



Experiences of Female Students on the Use of Contraceptives in Addressing Teenage Pregnancies in Secondary Schools in Khwisero Sub-County, Kakamega County

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Abstract

In Kenya, reduction of the rate of teenage pregnancies remain the key concern since advancement of a national Adolescent Sexual Reproductive Health Policy in the year 2015. However, up to date, the rate of teenage pregnancy still remain at alarming rate. This study employed a qualitative approach to explore the experiences of female students on the use of contraceptives in addressing teenage pregnancies in secondary school. A multi-case study design was used where data was collected through focus group discussion, drawings and analyzed thematically. The findings revealed that female students face major challenges such as unfriendly medical practitioners who make teenagers shy away, and some have negative opinions on the side effects of using contraceptives. The study concludes that female students have been assisted in addressing teenage pregnancies through the use of contraceptives however, societal norms and misconceptions are a barrier to addressing teenage pregnancies.

Keywords: *Teenage pregnancy, strategy, contraceptive, Kakamega County*

1. Introduction

Teenage pregnancy remains both an international and a Kenyan concern (Miriti & Mutua, 2019). The issue of teenage pregnancies does not only affect teenagers who are mothers but also the children of those mothers in many ways (Lee, 2018). Thus, teenage pregnancies lead to immediate and lasting effects on teenagers in terms of health, education, and job perspective and the effects can also be intergenerational.

According to Kassa et al. (2018), a study carried out in Africa concluded that teenage pregnancy prevalence was at 18.8% with the highest prevalence in the East Africa sub-region at 21.5% followed by 20.4% in South Africa and the lowest in Northern Africa at 9.2%. Literature indicate that the rate of teenage pregnancy in Kenya is high and varies from one county to another. Joshua (2020) reported that teenage birth rates in 2016 were 82 births per 1000 girls aged 15 years old to 19 years old. Another report by UNFPA Kenya (2017) reveals that nearly 378,400 teenage girls in Kenya aged between 10-19 years became pregnant between July 2016 and June 2017. This situation needs to be reversed. This is because, for Kenya to realize Sustainable Development Goals (SDGs) the number of teenage pregnancies in the country must reduce (Gutmacher Institute, 2017). The high rates of teenage pregnancies raise a question about the strategies for addressing teenage pregnancies. This study sought to explain why the issue of teenage pregnancies is still persistent and yet there are strategies put in place addressing it by exploring the experiences of female students on the use of contraceptives in terms of addressing teenage pregnancies.

2. Literature Review

Teenagers have specific developmental needs such as access to Sexual Reproductive Health (SRH) information and services. This is because it empowers them with knowledge, skills, and values to understand their sexuality and take responsibility for their sexual health and wellbeing (European Expert Group on Sexuality Education, 2016). The use of contraceptives involves traditional and modern contraceptive methods (Darroch et al., 2016). The traditional methods include mainly periodic abstinence and withdrawals while modern methods of preventing pregnancy include pills, injectables, female and male condoms, and other barrier methods. Darroch et al (2016) add that the use of pills, injectables, and condoms by teenagers to avoid pregnancy can prevent additional teenage pregnancies.

A study by Lindo and Packham (2017) in the United States on how much can be expanding access to long-acting reversible contraceptives reduce teen birth rates reveals that the use of contraceptives by teenagers in the United States of America has reduced childbearing by over 4 %, that is approximately 1,478 teen births that would have been conceived between 2009 and 2013. For instance, in Colorado in the same study, a reduction of 40% in teenage birth rate had been accomplished by increased use of contraceptives.

Many teenagers in sub-Saharan Africa are sexually active and would like to avoid pregnancy but they are not using contraceptives (Dennis et al., 2017). Interventions to reduce the unmet need for contraceptives to reduce teenage pregnancies should be a critical component of family planning programs in developing countries. This is because of the sentiments of Lindo and Packham (2017) indicated that 86% of teenagers live in developing countries and by the time they are 19 years old, half of the teenage girls are sexually active, with about 20% giving birth.

