

Global Multisectoral Leadership Interventions on the Teenage Pregnancy Menace and Implications for Kenya

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Abstract

This paper proposes ways through which leaders can innovatively address teenage pregnancy concerns in society. The report comparatively assesses data on the prevalence of adolescent pregnancy in Kenya and other countries in the region of East Africa and global interventions and their impact on the lives of teenagers and communities. It further examines data from empirical studies, especially from systematic reviews, to identify critical themes on teenage pregnancy and recommend intervention models based on the available data. The study concluded that teenage pregnancy has been a perennial issue in Kenyan society, leading to dropout rates and denying teenagers, primarily girls, opportunities for university education or meaningful academic achievement to thrive. The study recommended that the government and other stakeholders should address the menace by providing students with opportunities to enhance possibilities of completing primary education (high school). Multidimensional and multi-sectoral, including multi-agency interventions, can create programs with the potential to reduce teenage pregnancies by lowering school dropout rates, improving academic performance, training on reproductive health, identifying and deploying talent, equipping for wealth creation and addressing retrogressive cultural practices.

Key Terms: Teenage, covid 19, pregnancy, multisectoral leadership, cause, crisis, Kenya

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Introduction

The United Nations data (2015) indicate that Africa has almost 20 percent of the world's youth population aged (15-24 years), with the highest levels of teenage pregnancy in the world (Burton, 2017). Among numerous socio-economic issues that hamper the attainment of development goals in developing countries, such as the 2030 Vision in Kenya and the Sustainable Development Goals (SDGs) both at the national and community levels is teenage pregnancy. It has hindered development and affected the lives of young people at an alarming rate (AFIDEP/UNFPA, 2019). Data indicates, "In Kenya, almost 1 in every 5 girls between the ages of 15 and 19 years are reported to be pregnant or have had a child already. This trend has been consistent for more than two decades, with the national representative Demographic and Health Surveys showing little change on prevalence between 1993 and 2014" (AFIDEP/UNFPA, 2019). Although Kenya had the lowest prevalence rate among five countries in 2019 (see Figure1), teenage pregnancies that had declined in the mid-'90s before rising again to decline in the mid-2000s have been on a steady increase (Wado et al., 2019).

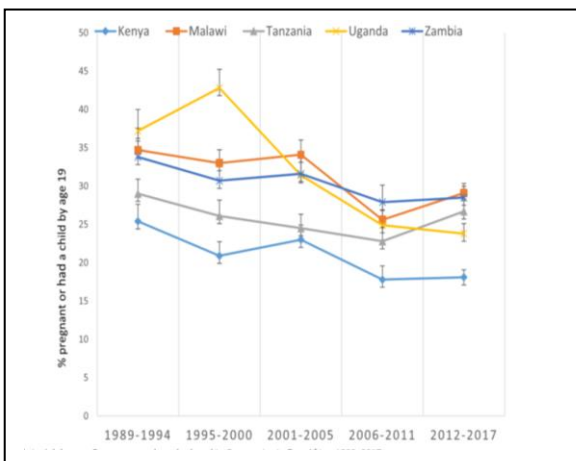


Fig. 1: Trends in adolescent pregnancy and motherhood in 5 countries in East Africa, 1990-2017. Source: Wado et al., 2019, p. 6

Since the Covid-19 pandemic outbreak, the numbers of teenage pregnancies have been reported through various media, with reports indicating a tremendous rise in March 2020 (Maema, 2020).

Even though there have been doubts about the report accuracy of some people, data shows that teenage pregnancy in Kenya has been an ongoing menace for some time. Data from Kahurani, for instance, show that the number of girls aged 10-19 years presenting with pregnancy in January-May in 2019 and 2020 is not that different (Kahurani, 2020). Since the fear of visiting health care facilities due to the spread of the coronavirus has been reported by the mass media nationwide, the real impact of the pandemic on teenage pregnancy may be witnessed later, perhaps on the availability of births' data Kenya for the period.

Nonetheless, the matter of teenage pregnancy needs to be addressed for it can become a major cause of drawbacks in achieving the Sustainable Development Goals (SDGs) and Kenya's Vision 2030 because "from the economic perspective, it is estimated that the lifetime cost of teenage pregnancy in Kenya could be as high as 17 percent of annual GDP" (AFIDEP/UNFPA, 2019).

