among learners, with the ultimate goal of equipping them to resist social pressures and avoid early pregnancies.

However, despite the transformative potential of PPI, several barriers hinder its full realization and scalability in the region. These include inadequate teacher training on the delivery of sensitive reproductive health content within a biblical framework, limited financial and material resources, and persistent cultural resistance especially within patriarchal or conservative communities that inhibits open dialogue about adolescent sexuality. Furthermore, the lack of structured collaboration among educators, clergy, healthcare providers, and community leaders presents an obstacle to the program's sustainability and broader impact.

This study therefore seeks to investigate the challenges and opportunities associated with scaling up the PPI program as a faith-informed intervention for reducing early motherhood in church-sponsored primary schools in Kajiado North. By exploring the perceptions and experiences of key stakeholders including school administrators, teachers, church leaders, parents, and learners the study aims to assess the effectiveness of current PPI practices and propose strategies for enhancing their reach and relevance. The insights generated will contribute to evidence-based policymaking and the development of contextually appropriate frameworks for addressing adolescent reproductive health and educational retention within

faith-based school settings in culturally sensitive communities.

## 1.2 Statement of the Problem

Early motherhood remains a significant social and developmental challenge in Kajiado North Sub-County, with far-reaching consequences for the health, education, and socio-economic well-being of adolescent girls. Girls who become mothers during adolescence are often forced to drop out of school, thereby limiting their opportunities for higher education, gainful employment, and self-reliance. This educational disruption not only hampers individual advancement but also reinforces cycles of poverty, gender inequality, and poor health outcomes across generations. In Kajiado North, the situation is compounded by persistent cultural practices such as early marriage and female genital mutilation (FGM), which normalize early motherhood and hinder efforts aimed at protecting and empowering girls.

In response, church-sponsored schools have introduced the Pastoral Programme of Instruction (PPI) as a strategic faith-based intervention to instill moral values, enhance reproductive health awareness, and equip learners with life skills necessary to make informed decisions. The integration of PPI in Christian-based educational institutions is intended to provide holistic development by aligning spiritual guidance with social realities, thereby offering a potentially powerful tool for addressing early motherhood. However, despite the recognized potential of PPI, its impact remains limited in many church-sponsored schools within Kajiado North.

Several factors contribute to this limitation. First, inadequate scaling and inconsistent implementation of the PPI curriculum have resulted in varying levels of effectiveness across different schools. In many cases, PPI is treated as an optional or peripheral subject, lacking standardized content, trained facilitators, and dedicated instructional time. Second, deep-rooted cultural norms and resistance to discussions around adolescent sexuality and reproductive health especially within conservative or patriarchal communities undermine open engagement with the core messages of PPI. This creates a tension between spiritual teachings and practical life challenges, particularly when reproductive health topics are perceived as taboo.

Moreover, limited collaboration among key stakeholders including church leaders, school administrators, parents, healthcare providers, and government agencies has hindered the development of a coordinated and comprehensive approach to adolescent reproductive health education. Without a unified strategy, the effectiveness and sustainability of PPI interventions are compromised, and opportunities for broader community impact are missed.

While previous studies have explored general strategies for reducing early motherhood, there remains a gap in

understanding how faith-based programs like PPI can be scaled up effectively in culturally sensitive settings such as Kajiado North. This study, therefore, seeks to address this gap by examining the specific challenges and opportunities associated with expanding the reach and influence of PPI in church-sponsored primary schools. The research aims to generate actionable insights that can inform the optimization of PPI as a tool for preventing early motherhood while fostering partnerships among educational, religious, and community stakeholders.

## 2. Literature Review

### 2.1 Contextual Overview

Kajiado North Sub-County, situated in the larger Kajiado County of Kenya, is a predominantly semi-arid region with a significant Maasai population. The Maasai community, known for its deeply rooted cultural practices and patriarchal social structures, continues to grapple with high rates of early motherhood. Traditional practices such as female genital mutilation (FGM), early marriages, and gender-based role expectations significantly contribute to the vulnerability of adolescent girls in the region (Kenya Demographic and Health Survey, 2022). Access to education and reproductive health services remains limited in many parts of Kajiado North, exacerbated by socio-economic inequalities, pastoralist mobility, and under-resourced educational institutions.

