



Collaborating Organizations: Ministry of Public Health and Sanitation and Population Reference Bureau (PRB)

## Teenage Pregnancy is Harmful to Women's Health in Kenya

**A**dolescent girls who give birth have a much higher risk of dying from complications of pregnancy and childbirth than do women in their 20s and 30s.<sup>1</sup> Moreover, the babies born to adolescents face a higher risk of death compared to babies born to older women.

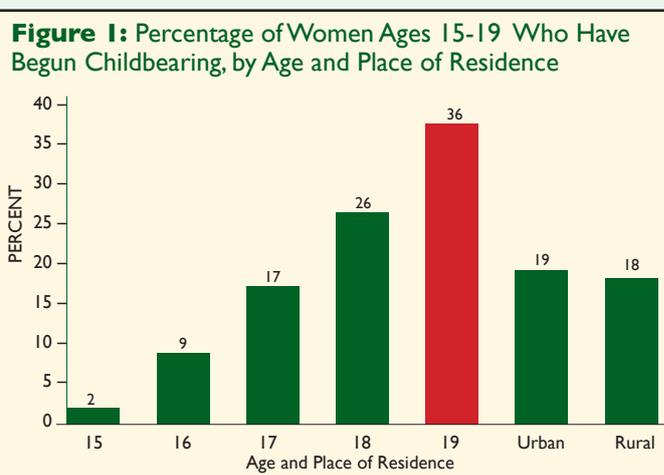
Worldwide, an estimated 287,000 women and girls die each year of complications related to pregnancy and childbirth.<sup>2</sup> Over 99 percent of those deaths occur in developing countries such as Kenya. Some of the main complications include severe bleeding, obstructed labor, hypertension (pre-eclampsia), unsafe abortion and malaria. But the deaths tell only part of the story. For every woman or girl who dies during childbirth, between 20 and 30 more will develop short- and long-term disabilities.<sup>3</sup>

Childbirth can be especially risky for adolescent girls and their babies: Maternal death rates for young women ages 15 to 19 are twice as high as for women in their 20s, and research suggests that girls ages 10 to 14 are five times more likely to die of maternal causes than women ages 20 to 24.<sup>4</sup> First-time, adolescent mothers are at most risk.

This brief explores teenage pregnancy and its harmful health consequences in Kenya and proposes measures that could help reduce early pregnancy and childbearing in Kenya.

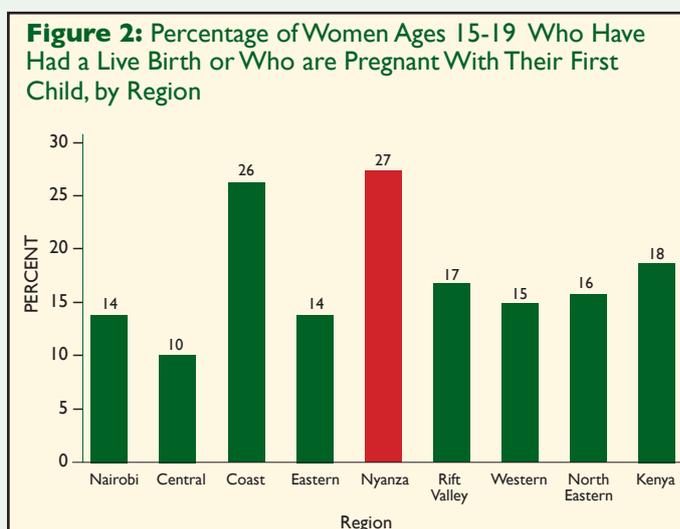
### How prevalent is teenage pregnancy in Kenya?

Figure 1 shows the proportion of teenagers that have had children by age and place of residence in Kenya.<sup>5</sup> Teenage childbearing is common and increases dramatically from 2 percent of girls at age 15 to 36 percent at age 19.



Source: Kenya National Bureau of Statistics and ICF International, *Kenya Demographic and Health Survey 2008-09*.

In terms of regional differences, Figure 2 shows that the levels of teenage childbearing are highest in Nyanza (27 percent) and Coast (26 percent) provinces and lowest in Central province (10 percent).



Source: Kenya National Bureau of Statistics and ICF International, *Kenya Demographic and Health Survey 2008-09*.