LITERATURE REVIEW

Causes of Teenage Pregnancy

Teenage pregnancy is a global "pandemic" with a diverse negative impact on the Well-being of teenagers, their children, families, communities and nations. Studies were done in the United Kingdom (UK), the United States (US), South East Asia, Sub-Saharan Region, including the Eastern African Region and Kenya, show that teenage pregnancy is a global challenge that needs to be continually addressed.

In 2010, the United Kingdom (UK) had the highest teenage birth and abortion rates in Western Europe, with those involved likely to be teenagers: "in or leaving care, homeless, underachieving at school, children of teenage

parents, members of some ethnic groups, involved in crime, [and] living in areas with higher social deprivation” (FPA, 2010). Thus, teenage pregnancies were associated with personal, familial and societal factors. In 2013, the United States (U.S.) teenage pregnancies were 43.4 per cent for every 1000 teenage girls aged 15-19 years (Livingston & Thomas, 2019), 16.3 percent of teenage births were repeated in 2017, and 77 percent of the teenage pregnancies were unwanted (U. S. Department of Health & Human Services, 2019). The U. S. Department of Health & Human Services indicates that:

Numerous individuals, family, and community characteristics have been linked to adolescent childbearing. For example, adolescents who are enrolled in school and engaged in learning (including participating in after-school activities, having positive attitudes toward school, and performing well educationally) are less likely than are other adolescents to have a baby. At the family level, adolescents with mothers who gave birth as teens or whose mothers have only a high school degree are more likely to have a baby before age 20 than are teens whose mothers were older at their birth or who attended at least some college—in addition, having lived with both biological parents at age 14 is associated with a lower risk of teen pregnancies. At the community level, adolescents who live in wealthier neighbourhoods with solid levels of employment are less likely to have a baby than adolescents in areas in which income and employment opportunities are more limited (U. S. Department of Health & Human Services, 2019).

These factors indicate that the causes of teenage pregnancy are multifaceted, requiring various stakeholders to synergise in addressing the issue. Importantly, adolescent pregnancies do not usually have similar effects across subgroups. In the U.S., for example, “the birth rate for Hispanic and black teens of ages 15 to 19 years was almost double the rate among white teens and more than five times as high as the rate among Asians and Pacific Islanders” in 2018 (Livingston &

Thomas, 2019). The reasons for the racial disparity in teenage pregnancy are associated with various factors. For example, the living arrangement was a key factor because: while 74.3 percent of the entire White children under the age of 18 years live with both parents, only 38.7 percent of African American minors can say the same. More than one-third of United States Black children under the age of 18 years live with unmarried mothers—compared to 6.5 percent of White children. The figures reflect a general trend: between 1960 and 2016, the percentage of children who live with their mother tripled to about 8 to 23 per cent (Prince, 2016, pp. 3-4).

Living with one parent, single mothers specifically, implies that children are likely to suffer a lack of basic needs and amenities related to low social-economic background. This may compound their ability to stay in school, perform well or even have a good attitude toward school, especially when their peers may be more privileged. In addition to the above factors, parental relationships are essential since “78 out of 100 White teens and 70 out of 100 African-American teens stated that improper communication between them and their parents is a huge cause of teenage pregnancy” (Mankani, 2019).

Studies have shown that adolescents’ attachment to their parents is associated with teenage pregnancy, with those who are insecurely attached more prone to it (Moretti & Peled, 2004; Figueiredo et al., 2006). Thus, data indicates that teenage pregnancies are caused by the coalescence of complex factors, demanding multipronged and multisectoral approaches to address the matter.

In Asia, South East Asia is reported to have had higher rates of teenage pregnancies than their counterparts in the region. A systematic review of 10 articles involving seven developing countries in South Asia (Nepal, Bangladesh, India, Sri Lanka, Maldives, Bhutan and Bangladesh); “Socio-economic status, educational attainment, cultural factor[s] and family structure were

all identified as risk factors for teenage pregnancies in South Asia teenage pregnancies are significantly higher in the lower social classes (52%) than in the higher social classes (26%)” (Raj et al., 2010, p. 5). These findings agree with the conclusion of the developed countries, as earlier discussed. Still, cultural factors, including social classes and early planned marriages, seemed to contribute new dimensions to the causes of teenage pregnancies in South East Asia.

