


# International Journal of Humanity and Social Sciences

(IJHSS) Teenage and Pre-Teenage Pregnancies in Vihiga County  
Kenya



**CARI**  
**Journals**

## Teenage and Pre-Teenage Pregnancies in Vihiga County Kenya

 <sup>1\*</sup> Dr. Nurwin Fozia (PI), <sup>2</sup> Okanga Anne Asiko

<sup>1\*</sup> School of Business and Economics

<sup>2</sup> School of Health Sciences,

Department of Nursing Kaimosi Friends University

<https://orcid.org/0000-0001-9012-570>

*Accepted: 14<sup>th</sup> May, 2025 Received in Revised Form: 28<sup>th</sup> May, 2025 Published: 13<sup>th</sup> Jun, 2025*

### Abstract

Teenage pregnancies is a global public health concern more so in Vihiga county, the second smallest county in Kenya with the highest rural population in East and Central Africa with an average population of 1200 persons per square kilometer. In Kenya, in every four girls, one, between the ages of 15-19 becomes a mother. The purpose of this study was to identify the teen and preteen prevalence in Vihiga County. Simple random sampling was used to select the participants of the study. The findings found out that the preteen pregnancies rates are high and intervention is required for return to school and economic empowerment programmes. Policies relating to preteen pregnancies have to be reviewed to take into consideration the fact that majority of the affected never return to school. The practice is they end up as dropouts and turn into child labour.

**Keywords:** *Teen, Preteen, Pregnancies*

## Introduction

Teenage pregnancy continues to be a major global public health concern, especially in low- and middle-income countries (LMICs), where it has a detrimental effect on the socioeconomic and health outcomes of young women and adolescent girls (MOH, 2020). Around 16 million females between the ages of 15 and 19 and one million girls under the age of 15 give birth each year worldwide, with developing countries accounting for the majority of these pregnancies. Unsafe abortions contribute to thousands of maternal fatalities and reproductive health issues, and the World Health Organization (WHO) emphasizes that pregnancy and childbirth problems rank as the second greatest cause of death for girls aged 15 to 19 (MOH, 2020). Adolescent pregnancy rates are still high despite a number of policies and initiatives to avoid them, particularly in areas like sub-Saharan Africa and portions of Asia (MOH, 2020).

For instance, in Kenya, one in four girls between the ages of 15 and 19 has given birth, a problem exacerbated by early sexual initiation, economic hardship, restricted educational opportunities, and insufficient health care (Mang'atu & Kisimbii, 2019). Family issues, drug and substance addiction, sexual abuse, violence, cultural customs, peer pressure, poverty, gender inequality, and restricted access to work and income prospects are some of the underlying causes of the complicated problem of teenage pregnancy (Shirin, 2016). Teenage pregnancy has been linked to a dysfunctional home environment and inadequate parenting (Molina & Gonzalez, 2014).

In addition to significant progress in identifying the kinds of policies and programs that prevent unwanted pregnancies and promote adolescent sexual health, our knowledge of the numerous factors that affect adolescent pregnancy has expanded over the past fifty years (Decker et al., 2020).

## Problem Statement

Teenage pregnancy remains a major public health and social issue, particularly in developing countries like Kenya, where it contributes significantly to maternal mortality, unsafe abortions, and poor health outcomes for both adolescent mothers and their children. Despite various national policies and intervention strategies aimed at reducing teenage pregnancy, the problem persists at high rates. In Kenya, where one in four girls aged 15-19 has given birth, the gap between policy intentions and real-world outcomes is evident. Factors such as limited access to education, early sexual initiation, lack of contraceptive use, and negative cultural perceptions all contribute to the high rates of teenage pregnancy. Additionally, adolescents in many parts of the country face barriers to accessing sexual and reproductive health services due to stigma, negative attitudes from healthcare providers, and logistical challenges. This report seeks to evaluate the effectiveness of current interventions, and propose recommendations for reducing the prevalence of adolescent pregnancies in Kenya and similar settings. In particular, interventions that combine sexual education with reproductive health services should be more widely implemented to prevent early pregnancies and improve adolescent sexual and reproductive health outcomes.

## **Objectives of the study**

The objective of the study was to evaluate the effectiveness of current national policies and intervention strategies aimed at reducing teenage pregnancies in Vihiga county in Kenya

## **Literature Review**

A variety of socioeconomic, educational, and behavioral characteristics have been identified by study, leading to a greater understanding of the factors influencing teenage pregnancy throughout time. A report by Decker et al., (2020) highlights the significance of programs and policies that promote adolescent sexual and reproductive health (ASRH) and prevent unwanted pregnancies. The likelihood of teenage pregnancies is increased in many low-income nations by high rates of early sexual initiation, poor healthcare, and illiteracy (Shirin, 2016).

