

Addressing the burden of pregnancy among adolescent girls: Approaches to increase the utilization of adolescent sexual and reproductive health services in Kenya

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SUMMARY

The main objective of this doctoral study was to address the burden of pregnancy and describe key approaches for increasing the utilization of SRH services and among adolescents in Kenya. The doctoral study employed threemethod research approaches.

- A secondary analysis of cross-sectional data of the 2003, 2008/9 and 2014 Kenya Demographic Health Survey to describe the trends and determinants of adolescent pregnancy in Kenya.
- 2) A qualitative formative assessment to establish the barriers and facilitators towards use of SRH information and services by adolescents.
- A quasi-experimental design: to evaluate the effectiveness of a combined ASRH program intervention model towards improving utilization of ASRH services.

KEY FINDINGS

- 1) DHS data shows that the prevalence of adolescent pregnancy has remained stagnant for over three decades; the percentage of women aged 20 to 24 years who reported their first pregnancy between ages 15 and 19 years was 42% in 2003 and 42.2% in 2009 but significantly declined to 38.9% in 2014, p<0.050. Regression analyses established that low education status, lower wealth quintile, and child marriage were associated with adolescent pregnancy.
- Results from the formative assessment showed that barriers continue to hinder adolescents' access to SRH information and services. Some of the key barriers were negative health workers' attitudes, distance to the health facility, unaffordable cost of services,

- negative social cultural influences, lack of privacy and confidentiality.
- 3) Mixed findings were obtained from the quasiexperiment whose goal was to evaluate the
 effectiveness of a combined ASRH facility community
 model. A multivariate regression analysis showed a
 significant decrease in adolescents whose fear of
 parents and those whose lack of support from their
 partner made them uncomfortable when seeking
 ASRH services. This suggests an improvement in
 adolescents' comfort to seeking SRH services. Our
 findings however did not show an improvement in the
 utilization of ASRH information or services. We
 attribute the mixed findings to various factors
 including study design and the negative effects of the
 COVID-19 pandemic.

CONCLUSION

The findings from this doctoral research highlight the slow pace in reduction of adolescent pregnancies in Kenya and emphasize the need for concerted efforts towards reducing the burden. This work also outlines the factors affecting utilization of ASRH services and the outcome of pregnancy along the socio-ecological model at individual, relationship, community and societal levels. Due to the complex nature of delivering ASRH information and services to adolescents, combining multiple approaches for higher impact is recomended.

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