

# The Role of Pastoral Programme Instruction (PPI) in Mitigating Early Motherhood in Church-Sponsored Primary Schools in Kajiado North, Kenya

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DOI: <https://doi.org/10.51584/IJRIAS.2025.10040089>

Received: 13 April 2025; Accepted: 17 April 2025; Published: 22 May 2025

## ABSTRACT

Early motherhood remains a critical challenge in Kajiado North, Kenya, perpetuated by cultural practices such as female genital mutilation (FGM), early marriage, and economic pressures. This study examines the role of the Pastoral Programme Instruction (PPI)—a faith-based initiative in church-sponsored primary schools—in mitigating early motherhood through education and community engagement. A mixed-methods approach was employed, combining quantitative surveys of 163 female pupils (aged 10–14), qualitative interviews with 10 headteachers, and focus group discussions with parents across 10 schools. Findings reveal that 94.5% of pupils participated in PPI sessions, which emphasized life skills and reproductive health education. However, cultural drivers like the *lobola* (bridewealth) system and patriarchal norms persist, with 70% of early motherhood cases linked to Maasai traditions. While 70% of parents deemed PPI effective, underreporting of pregnancies (40 pupil-reported cases vs. 19 official records) highlights systemic stigma. Statistical analysis confirmed cultural practices as dominant predictors (Fisher's Exact Test,  $p=0.014$ ), outweighing socioeconomic factors. The study identifies gaps in PPI's curriculum, including limited contraceptive education (covered in only 30% of schools) and insufficient engagement with male elders. Recommendations include integrating economic empowerment modules, leveraging biblical narratives to reframe harmful traditions (e.g., Proverbs 31 on women's dignity), and enforcing anti-FGM laws through church networks. The research underscores the need for culturally adaptive strategies that harmonize PPI's moral teachings with indigenous knowledge systems. By addressing structural inequities and fostering multi-sectoral collaboration, church-sponsored schools can transform into catalysts for generational change, disrupting cycles of early motherhood in pastoralist communities. This study contributes to global discourse on faith-based interventions, emphasizing context-specific solutions to achieve sustainable impact.

**Keywords:** Early motherhood, Pastoral Programme Instruction (PPI), church-sponsored schools, cultural practices, Kenya, Maasai community.

## INTRODUCTION

Early motherhood remains a pressing issue in many communities, particularly in developing regions such as Kajiado North, Kenya. This phenomenon not only affects the health and well-being of young mothers but also has broader implications for societal development. The Pastoral Programme Instruction (PPI) aims to address this challenge by equipping young girls with essential knowledge and skills related to sexual and reproductive health. This paper explores the role of PPI in mitigating early motherhood within church-sponsored primary schools in Kajiado North, highlighting its effectiveness and potential for broader application.

## BACKGROUND OF THE STUDY

In Kajiado North, Kenya, early motherhood is a pressing issue that significantly impacts the health and future prospects of young girls. This phenomenon is often intertwined with cultural practices, poverty, and limited

access to education and health services. Church-sponsored primary schools serve as critical environments where educational interventions can be effectively implemented to address these challenges.

The Pastoral Programme Instruction (PPI) is a vital community-based initiative aimed specifically at mitigating early motherhood. It focuses on education and empowerment, addressing the underlying factors that contribute to early motherhood, such as lack of knowledge about sexual and reproductive health, inadequate parental guidance, and socio-economic challenges. Through targeted interventions within these church-sponsored schools, PPI seeks not only to equip young girls with essential information and skills but also to foster a supportive community that values their health and well-being.

PPI is designed to enhance holistic development among primary school pupils by integrating religious and educational components. It promotes moral uprightness, responsible citizenship, and maturity, allowing students to discern between positive and negative behaviors (Bible Society of Kenya, 2019). This pastoral approach provides students with the independence to embrace what is factual and good while rejecting harmful practices (Crowe, 2017).

According to the World Health Organization (WHO), early motherhood is defined as childbearing before the age of 19 (WHO, 2021). This issue restricts educational and employment opportunities for young mothers, leading to long-term consequences for both the mothers and their children (Eva et al., 2019). Early and unplanned pregnancies are associated with numerous adverse health, educational, social, and economic outcomes (Wado et al., 2019). For young girls, early motherhood often results in premature births, low birth weights, and societal stigma, including shame and rejection from peers and families.

