

INFORGRAPHS AND BRANDING FOR ICRH-K 2024

Campaign For Teenage Pregnancy



Securing Dreams



Knowledge is power



Decisions that matter

CAMPAIGN LOGOS



Decisions that matter

Secure their health

With readily available integrated youth friendly sexual reproductive health services we can bring an end to teenage pregnancies.

#ReproductiveHealthMatters #EndTeenagePregnancies



Secure their dreams

3 in 4 girls don't have access to menstruation care. Dignify girls today by pushing to end period poverty and teenage pregnancies by allocating for menstrual kits.

Securing Dreams Decisions that matter
Knowledge is power

#ReproductiveHealthMatters #EndTeenagePregnancies
#SafeAndInformed #TeenPregnancyAwareness



Knowledge is power

Secure their education

End the stigma of teenage pregnancies by pushing for young mothers to get an education today.

#ReproductiveHealthMatters #EndTeenagePregnancies



CAMPAIGN POSTERS



Knowledge is power



Secure their Education

End the stigma of teenage pregnancies by pushing for young mothers to get an education today.



Decisions that matter



Secure their health

With readily available integrated youth friendly sexual reproductive health services we can bring an end to teenage pregnancies.



Decisions that matter

How we end teenage pregnancies

Securing Dreams
#ReproductiveHealthMatters



Integrated SRH services that are youth friendly



Right to education for all children and young mothers



Budget allocation to Menstrual kits



BANNER LOGOS



Knowledge is power



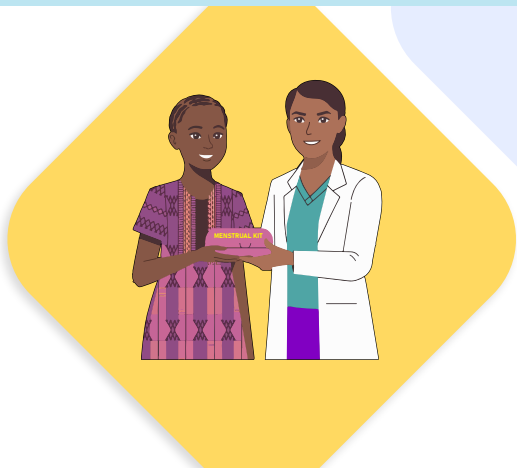
Secure their Education

End the stigma of teenage pregnancies by pushing for young mothers to get an education today.

#SafeAndInformed



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Secure their health

End teenage pregnancies with integrated youth friendly sexual reproductive health services.

#SafeAndInformed



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Decisions that matter



Secure their Health

With readily available integrated youth friendly sexual reproductive health services we can bring an end to teenage pregnancies.

#TeenPregnancyAwareness



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How it feels reading the teenage pregnancy statics in Kenya.



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DRIVERS AND BARRIERS OF ADOLESCENT PREGNANCIES IN KENYA



Many African countries acknowledge the critical importance of addressing adolescent sexual and reproductive health (SRH) for both achieving the Sustainable Development Goals (SDGs) by 2030 and harnessing the demographic dividend. However, despite global and regional frameworks supporting this agenda, they are frequently neglected, with insufficient policy focus and political commitment to adequately address adolescent SRH at the national level in sub-Saharan Africa (*Onono et al., 2019*).

Adolescent pregnancy situation

- 15% of women aged 15–19 have ever been pregnant
- 12% have had a live birth
- 3% were pregnant with their first child
- 1% had a pregnancy loss

(KNBS 2023)

Adolescence is a period characterized by physical, psychological, and biological developments which if not well addressed may have far-reaching consequences. Adolescents in Kenya face a myriad of SRH challenges such as teenage pregnancies, gender-based violence, and sexually transmitted infections (STIs) including HIV. Adolescents also encounter elevated rates of violence, as indicated by the 2019 UNICEF report on violence against children in Kenya. Sexual violence, in particular, affected 15.6% of females and 6.4% of males before reaching 18 years of age (Ministry of Labour and Social Protection of Kenya, 2019). Additionally, over half (51%) of all new HIV infections in Kenya in 2015 were recorded among adolescents and young individuals aged 15–24 years, with young women constituting 33% of these new infections (*National AIDS Control Council, 2018*).

