

MULTI-SECTORAL ROLES IN ADDRESSING TEENAGE PREGNANCY IN GITHOGORO SLUMS IN NAIROBI CITY COUNTY, KENYA

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Abstract

Teenage pregnancy is a widespread and persistent issue affecting many nations across the globe, particularly impacting underprivileged communities such as informal settlements. Addressing this challenge requires multi sectoral coordination involving a range of actors. This study examines the role of multi stakeholder engagement in addressing teenage pregnancy in Githogoro, Nairobi. A qualitative approach guided by a phenomenological research design was adopted. The study population comprised primary and secondary school teachers, health workers, NGO representatives, government officials, and church leaders working with teenagers. A sample of 15 key informants was selected through stratified and purposive sampling. Data were collected through key informant interviews using an interview guide that was peer reviewed to enhance validity and reliability. The data were analyzed thematically using NVivo software. The findings affirm the value of multisectoral synergy while highlighting the need for policy strengthening to resolve contradictions such as resource inequities. The study demonstrates how stakeholders in Githogoro, Nairobi City County collaboratively address teenage pregnancy through education, support, and enforcement. It recommends that future interventions scale these efforts, guided by existing literature, to sustain progress in similar Kenyan informal settlements.

Keywords: *Adolescent health, Informal settlements, Multi-stakeholder, Teenage pregnancy, Multisectoral Collaboration, Stakeholder Engagement, Adolescent Reproductive Health, Community Interventions, Informal Settlements*

INTRODUCTION

Teenage pregnancy, defined as pregnancy occurring in girls aged 10–19 years, remains a global public health challenge with far-reaching social, economic, and health implications (World Health Organization [WHO], 2024). Globally, approximately 14% of adolescent girls give birth before their 18th birthday, with the highest prevalence in low-resource settings (WHO, 2024).

In Kenya, teenage pregnancy is a pressing issue. According to the Kenya Demographic and Health Survey (KDHS), one in five girls becomes pregnant before age 19, translating to approximately 380,000 teenage mothers annually (Kenya National Bureau of Statistics [KNBS], 2023). The situation is even more dire in informal settlements such as Githogoro in Nairobi City County, where 17% of girls aged 15–19 are pregnant—nearly double the

national average (KNBS, 2023). These figures reflect a convergence of poverty, limited access to education, inadequate reproductive health services, and cultural norms that discourage open discussions about sexuality (UNFPA, 2017).

The consequences of teenage pregnancy are multifaceted. Health risks include preeclampsia, premature births, and increased infant mortality (WHO, 2023). Mental health challenges such as depression, anxiety, and social isolation are common among adolescent mothers (American College of Obstetricians and Gynecologists, 2020). Educational disruption is significant, with many teenage mothers dropping out of school and facing stigma, which limits their future opportunities (Singh & Darroch, 2009; Klugman et al., 2014). These outcomes perpetuate cycles of poverty and gender inequality, particularly in urban slums where structural barriers are more pronounced (Okoth et al., 2023).

Urban informal settlements like Githogoro in Nairobi City County present unique vulnerabilities. Residents face multiple deprivations, including overcrowding, poor sanitation, and limited access to healthcare and education. These conditions increase adolescent girls' exposure to early marriage, sexual abuse, and unintended pregnancy (Mumah et al., 2014). In such environments, traditional support systems are often weakened, and institutional responses are fragmented.

Addressing teenage pregnancy in these contexts requires more than isolated interventions—it demands multi-sectoral roles that brings together health, education, social welfare sectors, NGOs, faith-based organizations (FBOs), churches and community leaders. Evidence from initiatives such as Advance Family Planning and The Challenge Initiative East Africa demonstrates the potential of coordinated efforts in reducing adolescent pregnancy rates and improving service delivery (Kwachi et al., 2023; Aloo et al., 2023). Multisectoral coordination is an approach to addressing complex social problems that involves bringing together different sectors of society to work together towards a common goal. In the context of teenage pregnancy, multi-sectoral coordination is done by the different players working together to equip the girls with comprehensive sexual and reproductive health and rights (SRHR) information and accessible services, fostering life skills, educational opportunities, and provide avenues for economic independence. Effective multisectoral coordination hinges on establishing a robust network. This involves bringing together key stakeholders, actors from government agencies, healthcare providers, educational institutions, civil society organizations, community leaders, teenage mothers and parents (Health Policy Project, 2014). Multi-sectoral coordination can help to align the goals, actions, and resources of different stakeholders, avoid duplication, inconsistency or conflict among policies and programmes as well as create synergies.