According to the WHO, maternal health issues are a major contributor to both maternal and infant fatalities and are one of the world's leading causes of mortality among teenagers (MOH, 2020). Teenage pregnancy is still incredibly common in Kenya. More than half of the young girls in the study had been pregnant at some point during their adolescence years, according to a study by Mande et al., (2023), which revealed that 56.1% of the teenagers examined had been pregnant at least once. The Kenyan government has implemented a number of measures to address this, including the National Adolescent Sexual and Reproductive Health (ASRH) Policy, which aims to lower the number of adolescent pregnancies. These policies aim to increase adolescent use of contraceptives and reduce teen pregnancy rates from 18% in 2015 to 10% by 2025.

Interventions that combine sexual health education with the provision of contraceptive services have proven effective in reducing teenage pregnancies. However, no single intervention has emerged as universally effective. A review by Shirin (2016) suggests that comprehensive sexuality education (CSE) programs, which cover contraception, sexual health, and healthy relationships, are essential in preventing teenage pregnancies. These programs are most effective when combined with the provision of adolescent-friendly health services that offer access to contraception and counseling. Furthermore, policies that aim to reduce early sexual initiation, increase contraceptive use, and improve maternal health services are crucial to addressing the high rates of teenage pregnancy.

In Kenya, although comprehensive sexual education is part of the school curriculum, cultural resistance to such education and a lack of effective communication about contraception often undermine these efforts. The National Guidelines for the Provision of Adolescent and Youth-Friendly Services, developed in 2016, aim to deliver services specifically addressing the sexual and reproductive health needs of adolescents. However, despite these policies, many adolescents, particularly in rural areas, continue to face barriers to accessing services due to stigma, negative attitudes from healthcare providers, and logistical challenges, such as transportation and clinic hours.



## **Materials and Methods**

### **Study Design**

A descriptive cross-sectional design was used to assess the prevalence and contributing factors of teenage pregnancy. This design allowed for the collection of data at a single point in time, offering a snapshot of the current situation and facilitating comparisons between different demographic groups.

### **Target Population:**

Adolescent girls between 10 and 19 years old, healthcare workers, community leaders and policymakers in the Vihiga area in Kenya formed the study population. Those between 10 and 14 years old are influenced by teenage pregnancy and knowing their experiences, behaviors and how they access services helps achieve the research objectives.

### **Sampling Technique:**

A stratified random sampling method was employed to select adolescent girls from both urban and rural areas, ensuring the inclusion of diverse geographical regions. Stratification was used based on urban vs. rural location to examine differences in access to resources and services

### **Sample Size:**

Since there were more than 3000 teenage and pre-teen pregnancies reported in 2024, sample size formula for a finite population was applied and the resulting group included 300 individuals who joined the quantitative survey. It is considered that the data gives trustworthy and true results about teenage pregnancy

### **Data collection Methods**

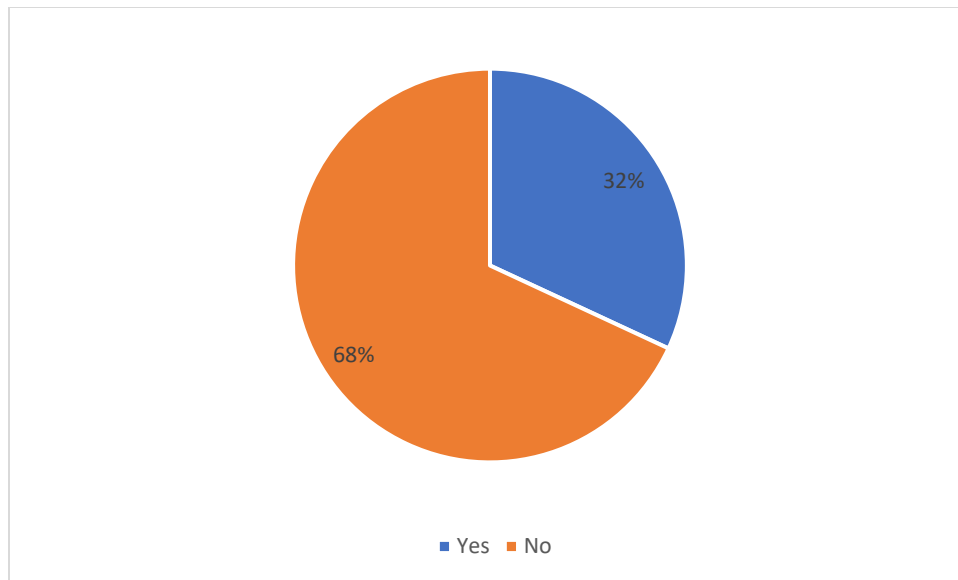
Quantitative data was gathered by giving a structured questionnaire to girls in the age group 10-19. Both closed-ended and Likert scale questions featured in the survey to collect information on factors like socio-economic, cultural and behavioral ones related to teenage pregnancy in Vihiga county.

