






Special Issue article: School Health Promotion in Japan and its Contribution to Asia and Africa
Original Article
Factors influencing school re-entry among adolescents in Kenya

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Abstract **Background:** The number of out-of-school children and adolescents has been increasing globally. In sub-Saharan Africa, an estimated 23 million adolescents leave school due to poverty, teenage pregnancy, and unspecified illnesses. The reasons for absenteeism are well-known but the factors involved in the decision to return to school have not been analyzed. This study aimed to identify the factors that promote primary school re-entry among chronic adolescent absentees in rural sub-Saharan Africa.

Methods: Qualitative data were gathered through participant observation, in-depth interviews, and focus group discussions involving nine pupils who returned to school after chronic absenteeism and 140 adult stakeholders in Mbita sub-county, Kenya. Data were analyzed using thematic analysis.

Results: The thematic analysis results showed that four factors promoted school re-entry, namely: (1) social norms: “school for a better life”; (2) linkage of community and school; (3) supportive environment; and (4) using discipline to make adolescents serious about their education.

Conclusions: School re-entry among chronic absentees in Mbita sub-county is promoted by both community and school factors. It was observed that social norms regarded an education as a “passport to a better life.” Adolescents, teachers, and community leaders view education as a means of improving one’s socio-economic status. Two essential elements of health-promoting schools, a supportive environment and a linkage with community, effectively promoted returning to the school among adolescents. The introduction of health-promoting schools was recommended to implement a school re-entry policy in Kenya effectively.

Key words chronic absenteeism, health-promoting school, Kenya, out-of-school adolescent, school re-entry.

Everyone has a right to education, and basic education is important for social progress. The World Declaration on Education for All was led by this tenet and was adopted by the World Conference on Education for All in Thailand, in 1990.¹ The Declaration was then inherited to Sustainable Development Goal 4, which was adopted by all United Nations member states in 2015, and efforts to achieve this goal have been made by societies throughout the world.

Nevertheless, the global number of out-of-school children and adolescents between 10 to 19 years old² (i.e. who never started or who dropped out of school) has not changed since

2012.³ Of the global number, almost half, 61.1 million, lived in sub-Saharan Africa in 2016. Moreover, when out-of-school rates were compared by age groups, adolescents were almost twice as likely to be out of school as younger children.³

Adolescence is an important period for human development. Physical, cognitive, social, emotional, and sexual development occur rapidly, and both risk and protective behaviors begin during this period; thus, special attention is necessary,² and schools play an important role.

Since 2000, when the Millennium Development Goals were set, school health has been rapidly promoted in low- and middle-income countries, including Africa. Focused Resources for Effective School Health (FRESH) was used in Africa as a basic strategy in many countries.^{4,5} However, this framework was initially targeted for dissemination in primary education, so it focused on nutrition issues as a health topic and did not consider adolescent issues such as creating a good social environment, which can help prevent early pregnancy and substance use.

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Frequent absentees tend to adopt and become involved in risky behaviors such as alcoholism, cigarette smoking, substance use, risky sexual behavior, and teenage pregnancy,^{6–11} and tend to have health problems and eventually drop out of school.^{12,13} Furthermore, these individuals often experience negative life outcomes, such as being arrested or fired, using illicit substances, and having poor health.¹⁴

Chronic absenteeism, defined as missing 10% or more of the school year,¹⁵ is usually a complex phenomenon^{7,12} intertwined with potential factors associated with school non-attendance such as illness, development disorders, academic failure, family issues, poverty, and school climate.^{7,16–21} These studies and interventions took various psychological, social, and educational approaches.²² Previous studies in the USA showed that a connection between students' families and the community helped students remain in school.²³ Other studies found that early identification and intervention, progress monitoring, functional behavioral assessment, and supported procedures and protocols were needed.²⁴

The varied reasons for chronic absenteeism in Africa can be early pregnancy, marriage, family factors such as poverty, school factors, illness such as HIV and epilepsy, and low motivation.^{25–28} A study in Uganda targeting adolescents living with HIV revealed that the barriers to school attendance were (i) management of antiretroviral therapy and illnesses; (ii) fear, negative thoughts, and self-devaluation; (iii) lack of meaningful and supportive relationships; (iv) reactionary attitudes and behaviors from others at school, and (v) financial challenges, whereas the facilitators for attending school were (i) practical support in school, home, and community; (ii) counselling, encouragement, and spirituality; (iii) individual coping strategies, and (iv) hopes, dreams, and opportunities for the future.²⁹

In Kenya, the gross intake rate to standard 1 of primary school, i.e., the percentage of the total number of new entrants in standard 1 of primary school, regardless of age, relative to the population at the official primary school entrance age, was almost 100%; however, the primary completion rate dropped to 84%. For secondary schools, the access rate to Form 1 (first grade of secondary school) in 2016 was 70%, but the completion rate was 57%.³⁰ A previous study in Nandi, Kenya, revealed that the main reasons that boys dropped out of primary school were employment, traditional and cultural practices, peer influence, poor parental care, and overage for the grade or the school. For girls, the main reasons were pregnancy, employment, lack of money for uniforms, peer influence, poor parental care, marriage, and overage for the grade or the school.³¹ A study targeting adolescents aged 15–19 years old in Kisumu, Kenya, reported that both boys and girls have experience with intergenerational transactional sex to obtain food, clothes, and school fees.³² Choosing between the need for money for their family and discomfort and health risks was difficult. Eventually, some girls got pregnant and dropped out of school.