ASRH Policy Highlights

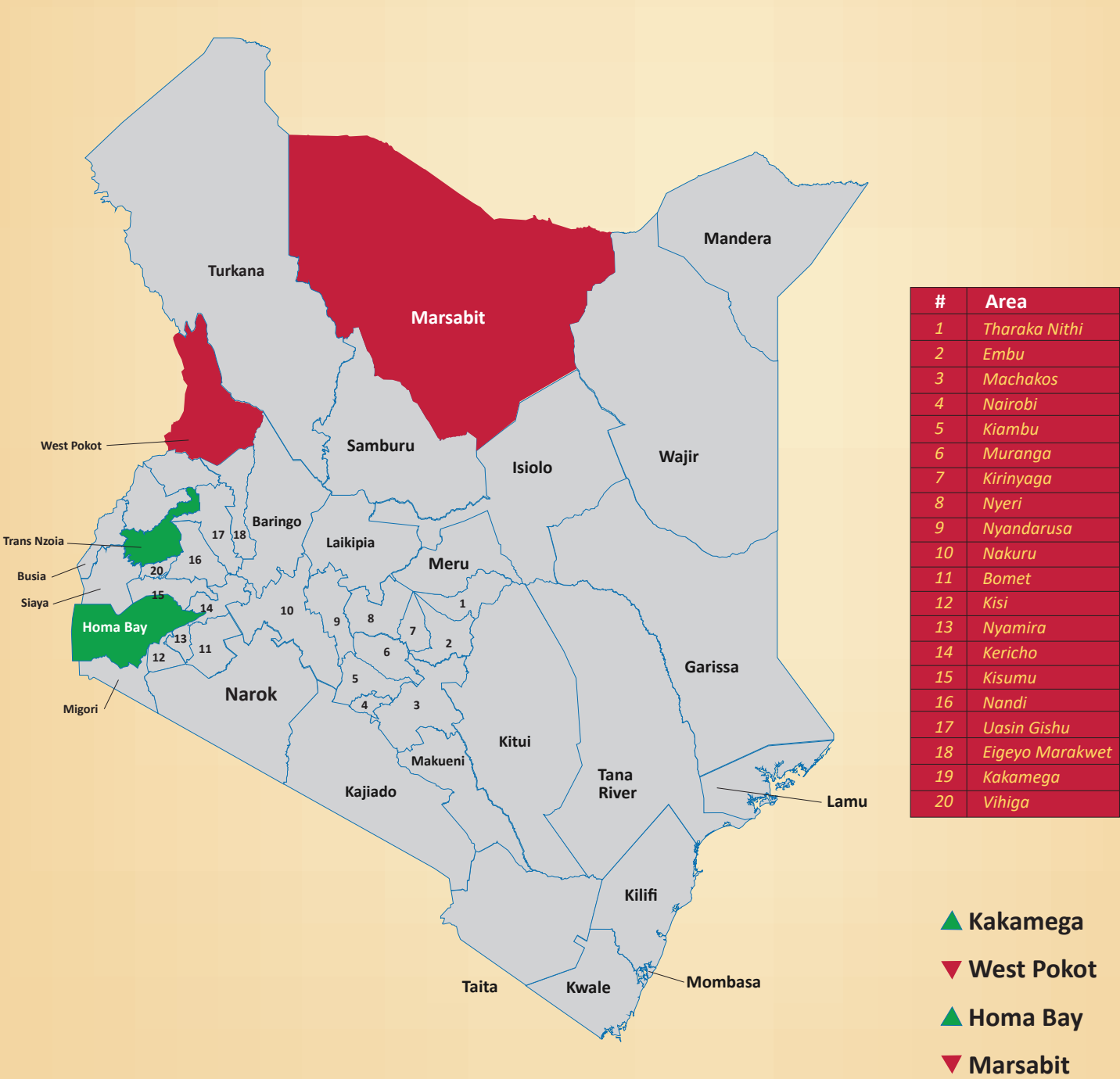
- Advocates for collaboration among various stakeholders
- Ensure youth-friendly healthcare services, counseling, and support services
- Reduce teenage pregnancies
- Reduce SGBV and harmful practices
- Address specialized SRHR needs of marginalized and vulnerable adolescents

In Kenya, 46% of the population is under 18 years old, with 11.6 million being adolescents aged 10-19 (KNBS, 2024). With close to 12 million of the country's population being adolescents, neglecting ASRH carries significant risks, potentially leading to a lifetime of adverse consequences during the transition to adulthood. This could ultimately compromise the fulfillment of this population's potential, and reduce the country's human development achievements.