### **Data Analysis**

The quantitative data was analyzed using descriptive statistics (e.g., frequencies, percentages, means) to determine the prevalence of teenage pregnancy, the factors influencing it, and the effectiveness of interventions. Chi-square tests was used to examine differences in teenage pregnancy rates between urban and rural areas, as well as to assess associations between socio-demographic factors and teenage pregnancy outcomes.

### **National policies or programs that aim to reduce teenage pregnancies**

Respondents were asked on whether they are aware of national policies and programs that aim to reduce teenage pregnancies in Kenya. The results in Figure 14 shows that 32% were aware and 68% were not aware.

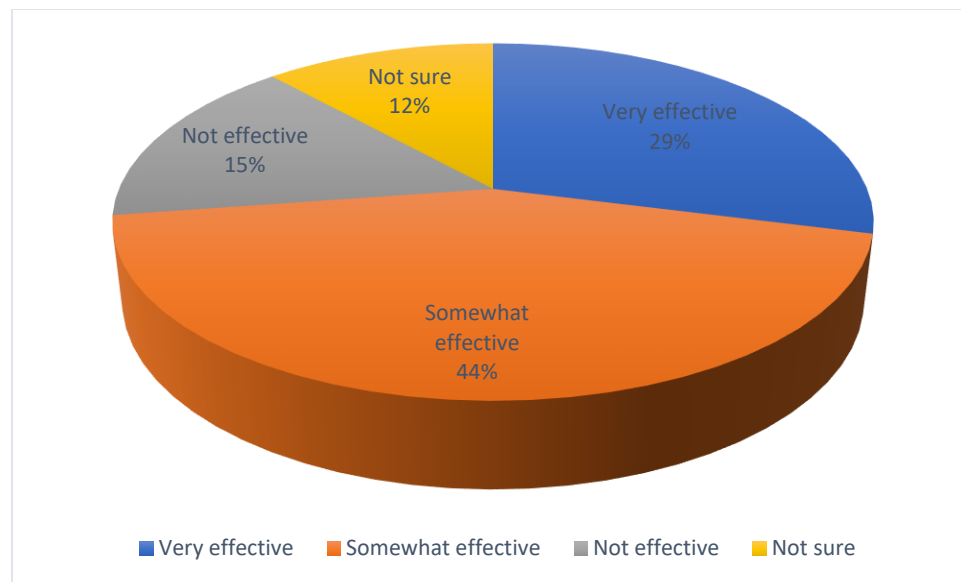


**Figure 1: National policies or programs that aim to reduce teenage pregnancies**

From the findings above, it is clear that a large percentage of the Vihiga population is not aware of national policies and programs to curb teenage pregnancies. This lack of awareness indicates a potential gap in how effective the current communication and outreach about these interventions may be. It implies that even with the presence of such policies, they are not being reached or approached in the best manner possible. This may defeat the general effectiveness of such strategies since awareness forms an essential initial step through which the individuals can access and gain from available resources.

#### **Effectiveness of the national policies addressing teenage pregnancies**

Respondents were asked to state how effectively they think the national policies addressing teenage pregnancies have been communicated to the public in Vihiga County. The results presented in Figure 15 shows that 29% stated national policies were very effective, 44% stated national policies were somewhat effective, 15% stated that national policies were not effective while 12% were not sure.



