Factors influencing teenage pregnancy among Maasai girls in Kajiado West Sub-County, Kenya

YES I DO.

FINAL REPORT

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ABOUT YES I DO

The Yes I Do project (2016-2020) aims to reduce child marriage, teenage pregnancies and female genital mutilation/cutting (FGM/C) related practices in Pakistan, Indonesia, Ethiopia, Kenya, Mozambique, Zambia and Malawi. It is a joint collaboration with Plan Netherlands, CHOICE, Rutgers, Amref and KIT Royal Tropical Institute. It is funded by the Dutch Ministry of Foreign Affairs.

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KIT Royal Tropical Institute is an independent center of expertise and education for sustainable development. We assist governments, NGOs and private corporations around the world to build inclusive and sustainable societies, informing best practices and measuring their impact.

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Executive Summary

This qualitative study aimed to identify factors that influence teenage pregnancy rates among the Maasai community in Kajiado West County by conducting interviews and discussions with young people and selected key informants, including parents, teachers community leaders and policy-makers. The key informant interviews assessed how existing laws and policies promote the sexual and reproductive health (SRH) rights of adolescent girls. Also, the participants included boda-boda riders and sand harvesters to explore girls' vulnerability to sexual harassment and abuse linked to poverty. We used the socio-ecological model as a framework for understanding the phenomenon of teenage pregnancy.

The study found that teenage pregnancy is common in Kajiado West, partly due to normative belief that girls who have undergone FGM are ready for sex and childbearing. Adolescent girls' sexual activity starts as early as 9-10 years of age. Many contributing factors, including poverty, peer pressure, cultural practices (FGM and traditional sleeping arrangements), long distances to schools, and use of boda-boda transportation manifest simultaneously to put girls at risk of teenage pregnancy. In particular, poverty, intergenerational and transactional sex are interrelated factors that increase the vulnerability of young girls to teenage pregnancy. A novel finding is how sleeping arrangements of the Maasai put young girls at risk of teenage pregnancy. It was commonly mentioned that girls are vulnerable to teenage pregnancy when they sleep alone in "open manyattas" with no doors, exposing them to sexual exploitation and abuse.

The study also found that SRH information and services exist but unequal distribution of health facilities across a vast county couple with a lack of awareness of available services among community members create limitations to accessing and using existing services. Also, a back-to-school policy that protects the educational rights of adolescent mothers exist but a perceived lack of enforcement of the policy continue to deny pregnant teens' right to education.

The cultural importance of certain practices such as FGM and the freedom that these accord young girls inadvertently exposes them to early sex that often culminates in teenage pregnancy. FGM can be argued to socially legitimize early sex and accommodation/tolerance of teenage pregnancy within the community. The traditional sleeping arrangements that are based on setting boundaries between daughters and fathers inadvertently expose girls to sexual exploitation by men who are culturally 'allowed' to wander in and out of the sleeping quarters of girls. Poverty dictates girls participation in intergenerational and transactional sexual activities, putting them at risk of teenage pregnancy.

Addressing the issue of long distances between homes and schools, the domination of the school environment by male teachers, and poor infrastructure within schools will expand girls safe access to education, thus reducing their vulnerability to teenage pregnancy. These measures need to be implemented alongside expanding access to SRH information and services that goes beyond abstinence-only messages to putting emphasis on the use of contraception/family planning and exploring different sleeping arrangements at home to protect girls from unintended and coerced sexual activities.

1. Introduction

The World Health Organization (WHO) defines adolescents as persons aged between 10-19 years. Adolescent pregnancy is a global concern and worldwide approximately 16 million girls aged 15-19 and 2 million girls under 15 years become pregnant annually (UNFPA 2015). A majority of these occur in low- and middle-income countries. Globally adolescent pregnancy is likely to be high in marginalized communities that are poverty stricken and with low education levels as well as low employment opportunities (UNICEF 2014).

The highest adolescent birth rates are seen in sub-Saharan Africa, Latin America and the Caribbean at 104 and 63 births per 1,000 adolescent girls, respectively. In sub-Saharan Africa, adolescent birth rates are highest in Niger (187 births) and Mali (170 births). Between 2015-2020, adolescent birth rates increased in Lesotho (88-93 births) and remained largely unchanged in Somalia (102-100 births) and the Democratic Republic of the Congo (127-124 births) (Liang et al. 2019). Complications from pregnancy and childbirth are among the leading causes of death among girls aged 15-19 (WHO 2016).

Estimates show that the fertility of young women in Africa is expected to remain above that of adolescent women in other parts of the developing world beyond 2020 (US Bureau of the Census 1996). Countries such as the Central African Republic, Niger, Chad, Angola, and Mali top the list of countries with the highest adolescent birth rates (above 178). In the 2010–2015 period, over 45 percent of women aged 20–24 reported having begun childbearing before age 18.

In Kenya, adolescents (10-19 years) make up 22% of the population (UNICEF, 2014). It has been reported that 18% of girls aged 15-19 years in Kenya are already mothers or are pregnant with their first child (KNBS, 2014). Teenage pregnancy (TP), FGM, and early or child marriage (CM) are intricately related in that they have common root causes that are anchored in gender inequality, social and cultural norms and poverty. These three practices are mutually reinforcing in that FGM and CM increases the likelihood of teenage pregnancy (Irwan et al. 2016)

The YES I DO Alliance (YIDA)

The YES I DO programme started in Kenya in 2016 and is funded by the Ministry of Foreign Affairs of the Netherlands under the sexual and reproductive health and rights (SRHR) policy framework for development cooperation. YES I DO is a strategic alliance of five Dutch organizations whose aim is to enhance the decision making space of young people about if, when and whom to marry as well as if, when and with whom to have children. This also includes protection from FGM/C. The programme has innovative intervention strategies, addressing CM, TP, and FGM/C in a combined and holistic manner through five strategic goals:

1. Community members and gatekeepers have changed attitudes and take actions to prevent CM, FGM/C, and TP
2. Adolescent girls and boys are meaningfully engaged to claim their SRH rights
3. Adolescent girls and boys take informed action on their sexual health

4. Girls have alternatives beyond CM, FGM/C, and TP through education and economic empowerment
5. Policy makers and duty bearers develop and implement laws and policies on CM, FGM/C and TP

The intervention strategies focus on creating a social movement that is empowering, engaging young people meaningfully, improving access to information and services, and supporting education and economic empowerment for young women. These are to be realized through enhancing evidenced-based lobbying and advocacy for improved legal and policy frameworks. The programme implementation areas include Kajiado West sub-county, where this operational research was conducted.

1.1. Problem Statement

Kajiado County is one of the counties that records high teenage pregnancy rates in Kenya (KNBS, 2014). It is suspected that individual, social, cultural and economic factors shape youth sexual behaviour and may help explain the drivers of the high rates of teenage pregnancy. Although some of the factors that influence teenage pregnancy are well understood, less is known about others such as girls' decision-making processes in relation to sexual relationships with boys and men among the Masaai community. In addition, it is not well understood how these processes are influenced by cultural and social norms, as well as a changing socio-economic environment. A key consideration is the need among girls for enhanced agency - the ability to make decisions and act on them - with regards to sexual relationships with boys and men in the Maasai community, and how these decisions are influenced by girls' levels of agency and vulnerability.

The unmet need for contraceptives among adolescents is high nationwide but much higher in Kajiado County (KNBS, 2014). In Kajiado County, 34% of married girls aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive; this is much higher than the average of 23% at the national level (KNBS, 2014). Access to sexual information, education and services more generally are also limited.

Boda-boda riders, who dominate the transport system in rural settings, are largely responsible for transporting young people back and forth to school. Anecdotal information suggests that boda-boda riders present a growing threat to young girls as they often impregnate them. In addition, Morans(young men who have just undergone circumcision and graduated to adulthood in the community) may exploit their cultural entitlement to put girls at risk of unintended pregnancy. Similarly, sand harvesters(men engaged in sand harvesting for sale) with disposable income are likely to exploit the vulnerability of girls. Understanding how adolescent girls get into sexual relationships with boda-boda riders, Morans and sand harvesters is necessary to inform teenage pregnancy prevention strategies.

1.2. Justification

Exploring the sexual behaviour of adolescents is important for understanding the cultural context of sexuality. In particular, it is important for understanding socially and culturally accepted behaviours for girls and boys and how these influence the age of sexual debut and the risk of early and unintended pregnancies among teenage girls. It has been established that teenage pregnancy is likely to contribute to high morbidity and mortality rates for both mother and child, early child marriages, low educational attainment and other social burdens for families. To achieve the objectives of the YES I DO programme, it is necessary to obtain evidence-based information on how the phenomena of boda-boda riders as rural transport, the

manifestations of the Moran culture, and the role of sand harvesters are all putting girls at risk of teenage pregnancy.

In this study the intention was to identify factors that influence teenage pregnancy rates among the Maasai community by conducting interviews and having discussions with young girls themselves. These were conducted with girls who are in school, married girls, and pregnant girls who are not married, in addition to parents, teachers and community leaders. Discussions with boda-boda riders and sand harvesters were also conducted to assess girls' vulnerability to sexual exploitation due to poverty. Key informant interviews were conducted with policy-makers and community leaders to assess how existing laws and policies promote the sexual and reproductive health rights of adolescent girls, including protecting them from teenage pregnancies.

Findings from this study are expected to contribute to a better understanding of sexuality among young girls, married adolescents and youth within the Maasai community, and the challenges they experience. This is expected to inform the design of context-specific interventions to reduce teenage pregnancy in Kajiado West sub-county.

1.3. Literature Review

The World Health Organization (WHO) defines an adolescent as any person aged 10-19 years (WHO 2018). Globally, almost 10% of all pregnancies are among adolescents, the majority of which (90%) are in developing countries. A systematic review of published and unpublished studies on teenage pregnancy across Africa reported an overall prevalence of 18.8% with the highest rates of 21.5% in the East Africa region (Kassa et al., 2018). In Kenya, adolescent pregnancy rates are about 18% with regional variations of up to 40% (KNBS. IFC Macro. 2014).

What constitutes sexual behaviour?

Sexual behaviour refers to the way persons experience and express their sexuality. Risky sexual behaviours are sexual practices that increase the susceptibility of a person to sexually transmitted infections, unplanned pregnancies and psychological disorders (Fetene & Mekonnen, 2018). For example, the exchange of gifts or money for sex (transactional sex), is a common occurrence among sexually active, unmarried young women in sub-Saharan Africa (Moore, Biddlecom, and Zulu 2007; Nobelius et al. 2011) and is considered a risky sexual behaviour associated with unsafe sexual practices (Schaefer et al. 2017). Research in Tanzania found that in some settings transactional sex may be normalized and not viewed as exploitative of girls, depending on whether there is a substantial age differential or power imbalance, or the sex is coerced (Wamoyi et al. 2019).

Teenage pregnancy in Kenya

Teenage pregnancy has been documented as the main cause of school drop-out and early marriage among teenage girls (NCPD; 2015). Factors contributing to teenage pregnancy include: drug and substance abuse, poverty, lack of parental guidance, and inadequate heath information. Teachers and boda-boda riders have also been documented to be some of the persons responsible for teenage pregnancies (NCPD; 2015).

A multi-level analysis of risk and protective factors of adolescent pregnancy in five East African countries found that educational attainment, age at first sex, household wealth, family structure, and exposure to media were significantly associated with adolescent pregnancy (Wado, Sully, and Mumah 2019). Teenage pregnancies often deny young women the opportunity to pursue further education. Reports indicate that despite a Return to School policy put in place by the Ministry of Education, Kenya, approximately 13,000 girls drop out of school annually as a result of pregnancy (NCPD 2013).

ASRH for Kajiado county

Kajiado County has a youthful population with young persons aged below 25 years constituting 42% (KNBS. IFC Macro. 2014). In addition, 1 in 5 persons in Kajiado County is an adolescent. Marriage within Kajiado County occurs at an early age. Among women aged 25-49 years, half of them report being married before age 21 years. In addition, 1 in 5 (20%) of adolescent girls aged 15-19 years in Kajiado county have begun childbearing (KNBS. IFC Macro. 2014). The age specific fertility rate for girls aged 15-19 years for Kajiado County is 118 births per 1000 girls which is higher than the national level. Education is an important factor influencing the reproductive health of adolescent girls, and primary school enrolment in the county is 70% while transition to secondary school is only at 36%. This is much lower than the national secondary school transition average of 57% (AFIDEP and Norad 2015).

2. Theoretical Framework

This study employs the socio-ecological model approach. The socio-ecological model emphasizes the importance of understanding the social, economic, cultural, political, and historical contexts that individuals are situated within, and the influence that these environmental factors have on their behaviors and interactions. These interactions can be examined at different levels: intrapersonal, interpersonal, organisational, community, and public domain (McLeroy et al., 1988).

In this study, the socio-ecological model was used as a tool to gain a deeper understanding of the social and cultural context of young people's sexual and reproductive health and how this impacts teenage pregnancy. Culture presents a way of holding society together through the sharing of socially accepted customs, values, norms, beliefs and views of the world which in turn influence human behaviour. Teenage pregnancy and early marriage should therefore be understood as occurring within a context of social norms, including norms which shape and normalize sexual behaviour (Berger and Luckmann 1966).

