



# **KAKAMEGA COUNTY POLICY BRIEF 2020**

Teen pregnancy in Kakamega: a ticking time bomb?

# INTRODUCTION AND BACKGROUND

Adolescent pregnancies are a global problem occurring in high, middle, and low-income countries. Around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. (UNICEF, 2013) Adolescents who may want to avoid pregnancies may not be able to do so due to knowledge gaps and misconceptions on where to obtain contraceptive methods and how to use them. (WHO, 2011).

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding the provision of contraceptive based on age or marital status, health worker bias, and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. (Darroch J, Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. , 2016)



Additionally, adolescents may lack the agency or autonomy to ensure the correct and consistent use of a contraceptive method. At least 10 million unintended pregnancies occur each year among adolescent girls aged 15-19 years in developing regions. (Darroch J, Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. , 2016)

An additional cause of unintended pregnancy is sexual violence, which is widespread with more than a third of girls in some countries reporting that their first sexual encounter was coerced (Raj A, 2013). Today, countries in Africa have the highest teen pregnancy rates in the world (Burton, 2017) The majority of countries with teenage pregnancy levels above 30% occur in sub-Saharan Africa (Loaiza & Liang, 2013). Therefore, government and non-governmental organizations (NGOs) have attempted to address this via policies and other initiatives. However, it seems

Teenage pregnancies continue to reach crisis proportions in most African countries (UNFPA, 2010).

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# CASE FOR ACTION; WHY KAKAMEGA COUNTY SHOULD ACT NOW.

Kakamega County has a youthful population with people below age 15 making up about half (47%) of the total population. (KNBS, 2019)

(Kakamega County Government, 2018) It is expected that with the COVID 19 dilemma, the situation is bound to get worse. The socio-economic implications of the pandemic will further exacerbate the already dire situation. During this crisis when girls are at home and schools are closed, the chances of girls getting pregnant are doubled. (Oriana Bandiera, 2019)

## BRIEF ON METHODS

A combination of desk review and an informant interview with the Kakamega SGBV coordinator form the basis of this brief.

## KEY FINDINGS

Kakamega County has a youthful population with people below age 15 making up about half (47%) of the total population (KDHS 2014). This youthful population has implications on the County's health and development agenda as it puts increasing demands on the provision of services including health and education.

Half of the County women (20-49 years old) first had sex by age 17, one year earlier than at the national level. Half of the County women (25-49 years old) first married by age 19. At the national level, women and men in the same age groups first married by age 20 and 25, respectively (KDHS 2014).

Teen pregnancy is a major public health challenge in the county. The rates vary from sub-county to sub-county; Malava, Butere, and Matungu having the highest. On average about one in five (19%) of girls aged 15-19 years in Kakamega County have begun childbearing. Specifically, 6% are pregnant with their first child and 13.5% have ever given birth compared to 3.4% and 14.7% respectively, at the national level.



The county's age-specific fertility rate for girls aged 15-19 (adolescent birth rate) are 101 births per 1000 girls which is higher than the national level (96).

Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Kenya, 37% of currently married adolescents use modern contraceptives and about a quarter (23%) have an unmet need for contraceptives. This means that they would like to avoid pregnancy but are not using a modern contraceptive method. However, there is inadequate data to calculate mCPR among adolescents in Kakamega County.

Among currently married young women aged 20-24 in Kakamega County, 63% use a modern contraceptive method whereas, 40% have an unmet need for contraceptives. The unmet need in this age group is two times that of the same age group at the national level. Nationally, Kenya has made strides towards reducing HIV infections. Nevertheless, adolescents continue to bear the biggest brunt of HIV, with 29% of all new HIV infections recorded among adolescents and youth. At a regional level, 1.6% of youth aged 15-24 in the former Western province, where Kakamega County is located, have HIV. (Kakamega County Government, 2018)

## **POLICY IMPLICATION OF THE RESEARCH FINDINGS**

### **1. HEALTH:**

Early pregnancies among adolescents have major health consequences for adolescent mothers and their babies. Pregnancy and childbirth complications are the leading cause of death among girls aged 15–19 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15–49 years (Neal S, 2015). Adolescent mothers aged 10–19 years face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24 years (WHO; 2016.) Additionally, some 3.9 million unsafe abortions among girls aged 15–19 years occur each year, contributing to maternal mortality, morbidity, and lasting health problems. (Darroch J, Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. , 2016.) If not addressed, the county will need to hugely invest in additional infrastructures like ECDE classes, Maternity Hospitals, and their personnel. This will be necessitated by the unexpected complications arising from an increase in teen pregnancies.