Globally, the WHO reported that as of 2019, approximately 21 million pregnancies occurred annually among adolescent girls aged 15-19 years in low- and middle-income countries (WHO, 2022). UNICEF (2022) noted that 14% of adolescent girls and young women give birth before the age of 18. The implications of early motherhood extend beyond the immediate health risks; they also affect the socio-economic fabric of communities, perpetuating cycles of poverty and limiting opportunities for future generations. According to UNICEF (2018), an estimated 16 million girls aged 15-19 years and 2 million girls under 15 years give birth each year, highlighting the urgency of addressing this global issue.

In many regions, including Africa, early motherhood is driven by factors such as limited access to sexual and reproductive health services, inadequate sexuality education, gender inequality, and entrenched cultural norms (UNFPA, 2020). Addressing early motherhood requires comprehensive and multi-faceted interventions that empower young girls with knowledge and skills related to sexual and reproductive health while tackling the socio-cultural and economic factors that contribute to early motherhood.

Regionally, Africa has one of the highest rates of adolescent pregnancy in the world, with approximately 28% of girls aged 15-19 years having already given birth or being pregnant (UNFPA, 2020). In countries like Kenya, Tanzania, and Ethiopia, early motherhood is influenced by a complex interplay of poverty, limited access to education and healthcare, and cultural norms (Chandra-Mouli et al., 2017). These factors often lead to early marriage, low reproductive health knowledge, and limited contraceptive use among adolescent girls.

Locally, early motherhood remains a persistent challenge in Kenya, with significant social and health implications. The Kenya Demographic and Health Survey conducted in 2014 indicated that approximately 18% of girls aged 15-19 years had already given birth or were pregnant (KNBS, 2015). Contributing factors include poverty, cultural norms, limited access to education, and inadequate sexual and reproductive health knowledge and services (Ayiasi et al., 2020; KNBS, 2015). Early marriage is prevalent in some regions, further exacerbating the issue (Ayiasi et al., 2020).

The Pastoral Programme of Instruction has emerged as a promising community-based intervention aimed at reducing early motherhood by empowering young girls with information and skills related to sexual and reproductive health. PPI emphasizes community engagement, peer education, and comprehensive sexual and reproductive health education to promote positive attitudes toward delaying marriage and childbearing, increase access to contraception, and enhance decision-making power among young girls (Mehretu et al., 2020;

Nyanchoka et al., 2020; World Bank, 2016). However, despite its effectiveness in some contexts, the PPI syllabus often lacks comprehensive information on early motherhood and the cultural issues surrounding it. This highlights the need for further studies to explore the role of PPI in reducing early motherhood and addressing these cultural factors.

The African Union (2015) has identified the impact of traditional and religious practices on child marriage, particularly within Maasai communities. Practices such as Female Genital Mutilation (FGM) and early marriages are linked to early motherhood and are deeply rooted in cultural traditions (AU, 2015). The Maasai culture, characterized by its patriarchal nature, often excludes women from various societal activities. Studies indicate that the practice of FGM and early marriages significantly limits girls' participation in education, thereby increasing the likelihood of early motherhood (Takayanagi, 2019). Many Maasai girls grow up believing in male superiority, which further entrenches gender inequality and restricts their access to education and resources (Bingham, 2011; Mungania, 2021).

Given these challenges, it is crucial to establish educational initiatives that empower girls with knowledge about reproductive health and encourage them to pursue their education. The Pastoral Programme of Instruction may offer opportunities for spiritual development and foster resilience among girls as they navigate the challenges associated with early motherhood. The Ministry of Education in Kenya, through the Education Act (2013), has provided provisions for special syllabuses for PPI, aiming to develop pupils in knowledge and practice of their faith, thereby promoting moral uprightness and responsible citizenship (Bible Society of Kenya, 2019).

If early motherhood remains unaddressed, the consequences could be severe, leading to a cycle where "children start having children," as noted by Kumar & Huang (2021). This study aims to investigate the experiences of young mothers, explore parental responses to early motherhood, and assess how PPI can address the needs of girls facing early motherhood in Kajiado North. The urgency of this research is underscored by the alarming number of pregnancy cases reported during the COVID-19 pandemic in 2020. According to a study by Oduor (2020), Kenya documented 3,964 pregnancy cases among girls aged 19 and below, threatening to truncate their educational journeys. In Kajiado County, data from studies by Chepkoech (2021) and Marindany (2021) revealed that 234 pregnancy cases were reported from secondary schools, while 224 were reported from primary schools across five Kajiado sub-counties.

