



Teenage pregnancy: A psychosocial burden on girlchild education in Kenya



Review article



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Abstract

In January 2020 world Health Organization (WHO) declared an outbreak of a new Coronavirus disease, COVID-19 to be a public health emergency of international concern and could spread around the world. March 2020 WHO declared it a pandemic. Governments and communities around the world are struggling to contain and respond to this challenge, which threatens to undo decades of progress, including towards ending child, early and forced marriage. With the continued spread of the virus in Kenya, women, girls and children face increased and multiple challenges including physical and psychological violence related to family confinement, isolation and economic vulnerability. The restriction and stay home orders across the globe, including Kenya, do not prescribe measures that should be taken for family set ups with ongoing domestic violence. A sharp surge in reported teenage pregnancies is threatening to cut short the pursuit of education for vulnerable girls, with the latest statistics revealing that a total of 3,964 girls aged 19 years and under were reported pregnant in Machakos county in Kenya over a period of four months. While the government of Kenya is committed to ensure availability of sexual and reproductive health services for and Adolescent Girls and Young Women to end violence against women and girls, deliberate measures must be put in place to ensure that economic incentives and social safety nets are gender-sensitive and empower every adolescent girl and young woman during the global pandemic.

Keywords: COVID-19, education psychosocial, teenage pregnancy, vulnerable



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Public Interest Statement

COVID-19 pandemic is a public health emergency of international concern which has spread around the world leading to imposition of lockdown rules. 1.5 billion learners so far have been affected with 15 Million learners affected in Kenya, half of them (7.4 Million) being girls. The restriction and stay home orders have aggravated gender gaps in education leading to increased risk of sexual exploitation, defilement, early and unintended pregnancy. A sharp surge in reported teenage pregnancies is threatening to cut short the pursuit of education for vulnerable girls in Kenya. This a wake-up call to action by all education stakeholders in Kenya.

Introduction

In January 2020 world Health Organization (WHO) declared an outbreak of a new *Coronavirus* disease, (COVID-19) to be a public health emergency of international concern and could spread around the world. The Director General of the World Health Organization declared COVID-19 a global pandemic on 11 March 2020. The virus began in a Chinese city of Wuhan, a city in Eastern China with a population of over 11 million in November 2019. The COVID-19 pandemic is unprecedented in modern times, bringing enormous human, social, and economic disruption. As of March 18, 2020, over 215,000 cases had been reported worldwide. China, the origin of the epidemic, represents over 80,000 of these cases, but extraordinary action to lock down entire cities resulted in a remarkable decrease in the number of new cases, though they must remain vigilant to prevent a spike in new infections. Alarming number of COVID-19 diagnoses have been confirmed in 170 countries around the world, with the most affected countries being Italy, Iran, Spain, Germany, South Korea, France, the United Kingdom and the United States.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face. Practice physical distancing where possible, avoid unnecessary travel and stay away from large groups of people. Stay at home if you feel unwell, World Health Organization(WHO) (2020).

Out of the total population of students enrolled in education globally, UNESCO estimates that over 89% are currently out of school because of COVID-19 closures. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls. Over 111 million of these girls are living in the world's least developed countries where getting an education is already a struggle. These are contexts of extreme poverty, economic vulnerability and crisis where gender disparities in education are highest. In Mali, Niger and South Sudan — 3 countries with some of the lowest enrolment and completion rates for girls — closures have forced over 4 million girls out of school.

UNESCO estimates that 90% of world's student population will be affected by the COVID - 19 Pandemic as demonstrated by closure of institutions of learning. Many school going children

including adolescent girls are now staying at home. 1.5 billion learners so far have been affected by the pandemic with 15 Million learners affected in Kenya, half of them (7.4 Million) being girls. According to Centers for Disease Control and Prevention (CDC). COVID-19 is a respiratory disease spreading from person to person caused by a novel (new) Corona virus. The noble preventive measures including lockdown and Stay-at-home measures to stop the spread of the disease puts vulnerable groups including women, girls and children at more risk. This situation poses a serious public health risk and a major precursor for domestic violence. Stress, the disruption of social and protective networks, loss of income and decreased access to services all can exacerbate the risk of violence for women, girls and children.

