

**Responses to Unintended Pregnancy among Urban Adolescents in Nairobi Slums:  
Results from a Formative Study**

By

Joyce N. Mumah<sup>1</sup>, Caroline W. Kabiru<sup>1</sup>, Chimaraoke Izugbara<sup>1</sup>, and Carol Mukiira<sup>1</sup>

<sup>1</sup>African Population and Health Research Center

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## **Abstract**

Though previous studies highlight the vulnerability of adolescents living in urban slums to unintended pregnancies, existing studies fail to capture how adolescents manage and deal with the consequences of unintended pregnancy. Using qualitative data conducted among adolescents 15-19, in two urban slums in Nairobi; we seek to investigate this gap. Findings suggest that unpreparedness for parental roles, pursuit of education, stigma of carrying a pregnancy and reactions of parents were factors that influence the decision to terminate a pregnancy. Decision to keep the pregnancy was influenced not only by parental and partner support, but also availability of external assistance. Whereas raising a child born out of an unintended pregnancy provided strong motivation to improve financial circumstances, pursuit of this improvement revolved around strategies that further expose adolescents to unintended pregnancies. Study findings underscore that addressing structural factors will have significant direct impacts on reducing risky sexual behaviors and its consequences.

## Background

The 2008/09 Kenya Demographic and Health Survey (KDHS) showed that the prevalence of unintended pregnancy among unmarried girls aged 15-19 years is 47% [1]. One of the major consequences of unintended pregnancy in Kenya is unsafe abortion. Currently, 14% of all unsafe abortions in Kenya annually occur among girls ages 15-19 years [2]. A 2013 study on the incidence and complications of unsafe abortion in Kenya, conducted by the African Population and Health Research Center, together with the Ministry of Health and other partners showed that of the 120,000 women who sought medical care for abortion-related complications in health facilities in 2012, women below age 19 years accounted for about 45% of severe abortion-related admissions [3]. Further, in urban areas it was estimated that about 57% of abortions in Nairobi were among young women in poor settings [4].

As in many parts of Africa, the proportion of Kenyans living in cities continues to grow. However, infrastructural development, housing, service provision and employment opportunities have not kept pace with rapid urbanization and growth of urban populations in Kenya. In Kenya, young people constitute a considerable proportion of urban slum residents. Research shows that people living in informal settlements are at greater risk for HIV infection, risky sexual behaviors, early childbearing, and other adverse SRH health outcomes, than their non-slums counterparts [5, 6, 7, 10, 11]. One ongoing study shows that 37% of girls in two Nairobi slums have experienced an unwanted pregnancy [8]. When the sample is limited to sexually experienced girls, this number increases to 62%. In the same study, girls reporting unwanted pregnancies were more likely to be out of school, married and with lower educational attainments [8]. Generally, the consequences of unintended pregnancy are more severe among women under age 20. During pregnancy and the period surrounding it, adolescent girls are more likely to die than women aged 20 years and older. There is also more Under-5 mortality and morbidity, stunting, malnutrition and underweight among the first children of girls aged 12-20 years than those of women aged 24-26 years old [9].

The health and other risks associated with early fertility and sexual activity raise urgent need for appropriate interventions and programs to address adolescent reproductive behaviors. It is important to understand the circumstances and factors surrounding unintended pregnancies among young people, the challenges that limit their ability to protect their sexual and reproductive health, and how they manage and deal with the outcomes of unintended pregnancy, including abortion and unplanned childbearing. While previous research continues to highlight the high vulnerability of young slum residents to unintended pregnancies and associated poor health and socioeconomic outcomes, their strategies and practices for managing and dealing with the consequences of unintended pregnancy have received little attention. In this regard, our study seeks to answer the following questions: 1) What are Kenyan adolescents living in resource poor urban settings experiences related to unintended pregnancy? and 2) How do these adolescents manage and negotiate the consequences of unintended pregnancy?

**Methods:** Forty-nine in-depth interviews and eight focus group discussions were conducted among adolescents aged 15-19, in two urban informal settlements in Nairobi, Kenya. Interview questions sought to explore respondents' personal experiences with unintended pregnancy, as well as general knowledge about sexuality, unintended pregnancies and abortion. Interviews were directly transcribed into English from Swahili. The research team generated a coding list from existing research and key issues emerging from current data. Coding of data was done by the research team and a professional qualitative data coder. Based on the jointly-developed codebook, transcribed interviews were coded and analyzed using Nvivo qualitative software, while a thematic approach was used to understand the emerging themes from the qualitative data.

## **Preliminary Results**

### **Causes and consequences of unintended pregnancy**

Interview data suggested that unintended pregnancy was common among adolescent girls in the study communities. Besides personal admissions of having become pregnant accidentally or making someone pregnant accidentally, several respondents also reported personal knowledge of two or more young people in their community who had experienced an unintended pregnancy. Respondents associated unintended pregnancy to several factors, including early sexual activity, sexual violence, lack of access to contraceptives, poverty, multiple sexual partnerships, transactional sex, and peer pressure.

