



Teenage Pregnancy in Kenya's Kilifi County:

A qualitative study



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Published by the Faith to Action Network Secretariat with support
from the PAI- Population Action International, through the Faith+FP
Fund

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EXECUTIVE SUMMARY

The research, on which this report is based, was meant to investigate the root causes, experiences and policy and related responses to the problem of teenage pregnancies in Kilifi County. Teenage pregnancies affect one in every four girls within the county making it the worst county in the country. Commissioned by the Faith to Action Network for purposes of generating evidence to enable advocacy relating to family wellbeing and health, the research adopted a qualitative design.

Data was gathered through desk review, key informant interviews, focus group discussions and case stories of the teenage mothers. Religious congregations, teachers, leaders, and government representatives were consulted during the research.

It was found that cultural factors (e.g. traditional dances, beliefs that condone the practice, and erosion of social controls) interact with ignorance on family planning and poverty coupled with political interference on netted cases to enhance persistence of the teenage pregnancy malaise. Areas such as Ganze and Magarini are especially hard hit.

From the research, and in view of the roles of different actors, it is recommended as follows:

Role of Faith to Action Network and CSOs

- There is need for Faith to Action Network to work with the Department of Children's Services and other civil society actors for advocacy around specific issues including:
- Total ban of children's participation in night dances with enforcement by local authorities. This should be coupled with enforcement of laws such as the Children's Act and Basic Education Act
- Implementation of the "Return to school" policy
- Putting in place youth friendly services/centers. Willing partners can be sought and introduced to the communities
- Girl education (basic and vocational/technical)
- County governments to take up issues of youth and life and vocational skills development
- Faith to Action Network working through faith based and other organizations (including cultural leaders/institutions) as well as local government agencies and community based organizations, needs to mobilise young mothers into support groups and support them with programmes on livelihoods and entrepreneurship.

- There is need to support the Kilifi Interfaith Network to have conversations around institutionalized child abuses, e.g. in madrassas or formal schools and other institutions, run by the faith community and explore ways of addressing them.

Role of Central Government

- There is need to enforce and strengthen entry to alternative education programmes for drop-outs who wish to pursue primary and secondary education and feel uncomfortable rejoining school or adult classes. Designated centers where such education is offered can be established at County and Sub-county levels.
- There is need to strengthen the Gender Based Violence networks as well as Child Protection Technical Working Groups at county and sub-county levels currently being mobilized.
- Opening up the county in terms of road networks and development infrastructure as has been done through the Kilifi-Mariakani road will help in terms of enhancing economic activities and opportunities hence reducing poverty and ignorance.
- There is need to streamline primary and technical and vocational training policies so that school drop outs (and special needs cases such as teenage mothers who might not meet entry requirement in vocational institutions) can have a seamless way of transition.
- School return policies should be linked with child care services to encourage girls being readmitted to rejoin school and address child care and nutritional needs for the children.

Role of the County Government

- There needs to be integrated village polytechnics especially in Ganze and Magarini where the incidents of teenage pregnancies are very high. These polytechnics can be equipped with basic schooling opportunities to give girls who join opportunity to complete primary school syllabus as well as child care facilities.
- Youth friendly programming needs to be strengthened through empowerment of group-based enterprises.
- Examine access to health services for survivors of gender based violence including rightful and free access to P3 forms.

Role of Academia

- Given that culture takes long to change, there is need for action research with universities and research institutions to address misperceptions on investing in female education, practices such as early marriages and gender based roles which result in females being assigned more domestic work while boys are assigned less leaving them to adopt negative behaviours such as roaming around shopping centers. This would be behavioural change action research.

ACKNOWLEDGEMENTS

The production of this research report could not have been possible without the support of several people and institutions. First is to thank the Chief Executive Officer of Faith to Action Network (Peter Munene) and his team in Nairobi and DSW colleagues in Kilifi, who provided the management and oversight support throughout the process. Second we offer special thanks to religious leaders from SUPKEM and other faith based actors in Nairobi, Mombasa and Kilifi who provided clearance and support particularly at inception and during data gathering.

Our thanks also go to the young mothers and youths across the county as well as key informants interviewed during the process. Acknowledgement is also given to institutional leaders and representatives who provided data including Department of Children's Services in Kilifi, Kilifi Level 4 Hospital, Judiciary, Malindi's Pope Francis Rescue Center, Sauti ya Wanawake in Magarini, Hudaa and Khairat madrassa, among others for their valuable insights into the problem of teenage pregnancies including offering valuable recommendations.

There was great support provided by two local resource persons (Divina Kemuma and Riziki Yussuf), which is highly appreciated.

This report belongs to the young mothers and teenage girls of Kilifi who are either pregnant or at risk of becoming pregnant. They suffer the brunt of this problem and hence the recommendations will either make or break them further. However, the responsibility for any errors contained in the report is solely on the author.

John Njoka

Consultant

ABBREVIATIONS AND ACRONYMS

AU	African Union
CSOs	Civil Society Organizations
DSW	German Population Foundation
FGDs	Focus Group Discussions
KDHS	Kenya Demographic and Health Survey
KIIs	Key Informant Interviews
SDGs	Sustainable Development Goals
SUPKEM	Supreme Council of Muslims of Kenya

BACKGROUND AND CONTEXT

Teenage pregnancies have become a malaise in Kenya with some areas in the West and Coast having 1 in every 4 girls affected as per recent Kenya Demographic and Health Survey (2014). Studies on teenage sexual and reproductive health rights posit that teenage pregnancies pose serious health, psychosocial and economic dangers to the girls including thwarting their reproductive health including child birth, schooling and career growth, keeping them in vicious cycles of poverty (many come from already poor families), and overall limiting their capabilities, opportunities and choices. A common psychosocial impact is the trauma faced following discrimination within schools and failure to be “readmitted” back as teachers and school management often view them as “bad examples to other girls”¹.

In Kenya, nearly 18 percent of adolescent girls between aged of 15 and 19 are mothers². The rates of teenage childbearing vary across Kenya. While progress has been made to decrease the numbers in some regions, in others it has remained alarmingly high. According to the Kenya Demographic and Health Survey in the year 2008/2009 in Homa Bay and Kilifi Counties (former Nyanza and Coast Provinces of Kenya) the percentage of women aged 15-19 who have begun child bearing was 27.0 and 25.7 respectively³.