This gap in research highlights the necessity to explore the effectiveness of the Pastoral Programme in reducing early motherhood among younger girls in primary schools, making this study both timely and critical.

## Statement of the Problem

Early motherhood persists in Kajiado North, Kenya, despite national and international interventions. Programs on sexual health, poverty reduction, and girls' empowerment exist but have limited impact. Childbirth before age 19 perpetuates poverty, harms maternal and child health, and disrupts education.

Cultural norms, especially among the Maasai, fuel the crisis. Practices like female genital mutilation (FGM), bridewealth, and initiation rites normalize early marriage, with girls as young as 10–14 seen as economic assets. Limited access to sexual and reproductive health (SRH) services and inadequate contraception education further expose them to unplanned pregnancies. Only 30% of church-sponsored primary schools incorporate SRH education. Economic hardship also drives families to prioritize dowries over education, with 40% of parents viewing early marriage as a survival strategy.

Church-sponsored schools could be key to addressing this issue through the Pastoral Programme of Instruction (PPI). However, PPI lacks clear content on early motherhood prevention, contraceptive access, and countering patriarchal norms. Resistance from traditional leaders, underfunding, and inadequate teacher training further weaken implementation. Its top-down approach also overlooks Maasai girls' realities and excludes male elders, key decision-makers.

This study explores how PPI can become a culturally responsive, community-driven intervention by addressing its limitations, strengthening its curriculum, and bridging faith, tradition, and reproductive rights. The urgency

is underscored by 224 pregnancy cases in Kajiado County primary schools during COVID-19, with actual figures likely higher. Without targeted interventions, early motherhood will continue to hinder progress toward SDG 3 (health) and SDG 4 (education), perpetuating disempowerment.

### Research Question

How does the Pastoral Programme Instruction (PPI) contribute to reducing early motherhood in church-sponsored primary schools in Kajiado North, Kenya?

## LITERATURE REVIEW

The effectiveness of pastoral programmes in mitigating early motherhood has been widely studied across diverse contexts, with evidence pointing to their transformative potential when integrated with cultural sensitivity and community-driven approaches. Below is a synthesized review of key findings, synchronized with regional and thematic insights:

### Global Evidence on Pastoral Programmes

Studies by Smith & Johnson (2021) and Brown et al. (2020) underscore the role of pastoral programmes in empowering young girls through improved parent-child communication about sexual health and delayed sexual initiation. These programmes often act as catalysts for behavioral change by fostering trust between adolescents and guardians, thereby reducing risky behaviors. For instance, in low-income settings, such interventions have been linked to a **15–20% reduction** in early sexual activity among girls aged 12–17 years.

### Regional Success in East Africa

**Ethiopia:** Mehretu et al. (2020) demonstrated that pastoral programmes targeting girls aged 10–19 years reduced early marriage rates by **30%** and pregnancy rates by **25%** over a three-year period. Key strategies included workshops on contraceptive access and decision-making autonomy, which were particularly effective in rural areas where traditional norms often limit girls' agency.

Nyanchoka et al. (2020) highlighted a **40% increase** in awareness of sexual health services among participants in church-sponsored programmes. Their study emphasized the importance of tailoring content to local dialects and cultural values, ensuring relevance to communities such as the Maasai, where patriarchal norms and practices like Female Genital Mutilation (FGM) perpetuate early motherhood (African Union, 2015; Takayanagi, 2019).

The World Bank (2016) documented the success of pastoral initiatives among Maasai girls, where culturally adapted workshops led to a **50% improvement** in understanding reproductive health rights. The inclusion of elders and religious leaders as programme advocates helped bridge gaps between modern health practices and traditional beliefs.

### Cultural and Structural Considerations

Pastoral programmes must navigate deeply entrenched cultural practices to achieve sustainability:

In patriarchal societies like the Maasai, programmes that collaborate with male elders and leverage religious teachings (e.g., biblical narratives on equality) have shown greater acceptance. For example, initiatives addressing FGM and early marriage as "harmful traditions" (AU, 2015) have gradually shifted community attitudes toward girls' education.

As noted by Nyanchoka et al. (2020), the involvement of local leaders is critical for legitimizing interventions. Programmes in Kajiado North, Kenya, successfully integrated traditional "*Enkang*" (community gatherings) to discuss reproductive health, blending pastoral guidance with indigenous communication channels.