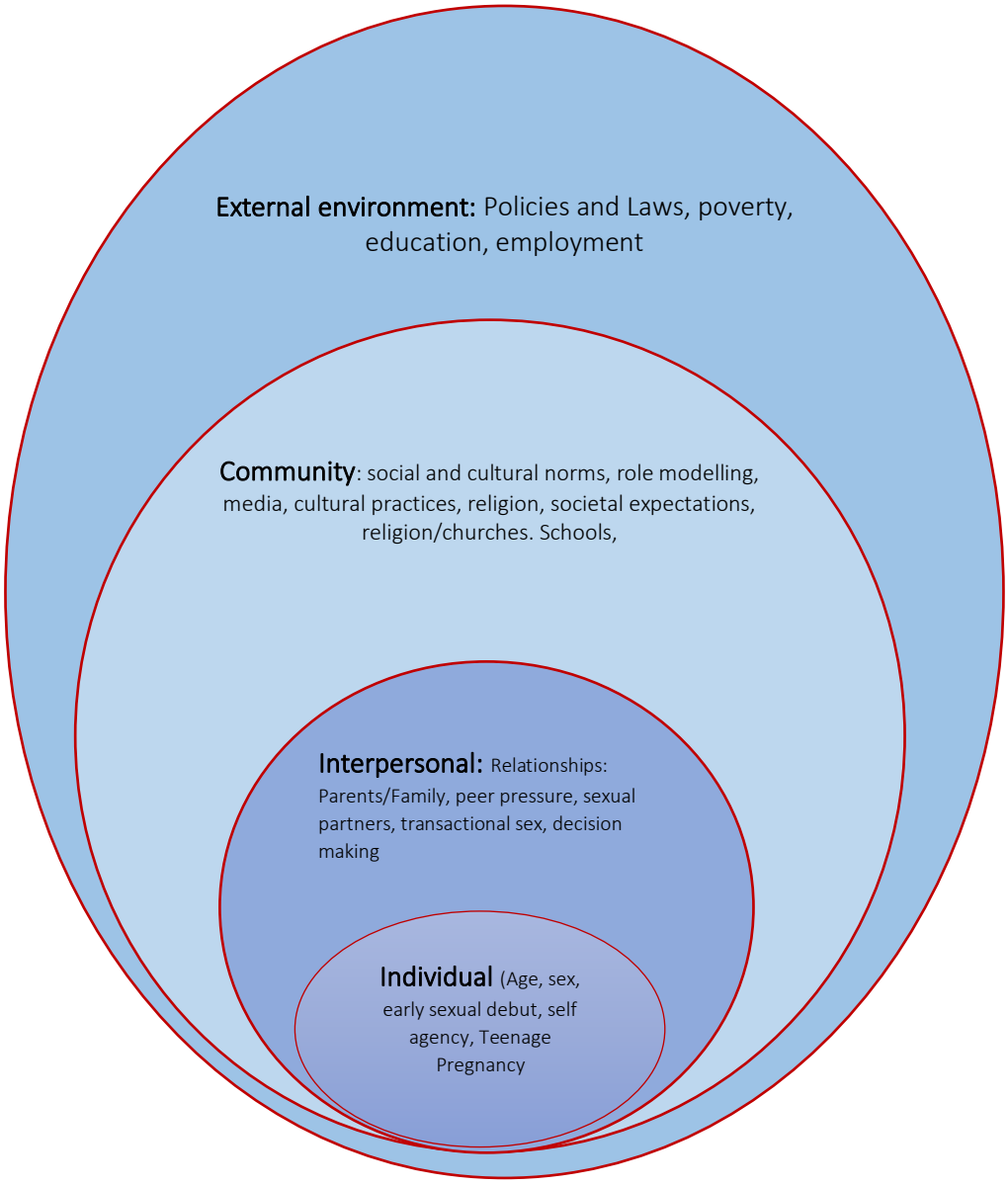

Figure 1: Conceptual Framework for Exploring Factors contributing to Teenage Pregnancy: adopted from (McLeroy et al., 1988)

2.1. General objective

To explore the factors that contribute to teenage pregnancy among girls in the pastoralist community of Maasai in Kajiado West sub-county.

2.2. Specific objectives

1. To identify the drivers of teenage pregnancy among Maasai girls of Kajiado West sub-county.
2. To explore the decision-making processes and sexual behaviour among adolescent girls and boys.
3. To establish community perceptions and attitudes towards adolescent sexual behavior.
4. To explore the perceptions and attitudes of adolescents towards sex education and access to SRHR services.

2.3. Research Questions

1. What are the drivers of teenage pregnancy among Maasai girls in Kajiado West sub- county?
2. What are the decision-making processes and sexual behaviour among girls and boys/partners?
3. What is the community perception and attitude towards sexual behaviour?
4. What are the perceptions and attitudes of youth towards sex education and access to SRHR service.

3. Methodology

3.1. Study Design

This study was exploratory, using a qualitative research design to understand the factors that influence teenage pregnancy among the pastoralist communities and specifically, the Maasai girls of Kajiado West sub-county. The specific methods used for data collection in this study were Key Informant Interviews (KII), Focus Group Discussions (FGDs) and Individual In-depth Interviews (IDIs).

3.2. Study Area

The study area for this research is Kajiado West sub-county, situated within Kajiado County,. Kajiado County is located in Rift Valley, in the southern part of Kenya and covers an area of approximately 21,300 square kilometres. The area is 77 kilometres from Nairobi (approx. 1hr 30 minutes driving). The estimated population for Kajiado County is 999,819 persons with a male: female ratio of 1:1. There are five administrative units (sub-counties) or constituencies (Kajiado South, Central, West, East and North) within the county. The proportion of the population living below the poverty line is 47%. Poverty and hunger are aggravated by frequent drought and a lack of diversification of economic activities in the region, among other factors. Kajiado County has a youthful population, with 62% of the population below 25 years of age.

The county is largely arid and semi-arid and pastoralism is the main economic activity, with limited crop farming. Kajiado West borders Nairobi, which is largely cosmopolitan.

The YES I DO Programme is being implemented in Kajiado West sub-county which consists of 4 Wards and seven locations. Of these wards, Iloodikilani ward, Kilonito location was purposively selected as the study site because, despite being an intervention site, the incidence of teenage pregnancy remains high.

3.3. Study Population

The people residing in Kajiado county are a Maasai speaking community. The Maasai community is a patriarchal society where power is vested in men. They practice both male and female circumcision (Type IV). The prevalence of FGM among the Maasai is 77.9% (KDHS, 2014). Early pregnancy is also a common practice among the Maasai community, and girls are frequently married off to persons two or three times their age (YIDA Midline report, 2019).

While pastoralism is the main economic activity of the population in Kajiado West sub county other income-generating activities such as sand harvesting and transport business including boda-boda are gaining prominence.

The study population included the following:

- Girls aged 10-24 years in school
- Girls aged 10-24 years out of school
    - girls who have had a teenage pregnancy – not married
    - married adolescent girls
- Boys aged 10-24 years
- Boda-boda riders
- Sand harvesters
- Parents (men and women)
- Policy makers(County Director of health, County RH coordinator)
- Service providers- health facility incharge at Kilonito health centre,
- Community leaders (religious leaders, chief, village elders, women leader)
- NGO staff members
- Head teachers

3.4. Qualitative data collection methods

Data for the study was collected using the following qualitative methods:

1. **Focus group discussions (FGDs):** this is a group discussion comprising of individuals from a particular sub-section of the study population that aims to explore a given issue under the guidance of a moderator and a note-taker. An FGD usually lasts between 1-2 hours and is composed of between eight to twelve research participants (Kitzinger, 2005). FGDs were used to gather data on the perceptions and attitudes towards teenage pregnancy amongst community members, boys, girls, boda-boda riders, and sand harvesters. Through FGDs the study also explored socio-economic and cultural factors contributing to teenage pregnancy, and sexual norms around adolescent sexual behaviour and teenage pregnancy.

2. **Key informant interviews (KIIs)**: Key informant interviews provide expert information on a topic or a range of issues within an individual's area of expertise. Key informants provided information on the possible factors that contribute to teenage pregnancy, interventions that have been put in place to reduce teenage pregnancy, the enforcement of existing laws and policies, and how social and community factors influence teenage pregnancy. Key informants interviewed included policy makers, health managers, local NGO staff, community leaders, headteachers, and religious leaders.

3. **In-depth interviews (IDIs)**. In-depth interviews mainly focus on individual personal perspectives and understandings of the phenomena under investigation, and provide an opportunity for the sharing of personal opinions, history and experiences in discussing sensitive issues (Lewis, 2003). In-depth interviews were conducted with girls who have experienced teenage pregnancy and those who may have been married due to teenage pregnancy. Other in-depth interviews included: teachers, boda-boda riders and sand harvesters.

Table 1. Participants by Qualitative Method

	Policy/ community leader	Teacher	Girls in school	Girls ever pregnant – not married	Married adolescent girls	Boys in school	Community member (Parents)	boda-boda	Sand harvesters	Total
KIIs	10									9
FGDs			2			1	2	1	1	7
IDIs		2		4	4			1	1	12
										28

Data was gathered using interview guides based on the issues identified within each objective. Data gathered through these methods has been triangulated at the analysis level to generate conclusions about teenage pregnancy and its implication for the empowerment of girls.

3.5. Sampling and Participant Recruitment Strategy

Study participants were purposefully selected by the research team and were recruited with the help of chiefs and community mobilizers, among other methods such as snowball sampling. They represented a range of different segments of the community, including key informants such as policymakers and community leaders. Key informants at the local level were identified through local leadership, local administration, civil society organizations operating in the area, and teachers in local schools.

Community members as parents were also recruited for FGDs, due to the key role they play in the propagation of cultural practices and social norms and values. They were identified through existing community leadership and support systems. Discussions were conducted separately among men and women in the community. With the assistance of community mobilizers, school boys and girls were selected to take part in the in-depth interviews and focus group discussions.

Married adolescents were also purposively recruited through the community health worker who ordinarily interacts with young girls in the community. The purpose of the interview was to gather their perspectives on the influence of culture on sexual behaviour, decision-making, and teenage pregnancy. Sand harvesters and boda-boda riders were recruited via snowball sampling. All interviews (KII, IDIs, FGDs) were conducted until saturation of information was achieved.

3.6. Development and translation of data collection tools into local languages

KII, IDI and FGD topic guides were developed to address the objectives of the study. These included understanding the sexual behaviour of adolescent girls and boys, and exploring the socio-economic, cultural factors, social norms and values that influence teenage pregnancy. These tools were translated into Kiswahili and Maa and back-translated into English to ensure consistency and retention of meaning.

3.7. Recruitment of Field Research Assistants

The research assistants had to be committed and willing to work in a hard-to-reach environment. A lead research assistant who knows the location well was identified to facilitate entry in the community as well as orienting the other members of the research team. More specifically, research assistants were recruited based on the following criteria:

- Having attained secondary and preferably college/tertiary education
- Equal numbers of both genders to ensure that during interviews groups were facilitated by preferred gender of the research assistant.
- Having prior experience in qualitative data collection and transcription of FGDs, KIIs and IDIs.
- Being fluent in the languages of English, Kiswahili and Maa. This was important given the low literacy in this community.
- Being computer literate in basic computer skills, MS Word, and MS Excel.

3.8. Training of research assistants

Research assistants were trained for 3 days, including pilot testing of the data collection tools. The training employed a participatory approach and provided the theoretical background and context of the study. The training further emphasized:

- Study objectives
- Skill acquisition in interviewing, transcribing and translation
- Note-taking, writing field notes and ethics in field research.
- Understanding of the study tools. This was achieved through detailed discussions of the tools and their translations into Kiswahili and the Maasai local language in order to ensure standardization of the questions so as to ease the process of asking questions.

4. Pretest of data collection tools

The theoretical training was followed by practical field training, including pre-testing of the range of data collection tools in Kibiku. This location was selected as it is similar to the the study site but research was

not scheduled to be conducted here. Research assistants pre-tested the data collection tools and topic guides for clarity and appropriateness. Appropriate adjustments were made to the tools after the pretest.

4.1. Data Collection

In this study, data was collected using focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs) in Iloodokilani ward, Kilonoto location. The interviews covered issues related to the sexual behaviour of girls and boys among the Maasai community, the decision-making process among girls and boys on sexual behaviour and relationships, identification of cultural factors that affect sexual behaviour and their influence on teenage pregnancy. To ensure different perspectives on these issues, interviews were held with girls, boys, community members, heads of CSOs and CBOs, and policy makers at the county level. Interviews were also conducted with boda-boda riders and sand harvesters to explore their influence on teenage pregnancy. Focus group discussions were conducted by research assistants who worked in pairs - a moderator and a note taker - who ensured that the discussions were tape-recorded, after having obtained permission from the participants. As far as possible, interviews were conducted in an environment that ensured privacy for the participants.