World Health Organization (2008)⁴ quotes a number of studies that look at the impact of early childbearing on pregnancy outcomes and child survival, with regards to health of teenage mothers and their infants, as well social and economic effects at the individual level, and societal level. Among others, the studies conclude that children born to adolescent mothers are at greater health and mortality risks than those born to older women. Early pregnancies are associated with significantly worse pre-natal health care and vaccination behaviour, leading to lower birth-weights and higher mortality. Adolescent mothers also have higher health risks and lower health outcomes. Pregnancy-related deaths are the leading cause of mortality for 15-19 year-old girls worldwide.

In Kenya, one common consequence of pregnancy for girls is the loss of educational opportunities: pregnant girls are often expelled or forced to leave school when the teachers and the school administrators learn about the pregnancy. Centre for the Study of Adolescents reports that despite the fact that over a decade ago the Government of Kenya designed policies to protect a pregnant girl’s right to continue her education, 13,000 girls leave school

1 The author of this concept has for the last 10 years chaired a Board of Management in a secondary school and often has to deal with these perceptions whenever the girls become pregnant. These perceptions are deep-rooted in the socio-cultural fabric leading to double tragedy for the girls. Yet the boys who impregnate them remain in school.

2 Kenya National Bureau of Statistics (KNBS) and ICF International, Kenya Demographic and Health Survey, Key Indicators 2014 (Rockville, MD: ICF International, 2014).

3 Kenya Population Situation Analysis 2013 (Government of Kenya, 2013).

4 See WHO study available at: http://www.who.int/maternal_child_adolescent/documents/mpsnnotes_2_l.pdf.

every year due to pregnancy⁵. According to the same research, pregnant girls quote the stigma of pregnancy and discrimination by teachers and peers as the main reasons that force them out of school. In 1994 Kenya introduced 'return to school' policy for teenage mothers. A girl that gets pregnant is allowed to remain in school for as long as she wants. After delivery, she can go back to school or apply for admission into another secondary school, if she feels she is discriminated against. The policy also says that pregnant schoolgirls and their parents are entitled to counseling. Despite presence of such a policy, a lot of school staff are not adequately prepared to implement it, which, in turn, contributes to high school dropout rates that in places such as Homa Bay and Kilifi are alarming.

PROBLEM STATEMENT

Desiring to intervene to understand and develop programmes for affected girls within its interfaith advocacy on family health and wellbeing⁶, Faith to Action Network commissioned a qualitative research regarding teenage pregnancies in Kilifi County at the Coast of Kenya. The research was meant to generate evidence for informing advocacy working with key faith-based actors who are partners of Faith to Action Network including; the Supreme Council of Kenya Muslims and Young Women Christian Association while collaborating with DSW, Kenya Muslim Youth Alliance, Caritas, Kenya Muslim Youth Development Organisation, National Council for Population Development and the Kilifi County Government.

Although the problem of teenage pregnancies is well understood in quantitative terms (e.g. Kenya Population Situation Analysis, 2013 and Kenya Demographic and Health Survey, 2014), there is scanty of evidence on the qualitative aspects. Guided by this gap, this qualitative research focused on investigating the extent to which the issue of teenage pregnancy is affecting faith congregations and what role faith and religious leaders play in this regard. Faith to Action Network expected that the findings would provide evidence-based insights for designing faith-based strategies that can help address the following issues:

- Tackle root causes of teenage pregnancy in Kilifi County.
- Empower teenage girls on how to avoid pregnancy and thereby reduce pregnancy-related school dropout rates in Kilifi County.
- Empower teenage mothers in Kilifi to successfully adapt to their new role as a parent.
- Help teenage mothers to be integrated in the community especially their congregations and families.

⁵ Quoted in Kenya Population Situation Analysis 2013 (Government of Kenya, 2013).

⁶ Our operational definition includes: birth spacing, fertility awareness, safe motherhood, prevention of mother to child transmission, maternal and child health, age appropriate sexuality education, gender equity and prevention of female genital cutting, early marriage and all forms of gender based violence.

- Work with congregations, schools and other stakeholders to support teenage mothers to be re-admitted back in school or placed in vocational institutions for skills training.
- Strengthen involvement of faith-affiliated and other stakeholders in addressing the issue of teenage pregnancy and girl education in Kilifi County.

OBJECTIVES OF THE STUDY

The objective of the study was to explore and describe experiences, attitudes and behaviours related to teen pregnancy and parenting of teenage mothers in Kilifi County. More specifically the research addressed the following questions:

- What socio-cultural factors can be associated with the root causes of teenage pregnancy in Kilifi?
- What cultural or religious values and norms shape the attitudes of teenage mothers in Kilifi on sex, family planning, pregnancy, and childbearing, among others?
- What problems do teenage mothers in Kilifi face during and after pregnancy, especially with regard to their schooling and career development?
- How do they deal with these problems? What are the support mechanisms for teenage mothers?
- What strategies can be employed to help teenage mothers in Kilifi successfully combine motherhood with education or vocational training?
- Which stakeholders and how should they be involved in order to support effective implementation of these strategies? What role should each stakeholder play?

LITERATURE REVIEW

This desk or literature review has been undertaken for purposes of identifying key issues in literature regarding policies around teenage pregnancies, root causes (socio-cultural, economic and political) for this phenomenon, the perceptions and cultural dynamics around teenage sexual and reproductive behavior, experiences and coping strategies of the teenage mothers, as well as existing and potential interventions by faith congregations and faith leaders as well as other stakeholders. The literature draws from government policies and previous studies by civil society, government agencies and the academia both local/national and international.

There is general consensus from the researches available that teenagers face a myriad of problems due to their current predicament that has been occasioned by a variety of factors, some voluntary and others involuntary. The sociological interpretation, which guides this research is however that the situations and experiences of teenage girls are reflective of the societal view, upbringing and treatment of these young persons hence the solutions squarely lie with the same society and not simply a problem for the girls.

The literature review begins to point out the issues causing young girls to practice unsafe sex leading to early pregnancies and the related consequences.