Governments and communities around the world are struggling to contain and respond to this challenge, which threatens to undo decades of progress, including towards ending child, early and forced marriage. Many of the complex factors that drive child marriage in stable environments are exacerbated in emergency settings, as family and community structures break down during crisis and displacement. A pandemic of this nature will also present unique challenges that can increase child marriage both in the acute and recovery phases. Challenges include the loss of household income, higher risk of violence in the household and lack of access to schooling. (PLAN International, Adolescent girls in Crisis, 2020).

With the continued spread of the virus in Kenya, women, girls and children face increased and multiple challenges including physical and psychological violence related to family confinement, isolation and economic vulnerability. The restriction and stay home orders across the globe, including Kenya, do not prescribe measures that should be taken for family set ups with ongoing domestic violence. The "stay-at-home" order for Adolescent Girls and Young Women (AGYW) will aggravate gender gaps in education and lead to increased risk of sexual exploitation, defilement, early and unintended pregnancy, Child, Early and Forced Marriage (CEFM). Research shows that victims of Gender Based Violence (GBV) are domiciled in more than 60 % of households where domestic violence is perpetrated and are also at risk of suffering significant physical and/or emotional harm. Perpetrators of abuse take advantage of restrictions due to COVID-19 to exercise power and control over the victims by reducing access to services, help and psycho social support from available helpline services.

Findings

As the COVID-19 pandemic spreads across the globe, an alarming pattern is seen. The poorest and most vulnerable members of society are being hardest hit, both by the pandemic and the response. The concern about the well-being of the world's children is great. Children have so far been largely spared from the most severe symptoms of the disease, but their lives are being totally upended (UNICEF, 2020). There has been a rise in the number of minors contacting the National Sexual Assault Hotline to report abuse. That's according to (RAINN), the Rape, Abuse and

Incest National Network, which runs the hotline. By the end of March, with much of the country under lockdown, there was a 22% increase in monthly calls from people younger than 18, and half of all incoming contacts were from minors. That's a first in RAINN's history, Camille Cooper, the organization's vice president of public policy, tells NPR (<https://www.rainn.org>). Of those young people who contacted the hotline in March, 67% identified their perpetrator as a family member and 79% said they were currently living with that perpetrator. In 1 out of 5 cases where the minor was living with their abuser, RAINN assisted the minor in immediately contacting police.

As COVID-19 forces school closures in 185 countries, Plan International and UNESCO (2020) warn of the potential for increased drop-out rates which will disproportionately affect adolescent girls. The corona virus crisis has caused millions to lose their jobs and sources of income. Reports of shuttered businesses and a global recession have headlined the news since the virus first appeared in Wuhan, China. The World Bank has predicted that 24 million fewer people will escape poverty in Southeast Asia this year as a result of the pandemic. Furthermore, in a worst-case scenario, an additional 11 million people will fall into poverty, defined as living on US\$ 5.50 or less per day." Without concerted action, families barely getting by could be pushed into poverty, and the poorest families could face levels of deprivation that have not been seen for decades," said Henrietta Fore, Executive Director of the United Nations Children's Fund (UNICEF).

Children and girls from impoverished families burdened by the unprecedented economic shocks caused by the COVID-19 pandemic could be at risk of child marriage, abuse and exploitation (Nortajuddin, 2020). The breakdown of social networks can also heighten families' and communities' desire to control girls' sexuality and protect their "honour." Marriage is often seen to protect girls and their families from the social stigma that can result from surviving rape or sexual assault. These risks can be greater in camps where girls are exposed to a different environment than their previous community. Parents might marry their daughters out of fear of pre-marital pregnancy or relationships, which can bring shame on the family.

How is the Kenyan situation?