This study aims to document evidence on the effectiveness of multisectoral coordination in addressing teenage pregnancy. A good example is UNFPA collaborating with governments and local organizations worldwide to implement evidence-based programs

that empower young people with accurate information about sexual and reproductive health, access to contraceptives, and comprehensive sexuality education. More specifically, UNFPA partnered with the Nicaraguan Ministry of Health, the Ministry of Education, and local NGOs to implement a comprehensive sexuality education (CSE) program in schools. This program included information on contraception, healthy relationships, and avoiding risky behaviors, all delivered by trained teachers (UNFPA, 2017). Thus, the specific objective of the study was to examine the roles of the different stakeholders in addressing teenage pregnancy in Githogoro slums in Nairobi City County, Kenya.

METHODOLOGY

Research Design

This study employed a qualitative research design to provide an understanding of how multisectoral roles moderate teenage pregnancy in Githogoro slums in Nairobi City County. A phenomenological research design was used to get insights from a diverse group of stakeholders—teachers, health workers, NGO representatives, churches and government officials. This approach was chosen to explore and interpret the experiences of key informants regarding the roles each played. Through in-depth interviews, the study sought to uncover the meanings and perspectives that stakeholders attach to their roles and collaborative efforts in addressing teenage pregnancy.

Target population

The target population comprised stakeholders directly involved in teenage pregnancy prevention and service delivery: secondary school teachers, health workers, NGO and CBO/FBO representatives, government officials and church leaders. From the collated information, this was approximately 15 key informants. These groups were selected because of their roles in mentorship, education, health service provision, and community engagement hence reduction in teenage pregnancy cases.

Sample Size and Sampling Procedures

Using expert recommendation (Hennink & Kaiser, 2022), the study used thematic saturation to determine the sample size. According to experts, qualitative research does not rely on statistical representativeness but on thematic saturation (the point at which no new themes emerge). Literature shows saturation in homogeneous stakeholder groups is typically reached between 12–20 interviews. Thus, the study used a sample of 15 key informants (justified by 3 per stratum).

From each stratum, purposive sampling was applied to select 15 key informants with relevant experience. The researcher used the stratified and purposive sampling technique to ensure that all key stakeholders in Githogoro slums were adequately represented—teachers, health workers, NGO/CBO representatives, government officials, and church leaders. This involved dividing the population into separate groups, or strata, and then randomly selecting 3 from each stratum to make 15 respondents.

Data Collection Tools

The study used questionnaires and key informant interviews administered to the health workers, secondary school teachers, NGO/CBO workers and Government officials. The interview guide and questionnaire that were used to collect qualitative data from these stakeholders included questions that would assess their knowledge of available services and their role in preventing teenage pregnancies. The guides had a section collecting demographic information of the stakeholder roles and responsibilities. The Questionnaire and Key informant interview guide gave the respondents the opportunity to elaborate on key issues concerning multi-sectoral roles affecting teenagers in Githogoro slums.

Data Analysis Procedures

The researcher used thematic analysis to identify recurring themes, patterns, and meanings within qualitative data, such as the perceptions and experiences of schoolteachers, NGO/CBO workers, Health Workers and Government officials in relation to multi-sectoral strategies in addressing teenage pregnancies. Secondly, the researcher used narrative analysis, which enabled an understanding of the stories and experiences of the key stakeholders in their experiences in dealing with multisectoral coordination in addressing teenage pregnancy providing insights into the social and contextual factors influencing teenage pregnancy. The data was analyzed using thematic analysis whereby results were presented in direct quotes.