Just like in the developed countries, education attainment is correlated to teenage pregnancy in developing countries alike. Developing countries are known to trail behind in education with deficient literacy levels than their counterparts in the developed nations (Roser & Ospina, 2018). Hence, multisectoral leaders can develop centres of learning, not only to have more students join tertiary education but also to enhance the welfare of communities while empowering teenage students.

The prevalence of teenage pregnancy has been highest in Africa (United Nations Population Fund, 2013) compared to the rest of the world. The prevalence rate was 18.9 per cent in 2018. Within the continent, prevalence is highest in Sub-Saharan Africa at 19.3 percent and within the region; East Africa has the highest prevalence, that is, 21.5 percent and lowest in Northern Africa (9.2%) (Kass et al., 2018).

Mkwananzi and Odimegwu (2015) investigated the causes of teenage pregnancies in East, West and Southern Africa and found that although there were variations within regions; early marriage, unemployment, education attainment, early sexual activity, family disruption and poverty were significant factors. Those with a primary school education only and those from communities with low employment levels for females reported higher rates of teenage pregnancies. The findings illustrate that in addition to other factors, cultural, socio-economic and sexual behaviour are significant contributors to adolescent pregnancies. These findings were affirmed by a systematic review and meta-

analysis of 52 studies, with a sample size of 254,350 from 24 countries in the East, West, Central, North and Southern African sub-region. The study found that socioeconomic factors such as: being from a rural residence, being ever married, not attending school, no maternal education, no father's education and ignorance on sexuality education were associated with teenage pregnancy.

Parental level of education was likely to influence the employability of a parent and contributed to poverty which were factors associated with the prevalence of teenage pregnancy. Similar to the studies done in developed countries and developing countries in Asia, education attainment is continually affirmed as a common denominator connected to adolescent pregnancy. The other factors are cultural, socio-economic and environmental.

Gunawardena et al. (2019) in a systematic review of 15 articles of seven Sub-Saharan Countries (South Africa, Ghana, Ethiopia, Tanzania, Nigeria and Malawi), found 27 predictors of teenage pregnancy, which they grouped into six themes:

Partner and peer-related predictors; Sexual health knowledge, attitude and related predictors; Parenting and family-related predictors; Economic, environmental and cultural predictors; Personal predictors; and Quality of healthcare services predictors. The most apparent predictors included sexual coercion and pressure from male partners, low or incorrect use of contraceptives, poor parenting or low parental communication and support (Gunawardena et al., 2019).

The attitudes mentioned in the study included attitude towards school, mainly due to performance. Other factors were also related to education levels. The findings affirm various tasks while shedding light on gender relational factors such as the pressure of male partners. Wado et al. (2019), in their study, which included Kenya, Uganda, Tanzania, Zambia and

Malawi, attributed teenage pregnancies to "social inequalities" in all five countries. Studies in East Africa affirm these findings while showing context-specific issues within different countries, as discussed in the next section.

A study done in Northeast Ethiopia indicated that age, contraception usage, rural living and divorced parents were associated with teenage pregnancies and that "teenagers from divorced parents were nearly two times more exposed to teenage pregnancy as compared to those who were from married parents (Habitue et al., 2018, p. 3). A similar study in the country corroborated the findings:

The odds of experiencing pregnancy at teenage was 7.9 times higher among women who were sexually active before age 15 compared with women who were sexually active at the age of 18 and above after holding all other predictors constant. A woman who was married at an early age (before 15 years) had 30.1 times higher odds of experiencing pregnancy at an early age compared with a woman who was not married before the legal age of 18 years. A woman who was living in a rural area had 2.2 times higher odds of experiencing teenage pregnancy compared with a woman who was living in an urban area. A woman living in a community with a lower proportion of contraception use had 2.3 times higher odds of experiencing pregnancy at an early age than a woman living in clusters with a higher proportion of contraception use (Birhanu et al., 2019).

In Tanzania, Mauna (2015) conducted a study to investigate factors contributing to the high prevalence of teenage pregnancy in Lindi Municipality. The study showed that living with relatives or alone was significantly related to a younger age of sexual engagement compared to those who lived with both of their parents, and participation in initiation rites was significantly associated with more youthful sexual involvement. Those who had participated in initiation rites also engaged in sex earlier than their counterparts.