Root causes of teenage pregnancies

Research by the Kenya Bureau of Statistics⁷ shows that 1 in every 4 girls aged 15-19 years in Kilifi have delivered a child. This high prevalence only comparable to Nyanza is explained by three core factors including:

- Low literacy, which makes the girls have limited exposure to contraceptives. A study by Population Council (2015) reveals that there are still prevailing myths about contraceptives where even those girls who know about them fear consequences such as “you can give birth to an animal”, “your child will be born looking weird”, “Condoms go all the way up into the stomach and don’t come out.” Places like Kilifi record low contraceptives use of only 3 out of 10 women using any method compared with areas like Kiambu with double use⁸.
- Cultural practices such as dances and funeral attendance where the girls have no parental presence making them susceptible to early sexual debut⁹. Studies by the Parenting Africa Network shows that poor parenting is a major factor explaining teenage pregnancies, among other problems affecting children and youth in Africa¹⁰.

7 Kenya Demographic and Health Survey 2014

8 Kenya Demographic and Health Survey 2014

9 Plan International (2012)

10 Parenting Africa Network (2015) Opportunities for Strengthening Families through Positive Discipline: KAP Study

- Poverty, which drive young girls to work as sex entertainers to earn a living and are therefore easily lured into accepting payments either in cash or kind (food, clothing, electronics, etc) for sex without protection leading to pregnancies¹¹. According to the Kenya Human Development Report 2013, Kilifi ranks among the poorest areas of Kenya with a Human Development Index of 0.47 compared to the national average of 0.548. This means that the populations have limited opportunities and choices, which predispose young girls to be lured into sexual activity for purposes of accessing basic necessities.

While these core factors guided the study, there were other issues identified through the primary data gathered using Focus Group Discussions, Key Informant Interviews and case stories from the girls and other targets (religious leaders, teachers, congregational youths and others).

Experiences of teenage girls

Research shows that teenage girls are often discriminated against and somewhat left out of mainstream society. The following are some of the prevailing issues faced by teenage girls:

- Discrimination in terms of reproductive health with only half of the adolescent girls accessing antenatal care and birth assistance by trained personnel¹². Many teenage girls are still expected to seek parental consent on matters relating to HIV testing¹³.
- Limited access to education as defined by¹⁴:
 - ◊ School staff lacking clarity on the re-entry policy (to be further discussed in the next session)
 - ◊ Teenage mothers, their parents, and communities being unaware of the rights of teen mothers to return to school
 - ◊ Relevant ministry and departments of Education neglecting monitoring of the school re-entry of teen mothers.
- When it comes to school continuation, specific discrimination is directed at pregnant teens/girls compared to those already parenting due to the perception that the pregnant girls will be a bad example to the other girls¹⁵.
- Given the prevailing discrimination, the teenage girls enter a vicious cycle of poverty and deprivation in that missing school predisposes them to lack of career development and into deeper poverty, which exposes their children to similar circumstances like themselves¹⁶.

11 Population Reference Bureau & Center for the Study on Adolescence fact sheet (2015)

12 PRB and CSA (2015)

13 ibid

14 <http://www.youthforchange.org/latest-posts/2016/3/14/59uv9jm523wchx9yqrqfz6j73uiqw>, accessed on 9th November 2016

15 Population Council (2015)

16 KDHS (2014)

- Harassment by municipal authorities when the adolescents enter commercial sex work or informal micro and small scale trade as coping strategy¹⁷.

Policy regime relating to teenage pregnancies

According to the Population Reference Bureau and CSA (2015) facts sheet, Kenya has made significant strides in adolescent sexual and reproductive health rights (SRHR) policy. The latest policy¹⁸, the country has ascribed to both international and national commitments to SRHR as follows:

International

- Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013)
- Convention on the Rights of the Child (CRC) ratified in 1990
- Program of Action of the International Conference on Population and Development (ICPD, 1994)
- MDGs approved by the World Summit on Sustainable Development in September, 2000
- Maputo Plan of Action 2007-2010

Kenya has also signed to the Sustainable Development Goals¹⁹, which capture adolescent SRHR and related issues under Goal 3 (Good health and wellbeing), Goal 4 (Education) and Goal 5 (Gender equality and empowerment of women and girls). Kenya is also a member of the African Union and has subscribed to the AU version of SGDs as defined in AU Agenda 2063 (The Africa We Want). The Agenda covers youth and gender issues under Aspiration 6²⁰.

National

- Constitution of Kenya (2010)
- Sexual Offences Act (2006)
- Children's Act (2001)
- Counter Trafficking in Persons Act (2010)
- Prohibition of Female Genital Mutilation Act (2011)
- Person With Disability Act (2003)
- HIV and AIDS Prevention and Control Act (2006)
- Marriage Act (2014)

17 Personal communication with a leader in Kilifi

18 National Adolescent Sexual and Reproductive Health Policy (2015)

19 <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>. Accessed on 9th November 2016

20 Africa Agenda 2063: The Africa We Want (2015)

- National Reproductive Health Policy (2007)
- National Youth Policy (2007)
- Sessional Paper No. 3 on Population Policy for National Development (2012)
- Gender Policy in Education (2007)
- Kenya Health Policy (2012-2030)
- Kenya Health Sector Strategic and Investment Plan (2013-2017)
- Education Sector Policy on HIV and AIDS (2013)
- National School Health Policy (2009)
- National Gender-Based Violence (2014)
- Kenya Vision 2030

The 2015 policy seeks to improve the policy landscape in terms of inter-ministerial coordination, incorporation of emerging challenges especially the rise of information and communication technology as well as the desire to profile ASRHR issues within the health sector and link it to broader development issues such as poverty and inequality, education challenges and economic development. In addition, the new policy incorporates issues raised in recent studies and consultations including:

- Kenya Population and Housing Census (KPHC) 2009
- Kenya Demographic and Health Survey (KDHS) 2014
- Kenya Service Provision Assessment (KSPA) 2010
- Adolescent and Youth Reproductive and Sexual Health: Taking Stock in Kenya (2011)
- Adolescent and Youth Sexual and Reproductive Health Evidence-Based Interventions (2013)
- Insights on Family Health in Kenya (2013)
- Kenya Adolescent Reproductive Health and Development Policy: Implementation Assessment Report (2013)
- Global Evaluation of Life Skills (2012)
- Kenya Population Situational Analysis (2013)

This qualitative research sought to identify and analyze the following policy related issues:

- Is there awareness among the targets and informants on these policies?
- What is their knowledge on these policies in relation to teenage pregnancies?