## Role of Peer Education and Mentorship

Peer educators, often older girls or young women from the same community, play a pivotal role in pastoral programmes. Mehretu et al. (2020) found that mentors who shared lived experiences with participants were **2x more effective** in disseminating contraceptive knowledge than external facilitators. This approach aligns with findings from Kenya's COVID-19 era, where school closures exacerbated early motherhood risks; peer networks became lifelines for girls isolated by pregnancy-related stigma (Oduor, 2020; Chepkoech, 2021).

## Gaps and Future Directions

While pastoral programmes show promise, critical gaps remain:

Many programmes, including Kenya's PPI, lack explicit modules on early motherhood or cultural barriers like bridewealth ("*lobola*") negotiations, which pressure girls into early marriages (Mungania, 2021). Existing research predominantly targets secondary schools, leaving younger girls (10–14 years) in primary schools underserved. The surge in primary school pregnancies during Kenya's COVID-19 lockdowns (224 cases in Kajiado) underscores the urgency of early interventions (Marindany, 2021). Few studies measure sustained outcomes beyond 3–5 years. Longitudinal data are needed to assess whether delayed motherhood translates into improved educational attainment or economic mobility.

Pastoral programmes represent a viable strategy for mitigating early motherhood, particularly when harmonized with cultural norms and community structures. However, their success hinges on addressing localized barriers—such as Maasai gender hierarchies—and expanding their reach to younger demographics in primary schools. Future iterations of PPI and similar initiatives must prioritize inclusivity, adaptability, and rigorous evaluation to maximize their impact.

## RESEARCH METHODOLOGY

This study will employ a mixed-methods approach, combining quantitative surveys and qualitative interviews. The target population will include young girls aged 10–19 years enrolled in church-sponsored primary schools in Kajiado North. Data will be collected through structured questionnaires and focus group discussions to gather insights into the effectiveness of PPI in reducing early motherhood.

### Research Design

The study adopted a cross-sectional descriptive design to investigate the interplay between cultural norms, pastoral interventions, and early motherhood. This approach integrated mixed methods. Quantitative surveys involved structured questionnaires administered to 10 parents and 10 headteachers to capture demographic trends and perceptions of PPI effectiveness. The qualitative depth was achieved through focus group discussions (FGDs) with 163 Grade 4–5 pupils and semi-structured interviews with headteachers to explore lived experiences and contextual barriers such as bridewealth negotiations and initiation rites. The design was selected for its cost-efficiency, ability to accommodate a large sample of 163 pupils across 10 schools, and alignment with descriptive objectives such as measuring PPI awareness and exploratory goals like identifying cultural drivers.

### Study Area

Kajiado North, a semi-arid sub-county in Kenya, was chosen due to its unique sociocultural dynamics. The area has a population of 306,596 (2019 census), predominantly Maasai, where traditions like female genital mutilation (FGM) and early marriage perpetuate early motherhood. Geographically, the study spanned five wards—Ngong, Ololua, Olkeri, Ongata Rongai, and Nkaimurunya—focusing on 10 church-sponsored primary schools. These institutions serve as critical hubs for PPI delivery, blending religious teachings with life skills education.

## Target Population & Sampling

The population comprised 13 primary schools across three denominations: Presbyterian Church of East Africa (PCEA) with 8 schools, Roman Catholic with 4 schools, and Christ Is the Answer Ministry (CITAM) with 1 school. Participants included female pupils aged 10–14 (Grades 4–5), their parents/guardians, and headteachers. A random sampling strategy was used, selecting 10 schools, covering 76.9% of the total, and 163 pupils, representing 14.8% of the 1,099 total pupils. Inclusion criteria focused on girls at the highest risk, specifically the pre-adolescent age group, and stakeholders directly involved in PPI implementation.

## Data Collection Instruments

Primary tools included questionnaires designed for parents and headteachers to assess demographics, PPI awareness, and perceived cultural barriers. Semi-structured interviews with headteachers probed institutional challenges such as resource gaps and community resistance. Focus group discussions allowed pupils to discuss peer pressures, initiation ceremonies, and the relevance of PPI in 90-minute sessions moderated by trained facilitators. Secondary data sources, including school enrollment records, NACOSTI policy briefs, and peer-reviewed studies on Maasai cultural practices, provided triangulation.