Teenage pregnancy was a particularly significant reason for dropping out of school in Kenya. To address this, the Ministry

of Education in Kenya developed a school re-entry policy and guidelines in 1994 to give girls a second chance at learning. However, Onyango *et al.* revealed that teachers in Kenya openly defied or failed to implement this policy because of the need to preserve the schools' image and to protect other non-pregnant learners.³³

Most of these previous studies typically focused on reasons for dropping out but not for returning to school. This study therefore aimed to identify positive factors influencing school re-entry of chronically absent adolescents in Western Kenya to create recommendations to promote implementation of a school re-entry policy.

Methods

Study design

This study used in-depth interviews (IDIs), focus group discussions (FGDs), and participant observations to collect data.

Study site

This study was conducted in Mbita sub-county, Homa-bay county, a region along the shore of Lake Victoria in Kenya, where a school health project funded by Japan International Cooperation Agency (JICA) was conducted by the Institute of Tropical Medicine, Nagasaki University. The estimated population of Mbita sub-county was 63 974 with an annual population increase of 3.0%³⁴. The main industries are fishing and farming. Primary schools run for 8 years (standard 1 to standard 8), and children typically enter school at age 7. The schools use a trimester system of three 14-week terms that run from January to April; May to August; and September to December. Data collected by the school health project in 2015 showed 74 schools with 12 625 pupils, including 7,546 pupils enrolled in standards 4–8, i.e., adolescents (3,732 boys, 3,814 girls) in the study area. Standards 1–5 also included around 1,700 pupils per standard; there were 1,500 in standards 6 and 7, and 1,100 in standard 8. The primary-to-secondary school transition rate of Mbita sub-county was 46% versus a national rate of 72%, and the secondary school enrollment record was the lowest among six sub-counties in Homa-bay county.³⁵

Study participants

The study participants were pupils who were chronically absent during their adolescence and then returned to school and other stakeholders who could share information on the participant pupils and other adolescent primary school children in the study sites, namely, parents/guardians of the participant pupils, head teachers and teachers in the primary schools that the participant pupils attended, community members such as members of the board of management for schools (BoM), assistant chiefs (administrative personnel), and members of the beach management unit (BMU) in the areas surrounding the pupils' schools. Terms are defined in Table 1.

Table 1 Words and definitions

Words	Definitions
Adolescent	Young people between the ages of 10 and 19 (WHO)
Chronic absenteeism	In this study, absences totaling more than 30 days in one academic year (more than 10% of an academic year)
Assistant chief	An administrative officer of a sub-location that is formed by a cluster of villages
Board of management (BoM)	A committee that aims to help in the management and improvement of the school, composed of parents, community members, and a few staff members from the school
Beach management unit (BMU)	An organization of fishers, fish traders, boat owners, fish processors and other beach stakeholders who traditionally depend on fishery activities for their livelihoods; it has exclusive management rights over fish landing sites

Participant selection

A local research assistant first contacted all 34 public schools in the study area to confirm whether there were adolescents who returned to school after chronic absenteeism. Thirteen schools reported chronic absenteeism cases, among which seven schools agreed to participate. Next, the research team visited these primary schools and explained the research purpose and procedure. The researchers confirmed whether the pupils met the inclusion criteria, i.e., pupils who were first absent from school between 10 to 19 years old and who were absent more than 30 days per school year based on administration or attendance records. Among the 19 pupils from seven schools who met the inclusion criteria, 17 gave their assent/consent to study participation. However, eight pupils were excluded from the study due to lack of relevant information, and thus, nine pupils from six schools were selected as study participants. The number of pupils in the participant schools ranged from 75 to 312 in 2015. One pupil, who was 28-years-old at the time of data collection, was included as a study participant because she left school as an adolescent, and her case might be a good model for girls leaving school because of unwanted pregnancy. The head teacher, 5–10 teachers, and 5–10 members of the BoM from each of the participants' schools, all assistant chiefs from the areas where the participant schools were located, and 5–10 members of the BMUs located near the participant schools, were also selected as participants.

In-depth interview (IDI) and focus group discussion (FGD) procedure

Interview guides for IDIs and FGDs for each participant group were developed for this study. The topics discussed are shown in Table 2. In-depth interviews and FGDs were conducted in Duholuo, a local language, or in English by two local research

Table 2 Groups of participants and topics of in-depth interviews and focus group discussions

Type	Participant groups	Topics
IDI	Pupils	(1) School life, (2) experience of absenteeism, (3) the history of coming back to school from chronic absenteeism
IDI	Parents/guardians	(1) School life, (2) experience of absenteeism, (3) the history of coming back to school from chronic absenteeism
IDI	Head teachers	(1) Characteristics of the pupils who tended to be absent from schools, (2) the reasons for absenteeism, (3) how to approach the issue of chronic absenteeism
FGD	Teachers	(1) Characteristics of the pupils who tended to be absent from schools, (2) the reasons for absenteeism, (3) how to approach the issue of chronic absenteeism
IDI	Assistant chiefs	(1) Adolescent children in the community, (2) recognition of the primary school among the community members, (3) collaboration between community and schools
FGD	Members of Board of Management	(1) Adolescent children in the community, (2) recognition of the primary school among the community members
FGD	Members of Beach Management Units	(1) Adolescent children in the community, (2) recognition of the primary school among the community members

IDI, in-depth interview; FGD, focus group discussion

assistants, one acting as moderator and the other as note-taker using the interview guides. Each IDI and FGD lasted for approximately 40–60 and 90–120 min, respectively, and data collection was stopped when data saturation was reached. All IDIs and FGDs were audio recorded and stored electronically in a computer.