- Who is implementing these policies and in what ways? (check for role of faith-based actors, education and health officials, other stakeholders – CSOs etc)
- What are the specific interventions in education (check for details in school re-entry, programmes at school level (child care services/ programmes, boarding facilities for returning girls) and the girls experiences)?
- If there is specific intervention by County Government (allocation of funds to support girls who need to go back to school, recognition of schools accepting girls back, public education - barazas etc)
- What are the specific interventions in health (check for access to antenatal and postnatal care as well as HIV testing and support, establishment at MCH clinics of sections or days when pregnant girls and those with children can be attended, training of personnel on care of teenage mothers)?
- What are the gaps in these interventions and the accompanying recommendations?

A detailed literature review of the key policy issues was undertaken so as to identify and analyze the specific policy statements and test these against data from the primary (field) sources. The key policy issues on teenage mothers as spelt out in these policies can be summarized as follows:

- Young persons just like all citizens are entitled to right to health of which sexual and reproductive health is one.
- Entitlement to rights also includes rights to education, decent work and other basic needs. The Constitution of Kenya has a specific chapter on Bill of Rights.
- Girls aged 15-19 years are particularly vulnerable to sexual exploitation and gender based violence (early and arranged/forced marriages, female genital mutilation and commercial sex exploitation), which lead them to becoming pregnant when they can hardly take the responsibilities associated with motherhood.
- Parents have responsibilities to ensure that children (and young persons) grow into healthy and productive adults.
- Teachers, health providers, police, local administrators (at Central or County Government levels) and other public servants are duty bearers with responsibility to ensure that children (girls and boys) and young persons access their rights.
- Local leaders (religious, traditional and opinion) should work to support government policies.

- Sexual and related forms of child²¹ abuse (physical, cultural and emotional) are unacceptable and duty bearers are charged with the responsibility to ensure that these forms of abuse are prevented and effectively responded to as per the law. Where there is conflict between the law and socio-cultural norms, the best interests of the child shall prevail. Local leaders are therefore expected to cooperate with law enforcement authorities in ensuring legal compliance.
- Early and teenage pregnancies should not limit the potential and opportunities of the girls to education and career development.
- On matters of education, a girl who falls pregnant should be allowed back to school and supported with counseling so as to manage the stigma associated with teenage pregnancy.
- On health, all health facilities are supposed to have youth friendly services including reproductive health education and peer counseling, HIV testing, career development guidance, among other services for young persons, Health facilities are also supposed to have separate ante and pre natal services for young mothers.
- Young mothers like all youth are supposed to be assisted to access career development and growth opportunities.

Despite the above policy pronouncements, there are two critical gaps in the policies across the entire regime. First is that while vocational training is provided for in the policies, most of the teenage mothers have dropped out of school at primary school level and none of the policies specify how a teenage mother can transition from primary school into technical and vocational training. Second is that the care for the children born by the teenage mothers is not provided for in policy. It seems that this is assumed to automatically be supported under the mainstream children's laws and policies, e.g. Children's Act. Obviously, asking a teenage mother to return to school without ensuring proper care for her child is contradictory in practice. It is likely that teenage mothers would opt not to return to school so as to cater for their children.

21 A child being any person under the age of 18 years (Children's Act, 2001)

RESEARCH METHODOLOGY

The research used a qualitative approach using desk review, focus group discussions and key informant interviews. Below is a summary of the research design (approach and methodology). The design takes a qualitative approach due to the nature of the research problem and includes the following emphasis:

Formation of Coordination Committee

Working with Faith to Action Network, a coordination team was convened comprising religious leaders from Kilifi. A meeting was held with the leaders for purposes of refining the research methodology (first deliverable), setting out priority areas for recruitment of the teenage mothers to be involved in the research as well as ensure adequate coverage of the hot spots for teenage pregnancies, e.g. Magarini, Ganze and Mtwapa.

Desk review

Desk review was undertaken first at preliminary level for identification of key issues and later for substantive data gathering. This review included policy imperatives on this phenomenon as well as other relevant literature on the issues faced by the teenage girls, their coping strategies and previous recommendations particularly on Kilifi itself.

Sampling considerations

Sampling was non-probabilistic²² as it was purposive in nature as well as snow balling. Working with local faiths groups and community based organisations, participants to the study were recruited on the basis of the following criteria as spelt out in the terms of reference:

- Girls between 14 and 19 years of age
- Willingness to participate in the study
- Pregnant or having given birth: Initially it was expected that separate sessions would be held with those pregnant and those who have already given birth due to varying experiences and the related psychosocial issues facing the two categories. However, this was not possible due to the stigma associated with teenage pregnancies, which made it impossible to access those carrying a pregnancy.
- In secondary school or those who has left school within the last 1 year due to pregnancy

²² Some scholars argue that designs of this category are un-scientific but this is debatable. Generalization for this sampling design is based on adequacy of evidence as opposed to statistical computations for representation.

Tools for data collection

Tools for the focus group discussions and/or key informant interviews and case stories with/of teenage mothers, congregation youth, teachers, education and health officers, religious leaders (Pastors and Imams) and other actors were developed following the desk review. The tools of data collection were reviewed and approved by Faith to Action prior to administration. These documents are contained as Annex 2 of this Inception Report.

Data collection methods

Field work data collection using focus group discussions and/or key informant interviews and case stories was undertaken within Kilifi County.

Focus group discussions (FGDs) constitute a method that brings together 6-12 research participants of similar characteristics. In this case, the research targeted teenage mothers or those who are pregnant and have finished (usually dropped) out of secondary school owing to their pregnancy and are willing to take part in the study. A set of questions was used to stimulate discussion with them on their journey to the current situation, their experiences, coping strategies and who or what has been their support as well as their recommendation regarding possible stakeholder support.

Besides the teenage girls, other targets for the FGDs included teachers and congregational youth. FGDs will be recorded upon consent from the participants and notes taken. Each FGD was conducted by a moderator with the assistance of a note taker and observer. A total of 42 participants were covered through focus groups in Mtwapa (2 FGDs for congregation youth and 1 for young mothers), Marafa (1 FGD with young mothers), Ganze (1 FGD with young mothers), 1 FGD with county Technical Working Group on Child Protection, and Kilifi (1 FGD with congregational youths).

Key informant interviews (KIIs) refer to a method that seeks to elicit information from leaders and opinion makers within a research set up. In this case, the targets for the KIIs included education and health officials at the county level, religious leaders (Pastors and Imams) as well as Faith to Action Network representatives. Similar to the FGDs, a set of questions was used to guide these interviews. A total of 30 KIIs were held with these targets including university students working on HIV prevention at Pwani University, representatives from Police and Judiciary at Kilifi, gender violence recovery centre focal point, county youth leader for the Central Government, DSW's safe community initiatives in Mtwapa and Kilifi, children officers and the local administrators such as an area chief.