A sharp surge in reported teenage pregnancies is threatening to cut short the pursuit of education for vulnerable girls, with the latest statistics from a Kenya Health Information System survey revealing that a total of 3,964 girls aged 19 years and under were reported pregnant in Machakos county in Kenya over a period of four months (Opali,2020). A new report has revealed shocking details on child sexual abuse in the country, with Nairobi County leading. The revelation comes amid debate on the increase in teenage pregnancies. Early in March 2020, the Chief Justice of Kenya, Hon. David Maraga indicated an increase in the number of cases reported in court by 35.8%. UNFPA have already predicted a calamitous surge of GBV cases; for every 3 months in lock down, 15 Million cases GBV will be reported while 31 Million persons will experience GBV if the lock down progresses to a further 6 months.

Kenya Demographic Health Survey 2014 (KDHS, 2014) reveals that 32% of girls aged 15-19 years have ever experienced physical violence since age 15 while 32% of young women experience sexual violence before age 18. Kenya Violence Against Children (VAC) survey 2010 estimates that 22% of girls aged 15-19 described their first experience of sexual intercourse as forced (Kenya VAC Survey 2010). This survey report lists uncles, aunties, fathers, brother and mothers as some of the common perpetrators of violence living in the same household with the victim.

Adolescent girls and young women aged 10-24 years 7.9% (Kenya Population and Housing Census Report, 2019) undergo similar vulnerabilities as their female adult counterparts and are exposed to similar susceptible conditions that perpetuate abuse. Adolescents in Kenya face many Sexual Reproductive Health (SRH) challenges including early pregnancy, Sexually Transmitted Infections (STI's), HIV and related adverse health, social, psychological and economic consequences; this is compounded further by the pressure exerted by the current COVID-19 pandemic on the social systems from household to national levels of government. The report by the International Child Protection Conference 2018 indicates that, despite an 11-year-old law protecting children, they are still being sexually abused (Wanzala, 2020).

AGYW are faced with economic and livelihood challenges during lock down period; this exposes them to sexual exploitation from the people that live with them including in the families and the communities they live in. The usual ways of earning living and income generation have been curtailed with opportunities for a sensible livelihood denied. Approximately 150,000 Adolescent Girls and Young Women (AGYW) benefit from CDC programs DREAMS – (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) and Orphans and Vulnerable Children (OVC) programming. The multi-sectoral DREAMS core package of interventions for AGYW (15-24 years) goes beyond the health sector to address the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of access to education. Adolescent sexual and reproductive health still remains a major public health issue in sub-Saharan Africa, especially for adolescent girls. This program ensures girls receive interventions that keep them in school and safe spaces that help reduce the vulnerabilities to HIV infection, early pregnancies, sexual exploitation and abuse, early marriage and other related social ills.

The weighty challenges on the health system by the COVID -19 pandemic pulls out health workers from the structural services towards AGYW and have directed their efforts to prevention of COVID-19; while other low cadre providers are faced with the current changing economic realities thus inability to offer their efforts to support safe spaces for the AGYW. It is now challenging to conduct door-to-door visits for support with prevention kits and services and this contributes to possibilities of reduced access to services and therefore increased cases of pregnancy, STIs, HIV and gender violence. During the dusk to dawn curfew, anecdotal reports

indicate increased cases of sexual violence amongst this population especially for girls in the informal settlements. Girls report being violated when going to toilets that are often outside their houses during the curfew. Many of these girls do not have access to reporting mechanisms that require them to seek timely response services; noting the presence of perpetrators within the household or their neighbourhoods.

While the government of Kenya is committed to ensure availability of SRH services for AGYW and to end violence against women and girls, deliberate measures must be put in place to ensure that economic incentives and social safety nets are gender-sensitive and empower every AGYW during the global pandemic. Conscientious energy must be placed in prioritizing AGYW at risk for prevention and protection and therefore strengthen social welfare services, security, shelter and health for timely services. This means that necessary SRH services must remain available and accessible at all times and allow AGYW to access a range of health services including menstrual hygiene products and psycho social support. Also, the teenage mothers need to be recognized as vulnerable population that must benefit from the government cash transfer program. Diminished preventive SRH commodities may lead to catastrophic increase in HIV infections, STI's and early pregnancies.