Participant observation

The research team visited seven schools and observed the behavior of the pupils and teachers. Furthermore, the researchers tried to observe the adolescents who were not in school during daytime on weekdays. The observations were recorded on field notes. In-depth interviews, FGDs, and participant observations were conducted from May to August in 2016.

Data analysis

The IDI and FGD recordings were transcribed verbatim, and transcriptions in Duholuo were translated into English by a local researcher who spoke both languages fluently. These data and the field notes were analyzed using thematic analysis. First, the transcribed data were read and reread, and initial ideas were noted to

Table 3 Characteristics of former absentees and causes of chronic absenteeism

Former absentees	Sex	At time of survey	Age	Std.	At onset of absenteeism	Age	Std.	Months of absence	Causes of chronic absenteeism by Kearney's six key factors ⁹					
									(1) Child Factor	(2) Parent Factor	(3) Family Factor	(4) Peer Factor	(5) School Factor	(6) Community Factor
A	M	13	4	12	4	2	4	Working	Father with stepmother	Poverty	Laughed at by peers	Corporal punishment	Working at beach	
B	M	12	4	12	4	1	4	Problematic relationship with authority figures		Poverty				
C	F	16	8	15	7	2	7	Pregnancy			Out-of-school friends			
D	M	17	8	17	8	1	8	Working Epilepsy Problematic relationship with authority figures	Father away from home	Poverty	Laughed at by peers	Embarrassed Teacher's bad manners		
E	F	16	8	16	8	1	8	Pregnancy	Father with stepmother		Out-of-school friends			
F	F	17	7	16	7	11	7	Pregnancy						
G	F	28	8	14	8	156	8	Working	Single parent	Poverty	Out-of-school friends		Beach business	
H	M	17	4	16	4	12	4	Working Tuberculosis	Old guardian					
I	M	15	7	14	7	1	7	Asthma	Living away from parents					

familiarize ourselves with the data. Second, the data related to the first case was coded by capturing interesting features and then making a case diagram with short descriptions using the codes. This second step was applied to all cases. Nvivo 10 software (QSR International) was used to manage and code all data. After analyzing the data, the codes were cross-checked and collated into potential themes by gathering all codes relevant to each potential theme. Analysis mainly focused on positive factors. The six key factors of absenteeism summarized by Kearney⁷ were referred to when analyzing the data.

Ethical approval

This study was approved by the Ethical Committee of University of the Ryukyus (approval no. 317) and Scientific and Ethics Review Unit, Kenya Medical Research Institute (approval no. 2916). Written consent and assent were obtained from all participants including the parents/guardians of the enrolled children.

Results

Participant characteristics

Former absentees

Table 3 shows the former absentees' characteristics and causes of their chronic absenteeism. There were nine former absentees: five boys and four girls. Ages at the onset of absenteeism and at the interview ranged from 12 to 17 and 12 to 28 years, respectively.

Four former absentees had worked as fishers, fish sellers, *boda-boda* (motorbike-taxi) riders, barbers, or domestic animal caretakers during their absence. All four girls had experienced teenage pregnancy. Four boys became ill, with three having chronic diseases such as epilepsy, tuberculosis, and asthma. Five former absentees lived in poverty, and their families had difficulty providing basic needs for education such as school fees and uniforms. Four former absentees had hidden or escaped from both school and family because of pregnancy and feelings of insecurity at home and work.

Table 4 Characteristics of parents/guardians, head teachers, teachers, and community members

Participants	N	Sex		Age (years) Min-Max	Education					
		Male	Female		No education	Did not complete primary school	Primary school	Secondary school	Higher education	No data
Parents/guardians	14	3	11	25–74	0	7	4	1	1	1
Members of BoM	30	17	13	24–67	0	8	11	7	2	2
Members of BMU	31	20	11	21–73	1	3	15	9	1	2
Assistant chiefs	5	5	0	31–59	0	0	0	1	4	0
Others	1	1	0	No data	0	0	0	0	0	1
Head teachers	6	6	0	35–54	0	0	0	0	0	6
Teachers	53	25	28	19–59	0	0	0	0	0	53

BoM, board of management for school; BMU, beach management unit

Parents/guardians, head teachers, teachers, and community members

Among the 140 participants, nine IDIs (1–2 participants/IDI) for 14 guardians/parents, six IDIs for six head teachers, six FGDs (6–11 participants/FGD) for teachers, five IDIs for five assistant chiefs, four FGDs (5–9 participants/FGD) for 30 BoM members, and four FGDs (7–9 participants/FGD) for 31 BMU members were conducted. One village elder who attended an IDI of an assistant chief was also included as a study participant. Ages ranged from 25 to 74 years for parents/guardians, 35–54 for head teachers, 19–59 for teachers, and 21–73 for community members (assistant chiefs: 31–59, BoM members: 24–67, BMU members: 21–73). Education levels varied from none to higher education (Table 4).

Cause of chronic absenteeism

Causes of chronic absenteeism in Mbita were as follows.

A) Child Factors

Adolescents who left school struggled with various problems such as teenage pregnancy, child labor, learning-based problems, sickness, overage, and hunger. They experienced anxiety and/or rebelliousness that made them want to leave school and home. Some adolescents considered the economic burdens of their guardians and stopped attending schools.