Amid these challenges, church-sponsored schools play a pivotal role in shaping moral behavior and advancing educational attainment among school-going children. Institutions supported by denominations such as the Presbyterian Church of East Africa (PCEA), the Anglican Church, and the Catholic Church not only provide academic instruction but also infuse learning with spiritual and ethical teachings. These schools offer an ideal platform for implementing the Pastoral Programme of Instruction (PPI) a faith-based initiative aimed at inculcating Christian values, life skills, and reproductive health awareness among pupils. Given the trust enjoyed by religious institutions within these communities, PPI becomes a potential lever for addressing early motherhood, especially when tailored to local realities.

### 2.2 Global and Local Challenges in Scaling PPI

At the global level, the implementation and scaling of faith-based educational programs such as PPI are often constrained by a range of socio-political and cultural dynamics. One of the major barriers is the conservative nature of many societies where reproductive health education is viewed as controversial or inappropriate for younger children (Sang, 2017). This conservatism often results in reluctance among school administrators, parents, and policymakers to support comprehensive PPI delivery, particularly when topics such as puberty, relationships, and contraception are discussed. Moreover, the inconsistency in funding especially for church-

sponsored or NGO-supported programs poses a serious obstacle to program sustainability and replication (Kaufman et al., 2018).

Locally, within Kenya and specifically in Kajiado North, a number of barriers hinder the effective scaling of PPI. First, parental disengagement remains a critical issue. Many parents, particularly in pastoralist and rural contexts, are either unaware of the content of PPI or do not see its relevance in preventing early motherhood. In some instances, cultural resistance leads to opposition to aspects of the program, especially those touching on reproductive health and sexuality education (Ngugi, 2021). Secondly, resource constraints including a shortage of trained PPI teachers, inadequate teaching materials, and lack of structured lesson plans impede the quality and consistency of program delivery across schools.

Furthermore, the stigma associated with teenage pregnancy often results in victim-blaming, isolation, or dropout among adolescent girls, thereby undermining the preventive goals of PPI. Schools may lack proper counselling services, and in some cases, pregnant learners are expelled or denied re-entry after childbirth, reinforcing the marginalization of young mothers (Muthoni & Otieno, 2020). These challenges highlight the need for multi-sectoral collaboration, capacity building, and contextual adaptation of PPI to enhance its impact.

On the other hand, several opportunities for expanding and enhancing PPI programs have been identified in literature and practice. Mobile technology, for instance, has shown promise in delivering health and education messages to adolescents, even in remote or resource-constrained areas. Platforms such as SMS-based education, mobile apps, and community radio can be leveraged to reinforce PPI lessons beyond the classroom setting (Gomes et al., 2019). Additionally, community health workers and faith leaders can serve as important change agents by bridging the gap between schools, families, and health systems (Ali et al., 2019). Their embeddedness in local communities allows them to offer culturally sensitive guidance and advocacy for adolescent reproductive health within a faith-affirming framework.

Moreover, opportunities exist in policy and curriculum reforms, such as the Competency-Based Curriculum (CBC) in Kenya, which provides room for integrating life skills, religious education, and health topics in a more interdisciplinary manner. Such curricular alignment can enhance the visibility, relevance, and acceptance of PPI within formal education structures. The growing emphasis on gender equality and child rights in both government and civil society agendas also creates a supportive policy environment for PPI expansion.

### 3. Research Questions

What challenges and opportunities exist for scaling PPI?

### 4. Research Methodology

#### 4.1 Research Design and Sampling Procedures

This study adopted a cross-sectional descriptive research design, which enabled the researcher to collect data at a single point in time from various respondents to gain a comprehensive understanding of the current implementation, challenges, and opportunities associated with the scaling up of the Pastoral Programme of Instruction (PPI) in church-sponsored primary schools. The descriptive approach was suitable for examining perceptions, practices, and contextual variables related to early motherhood and the effectiveness of faith-based interventions.

The study was conducted in 10 selected church-sponsored primary schools within Kajiado North Sub-County. These schools were strategically chosen to reflect denominational diversity (e.g., PCEA, Anglican, and Catholic-sponsored institutions), geographical spread, and varying levels of PPI implementation.

A multi-stage sampling strategy was employed. Firstly, random sampling was used to select a total of 163 pupils from the upper primary classes (Classes 6 to 8), ensuring proportional representation from each school. These pupils were considered mature enough to understand the content of PPI and to provide informed perspectives on issues surrounding early motherhood.

In addition, purposive sampling was used to select 10 parents and 10 headteachers from the same schools. The parents selected were those actively involved in school activities or parent-teacher associations, while the headteachers were chosen based on their direct oversight of school operations and their roles in supporting faith-based programs such as PPI. The purposive approach ensured that participants with rich, context-specific knowledge could contribute qualitative insights relevant to the study objectives.