How School Closures During COVID-19 Further Marginalize Vulnerable Children in Kenya

Anecdotal evidence suggests that rural girls are likely to be used to cushion families' income, which further exposes girls to sexual exploitation and gender-based violence. This places girls at especially high risk of health and reproductive crises, including forced female genital mutilation, as well as early marriage, which puts girls at high risk of dropping out when schools reopen. Decreased mobility from quarantines and curfews also restricts girls and women from essential protection services and support networks, further diminishing their autonomy (Parsitau & Jepkemoi, 2020). While COVID-19 has affected nearly all learners globally, school closures have exacerbated already existing inequalities for marginalized learners and come with a host of unintended consequences for vulnerable girls. We must put in place protections for vulnerable girls and ensure that they have access to life-saving education.

Lessons from the Ebola Crisis

While the magnitude of the COVID-19 crisis is unprecedented, lessons learnt from the Ebola epidemic in Africa may be emulated. At the height of the epidemic, 5 million children were affected by school closures across Guinea, Liberia and Sierra Leone, countries hardest hit by the outbreak. And poverty levels rose significantly as education was interrupted (PLAN International ,2020)

Girls' education will be severely impacted by the COVID-19 crisis.

In many cases, school drop-outs were caused by an increase in domestic and caring responsibilities and a shift towards income generation. This means that girls' learning at home

was limited, as shown by Plan International's analysis. In villages with established "girls' clubs" and existing sensitization efforts to promote girls' education, fewer girls experienced adverse effects and were more likely to continue their learning. Several studies found that the closure of schools increased girls vulnerability to physical and sexual abuse both by their peers and by older men, as girls were often at home alone and unsupervised. Sexual exploitation in the context of selling sex for food and other essentials was also widely reported as vulnerable girls and their families struggled to cover basic needs. As family breadwinners perished from Ebola and livelihoods were destroyed, many families chose to marry their daughters off, falsely hoping this would offer them protection. In Sierra Leone, adolescent pregnancy increased by up to 65% in some communities during the Ebola crisis. In one study, most girls reported this increase was a direct result of being outside the protective environment provided by schools. Many of these girls never returned to the classroom, largely due to a recently revoked policy preventing pregnant girls from attending school.

Applying Lessons Learnt from Ebola to Covid-19

"Schools are left empty as an abandoned nest. I am so sad. Being at school can help to protect girls from pregnancy and marriage. Many of my friends are getting pregnant and I realised some have been forced into early marriage," said 17-year-old Christiana during the 2014 Ebola crisis (PLAN International,2020). For girls like Christiana, who have lived or are living through a crisis, education is a lifeline, offering protection from violence and exploitation and providing them with skills and hope for a brighter future.

Mitigating Immediate and Long Terms Impacts

Efforts to sustain safe space interventions must be expanded and continue to function while observing social distancing rules and infection prevention protocols. Community change agents, Community health volunteers, mentors and other actors should continue to conduct regular outreach activities since the girls' demand for prevention services and information does not cease with the pandemic. These actors must explore innovative and practical ways of how AGYW should report violence including sharing referral details in the event they require access to shelter, security and medico-legal services. The authorities and stakeholders must provide Toll Free hotline numbers for GBV information, response, Psychological First Aid , Tele-counselling and referral services (e.g. 1190, 1195, 116) for survivors to raise alarm and seek immediate post violence services. It is therefore incumbent upon the Kenyan health system to ensure that health service providers have adequate access to Personal Protective Equipment (PPE) to further this agenda. These services must be marked as essential services and recognised as so in the Pandemic Response and Management Bill (Senate Bills No. 6 of 2020) owing to the severity of the associated consequences.

What Is PLAN International Doing to Respond to the Pandemic?

Plan International is responding to the COVID-19 outbreak by adapting our current programmes and implementing new remote approaches to ensure we address the immediate and medium impacts of the outbreak. Women and girls suffer most during emergencies, so we're striving to ensure their needs are addressed and not left behind.