## Why does teenage pregnancy persist in Kenya?

Premarital sex is common in Kenya. The average age at first sex among Kenyan women is about two years younger than the average age at first marriage. Nearly 40 percent of unmarried women ages 15 to 24 have had premarital sex, and more than one in seven are sexually active.<sup>6</sup>

Teenage pregnancy persists for a number of reasons, including inadequate access to reproductive health information and services, cultural and religious taboos, and poverty.

### Lack of information on sexuality

Sex education, both in schools and in the home, is inadequate in Kenya. Few adolescents receive comprehensive sex education, and often teachers do not have sufficient training to give students correct information. While the Ministry of Education acknowledges the need to provide information on sexuality, the lack of access to comprehensive sex education in schools contributes to teenage pregnancy and its consequences.<sup>7</sup>

Another barrier to providing sex education in schools is the resistance by religious organizations who claim that the responsibility lies with the parents. Yet, parents do not have the skills or the information to help young people understand all of the issues surrounding sexuality. Most of the time, young people are expected to gather information on their own.<sup>8</sup>

### Religious and Cultural Reasons

In Kenya, religious and cultural taboos prevent open dialogue about premarital sex at home and in schools, despite the fact that such sexual activity is common. Opposition from religious and community leaders and policymakers has often prevented young people from accessing the information and services that would enable them to meet their sexual and reproductive health needs. Even where services exist, the providers' negative attitudes about adolescent sexuality and the rights of young people create serious barriers and prevent young people from accessing these services.<sup>9</sup>

Harmful practices such as child marriage, female genital mutilation (FGM), violence, and sexual abuse also exacerbate the situation. Girls who marry young often start childbearing before they are physiologically and psychologically mature. This has serious

implications for their health and well-being, as they are more likely to suffer pregnancy-related complications than older women.<sup>10</sup> FGM violates several basic rights of women and girls, including the right to liberty and security and the right to be free of inhumane and degrading treatment. These violations have severe psychological, emotional, and medical consequences, including increased risk of unintended pregnancy and sexually transmitted infections, such as HIV.<sup>11</sup>

### Poverty

Poverty pushes girls into activities that expose them to sexual exploitation and having sex in exchange for money and food. In such situations, young girls are not in a position to negotiate safer sex and are often at risk of pregnancy, sexually transmitted infections, including HIV, and violence such as rape.<sup>12</sup>

## What are the health consequences of teenage pregnancy?

The fifth Millennium Development Goal aims to reduce the number of global maternal deaths by 75 percent between 1990 and 2015. In Kenya, maternal deaths were estimated at 360 deaths per 100,000 live births in 2010, a decline of less than 10 percent since 1990.<sup>13</sup> A significant portion of women dying from pregnancy-related causes is under age 18. In Kenya, the regions with the highest teenage pregnancy rates (Figure 2) also have the highest maternal death rates. These areas include parts of the Rift Valley, Coast, Nyanza, and Western and Northern Kenya.<sup>14</sup>

Another consequence of teenage pregnancy is unsafe abortion. Evidence indicates that about 317,000 abortions—both miscarriages and induced abortions—occur in the country each year, causing an estimated 20,000 women and girls to be hospitalized with complications and 2,600 deaths.<sup>15</sup> In other words, about 1 percent of women admitted to public hospitals are dying from abortion-related complications. Nearly 50 percent of abortions occur in women between the ages of 14 and 24.

## Do Kenyan laws and policies support adolescents' right to health care?

Over the last decade, many laws and policies have been enacted to enhance the well-being of youth and support their right to health care.<sup>16</sup> Despite the progress made in the policy arena, however, the slow pace of implementation of programs that promote youth empowerment in all sectors is a major setback.