Ethical Considerations

Conducting research using human subjects requires a high level of ethical consideration such as participant's protection. For this study, an authorization letter from Egerton University Ethical Committee (EUREC) was obtained prior to conducting the research, followed by a research permit issued by NACOSTI. This enhanced the privacy and the safety of the respondents. The researcher encouraged voluntary participation and assured the respondents on confidentiality in all the activities of the research. The researcher also explained clearly to the respondents on their protection, minimal risk for participating in the study and the fact that all the information was kept with confidentiality. To ensure privacy, the raw data, information and the analysis was kept in a safe custody by the researcher.

RESULTS

Demographic characteristics of the respondents

This section presents the socio-demographic characteristics of the participants. This includes information collected on the categories of the respondents which included health workers, government officials, members of faith-based organizations, church representatives, primary and secondary school teachers from Githogoro and their years of experience working on teenage pregnancy.

The stakeholders' years of experience ranged between 1 year to 25 years. The years of experience of the participants generally varied depending on the years worked in the area

of teenage pregnancy. This implied that the years of experience for the stakeholders is positively correlated with effectively coordinating with other stakeholders to address cases of teenage pregnancy and reducing cases of recurrence.

The majority of teachers interviewed that had worked on teenage pregnancy were mainly from secondary schools, making up 57% of the total. Primary school teachers constituted the remaining 43%. The health worker category was evenly split between Community Health Promoters and Community Health Volunteers, each making up 33% of the respondents. Social Workers and Government Health Officials each accounted for 17%. NGO workers formed the largest group in this category, comprising 37.5% of the respondents. Both FBOs and Government Officials each made up 25%, while respondents from Churches accounted for 12.5%.

Roles of the different Stakeholders in addressing Teenage Pregnancy

The study findings on the roles of the different stakeholders in addressing teenage pregnancy in Githogoro slums in Nairobi city County, Kenya, used ten key themes: raising awareness, conducting parenting programs, material support, reporting and referral, counseling, mentorship programs, inclusive policies (boys and girls), Christian Religious Education (CRE), family planning education, and medical treatment. These themes reflect a multisectoral approach to intervention. The thematic areas of stakeholders involvement are presented in the following subsections;

Raising Awareness

The study illustrated that stakeholders emphasized community outreach to educate adolescents on reproductive health risks. Community Health Promoters (CHPs) and Volunteers conduct programs promoting self-identity and reproductive health awareness for ages 10–24. NGOs like SHOFCO educate preteens on early pregnancy consequences, while churches organize youth forums with documentaries.

A CHP respondent noted, "We go door-to-door in Githogoro, teaching kids about the dangers of early sex; it's about building self-worth before it's too late" (Interview, October 12, 2025). This theme underscores proactive prevention, shifting focus from reaction to education, potentially reducing incidence by fostering informed choices.

Conducting Parenting Programs

Churches and NGOs lead initiatives to equip parents with skills for adolescent guidance. Churches run programs for parents based on biblical principles, while NGOs like Beacon of Hope implement sessions on behavior management. Government officials, via the Chief's office, offer family guidance in pregnancy cases.

An NGO worker shared, "Our parenting workshops teach guardians how to talk about sex without shame, drawing from real slum challenges" (Interview, October 15, 2025). The findings show that these programs address familial gaps in slums, where poverty

exacerbates poor supervision, promoting intergenerational dialogue to curb risky behaviors.

Material Support

The study found that churches provide dignity packs (e.g., sanitary pads, soap) to vulnerable teens, reducing hygiene-related vulnerabilities. NGOs distribute sanitary pads, pay school fees, and offer dignity kits. Schools like Regis Group support needy students holistically.

A church leader stated, "We give out packs every month; it keeps girls in school and away from transactional sex" (Interview, October 10, 2025). This illustrates how material aid tackles socioeconomic drivers of pregnancy, such as period poverty, enabling continued education and self-esteem.

Reporting and Referral

The findings indicate that multiple stakeholders handle case escalation. Schools report impregnation by older men to the Chief; CHPs refer defilement to health facilities and police; NGOs report abuse to authorities; government officials (e.g., Gender Desk Officer) process judicial cases; the Chief coordinates referrals.