Dorrach et al. (2016) explain that among teenagers in developing regions who use modern contraceptives, the most common methods are male condoms at 38% and pills at 27% followed by injectables at 19%. Meaning, that condoms count for half of the modern contraceptive use reported among teenage women. This is different from the finding of (Dennis et al., 2017) in an analysis of time trends in contraceptive needs and uses among teenagers and young women in Kenya, Rwanda, Tanzania, and Uganda. They found that injectables had become the most popular contraceptive of choice among young women with more than 50% of modern contraceptive users except in Tanzania where condoms and injectables are used by 38% and 35% of the young users respectively.

The government of Kenya has established multiple guidelines and policies across sectors to support the sexual and reproductive health rights of young people including but not limited to the National Adolescent Sexual and Reproductive Health Policy (2015). Population Services Kenya in collaboration with the Reproductive and Maternal Health Services Unit launched a communication campaign to encourage the use of contraceptives among youths. Thus, most teenagers know about contraceptives (Ochako et al., 2015).

A study by Hagey et al. (2015) on barriers and facilitators for teenage females living with HIV in accessing contraceptives services in Western Kenya, found that barriers to access and use of contraceptives were; the parents

and peers because of the stigma of being sexually active while unmarried and the providers perceived that access of services by female teenagers who present to the health facility without a partner was challenging.

Hakansson et al (2018) in a study carried out in Kisumu on human rights versus societal norms stigma related to teenage abortion and contraceptive use established that the general resistance to contraceptives by teenagers was societal norms. That is, teenagers who went for such services were considered immoral. The findings are different from those of Ochako et al. (2015) on barriers to modern contraceptive methods uptake among young women in Kenya which concludes that many teenagers shy away from the use of contraceptives because they fear the side effects of using the methods.

A study by Devi et al. (2019) on the prevalence of teenage pregnancy and pregnancy outcomes at a rural teaching hospital in India, established that the rate of teenage pregnancy is higher than the rate in the urban area. A similar sentiment is echoed by Akanbi et al. (2021) that teenagers in rural areas are 6% more likely to get pregnant than those in urban areas. Additionally, Manzi et al. (2018) found that there were more cases of teenage pregnancy in rural areas than in urban areas. This is because teenagers in rural areas are least likely to access required sexual and reproductive services that provide adequate information and requirements on addressing teenage pregnancy. Khwisero Sub-County is a rural area within Kakamega County thus it is not exempted.

From the literature, the backdrop to use the of contraceptives is the perception of society toward teenagers who use contraceptives and the fear of the side effects of contraceptives teenagers. Additionally, the highlighted studies specifically looked at the barriers to the use of contraceptives by teenagers based on in-depth interviews while the researcher in this study intended to explore the experiences and not barriers through focus group discussions and drawings.

3. Research Methods

The study adopted a qualitative research approach This is because a qualitative research approach seeks to understand and interpret personal experiences to explain social phenomena (Huston & Rowan, 1998). With this approach, the researcher got a deeper understanding of the problem by interpreting the experiences of the participants. This was done through a multi-case study research design. The study adopted this design because the researcher intended to focus on the experiences of female students from several sites. That is two secondary schools. According to Yin (2009), multiple case studies allow for the exploration of differences and similarities within and between cases thus replication of findings across cases. The participants were involved in common instruments to attain trustworthiness.

3.1 Research Participants

The study targeted Form 3 female students in secondary schools within Khwisero Sub-County who had experience on the use of contraceptives. Form 3 female students were targeted because they were perceived to have stayed in their respective schools longer and were perceived to have more information based on their own experiences. The Form 4 students also stayed longer in their school; however, they were left out because they were anxious about the national exams ahead of them thus their focus was on the exams. The participants were therefore sampled through purposive sampling. Purposive sampling allows a researcher to use cases that have the required information concerning the objectives of his/her study (Nechval & Nechval, 2016).