Concerted and appropriate approaches are therefore required to address the ASRH challenges to secure a promising future for this population and the country. There are several ongoing strategies and interventions in the country aimed at addressing different ASRH concerns. At the national level, various policies have been developed while others are under review to address emerging social, economic, and cultural challenges affecting ASRH. For example, the provision of ASRH services in Kenya is guided by the 2015 National Adolescent Sexual and Reproductive Health (ASRH) Policy, where Kenya is committed to ensuring adolescents have access to comprehensive SRH information and services. This notwithstanding, context-specific county-level strategies are required for the effective mitigation of ASRH concerns.

This brief highlights drivers and barriers of ASRH information and services in four counties that have showcased improvement or decline in adolescent pregnancies between two survey points with reference to KDHS analysis 2014 and 2022. It collates evidence from a 2024 study on Drivers and Barriers to Adolescent Sexual and Reproductive Health Information and Services across four counties

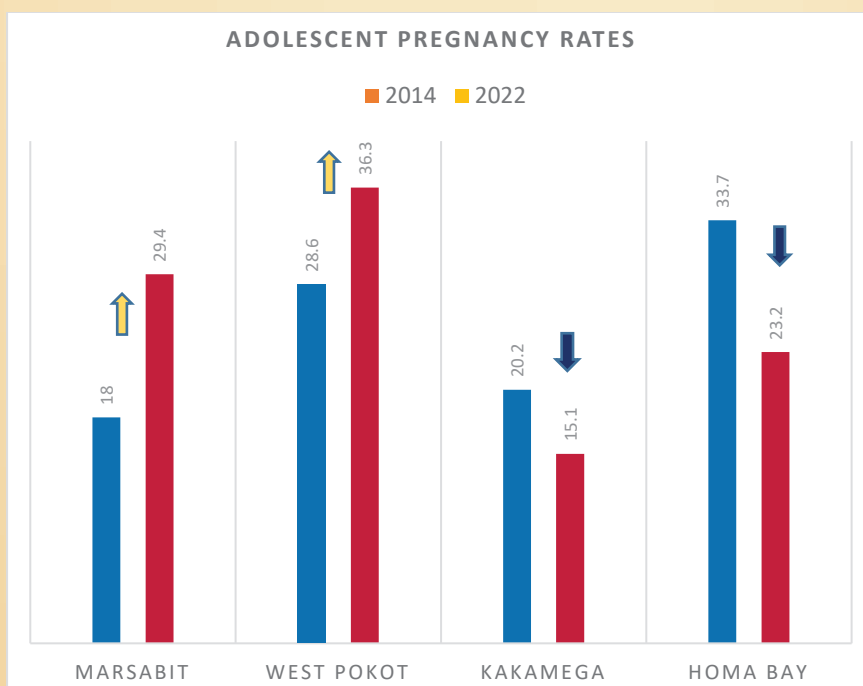
Counties that have Progressed and Regressed in Prevalence of Adolescent Pregnancies



What has hindered information & service provision?



Adolescent pregnancy rates



STUDY RESULTS

Leading Source of ASRH Information

•Educational and training – Kakamega and Homa Bay

Training and teaching by educational institutions are provided to adolescents on self-care and health management where there is a balance of participation from both girls and boys. In Kakamega and Homa Bay education occurs not only in educational institutions but also in community settings such as churches and camps with both girls and boys included in the training, emphasizing a holistic approach to self-care education.

“They do get the information, for example, I have told you that we normally teach them and train them on how they can take care of themselves and even in churches we normally teach them too when we have the camps there we normally teach the girls on how they can take care of themselves together with the boys too (IDI_Kak_Teacher)

• Social media

Participants across the counties noted the influence of social media as a platform for ASRH information access.

“And these sites contribute a lot because you never know. Sometimes they go to these sites of sex, something like lesbian sites. So, they do read, and then this also contributes to changing their minds. They think if they do that, they can get at least something to eat. Another thing is the peer pressure. This also contributes, because if they see another person working at a certain level, they feel that they also want to reach that level. But they don't know which area they could follow for them to reach that level safely.” (FGD_Hom_CHP_003)

Social media influence was notably conspicuous in Homa Bay and Marsabit Counties where the latter further acknowledged the ability of social media to demystify ASRH myths if used appropriately.



• Community awareness campaigns and health talks

Non-governmental organizations in Homa Bay were perceived to play a role in ASRH education with various adolescent-centered campaigns and programs focusing on teaching adolescents how to prevent pregnancy and overcome other challenges.