#### 4.2 Data Collection Methods

A mixed-methods approach was adopted to collect both quantitative and qualitative data, allowing for triangulation and a more holistic understanding of the research problem. The following instruments and techniques were used.

Structured Questionnaires were administered to the 163 pupils. These questionnaires included both closed and open-ended questions covering themes such as awareness of PPI, perceptions of its content, reproductive health knowledge, and attitudes toward early motherhood. The questionnaires were pre-tested and adjusted for clarity and appropriateness.

Semi-structured Interviews were conducted with the 10 headteachers to gather in-depth insights into the

administrative challenges, implementation practices, and policy implications related to PPI. The interviews also explored their perspectives on the effectiveness of faith-based education in addressing early motherhood.

Focus Group Discussions (FGDs) were held with the 10 selected parents, grouped into two sessions of five participants each. FGDs facilitated interactive dialogue around parental involvement, cultural influences, and community attitudes toward adolescent reproductive health and moral instruction. They also explored how parents perceive the role of the Church and schools in preventing early motherhood.

#### 4.3 Data Analysis

The study applied both quantitative and qualitative data analysis techniques in line with its mixed-methods design.

Quantitative data collected from the structured questionnaires were coded and entered into the Statistical Package for the Social Sciences (SPSS) Version 25 for analysis. Descriptive statistics such as frequencies, percentages, and mean scores were used to summarize the data. Cross-tabulations and chi-square tests were conducted to explore associations between variables such as gender, class level, and awareness of PPI content.

Qualitative data from interviews and focus group discussions were transcribed, categorized, and analyzed using thematic analysis. Emerging themes were identified, coded, and interpreted to reflect respondents' views on the challenges, opportunities, and effectiveness of PPI. This analysis helped uncover the underlying narratives, contextual nuances, and cultural dynamics that affect the program's scalability and impact.

The integration of both quantitative and qualitative findings provided a richer, more nuanced understanding of the study problem and informed the development of practical recommendations for policy and practice.

### 5. Findings

#### 5.1 Prevalence of Early Motherhood

The findings revealed a concerning prevalence of early motherhood within church-sponsored primary schools in Kajiado North. Data gathered from headteachers indicated that a total of 19 cases of early motherhood had been officially reported across the sampled schools. However, pupil responses presented a broader picture, with 40 cases cited, suggesting that some instances may go undocumented or are managed discreetly due to stigma or cultural sensitivity. Notably, 70% of the parents interviewed attributed the occurrence of early motherhood primarily to entrenched cultural practices such as early marriage and female genital mutilation (FGM), both of which continue to be upheld within certain segments of the Maasai community. These cultural norms are perceived to predispose adolescent girls to early sexual activity, marital unions, and



consequently, early pregnancies, often at the expense of their education and personal development.

### 5.2 Role of the Pastoral Programme of Instruction (PPI)

The study found that the Pastoral Programme of Instruction (PPI) enjoys high participation rates among learners, with 94.5% of the pupils reporting regular involvement in PPI sessions. Pupils acknowledged that the program has played a significant role in enhancing their awareness of moral values, decision-making, and basic reproductive health, thereby contributing to some level of preventive influence against early motherhood. However, qualitative responses from both pupils and teachers revealed several critical challenges that limit the program's effectiveness. Chief among these is the outdated nature of the PPI content, which many viewed as lacking relevance to the current social realities faced by adolescents. Furthermore, limited parental involvement in the reinforcement of PPI teachings at home was cited as a barrier, with some parents expressing uncertainty about the content and purpose of the program. This disconnect between school-based moral instruction and home-based reinforcement weakens the holistic impact of PPI.

### 5.3 Stakeholder Interventions

Stakeholders including parents, teachers, and school administrators have employed a variety of strategies to address early motherhood and support the objectives of PPI. From the parental perspective, 70% of respondents emphasized open communication with their children as a key intervention, while 45% highlighted close monitoring of their children's social activities and peer associations. These measures were viewed as essential in guiding adolescents toward responsible behavior. On the part of teachers, there was a deliberate effort to integrate PPI lessons into counseling sessions and community engagement forums. For example, several schools had established faith-based counseling programs and community workshops that address moral values, reproductive health, and the dangers of early motherhood. These initiatives reflect a growing recognition of the importance of multi-dimensional and contextualized approaches to adolescent support.