3.2 Data Generation

Data was generated through drawings and focus group discussion. Theron, Mitchell, Smith, and Stuart (2011) claim that drawing is a suitable technique for data collection around topics that may be difficult to express in words. Similarly, Guillemain and Westall (2008) claim that drawings create a safety net for participants to express difficult issues openly. In this regard, the researcher used drawings to collect data on the experiences of female students regarding the use of contraceptives. Keira (2011) notes that collecting data by use of drawings can be used by both adults and children thus the researcher used this technique with female students in secondary schools. Mayaba and Wood (2015) explain that drawings involve two steps where the participants respond to the prompt by drawing and later elaborate on their completed drawing through written or oral explanation.

All participants in this study were engaged in making drawing on their experiences on the use of contraceptives in addressing teenage pregnancy individually. They were also requested to write a description of their drawing to clarify the content and meaning of their drawing to them. The following prompt was provided:

- Draw a picture of your experience on how the use of contraceptives has helped or is helping in addressing teenage pregnancy.

MacPhail and Kinchin (2004) explain that drawings and small group interviews can be used to generate data. Drawings are more useful when applied alongside other instruments. Thus, in this study, the researcher carried out focus group discussions together with drawings. This allowed the participants to explain what they had drawn verbally and what the drawing meant to them in terms of how they had experienced the use of contraceptives to address teenage pregnancy. The drawings, written explanations accompanying the drawings, and oral discussions made data for the study. The discussions were recorded and later transcribed while the drawings were scanned for presentation.

Both drawings and focus group discussion were applied as a triangulation tool to ensure the credibility of the results. Amankwaa (2016) explains that credibility can also be achieved through triangulation.

3.3 Data analysis

Data analysis is a process of gathering, modeling, and transforming data to highlight useful information, suggestions conclusions, discussing strategies, and supporting decision-making (Güler, 2015). The researcher analyzed the data through thematic analysis. Thematic analysis is a method used to identify, analyze, and report patterns within the information obtained (Braun & Clarke, 2006). Both drawings and their explanation and the focus group discussions were analyzed thematically to look for similarities, differences, and silences. The data was then presented according to their categories and the drawings were presented.

3.4 Ethical Considerations

In the process of carrying out the research, the researcher visited the sampled school and shared the research objective and methods. Research participants volunteered to take part in the study after being assured that the information obtained would only be used for the study. They were given time to read the invitation letter, think, and decide to participate in the study, and once they decided to participate in the study, they were asked to consent to their participation by signing an informed consent attached to the invitation letter.

4. Results

This section covers data obtained from participants based on drawings and focus group discussion.

A presentation of the drawings is done then findings and discussion. The captions are typed as they were written by the participants.

