

# CALL TO ACTION

## POLICY DIALOGUE

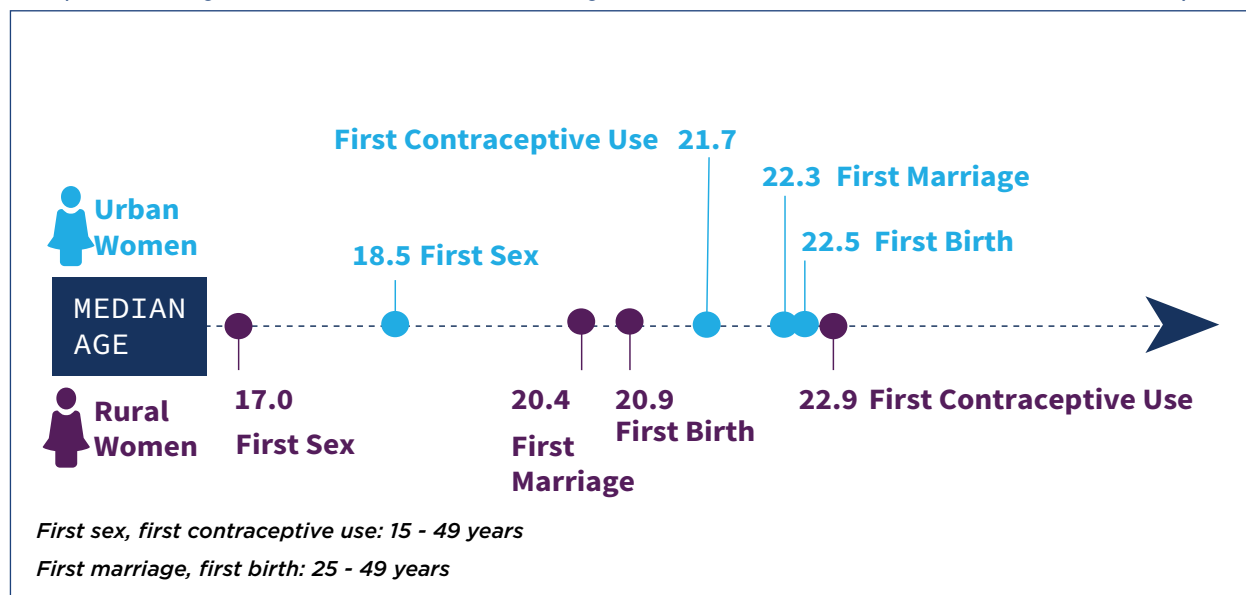
### Tackling Teen Pregnancy in Kenya

16 May 2019



Pregnancies among schoolgirls are a leading cause of school dropout rates (accounting for about 25% of drop-outs in sub-Saharan Africa) yet evidence shows that each extra year a girl stays in school increases their future earnings by 10-20%. In Kenya, almost 1 in every 5 girls between the ages of 15 and 19 are reported to be pregnant or have had a child already. This trend has been fairly consistent for more than two decades, with the nationally representative Demographic and Health Surveys showing little change on prevalence between 1993 and 2014.

Comparison of ages of transition to first sex, marriage and birth between urban and rural women in Kenya



Source: PMA 2018/Kenya R-7

On 16 May 2019, the African Institute for Policy Development (AFIDEP) and the United Nations Population Fund (UNFPA) convened a policy dialogue that was attended by 70 participants from the government, development partners, the youth, academia, think tanks, civil society, faith-based organisations and the media.

### The policy dialogue sought to answer these questions

1. Why has there been such little change in the prevalence of teen pregnancies?
2. Are investments/interventions adequate? Are we getting value for money?
3. What are the bottlenecks to policy implementation?
4. How do we unlock ideological, cultural and generational barriers to change?
5. What role should the different actors play (parents, teachers, religious leaders, government - the Ministries of Health, and of Education - youth, the media) and how do they work together?
6. What are the emerging opportunities to tackle teen pregnancy?
7. What are the innovations and best practices from other countries?

The meeting arrived at **SIX key recommendations** that call for action in ongoing approaches and interventions to decisively end the problem of teen pregnancies. These recommendations are spelled out in the pages that follow.





# 1. Youth Voices: Nothing for us without us

From the discussions, and particularly the message from the youth attending the policy dialogue, it was clear that policies and interventions need to include their voice. The process to initiate and implement initiatives needs to be done in collaboration with the youth if it is to succeed. It ensures they own it and become champions of it. In addition, to ensure no one is left behind, emphasis needs to be placed on male involvement.