Ochen and others (2019) found a significant association between teenage pregnancy and certain demographic variables in Uganda: age, rural living (as opposed to urban), school attendance and type of parents' employment, with those employed in the informal sector (like farming) reporting higher levels of teenage pregnancy than their counterparts whose parents were used in the formal sector. Other variables included:

Age at first time sex, having multiple sexual partners, frequency of sex, contraceptive use, low socioeconomic status, girls who were married, and those whose parents had separated/divorced, girls who experienced domestic violence and physical neglect, girls who had intense peer pressure, had experienced sexual abuse and had no control over sex with partners girls who had no awareness on adolescent sexual and reproductive health girls who reported that their culture allows sex before age 18 [and] girls who were not attending school (pp. 4-5).

The findings indicate that teenage pregnancy is associated with multiple personal, interpersonal and contextual factors. Wado et al. (2019) concluded that social inequalities were a significant contributor to teenage pregnancies. "Having secondary and above education reduced the odds of adolescent pregnancy by 67 per cent [and] the richest household quintile in Kenya had 68 per cent lower odds of early motherhood compared to adolescents in the poorest quintile" (p. 5). The Kenya Health Demographic Report 2014 (2015) has much to unveil on the social inequalities in Kenya that could be responsible for a high prevalence of teenage pregnancy:

- 1) Twenty-three per cent of households have an improved toilet facility that is not shared with other families," implying that most teenage girls' privacy is compromised at a period when their physiological changes coupled with cognitive growth demands some level of privacy.

- 2) The majority (64 per cent) of households in Kenya do not have electricity," and usually lack of lighting means security is a challenge for many teenage girls who either have to walk to, from school, and from household chores when it is still dark.
- 3) More than half (53 per cent) of households use one room for sleeping", implying both lack of privacy and high congestion in the household conditions.
- 4) More than half (56 per cent) of households use wood as their primary source of cooking fuel," implying that many teenage girls have to fetch firewood as a conventional domestic role for women. This is sometimes done in insecure areas such as forests or property not belonging to them. Owners imply possibilities of rape or coercion to sex by peers or adult predators. Twenty-three per cent of women are not exposed to any source of mass media," implying little exposure on many developments related issues, personal rights or even opportunities for better livelihood.
- 5) Women are primarily employed in agricultural or domestic service positions, "implying low socio-economic status for many households, demography associated with the high prevalence of teenage pregnancy (p.33).

These demographics indicate that most Kenyans are affected by abject poverty hence may not provide their

teenage girls and boys with all the needed cushioning for them to thrive. Since women are more likely to be poorer than their male counterparts, they automatically become vulnerable as single mothers or married with co-wives. Their children also become propagators of teenage motherhood due to the cycle of poverty and the proliferation of cultural norms. Hence, the cycle of the high prevalence of adolescent pregnancies among low socio-economic families is perpetuated. In some of these communities, teenage pregnancy is not even seen as wrong as it is propagated through early marriages.

The global studies explored in this paper indicate that teenage pregnancies are caused by four primary factors: 1) Personal factors related to the teenagers themselves, their attitudes, self-esteem, attachment; 2) Parental factors related to parental communication, ability to provide and availability; 3) Communal factors including cultural factors that have to do with the society the teenagers live in, traditional practices like initiation rites and early marriages; and 4) contextual factors including socio-economic status that determine the ability of teenagers to have basic needs met, and the provision of requisite information and services to teenagers on reproductive health, among others. This can be illustrated as follows:

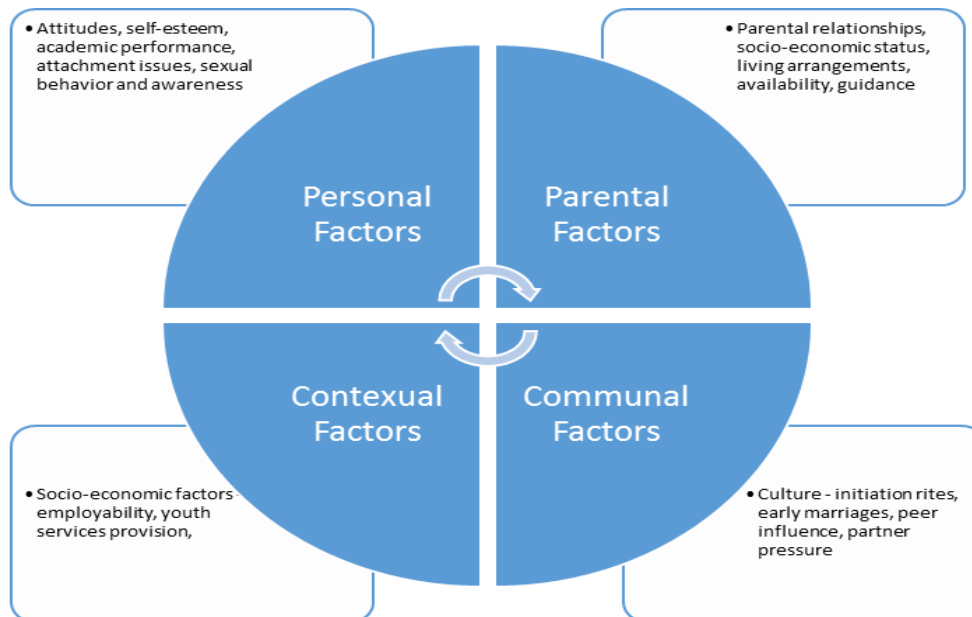


Fig. 2: Causes of Teenage Pregnancies in Kenya (Source: Author).

Social Media and Teenage Pregnancy

There are few studies on the effect of social media use on teenage pregnancy. Data in Western countries indicate that the rise in social media seems to have contributed to the lowering of adolescent pregnancies, but studies are inconclusive (Kearney & Levine, 2014). Studies done in Kenya “established that access to social networking sites by students was high with much focus on sexually explicit music, sex images, videos, sex texting and student sex solicitation online, and there was limited use directed to academic information. The study, therefore, concluded that “social media contributed to teenage pregnancy among secondary school students in Imenti North Sub County” (Kiarie & Mugambi, 2016). While the single study cannot establish the nature of the correlation between social media use and teenage pregnancy, neither can the studies be generalised; it should be of concern that teenagers showed a high level of consumption of sexual content. With teenagers exposed to smartphones and the internet, prohibiting phones in school is not sufficient; instead, the provision

of helpful content and educating teenagers on how to manage social media and how to leverage it for their benefit is more advantageous. Multisectoral leaders can facilitate programs that can help teenagers do well academically and develop other helpful life skills.

Effects of Teenage Pregnancy

The effects of teenage pregnancy are grievous for adolescent mothers, their children, families, communities and nations. These include dropping out of school, pregnancy and complications, as well as poverty; in addition, their children are likely to experience emotional and health issues, behavioural problems and low performance in school, and soft attachment, among others (Center for Disease Control (CDC), 2011). Usually, in South-East Asia and Sub-Sahara Africa, parents of low socioeconomic status and in exchange for a low bride price marry many teenage girls early. These teenage girls are generally married as co-wives, and their lives of poverty pass on to their children and their posterity. In the U.S., “8 of 10 of these pregnancies are accidental/unplanned, 8 out 10 teen dads don't marry the

mother of their child" (Mankani, 2019). This is similar to Kenya, where 59 percent of teenagers between 15-19 years in 9 counties indicated their pregnancies were not wanted (Plan International, 2020). Whether the teenagers are married off or not, pregnancies among schoolgirls are a leading cause of dropout rates (accounting for about 25 percent of dropouts in sub-Saharan Africa). Yet, evidence shows that each extra year a girl's stay in school increases their future earnings by 10-20 per cent (AFIDEP/UNFPA, 2019). The loss of education and its adverse effect on the livelihood of teenage mothers should therefore be of great concern to all citizens. Systemic and intergenerational poverty perpetuated by adolescent pregnancies should be vigilantly and militantly dealt with.