B) Parent factors

Insufficient parental care and denial of child rights were caused by the parents' situation, e.g., single parents, parents who were too busy, old guardians, or polygamous parents. The guardians forced the adolescents to work in poor situations or to care for other children.

C) Family factors

Orphans, poor family situations, and large family size caused absenteeism. Sometimes, elder family members did not

Table 5 Positive factors influencing school re-entry

Themes	Reference remarks
<p>Theme 1. Social norm: School for a better life</p> <p>All participants mentioned the theme of seeking a better life and changing their situation of poverty. This norm encouraged action toward school re-entry. The absentees obtained a higher attachment to and an improved awareness of the importance of education.^{†1,2} Guardians who had a positive image of education or an expectation for a better life for the child through school attendance could advise the absentee to go to school and offer support for education.^{†3} When community members encountered the out-of-school children during daytime, they talked to the children about re-entering school. One reason for this was the norm of the importance of schooling.^{†4,5}</p>	<p>^{†1} "I know school will help me and change my family life and also allow me to be independent when I grow up." (Former absentee)</p> <p>^{†2} "Going to school is good and while I was away from school, I knew I was just wasting my time. I realized that if I went back to school, my life could change." (Former absentee)</p> <p>^{†3} "I was just pleading with him (son) to go to school because I knew all his future needs would depend on school. There is no happy life for someone who has not gone to school. So, my work was to encourage him on the importance of school. ... Yes, he did, and I was always encouraging him." (mother of former absentee)</p> <p>^{†4} "... because people say that someone who has learned sees good or has good things later after completing school and someone who hasn't gone to school has nothing good in life." (BMU member)</p> <p>^{†5} "I saw the kind of life the mother had and I thought that maybe if he (son) was educated, he might support the mother in future and change the family life." (BMU member)</p>
<p>Theme 2. Linkage of community and school</p> <p>In an effort to bring the children back to school, the schools tried to connect with the community in several ways. For example, a head teacher shared his story of solving the problem of children fishing along the lakeside.^{†6} Both the schools and the community members worked toward getting the children back to school. Especially community leaders known as assistant chiefs had many ways to help out-of-school children. When the issue of chronic absenteeism occurred, schools report to the assistant chiefs, who discussed this at board of management meetings or when visiting each other. The assistant chief is a community authority, and community members including guardians went to him to find effective support for the children to go to school.^{†7} Moreover, when teachers found other teachers administering corporal punishment to pupils, they consulted the assistant chief to find a solution. Two assistant chiefs shared a story regarding teacher issues.^{†8,9}</p>	<p>^{†6} "Initially when I came here, I found that children at certain points were also fishing themselves, but thank God, because when I asked the beach leader, the Beach Management Unit, community elders, and the parents, then the problem stopped. So the problem of children going to catch fishes for sale was no longer there. It is only the case where the child is detained at home that they do this." (Head teacher)</p> <p>^{†7} "... So later it forced me to take another step of taking him to the assistant chief and the chief warned him that if he found him in any place other than going to school, he'd be jailed. That's when he started getting serious about schooling". (Father of former absentee)</p> <p>^{†8} "Not really the parents, but once I had a case of a fellow teacher caning the pupils and hurting them. So I gave them my advice on what they should do, because this was a teacher who knew the school rules and was supposed to do what is expected of him or her. The teachers told me there was a parent who went to the school to complain of her child having been beaten in school and they handled the case at a school level and ended it there. But still there were cases of pupils being caned badly, so, my advice was to transfer that teacher to another school because she may have a bad relationship with the pupil's parents." (Assistant chief)</p> <p>^{†9} "The experience heard is about parents complaining about a teacher. And if there is a case like this, we had to go to the ministry for the teacher to be transferred to another school." (Assistant chief)</p>

Table 5 *Continued*

Themes	Reference remarks
<p>Theme 3. Supportive environment</p> <p>Some of the former absentees shared similarities. However, no one shared the same story as to how they were supported to go to school. One former absentee shared a story about a teacher who removed her fear, and a teacher also mentioned the effort to make the school friendly and accept all of the children so that the absentee could return to school.^{†10,11,12}</p> <p>Another former absentee shared her reason why she could return to school.^{†13}</p> <p>Furthermore, the teachers were trying to optimize the talents of the absentee at school.^{†14,15}</p> <p>A BoM member mentioned an individual approach for overaged pupils at school.^{†16}</p> <p>Support for adolescents could occur not only in school, but also in the community.^{†17,18}</p> <p>When community members found out-of-school adolescents, they tried to help.^{†17,18}</p> <p>In Mbita, there was a funding system called <i>harambee</i> so that children living in poverty could also go to school.^{†19}</p>	<p>^{†10} “I didn’t (fear to go back to school). Because after I have talked to the teachers and they advised me I was focused. And (I) didn’t want to listen to anything (bad) so far.” (Former absentee)</p> <p>^{†11} “Teachers knew the problem because she (former absentee) used to go to school even though she was pregnant. And I am thankful to them because through guidance and counseling they were never harsh to her.” (Father of former absentee)</p> <p>^{†12} “Teachers should be positive to pupils always, because you will find that every human being fears going where they are hated. So, because these children are still young and some don’t understand, and also some parents can be very harsh. So, the only thing the school can do is to make the environment friendly whether the child is doing wrong or right. To those schoolgirls who are pregnant, the school should be ready to accept them at any time.” (Teacher)</p> <p>^{†13} “The reason why I came back was my teacher urged me just to come back and they were also ready to help me with any assistance I would need by that time.” (Former absentee)</p> <p>^{†14} “I was identifying each individual child’s talent, encouraging children to do what they like most.” (Teacher)</p> <p>^{†15} “... We also have a leather kit and we do keep it in class eight (class of standard 8) and at times the boy would make shoes for other children and he is now in school full time. So even he (former absentee) said he does not want to go to school but needs a barber kit. So, we told him we would buy him one, but he had to be in school to get a certificate.” (Head teacher)</p> <p>^{†16} “Sometimes she (former absentee) can come back and find that those who were in the class were much younger compared to her age. So, teachers should find a way of handling her differently. So, teachers should treat her differently from others so that she can learn in school.” (BoM member)</p> <p>^{†17} “I took the child to my house and I stayed with him for some time, and then he was going to school frequently. The parents were poor.” (BoM member)</p> <p>^{†18} “After the child told me she was sent home for a school uniform, I told her to go and tell her mother that I would come and see her. So, I went but unfortunately the mother was sick. So, I told her to look for half of the money, and I would bring half so that the girl could get a new uniform. And for sure she is now in school with a uniform.” (BoM member)</p> <p>^{†19} “For children whose parents were poor and could not afford school fees, we always organized some harambee to help them continue with their studies or learning. And we have done this for many children around our community.” (Elder)</p>