### 5.4 Scaling Challenges and Opportunities

Despite the successes reported, the study identified a number of challenges that hinder the effective scaling up of PPI in Kajiado North. One of the most pressing issues was insufficient funding, cited by 40% of respondents, which limits the ability of schools to update teaching materials, train facilitators, or expand outreach initiatives. Additionally, cultural resistance, reported by 30% of stakeholders, remains a formidable barrier, especially when reproductive health education is perceived as conflicting with traditional values or religious beliefs. However, the findings also highlighted several promising opportunities for expanding the reach and impact of PPI. A significant number of respondents (approximately 60%)

identified the potential of digital tools, such as mobile learning platforms and community radio, to enhance the accessibility and relevance of PPI content. Moreover, the development of strategic partnerships with NGOs and faith-based organizations was seen as a key pathway for resource mobilization, curriculum support, and community sensitization. These opportunities, if effectively harnessed, could address existing gaps and foster a more sustainable and impactful implementation of PPI in the effort to reduce early motherhood.

## 6. CONCLUSIONS AND RECOMMENDATIONS

### 6.1 CONCLUSIONS

The findings of this study underscore the significant potential of the Pastoral Programme of Instruction (PPI) as a faith-based intervention for addressing early motherhood in church-sponsored primary schools within Kajiado North. High levels of pupil participation in PPI reflect its embeddedness in school culture and its capacity to shape learners' moral outlook and awareness of reproductive health. However, despite its promise, the current implementation of PPI is constrained by outdated content, limited contextual relevance, and inadequate parental and community engagement. Cultural practices such as early marriage and FGM continue to undermine the efficacy of PPI, particularly when discussions around sexuality and reproductive health remain taboo within conservative communities.

Furthermore, the study revealed that efforts to scale up PPI are impeded by structural challenges including insufficient funding, lack of standardized training for facilitators, and weak coordination among key stakeholders. Nevertheless, opportunities exist in the form of digital technology, policy frameworks, and partnerships with NGOs and community health actors, which can be leveraged to modernize and expand the program's reach. Addressing early motherhood through PPI requires not only curriculum enhancement but also holistic, community-based approaches that are culturally sensitive and policy-informed.

### 6.2 Recommendations

To enhance the impact and scalability of PPI in reducing early motherhood, the following recommendations are proposed.

**Curriculum Modernization:** There is a pressing need to revise and contextualize the PPI curriculum to reflect contemporary realities facing adolescents. This should include the integration of age-appropriate comprehensive sexuality education (CSE) within a faith-informed framework. Incorporating digital learning tools, such as mobile applications, audio-visual aids, and e-learning platforms, can make content more engaging and accessible, particularly in rural and semi-nomadic communities like those in Kajiado North.

### Stakeholder Training and Capacity Building

Teachers, parents, church leaders, and community facilitators should be equipped with culturally sensitive training materials that allow them to confidently engage with learners on issues related to reproductive health, personal decision-making, and gender equality. Building the capacity of stakeholders will help overcome taboos and misinformation, ensuring that moral and health messages delivered through PPI are accurate, relevant, and transformative.

### Sustainable Funding Mechanisms

Scaling PPI will require collaborative funding models involving church institutions, local and national governments, and development partners. Engagements with NGOs, donor agencies, and corporate social responsibility (CSR) programs can provide resources for curriculum development, teacher training, and monitoring and evaluation. Faith-based institutions should actively seek partnerships to ensure the financial sustainability of expanded PPI programming.

### Policy Support and Advocacy

The government, in collaboration with faith-based education stakeholders, should work to institutionalize reproductive health education within national policy frameworks. Advocacy is needed to legislate the integration of faith-informed reproductive health education into the curriculum of church-sponsored schools. Such policy backing will create an enabling environment for schools to implement PPI more comprehensively and with legitimacy.

### 6.3 Areas for Further Research

Given the findings and limitations of the current study, several areas merit further academic inquiry.

#### *Long-Term Impact of PPI on Academic Performance*

Future research should assess whether participation in PPI correlates with improved academic outcomes, school retention rates, and psychosocial development, particularly among adolescent girls.

#### *Cost-Effectiveness of Scaling Models*

An in-depth economic analysis is necessary to evaluate various models for scaling PPI, identifying the most financially viable approaches for rural and resource-constrained church-sponsored schools.

#### *Role of Male Pupils in Preventing Early Motherhood*

While girls are often the focus of reproductive health interventions, the attitudes and behaviors of boys also play a critical role. Further research should explore how PPI can better engage male pupils as allies in preventing early pregnancy and promoting respectful relationships.

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