

POLICY BRIEF

TACKLING TEENAGE PREGNANCY; A CALL FOR MULTI-SECTORAL ACTION



BACKGROUND

Teenage pregnancy continues to be a major public health and development challenge in Kisumu, Vihiga and Kakamega Counties of the Western part of Kenya, particularly in rural and informal settlements. Community dialogues in areas such as Kisumu West, Seme, Muhoroni, Matungu, Sabatia and Emuhaya sub-counties revealed widespread concern over the increasing cases of adolescent pregnancies, which are closely linked to poverty, harmful social norms, and limited access to Sexual and Reproductive Health (SRH) education and services. Additionally, cultural debates around adolescent dress codes were raised, with some men attributing teenage pregnancies to provocative dressing among girls and questioning the relevance and effectiveness of the “My Dress My Choice” advocacy



CHALLENGES

• **Poverty and transactional sex**

Adolescents, particularly from low-income households, engage in transactional sex to access basic needs such as food, sanitary towels, transport to school or school fees.

• **Parental neglect and lack of guidance:**

Many parents are too busy to parent or offer counsel or fail to openly discuss sexuality with their children, leaving them vulnerable to misinformation and peer pressure.

• **Peer pressure and media influence:**

Exposure to sexual content through social media and peer groups contributes to early sexual debut among teens.

• **Limited access to contraceptives:**

Adolescents face stigma, judgement, or outright denial of services when seeking contraception at health facilities.

• **School Dropouts:**

Teenage pregnancy remains a leading cause of girls dropping out of school, perpetuating cycles of poverty and disempowerment.



COMMUNITY RECOMMENDATIONS AND PROPOSED ACTIONS

➤➤➤ **Comprehensive Sexuality Education (CSE):**

Integrate age-appropriate CSE in both schools and community programs, with a strong focus on values, self-esteem, and decision-making.

➤➤➤ **Strengthen Parent-Child Communication:** Train caregivers and parents to engage in open, non-judgmental conversations about sexuality and adolescent well-being.

➤➤➤ **Enhance Youth-Friendly SRHR Services:** Ensure health facilities offer stigma-free, adolescent-responsive services including counseling and access to contraceptives.

%

**Teenage Pregnancy
15-19 yrs**

KDHS 2022

Vihiga: **8%**

Kakamega: **15%**

Kisumu: **11%**

- **Engage Men and Boys:** Involve men in youth mentorship programs to reshape harmful gender norms and encourage shared responsibility in preventing teen pregnancies.
- **Address Root Causes of Moral Panic:** Facilitate community dialogues that respectfully explore concerns about adolescent behavior and dress without promoting victim-blaming.
- **Keep Girls in School:** Support school re-entry policies for teen mothers and offer scholarships or social protection for at-risk girls.

POLICY ASK

- **Financial and Legislative Commitment to the SRHR Bill:** Policy Ask: The County Department of Health, in partnership with national government counterparts, should fast-track the enactment and financial costing of the proposed SRHR Bill 2025. This is to ensure that all progressive recommendations, including those on adolescent health, are adequately budgeted for and swiftly implemented.
- **Reinforce and Monitor School Re-Entry Policies-** Policy Ask: The Ministry of Education and Departments of Education at county level in collaboration with the Ministry of Health, must reinforce and monitor the implementation of the school re-admission policy for pregnant girls and young mothers. This includes re-issuing of the guidelines and mandatory sensitization of school administrators, teachers, and parents on the policy and its importance to reduce stigma and discrimination.
- **Institutionalize Adolescent-Friendly Health Services** Policy Ask: The Department of Health should institutionalize adolescent-friendly services in all public health centers. This involves a dedicated budget for training health workers to offer non-judgmental and confidential services, creating private spaces for adolescent consultations, and ensuring a consistent supply of SRHR commodities.

- **Promote Rights with Responsibility through Community Dialogue** Policy Ask: The Ministry of Gender and Children's Services should lead community awareness campaigns in collaboration with local leaders and religious institutions. These campaigns must clarify rights-based messages, such as 'My dress, my choice,' by aligning them with principles of dignity and responsibility, while promoting positive social norms.
- **Adopt a Multi-Sectoral "Triple Threat" Strategy** Policy Ask: All stakeholders, including county governments, civil society organizations (CSOs), and community-based groups, should develop and implement a domesticated "Triple Threat" strategy. This plan must be integrated into the county's Adolescent Sexual and Reproductive Health (ASRH) strategy to simultaneously address and reduce teenage pregnancies, new HIV infections, and SGBV with milestones, indicators and timelines for achievement for each county.
- **Launch a Multi-Sectoral Youth Empowerment Program:** The County Departments of Health, Youth, and Social Services should collaborate to launch a comprehensive, integrated program for out-of-school adolescents. This program should be structured to offer Integrated Health Services: Co-locate adolescent-friendly sexual and reproductive health (SRH) services, mental health counseling, and psychosocial support at designated youth centers and vocational training institutions.

Conclusion:

Teenage pregnancy undermines girls' health, education, and future prospects. Addressing it requires confronting both systemic barriers and community-held beliefs, including contentious narratives around dress and morality. A multi-sectoral, values-informed and youth-centered approach is essential to protect adolescents, uphold their rights, and secure a healthier, more empowered generation.