“Does that young person even know of the policies we’re talking about? They’re shelved, and yet they were made for her so that she knows that Youth Friendly Services (YFS) is her right; it’s not a favour from the government. Most of the time when we talk to each other about these things, we leave the beneficiary out of it, and that’s why they find their own way of addressing these policy issues.”

**Linet Ouma,**  
International Youth Alliance for  
Family Planning

“The National Government is developing a youth mainstreaming and participation policy whose strategy is to ensure that the youth are included and their voices are heard at all stages of policy formulation, budgeting, implementation and monitoring. Otherwise we risk having youth initiatives that do not work for them as they have been left out”



**Zipporah Konga,**  
Representative,  
Ministry of Public Service, Youth and  
Gender Affairs



“With teenage pregnancy, the girl bears the burden. There is less emphasis on the men behind these pregnancies. Can we shed more light on the men involved so they are held accountable to their actions?”

**Imali Ngusale,**  
International Advocacy Officer,  
Deutsche Stiftung Weltbevölkerung (DSW)

# 2. There’s need for age-appropriate sexuality education

Having the right information and creating awareness on adolescent, youth sexual and reproductive health (AYSRH) empowers young people to take responsibility for their lives as they are able to make informed decisions and choices that impact positively on their health and wellbeing. Participants emphasised the need to fast-track age-appropriate sexuality education through clearly defining its scope, roles and responsibilities of different stakeholders and an implementation plan. This has to be done through a multi-stakeholder approach to unlock the current impasse.

“The issue of age-appropriate sexuality education is widely contested. There is need to understand whether the issue is content or how to deliver the content. The reality is teenagers are having sex. Evidence has shown that if you inform young people over time with age appropriate information, they tend to delay onset of sexual activities and become better equipped to protect themselves when in situations where they might be sexually involved.”



**Dr Eliya Zulu,**  
Executive Director,  
African Institute for Development Policy (AFIDEP)



“Ten years ago I was working with a radio station and I got a call from a 20-year old whose 16-year old sister was telling her she wants to have sex with her boyfriend. The older sister asked me, ‘Should I give her the bible or a condom?’ At that moment I realised you cannot make a choice for someone. You can only give them full information so they are aware of their actions and the consequences.”

**Pastor Flavia Murugi,**  
Parklands Baptist Church

“We need to emphasise the value of education and health services for adolescents and to intensify conversations like this to address the issue of teen pregnancies. Health and education really goes together and I think you have to focus on the education to get more out of health as well.”

**Elin Rognlie,**  
Ambassador- Norwegian Embassy, Nairobi



### 3. Parents should be encouraged and empowered to engage teenagers on sexuality matters

The role of parents in providing sexuality education with age-appropriate information from an early age and not just leaving this to schools, media and religious institutions came out strongly from the dialogue as an important recommendation. They should also be good role models for their children. Policies and programmes should, therefore, seek to optimise the role of parents and guardians in imparting age appropriate sexuality education to their children to develop trust that will enable the children freely discuss reproductive health information and service issues.



“Age-appropriate sexuality education should start early, and at home. The problem we have in policy is that we are trying to domicile education in school and that is why we are having issues with the church fighting the content and parents saying it is too much.”

The reason why it is being brought to schools is because this is the common denominator for all children - even those without parents. But the government is taking up the responsibility of the parents as we are the ones supposed to teach age-appropriate sexuality education. The government can help but we must take it as our primary responsibility.”

**Dr. Nelly Bosire,**  
Consultant Gynaecologist

“I have daughters and one example they follow is whether their mother has integrity and authenticity regarding her sexuality. When I am truthful about my own sexuality, it is possible to have a conversation about sexuality with my daughters.”

**Angeline Siparo,**  
Regional Advisor - East and Southern Africa,  
Population Reference Bureau (PRB)





## 4. Allocate resources to implement sexual and reproductive health interventions

A lot of resources go towards policy formulation and not much is allocated to implementation. This needs to change and governments at both national and local levels need to prioritise the issue in their budgeting processes. Only sustained funding will give us sustainable results in efforts to end teenage pregnancies.



“Teenage pregnancy not only robs girls of their childhood but also presents a formidable challenge to their capacity to optimise their potential in future. The nation is consequently deprived of the critical contribution of these girls to national socio-economic development.”

**Dr Ademola Olajide**  
Country Representative,  
UNFPA Kenya

“We have over 10 policies on youth and adolescent sexual reproductive health. The problem is implementation and a major challenge with this is lack of resources.”