Case stories are examples of outstanding experiences of research subjects, which spell out how a particular research participant has come along from one point to the other. Given that qualitative research is phenomenological²³, case stories helped the research to deeply capture the experiences of the teenage

²³ Phenomenology comes from the Greek form "phainein" meaning "brackets" or "to put one in another's shoes". It denotes the need for empathy or placing oneself in the position of the other

girls based on empathic listening and understanding. The stories sought to illustrate the qualitative data drawn using the other methods.

Data analysis and report writing

Data analysis has been undertaken using qualitative techniques such as trend analysis, themes and sub-theme identification as well as analysis of assumptions regarding teenage pregnancies, their root causes and experiences. The data analysis was undertaken alongside data collection to ensure saturation (adequacy) and avoid data gaps after exit from the field. Analysed data has been used for the production of this report. The report was validated and adopted at Pwani University with stakeholders drawn from across the county.

Ethical considerations

The nature of this research calls for observation of high standards in terms of respecting and upholding the dignity of the participants, particularly the teenage girls. Research can often add to the stigma and discriminative tendencies and practices facing teenage girls. Society in most cases looks down upon them hence it is possible for research processes to add to these trends.

Accordingly, the following ethical considerations guided the research:

- Getting the support of interfaith leaders to access the faith communities and the teenage girls
- Respecting the government protocols on research within the County. As a registered organization, Faith to Action Network and DSW (through the host, SUPKEM) gave clearance for the assignment as this issue has disturbed them
- Being clear on the purpose of the research and intended uses of the data
- Having clear consent from the girls themselves regarding their participation
- Respecting the cultures and customs of the people of Kilifi in terms of dress, language, mannerism, religious behavior and overall presentation whilst in the field
- Using a language easily understandable by the teenage girls. Kilifi populations speak good Kiswahili hence this was the language of engagement with the girls and youth as well as some of the key informants (mainly local religious leaders and administrators)
- Adhering to child and youth protection policies and procedures as defined by the Client including those relating to “No sexual abuse and exploitation”.

STUDY FINDINGS

There is widespread consensus across Kilifi that the issue of early teen pregnancies for young girls aged 12-19 years old is pervasive. Christians and Muslims alike accept that this is a major problem. Even to a casual observer walking in the villages in Ganze and Marafa/Magarini, it is clear that teenage mothers constitute a major proportion of the population. However, the situation continues unabated with the young girls being left on their own. Religious communities who are the focus of this research in terms of advocacy niche, have not optimized their role as moral forces in the society.

As a first step in redressing the problem of teenage pregnancies, this research set out to identify the root causes of teenage pregnancies, perceptions around sexuality and reproduction within Kilifi, the experiences of the affected girls among religious communities and prevailing interventions. The study findings are meant to pave way for recommendations around advocacy and related measures for assisting the teenage mothers and those at risk.

This section of the report presents the findings of the research based on primary data.

The identified hotspots

The major hotspots of teenage pregnancies as reported across the levels of informants and FGD participants are as follows:

- Ganze including Bamba areas
- Magarini sub-county
- Mtwapa, Kilifi and Malindi towns

These areas are either rural and with livelihood difficulties (e.g. Ganze and Magarini) or have highway phenomenon and substantial populations at risk such as truck drivers (Magarini) or have urban phenomena that goes with cultural erosion and sex tourism (Mtwapa, Kilifi and Malindi). The motor cycle business, while offering livelihoods to numerous youth, has a dark side in that these young men have preyed on young girls who they entice with cash and have unprotected sex leading to pregnancies. In the next sub-section, the research examines in detail the root causes of the teenage pregnancy menace.

Root causes of teenage pregnancies

The root causes of teenage pregnancies were identified as cultural practices, poor parenting coupled with broken marriages, poverty and inadequate sex and family planning education. Below is a discussion of each of these forces.

Cultural practices

Culture as a people's way of life is good and often functional for a population. However, culture can at times lag behind with certain practices becoming repugnant to wellbeing, which in this case is about the education and career development of young girls. A particular practice came out repeatedly as a root cause of teenage pregnancies. This is disco matanga or disco vumbi or vugu vugu, a traditional dance held in the open after the death of a community member. Among the communities in Kilifi, these dances are held for about seven days and are used to mourn the dead as well as mobilise resource for the burial. Another view of these dances is that they came up as a way of raising resources for transporting the dead who come from far. Investors of musical instruments often make money with these dances hence would like to see them sustained from a business perspective.

There are also night dances held around wedding ceremonies. These and the dances around mourning are often attended by unaccompanied children and young persons. The dances are held around areas where it is easy for these young persons to hide and have sex, mainly unprotected. Many girls get pregnant during these occasions. This finding confirms findings of previous studies by Plan International on cultural dances and parental irresponsibility as a key driver of teenage pregnancies in areas such as Kilifi²⁴.

The research was informed that the local administration led by the County Commissioner has banned the dances to arrest this teenage pregnancy problem. However, elected leaders were prevailed upon by the owners of the musical instruments to intervene as this was argued to be an affront on the people's culture and resource mobilization efforts. In the words of one informant:

"As leaders, we banned disco matanga but when we arrest those holding these functions, we get orders from political leaders and have to release them. We seem to speak against these dances yet some of us leaders go around and retract on our words. As long as these dances continue, the girls here will continue being pregnant." Police Officer

This finding goes against expected collaboration among duty bearers as spelt out in the Children's Act 2001. In addition, the principle of "best interests of children" is ignored. There is good awareness of this law but other interests as shown above tend to prevail.

Another dimension relating to the culture is the expectation among the community that a young girl is there to give birth upon reaching puberty. Girl

²⁴ Plan International (2012)

education has always been less emphasized in Kilifi hence it is normal for a teen to become pregnant. The problem emerges when she is not married. Surprisingly, one Muslim leader commented thus;

*“According to our culture and religion, a teen can have children and even get married as long as we are observing the law about children. Why not even legalise that girls in school get married, have babies and continue with education as opposed to leaving them to un-defined situations...in any case, they will still continue to get pregnant.”***Muslim leader**

A third aspect is cultural erosion particularly within urban centres of Mtwapa, Kilifi and Malindi. These are cosmopolitan areas where people from all corners of the country and beyond have converged. No one cares about the way another lives and behaves. Accordingly, sexual promiscuity and commercial sex work thrives. In Mtwapa for instance, life begins at night with numerous entertainment spots being patronized by many teenage girls. They trade in sex and often accept more money for unprotected sex. Teenage pregnancies then become common.

