The objective was to examine the problems of pregnant teenage students and their guidance and counselling needs in Mwea secondary schools, Kirinyaga District. The study examined the psychological, educational and health problems, their guidance and counselling needs and their intervention measures. The study sample comprised of 200 students (90 boys and 110 girls), and five randomly selected schools from Mwea Division. The sample also consisted of 17 pregnant students who has dropped out due to pregnancy in Mwea Division.

The findings of the study showed that:
(i) Adolescent pregnancy occurs during middle adolescence (16-17 years).
(ii) The leading causes of teenage pregnancy are peer pressure and lack of guidance from parents and teachers.
(iii) The psychological problems of teenage pregnant students were rejection by parents and friends. This was translated into guidance and counselling needs such as poor self-esteem, anxiety, loneliness, confusion and conflict.
(iv) The educational problems of pregnant teenage students were found to be poor concentration in schoolwork. This was manifested in guidance and counselling needs such as lack of concentration in class, low motivation, failure to complete assignments and negligence of schoolwork.
(v) The health problems of pregnant teenage students were found to be pregnancy related complications such as morning sickness, fatigue and poor nutritional diet. The guidance needs were found to be need for prenatal care.
(vi) Re-entry of girls to school after delivery was found to be low.
(vii) Teacher counsellors were found to be lacking the prerequisite skills for counselling.
(viii) Preventive counselling was found to be an appropriate measure in pregnancy prevention.

In relation to these findings it was recommended that:
(i) Teacher counsellors initiate training of peer counsellors to help in pregnancy prevention.
(ii) Teacher counsellors initiate crisis counselling programs in the schools.
(iii) Teacher counsellors intensify preventive counselling in relation to pregnancy prevention in the schools.
(iv) Parents be involved in the enhancement of developmental and preventive counselling at home.
(v) Teacher counsellors be trained as professionals and be provided with guidance and counselling curriculum.

The general conclusion was that teenage pregnant students require love, support, hope and counselling from the parents, teachers and society. More research should be carried out in other areas of Kenya to get a wide scope of the problems of teenage pregnant students and their guidance and counselling needs.