**Kigen Korir,**  
Programme Officer, Adolescents and Youth, UNFPA Kenya



lifetime cost of  
teen pregnancy  
in Kenya

“17% of  
ANNUAL  
GDP”

Teenage pregnancies have wide-ranging costs. In Kenya, adolescents aged between 15 and 19 account for an estimated 14% of all births in Kenya. 63% of these pregnancies within this age demographic are unintended while 35% of the pregnancies end up in abortions.

From the economic perspective, it is estimated that the lifetime cost of teenage pregnancy in Kenya could be as high as 17% of annual GDP.

No doubt, this will be an important issue of focus at the International Conference on Population and Development (ICPD) to be held 12-14 November 2019 in Nairobi. With the theme, “*Accelerating the promise*”, the summit will be taking stock of commitments made to address issues of population and development 25 years ago. It will also be an opportunity to renew the vision and advance efforts to deal with persisting and emerging challenges.

## 5. Adopt a coordinated multi-sectoral approach

Parents, the religious community, and society at large are critical actors to empowering young people with sexuality information. A coordinated multisectoral approach involving various stakeholders in education, health, gender and other relevant ministries needs to be adopted.

“The policies we have are not contradicting. The problem is we have a lot of uncoordinated players with different interests therefore pulling the same policy in different directions. If we can have a coordinating body that can offer guidelines it would help with implementation.”

**Zipporah Konga,**  
Representative,  
Ministry of Public Service,  
Youth and Gender Affairs



“If we wait for them (youth and adolescents) to come to the facilities, they may never come. They have their own safe spaces, they are there, we just need to map them out, and take advantage of them, and take the messages to these young people wherever they are.”

Once you do that, those who need the services, you can link with them, or plan with them to take the services on a particular day to them.”

**Faith Kiruthi,**  
Nairobi County Adolescent Health Coordinator

## 6. Use evidence, adopt and leverage innovations

Evidence needs to drive objective discussions and help determine practical solutions to adolescent, sexual and reproductive (ASRH) issues, including teen pregnancies. Research is also vital to identifying interventions that work and how they can be brought to scale, while looking at the unique needs, context and circumstances of the different teenagers within the youth group so that no one is left behind. Moreover, the youth need to get involved in ways that they can own the process and be a force of positive influence to each other. Technology also avails a lot of innovative platforms and safe spaces where youth can be found and can engage freely.



“About 20 years ago, I wrote a paper in demography on *Men Matter*, and the truth then still holds today because what you haven't done with men undermines what you have done with women. It's important for us to make sure that the kinds of things we say, hear, practice and then ultimately implement [because implementation became a crucial thing in today's discussion] are really predicated on evidence otherwise we lose each other for a long time and sometimes undoing what we've mistakenly done becomes very problematic.”

**Prof Francis Dodoo,**  
Chairperson,  
AFIDEP Board of Directors

“We carried out many different impact evaluations for interventions trying to improve adolescent health and well-being. One of them is the Adolescent Girls Initiative - Kenya. In this intervention, we've included cash transfers, and what we've seen is that cash transfers have helped improve school enrollment by 21 percent in Wajir and in Kibera, we saw significant increases in primary school completion and also the transition to secondary school. It is high time we pay more attention to interventions that work well to prevent teenage pregnancies such as social cash transfers, and to use available evidence and mobilise all resources to implement such cost-effective interventions.”

**Beth Kangwana, PhD**  
Senior Program Officer  
Population Council, Kenya







ICPD25  
International Conference on  
Population and Development



**AFIDEP**

African Institute for  
Development Policy  
Bridging Development Research,  
Policy and Practice

## Quick statistics and links

- + 70 stakeholders from government, research, religion, youth, media attended the policy dialogue.
- + Over 20, 000 people potentially reached on Twitter, where [#TeenPregnancyKe](#) was third highest trending topic on 16 May 2019
- + Link to the Policy Dialogue's Concept Note: <http://bit.ly/2XxEJQO>
- + Link to Dr. Bernard Onyango's presentation on Teen Pregnancy: <http://bit.ly/2Wv4cJe>
- + Watch the highlights of the Policy Dialogue on Teen Pregnancy: <http://bit.ly/2lvtFNY>
- + Watch the Youth Voices present at the Policy Dialogue: <http://bit.ly/2KvqHfU>
- + View the curated photos from the event here: <http://bit.ly/2WrLsur>
- + Read the follow-up blog on why evidence and using a multi-sectoral approach will be key to ending teen pregnancies in Kenya: <http://bit.ly/2F18ZMB>

**Please take three (3) minutes to give us feedback on the policy dialogue through the link provided:** <https://www.surveymonkey.com/r/teenpregnancies>

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