



IT'S A MATTER OF RIGHTS,
HEALTH AND GENDER EQUALITY!

FACT SHEET TEENAGE PREGNANCY

KENYA

CONTEXT AND COUNTRY STATISTICS

Adolescent pregnancy and childbearing are common in Kenya. Almost a quarter of Kenyan women give birth by the age of 18, and nearly half by the age of 20. To realise the SDGs in Kenya, it is important to reduce the number of teen pregnancies in the country. When adolescent girls grow up healthy, and are able to go to school, they are more likely to escape poverty, and they facilitate the upward social and economic mobility of their families and society. Latest statistics on adolescents (between ages 15 and 19 years) from the Demographic Health Survey (Republic of Kenya and KNBS, 2014) reveal that:

- Teen pregnancy and motherhood rates in Kenya stand at 18%. About 1 in every 5 adolescent girls has either had a live birth, or is pregnant with her first child. Rates increase rapidly with age: from 3% among girls at 15 yrs. old, to 40% among girls at 19 yrs. old. The situation varies across counties; with some counties seeing higher rates than others.
- Kenya's adolescent birth rate is 96 per 1,000 women. 15% of all adolescent women have already given birth, and 3% are pregnant with their first child. In the last five years, the teen pregnancy rate has remained unchanged at 18%.
- Use of modern contraceptive methods among married adolescents stood at 36.8%, and among sexually active unmarried adolescents at 49.3% in 2014.
- Unmet need for family planning among married adolescent girls has declined to 23%, and is highest compared to other age groups. Met need for family planning – satisfied by modern methods – among married adolescent girls increased from 35% in 2003 to 56% in 2014.
- Among all unmarried, sexually-active adolescent girls, 59.3% are not using any method of contraception.

GLOBAL STATISTICS

"About half of all adolescent pregnancies (15-19 yrs.) in developing regions are unintended, and more than half end in abortion, often under unsafe conditions" (Daroch, et al., 2016).

"Meeting the unmet need for modern contraception of adolescent girls would reduce unintended pregnancies by 6 million annually, averting 2.1 million unplanned births, 3.2 million abortions, and 5,600 maternal deaths" (ibid).

"Expanding modern contraception services to all women in developing regions would cost US\$11 billion annually, or US\$1.90 per person per year" (Guttmacher Institute, 2017).



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COUNTRY POLICY ON TEENAGE PREGNANCY

In 2015, Kenya developed a National Adolescent Sexual Reproductive Health Policy (ASRH). The Policy aims to enhance the sexual and reproductive health of adolescents in Kenya to contribute in realising adolescents' full potential, as well as to benefit national development.

One of the key areas that the national ASRH Policy focuses on is teen pregnancy. The Policy elaborates key actions to reduce the teen pregnancy rate that has remained stagnant (18%) over the last decade.

POLICY CHALLENGES

Policy dissemination across all counties in Kenya has not been fully realised yet. Further, there continues to be inadequate funds for Policy implementation.

RIGHTS HEALTH GENDER EQUALITY

"When a girl becomes pregnant, her life can change radically. Her education may end, and her job prospects diminish. She becomes more vulnerable to poverty and exclusion, and her health often suffers" (UNFPA, 2017).

"Complications during pregnancy are the second cause of death for 15 to 19 year-old girls globally" (WHO, 2014).

LINKS TO SUSTAINABLE DEVELOPMENT GOALS

The National Adolescent Sexual and Reproductive Health Policy 2015 directly contributes to realising Kenya's Vision 2030 agenda, and its demographic dividend targets. Policy wins address young people's health and well-being (SDG3), help realise gender equality (SDG5), as well as reduce other forms of inequalities (SDG10). Through this Policy, the Government seeks to empower and develop well-informed and healthy adolescents to expand their access to educational and economic opportunities, and to ensure that they grow into resilient adults.



POLICY WINS

In many ways, the Policy has enabled a legal and socio-cultural environment to ensure that adolescents have access to SRH information and services. To name a few, the Policy has: (a) strengthened inter-sectoral coordination, partnership and community participation in adolescent SRH; (b) improved data collection and analysis, generating age- and sex-disaggregated data on adolescents: 10-14 yrs., 15-19 yrs., 20-24yrs; and (c) outlined the roles and responsibilities of actors in ASRH programming. The Policy is complemented by an ASRH Policy 2015 Implementation Framework, which provides key strategies to guide county implementation.

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