RESULTS AND RECOMMENDATION

Emerging Themes from Literature and Recommended Interventions

Some studies on teenage pregnancies have focused on the underuse of contraception as the leading cause for the high prevalence of adolescent pregnancy and have recommended sex education and the availability of contraceptives as means to curb teenage pregnancy. However, most studies yielded data indicating contraceptive usage as a secondary factor in high levels of adolescent pregnancy. For example, even in communities with rampant sex education and increased access to contraception, such as the United States and the United Kingdom, teenage pregnancy is still a challenge, with over 70 per cent of adolescent pregnancies unwanted. Moreover, teenage pregnancies in these countries have dropped significantly in the last ten years. The studies have shown that contraception usage in the UK is at its lowest (60% drop) (Chemist4u, 2019, paragraph 6), and the US with more teenagers delayed their first sexual encounter at a 3 per cent drop between 2011-2015 (Livingston & Thomas, 2019). The interventions that led to that were integrated to address multiple factors. For example:

The UK Labour Government's 10-year teenage pregnancy strategy for England is one of the few

examples of an intervention, which has successfully reduced adolescent pregnancy rates. . . Nationally led and locally delivered, the strategy had four themes: joined-up action by national and local government; better prevention through improved sex and relationships education and young people's access to effective contraception; a national campaign to reach young people and parents; and coordinated support for young parents. Since the start of the strategy, the under-18 conception rate in England has fallen by 51 per cent with significant reductions in deprived areas (Hadley et al., 2016)

Similarly, the US has had ongoing programs that include teenage mothers and fathers and renowned reality TV programs that are attributed to 30 per cent reduction rates of adolescent pregnancies in 2009-2010 (U. S. Department of Health & Human Services, 2019; Livingston & Thomas, 2019). It is important to note that the integrated approach cannot overemphasise sex education. The program needs to be comprehensive, focused on the welfare of teenagers as they manoeuvre their transitional period. Teenagers encounter disequilibrium in hormonal changes. If not properly guided, this can be coupled with poor socialising behaviour between teenage girls and boys, teenage girls and older men, leading to unwanted pregnancies. In addressing sexual conduct, a clear understanding of relationships with the opposite sex, parents and community, sexuality and reproductive health is needed, effects of teenage pregnancies on life and livelihoods, and other related topics is necessary.

"The Kenya government committed to ending teenage pregnancy by 2030 at the end of ICPD 25 [International Conference on Population and Development, Nairobi Summit] and began mobilising high-level intergovernmental committees to develop and implement proven solutions" (Ajayi & Mwoka, 2020). This provides an opportunity for a bottom-up approach where various agencies and institutions can submit proposals to collaborate with the stakeholders and the government. The interventions require multiple partners

to synergise in educating, caring, providing services and developing life skills among teenagers - girls and boys, their parents and the communities they live in. Critical factors that need to be addressed are:

Personal Factors and Sexual Behaviour

Personal factors and the sexual behaviour of teenagers contribute to teenage pregnancy. Since a robust knowledge of sexuality and reproductive health has not eradicated adolescent pregnancy, it is essential to address primary factors first. There are personal factors that predispose some teenagers to risky sexual behaviour. It is necessary to nurture teenagers to project themselves as leaders in the making and therefore focus on enhancing self-leadership skills. Coupled with the training should be programs that encourage leadership virtues such as courage, passion, consistency, and excellence. These programs need to address the psychological factors that teenagers face. The programs also need to integrate self-protection skills by incorporating courage sports such as martial arts, in addition to community service in remote areas, among others.

Due to high rates of human immunodeficiency virus (HIV) infection in the '90s, a quasi-experiment was set up among upper primary students in Western Kenya to test the efficacy of two alternative interventions:

1. Training teachers to teach on the abstinence-based curriculum, and
2. Subsidising the cost of education through the provision of free school uniform.

The study sought to address risky sexual behaviour among teenagers. The sample comprised 328 primary schools, 246 of which were selected for the experiment, while 82 schools were for comparison. The experiment group was divided into three; some schools were to receive training from teachers who had been trained on the HIV curriculum only, another group was to be provided with free school uniforms only, and the third group was to receive both training and free uniform. Measures of pregnancy rates and frequency of Sexually

Transmitted Infections (STIs) were regularly monitored between 2003-2010 and 2009-2019, respectively. Data indicated that for the group that received training on HIV curriculum, the intervention did not reduce the chances of teenage girls engaging in unprotected sex and contracting STIs but reduced pregnancies outside marriage. For the group which received free uniforms, data revealed they stayed in school longer, reduced dropout rates by 16.5 per cent, teenage pregnancies by 17 per cent and teenage marriage by 20 per cent, but their risks of contracting STI's over 6-7 years was still high. The group that received both free school uniform and the teacher training on HIV reduced teenage pregnancies but not as much as the school uniform only group. However, the risk of contracting herpes was decreased by 19 per cent. "This suggests that among girls who chose to delay marriage to stay in school with the free uniform, the HIV curriculum may have convinced some to abstain altogether to avoid the STI risk associated with casual relationships." (J-PAL, n.d.). The intervention indicates that it is possible to address risky sexual behaviours through multiple interventions successfully.