A fourth cultural aspect relating also to erosion is the escalation of general child abuse including for the boy child. Teenage pregnancies are becoming part of a “new culture” of sexual abuse. The research received claims that even those expected to take care of children are abusing them unabated. These include fathers, step fathers, teachers (including madrassa ones), chiefs and sub-chiefs. The gender violence recovery center at Kilifi Level 4 Hospital receives cases of abuse and many of these are worrying as they are committed by those expected to be caregivers for children. The County Technical Working Group and youth department of the Central Government both concede that child abuse and gender based violence are a new normal and need to be checked.

Poor parenting and broken marriages

Poor parenting has played a huge part in that children are not well molded as parents struggle with earning livelihoods. The research came across many reports of how parents actually report to school and administrative authorities that they are unable to manage their children. These children are the ones who go for the traditional dances and even night clubs and other entertainment spots thereby exposing themselves to unprotected sex leading to pregnancy. Studies by Parenting Africa Network shows that cases of child abuse often happen where parental irresponsibility is also common²⁵.

There are high cases of marriages breaking, in Mtwapa many families are headed by single mothers who are staying in abject poverty sharing tiny small rooms with their children. These mothers bring home their male friends and have sex with possibilities of the children hearing or seeing it. This demystifies sex and can contribute to children experimenting with early sex.

In some of the small rooms, mothers also have children sharing bed or rooms

²⁵ Parenting Africa Network (2015) Opportunities for Strengthening Families through Positive Discipline: KAP Study

with uncles thereby exposing the girls to unprotected sex and pregnancy. Other mothers earn livelihoods through the local liquor (mnazi) with the girls being asked to assist with implied role of entertaining patrons to retain them as customers. This parenting practice exposes the girls to the mnazi patrons, who often seduce the girls and many get impregnated.

Poor parenting is exacerbated by the education difference between children and their parents. The children and teens have acquired relatively higher education than their parents hence feel too educated to be counseled. On the other hand, the parents fear talking to their “more educated” children. This sustains a “free way of life” for the children and teens.

Poverty

As identified in the literature review, poverty as evidenced by scarcity of basic needs comes in to work with socio-cultural factors discussed above to sustain teenage pregnancies. Exchange of sex for food, clothing and even gifts has led to most of the vulnerable and poor parented young girls to become pregnant. Having come from family backgrounds of poverty and deprivation as well as mothers who were themselves survivors of teenage pregnancies and who hardly counsel the children, these girls are easily lured into arms of men who are ready to offer them cash and/or in-kind payments for sex. Some parents even encourage or even push the teens to go out and bring money for basic survival as one case informed this research thus:

“My mother is a single mother and we live in a one roomed house. She struggles to bring us up so often she sends us out to bring money for food. Since I have no job, I would sleep with men for cash since mum would not hear of any excuse for not bringing in money. I realized I was pregnant after doing this for three months.” Young mother aged 19 from Mtwapa

Another young girl (16 years) from Marafa reported having sex in exchange for money. Her boyfriend would give her cash for food but she unfortunately became pregnant. A similar case for a 12 year old girl was identified in Vitengeni area (Ganze). These cases are common and particularly at this time when poverty is rampant across the county.

Poverty in Kilifi has been confirmed in latest analysis including media reports of famine and limited access to basic needs particularly in areas such as Magarini and Ganze. Kilifi is often placed among the poorest areas in Kenya, which enhances vulnerability particularly for teenagers²⁶. The Kenya Human Development Report places Kilifi as a low human development county meaning that populations in this county have limited access to opportunities and choices.

²⁶ UNDP (2013) Kenya Human Development Report places Kilifi as a low human development county meaning that populations in this county have limited access to opportunities and choices.

Inadequate education on sexuality and family planning

It was reported that in the past children would sit with their grandparents and give them advice on how to live and take precaution in life and the do's and the don'ts unlike the present times whereby the parents are too busy that they don't have parent-child talk to give them advice on what's wrong and right and even guide the girl child on how to handle herself when she reaches her adolescent stage. Due to lack of knowledge where the girls don't even have an idea about sexuality education she gets herself pregnant unknowingly.

Lack of literacy and knowledge on sexuality are associated with early and often unprotected sexual debut²⁷.

The collapse of the extended family has led to a situation where parents are not engaging their girls in sex education. This education has been a controversial subject in Kenya. Yet sex talk is a taboo in many communities including Kilifi. Family planning education is weak across the county as reported by one health worker thus:

“Most of these girls are brought here (hospital) either due to complications or since they cannot afford to pay for deliveries in the private hospitals. None of them has ever heard of family planning no wonder they are pregnant at very young ages. Half of all our deliveries are by underage mothers.” Nurse in Kilifi Level 4 Hospital

Other factors identified, but which, in the researcher's view are rather symptomatic, include:

- Use of social media to access pornography
- Rise in boda boda trade where the riders use their money to lure the girls into sex
- Songs which entice teenagers during the night dances
- Cultural beliefs around sex with a minor for cleansing...leads to incest

How the Young Mothers are treated

Teenage pregnancies are caused by factors within the communities but the same communities generally abhor the phenomenon. The treatment of these girls varies as follows:

The immediate reaction among parents is to condemn the girls for “bringing shame²⁸” to the family. Getting pregnant is associated with marriage so when this happens before or without a marital union, it is taken very negatively. As one girl narrated:

27 KDHS (2014)

28 Shame refers to both religious and cultural embarrassment to the family

“I was beaten and chased away from home when I became pregnant. I went to my grandmother’s place and stayed there until I gave birth. Then due to poverty, I relocated to Mtwapa to fend for myself. I never go home.” Young mother aged 17 from Mtwapa

From discussions with the young mothers, many feel discriminated against especially by the religious communities. Their responses are therefore avoidance of these communities and run away from the places of worship and even their homes. Although there has not been documented evidence of discrimination in religious places, this finding supports previous evidence of negative treatment in health and education institutions.²⁹

Cases were given of families where there emerges a blame game with the fathers blaming the mothers for the daughter’s pregnancy. Some families even break up while others experience serious relationship difficulties. Even Christian communities view the teenage mothers negatively. Some Evangelical churches result to having the girl step aside from ministry activities (e.g. choir, leading praise and worship, etc) until counseled and they repent for around three months. However, mainstream Christian churches like Catholic, Anglican and Presbyterian accept the girls back and even baptize their children. Council of Imams also supports the girls in terms of linking them to hospitals for free health care and court users committees to follow up on their cases.