4.2. Data Quality Control

The research team developed and implemented processes that guaranteed that the data collected was of good quality. The following measures were implemented:

- Training of the research assistants and use of experiential learning on the data collection tools and methods.
- Detailed review of the data collection tools, including consensus building on how to ask questions in Swahili and the local language, methods of probing, and how to write field notes.
- Use of tape-recorders in taking and writing field notes.
- Checking of all field notes for completeness and consistency at the end of the day and also checked against the expanded transcript.
- A debrief with research assistants held at the end of each day's interviews to share the perceptions of the researchers on the data collected as well as review any challenges encountered during the discussions and interviews. Challenges experienced and shared during debriefs informed how the next round of interviews would be conducted.
- Discussions with the research team informed themes that generated the codebook.
- Quality checks and cleaning of data performed by the national researcher immediately after collection.

5. Ethical Issues

Ethical approval for this protocol was obtained from Amref Health Africa Ethics and Research Committee. This is an accredited national ethics and research committee registered in Kenya. Participation in this research was voluntary and participants were given the opportunity to ask questions about the discussion prior to giving consent (assent in the case of minors). Privacy and confidentiality were strictly observed at all times. The qualitative interviews took place in convenient places where privacy and confidentiality of

the participants was maintained. In particular, participants in IDIs were requested to suggest the most convenient place for the interview. FGD participants were reminded that they should not discuss or refer to opinions of fellow participants outside the discussion venue and also that confidentiuality of the information could not fully be guaranteed because more than one person was involved in the FGDs. Respondents were informed that they could withdraw their participation at any time. Written informed consent and assent was obtained and research assistants explained the use of the tape recorder, duration of the discussion or interview, possible risks and benefits, and potential use of findings. Participants were also assured that their identity would in as much as possible be fully protected and that no individual names would be revealed in any report. All individuals (researchers and field team) participating in this activity undertook research ethics training as part of the field research training. Further training was provided for data collectors to ensure they understood the consent process and confidentiality of the data collected.

5.1. Data management

Transcription of qualitative data

The tape-recorded interviews were transcribed verbatim by the research assistants in the language in which the discussion was conducted. This was then translated into English and typed up in MS-word in preparation for the review, coding, entry into NVIVO 12 and content analysis. A codebook was developed to guide the data coding process.

5.2. Data analysis

A data analysis workshop was held, bringing together the research team which consisted of research assistants and the investigators. Data obtained through FGDs, IDIs, and KIIs was reviewed together and subjected to content analysis. Key perspectives, ideas, views, and emerging themes were summarized along the main thematic areas investigated. The analysis was undertaken by the investigators with the assistance of Nvivo 12, a computer software programme for management of qualitative data.

5.3. Study Limitations

This study relied principally on exploratory, qualitative methods. It can be used to draw meaningful conclusions about the phenomenon of teenage pregnancy in the Maasailand in Kajiado West County and in similar cultures, but the findings have limited generalizability. However, the data collected will be used to develop the outputs which may later be tested using rigorous quantitative methods. More importantly, the study has provided valuable insight into teenage pregnancy, which can inform any future continuation of the YES I DO programme or similar future programmes. The YES I DO Alliance programme is implemented in the whole of Kajiado West sub-county, but this study only took place in one ward of the sub-county and hence the results obtained may not be generalized to the whole county.

6. Study Findings

The study findings are presented, which reflect participants' views on the age of sexual consent, markers of sexual maturity and girls' decision making processes within sexual relationships. The findings section thereafter discusses in detail community perceptions of teenage pregnancy, factors contributing to teenage pregnancy, and sexual violence within the Maasai cultural context. Participants' views on SRH information and service provision are presented and challenges experienced in the provision of SRH services are outlined. The policy environment around teenage pregnancy is also discussed, as well as participants' recommendations and suggestions as to how teenage pregnancy can be reduced.

6.1. Magnitude of teenage pregnancy in the community

Within the context of sexual behavior, sexual debut and expectations, this study sought to understand community perceptions of teenage pregnancy as well as views on the burden on the community. From the discussion groups and the in-depth interviews, there was broad consensus in the recognition of teenage pregnancy as a major problem among the Maasai community in Kilonito. These views were corroborated by those of key informants at the community and county levels who noted that the number of teenage pregnancies in the area is a significant concern. Health workers reported that, based on health facility data, the number of teenagers seeking pregnancy related services was alarming. It should be noted that this may not reflect the true scale of the issue, as not all girls who are pregnant report to or deliver at health facilities. Reports of large numbers of teenage pregnancies were also corroborated by teachers who observed that every term, a substantial number of girls drop out of the more than 20 schools in the area due to teenage pregnancy.

> *I can say there is a very high rate of teenage pregnancy in Kilonito location. For instance, just last term, I lost 4 class four girls to teenage pregnancy. Something shocking, the parents to these girls, did not report at all (KII, Teacher).*

One of the concerns was that parents did not seem willing to report when girls failed to attend or dropped out of school. This response could be interpreted as one of negligence, however it could also be related to stigma.

Alternatively, withdrawing girls from school in order to 'marry them off' can present an economic opportunity for parents, especially where poverty is rife. Marriage represents a potential source of income for parents in this context that outweighs the apparent benefits of allowing their daughters to continue in education. One of the girls described how she would have liked to go back to school but her parents were adamant and married her off.

> *I pleaded for forgiveness and to be allowed to go back to school, but they refused. That time ActionAid started coming to our community and they promised to take us back to school, and in Sept 2016 I was married off very first before ActionAid settled here, and it appeared like I was fighting my parents because I resisted marriage but they forced me (IDI, Girl 1).*

6.2. Age of sexual consent and markers of sexual maturity

As a preamble to the discussion on sexual behaviour and teenage pregnancy, participants were asked to suggest and discuss their views on the acceptable age of consent or sexual debut. Further probes explored perceptions of markers of sexual maturity. In addition, we also asked about the value attached by the community to virginity and chastity among girls.

From the discussion and in-depth interviews, there appeared to be little consensus on the age at which it is appropriate for girls to consent to or start engaging in sexual activity. Some participants suggested this was acceptable from as young as 9 years old (when girls are in class four), while the majority of the discussions centred around ages ranging from 10 to 15 years. In some instances, participants suggested ages as high as 18 years, or 25years. Participants who suggested higher acceptable ages of debut may have been partly motivated by a desire to align their suggestions with the legal age of sexual consent in Kenya.

It was highlighted by some participants that low levels of literacy and and poor registration of births at household level make it difficult for communities to specify the exact ages of individual girls. Because of this, a majority of people rely on guesswork and/or the physical development of girls as indicators of maturity. It was suggested by most participants that, in the absence of information on an individual girl's chronological age, other markers of maturity should be taken as indicators of when it is acceptable for a girl to begin engaging in sexual activity.

In this context, participants were asked to discuss what they considered to be markers or indications of sexual maturity. Body size, as well as the development of secondary sexual characteristics such as breasts and widening of the hips were reported as obvious signs of maturity by the community. Appropriate debut of sexual activity was also linked to cultural practices such as female genital mutilation (FGM). Irrespective of age, girls who have undergone FGM are regarded by the community to be mature, to have become 'women', and to therefore be old enough to engage in sexual activity.

> *At 10 years up to 15 years because mostly at this time a girl has undergone circumcision which predisposes them to such activities because they are told by their parents "now you are a woman'' therefore they start engaging (in sex) because of their parent's words (IDI, Married girl l5)*

> *I can say supposedly at the age of 15 years, but these days, the girls of nowadays will start "playing" (sexual activity) with boys at the age of 9 years. No specific age, it all depends on the girl and the exposure she is getting (IDI, Married girl 1).*

Participants considered these physical and cultural markers to be important indicators of when it is acceptable for a girl to begin to engage in sexual activity. For men, they reportedly function as a 'guide' as to whom they can approach for sexual activity.

…… we observed the physical features of a girl, like breast, hips and body size for us to know that this girl is matured and, in this case, she needs to be circumcised. Once the girl has been circumcised, she is now ready to engage in sexual activity since she is now a woman and not a girl (FGD, Parents (men), R9).

….., You could also see the girl getting breast, and behaving in a manner that is not common. For instance, you could see her keeping away from her father, as a sign of discipline. In this case, it can be presumed that she has grown and ready for anything related to sex (FGD, boda-boda 2, R8)

Some people will look at the physical body growth, for instance or your body size, to justify that now the girl is sexually mature. (IDI, Ever Pregnant, girl 5)

From discussions with key informants and in-depth interviews, there was broad consensus that traditionally virginity was considered a sign of purity and respectability for girls, and something for which they would traditionally be rewarded with gifts by their prospective husband at the time of marriage. However, it was also emphasized that the social and cultural value placed on (female) virginity has diminished over time. While participants suggested that being considered a virgin at the point of marriage may still be a source of pride and respect for girls and their families, it is no longer particularly important to her prospective husband or others in the community if she is not.

Similarly, in discussions with boys 'protection' of virginity was not raised as a significant issue. Participants did not discuss any concerns relating to girls who had not 'protected' their virginity, and girls who are not virgins were not condemned. In the focus group discussions with girls they were also in agreement that virginity is not a major issue anymore.

Nowadays people in our community don't recognize virginity, you get a man and you move on with him (FGD, Parents (women), R8)

I think it is no longer an important issue, because even our ages(agegroup) do not know whether it was once practiced or valued. So, I think it is not cared for anymore (FGD, Boys, Kilonoto primary, R1)

6.3. Girls' decision-making processes within sexual relationships

This study also examined the role girls play in decision-making processes within sexual relationships, for example when, where and with whom to engage in sexual activity. Participants reported that decision-making in sexual relationships is influenced by several factors such as the nature of the relationship, the ages of the partners, and the economic status of the partners – including whether the exchange of gifts, money or other favors is involved. For example, it was reported that where the girl and the boy are of the same age and the relationship does not involve exchange of money or gifts, the girl typically determines the nature of the sexual relationship. However, in instances where the girl receives gifts or favours from her male partner, the power dynamic shifts and decision-making capacity usually lies with the male partner.

Yes [laughing], *you know in school, older children can cheat younger ones, so even when a girl needs something like an underwear and your parents are not able to buy you, this person can tell you - agree to be my girlfriend we "sleep together" (engage in sexual intercourse) then I will give you 200 shillings you go buy whatever you want, or even he can bring you lotions, earrings or nail paints. But now I know we were cheated (IDI, married girl 1).*

In a relationship that does not involved money, the key decision maker is the girl. She makes arrangement on how to meet, when, and at what time is she available(FGD, Parents (Men) R9).

The boy has power because, if the girl wants anything like clothes, shoes, or anything else she may not get from parents, then I will be the one to buy for her. In this case, I will be acting like a husband to this girl; hence power will be on my side as a boy (FGD, School boys, Kilonito R3)

Respondents also suggested that parents (especially mothers) may attempt to influence which men their daughters enter into sexual relationships with, a dynamic that is exacerbated by family poverty. It was noted that mothers often encourage their daughters to enter into relationships with men who are perceived as wealthy, as parents may anticipate benefits for a girl's entire family as a result of this type of relationship.

Parents reportedly exert an even greater degree of influence over the relationship if their daughter becomes pregnant. In these circumstances, parents often decide whether or not girls are married, regardless of their daughter's wishes. This decision can have particularly significant repercussions for girls who would prefer to continue with their education, as once they are married girls are rarely able to do this.

It really affected me because, if I see girls who we were together in class who managed to finish form four, even though they don't have jobs or not employed yet but they are going on with their lives and are at liberty to choose husbands for themselves. For me I got married to someone who was not of my choice and he has been disturbing me a lot, we have had several misunderstandings again and again(IDI, Married girl 1).

Yes, some parents due to poverty make their girls get involved with rich men so the parents can be given some money and evade poverty (FGD, School Girls 2- R6).

Increased access to technology and social media (particularly via cellphones) has strengthened the ability of girls to make their own decisions regarding sexual relationships in some respects. Girls are able to quickly and conveniently communicate with their partners as to where and when they meet - whether this is in the bush, at the market place or at her home. Phones used by girls do not necessarily belong to them; often they belong to a parent, but can be used by girls to make plans with partners. School girl discussion participants suggested that increased access to digital technology means that girls are more able to make decisions that involve engagement in sexual activities even if their parents are considered to be 'strict'. Girls discussed various different locations where they might meet partners for sexual activities.

Mostly these days it is at home, because like we said earlier that nowadays we have phones, so even

when parents are there you are communicating through text, and when the parents leave home, you call him to come (FGD Girls 1- R8).

Even in the bushes when collecting firewood because some girls are forbidden to meet up with boys (FGD Girls 2 R4).

We just organize over phone, and we meet on the market day … The boy pays the lodging, and we get in there without anyone complaining (IDI Ever Pregnant girl).

6.4. Community perception of teenage pregnancy

Community views about teenage pregnancy varied across different discussion groups and interviews. One concern consistently raised by respondents was that teenage pregnancy is an issue for the community because it causes girls to drop out of school. However, several factors reportedly influence the extent to which the community finds these pregnancies to be more or less socially acceptable.