The following are examples:

- Kenya's new constitution provides a legal framework that seeks to ensure more rights-based, comprehensive, and people-driven health services.<sup>17</sup> The constitution states that every person has the right to the highest attainable standard of health, and it singles out health care for specific groups such as children and persons living with disabilities.
- The Population Policy for National Development recognizes that two-thirds of the Kenyan population is under age 25, and proposes a number of measures to improve the well-being of adolescents and young people. It advocates for the implementation of the national youth policy through the strengthening of youth empowerment centers; promotes a multisectoral approach to provide youth-friendly population education and reproductive health services; and advocates for family life education for both in- and out-of-school youth.<sup>18</sup>
- The National Reproductive Health Policy seeks to improve the reproductive status of all people in Kenya and outlines priority actions to ensure that adolescents and youth have full access to sexual and reproductive health information and services.<sup>19</sup>
- The Adolescent Reproductive Health and Development Policy of 2003 recognizes that the optimal health of the adolescent population of Kenya will increase their productive capacity to contribute to the nation's development.<sup>20</sup> The policy identifies barriers to improved sexual and reproductive well-being of young people as well as priority actions to address these problems.

Despite the government's efforts to develop laws and policies such as these, implementation has been weak and inconsistent. One example is the Children Act 2001: Although it outlaws FGM, the practice is still widespread and most people are unaware of law's existence.<sup>21</sup> The act also makes education compulsory, but most parents either do not know of its existence or they ignore it. The poor linkage between government structures and communities is one of the factors contributing to the lack of knowledge and the weak implementation. Also, deeply entrenched cultural practices contribute significantly to the weak implementation and monitoring of policy and legislation.

## Recommendations

To reduce teenage pregnancy and its harmful health consequences, the government and other stakeholders must address the underlying social, cultural, and economic factors that contribute to pregnancy and childbearing among adolescents. Programmes that target youth must be designed to take into account their special needs; they must combine both information and services, and be designed with the consultation of youth for whom they are intended.<sup>22</sup> They must be of high quality, accessible, and affordable, and must offer a comprehensive package that encourages youth to seek services. Above all, they must be implemented with the support of the communities where they are located.

### Priority actions include:

- **Full implementation** and enforcement of 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, recognizing that access to quality health care as a right for every person, including the adolescents and young adults. The government should promote a multisectoral approach by encouraging civil society and the private sector to get involved in the implementation of various policies.
- **Eliminate barriers** that prevent adolescents from obtaining family planning services. The government should ensure that public-sector facilities reach those who are poor and young with free or low-cost family planning services. Programs should offer comprehensive family planning services, enabling women to choose the best methods for themselves by providing counseling, information, and a wide range of contraceptive methods.<sup>23</sup>
- **Enforce existing laws** on the minimum age of marriage. Although the legal age for marriage is 18 years, many women under this age are married, with no consequences for any parties involved.<sup>24</sup>
- **Keeping girls in school past the primary years**, as evidence shows, increases the age at which they marry and become pregnant. The government should expand free and compulsory basic education to include secondary education. They should also increase opportunities for post-secondary training to enable adolescents and young women to acquire professional jobs to improve their quality of life.

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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- **Investing in girls' education** is a “best buy” with multiple benefits for the young women, their future families, communities and countries.<sup>25</sup> To safeguard investments in education for girls, programs should be put in place to address issues such as teenage pregnancy and school drop-outs. For example, providing comprehensive reproductive health information and youth-friendly services to young people would significantly reduce the teenage pregnancy rate and ensure that girls make a safe transition to adulthood.
- **To promote gender equity and equality** in decision making in matters of reproductive health and to contribute to the elimination of harmful practices, reproductive health programs should ensure access to treatment and life-saving health services for those affected by harmful practices and gender-based violence; promote male involvement in reproductive health programs; and increase the participation of households and communities, including religious leaders, in addressing harmful practices and gender inequality.<sup>26</sup>

## Conclusion

Despite the government's effort to delay teenage pregnancy and childbearing, statistics show that progress has been insufficient. Teenage pregnancy is associated with poor health outcomes, including maternal deaths and injuries. Adolescent pregnancy is fuelled by socioeconomic and socio-cultural factors. To effectively reduce teenage pregnancy and its poor health outcomes, programs should ensure that adolescents and youth have full access to sexual and reproductive health information and services. This means establishing high quality, comprehensive, youth-friendly reproductive health services that address the diverse needs of adolescents and youth, including those who are HIV positive, living with a disability, and hard to reach. The government must promote a multisectoral approach to address the sexual and reproductive health needs of adolescents while strengthening partnerships with nongovernmental and faith-based organizations working with youth.



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