PLAN response is tailored towards the most vulnerable communities in which it already works.

PLAN international is focusing on the following areas:

- **Water, Sanitation and Hygiene**

Handwashing facilities are installed and distributing **hygiene and menstrual kits** sharing age-appropriate, gender-aware health and hygiene information. They are supporting governments by providing disinfectant to sanitize public spaces

- **Health**

In addition, essential services for adolescent girls and young women, such as **sexual and reproductive health services**, and maternal, newborn and child health services are maintained. Support to local health authorities and training community health workers is provided while working with local government and health services to ensure that people living with HIV have continued access to treatment.

- **Education**

Teachers and key workers are trained on the prevention/control of COVID-19 and empowering parents, caregivers and the wider community to support the learning, development and wellbeing of children when schools close including providing different teaching aids to households to be used as a model and to initiate parents to prepare their own teaching aids for their children in as well as supporting radio teaching. PLAN international is preparing to support schools, teachers & children when schools reopen. They are also working closely with the water, sanitation and hygiene sector to ensure hygiene in schools. This includes obtaining and distributing hygiene and wash kits, and ensuring children have access to handwashing facilities and clean toilets. Essential activities, like school-feeding programmes which support vulnerable groups including children with disabilities, will continue.

- **Child protection**

Awareness of COVID-19 is raised in the communities of the crisis and the child protection risks of lockdown including sexual and gender-based violence via different channels (TV, internet, radio, posters etc.) and providing targeted support to vulnerable households. A clear system of referral for children in need of special support, including psychosocial counselling is ensured. An attempt is made to identify and support vulnerable children, e.g. children without family, children with health problems and children living or working on the streets. Continuous remote case

management where access is not available to ensure children are receiving social service support, and providing training to communities and youth groups on child protection & child safeguarding is also done. Counselling to families in remote areas with children at risk of school dropout or early marriage has been conducted by community-based child protection boards with support from Plan International.

- **Cash transfers and food assistance**

Where families have lost their income, **PLAN international is supporting** with cash distributions to ensure essential needs are met during lockdown. Where access to food is unaffordable or inaccessible families are provided with food assistance

- **Community engagement**

Handwashing facilities and information on stopping the spread of COVID-19 is provided to marginalised communities. PLAN International is also working with communities and traditional and religious leaders to adapt traditional practices to avoid transmission of COVID-19 and training those well placed to care for vulnerable children in case of an outbreak. This is to ensure that communities know how to feedback on services provided by Plan International through the establishment of child-friendly feedback mechanisms so voices are heard and programmes are adapted according to the feedback.

- **Refugees and internally displaced people**

People living in refugee and displacement camps and settlements who are vulnerable to COVID-19 for a number of reasons including overcrowding, lack of nutrition and water, poor health facilities and health status is of great concern. We are identifying vulnerable children and ensuring there are safe care arrangements for them as well as access to psychosocial support. Access to water and soap in refugee and displaced camps and providing hygiene and menstrual health kits is increased. The organization ensures that families have access to basic needs such as food, water and hygiene equipment if they need to isolate. PLAN International (2020) reiterated that as set out in 'Girls Not Brides' thematic brief on child marriage in humanitarian settings, child marriage and the needs of adolescent girls are often overlooked in crisis situations. Experience from other emergency contexts highlights the need for urgent action both to prevent and respond to the vulnerabilities faced by girls and women, including risks from child, early and forced marriage:

- Human rights should be upheld in times of crisis. All those involved in the humanitarian response and recovery period should ensure their activities do not lead to – or perpetuate – further discrimination, abuse, violence, neglect or exploitation, including the practice of early and forced marriage.
- Governments and those involved in humanitarian response must take into account the needs of adolescent girls during humanitarian efforts. Programming should be comprehensive and

cross sectoral, and address both life-saving, immediate needs, and promote long-term resilience, including of adolescent girls. Prevention and protection needs, particularly those rooted in harmful gender norms, should also be prioritized in the first wave of response.