Family and Parental Factors

Factors related to the family environment, including parental factors, influence teenage pregnancy. Data has shown that both in the developed and developing countries, relationships with parents, living arrangements, including single mother headed families are essential. With about 30 percent of families being headed by single mothers (36 per cent in rural areas), and 17 percent of families fostering children and 22 percent of children with both parents living with their parents, living arrangements in Kenya are volatile. Again, with congestion in homes, teenagers are at risk of teenage pregnancy due to incest, rape or pressure from their living environment. It is possible to use mentorship forums to address pre-teenage and adolescent girls. Enhancing relational and attachment potential is essential so that teenagers can have trusted people to confide in such wiles. In this case, psychologists, sociologists and educators can empower girls and boys using integrated training programs and interventions.

However, the government and private investors have a role in improving the quality of housing available in society.

In addressing teenage pregnancies, the parents play a very crucial role. Parents, however, need to be available for the issues their children face from a young age. Given the high percentage of parents who are alive and not living with their children (The Kenya Health Demographic Report (2014, p. xxi), it appears many parents are unaware of the significance of parenting on the wellbeing of their children. Moreover, Kenya demographics indicate that many families are led by mothers and more so in the rural areas (The Kenya Health Demographic Report (2014, p. xxi). This may imply that mothers may not be as present to supervise their teenage children.

Cultural Factors

In Kenya, like many developing countries in Africa and Asia, various cultural issues contribute to teenage pregnancy that needs to be addressed. First, some cultures in Kenya allow earlier marriages, and sometimes, parents who are hungry for dowry marry off girls early. Since Kenya law demands that primary education is compulsory for all, it is expected that girls will complete secondary education at 18 years or older. However, early marriages and subsequent teenage pregnancies are a significant cause of school dropout, as shown by various studies in this paper. Since the government policy demands that girls remain in school until high school, multisectoral leaders must work together to ensure those who violate the law face justice. Teachers, parents, advocacy groups and development workers, among others, need to synergise to mitigate early marriages that lead to teenage pregnancy.

Secondly, the Eastern African studies discussed in this paper have shown that the involvement of adolescents in traditional rites of passage has been associated with early sexual practices because many of the patrons propagate for prove of manhood by having sex. This was applicable in conventional societies where initiation rites

happened at an older age and close to marriage. However, the current practice for most communities occurs at a much younger age before teenagers join secondary schools. This affects the sexual behaviours of teenagers, with more boys beginning earlier than girls. According to the Kenya Health and Demographic Survey 2014 (2015), "fifteen per cent of women aged between 20-49 years had first sexual intercourse by age 15, 50 per cent by age 18, and 71 per cent by age 20. Twenty-two per cent of men aged between 20-49 years had first sexual intercourse by age 15, 56 per cent by age 18, and 76 per cent by age 20" (p. xxi). Given that research has demonstrated that teenagers' first encounter of sex is not voluntary, teenage pregnancy must therefore be addressed through integrated approaches that address both boys' and girls' sexual behaviour. Leaders in various sectors can collaborate with the government to mitigate these archaic practices and offer alternative sets of values during rites of passage and even alternative rites of passage in appropriate cases.

Notably, "Six per cent of currently married men are in a polygamous union; 11 per cent of currently married women have co-wives" (The Kenya Health Demographic Report 2014 (2015, p. xxi), which could mean that some of the teenage mothers were married in polygamous marriages as is the custom of some Kenyan communities. These community customs need to be addressed by the government's enforcement of laws, as earlier indicated. The community has a role to play through advocacy and reporting lawbreakers.

Using mentorship programs and internships, university students and graduates can offer innovative ways to address cultural issues. For example, students who have made it to the universities from these communities, together with their colleagues, can be instrumental in bringing change. In partnership with universities, communities can address various issues that seem to aggravate teenage pregnancies. These include cultural practices such as marrying off teenage daughters, values

communicated during initiation rites and teachings from multiple selfish mythologies.