A government official remarked, "When a girl comes pregnant from defilement, I link her to hospital and court—it's our duty to protect" (Interview, October 18, 2025). The findings indicate that reporting and referrals highlights a referral network that ensures accountability, though bureaucratic delays may hinder timely justice.

Counseling

The study showed that schools offer emotional and psychological support; health workers provide group counseling for pregnant teens; churches deliver age-appropriate sessions and support for HIV-positive individuals; social workers focus on pregnant adolescents.

An educator said, "Counseling helps girls process trauma; we see them regain hope and stay in school" (Interview, October 9, 2025). This is an illustration to how counseling addresses mental health fallout, fostering resilience amid stigma in slum settings.

Mentorship Programs

The study findings show that schools implement initiatives like the 'Sulwe' Programme in Regis School; social workers organize group mentorship; NGOs link girls with mentors and follow up; churches run holiday programs; RYSA facilitates talent-based sessions for both genders.

A mentor from an NGO explained, "We pair teens with role models who share survival stories from Githogoro—it's life-changing" (Interview, October 14, 2025). This depicts that mentorship provides relatable guidance, countering peer pressure and promoting personal growth.

Inclusive Policies (Boys and Girls)

Schools enforce equitable admission, including late entry, and monitor pregnant students' antenatal care. NGOs and churches include boys in mentorship to promote shared responsibility.

A school counselor noted, "We don't exclude boys; our policies teach them accountability too" (Interview, October 11, 2025). This implies that inclusivity challenges gender biases, ensuring holistic prevention by engaging males.

Christian Religious Education (CRE)

The study found that schools deliver CRE promoting abstinence; churches integrate faith-based moral education. A teacher affirmed, "CRE lessons remind students of values like waiting till marriage—it's our moral compass" (Interview, October 16, 2025). This shows how faith integration leverages cultural norms for behavior change, though effectiveness varies in diverse communities.

Family Planning Education

The findings also showed that health workers guide teens on methods; CHPs promote planning for active youth; NGOs train on life skills including contraception. A health worker said, "We explain options like condoms or pills without judgment, empowering choices" (Interview, October 13, 2025). The finding indicates that education demystifies contraception, reducing unintended pregnancies despite cultural taboos.

Medical Treatment

Health facilities identify pregnancies early, treat GBV with PEP, and ensure antenatal follow-ups. CHPs guide on clinic attendance. A social worker described, "For rape victims, PEP is immediate; it saves lives in HIV-prone areas like ours" (Interview, October 19, 2025). This illustrates how timely care mitigates health risks, integrating prevention with response.

DISCUSSION

The findings of this study demonstrate a strong multisectoral collaboration in addressing teenage pregnancy in Githogoro, reflected in the coordinated work of schools, NGOs, FBOs, health facilities, community leaders, and government officials. They align with Kwachi et al. (2023), who observe that community outreach and harmonized awareness campaigns can significantly reduce adolescent pregnancy rates. The parallel between Githogoro and other multisectoral settings suggests that when information is consistently disseminated through multiple actors, adolescents are more likely to receive accurate guidance and adopt safer behaviours. The convergence across different sources of influence appears to create a more stable information environment, enhancing the effectiveness of preventive efforts.

The study further illustrates the central role of mentorship and school-based support systems in shaping adolescent behaviour. Teachers, school administrators, and NGO mentors provided ongoing academic and emotional guidance, helping adolescents maintain focus and envision long-term goals. They align with Cherui et al. (2021), who observe that supportive school environments and NGO interventions facilitate the retention and re-entry of teenage mothers, while also offering preventive support to other at-risk learners. In Githogoro, structured mentorship programs such as those under CSR initiatives provided learners with alternative pathways and exposure to positive role models, strengthening school engagement and reducing vulnerability. These findings demonstrate that schools, when adequately supported, act as stabilizing institutions in contexts marked by socio-economic pressures.