Table 5 Continued

Themes	Reference remarks
<p>Theme 4. Using discipline to become serious about schooling</p> <p>As one action, adults in Mbita threatened the absentees to push them back to school. The mother of a former absentee mentioned how they warned him to get him back to school.^{†20}</p> <p>A former absentee shared his story when he made up his mind to return to school.^{†21} Even adults were also warned by others that they should not do things that take children away from school.^{†22}</p> <p>To eliminate child labor, there was a rule to punish owners of boats who let a child work.^{†23}</p>	<p>^{†20}“After getting information that my son hides rather than go to school, I told him that when he returns from school, he should give me his books so that I can see where he wrote notes. So I was threatening him that I would cane him if I found that he didn’t write anything. So he was afraid. From the time I gave him that warning he hasn’t been absent from the school because he fears I will cane him.” (Mother of former absentee)</p> <p>^{†21}“What happened is that I used to go to work somewhere, and at times, I would not come back home. My brothers followed me and knew where I used to spend most of my time. They took me, tied me with a rope and took me to school, so from that incident, I just decided to stay in school.” (Former absentee)</p> <p>^{†22}“We always call the parent whenever a child is absent. The parent can confirm the absence by providing a sick sheet or tell us where the child has been. Sometimes we threatened them getting the administration to tell them, ‘We are going to tell the assistant chief’ and they became afraid of having the local authorities around.” (Teacher)</p> <p>^{†23}“We have BMU leaders and they have their by-laws, and you know a child is protected under child labor laws. So, I must contact the BMU, and the owner of the boat will be held responsible because we don’t allow school children to be working on the beaches. So, we work in collaboration with the children’s office department and our ministry.” (Assistant chief)</p>

allow adolescents to go to school but to work. Sickness of family members also made it difficult for the adolescents to attend school.

D) *Peer factors*

Embarrassment by their peers also caused chronic school absenteeism. The adolescents made deeper friendships with peers outside of school, which also kept them out of school.

E) *School factors*

The participants mentioned three obstacles to school attendance: sending the child home for school expenses, teachers’ bad manners, and an uncomfortable school environment. If the child attended school without school fees for examinations or wore a torn uniform, the teacher would send the child home. Teacher punishment methods such as corporal punishment (cane) or misunderstanding the absentee also cause chronic absenteeism.

F) *Community factors*

The lifestyle associated with the beach on Lake Victoria was a typical factor. Adolescents can earn money as fishers, even though this is not permitted by law. Lack of appropriate medical care also influenced adolescent absenteeism and school re-entry.

Positive factors influencing school re-entry

Four themes created from the 25 categories and 397 codes were developed as positive factors of school re-entry. They included (i) social norms; school for a better life; (ii) linkage of community and school; (iii) supportive environment, and (iv) using discipline to become serious about schooling. The details are shown in Table 5.

I) *Social norms: School for a better life*

There were nine categories: (i) High level of attachment to school by the absentee; (ii) improving awareness of going to school; (iii) seeking a better life; (iv) guardians’ positive image of education; (v) guardians’ expectation for the child’s better life through school attendance; (vi) offering support for the education of their own child; (vii) guidance and counseling by school to both absentee and guardian; (8) events related to education in the community; and (9) community norms on the importance of schooling.

II) *Linkage of community and school*

There are seven categories: (i) Good relationship between assistant chief and head teacher; (2) work collaboration between assistant chief and head teacher; (3) involvement of skilled community leader with school; (4) assistant chief having contact with all head teachers; (5) assistant chief’s

collaboration with stakeholders; (6) head teacher's interaction with community members, and (7) sharing information about school absenteeism in meetings and gatherings.

III) *Supportive environment*

Five categories: (i) Individual support at school; (ii) support for baby care; (3) community members' awareness of the children in the community; (4) good relationship with guardian and community members, and (5) mutual support network among community members.

IV) *Using discipline to become serious about schooling*

There are four categories: (1) Fear of punishment for absenteeism by family or community members; (2) warning by an adult; (3) punishment outside school, and (4) punishment of boat owners using child labor.