One such factor is whether or not the pregnant girl has undergone FGM, as this determines whether she is considered a child or an adult in the eyes of the community. Participants stated that when a girl becomes pregnant after having undergone female circumcision the community is relatively more accepting of the pregnancy. In these circumstances the girl is viewed as an adult woman who is old enough to engage in sexual activity and be 'married off', irrespective of age. Circumcised girls who become pregnant are usually married as a result of their pregnancy.

On the other hand, girls who get pregnant before they undergo female circumcision are shunned by the community and often face condemnation because uncircumcised girls are still regarded as children who not mature enough to get married or engage in sexual activity.

In the past in the culture it was an abomination for a girl to conceive before she is circumcised, she was often called a "Entaapai" (a derogatory term for an early pregnancy) and very shameful to the family and more so to the mother (KII- Woman Leader).

In our culture it is shameful for a girl to become pregnant in her father's home, but in the past when there were no schools as soon as a girl conceives, she is married off before the pregnancy is noticeable. Since we got schools and that children have to go to school, it is still shameful for a girl to become pregnant, but the mother would endure the shame to have the girl go back to school (KII- Woman Leader).

...-due to cultural beliefs and practices, a young girl at puberty once circumcised is ready to become a wife of someone. To the community it is somehow normal, teenage pregnancy whether a girl is in class 5, 6 or high school, is ready to be married off, and most parents take that chance to marry the girls off, because they do not value education (KII- health Worker).

However, adolescent girls are now beginning to reject the assumption that teenage pregnancy is an event which precludes them from continuing with their education. There was some indication that, despite negative social perceptions about adolescent girls who become pregnant, it is becoming increasingly normalized for girls to return to school after delivery and pursue their educational and broader life goals.

> *.....-most of the times, when a girl becomes pregnant, she is not bothered by anyone, some even will go back to school. So the other girls will see that this is not a big mistake, one can still continue with life either going back to school or getting married (FGD girls 1 R2).*
>
> *There is no punishment after getting pregnant, so pregnancy is not a punishable offence, and in fact it appears normal (FGD Girls 1 R5).*
>
> *--because it is no longer so shameful. People are used to it and it doesn't appear as an abnormal thing nowadays (FGD, Girls 15-19yrs)*

6.5. What factors contribute to teenage pregnancy?

The main objective of this study was to explore the factors contributing to the high incidence of teenage pregnancy in the Maasai community. From the focus group discussions and in-depth interviews, various factors were identified.

The following featured prominently in the narratives: poverty and threats to livelihood; peer pressure; long distances to educational institutions; educational environments; and Boda Boda tansport and certain cultural practices.

Cultural practices such as FGM, early marriages, social activities around ceremonies, congregation on rites of passage and parents' illiteracy appear to have a major role in contributing to teenage pregnancy. The factors contributing to teenage pregnancy are described in detail below.

Poverty and transactional/intergenerational sex

In each of the discussion groups participants noted that poverty at the household level increases the vulnerability of girls and is a major driver towards sexual relationships that result in teenage pregnancy. One manifestation of this is transactional sex, where gifts or money are exchanged for sex, which was consistently raised in discussion groups as a significant cause of teenage pregnancies. This was frequently discussed in relation to boda-boda riders and sand harvesters, as they often have more access to money than others in the community.

Many families in Kilonito are poor and therefore struggle to provide for family members' everyday material needs such as sanitary towels and food. In addition to these basic needs, girls often reportedly wish to dress and style themselves fashionably, for which they need money for clothing and hair styling. This desire to appear fashionable and 'keep up' with peers often increases during adolescence. Girls from poor families may therefore enter into relationships with partners who are able to provide them with money to meet these needs.

Some participants attributed this to the behavior of parents, who were seen as sometimes 'ignoring' the needs of adolescent girls either due to poverty or for cultural reasons. For example, when a girl goes to her mother requesting money to buy sanitary pads, mothers may rebuff them and tell them to manage on their own. This is related to how gender intersects with both culturally approved behaviours and poverty, as a girl who has begun menstruating is not 'allowed' to speak to her father about sensitive topics such as sanitary pads. Girls are only able to make such requests to their mothers, who are less likely to be financially able to assist.

> *When a girl is not given these needs, she will look for a place to get. This means getting a boyfriend who is willing to supply her with all that she needs, in expense of sexual relationship (KII Teacher, Indupa primary School).*

In some instances, it was indicated that families also benefit financially from these relationships, which enables them to purchase food and other basic necessities. The family may therefore encourage such a relationship even where this is likely to lead to an unwanted pregnancy. Examples were given of mothers encouraging particular relationships, especially if the family were receiving gifts. This type of relationship was described by participants as one in which the girls acquire "sponsors", loosely equating to male financial providers that are compensated through sexual favours.

> *….. because they do not get needs like clothes of their choice from parents, perfume, hair dressing and sanitary towels. This makes them to look for "sponsors", a person to finance in exchange of friendship, which is reinforced through sexual relationship (FGD, Sand harvesters).*
>
> *All these make the girl to accept incentives from men which will be paid later through sex. Some parents reach a point of not bothering those who comes home, because once the girl is able to buy food for the mother, or that particular house, she will have courage of even bringing these men to their home (KII Chief Kilonito)*
>
> *You find a boy who has money, ……decided to be buying food for that family, but his main intention is to stay with this girl. So, because of poverty, her mother does not stop this boy from coming or staying with the girl and from that relationship, pregnancy is realized (FGD boda-boda-2 R5).*

Sexual relationships between adolescent girls and older men is also a common practice among the Maasai community of Kajiado West sub-county. Maasai culture encourages young girls to enter into sexual relationships with older men so long as these men are not in the same age-cohort as their fathers and are not of the same clan.

Married girls in focus groups generally agreed, suggesting that girls *should* have relations with men who are slightly older than them, as long as these men are not teachers or married. The majority of respondents reported that young girls engage in sexual relationships with older men for financial and material gain, an incentive which is stronger for girls from poor families.

They are supposed to date grown up men who can understand your needs and who are educated except teachers and family men (IDI, Girls ever pregnant).

Nowadays you can get a girl dating older person in order to get money to buy clothes, airtime (FGD, Married girls)

Some parents felt that girls may also engage in sexual activity with older men for reasons other than financial gain, due to what they perceived as an erosion of cultural values among community members. Participants felt that changes in the way that girls interact with elders may increase the chances of intergenerational sex. For example, traditionally elders and girls would great each other by the elder touching the girl's head as a sign of respect as well as maintaining a social boundary. The current shaking of the hand introduces physical contact that may encourage sexual relationships between girls and older men.

Generally, girls nowadays do not care whom they will date. You find one dating a man of even 30 years, others men of 45 years depending on the reason why she is dating. I can say discipline in this community has really eroded to the extent that the boundaries that were there amongst people in the community are not there anymore (FGD, Parents men).

Peer pressure

Peer pressure was identified as a key cause of sexual relationships that lead to teenage pregnancy. Pressure from peers to enter into relationships is experienced by both boys and girls, reportedly often quite intensely. Girls, for example, reported feeling admiring and envious of the lifestyle of female friends who are in relationships (including marriages), and girls who are already in such relationships often encourage their friends to also find partners. In addition, having a boyfriend for girls is seen as an indication of approval or validation of their attractiveness. For boys, having a girlfriend is reportedly seen as an indication of sexual prowess, leading boys to pressurize girls to engage in relationships that may result in sexual activity and pregnancy.

Peer pressure also contributes to the practice of FGM as uncircumcised girls are often socially ostracized and excluded. Circumcised girls therefore encourage those who are not circumcised to request circumcision for themselves. Once circumcised girls are reportedly more likely to engage in sexual relationships which may result in pregnancy.

Key informants also suggested that peer pressure plays a key role in driving girls in sexual activity. Teachers reported that boys encourage each other to have girlfriends and likewise girls encourage each other to have boyfriends in anticipation of material gain.

Most of them are influenced by their peers, they see what the peers are doing, therefore they are in sexual relationship as a group or as agemates (R2, FGD Girls 1, 15-19yrs)

Peer pressure does contribute because if a girl is still young, she could see others of her age with

boyfriends as a result end up having one who may make her pregnant (IDI Married girl)

Peer pressure also plays a bigger role in this. For instance, when a girl finds her friend with good clothes, make ups, bangles or hair style, she will admire, and consult from her friend where she is getting. Sometimes she can decide to take her out where the boyfriend can meet her, buy her lunch and once the girl find this so benefiting to her, she will also try to hook up with a boy to be her sponsor as well (FGD Parents -Men R2).

Cultural Practices

Some cultural practices of the Maasai community reportedly contribute to teenage pregnancy in a variety of ways. Study participants were in general agreement that teenage pregnancy in Kilonito is a result of several interacting issues with cultural practices being considered the predominant causal factor.

These include female genital cutting, early marriage, and traditional sleeping arrangements which dictate that young girls sleep in a separate manyatta hut away from their parents' manyatta. There are also various traditional ceremonies that require the participation of the whole community, creating environments where there is greater opportunity for young people to engage in and be exposed to sexual activity. Each of these practices are described in more detail below.

Female genital mutilation

Female genital mutilation (FGM) is a cultural practice that marks the social transition from childhood to womanhood. FGM, among other cultural practices, was identified by study participants as a key driver of teenage pregnancy. This sentiment was expressed in all the group discussions and in-depth interviews as well as key informant interviews.

This was attributed to the social function of FGM, a rite of passage which signals to the community that it is appropriate for a girl to engage in adult behaviours and practices. After the FGM ceremony a girl is perceived to have become a woman and is therefore socially permitted to engage in adult behaviours such as sexual activity. She is also regarded as eligible for marriage.

Because of the value the community ascribes to FGM, girls themselves reportedly demand that FGM be performed on them. This is partly attributable to the discrimination experienced by uncircumcised girls in the community. The discrimination takes the forms of name-calling, for example referring to un-circumcised girls as ***"miguu tatu"***, a derogatory term that loosely translates as *three legs*. This derogatory term is a reference to the perceived 'additional' body part that un-circumcised girls possess (the genital tissue that is removed during circumcision), here referred to as a 'third leg'.

In addition to the physical process of circumcision, it is impressed upon girls that, after the FGM ceremony, they are no longer children and have now become women. This point was reiterated by study participants during the validation workshop where it was explained that when a girl is circumcised, she is told, ***"inyo amu itaa taata enkitok",*** meaning, ***"wake up, you are now a woman"***. This message reminds the girl that

she is now an adult woman and she should begin to behave in the way that adult women do. This understanding is expected to be reflected in a girl's engagement in all activities done by women and observance of proscribed behaviors (which include avoiding meals that are meant specifically for girls such as the meat of animals slaughtered in the home). FGM is therefore, in effect, a social initiation into sexual activity.

> *Circumcision too contributes because they will not obey parents anymore since they see themselves as old enough to be with boda-boda riders or sand harvesters in relationship (IDI married girl 5).*
>
> *The reason why FGM plays a bigger role, is because it is the first stage of transitioning from childhood to adulthood (FGD Parents- Men R4).*
>
> *When a girl is circumcised, she is commissioned to take herself like a woman and not a child any more. You find that this girl is so young, may be 12 years, but because of the advice she received after mutilation, she will do all that a woman can do, and because she is growing, she will be curious to try sex, and from that point, she become pregnant (KII Teacher Indupa Primary School).*

FGM is also a driver of child marriage, as the ceremony functions as a signifier that a girl is eligible for marriage, regardless of chronological age. Child marriage following FGM is reportedly considered acceptable by the community. Similarly, FGM also renders teenage pregnancy more socially acceptable to the community as pregnancies that follow FGM engender less disapproval than those of un-circumcised girls, even where girls are unmarried.

FGM is also linked to decreased parental monitoring of girls' behaviour. Following FGM, parents typically accord their daughters increased freedoms including permission to meet with men. Participants attributed this to the widely held view that, as discussed above, it is not seen as particularly socially or culturally problematic if a circumcised girl becomes pregnant. This being said, the increasing importance placed on girls' education has led to growing concern around teenage pregnancies, not just on the part of local government but also parents.

Traditional sleeping arrangements

A traditional Maasai house is referred to as a manyatta, a simple one-roomed hut constructed by women. Because of its simplicity it does not have separate rooms or partitions and therefore offers very limited privacy. Within Maasai culture, a girl is not expected to sleep in the same manyatta as her parents once she shows signs of puberty; this could be as early as 10 years old. Once girls reach puberty they are allowed or 'freed' to find a place outside of the family home to sleep, as they are no longer allowed to sleep in the same house as their fathers. Girls therefore move out of their family manyattas, and join other girls to sleep in separate manyattas. This may be within the larger community compound but away from parental oversight. This tradition is still largely followed, though there are a few families in the community where girls reside with parents after puberty. This is more common among Maasai who have adopted housing with modern layouts comprising of several rooms, something which is becoming increasingly prevalent.

The traditional separate sleeping arrangements outlined above reportedly create increased opportunities for girls to engage in consensual sexual activity with partners. They also create contexts in which they may be subjected to non-consexual sexual violence. In the latter case, this was attributed by study participants to the acceptance within Maasai culture of sexual activity between circumcised girls and men, as long as the men are not within the age cohort of the girl's father. This reportedly means that men often enter into shelters where girls are sleeping alone and demand sex. In these circumstances girls are not socially permitted to refuse the sexual advances of men or boys, nor are they allowed to scream for help.