Many fathers would wish for the girl to get married so that the person responsible can cater for the family needs. In Kilifi, bride wealth is only three goats hence marriage is very affordable. According to Muslims, marriage for the girl by the one who impregnated her is the best option usually enforced as it sanitizes the situation. Since Muslims are allowed to marry more than one wife, it is not unusual to find the impregnated girls being married off. According to a Muslim informant:

“It is better for the girl who gets pregnant to be married by the one who impregnated her since then the offspring is not a result of sin.” Muslim Cleric

The down side of this approach of forcefully marrying off the young girls is that they cut off their academic and career development as most do not continue with education or take vocational training. Most of those married off are said to encounter additional abuse in the hands of boys and men who feel the marriage as an obligation as opposed to their choice. When not forced to marry, virtually all boys who were interviewed indicated that they would not enter marriage as they were not ready to take care of families, main reason being joblessness.

There was an interesting case of a young mother who got pregnant at age 16 while in standard six. The boyfriend willingly took her in as a wife and continued with his education while she stayed at home. She survives on money sent by him from his pocket money in addition to burning and selling charcoal to enhance her livelihood. However, chances of attaining her full potential have been reduced while those of the boy are alive as he is continuing with his education.

²⁹ Population Reference Bureau & Center for the Study on Adolescence fact sheet (2015)

Supportive services for the teenage mothers

Policies on teenage pregnancies recommend specific services to the survivors including educational, health, counseling and livelihood support. The general view and situation across the county is that there are hardly any services or assistance provided to the teenage girls.

The county government has left the girls out of its planning claiming that “children are for the county government³⁰”, yet these children and their offsprings when not adequately provided for can be a time bomb to socio-political and economic order.

In some cases, there are claims that the teenage girls are provided with guidance and counseling both in churches and at school level.

The key identified support for the girls come from government, non-governmental organizations, faith actors and local community based actors like in the cases below:

³⁰ This means that children's services have not been devolved except early childhood education. The Department of Children's Services is still managed by the Central Government

The Department of Children's Services through the Children's officers helps with the rescue of the teenage girls particularly when they are in danger of harassment by their parents and guardians, social inquiry and writing reports in support of litigation. A Technical Working Group on Child Protection has been formed at County level and plans are there for sub-county groups. The purpose is to prioritise child protection concerns with teenage pregnancies being one of them. The county group was at the time of this research preparing its work plan.

The Ministry of Public Service, Youth and Gender has further formed Gender Based Violence committees at county and sub-county levels to specifically address this problem.

Plan International Kenya is one international organization operating within the county and has trained 22 teachers based at local primary schools, referred to as *Beacon Teachers*, to help with counseling survivors of violence, providing referral to authorities as well as offering legal aid to the teenage girls and other survivors of violence.

Sauti ya wanawake (Voices of Women) is a local community based organization offering counseling, motivation and livelihoods training to the girls in the County. It encourages and supports them to go back to school and others to polytechnics as well as equipping them with life skills. It uses successful cases as role models. The organisation has begun a young mothers' support group to enhance peer counseling and life skills for these teenagers.

At the level of religious organisations, the Catholic Diocese of Malindi runs a rescue home for sexual abuse victims on the outskirts of Malindi town. The center has limited capacity since the intention is to only admit those cases that cannot be supported through community outreach or where the safety of a child is at risk. It is a temporary place of safety with a child not expected to stay for over three months.

Teachers indicated that pregnant girls are given a chance to go on with studies till when due for delivery and after giving birth they are always welcomed back to school. However majority of them refuse to go back to school and resort to getting married. On a scale of 1-10 girls, it was pointed out that only 4 usually go back to school³¹. Discussions from some teachers revealed that there is still resistance from the head teachers to have young mothers return to the schools as they are seen as "bad example" to the other girls.

Within the health centers, the girls are given free health services and taught on how to breastfeed and the importance of use of family planning, those who test HIV positive are given free counseling services and are put on ARV'S and free

³¹ Field interview with a teacher. This contradicts current education and reproductive health policies where pregnant girls are supposed to be given an opportunity to pursue their education upon delivery. Our analysis, however, shows that this hardly happens in the county due to discrimination and labeling at school and community levels.

food. None of the health facilities has youth friendly services due to shortage of staff and space. All mothers are treated equally yet teenage mothers should be handled in a special manner according to their age and maturity.

Challenges faced when supporting teenage mothers

Despite these services and support, it came out clearly that there are gaps with regard to legal enforcement and curbing of the problems affecting these girls including:

- Local customs and resolution mechanisms are often used for responding to teenage pregnancy cases to the detriment of the wellbeing of the teenage mothers.
- There is political interference from county government's elected leaders when the Central Government seeks to ban the traditional dances which are known to propagate the cases of teenage pregnancies. The political interference is propagated by investors who make money from renting out their equipment for the dances. This has made some officials give up and adopt a "wait and see" attitude.
- Volunteers working to follow up on cases of violence against children, e.g. the Beacon Teachers mobilized by Plan Kenya, face hurdles in terms of operational costs such as transport. They have in most cases resorted to using their personal resources to cope.
- The health centers do not have functional or even any youth friendly services, leading to lack of spaces for youth to recreate and offer the appropriate sexual and reproductive health services.
- Religious leaders do not have specific outreach programmes for children and youth. They remain in their places of worship and only deal with the youth who bring themselves yet the major problems are among those who hardly go to these premises.

CONCLUSIONS AND RECOMMENDATIONS

This qualitative study sought to identify the root causes of teenage pregnancies in Kilifi County. From the analysis, it is clear that socio-cultural factors such as traditional dances, poor parenting and cultural changes combine with the poverty situation to generate and perpetuate the problem. Political interference makes it difficult to redress the problem. Girls who fall victims of teenage pregnancies end up facing stigma and discrimination and their access to education and career development is radically reduced.