- Interventions must include adolescent girl programming and safe spaces. All girls under 18 must be granted access to education, psychosocial support, sexual and reproductive health (SRH) services regardless of their marital status. These should include contraception, abortion and maternal health services, and life skills training.
- Social, cultural and gender norms, roles and relations influence women's and men's vulnerability to infection, exposure and treatment. COVID-19 responses must therefore be informed by strong analysis of gender inequalities and informed by sex- and age-disaggregated data, as far as possible. Plan International, *Adolescent girls in Crisis: Experiences of risk and resilience across three humanitarian settings*, 2020. Save the Children, *Too Young to Wed: The growing problem of child marriage among Syrian girls in Jordan*, 2014. Women's Refugee Commission, *A Girl No More: The Changing Norms of Child marriage in Conflict*, 2016. Girls Not Brides, *Child marriage in humanitarian settings*, 2018.
- Women and girls should be consulted during the full cycle of the response – from needs assessments to the design of interventions, and the monitoring of effectiveness – including in relation to unintended impacts of physical distancing on girls and women.

PLAN International (2020) gave the direction that, as governments prepare for indefinite school closures, policy makers and practitioners can look to lessons from past crises to address the specific challenges faced by girls. Governments are called to protect progress made in favour of girls' education through these six gender-responsive, evidence-based and context-specific actions:

- **Leverage teachers and communities**

Work closely with teachers, school staff and communities to ensure inclusive methods of distance learning are adopted and communicated to call for continued investments in girls' learning. Community sensitization on the importance of girls' education should continue as part of any distance learning programme.

- **Adopt appropriate distance learning practices.**

In contexts where digital solutions are less accessible, consider low-tech and gender-responsive approaches. Send reading and writing materials home and use radio and television broadcasts to reach the most marginalized. Ensure programme scheduling and learning structures are flexible and allow self-paced learning so as not to deter girls who often disproportionately shoulder the burden of care.

- **Consider the gender digital divide**

In contexts where digital solutions to distance learning and internet is accessible, ensure that girls are trained with the necessary digital skills, including the knowledge and skills they need to stay safe online.

- **Safeguard vital services.**

Girls and the most vulnerable children and youth miss out on vital services when schools are closed, specifically school meals and social protection. Make schools access points for psychosocial support and food distribution, work across sectors to ensure alternative social services and deliver support over the phone, text or other forms of media.

- **Engage young people.**

Give space to youth, particularly girls, to shape the decisions made about their education. Include them in the development of strategies and policies around school closures and distance learning based on their experiences and needs.

- **Ensure return to school.**

Provide flexible learning approaches so that girls are not deterred from returning to school when they re-open. This includes pregnant girls and young mothers who often face stigma and discriminatory school re-entry laws that prevent them from accessing education. Allow automatic promotion and appropriate opportunities in admissions processes that recognize the particular challenges faced by girls. Catch-up courses and accelerated learning may be necessary for girls who return to school.

Supporting Teenagers During the Period of Confinement

Caring for teenagers during the period of confinement can be just as challenging as caring for smaller children. The teenage years are often the period of one's life where social distancing from parents is part of seeking autonomy. Teenagers need space to be able to isolate themselves, exchange with their peers online, as they also need support to be able to pursue their schooling. Responding to all these needs likewise is a true challenge during the confinement. Make sure you respect your adolescents' privacy, are mindful to listen to their concerns, try to give them attention and quality time to express themselves and their concerns.

Conclusion

Governments and donors should prioritize education for all children. Economic assistance, including cash transfers, to low-income families and minimize disruptions to social and healthcare services for children. We must also prioritize the most vulnerable – children in conflict situations; child refugees and displaced persons; children living with disabilities (United Nations,2020) and girls. Finally, intentional commitment to building back better by using the recovery from COVID-19 to pursue a more sustainable and inclusive economy and society in line with the Sustainable

Development Goals. With the pandemic placing so many of the world's children in jeopardy, the urgent appeal is to protect the children and safeguard their well-being.

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