> *I would also say lack of sleeping space at home, contributes towards this, because girls do not sleep under one roof with their father giving them an opportunity to interact with anyone who walks into their manyatta at night (KII- local administrator).*

> *The Maasai culture does not allow a girl child to stay or sleep under the same roof with her father. Therefore, they will be forced to sleep and stay in a different house, making them free to mingle with men, hence vulnerable to sexual violence, leading to teenage pregnancy (KII, health worker)*

> *..... even at home, there are no specific places where these girls sleep, they are not even protected. Sometimes the girl can sleep in a neighbor's house in the same homestead and that woman in that house may not be very careful to protect the girl. (KII Teacher Kilonito).*

This issue was also raised during the validation workshop and dominated the discussions, with participants acknowledging that sleeping arrangements are indeed a major concern as they increase the vulnerability of girls to sexual exploitation and could contribute to teenage pregnancy.

Traditional ceremonies

Maasai communities hold a variety of traditional ceremonies to mark achievements or recognize specific segments of the population such as a particular age cohort. In most cases these ceremonies involve all members of the community including young boys and girls. These ceremonies and celebrations can last for 2-3 months and involve community members leaving their homes and going to set up temporary homes at a separate place within the same locality (these temporary homes are also referred to as ***Imanyat***). Since they are pastoralists, community members move all their family members and household belongings to the *Imanyat*. The community regards these homes as communal, and men, women, girls, and boys mingle freely. The celebratory mood of these ceremonies provides an opportunity for boys and girls to socialise and engage in casual sexual activity, which often causes to teenage pregnancies.

> *Another thing that is really contributing to this is "Imanyat" that are still being practiced in this area. You know in this "Imanyat" no one has their house and boys and girls mingle freely and even sleep together for as long as the ceremony would last (KII women leader).*

There are occasions where ceremonies of rite of passage are held, and girls will go there purporting to go and help, however, at night this girl sleeps with young men, due to lack of space. What do you expect, sex and pregnancy? (KII Indupa Primary school).

Long distances to educational institutions

Kilonito location is vast and, as is the case with most pastoral settlements, institutions and services are spread sparsely over a large geographical area. For this reason, members of the community are forced to travel long distances to access services such as schools, health facilities, or markets. It was reported that girls must walk for as long as 25 kilometers each way to get to school as they cannot afford to pay for transport.In addition , the journey poses several risks as it makes girls vulnerable to men and wild animals along the route. Participants raised concerns that men may offer to provide girls free transport to and from school in exchange for sexual favours and that these interactions can lead to teenage pregnancies.

Due to the lack of in-school boarding facilities, participants suggested that renting accommodation for their daughters near to schools might be an option for parents. However, participants noted that this arrangement still presents a challenge as girls would be living alone or without adult supervision, and may be vulnerable to men who become aware of their living arrangements. Girls in this situation (or even those who are able to board) may also be approached by men and offered financial support in exchange for sex.

Yes, again this day schools have costed us girls our education, because walking long distances to school and back home, we can do many things on the way. If girls were attending boarding schools, then when they come home for holidays they become busy with housework or farms then they may not get chances to play around their sexuality (IDI married girl 1).

...- the element of a girl trekking for long distances to school, going to fetch water and firewood in the bush will put them at risk of interacting with men, and all those things contribute heavily to teenage pregnancies, (KII, health manager)

..... when you ask these girls who is responsible for their pregnancy, most likely they will mention a boda-boda guy. They give them "a lift" (free transport) and lure them to sexual activity (KII, health manager).

In addition, girls often have to travel long distances to take part in or support inter-school activities such as sporting competitions. Respondents felt this also increased their vulnerability to teenage pregnancy. The cost of travel to these activities remains prohibitive and girls may find themselves being offered or soliciting free rides from boda-boda riders. These would often be paid for in kind, usually by sexual favours. This was highlighted by one of the teachers who noted that after such inter-school competitions, girls often drop out of school due to teenage pregnancy.

Here, schools are far hence long walking distances, this makes a girl hook up with a boda boda man

to get free rides to school in the process she gets pregnant. Some of the girls lack information from caring people about the boda boda men (FGD Girls 2 R10)

….also distance from school to home; in cases where girls walk for a long distance to school and back home, will force them to look for transport support from boda-boda riders in exchange of sex, and sometimes even student themselves because they walk for a long distance … Some female students also find support from male students to be taking them home at night since they could not walk on their own, and this could be paid through sex, especially when the boy threaten not to accompanied her to school at night (KII Chief- Kilonito).

The role of boda-boda riders

Transport is a major challenge in Kilonito area and the emergence of boda-boda transport has revolutionized the transport system and movement of people and goods within the community. It is the main mode of transport to markets, schools and health facilities as motorbikes (boda-bodas) are able to navigate the area's challenging terrain. However, while it has great practical value to the community, some problematic aspects of this form of transport have emerged, especially for women and girls. From discussions with girls, boys and other key informants, boda-boda transport was mentioned as a contributing factor to teenage pregnancy in the region. FGDs with boda-boda riders further supported the suggestion that they could be playing a major role in teenage pregnancy within the study area.

Given the almost complete lack of alternative forms of transport, study participants suggested that many girls are incentivized to enter into sexual relationships with boda-boda drivers to better ensure their access to this vital means of transport. Many study participants also suggested that due to the relative affluence of boda-boda riders compared to the poverty experienced by many in the community, boda-boda riders are in a position to offer girls money in exchange for sexual relationships. In focus discussions it was confirmed by girls themselves that boda-boda riders do often use money to persuade girls to engage in sexual activity.

Participants suggested that relationships between boda-boda riders and girls often happen in a clandestine manner; for example, teachers and women participants reported that on market days, when parents typically travel to the market and girls stay at home to do housework, boda-boda riders often travel to girls' homes in order to engage in sexual activity.

Need for money because some do lack money to buy sanitary towel or they fear to ask their mothers to buy for them hence they engage with them [boda-boda riders] *to get money, also a girl might be late somewhere and want to reach home early therefore their hire a boda boda by paying with their bodies (IDI married girl 5).*

...you know boda-boda guys cheat girls, because they give them money, (FGD school girls. R 1)

I have one of my daughters who got pregnant ... while in form 3. I asked her how and when she got pregnant and she said that it was on one of the Saturdays when I left her at home then her boyfriend (boda-boda) came home during the day. So these boda-boda boys are surely the cause of most of the pregnancy (KII Women Leader).

I mean it can be true because boda boda guys have money and an opportunity to help this girls using their motorbikes for free, they do nto charge them, the girls will pay us in the other way later, (FGD Boda boda riders, R2)

The role of sand harvesters

Sand harvesters reportedly engage in transactional sex with girls in similar ways to boda-boda riders. Because they have a regular source of income, they are able to attract young girls and provide for their financial needs in exchange for sexual favours. Indeed, many sand harvesters who wish to diversify their income sources also work as boda-boda riders and therefore these groups overlap significantly. Many in the community therefore view them as exacerbating the issues of teenage pregnancy and sexual exploitation in much the same way as boda-boda riders.

A discussion with sand harvesters confirmed that they do often offer to support girls financially (again viewed as a form of 'sponsorship', as discussed above in relation to poverty), and in the process sexual relationships are developed which sometimes culminate in pregnancy. Sand harvesters described the girls they would typically approach as those whose parents are not able to provide for their daughters' welfare and basic needs, including transport to and from school as well as food.

….. the girl will start looking for support from sand harvesters or boda-boda riders. If this dependency persists, the girl can decide to pick one guy who is willing to sponsor her. This therefore in return is sexual relationship, which might lead to pregnancy (FGD Sand harvester R7).

…….. when a boy sacrifices to give incentives, free motor bike ride to and from school all without any money, then there must be a close relationship between them. In this case, the girl will not have an option but to accept the boy's favour. This might be reciprocated through a sexual relationship, which will lead to pregnancy (FGD Sand harvester R3).

The school environment

Participants were asked whether they think that aspects of the school environment contribute to teenage pregnancy. Evidence was presented by respondents which indicated that some characteristics of school environments in the region likely increase the incidence of teenage pregnancy, and that girls are not always safe from sexual exploitation in these settings.

Schools are generally in remote areas and tend to predominantly attract male teaching staff who are ready to live in this environment unlike women teachers who would turn down such an appointment. Study participants reported that male teachers often take advantage of their frequent access to young girls in these relatively isolated contexts in order to develop sexual relationships with them. Girls from very poor families that lack access to basic provisions such as sanitary towels are reportedly particularly vulnerable.

It was suggested that girls' access to information on sexual health and rights is also negatively affected by the fact that men account for most (if not all) teaching staff in the majority of schools. Male teachers may lack appropriate knowledge on girls' sexual health to discuss these topics, and female students may feel less comfortable talking about personal issues with a man than they would a female teacher. This can be construed as a double disadvantage for female students, who suffer from increased vulnerability to exploitation by male teachers in conjunction with limited information on healthy sexual relationships and menstrual hygiene (for example, on use of sanitary pads, where to get them, and who to tell in case they face difficulties relating to this).

> *…… there was a girl who fell in love with a teacher, because the teacher kept on pointing at her in class, gave her money to buy meals in the nearby canteen, until he built a relationship with her, and in the process, the girl became pregnant, but the teacher could not marry her (IDI Ever Pregnant girl).*
>
> *In schools with only male teachers, girls do not talk to them freely because the perception of Maasai girls is that for a man to know my monthly days, it is a big shame (KII, NGO staff member).*

Respondents also highlighted how the relatively informal way that some teachers are employed can affect the sexual vulnerability of students. While most teachers are hired by the Teachers Service Commission (TSC) on behalf of the government, staff are not always adequately distributed across schools. Groups of parents therefore sometimes hire teachers themselves, often untrained school leavers, in a bid to bridge the gap. While government-appointed teachers operate under TSC policies and rules regulating their employment and behavior, teachers solicited by parents are not formally bound by these. Due to a lack of training, oversight, and accountability such teachers are reportedly less likely to observe appropriate boundaries with students, especially girls.

Where a school lacks necessary physical amenities and infrastructure this can also expose students, especially girls, to men in the locality. For example, students may need to go outside the school compound to fetch water from a nearby river which can be some distance from the school. In these scenarios girls are vulnerable to sexual attacks, but they may also use such trips as opportunities to engage in consensual sexual activity with partners away from the oversight of teachers.

I want also to add that, in this area our schools have a big problem in accessing water, hence students have to go to any water point away from school, which again may take them a few hours, hence gets an opportunity to interact and practice sex even in school with school boys or morans who may use this opportunity to meet them (FGD Sand harvesters, R2).

Sexual partners

The sexual behaviour of Maasai adolescent girls and young women was reported to be shrouded in secrecy, with girls reluctant to speak openly about their engagement in sexual activity and relationships. However, respondents noted that the general view among community members was that most adolescent girls' sexual partners were: boys of the same age, older men including boda-boda riders, sand harvesters, and teachers. It was also reported that it was difficult to know the number of sexual partners girls had unless this was disclosed by girls themselves. However, discussions with parents, boda-boda riders, sand harvesters, and boys suggested that girls often have a wide range of partners. Often the overriding motive is perceived to be financial, especially for girls in relationships with older men (or, for girls in relationships with teachers, being favoured with higher marks or grades). This was reiterated by school girls who reported that girls sometimes have more than one sexual partner at a time; either a boy of similar age or men slightly older than them.

Nowadays, girls do not choose who to date, so long as one has money. You can find that a girl of 14 years is dating a man of 24 or 30 years because he has money. Also, when they agree, they can meet in the bush or those with money can meet in lodgings (FGD school boys).

Girls in primary can be friends with boys in primary as well, but can also befriend the boda-boda guys, you know boda-boda guys cheat (easily lie/entice) girls, because they give them money, (FGD, school girls).

Some girls date teachers in order to be awarded free marks hence enabling them to pass exams or graduate to the next class (FGD school girls).

6.6. Sexual violence

Participants were asked about their understanding of sexual violence, and whether they percieved this is to be an issue within the community. There were divergent views as to both whether sexual violence was common in the community, and whether certain interactions between girls and boys or men could be labelled as sexual violence.

One example given was the cultural practice whereby *morans* are allowed, or even expected, to visit the houses where girls sleep after initiation ceremonies, where they often engage in sexual activity. If this does occur it may not be considered sexual violence by the community, even if the girls do not participate willingly.

You know the issue of sexual violence depends on how the community interprets it, like in moranism, the young men after they [girls] *have been circumcised, the community accepts that these guys*

have to "look" (and engage in sexual activities) for ladies. So the men visit the manyattas [Maasai houses] *where the girls sleep, you know they are also put in a way that exposes them. In the culture it is a normal thing, but in actual sense it is sexual violence, because there is some sort of rape that takes place at night in those manyattas, and to some people it is a way of looking for wives (KII County Director health services)*

Participant responses also strongly indicated that when sexual violence does occur it is largely perpetrated by older people. Some young male participants suggested that sexual activity resulting from relationships with very unequal power dynamics can broadly be interpreted as sexual violence, including early marriage to an older man.