Contextual Factors

The prevalence of teenage pregnancies is correlated to contextual factors, which have to do with the environments where these teenagers live. These include services available to the teenagers to empower them, including learning – information and formal, health services and education, social services, and other socio-economic factors. In addressing the teenage pregnancy crisis, it is essential to handle all the emerging issues demonstrated by data. For example, teenagers need to understand themselves during this critical time of identity formation. They need to understand the hormonal changes, coping mechanisms and implications of mismanagement of their time during this season. In Kenya, the issue of social inequalities needs attention. As a nation, the government has done well to introduce free and compulsory primary education. However, there seem to be gaps at the implementation level, which lead to high levels of dropouts, especially among teenage girls. A need to go beyond the provision of free education to addressing the quality of education is necessary. The infrastructure of schools, class sizes, quality of teachers and teaching (implying ongoing learning and licensing of teachers), and supervision of the teaching-learning process, among others, need to be addressed. The process needs to enhance children's performance, granting them as much support as is required for them to thrive. In the current examination-oriented education system, the failure rate is too high (Muthaka & Wangombe, 2013), an anomaly that the new competency-based curriculum (CBC) seeks to address. Even with a new curriculum, quality education can be compromised if all stakeholders are not intentional in addressing all quality dimensions.

Socio-economic Factors

Socio-economic factors are associated with teenage pregnancies. Notably, there is a massive divide between the poor and the rich in Kenya. "Income is heavily skewed in favour of the rich and against the poor. The country's

top 10 per cent households control 42 per cent of the total income, while the bottom 10 per cent control less than 1 per cent. This means that for every shilling earned by the poorest 10 per cent households, the richest 10 per cent earn about KShs. 56", implying teenagers become susceptible to social ills such as illicit sex (Society for International Development, 2004, p. 3). Leaders can create programs to educate and provide needed support, which is sustainable. Sustainable programs are those that can continue to deliver their mandates even after the unforeseen contextual disruption. For example, After-school and holiday programs for teenagers coming from low socio-economic backgrounds could also help teenagers maintain focus on Learning, life, sports and vocational skills. The skills need to be planned to empower teenagers to perform better in school, to enhance leadership potential and to generate income. After school, programs can enhance girls' ability to prepare for a time, improve academic performance, enhance socialisation skills and improve the economic abilities of teenagers. These programs need to be organised for day school students, just like after school programs are common in boarding schools and developed countries for day school students.

Conversely, the effectiveness of programs needs to be evaluated and necessary revisions made. For example, popular interventions such as the provision of free sanitary pads in schools may need to be assessed because they only address the situation within the school and institutional contexts but leave the already program-dependent and needy students in dire need during school holidays or during lengthy closures. Such was the case with Covid-19 related school closures in 2020 (Muiruri, 2020). Such circumstances make teenage girls succumb to transaction sex (Phillips-Howard et al., 2015; Muiruri, 2020). Moreover, sanitary products do not address other complications related to the menstruation cycle, such as debilitating cramps, which may lead to absenteeism in schools. Therefore, such programs are necessary relief programs that must be implemented simultaneously with sustainable developmental interventions within specified strategic frameworks.

Programs such as paid work-study programs in school and similar community-based work may be more helpful in addressing economic helplessness that may lead to transactional sex for such basic needs. Moreover, such programs, while well implemented, would promote responsible citizenship in addition to financial management skills and appropriate work ethics. Such programs can be for all teenagers, male and female.

CONCLUSION AND RECOMMENDATION

Conclusion: Teenage pregnancy has been a perennial issue in Kenyan society, leading to dropout rates and denying teenagers, primarily girls, opportunities for university education or meaningful academic achievement to thrive. Ultimately, the hope is that more

girls joining tertiary education due to the interventions and teenage pregnancies can be eventually decimated.

Recommendation: The government and other stakeholders need to address the menace by providing students with opportunities to enhance possibilities of completing primary education (high school). Multidimensional and multi-sectoral, including multi-agency interventions, can create programs with the potential to reduce teenage pregnancies by lowering school dropout rates, improving academic performance, training on reproductive health, identifying and deploying talent, equipping for wealth creation and addressing retrogressive cultural practices

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