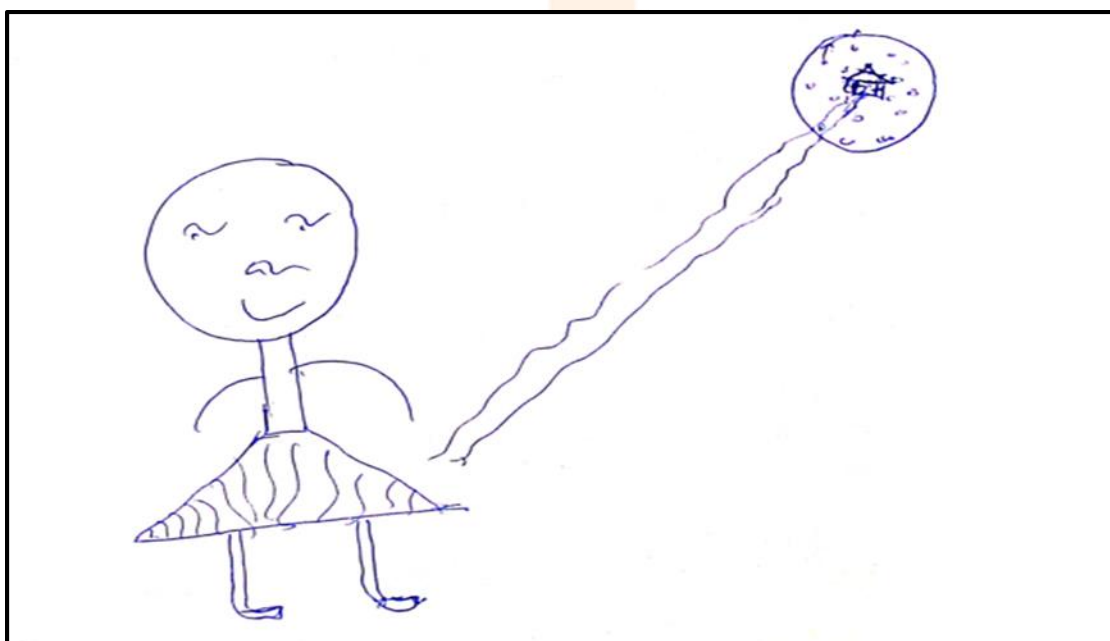


Figure 1: Drawing by Favor

Caption: *This girl is sad, the journey is long and the clinic is fenced. The journey of getting contraceptives is hard. It is so shameful to see a young girl walking to go to visit the clinicals because the girls are afraid of reaching and the clinicals will embarrass them.*



Figure 2: Drawing by Sharon

Caption: This girl wants to cross the river to go and get the money but she cannot because there are a lot of crocodiles. The experience is that getting those drugs is very hard for teenagers because doctors and other people in society may see them as sex workers. Is that you are willing to be given those contraceptives but you are not able to go and take them. Therefore, the crocodiles are the doctors.

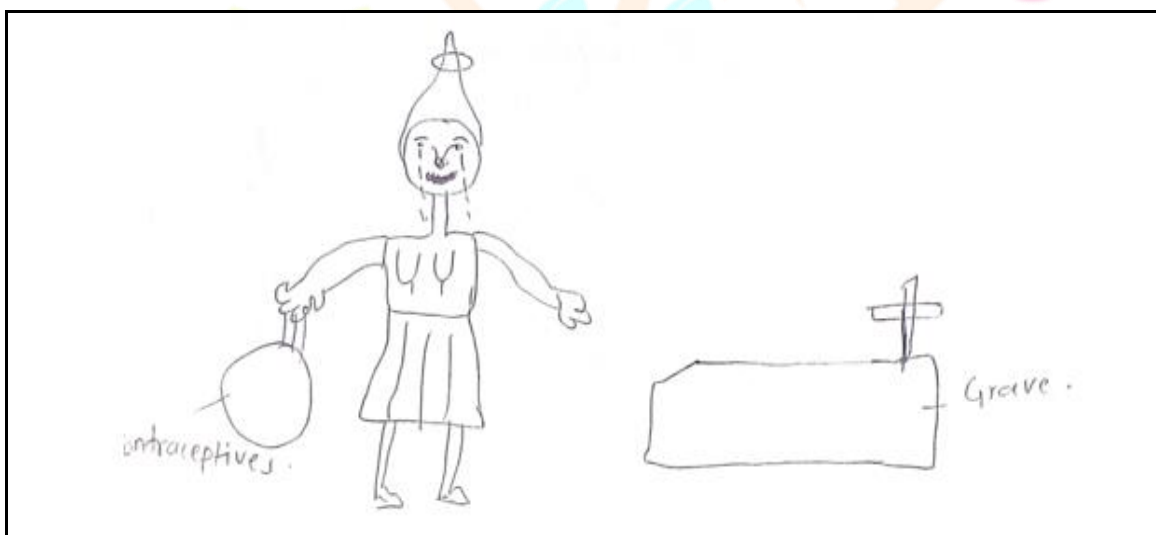


Figure 3: Drawing by Natal

Caption: I have drawn a girl holding contraceptives behind and a grave in front. She is also crying. This girl used contraceptives while she was in secondary school, she was able to go to university but now she is crying because she cannot get children. Contraceptives are not good because they can lead to barrenness.