Sexual violence can be anything related to sex, that you are forced to accept. I can say yes, it is there because, when an old man entices a young girl with money to have sex with, that is sexual violence. Also, when a young girl is forced to be married by an old man, this is sexual violence (FGD Parents-Men R9)

Forms of sexual violence: Is when you have an older man "cheating" (luring to having sex) a young girl, especially these sand harvesters, they are big men but because they have money, they cheat the girls, even young who have never done it before. That is the only thing we can say (FGD Girls 1 R1).

Participants spoke of situations which occur in the community in which boys or men have an expectation of a sexual relationship and employ force when girls do not consent. For example, one participant discussed scenarios in which girls have received gifts from a partner in the past but are reluctant to reciprocate sexually. Another example was given by a school teacher where a boy reportedly raped a fellow student and friend who had apparently "promised a sexual relationship" to the boy, but later declined his sexual advances.

One parent came and reported that her daughter has been raped by a school boy. When we discussed this issue, we realized that the boy has been in the same class with the girl, and even in the same desk. We found that, the two of them have been in a relationship, and the boy had been promised a sexual relationship by the girl. However, because the girl did not keep her promise, on their way home, the boy raped the girl, and when she reached home, the dress was torn apart, and when she was asked the reason, she said the boy raped her (KII Teacher- Indupa school).

When a girl promises to date you, and she has been receiving gifts from you, and when it reaches that time or date, the girl keeps on postponing, a boy can reach a point where he will take it by force (FGD School boys Kilonito R7).

Female participants were generally not very forthright in responses on this topic and one woman participant in a focus group discussion appeared to suggest that the only form of sexual violence she

recognized was rape ("*enkikonya*").

Common settings where sexual violence is perpetrated

The study also looked at the circumstances in which sexual violence might occur. Participants suggested certain characteristics of the local area contribute to making this more likely, as girls often have to travel long distances to schools, markets, to look after animals, or fetch firewood and water.

> *In scenarios where it happened, you find that it is because the distance from school to home which may force the girl to walk alone from school to home and this gives a chance those people who want to rape or entice them. Also, space in our home is another issue. You find this mostly when there is a ceremony at home, so people will be forced to sleep together, and chances are girls will be sleeping with boys, …. chances are that she can be raped (FGD Parents- men R8).*

> *Yes, you know these girls are sent to collect firewood in the bush, fetch water, and the boys can lay trap to get these girls on the way, or when they are sent for errands and they go alone (KII County Director of Health services).*

Some cultural practices such as separate sleeping arrangements for girls and boys away from their families also reportedly create environments in which girls can be exposed to sexual violence.

> *The Maasai culture does not allow a girl child to stay or sleep under the same roof with her father. Therefore, they will be forced to sleep and stay in a different house, making them free to mingle with men, hence vulnerable to sexual violence or socializing with men, leading to teenage pregnancy (KII County RH coordinator)*

> *Any man can come in and force his way* [into a girl's manyatta], *and you know it is not good for a girl to shout at the proximity of her father, so the girl is most likely to undergo in a cool way even if she is fighting or not happy but she cannot shout for help(KII -Teacher Kilonito).*

What action does the community take against sexual violence?

In this study we were interested in the views of the community with regard to sexual violence, and in particular what repercussions there are for perpetrators once it is established that there has been an incident of sexual violence. From the discussions it emerged that community reactions to cases of sexual violence are often ambivalent and that such cases are rarely formally reported, partly due to shame and stigma felt by the victim and her family. Community members and the victim's family often prefer to deal with the incident privately and/or locally in order to avoid stigma and embarrassment, as well as to preserve the existing social order within the community.

> *You know if a relative has been involved in defiling the young girl, the family always covers up, because they say let's not spoil the name of the family, (meaning reporting will make the issue known and that may give the entire family a bad reputation) and that will go unheard (KII County Director of health).*

One key informant noted that it is likely sexual violence has always been a common occurrence, but one which girls are unlikely to report because they may view it as a normal or accepted form of sexual activity. The informant suggested that girls are only likely to report sexual violence that leads to pregnancy as, in this context, other members of the community will question her as to how she has become pregnant. Even after reporting, perpetrators of sexual violence are reportedly rarely punished.

In one interview it was stated that a parent had reported a case of sexual violence to the women's network, who passed on this report to the chief. This resulted in an apology, and a fine levied on the boy who had perpetrated the sexual violence, after which the matter was considered settled.

> *If* [sexual violence] *happens, we hardly get* [reports] *because sexual violence is treated as something very bad, shameful, and so if it happens to a girl, she could not be willing to report, because she presumes that she has exposed her nakedness. This makes* [reported] *cases of sexual violence so few or not available at all. However, in case this case is reported, parents still do their best not to expose to leadership; instead, they try to solve it locally. The parent to the victim is bribed not to say, in the name of fine. The father and the mother to the victim are given some money, sugar and blankets and the issue is settled (KII Chief Kilonito).*

6.7. Sexual and reproductive health information and services

From the interviews and discussions, SRH services and information available to young persons include: sexual and reproductive health information, sex education, contraception/family planning, and provision of sanitary towels. Other services mentioned by the health team included HIV testing, syphilis testing and ante-natal care. Services are mainly available at health facilities. However, some respondents felt that available services were minimal and were not able to meet the needs of young girls.

> *To be honest it's not as we wish to do but we are trying slowly to improve, because we have issues of access which is actually a challenge (KII Health worker)*

> *The services are limited in the facilities and not enough for what that community needs, but we are trying to put all the community units in place including outreach services, proper referral system to ensure that when patients are seen there, they get referred to the next level in good time (KII, Health worker)).*

The majority of participants reported that girls get SRH information from parents and teachers, although it was noted that parents may not have adequate information and may also not know how to relay this information to their daughters. Illiteracy is high in the community, while guidance and counselling services in schools, the main role of which is to advise on sexual matters, is very limited. However, school girls participating in FGDs reported that the SRH information they received in school was beneficial to them in informing them of the steps to take in order to prevent pregnancy.

> *When I am in a relationship, and we want to have sex, I will remember that I was taught by our madam teacher on how I should avoid being pregnant so that I can also reach the level that this boy has reached. Or I can even try as much as I can to abstain (FGD School girls).*

In addition, from the FGDs with women it was reported that girls receive underwear, sanitary towels, and soaps both at health facilities and schools.

Sex education

Participants reported that sex education was only taught in schools at the initiation of Non-Governmental Organizations such as AMREF, Action Aid, Women Network, Girl Child Network. Discussions with key informants supported this assertion that sex education is only taught in schools.

The sex education provided by NGOs was reported by participants to be unsatisfactory. For example, in FGDs with boys it was noted that most NGOs mainly focus on FGM-abandonment interventions at the expense of other topics. One of the girls supported this, observing that although sex education was provided by NGOs it was seen as being less than adequate in that they do not openly discuss sensitives aspects of reproductive health, especially family planning.

> *These NGOs come to schools to teach girls on the use of sanitary towels and sensitize against FGM. They don't openly discuss family planning methods to school girls. Sometimes they pick around 5 girls from each school, then they are taken for seminars in Kajido or elsewhere, then these girls will come to teach the rest, which is a challenge because the other girls will not listen to the few other girls(IDI Married girl 1).*

> *From the government we don't get such trainings, but I can say the two NGOs that we have with us, ActionAid and Women Network, teach the girls on sexuality and meets boys separately (KII Women leader)*

> *Sometimes, NGOs like Action AID , AMREF and YES I DO Alliance are working hard to change the community, but mostly stopping FGM has been their key focus (FGD School boys).*

Contraception/family planning

Health facilities in Kajiado West were said to provide contraceptives/family planning services to girls. However it was noted that utilization of family planning services among the Maasai in general was still very low because the community values large family sizes, and girls reported rarely visiting health centres to seek family planning services. Where contraception is used, it was noted that most girls and young women prefer to use the injectable contraception so that they can hide their use from partners.

> *….. because we don't even go there [health centre] seeking for guidance, but for parents whose daughters have become "too much" (can't abstain) they will take them for contraceptives (FGD, school girls).*

> *Also, for those girls in high school, you can take yourself to the health centre secretly for family planning injections and the nurse cannot refuse to give you (FGD, School girls).*

Family planning seeking is quite low, reason being, the community still believes in having as many children as one can get, especially the men, but the young ladies, with proper counselling pick up very well, though they don't want anyone to know, and they tend to use the injectable and hide from the partners (KII, Health worker)

The community perception of girls who use contraception was also negative as it was linked to promiscuity. There is a lot of stigmatization of girls who use contraception. The church also condemns contraception, arguing that it promotes prostitution and 'immorality'. Engaging with religious and other community leaders in order to encourage them to view contraceptive use as something positive for the community is therefore a major challenge, and is potentially crucial to improving family planning service uptake. Therefore, despite the fact that teenage pregnancy is viewed as a problem and there are many potential opportunities for girls to engage in sex, use of contraception is not supported by the community. Instead, girls who are known to use family planning services are shunned.

Not freely, in fact when you are using them (contraception), you are seen as a person ready to have sex every time and bad manners (FGD school girls).

There is stigma, if a girl is noted to have taken family planning, she is called names by friends like "ematatu" (a public service vehicle for everyone), however still some girls still use them secretly but will never be noticed (KII, women leader).

Challenges in provision of sexual reproductive health services

Participants discussed various barriers to access of SRH services by young people. These include: limited numbers of health facilities; lack of community awareness of available SRH services; and the gender of health care providers. Participants explained that due to the vastness of Kajiado west sub-county, health facilities are often located far apart from each other and far from where residents live, which presents a challenge for those seeking care. Consequently, there is low awareness by community members of the range of SRH services available to young girls and boys at the health facilities. This lack of knowledge of services available to potential users, particularly girls, was cited by study participants as a major challenge.

In addition, some girls may not wish to be seen by male health care providers. This is an issue as, due to their remoteness, a majority of these health facilities are staffed by men. Women health workers may not be posted here or accept the posting to remote areas that would compromise their security.

There is also lack of knowledge of possible and available services that help these adolescent girls from preventing teenage pregnancy. Things like sex education, contraceptives, are not available in this area and if they are there, the women as well as the teenagers are not aware of them; hence do not bother to look for (KII, Chief – administrator).

Also, some of these community health providers are male, making it hard to even address these services to girls (KII, Chief – administrator).

6.8. The policy environment and teenage pregnancy

The Ministry of Education introduced a 'Return to School' policy in Kenya in 1994, which stipulates that girls should be allowed to remain in school during pregnancy, and go back to school after giving birth. This is to ensure that their education is not interrupted and that their future is not compromised as a result of pregnancy. Participants were asked whether they are aware of the existence of this policy and the extent to which it is applied. From the discussions it was evident that participants were aware of the policy, but what was also clear is that this policy is not enforced for various reasons.

I once heard that, but it is not being implemented as such, so we can't conclude whether it exist (FGD Men, R8).

I heard of this [policy] but I think it is not working, because if you compare the number of girls that are dropping from school as a result of teenage pregnancy, and those who are going back to school after birth, you find that many girls are not going back to school. (FGD School boys Kilonito- R1).

One study participant suggested that whether a pregnant girl either returns to school or is 'married off' is largely dependent on her parents' wishes. Often parents opt for the latter route.

No, the government never intervenes. Like we said earlier, it all depends on the parents, if they decide to marry you off, you go, government doesn't come in (FGD Girls 1 R5).

Within the community it was reported that of the girls who get pregnant only a few go back to school, an indication that teenage pregnancy almost invariably means that the girl is likely to drop out of school. Discussions with teachers confirmed that girls do sometimes drop out due to teenage pregnancy, and they do not come back after delivery. Their efforts to re-enrol girls in school are often thwarted by parents, who find it more convenient to have the girl married off:

The first and probably main challenge is that, parents do not report when a girl drop from school as a result of pregnancy, and it is because they are not embracing education. Leadership in our locality is also compromising the law, since no action is taken against any parent who willingly gives out his daughter for marriage or those responsible for the pregnancy (KII- Primary School Teacher-).

It was reported that childcare assistance provided by their mothers has in some instances enabled girls to return to school after giving birth. However, it was emphasized by one elder that where parents agree to this, they are unlikely to agree to care for a second child if the girl becomes pregnant again. This view was reinforced by the chief who noted that often there is a conflict, particularly where the mother may be willing to take care of the baby but the father, who is expected to pay school fees for the girl, may not be willing to support her to return to school.

[A girl] can continue [with school after giving birth] when the mother can care for the newborn so that the young girl continues with her education ... The only problem would arise if she gets pregnant again but the first pregnancy is ok there aren't any challenges but the second one the parent gives up and just marries her off because they consider her a liability now (KII Village elder)

In this case, there could be some sort of conflict between the parents, especially when it is the mother who is willing to take the girl back to school. However, chances are that, the girl will not go back because the father will not be willing to pay for school fees and so the mother has no option but to accept what the father wants. She does so due to inability to take her back to school, and also to prevent chances of family conflict, that might probably arise (KII chief, Kilonito).

Some participants shared other views as to why the school re-entry policy does not seem to work, including conflicting family priorities and poverty.