**Figure 2: Effectiveness of the national policies addressing teenage pregnancies**

The above findings imply that there is a portion of the population who believe the national policies aimed at curbing teenage pregnancies are effective while a greater part of the population believes the policies are only somewhat effective or not effective at all. This implies that whereas some feel that they have been appreciated of the efforts made, there might be a wide disparity in the ways through which these policies are relayed or even carried out in the County of Vihiga. The mixed perceptions indicate the possible challenges to the intended target audience or to the ground effects of the policies. In addition, the fact that a share of respondents is still unsure as to whether these policies are effective or not further accentuates the necessity of clearer and more transparent communication strategies to win the confidence of the public and to make sure that the policies are understood and perceived to be effective by the community.

#### **How national policies and intervention strategies helps to reduce teenage**

The study sought to find from the respondents on whether they think that national policies and intervention strategies are helping to reduce teenage pregnancies in Vihiga County. The results presented in Table 15 shows that 71.9% stated that they are helping, 10.7% stated they are not helping and 17.3% stated that they were not sure if national policies and intervention strategies are helping to reduce teenage pregnancies in Vihiga County.

**Table 1: How national policies and intervention strategies helps to reduce teenage**

	Frequency	Percentage
Yes	221	71.9
No	33	10.7
Not sure	53	17.3
Total	307	100.0

From the above findings, it is evident that most respondents feel that national policies and intervention strategies are helping to curb teenage pregnancies in Vihiga County. This creates an overall sense of optimism about the impact of such initiatives. However, the number of people who are either not sure or feel that these strategies are not helping may indicate that there is still need to have the broad based impact or full community engagement. This emphasises the need to continue to evaluate and refine these interventions in order to make them to be effective in addressing local realities. In addition, some respondents' ambiguity indicates that additional measures might be required to increase understanding and trust in such programs to make them more effective.

### **Correlation between national policies and intervention strategies on teenage pregnancies**

Correlation analysis was carried out in the study to establish the correlation between national policies and intervention approaches and rates of teenage pregnancies in Vihiga County, Kenya. The results showed a negative correlation coefficient at -0.658 with a p-value equal to 0.003, implying that there is a statistically significant inverse relation. The negative correlation indicates that policies like the improvement of sexual and reproductive health education, enforcing strict laws, and introducing more community awareness programs likely play a role in decreasing teenage pregnancies. The results were presented in Table 2.

**Table 2: Correlation between national policies and intervention strategies on teenage pregnancies**

	Employment status
lack of access to quality Education	-0.658 (0.003)

### **Benefits from national policies or intervention programs designed to prevent teenage pregnancies**

Respondents were asked to state on whether they have or someone they know benefited from any national policies or intervention programs designed to prevent teenage pregnancies. The results in



Table 3 shows that 25.4% benefited or know someone who has benefited, 64.5% have not benefited or someone they know have not benefited and 10.1% were not sure.

**Table 3: Benefits from national policies or intervention programs designed to prevent teenage pregnancies**

	Frequency	Percentage
Yes	78	25.4
No	198	64.5
Not sure	31	10.1
Total	307	100.0

The results above indicate that a substantial majority of respondents have not directly benefited from or heard of anybody that has benefited from national policies or intervention exercises to curb teenage pregnancies. This implies that although these programs exist, perhaps they are not felt in the community or their reach and impact may not be felt greatly in the community. It might represent a gap in accessibility, awareness, or efficacy of the programs in meeting the needs of the population. Additionally, the number of unsure respondents regarding the effects of these policies illustrates the need to enhance clear communication and evaluation of these interventions so that they reach the intended beneficiaries and bear fruit in the fight against teenage pregnancies.

### **Main barriers to the successful implementation of national policies and programs**

Respondents were asked on what they think are the main barriers to the successful implementation of national policies and programs aimed at reducing teenage pregnancies in Vihiga County. The results presented in Table 4 shows that 24.4% of the respondents stated lack of awareness of the policies, 22.2% stated cultural resistance to family planning or contraception, 12.1% stated inadequate funding or resources for programs, 13.7% stated lack of youth-friendly services, 15.3% stated poor communication and outreach in rural areas and 12.3% stated limited involvement of community leaders and parents.

**Table 4: Main barriers to the successful implementation of national policies**

	Frequency	Percentage
Lack of awareness of the policies	75	24.4
Cultural resistance to family planning or contraception	68	22.2
Inadequate funding or resources for programs	37	12.1
Lack of youth-friendly services	42	13.7
Poor communication and outreach in rural areas	47	15.3
Limited involvement of community leaders and parents	38	12.3
Total	307	100.0

The above results indicate that there are various notable barriers that hinder the successful roll out of national policies and programs that target to reduce teenage pregnancies in Vihiga County. The variety of response shows that the problem is complex and it includes lack of awareness, cultural opposition, and lack of resources. The results show that it is not enough to have policies if they are not implemented. there is a demand for directed actions to enhance communication, add funding, and develop youth-friendly services that meet the needs of adolescents. In addition, the absence of effective participation from community leaders and parents shows that involving local stakeholders in the process is essential because such local leaders are vital in ensuring that the policies pass and are implemented at the grassroots level successfully.