Discussion

This study identified four themes as key factors for school re-entry among adolescents in Mbita sub-county: (i) Social norms, i.e., school for a better life; (ii) linkage of community and school; (iii) support meeting needs, and (iv) discipline in Mbita.

The social norm of thinking positively about school education is one important factor that leads absentee children, who tend to be negative, to return to the school. As some children were afraid of corporal punishment at school and were hostile to teachers in this study, these children who drop out of school are more likely to have negative feelings about "school." The adolescents and community members in Mbita wanted to improve their lives and believed that educated people could live a better life. This social norm of "school for a better life" encouraged adolescents, guardians, and community members to take action toward school re-entry. This finding is supported by previous studies conducted in sub-Saharan African countries. A study in Ghana revealed that caregivers' educational values were related to students' motivation and school attendance.³⁶ Another study in Mbita sub-county mentioned that children from disadvantaged backgrounds view education as a passport to a good life.³⁵ This study revealed that not only the child's or caregiver's, but also community members' positive image of education for a better life could be an important factor bringing adolescents back to school.

Forming discipline among local residents is another effective factor. Although punishment at school was identified as one reason for absenteeism, this study found that discipline outside school sometimes worked in influencing adolescents to return to school. As mentioned by Lansford *et al.*, physical discipline was frequently used in Kenya.³⁷ However, corporal punishment is associated with problems in a child's physical and emotional behavioral adjustment,³⁸ leading to the probability of antisocial behavior.³⁹ Further discussions must therefore occur to address the use of discipline to promote school re-entry.

A multi-stakeholder approach is essential to promoting school re-entry among adolescents in Mbita sub-county. Community members also play important roles in adolescents attending school. To strengthen the involvement of community members, an awareness of education must be created among them. This study recommends that schools provide opportunities for community members to visit schools to enhance the social norm of education as a "passport to a better life." Community-friendly events that share life-skills information should also be conducted at each school level so that out-of-school adolescents can obtain more opportunities to gather support from community members.

The creation of a supportive school environment and linkage with the community, which are important in the concept of the health-promoting school (HPS), were also extracted as elements to promote return to school. Many adolescent chronic absentees and out-of-school adolescents are hidden in the community, which creates challenges for both guardians and teachers to approach the children to return to school. Thus, community members are the ones with the chance to encounter and discover the problems of these children. The assistant chief, a community administrator who serves as a bridge between school and community members, has an important role in bringing adolescents back to school.

The introduction of the HPS will be necessary in Africa as a future strategy to promote the return of dropout students to school because two of the elements identified in our study – creating a better supportive social environment and working with the community – have been identified as important strategies for HPS. An understanding of the FRESH concept has led to the rapid promotion of school health in Africa. However, these two elements were not given attention in the FRESH framework because FRESH is a strategy designed to address how to effectively introduce school health in resource-limited settings. Specifically, it was designed for use in primary education and has not been applied sufficiently to adolescent issues.

The Kenyan government adopted a return-to-school policy for teenage mothers in 1994, but this was revised and new policy was developed on school re-entry for boys and girls.⁴⁰ They also considered school absenteeism due to poverty and included "the education voucher scheme," which targets children frequently absent from school due to hunger, uniform problems, and minor health ailments, as a policy framework to National Sector Plan 2015.⁴¹ Girls and boys who are school dropouts are mentioned in the new policy. It may be important to develop this concept and introduce HPS to strengthen adolescent health including "promotion of school re-entry."

When absent from school, the adolescents in Mbita felt anxious and wanted to be understood by others. The girls experiencing teenage pregnancy expressed fear about what their guardians, teachers, and peers thought of them. The adolescent with epilepsy told the interviewer that he wanted to be understood by a teacher who mistreated him. A previous study also implied that the ill child may be reluctant to return to school for several reasons including anxiety and feelings of

isolation.^{29,42} Peer education can be very effective in this regard. The students who had experienced pregnancy, childbirth, and child rearing were brought back to school to receive not only sex education but also a sense of security that they could lead a better life afterwards by receiving education at school.

The study sites and the study participants were purposively sampled, and the periods of school absenteeism were self-reported by the school principals because information on school attendance from school attendance records was unlikely to be reliable. Even the research team confirmed the period of school absenteeism with the participants themselves, knowing that the length of their school absenteeism might be over/underestimated. The positive factors influencing school re-entry were analyzed, but the processes between these factors were not because the participants returning to school were too young and too sensitive for deep questioning. Moreover, “single parent” or “step-parent” was one factor associated with chronic absenteeism, but this too was a sensitive issue that could not be discussed deeply. These are potential limitations of this study. Although the sample size might be small for generalization of study results, the study area was typical for rural Kenya. Moreover, a positive deviance approach, which enables the community to discover successful behaviors and strategies, focuses only on the positively deviant population.⁴³ Therefore, findings that focused only on the returned participants can be useful for out-of-school children given the same context and circumstances.

Conclusion

This qualitative study identified the causes of chronic school absenteeism and factors promoting adolescent primary school pupils to return to school in Mbita sub-county, Kenya. School re-entry was promoted at multiple levels, including the child, parent, family, peer, school, and community levels. Those participants who chose school re-entry were motivated by the social norm of “school for a better life,” meaning that schools served as a key to changing their life for the better. This study revealed how community members also contributed to the adolescents’ return to school. Two factors for effective implementation of school re-entry policy – creating a supportive social environment and linkage with the community – were extracted, and should be fostered by the concept of HPS in Africa.