## Validity & Reliability

Validity was ensured through content alignment, where instruments mirrored research objectives, such as linking FGD questions to cultural drivers. Statistical rigor was maintained through Fisher's Exact Test, which confirmed cultural factors as primary contributors to early motherhood ( $p=0.014$ ). Reliability was confirmed using Cronbach's Alpha, which scored 0.78 for parental questionnaires, indicating high internal consistency. A pilot study was conducted in two PCEA schools—Ololua and Kerarapon—to confirm tool robustness, yielding a 100% response rate with no ambiguities.

## Ethical Considerations

Ethical approvals were obtained from CUEA, NACOSTI, and Kenya's Ministry of Education. Confidentiality was maintained through data anonymization, informed consent forms, and voluntary participation protocols to safeguard respondents.

## DATA ANALYSIS & FINDINGS

Data is presented using tables and graphs to visually illustrate the prevalence of early motherhood before and after the implementation of the Pastoral Program Instruction (PPI). This approach aids in drawing clear comparisons and identifying trends over time. Additionally, qualitative data is analyzed thematically to provide an in-depth understanding of common themes and insights from participants regarding their experiences with the programme. These thematic findings complement the quantitative data by providing context, particularly in areas related to cultural influences, individual experiences, and perceptions of the programme's effectiveness. A comprehensive statistical analysis was conducted to determine the correlation between participation in PPI and the incidence of early motherhood. Quantitative methods such as frequency distribution, correlation analysis, and hypothesis testing were employed to evaluate the impact of PPI on reducing cases of early motherhood. Additionally, qualitative data was systematically analyzed to capture the nuances of participants' experiences, offering deeper insights into personal testimonies, socio-cultural influences, and parental perceptions. This dual approach ensures a holistic understanding of the programme's outcomes.

## Response Rate

A complete response rate of 100% was achieved across all respondent groups, ensuring that the collected data was comprehensive and representative. Respondents included 10 headteachers, 10 parents, and 163 pupils. The absence of attrition bias enhanced the statistical reliability of the findings, making the results more robust and generalizable. The high response rate underscores the interest and engagement of all stakeholders in the study, reflecting the relevance of the topic in the local context.

## Demographic Profiles

The demographic distribution of respondents provides crucial background information that helps contextualize the findings.

### Parents:

The majority of parents who participated in the study were female, accounting for 80% of the total sample, highlighting the active role that mothers play in their children's education and upbringing. Age distribution shows that 50% of parents were between 36 and 45 years old, with most having attained tertiary education. Socioeconomic diversity was evident, with 90% of parents employed in the formal sector, reflecting varying economic backgrounds and their potential influence on child-rearing practices.

### Headteachers:

Gender distribution among headteachers was balanced, with an equal representation of male and female participants (50% each). Additionally, 60% of headteachers had over a decade of experience, providing well-informed insights into the long-term impact of PPI. These insights offer credible assessments of the programme's strengths and areas requiring improvement.

### Pupils:

Pupils were evenly distributed across Grades 4 and 5, ensuring a representative sample of the age group most influenced by the PPI programme. A significant 94.5% of pupils acknowledged awareness of PPI sessions, suggesting a widespread reach of the programme within the selected schools.

## Prevalence of Early Motherhood

### Quantitative Data:

Data collected from headteachers confirmed 19 cases of early motherhood, with the majority (70%) occurring among pupils aged 13–14 years, while 30% of cases involved pupils aged 15–16 years. However, responses from pupils suggested underreporting, as they cited a total of 40 cases, indicating that stigma and fear might have led to unreported incidents in official school records.

### Cultural Drivers:

#### Maasai Practices

Cultural norms play a significant role in shaping attitudes toward early motherhood. Among the Maasai community, early marriage is often linked to the lobola (bridewealth) system, where girls are married off at a young age as a source of economic security for their families. Traditional rites such as female genital mutilation (FGM) and initiation ceremonies (e.g., Emuratare) further normalize adolescent pregnancies by marking girls as ready for marriage and motherhood.

### Economic Pressures

Economic hardships also contribute to early motherhood. About 30% of parents attributed early pregnancies to poverty, noting that some families viewed dowries as a means of financial survival. In some cases, girls were married off early to ease the economic burden on the family.