Some parents are not ready to sponsor their children back to school. In cases where more than one girl, like a case in Indupa sub-location, just in Kilonito location, where three girls became pregnant in one season, the mother became aggravated and refused to take care of all the three children or sometimes even the mother has her own young baby making the load so heavy for the mother. Poverty can also cause them not to get back to school (KII chief, Kilonito)

Other participants attributed the poor implementation of the school re-entry policy largely to a lack of monitoring, support and enforcement by local leadership. Such sentiments are evident in the following quotes:

Poor leadership [is to blame]; the leaders who are responsible of implementing the law on the ground, like the chiefs, are not arresting or stopping parents from marrying off these young girls who drop from school due to early pregnancy. They also do not report to the school, yet they are aware of the situation for every girl who has dropped [out of school]. (KII-CRH coordinator).

That policy is not being used, but you know that is for chiefs. Back to school is a challenge, because there is no support from the government, chiefs are not serious though they are not also informed, they will not notice when the girl is already married off and in the new home. The girl's parents always tell us they cannot waste any more money to take the girl back to school. They will tell us if you want her back to school, we should be ready to pay fees, and we don't have funding also (KII - Women Leader).

We also experience this challenge due to unsupportive leadership in the community. For instance, chiefs will not take legal action against any culprit in the chain of teenage pregnancy, and early marriages. They highly compromised these law breakers, making this policy unserviceable (KII- NGO staff).

Enforcement of the policy is also hampered by the fact that teachers and other relevant members of the community may not report cases of teenage pregnancy, as they do not want to be seen as interfering with

the plans of the family and the wider community. In some instances, the girl herself may also not wish to go back to school for fear of stigma and embarrassment.

> *The head teachers will not report to the chief and local authority because they will not want to spoil their name in the community. Especially if the chief and elders have reached to a solution in the community and you go reporting to the higher authority, you are viewed as an enemy. The teacher will also like to have a peaceful environment (KII Teacher, Kilonito primary school)*

> *Sometimes, the girl herself can refuse to go back to the former school she was [attending] probably due to shame or bad-mouthing by former friends, and due to the poverty level parents are not able to readmit her into a new school (KII- Traditional Leader).*

6.9. Participants' recommendations

What needs to be done to reduce teenage pregnancy in the community?

All participants were asked to give suggestions on what needs to be done to reduce the occurrence of teenage pregnancy in their community. The main recommendation was finding ways to keep girls in school. In addition, participants felt schools should have the appropriate infrastructure that keeps girls safe, such as accommodation within the school (boarding facilities) so that girls do not have to trek long distances which increases their vulnerability in a range of ways (as discussed in the section about school environments above).

Although they do not necessarily prevent teenage pregnancies from happening in the first place, the need for rescue centres was also frequently mentioned. These centres can help to mitigate against the potential negative consequences of pregnancy for girls who are pregnant and might be tempted to consider early marriage rather than a return to school after delivery.

> *[It would help if] boarding schools [were] established because in day school girls do accompany by boys after school ending up doing anything on their way, also parents to offer guidance to their children as much as they are still young since nowadays girls do engage while still young(IDI married girl 5).*

> *One pillar that will help us reduce teenage pregnancy, is if we can increase the girls stay in school by providing boarding schooling at least for the girls, because a lot of pregnancy can be received on the long footpaths to and from school (KII Woman leader).*

> *I will also recommend for a Rescue Centre**,** because you find that when a mother managed to rescue the girl from early marriage as a result of pregnancy, she could not get a place to take her, hence giving up for marriage. If a rescue Centre is built, even girls from other locations who are undergoing the same problem, will also get an opportunity to try their second chance (KII Chief- Kilonito).*

Linked to keeping girls in schools, boys and girls suggested in FGDs that Maasai girls who have pursued education and succeeded could act as role models. It was suggested that these girls should come be invited to talk to girls to offer motivation so that they can envisage alternatives to FGM and early marriage.

In addition, it was observed that it is important to enforce the school re-entry policy so that girls who deliver are able to continue with education.

> *We need to remember if we are not retaining the girls in school then we will not achieve anything about teenage pregnancy prevention, and if we get the girls pregnant at the age of 12, 13 years, there should be means of ensuring that they go back to school(KII Director of Health services)*

> *If we can have Maasai ladies who have succeeded and managed to reach high level in education, they can come talking to us, how they managed, and we can get them as our role models. Not the non-Maasai, because we need people who have gone through the same challenges like us (FGD Girls 1 R1).*

> *If also possible, groups of learned people, especially girls, from the Maasai community should be brought to come and address these girls, and challenge them to work hard (FGD Boys Kilonito R4).*

Participants also recommended the need for more community sensitization in relation to teenage pregnancy and the socio-economic and cultural contexts that drive it. Parents in particular were singled out as fueling teenage pregnancy, either by condoning their daughters' relationships for their own financial gain, or taking insufficient interest in their daughters' needs. This was viewed as driving them to sexual relationships in exchange for money to buy items such as sanitary pads and other toiletries. Male involvement is also key given that men in the community hold the vast majority of economic power, which undermines the decision-making capacity of girls.

> *This needs to be tackled at the family level and change the family culture. The religious leaders and the community opinion leaders need to assist the parents in this process, but don't make them appear like outcast if they train their girls. Teenage pregnancy is a community problem and needs to be solved (County Director of Health).*

> *Sensitization on the side of parents should be done more and more (with emphasis) than even in school. Also involve the administration, chiefs, village elders and women. Especially the women, because girls get values from the women, so if the women are seriously sensitized to change their attitude and beliefs, the girls are likely to come to school with a different attitude (KII Teacher, Kilonito).*

In terms of reproductive health services, these were deemed to be too sparsely spread out, and inadequate in terms of quality. It was reported that health facilities do not offer a comprehensive set of services including family planning, which is critical for young girls who are sexually active but have limited access to contraception that would prevent pregnancy.

If school girls would wish to prevent pregnancies, they don't really access [to] the means because the health facilities here does not offer all these services regularly. So, equipping the government health center would be a great help, and even getting Indupa sub-location a health center because Kilonito is the only dispensary here and not conveniently accessible to these girls (KII Women leader).

To the health sector, we should be ready to receive all the cases, provide post rape care, and ensuring all the other services are available. If the we get teenage delivery at the hospital they should be discharged on family planning (KII County Director Health services).

It was acknowledged that there are ongoing programme activities by NGOs such as AMREF, Plan International, Ujamaa, NAYA, Action Aid and Women Network. These work towards the elimination of FGM and early marriage while supporting girls' education and reductions in early pregnancy. However, it was observed that the level of community engagement needs to be stepped up, and approaches need to be revisited in order to realize a real difference in the community.

To our partners also, they need to come up with programs that really understand the community, you cannot bring a program and implement the way it was done in a different society, it will not work. ... Even the cases of FGM it is not going away at all, all the girls we receive here for deliveries are circumcised, even those standing in front of the seminars for the NGOs they have been mutilated. So, unless the community accepts it will not have any impact (KII RH coordinator).

7. Discussion

This study applied the socio-ecological model to gain a deeper understanding of the social and cultural context of young people's sexual and reproductive health and how this impacts teenage pregnancy. The socio-ecological model examines interactions at different levels: intrapersonal, interpersonal, organisational, community, and public domain (McLeroy et al., 1988).

This study aimed to explore the factors that contribute to teenage pregnancy among girls in the Maasai pastoralist community of Kajiado West sub-county by:

- Identifying the drivers of teenage pregnancy
- Determining the decision-making processes and sexual behaviour among adolescent girls
- Establishing community perceptions of teenage pregnancy
- Examining access to and utilisation of sexual and reproductive health and rights services, including sex education, by adolescent girls and youths.

These factors are discussed within the context of the socio-ecological model within which this study was framed, taking into account the individual, community (including culture), and macro-level factors that interact to influence rates of teenage pregnancy in Kilonito location.

Normalcy of teenage pregnancy

The results from this study show that from the local perspective, teenage pregnancy is accommodated among and within families. This stems from the fact that the society regards girls who have undergone FGM as mature and hence free to have sex and start childbearing. Girls who have undergone FGM are regarded as *"free", "to have become a woman" "able to do things women do".* The practice of FGM is therefore regarded as a precursor to womanhood and sexual activity. There is a sense of normalcy of teenage pregnancy among the Maasai community. Pregnant girls are not condemned, reprimanded or made to suffer any consequences as frequently reported in other African settings (Maly et al. 2017). For example, a study suggested that in Rakai in Uganda the community believe that pregnancy, even if it occurrs during adolescence, should only take place within the context of marriage; deviation from this norm was met with a negative view of the adolescent girl or young woman (Maly et al. 2017). Conversely, among the Maasai in Kajiado West sub-county teenage pregnancy is regarded as a "normality" so long as the girl has undergone FGM.

However, girls who become pregnant *before* undergoing FGM are shunned by society and their peers as they are perceived to have violated the community's norms. These findings confirm systematic reviews reporting that sociocultural, economic, individual, and health service related factors influence adolescent pregnancies (Yakubu and Salisu 2018). The findings provide further insights as to why Kajiado county is among the counties that record the highest teenage pregnancy rates in the country (KHDS, 2014).

Vulnerability to teenage pregnancy

Our results indicate that poverty, peer pressure, cultural practices (including FGM and traditional sleeping arrangements), long distances to schools, and access to boda-boda transportation are some of the vulnerability factors that put girls at risk of teenage pregnancy. Poverty, intergeneration sex and transactional sex are interrelated factors that increase the vulnerability of young girls to teenage pregnancy.

Transactional sex and intergenerational sex also increase the likelihood that young girls will become pregnant. The value of gifts from male partners incentivises girls from poor families to enter into these kinds of relationships. In some instances, transitional sex is sanctioned by mothers especially if the money and gifts the girl receives contribute to meeting the basic needs of the family. This creates an avenue for families inadvertently exploiting girls for the welfare of the household. This accords with the findings of research conducted in Tanzania, where transactional sex is normalized and may not be viewed as exploitative of girls (Wamoyi et al. 2019). The inability of care-givers to meet the basic needs of girls such as clothing and sanitary towels prompts them to look for financial support from their male friends (Gitau et al. 2016). Studies in South Africa (Bhana and Pattman 2011; Harrison, Cleland, and Frohlich 2008); and in Malawi (Poulin 2007) have pointed to a long tradition in poorer societies whereby young people's sexual partnerships are predominantly motivated by economic gain rather than pursuit of romantic love. Our findings also support the conclusions of (Brook et al. 2006) that family poverty is directly related to risky sexual behaviours. So long as young women do not have the means to live independently of men, they will

engage in unwanted/forced/coerced relationships. Therefore, interventions to prevent teenage pregnancies need to incorporate elements of economic empowerment to support young women to earn an income and be able to make independent decisions about their sexual choices.

Poverty is a structural problem with no easy solution. However, evidence shows that the implementation of cash transfer interventions that provide cash to poor girls or their mothers to meet the basic needs of girls can contribute to reducing teenage pregnancy (Handa et al. 2015; Bor 2013). The findings from this study also show that poverty influences the likelihood of girls engaging in transactional sex, and how likely their families are to condone such interactions. This suggests that efforts to prevent girls from engaging in multiple sexual partnerships, which also put them at risk of teenage pregnancy, may not yield the desired results unless poverty within the family is addressed. Such efforts should also be geared towards increasing girls' self-efficacy and agency to negotiate safe sex and condom use, which prevent both teenage pregnancy and sexually transmitted infections (STIs). Additionally, with deteriorating economic conditions , the use of multiple premarital sexual relationships as a means of economic survival is likely to increase. Under such social and environmental conditions, the promotion of contraceptives (including condom use) as pregnancy prevention programs are more likely to achieve the desired outcomes than programmes aimed at reducing the number of sexual partners. This is because, for many adolescent girls, reducing their number of sexual partners would significantly threaten their social and economic survival (Nshindano and Maharaj 2008).

An interesting finding of this study is the way in which the sleeping arrangements of the Maasai put young girls at risk of teenage pregnancy. It was commonly mentioned that where girls sleep alone in *"open manyattas"* with no doors, this makes them vulnerable to teenage pregnancy. In these circumstances, boys or men come in and out of the manyattas where girls sleep and freely engage in sexual activities with the girls. Similar results have been reported in a baseline study in Siaya, Kenya where it was reported that boys and girls sleep separately from the family home, providing an opportunity for them to engage in sexual activity (Gitau et al. 2016). Cultural ceremonies that girls and boys attend for several days also increase the likelihood of teenage pregnancies. The impact of sleeping arrangements was not raised by girls themselves in this study, hence more research is needed to understand girls' views of this issue.

Our results show that adolescent girls from poorer families are more likely to be enticed by free rides from boda-boda riders in return for sex. Boda-boda riders have a great deal of control over young girls' access to essential services (such as schools and markets), as most of these are located far from residential areas and girls often have to walk as far as 25 kms each way to reach them. Elsewhere, the rise in use of boda-boda riders has also been documented to increase rates of teenage pregnancy (Faith to Action Network 2016). Anecdotal evidence suggests that boda-boda riders are responsible for 13% of teenage pregnancies in Tanzania (Belinda 2017). A study carried out in Meru county, Kenya, established that girls were enticed by the riders with money and free rides and in return, they paid with sex. This greatly contributed to early pregnancies leading to school drop-outs as well as early marriages among school girls (Karuiki and Nyaga 2019).