5. Interpretation and Discussion

From the findings the main theme established was acquisition. The acquisition is how easily teenagers can get and use contraceptives. The discussions and the drawings revealed that teenagers could easily acquire contraceptives while others reported that they are not easy to access thus the two categories: i) easily acquired, and ii) Unfriendly medical practitioners.

5.1 Easily Acquired

The participants reported that getting contraceptives was easy because they were being offered for free. They further indicated that they were using contraceptives and it had enabled them to prevent teenage pregnancy. This is amplified by the following quotations:

“It is easy, that is if you have already given birth, you are advised by the nurses to use contraceptives. They provide them as soon as you deliver for as long as you are willing.” (Focus group discussion, Amina, line 70{13/02/2021})

“It is easy because they are being provided freely, you don’t need money to get them.” (Focus group discussion, Sharon, line 174 {27/02/2021})

According to the quotations above, it is evident that teenagers are aware of contraceptives. The quotations imply that teenagers have access to contraceptives. They are also not charged and this is a motivation for them to use contraceptives since there is no cost incurred. The captions from the drawings provide enough evidence that teenagers are using contraceptives to address teenage pregnancies and it has worked for them. These findings agree with the findings of Dennis et al (2017) which revealed that there was an increase in access to contraceptives among adolescents in Kenya.

This increase in accessibility is not only attributed to free provision but also, to some parents helping their daughters acquire them. The participants reported that some parents were secretly helping their daughters acquire contraceptives to ensure that the teenagers are safe from teenage pregnancies. This is amplified by the following quotations:

“If the parent does not want the girl to embarrass her by getting pregnant, she decides to take the girl to the hospital and be given contraceptives although people should not know that the girl is using contraceptives.” (Focus group discussion, Gift, line 249{13/02/2021})

“Some, the parents take them to the hospital and they give them. [...] A friend of my grandmother took her girl because she did not want the girl to embarrass her when she got pregnant. The mother was also trying to avoid conflicts with the husband when the girl got pregnant. So she secretly took the girl to the hospital.” (Focus group discussion, Melody, line 175{27/02/2021})

The quotations reveal that parents perceive that when a teenager gets pregnant it is an embarrassment to them. In addition, when a teenager gets pregnant, there arises a conflict between parents as highlighted by Melody. That is why some parents would prefer to help them get contraceptives secretly. The findings agree with the findings of Hagey et al. (2015) which established that some parents are aware of the consequences of teenage pregnancies and are encouraging their daughters to use contraceptives.

On the contrary, it was also established that teenagers had negative opinions on the use of contraceptives. The participants thought that if one uses contraceptives while she is a student, she is likely to develop health problems and that contraceptives cannot be used by students as told by adults. The participants reported that they are afraid of using contraceptives while in school because of the side effects. That is, contraceptives can cause barrenness, cancer, and bleeding. This is evident in the following quotations:

“I have drawn a girl holding contraceptives behind and a grave in front. She is also crying. This girl used contraceptives while she was in secondary school, she was able to go to university but now she is crying because she cannot get children. Contraceptives are not good because they can lead to barrenness.” (Drawing, Natal, Figure 3 {13/2/2021})

“Being afraid of the side effects. My mum told me that it can cause bareness, bleeding, and cancer.” (Focus group discussion, Sharlyne, line 207{27/02/2021})

“I think when you use contraceptives while still under the age of 18 years old and you are a student, in future, you may fail to get children.” (Focus group discussion, Peggy, line 212{27/02/2021})

The quotations indicate that the negative opinions of teenagers on the side effects of using contraceptives are a hindrance to the use of contraceptives in addressing teenage pregnancies. These findings agree with the findings of Rehnstrom et al. (2019) who found that almost half of the students believed that the use of contraceptives could impact fertility negatively.