### Role of PPI

#### Awareness & Participation:

A total of 94.5% of pupils had attended PPI sessions, demonstrating high programme engagement. Additionally, 70% of parents rated the programme as either "effective" or "very effective" in addressing early motherhood challenges, reflecting positive parental perceptions of PPI's impact.

## **Curriculum Strengths:**

### **Life Skills Training:**

PPI provides comprehensive coverage of essential topics, with 100% of schools integrating life skills education. Key areas include decision-making, self-discipline, and resisting peer pressure, which are critical in helping pupils make informed choices.

### **Reproductive Health Education:**

While reproductive health topics are integrated into the curriculum, only 30% of schools have adopted biology-based modules that cover menstrual hygiene and contraception. This indicates room for improvement in expanding reproductive health education within PPI.

### **Delivery Methods**

The effectiveness of PPI is also influenced by the teaching methods employed. Visual aids were utilized in 60% of sessions, while 50% of lessons incorporated role-playing activities. These interactive approaches significantly enhanced student engagement and comprehension of critical topics.

### **Statistical Evidence**

A Mann-Whitney U Test ( $p=0.208$ ) was conducted to compare the effectiveness ratings given by parents and headteachers. The test found no statistically significant difference in how these two groups perceived the effectiveness of PPI, suggesting general agreement on its impact.

### **Cultural Influence**

A Fisher's Exact Test ( $p=0.014$ ) confirmed that cultural norms remain a dominant factor influencing early motherhood rates. This finding underscores the need for culturally sensitive interventions that address deeply ingrained societal practices while promoting educational opportunities for young girls.

In summary, PPI has played a significant role in raising awareness and equipping pupils with essential life skills, though cultural and economic factors continue to pose challenges. The integration of reproductive health education remains limited in some schools, suggesting a need for expansion. Statistical analysis confirms that cultural norms have a strong influence on early motherhood rates, emphasizing the importance of holistic approaches that combine education, policy advocacy, and community engagement to mitigate this issue.

## **DISCUSSION, CONCLUSIONS & RECOMMENDATIONS**

### **Key Findings**

The study highlights that Maasai traditions, particularly female genital mutilation (FGM) and lobola, remain the strongest predictors of early motherhood, despite efforts by the Pastoral Programme Initiative (PPI) to raise awareness. While PPI has achieved high participation rates (94.5%), its impact on behavioral change remains limited due to economic hardships and deeply rooted patriarchal structures. A demographic paradox emerges, as parental education levels—where 40% have tertiary education—correlate with awareness but do not necessarily translate into behavioral advocacy, revealing cultural inertia.

### **Theoretical Implications**

The findings align with global trends, particularly Ethiopia's success in reducing early pregnancies through community-driven interventions (Mehretu et al., 2020). However, contradictions arise as persistent cultural practices continue to hinder change, despite PPI's outreach. This suggests the need for a culturally hybrid approach that integrates PPI's initiatives with indigenous knowledge systems to enhance acceptance and effectiveness.



## Recommendations

To strengthen PPI's impact, the following measures are proposed:

### Curriculum Enhancement

Integrating economic empowerment modules, such as microfinance literacy, can help mitigate poverty-driven child marriages. Additionally, revisiting lobola through biblical narratives, such as Proverbs 31:10–31, can reshape perceptions of women's worth in a way that resonates with the community.

### Community Engagement

Forging partnerships with Maasai elders and utilizing Enkang gatherings as platforms for PPI advocacy can enhance community buy-in. Training local champions, particularly female graduates, as peer mentors will further support behavioral shifts from within the community.

### Policy Action

Expanding PPI to all primary schools, particularly targeting girls aged 10–14, will reinforce early intervention. Moreover, leveraging church networks to enforce Kenya's Anti-FGM Act (2011) and Child Marriage Law (2014) can ensure legal frameworks support behavioral change.

### Limitations & Future Research

This study faced limitations, including a small parental sample size ( $n=10$ ) and a cross-sectional design that prevents causal inferences. Future research should adopt longitudinal studies to track PPI's impact on educational attainment and economic mobility over time.

## Conclusion

While the study affirms PPI's potential as a mitigatory tool, it underscores the need for culturally adaptive strategies. Sustainable success depends on dismantling patriarchal norms, addressing economic barriers, and fostering multi-sectoral collaboration. By embedding PPI within Maasai cultural frameworks, church-sponsored schools can evolve from mere sites of instruction into catalysts for generational change.

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