Within the school environment, lack of adequate amenities makes girls vulnerable to sexual activity and sexual violence. This can occur when girls have to go outside the school compound in search of commodities such as water.

Girls' sexual behaviour

Adolescent girls' sexual activity starts as early as 9-10 years of age among the Maasai community. This was also confirmed in the study conducted among the Maasai in Narok where it was reported that sexual activity begins at 10 years (Parkdamana and Azadgolia 2014). Early sexual debut is also promoted by cultural practices such as female genital mutilation. The community markers of sexual activity are: biological markers (which includes the development of adolescent sexual characteristics), as well as cultural markers which include undergoing FGM. When a girl undergoes FGM, she is given community approval to engage in sexual activity and also is free to get married and start bearing children. Girls who have undergone FGM are referred to as *"women".*

The Maasai community do not attach a great deal of importance to virginity and chastity although it does have some social value. Instead, the community accord greater value to girls who have undergone FGM. The sexual behaviour of Maasai adolescent girls and young women was reported to be shrouded in secrecy, with girls not speaking openly about their engagement in sexual activity and relationships. Rather, this activity is predominantly evidenced by teenage pregnancy. Multiple sexual relationships are evident with girls having partners of the same age, in addition to older partners for financial or material gain. These findings are in line with a UN report (2018) which stated that young women often proactively seek relationships with men who can provide for them, using sexual agency to compensate for their lack of other forms of power. Women describe having power in determining the start and end of a relationship, and their ability to get money or gifts from men (UN AIDS 2018).

A girl's decision-making capacity in a sexual relationship with a boy or man is partly dependent on her age relative to her partner, and whether money and gift exchange is a key component of the relationship. In a situation where the man exchanges money or gifts for sex, decision-making rests with the man, but in situations where the boyfriend is of the same age as the girl and there is no exchange of money, the girl is more likely to be the main decision-maker. Research study conducted in rural South Africa also found that although young women exercise agency in their choice of partner, this agency weakens once the relationship is characterized by the exchange of money/gifts. On the other hand girls receiving money or gifts from their boyfriends indicated their worthiness and feeling of appreciation (Ranganathan et al. 2017). Mothers may also influence their daughters' decisions regarding with whom to have sexual relationships, especially where financial gain for the family is involved. For example, a mother may encourage her daughter to enter into a sexual relationship with a boy or man from a financially stable family.

However, with the advent of technology, social media, and in particular cell-phones, girls have now acquired some additional power that enables them to make decisions regarding sexual relationships. Girls use cell-phones to communicate with their boyfriends about when and where to meet.

The results from this study show that although sexual violence towards adolescent girls is not regarded as a major problem among the Maasai of Kajiado West sub-county, unreported sexual coercion and assault is rampant. Discussion with participants revealed that sexual violence occurs often, especially at night in the *manyattas* but it is not labelled as sexual violence. For example, if girls receive money, favours or gifts from boys/men with an 'assurance' that they will engage in sexual relations in the future, and then the girl delays or repeatedly postpones the sexual act, the boy/man may force the girl to have sex. In this context, the sexual assault will not be labelled as rape despite the fact that it is.

Most sexual violence and sexual coercion cases go unreported because of the desire of families to avoid the embarrassment and shame linked to sexual assault victimisation. The majority of sexual assault accusations are solved "locally and culturally" between the family of the victim and the perpetrator by the latter paying a monetary fine. The blurred boundaries between forced, coercive and consensual sex in the Kenyan social context negatively affect access to victim support services (Kilonzo et al. 2008). The social acceptance of sexual coercion and sexual violence propagates the practice. Young people may also find difficulty in reporting when they are the victims of coerced sexual assaults (Birungi et al. 2011).

Access to SRH services

Our study participants reported that the SRH services available to young people in the sub-county include sexual reproductive health information, sex education, contraception/family planning, provision of sanitary towels, HIV testing, syphilis testing, and ante-natal care. However, unequal distribution of health facilities across the county, in combination with the vastness of the county, creates limitations to accessing existing services. There is also a lack of awareness of available SRH services among community members.

Due to the socialization of Maasai girls, they may not be receptive to the services of a male health worker yet these are the ones to be found in health facilities in this region. Due to the topography of the county and remoteness ,majority of health facilities are staffed by male health workers. Girls may therefore not seek health care because of the gender of the health care worker. Also, utilization of family planning services among the Maasai is believed to be very low because the community still values large family sizes. Such negative attitudes towards contraception in contexts where girls have high motivations to engage in multiple and intergenerational sexual relationships is a concern. There is a need for further research to explore the question of contraceptive use among the Maasai community and how the desire for large family size can be discussed.

Sex education and sexual and reproductive health information is provided to girls in Kajiado West sub-county through schools with the support of NGOs. Although parents may provide sex education to girls, this is seen to be inadequate as parents may not have proper and accurate information; they may also not have expertise on how to convey information to girls. Sex education provided to girls includes information on the prevention of pregnancy and STIs, personal hygiene, and the use of sanitary towels (including the provision of towels). It was noted that school absenteeism is often caused by a lack of sanitary towels hence NGOs working in this region try to address this need.

Discussions revealed community members would prefer to be educated by others from within the community as opposed to 'strangers'. For example, girls from the community who have completed their education and are in employment could come back to the community to act as role models and educate other Maasai girls.

Girls' early sexual debut suggests the need to begin sex education at an early age. Kenya is implementing Comprehensive Sexuality Education (CSE) as part of the school curriculum. CSE is not offered as a stand-alone subject but is integrated into other subjects. While there may be benefits of integration, most teachers lack the technical understanding of how to deliver the content (Keogh et al. 2018). Often teachers skip topics they regard as controversial with the excuse that they do not know how to deliver the topic. The CSE curriculum is not examinable, hence it is not taken seriously by teachers. Keogh et al. (2018) review of challenges to implementing CSE curricular in four countries (Ghana, Kenya, Peru amd Guatemala) suggested that making CSE examinable would be a way of ensuring that the subject is given appropriate weight. In addition, it would be beneficial to have a dedicated CSE team and budget for effective monitoring of the teaching (Keogh et al. 2018). Overall, to ensure sustainability, it is imperative to mainstream CSE training in teacher-training curricula to ensure that a large number of graduating teachers are able to deliver the curriculum effectively (UNAIDS 2018).

Enforcement of girls' education policies

Kenya's national school health policy (1994) states that school-age girls who become pregnant should be permitted to continue with their education for as long as possible and thereafter allowed to return to school after childbirth. The findings of this study show a lack of enforcement of the school re-entry policy. This was mainly attributed to lack of enforcement of laws and policies by government officials such as chiefs, who are often perceived to be in collusion with the girls' parents to not report teen pregnancies. In situations where parents have limited or no finances to pay school fees, girls are unlikely to go back to school and are hence married off. Parents marry off their daughters because there is no action taken against them and they are not reprimanded. This is exacerbated by the community low value the community places on education, especially for girls.

Similar findings have been reported in Homa Bay County in Kenya where teenage pregnancy rates leading to school drop-out are equally high, and awareness of the return to school policy is low (Birungi H 2016). A workshop with education stakeholders reported a lot of negative attitudes towards student pregnancy. Teachers and school principals were unaware of the policyand were more concerned about the effect of repeat pregnancies on the school's reputation. There was a perception that pregnant girls perform poorly academically, and are likely to lower the school's mean grade and experience repeat pregnancies. Most principals therefore favoured expulsion of pregnant students as a form of deterrent for other students (Birungi H 2016). It is therefore not surprising that the KDHS 2014 reported that 98% of girls who have ever been pregnant are out of school, with 59% of pregnancies among girls aged 15-19 years being unintended (KNBS. IFC Macro. 2014).

8. Conclusion

The findings of this study point to various factors that interact to contribute to the rates of teenage pregnancy seen in this community. Using the socio-ecological model as a framework for understanding the phenomenon, we see that various cultural practices at the community level influence the sexual behavior of girls and boys even in the face of social changes that are being experienced by the community. The cultural importance of certain practices such as FGM and the freedom that these accord young girls inadvertently exposes them to early sex that often culminates in teenage pregnancy. FGM can be argued to socially legitimize early sex and accommodation/tolerance of teenage pregnancy within the community. The traditional sleeping arrangements that are based on setting boundaries between daughters and fathers inadvertently expose girls to sexual exploitation by men who are culturally 'allowed' to wander in and out of the sleeping quarters of girls. This is exacerbated by the fact that the boundaries of what is and isn't considered sexual violence are not very clear within the community. Even where there is a clear-cut case of what is widely accepted as sexual violence this may still go unreported.

Poverty is one of the key contributors to teenage pregnancy, operating on a number of levels. Poverty was a major consideration for girls in making decisions about who to sexually interact with, especially in relation to inter-generational sexual relationships. These often occur between older men that have the money to meet girls' basic needs, and younger girls who are otherwise unable to finance these. Girls' personal needs increase as they grow, including the need for sanitary pads as well as needs related to good grooming. Where these cannot be provided for by the family, girls are forced to look elsewhere. Encouraged by peer pressure, girls find themselves involved with boys and men who can provide resources or fund their needs in exchange for sex. Parents do not always seem to seek to protect their daughters from these vulnerabilities by proactively providing for their needs. In some instances it would appear that parents even exploit their daughters by benefiting from their transactional sexual relationships. The tolerance of this sexual behaviour by their immediate family often leaves girls with little or no protection against teenage pregnancy.

Decision-making about sexual partners was influenced by a girl's socio-economic status, her relationship with her mother, and peer pressure. Mothers often guide daughters towards engaging with men who have resources. This is more likely to occur in households that are poor. Peer pressure is also critical in decision-making in that the public display of material items by peers who are engaged with partners with resources is a great incentive for other girls to emulate this behaviour.

Although girls' education is predominantly conceived of as a path to empowerment, some aspects of the local educational system in effect increase girls' vulnerability to sexual violence and teenage pregnancies. Long distances between homes and schools, the domination of the school environment by male teachers, and poor infrastructure within schools creates a hostile environment for girls where they are not always protected. Interactions with boda-boda riders who sometimes provide girls with free transport to school in exchange for sex has been described by the community as one of the major contributors to teenage pregnancies.

Access to reproductive health services is limited due to the physical distribution of health facilities and the quality of the services provided. SRH information provided to young people mainly focuses on abstinence, with much less emphasis on the use of contraception/family planning. Girls who use contraceptives were reported to be shunned or stigmatized by the community.

9. Recommendations

From the foregoing conclusions one can derive the following recommendations:

Policy and programmatic level

- There is need to prioritize girls' education and the enforcement of the school re-entry policy.
- Due to the vastness of the county, additional provision of boarding schools for girls would help to reduce their need to travel long distances on journeys that make them vulnerable to assaults and transactional sex.
- Scale up the programmes on elimination of cultural practices such as FGM and early marriage.
- County management should sustain comprehensive programmes on sexual and reproductive health for girls and boys.
- There is a need for conscious efforts to promote recruitment of female teachers to address the gender imbalance among teachers and also provide female role models for girls. Such efforts should also be geared towards addressing the general shortage of teachers which forces parents to engage unqualified teachers who are not properly trained and monitored, meaning they sometimes pursue sexual relationships with female students.
- As poverty is such a significant underlying vulnerabiility, the introduction of a cash transfer programme is recommended as an additional component to CSE. This would help to address the urgent financial need of poor girls and help to reduce their vulnerability to unintended teenage pregnancy.
- Interventions to prevent teenage pregnancies need to incorporate elements of economic empowerment to support young women to earn income and be able to make independent decisions about their sexual choices.

Community level

- Community sensitization on the negative health and economic impacts of teenage pregnancies on girls, and the need to address these.
- Sensitize the community on the Sexual Offences Act, and the fact that some cultural practices that are accommodated at the community level constitute sexual violence - for example the behaviour of some morans who demand sex from young girls.
- Undertake a review of community social norms such as separate sleeping arrangements and how the protection of girls can be improved
- Through the community leadership, advocate for enforcement of anti-FGM laws and the elimination of early marriage

- Assist families to work towards prioritizing girls' education and adherence to the return to school policy to support girls to resume education after childbirth
- Support parents to be more proactive in the lives of their daughters, and as far as possible to provide for their needs to reduce their engagement in transactional sex.
- Engage boda-boda riders and sand harvesters in a dialogue over their role in teenage pregnancy and how they can play a positive role in pregnancy prevention.
- Use social media and mobile phones to reach more young people with age-appropriate, evidenced-informed SRH information to empower them to make informed choices on their SRH.

10. Dissemination Strategy

The findings of this study are documented in a final report and will be presented to the YES I DO Alliance. Further dissemination will be undertaken through various means such as formal presentation to the relevant stakeholders, including communities where the study was conducted. The findings will also be disseminated at conferences and through publications in peer reviewed journals for wider readership. Authorship will be consistent with KIT and local country policies and guidelines.

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