“Apart from the dreams which I know we have an office here in our community there is no other NGO that deals with the youth, ahh sorry there is another one the xxx it had a program on school health they go to your school they come to a nearby school and teach the adolescents girls and boys on how to prevent pregnancy and how to overcome the challenge they are facing”. (IDI_Hom_Parent)

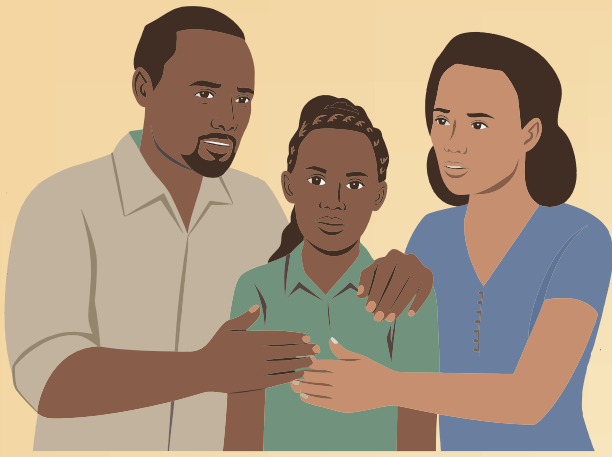
Several adolescent vulnerabilities were mentioned across the four counties. Vulnerabilities were largely allied to socio-cultural context and realities that positioned adolescents at a disadvantaged standpoint further impacting teenage pregnancy prevalence.

ADOLESCENT VULNERABILITIES	
INDIVIDUAL - BASED FACTORS	FACILITY-BASED FACTORS
✔ Lack of information	✔ Lack of commodities
✔ Ignorance	✔ Poor attitudes among service providers
✔ Lack of confidence and shyness	✔ Long distance to health facilities
✔ Self-stigma	

“So, as you know our teenagers are out to explore. They may be having more than several or multiple sexual partners. So, some are not able to tell who impregnated them...Also, for rape cases some are able to identify some are not able to” (KII_Kak_CL_007)

“We also have harmful traditional practices, which is FGM, which affects 15 to 19 years of age. We also have child marriage, which is another harmful traditional practice, which is also affecting our young girls at the age of 15 to 19 then we also.....have the intimate partner violence whereby their intimate partner violates them...” (IDI_Mar_CL)





✔ **Parental empowerment and engagement** – need for more parental empowerment. Dissemination of the parents and caregiver guides to empower parents in supporting adolescents

✔ **Leverage social media to address misinformation and use it as a powerful platform for information sharing** Use media as a platform for IEC through e-posters for sustainability and wide reach.

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Acknowledgment

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DATA INFORGRAPHS

Population of Adolescent Girls (15- 19 Years) %

INFORGRAPHIC



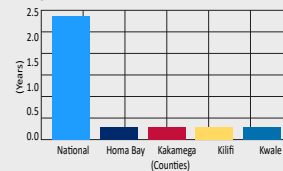
01 Kwale

01 Kilifi

01 Homa Bay

01 Kakamega

Population of Adolescent Girls (15- 19 Years) %



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General Education / Literacy (WRA 15- 19 Years) %

INFORGRAPHIC



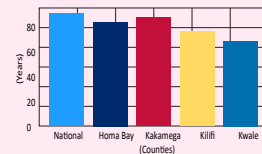
01 Kwale

01 Kilifi

01 Homa Bay

01 Kakamega

General Education / Literacy (WRA 15- 19 Years) %



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Teenage pregnancy RATE 15- 19 Years) %

INFORGRAPHIC



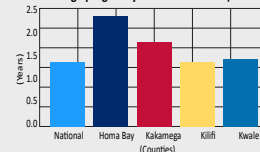
01 Kwale

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Teenage pregnancy RATE 15- 19 Years) %



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Modern Contraceptive Prevalence Rate (15- 19 Years) %

INFORGRAPHIC

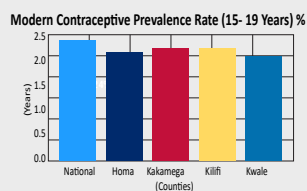


01 Kwale

01 Kilifi

01 Homa Bay

01 Kakamega



Poverty Rate (15- 19 Years) %

INFORGRAPHIC



01 Kwale

01 Kilifi

01 Homa Bay

01 Kakamega