Additionally, the participants reported that they were not using contraceptives to address teenage pregnancies because they thought that contraceptives were meant for those who have ever given birth and or are married. This is highlighted in the following quotation:

“Those parents only take the girls who are with a child but for those who have never given birth, they don’t. Because those who don’t have children are not supposed to use them.” (Focus group discussion, Grace, line 251{13/02/2021})

“You cannot use contraceptives if you have never given birth. It is made for the people who are married and have children.” (Focus group discussion, Joy, line 244{13/02/2021})

“For me, I would like to use contraceptives because they are free but I hear that if you use them and you have never given birth, you will never give birth.” (Focus group discussion, Yunia, line 214{27/02/2021})

The quotations reveal that teenagers believe that contraceptives are meant for women who have ever given birth. This belief is based on what they hear people say.

5.2 Unfriendly Medical Practitioners

The participants explained that they were not supposed to use contraceptives according to their social values. This is because they were not expected to be engaging in sexual activities. For this reason, they could not access contraceptives as much as they wished to be using them because the medical practitioners were unfriendly thus causing them to shy away. This means that medical practitioners are not welcoming teenagers who go to the clinics for contraceptives. The participants reported that medical practitioners are unfriendly and that is why they don't go for contraceptives. This is evident from the following quotations:

“The experience is that to get those drugs is very hard for teenagers because doctors and other people in society may see you as a sex worker. Is that you are willing to be given those contraceptives but you are not able to go and take them.” (Drawing, Sharon, figure 1{27/02/2021})

“This girl is sad; the journey is long and the clinic is fenced. The journey of getting contraceptives is hard. It is so shameful to see a young girl walking to go to visit the clinicals because the girls are afraid of reaching and the clinicals will embarrass them” (Drawing, Favor, figure 2 {13/02/2021})

“When you go to the clinic, you find a madam who is the same age as your mum. When you ask her for contraceptives, she looks at you and asks, ‘Little girl, why are you taking contraceptives? Just go away.’” (Focus group discussion, Marvel, line 250{13/02/2021})

“It's not easy, one has to go to the hospital. There at the hospital, the officers are unfriendly to the teenagers who ask for contraceptives. That is why most of them shy away.” (Focus group discussion, Furaha, line 68{13/02/2021})

The participants reported that they would not like people to know that they are sexually active and that is why they avoided using contraceptives. This is highlighted by the following quotations:

“We are just shy; we don't want people to know we are engaging in sex.” (Focus group discussion, Kate, line 265{13/02/2021})

“It is not easy because, when you want to go get them you ask yourself, how will the one giving me judge me? Will he/she see that am addicted to sex? Also, for example, if you are taking the pills every morning, for example, at 7 am, then it happens that the classmates discover that, will form discussions on me. So, you opt not to use them.” (Focus group discussion, June, line 50{27/02/2021})

Unfriendly medical providers are a hindrance to teenagers accessing contraceptives. These findings are similar to the findings of Hakansson et al (2018) who reported that teenagers were shying away from using contraceptives because any teenager who went to seek the services from the clinics was considered immoral. Hagey et al. (2015) report that the attitudes of service providers play an important role in teenagers feeling comfortable seeking contraceptive services. This agrees with the explanations of the participants in this study that they would wish to go and get the contraceptives but because of unfriendly medical providers, they opt to leave them.

6. Conclusion

There are myths and misconceptions about who is supposed to use contraceptives and the consequences of using contraceptives. These myths and misconceptions have prevented teenagers from using contraceptives to address teenage pregnancies. There is a need to educate them on facts about contraceptives in Life Skills Education.

Social values are a hindrance to teenagers accessing contraceptives. The attitude of medical practitioners towards teenagers determines the use of contraceptives by teenagers to address teenage pregnancies. Medical practitioners must change their attitude towards teenagers who would like to use contraceptives.

7. Recommendations

The study recommends that teenagers should be taught the facts about contraceptives in Life Skills Education. They should be taught about the users and the importance of contraceptives in addressing teenage pregnancies. This will address the myths and misconceptions they have about the use of contraceptives. The government should ensure that there is youth-friendly contraception by advising medical practitioners to change their attitude towards

teenagers who come to collect contraceptives through seminars and public campaigns. This will help to attract more teenagers hence addressing teenage pregnancies.

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