#### **Improvements to be recommended for national policies and interventions to reduce teenage pregnancies effectively**

Respondents were asked to state the improvement that they would recommend for national policies and interventions to more effectively reduce teenage pregnancies in Vihiga County. The results presented on Table 5 shows that 25.1% stated there is need to increase education and awareness campaigns, 19.9% stated that there is need to provide more youth-friendly health services, 16.6% stated that there is need to involve parents and community leaders in the programs, 11.4% stated that there is need to strengthen school-based sexual education programs, 14.3% stated that there is need to address cultural barriers through community engagement and 12.7% stated that there is need to increase funding and resources for local programs.

**Table 5: Improvements to be recommended for national policies and interventions to reduce teenage pregnancies effectively**

	Frequency	Percentage
Increase education and awareness campaigns	77	25.1
Provide more youth-friendly health services	61	19.9
Involve parents and community leaders in the programs	51	16.6
Strengthen school-based sexual education programs	35	11.4
Address cultural barriers through community engagement	44	14.3
Increase funding and resources for local programs	39	12.7
Total	307	100.0

The results above show that respondents are aware of the various areas that require improvement for national policies and interventions to have better impact on teenage pregnancies in Vihiga County. There is a specific focus on enhancing education and awareness programs showing the necessity of making young people and the broader community aware of the dangers and available resources. The recommendations to expand youth-friendly health services, improve school-based sexual education, and overcome cultural obstacles indicate that a more targeted, available, and culturally-sensitive approach is required. Moreover, the need to involve more parents and community leaders is another indication of the significance of local support in bringing about positive change. Lastly, the requirement to provide more funding and resources also speaks to the need to properly invest in these programs to ensure sustainability and coverage.

### **Conclusion of the study**

The study has established that the national policies are not well understood and as such there should be more capacity building and sensitization on what the policies state. That data from the ministry of Education is varies very highly with the data from the ministry of Health and this shows a major gap in the number of children in school or data collected in schools regarding preteen and teen pregnancies begging the question how many children have dropped out of school without follow up?

### **Recommendation of the study**

Based on the study findings, the following recommendations were provided;

- i. National policies be reviewed to take into consideration accessibility to health services

- ii. The ministry of Education should collect data on school going pregnant children with an effort to keep a track record of 100% transition and lifelong learning which currently is not being done.
- iii. Contraceptive discussions for teens and preteens may need to be discussed at policy levels.
- iv. Sex education in schools and other social places not needs to be addressed as the topics should no loner be taboo due to the urgency of the impact of preteen and teen pregnancies.

## References

1. Decker, M. J., Gutmann-gonzalez, A., & Berglas, N. F. (2020). *Perspectives on Adolescent Pregnancy Prevention Strategies in the United States : Looking Back , Looking Forward*. 135–145.
2. Mande, M. M., Ekeme, M., Ukah, C. E., Shei, C. M., Dang, S. Z., & Atanga, S. N. (2023). *Prevalence , determinants , and consequences of teenage pregnancy on teenage girls in selected health areas of the Limbe Health District in Cameroon*. 15(December), 283–296. <https://doi.org/10.5897/JPHE2023.1472>
3. Mang'atu, M, B & Kisimbii, J. (2019). Factors Influencing Teenage Pregnancies in Kenyan Public Primary Schools : A Factors Influencing Teenage Pregnancies in Kenyan Public Primary Schools : A Case of Kitui County Kenya Musyoki Benjamin Mang ' atu & 2 Dr . Johnbosco ISSN : 2616-8464. *Journal of Entrepreneurship & Project Management*, 4(September), 11–26.
4. MOH. (2020). *Understanding Teenage Pregnancy in Kenya : The Magnitude and Policy Interventions*.
5. Molina, R., & Gonzalez, E. A. (2014). *Teenage Pregnancy*. July 2012. <https://doi.org/10.1159/000326706>
6. Shirin, F. (2016). *Adolescent Pregnancy : Risk Factors , Outcome and Prevention*. September. <https://doi.org/10.3329/cmoshmcj.v15i1.28764>