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Author contributions

H.H. and J.K. designed the study. J.K. conceived the presented idea. H.H. and R.T. performed data collection. S.M.N. and Y.I. provided technical advice on field surveys. H.H. performed data analysis. E.R.G., D.N., and J.K. provided technical advice on data analysis. H.H., E.R.G., R.T., and J.K. drafted the manuscript. J.K. critically reviewed the manuscript. All authors read and approved the final manuscript.

References

- 1 UNESCO. World declaration on education for all and framework for action to meet basic learning needs. Available from: https://www.campaignforeducation.org/wp/wp-content/uploads/2018/04/JOMTIE_E.pdf [Accessed 10th July 2020].
- 2 WHO. Global Accelerated Action for the Health of Adolescents (AA-HA!). Available from: <https://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1> [Accessed 17th July 2020].
- 3 UNESCO. Fact sheet No.48. One in five children, adolescents and youth is out of school. Available from: <http://uis.unesco.org/sites/default/files/documents/fs48-one-five-children-adolescents-youth-out-school-2018-en.pdf> [Accessed 10th July 2020].
- 4 The World Bank. Focusing Resources on Effective School Health: a FRESH Start to Improving the Quality and Equity of Education. Available from: <https://web.worldbank.org/archive/website01447/WEB/IMAGES/FRESHQUA.PDF> [Accessed 4th February 2021].
- 5 Sarr B, Fernandes M, Banham L *et al.* The Evolution of School Health and Nutrition in the Education Sector 2000–2015 in sub-Saharan Africa. *Front. Public Health.* 2017; **4**: 271. <https://doi.org/10.3389/fpubh.2016.00271> eCollection 2016.
- 6 Hawkrigg S, Payne DN. Prolonged school non-attendance in adolescence: a practical approach. *Arch. Dis. Child.* 2014; **99** (10): 954–7.
- 7 Kearney CA. School absenteeism and school refusal behavior in youth: A contemporary review. *Clin. Psychol. Rev.* 2008; **28** (3): 451–71.
- 8 Gutmacher S, Weitzman BC, Kapadia F, Weinberg SL. Classroom-based surveys of adolescent risk-taking behaviors: reducing the bias of absenteeism. *Am. J. Public Health.* 2002; **92** (2): 235–7.
- 9 Hallfors D, Vevea JL, Iritani B, Cho HS, Khatapoush S, Saxe L. Truancy, grade point average, and sexual activity: A meta-analysis of risk indicators for youth substance use. *J. Sch. Health.* 2002; **72** (5): 205–11.
- 10 Henry KL, Huizinga DH. Truancy’s effect on the onset of drug use among urban adolescents placed at risk. *J. Adolesc. Health.* 2007; **40** (4): 358.e9–17.
- 11 Desai R, Mercken LAG, Ruiters RAC, Schepers J, Reddy PS. Cigarette smoking and reasons for leaving school among school dropouts in South Africa. *BMC Public Health* 2019; **19** (1): 130. <https://doi.org/10.1186/s12889-019-6454-5>
- 12 Henderson T, Hill C, Norton K. The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon. Available from:

- <http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf> [Accessed 26th January 2017]
- 13 Rumberger RW. Why Students Drop Out of School and What Can be Done. In: Harvard University. *Dropouts in America: How Severe is the Problem? What Do We Know about Intervention and Prevention?*, 2001. Available from: https://www.researchgate.net/publication/267552507_Why_Students_Drop_Out_of_School_and_What_Can_be_Done [Accessed 10th July 2020]
 - 14 Lansford JE, Dodge KA, Pettit GS, Bates J. A public health perspective on school dropout and adult outcomes: a prospective study of risk and protective factors from age 5 to 27 years. *J. Adolesc. Heal.* 2016; **58** (6): 652–8.
 - 15 Education commission of the States. Policy analysis Chronic absenteeism: A key indicator of student success. Available from: https://www.ecs.org/wp-content/uploads/Chronic_Absenteeism_-_A_key_indicator_of_student_success.pdf [Accessed 5th February 2021].
 - 16 Crawley E. The epidemiology of chronic fatigue syndrome/myalgic encephalitis in children. *Arch. Dis. Child.* 2014; **99** (2): 171–4.
 - 17 Bould H, Collin SM, Lewis G, Rimes K, Crawley E. Depression in paediatric chronic fatigue syndrome. *Arch. Dis. Child.* 2013; **98** (6): 425–8.
 - 18 Rafferty Y, Shinn M, Weitzmann BC. Academic achievement among formerly homeless adolescents and their continuously housed peers. *J. Sch. Psychol.* 2004; **42** (3): 179–99.
 - 19 King N, Dewey C, Borish D. Determinants of primary school non-enrollment and absenteeism: results from a retrospective, convergent mixed methods, cohort study in rural Western Kenya. *PLoS One* 2015; **10** (9): e0138362.
 - 20 Freeman J, Simonsen B. Examining the impact of policy and practice interventions on high school dropout and school completion rates: a systematic review of the literature. *Rev. Educ. Res.* 2015; **85** (2): 205–48.
 - 21 Tramontina S, Martins S, Michalowski MB *et al.* School dropout and conduct disorder in Brazilian elementary school students. *Can. J. Psychiatry.* 2001; **46** (10): 941–7.
 - 22 Kearney CA. An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educ. Psychol. Rev.* 2008; **20** (3): 257–82.
 - 23 Sheldon SB, Epstein JL. Getting students to school: using family and community involvement to reduce chronic absenteeism. *Sch. Community J.* 2004; **14** (2): 39–56.
 - 24 Kearney CA, Graczyk P. A response to intervention model to promote school attendance and decrease school absenteeism. *Child Youth Care Forum.* 2013; **43** (1): 1–25.
 - 25 Lloyd CB, Mensch BS. Marriage and childbirth as factors in dropping out from school: an analysis of DHS data from sub-Saharan Africa. *Popul. Stud. (Camb).* 2008; **62** (1): 1–13.
 - 26 Weybright EH, Caldwell LL, Xie HJ, Wegner L, Smith EA. Predicting secondary school dropout among South African adolescents: A survival analysis approach. *S. Afr. J. Educ.* 2017; **37** (2): 1353. <https://doi.org/10.15700/saje.v37n2a1353>
 - 27 Herrera Almanza C, Sahn DE. Early childbearing, school attainment, and cognitive skills: evidence from Madagascar. *Demography* 2018; **55** (2): 643–68.
 - 28 Fitts W, Rahamatou NT, Abass CF *et al.* School status and its associations among children with epilepsy in the Republic of Guinea. *Epilepsy Behav.* 2019; **97**: 275–81.
 - 29 Kimera E, Vindevoegel S, Kintu MJ *et al.* Experiences and perceptions of youth living with HIV in Western Uganda on school attendance: barriers and facilitators. *BMC Public Health* 2020; **20** (1): 79. <https://doi.org/10.1186/s12889-020-8198-7>
 - 30 Ministry of Education, Kenya. 2016 Basic education statistical booklet. Available from: <https://www.education.go.ke/images/REPORTS/Basic-Education-Statistical-Booklet---2016.pdf> [Accessed 14th July 2020].
 - 31 Morara AN, Chemwei B. Drop out among Pupils in Rural Primary Schools in Kenya: The Case of Nandi North District, Kenya. *J. Educ. Practice.* 2013; **4** (19):1–12. ISSN (Paper) 2222-1735 ISSN (Online)2222-288X. Available from:<https://www.iiste.org/Journals/index.php/JEP/article/view/7854> [Accessed 14th July 2020].
 - 32 Zamudio-Haas S, Auerswald C, Miller L *et al.* Seeking a "Sponyo": insights into motivations and risks around intergenerational transactional sex among adolescent boys and girls in Kenya. *J. Adolesc. Health.* 2021; **68** (5): 930–6. S1054-139X(20)30580-2. 10.1016/j.jadohealth.2020.09.027. Online ahead of print.
 - 33 Onyango GO, Kioli FN, Nyambedha EO. Challenges of School Re-entry among Teenage Mothers in Primary Schools in Muhoroni District, Western Kenya. Master thesis. 2017. <https://doi.org/10.2139/ssrn.2546761> Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2546761 [Accessed 16th January].
 - 34 Kenya National Bureau of Statistics. The 2009 Kenya Population and Housing Census, "Counting Our People for the Implementation of Vision 2030" Volume IC, Population Distribution by Age, Sex and Administrative Units. 2010. Available from: <https://s3-eu-west-1.amazonaws.com/s3.amazonaws.com/documents/21195/Census-2009.pdf> [Accessed 16th January 2017].
 - 35 Wanyama EGA, Simatwa EMW, Ndolo MA. Impact of free Secondary Education Policy on Primary to Secondary Education Transition Rate in Kenya: A case study of Mbita and Suba Sub-Counties. *Int. Res. J.* 2016; **7** (2): 1373–90.
 - 36 Mccoy DC, Wolf S, Godfrey EB. Student motivation for learning in Ghana: Relationships with caregivers' values toward education, attendance, and academic achievement. *Sch. Psychol. Int.* 2014; **35** (3): 294–308.
 - 37 Lansford JE, Sharma C, Malone PS *et al.* Corporal punishment, maternal warmth, and child adjustment: a longitudinal study in eight countries. *J. Clin. Child Adolesc. Psychol.* 2014; **43** (4): 670–85.
 - 38 Aucoin KJ, Frick PJ, Bodin SD. Corporal punishment and child adjustment. *J. Appl. Dev. Psychol.* 2006; **27** (6): 527–41.
 - 39 Straus MA, Stewart JH. Corporal punishment by American parents: national data on prevalence, chronicity, severity, and duration, in relation to child and family characteristics. *Clin. Child Fam. Psychol. Rev.* 1999; **2** (2): 55–70.
 - 40 Ministry of Education, Science and Technology Kenya. EDUCATION and TRAINING Sector Gender Policy 2015. Available from: <https://www.education.go.ke/index.php/downloads/file/442-education-and-training-sector-gender-policy-2015> [Accessed 22nd January 2021].
 - 41 Ministry of Education, Science and Technology Kenya. NATIONAL EDUCATION SECTOR PLAN - Volume One: Basic Education Programme Rationale and Approach 2013-2018. Available from: <https://www.education.go.ke/index.php/downloads/file/83-national-education-sector-plan-volume-one-basic-education-programme-rationale-and-approach?start=40> [Accessed 22nd January 2021].
 - 42 Prevatt FF, Heffer RW, Lowe P. A review of school reintegration programs for children with cancer. *J. Sch. Psychol.* 2000; **38** (5): 447–67.
 - 43 Pascale R, Sternin J, Sternin M. *The power of positive deviance: how unlikely innovators solve the world's toughest problems.* Harvard Business Press, Massachusetts, 2010.