## **POLICY RECOMMENDATIONS/ CALL TO ACTION**

- The government-led multi-sectoral approach in handling teen pregnancies. This will be domiciled at the county government but co-convened by both the National and county government due to its cross-cutting nature. This will ensure full implementation and enforcement of existing policies and legislation such as the National Reproductive Health policy (2007), the Adolescent Health and Development Policy (2003), and the Kenya Health Policy of 2012, that access to quality health care is a right for every person, including adolescents and young adults. A starting point would be strengthening the SGBV technical working group that brings on board key government line ministries, Civil society, faith-based organizations, and the private sector (formal and informal)
  - Inclusion of teen pregnancy as a priority issue in the draft Kakamega County SGBV Policy, 2019.
  - Adoption and implementation of the SGBV policy
  - Strengthening the local child protection structures such as the Area Advisory councils, Children's Parliament etc. in protection of children's rights especially on SGBV.
  - School return policies should be linked with child care services to encourage girls being readmitted to re-join school and address child care and nutritional needs for the children. (Njoka, Dec 2016)
  - County and national government to ensure free access to sanitary towels especially for the most vulnerable girls and young women.
- Develop a sexuality program that can teach parents how to engage their children on matters of sexuality.
- Strengthen/ publicize youth friendly services at the county hospitals to ensure youth can access them easily. (Sauti Sasa ending Teen pregnancy , 2019)
  - Undertake county specific research on barriers of adolescent and youth accessing SRH services.

# WORKSCITED

Burton, J. (2017, April 25). Highest Teen Pregnancies in the World. World Atlas , p. <https://www.worldatlas.com/copyright>.

Darroch J, W. V. (2016). Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. . New York: Guttmacher Institute; .

Kakamega County Government. (2018). .( The Kakamega County Health Sector Strategic and Investment Plan 2018-2023). Kakamega: Kakamega County Government.

KNBS.(2019). Kenya National Census 2019. Nairobi: KNBS.

Neal S, M. Z. (2015). Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue. New estimates from demographic and household surveys in 42 countries. Acta Obstet Gynecol Scand 2012;91: 1114–18. Every Woman Ev. Acta Obstetricia et Gynecologica Scandinavica.

Njoka, J. (Dec 2016). Teenage Pregnancy Research in Kilifi County. Kilifi County: Faith Action Network.

Oriana Bandiera, N. B. (2019). Empowering-Adolescent-Girls-in-a-Crisis-Context-Lessons-from-Sierra-Leone-in-the-Time-of-Ebola. Washington DC, USA: Gender innovation lab.

RajA, B. U. (2013). Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. . Violence Against Women, 4.

Sauti Sasa ending Teen pregnancy (2019). Kakamega 2019 Sauti Sasa campaign. Kakamega: Y-ACT .

UNICEF. (2013). Ending child marriage: Progress and prospects. New York: UNICEF-Data and Analytics section.

WHO.(2011). Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. World Health Organization, Department of maternal, new-born, Child and Adolescent Health (mCA). Geneva: Department of maternal, new-born, Child and Adolescent Health (mCA).  
WHO;(2016.). Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: WHO.



## ABOUT Y-ACT

Y-ACT, Youth in Action is an initiative of [Amref Health Africa](#) that aims to mentor, support, and increase the capacity of youth advocates to influence youth policy and resource priorities in the areas of gender equality and sexual and reproductive health and rights (SRHR) at national, sub-national, and grassroots levels in Kenya.

### Lead Partner organizations



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Coalition Members

Youth Alive! Kenya

Family Health Options (FHOK)

Tushirikiane Post Test Club

Blessed hope Youth Bunge

Kakamega County Youth Network

Youth Leaders Stakeholders CBO

Rising to Greatness CBO

Network for Research and Governance

Msingi Adili Initiative

Kakamega Social Justice CBO