From the research, and in view of the roles of different actors, it is recommended as follows:

Role of Faith to Action Network and CSOs

- There is need for Faith to Action Network to work with the Department of Children's Services and other civil society actors for advocacy around specific issues including:
- Total ban of children's participation in night dances with enforcement by local authorities. This should be coupled with enforcement of laws such as the Children's Act and Basic Education Act
- Implementation of the "Return to school" policy
- Putting in place youth friendly services/centers. Willing partners can be sought and introduced to the communities
- Girl education (basic and vocational/technical)
- County governments to take up issues of youth and life and vocational skills development
- Faith to Action Network working through faith based and other organizations (including cultural leaders/institutions) as well as local government agencies and community based organizations, needs to mobilise young mothers into support groups and support them with programmes on livelihoods and entrepreneurship.
- There is need to support the Kilifi Interfaith Network to have conversations around institutionalized child abuses, e.g. in madrassas or formal schools and other institutions, run by the faith community and explore ways of addressing them.

Role of Central Government

- There is need to enforce and strengthen entry to alternative education programmes for drop-outs who wish to pursue primary and secondary education and feel uncomfortable rejoining school or adult classes. Designated centers where such education is offered can be established at County and Sub-county levels.

- There is need to strengthen the Gender Based Violence networks as well as Child Protection Technical Working Groups at county and sub-county levels currently being mobilized.
- Opening up the county in terms of road networks and development infrastructure as has been done through the Kilifi-Mariakani road will help in terms of enhancing economic activities and opportunities hence reducing poverty and ignorance.
- There is need to streamline primary and technical and vocational training policies so that school drop outs (and special needs cases such as teenage mothers who might not meet entry requirement in vocational institutions) can have a seamless way of transition.
- School return policies should be linked with child care services to encourage girls being readmitted to rejoin school and address child care and nutritional needs for the children.

Role of the County Government

- There needs to be integrated village polytechnics especially in Ganze and Magarini where the incidents of teenage pregnancies are very high. These polytechnics can be equipped with basic schooling opportunities to give girls who join opportunity to complete primary school syllabus as well as child care facilities.
- Youth friendly programming needs to be strengthened through empowerment of group-based enterprises.
- Examine access to health services for survivors of gender based violence including rightful and free access to P3 forms.

Role of Academia

- Given that culture takes long to change, there is need for action research with universities and research institutions to address misperceptions on investing in female education, practices such as early marriages and gender based roles which result in females being assigned more domestic work while boys are assigned less leaving them to adopt negative behaviours such as roaming around shopping centers. This would be behavioural change action research.

ANNEX 2: TOOLS FOR DATA COLLECTION

Tool 1: Guidelines for key informant interviews

(For education, health and religious leaders and Faith to Action)

My/our name(s) is/are_____ working on a research on teenage pregnancies in Kilifi County. I/we would like to ask to you some questions regarding the issue of teenage pregnancies. The information you provide will help us understand the issues in detail so as to advise on possible ways of assisting these girls by different actors.

You are free to answer or not to answer any of the questions. The interview will take an hour.

Give time for the key informant to introduce him/herself.

Record name and position of the key informant, date and place of interview

- How serious is the issue of teenage pregnancies in this County?
- What are the hotspots for this issue?
- Why do you think teenage pregnancies are an issue? Probe for factors relating to cultural aspects of sex, pregnancies, child birth, etc.
- Are there social and cultural beliefs, attitudes and practices regarding this issue? Please share some of these
- How are teenage girls who fall pregnant/give birth treated? Probe for treatment in general but in education and healthcare
- How do the girls cope?
- What do they do once treated the way they are treated?
- Please name the policies you know of relating to teenage pregnancies
- What do these policies say (in summary) in relation to teenage pregnancies?
- Who is implementing these policies and in what ways? (check for role of faith-based actors, education and health officials, and other stakeholders – CSOs, etc.)
- What are the specific interventions in education (check for details in school re-entry, school-level programmes such as child care services and boarding facilities, etc and the girls' experiences with these interventions)?

- What are the specific interventions in health (check for service separation, access to antenatal and postnatal care as well as HIV testing and support, establishment at MCH clinics of sections or days when pregnant girls and those with children can be attended, training of personnel on care of teenage mothers)?
- Are there specific intervention by County Government (allocation of funds to support girls who need to go back to school, recognition of schools accepting girls back, public education - barazas etc)
- What are the gaps in these interventions and the accompanying recommendations?
- Do you have questions or anything else to add?

Thank you for your cooperation and responses

Tool 2: Guidelines for focus group discussions

(For pregnant girls and those who have given birth + congregations of youth)

My/our name(s) is/are _____ working on a research on teenage pregnancies in Kilifi County. I/we would like to discuss some issues regarding the issue of teenage pregnancies. The information you provide will help us understand the issues in detail so as to advise on possible ways of assisting these girls by different actors.

You are free to answer or not to answer any of the questions. The discussion will take about two hours.

Give time for the participants to introduce themselves.

Record names of the participants and their ages, date and place of the FGD.

- How serious is the issue of teenage pregnancies in this County? Probe for the hotspots and root causes (poverty, cultural dances and funerals, parenting aspects, education, etc)
- Are there social and cultural beliefs, attitudes and practices regarding this issue? Please share some of these
- How are teenage girls who fall pregnant/give birth treated? Probe for treatment in general but in education and healthcare
- How do the girls cope? What do they do once treated the way they are treated?
- Please name the policies you know of relating to teenage pregnancies
- What do these policies say (in summary) in relation to teenage pregnancies?
- Who is implementing these policies and in what ways? (check for role of faith-based actors, education and health officials, and other stakeholders – CSOs, etc.)
- What are the specific interventions in education (check for details in school re-entry, school-level programmes such as child care services and boarding facilities, etc and the girls' experiences with these interventions)?
- What are the specific interventions in health (check for separate service sections, access to antenatal and postnatal care as well as HIV testing and support, establishment at MCH clinics of sections or days when pregnant girls and those with children can be attended, training of personnel on care of teenage mothers)?
- Are there specific intervention by County Government (allocation of funds to support girls who need to go back to school, recognition of schools accepting girls back, public education - barazas etc)

- How satisfied are you with these services? What are the gaps in these interventions and the accompanying recommendations?
- Do you have questions or anything else to add?

Thank you for your cooperation and responses

Teenage Pregnancy in Kenya's Kilifi County:

A qualitative study



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This study was supported by PAI- Population
Action International through the Faith+FP
Fund