Respondents also associated unintended pregnancy with lack of access to contraception. Narratives surrounding contraceptives often centered on lack of access, lack of knowledge, and forgetfulness as reasons for non-contraceptive use. In talking about access one respondent noted *"It is not easy for small [young] people like us to go to a pharmacy..."* Respondents often talked of limited choices in methods that adolescents could use and had access to. Qualitative interviews also revealed notable misconceptions about contraceptive use, and side effects which had a negative impact on young people's understanding and attitudes toward contraception. Several examples illustrate these notable misconceptions: Sheila aged 18 from Korogocho said *"...So condom also is risky if you use for a long time you can be infected with a disease, growth in the stomach, so we don't know which protection we will use? We don't know whether we just go for prayers?"* Ann a 19 year old FGD participant in Korogocho noted *"It causes growth in the stomach, because of the oil inside it, so you are not supposed to use for a longer period of time. We are told that it is the best protection but we should not use it for long, and if you use pills for long is not also good, you can develop growth in your stomach".*

### **Coping with unintended pregnancy**

Consequences of an unintended pregnancy included rejection by the male partner, getting thrown out of the parental home, loss of livelihood, prostitution to support child, school discontinuation, and stigma. Adolescents noted that those who got pregnant were often forced to drop out of school, partly to look for work and take care of the baby, but also because the

shame and stigma associated with being a pregnant student. Dropping out school is not unique to girls: boys reported dropping out of school out of a sense of responsibility. Narratives suggest that in certain cases boys make the decision to drop out of school in order to look for jobs to take care of the new “unexpected family”. Because of minimal education however, the impact of dropping out of school is felt on the economic earning potential and the kinds of jobs they could and can get.

Gender differences were noted in the coping strategies employed by adolescents to deal with the event of an unintended pregnancy. For girls, the initial response to the realization of an unintended pregnancy often involved regret, anger, embarrassment, resignation and then acceptance. Even in acceptance of a pregnancy, narratives from the adolescent girls noted that some girls will resort to hiding during pregnancy because they are overcome with shame and embarrassment. For many girls lack of parental support often force the girl to get married to the baby’s father, get into crime to be able to support herself and the baby, look for odd jobs such as domestic work, or get into prostitution. Although abortions were mentioned as a general way adolescent dealt with unintended pregnancies, some respondents noted that uncertainty, fear about the safety of abortion and the ability to afford the cost of an abortion were some of the deciding factors that prompted some young girls keep their unwanted pregnancies rather than to have it terminated.

For boys, how the pregnancy is dealt with is based on whether the initial reaction to the pregnancy was accepting the responsibility for the pregnancy. In situations where boys took responsibility for a pregnancy, they found various mechanisms to get money to support the child and the mother. Some boys resorted to crime, seeking employment, or leaving the child with his parents. In certain cases, males’ responses to unintended pregnancies were denial, ambivalence, lack of concern, relocation, aggression toward the female partner, and insistence on an abortion. Denial of responsibility for the pregnancy sometimes was due to embarrassment from ridicule which could be heaped on him by his peers. In other cases, denial was attributed to the boy’s age, unpreparedness for the responsibility of taking care of a family, and the existence of another female partner. In some cases, however, denial stemmed from suspicion that the girl had multiple partners and therefore could not be trusted. As one respondent in an FGD with 15-17 year old males in Viwandani noted *“How will I know that it is mine and maybe she has been doing sex with many people? Ladies cannot be trusted”*.

## **Discussion**

The findings from the formative study indicate that adolescents in the study communities experience a myriad of challenges including violence, threat of rape, early marriage, early unintended pregnancy and poverty. Strong opposition to contraceptive use is severely based on misconceptions about family planning, the various methods and use. Many accounts indicate that knowledge of family planning is strongly influenced by information from peers rather than service providers or accredited facilities. Accounts also suggest that lack of access to contraception and counseling on appropriate methods for individual girls is limited. There was

high reliance on short term methods, especially condoms which are often at the discretion of male partners. Availability of alternative methods that could be used at the discretion of women, when partner opposition was an issue was advocated. Studies in other settings have shown that adolescents are more likely to uptake use of natural methods, rather than modern contraceptive methods if they are correctly sensitized on how to efficiently use them. Programs should address this by provision and creation of more operational youth friendly centers, providing a variety of services to reach and capture the diverse needs of this group. Moreover, these centers could also provide more awareness on natural methods such as Fertility Awareness Methods as a viable alternative. These methods have been shown to allay fears of side effects and deal with partner opposition to contraceptive utilization.

Study finding underscore the significant role of structural factors, especially poverty, in driving risky sexual behavior and its consequences, including early unintended pregnancies and STIs and HIV. The narratives showed that for young people, transactional sex, which was often unprotected, was driven by inadequate access to basic amenities, including food and menstrual regulation products. The findings underscored the fact that jobs and wealth creation will have a significant direct impact on reducing risky sexual behaviors which will then indirectly reduce unintended pregnancies. In fact adolescents were most likely to reflect on the seemingly little impact of interventions that only emphasize behavior change especially contraceptive use. Multipronged approaches that include behavior change, wealth and job creation may have a more direct and sustainable impact on reducing unintended pregnancies and are likely to be more responsive to the differing experiences and needs of adolescents living in resource-poor urban settings.

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