Counselling services and psychosocial support emerged as another cornerstone of community intervention. Health workers, CHPs, NGOs, and churches all provided counselling to adolescents and families, offering spaces for emotional processing and behavioural guidance. These findings align with Kuria (2020), who observes that psychosocial support structures are essential for mitigating trauma and enhancing resilience among vulnerable youth. In Githogoro, counselling was integrated into everyday community interaction, addressing issues such as sexual abuse, peer pressure, and family conflict. This breadth of engagement suggests that embedding emotional support within existing community structures makes preventive information more accessible and increases the likelihood of sustained behaviour change.

Reporting and referral mechanisms in Githogoro were found to be more robust than what is documented in many similar informal settlements. While residents reported effective collaboration among CHPs, schools, local leaders, and health facilities, these findings contrast with Mutiso et al. (2018), who observe that stigma and weak enforcement often undermine reporting processes in urban slums. In Githogoro, the involvement of village elders, chiefs, and CHPs created a multilayered accountability system that supported timely case identification and follow-up. This suggests that in settings where community surveillance is strong and coordination across actors is clear, reporting systems can operate more efficiently despite broader infrastructural challenges.

Non-governmental and faith-based organizations played a central role in adolescent support and protection. Entities such as Beacon of Hope, Empower Hope, and RYSA offered mentorship, life skills education, psychosocial services, sports engagement, and material support. These findings align with the CDC's community-wide teen pregnancy prevention initiatives, which observe that NGO-led programs enhance access to youth-friendly reproductive health information and services. In Githogoro, the use of near-peer mentors, community-based youth champions, and church-led forums created multiple touchpoints for adolescents to receive guidance. The breadth of NGO and FBO

involvement reflects their capacity to complement family and school support, particularly in low-income communities where formal resources may be limited.

Socioeconomic disparities between schools were shown to influence teenage pregnancy rates. While resourced institutions like the Regis Group offered scholarships, structured mentorship, and consistent motivation, schools experiencing economic challenges reported higher incidences of teenage pregnancy. These findings align with Das et al. (2024), who observe that adolescent vulnerability to pregnancy increases in environments characterized by poverty, limited supervision, and restricted opportunities. In Githogoro, the contrast between schools demonstrates how structural inequalities shape student outcomes, highlighting the need for comprehensive socio-economic interventions alongside education-focused strategies.

CONCLUSION

The study concludes that reducing teenage pregnancy in Githogoro depends on a strong, coordinated multisectoral approach in which schools, health facilities, NGOs, FBOs, government actors, and community leaders work collectively toward a shared goal. The findings show that when mentorship, counselling, reproductive health education, community awareness programs, and structured reporting systems operate together, they create a consistent protective environment that influences adolescents across home, school, and community settings. These interconnected efforts demonstrate that no single stakeholder can adequately address the complexity of teenage pregnancy on their own; rather, success emerges from the combined strength of diverse actors reinforcing each other's roles. Although challenges such as poverty, limited parental engagement, and unequal school resources persist, the collaborative practices documented in Githogoro indicate that sustained and comprehensive support can significantly reduce vulnerability and promote healthier outcomes for adolescents in informal urban settlements.

The study recommends strengthening and expanding the multisectoral collaborations observed in Githogoro to enhance the sustainability and reach of adolescent support systems. Stakeholders should formalize coordination structures through joint planning sessions, standardized referral pathways, and shared monitoring tools to ensure continuous and coherent interventions. Resource-poor schools should receive targeted assistance in the form of mentorship programs, scholarships, psychosocial support services, and partnerships with NGOs and CSR initiatives to address the socio-economic drivers of teenage pregnancy. Expanding the work of Community Health Promoters and integrating family-focused programs can further reinforce preventive efforts by addressing risks at the household level. Additionally, county- and national-level actors should support adolescent-friendly reproductive health services, strengthen child protection mechanisms, and invest in community-wide education initiatives that include both boys and girls. Scaling these integrated interventions to other informal settlements can replicate the positive results seen in Githogoro and contribute to a broader national effort to reduce teenage pregnancy.

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