
Strategies for Accessing Reliable Health Information for Pregnant Adolescents in Kajiado County, Kenya

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Abstract

This qualitative study explores strategies for accessing health information among pregnant adolescents in Kajiado County, Kenya, with a focus on school dropouts. Teen pregnancies in Kajiado remain a major issue, causing high dropout rates and limiting learners' access to essential information for informed health decision making. The objective of this study was to identify and recommend strategies that would enable them to access relevant health information, contributing to an improvement in the health status of the expectant mothers and their unborn babies. Utilizing the Case Study method, the study involved 14 In-depth Interviews and three Focus Group Discussions using purposeful sampling technique to select 32 expectant school-drop-out teens (ages 15-19) in Kajiado County. Ethical issues like informed consent were considered. The data were analyzed thematically covering the challenges the teenagers face, sources, and means they prefer for obtaining information, and their real-world experiences in the search for health-related information. The results indicate that pregnant teens' dropouts are more vulnerable than others confined to the formal structures of education, which, in most cases, are the major sources of health information. In addition, other factors like socio-cultural aspects and lack of tailor-made communication strategies further complicate the situation. To address these challenges, the study outlines: community-based health education programs, mHealth platforms, and culturally sensitive communication approaches. This is intended to empower pregnant teenagers with sufficient knowledge and resources necessary for making informed decisions about their health. It, therefore, concluded that facilitating access to information on health matters among this marginalized group may greatly improve maternal and child health outcomes in Kajiado County, and ultimately help them realize their full academic potential. This research will enlighten policymakers, educators, and healthcare professionals interested in the support of this vulnerable population.

Key Words: *Health Information Access, Expectant Teens, School Dropouts, Health Education Program, Socio-Cultural Barriers*

1.0 Introduction

Although teenage pregnancy remains a major global public health concern the prevalence in Sub-Saharan Africa is worrying. Kenya is one of the countries grappling with this concern. According to studies, Kenya is one of the top 40 countries with the highest rates of adolescent pregnancy (Mutea, 2023; Shibeshi et al, 2024). As a result, it demonstrates the complex interplay of sociocultural and economic factors that influence adolescents' reproductive health outcomes. Because of its unique blend of urban and pastoral cultures, Kajiado County, which is among the

top 10 counties with high rates of teenage pregnancies (Olenja et al., 2020), provides an important context for understanding the factors that influence expectant teens' behavior when seeking health information. Teenage pregnancy in Kajiado County declined from 24% in 2021 to 20.5% in 2022, with Kajiado West, Central, and South reporting the highest cases (MOH, 2023).

Teenage fertility requires special attention for a number of reasons. Amongst them is the fact that complications during pregnancy are more frequent among teenagers and continue to be so throughout life. Moreover, on getting pregnant, a teenager encounters critical hurdles in terms of completing her education; thus, her academic achievement is compromised and has fewer opportunities in life (World Bank, 2022). These are all factors that bind in a cycle of disadvantage for young mothers and their children, underlining the call for effectual interventions to support and empower adolescent girls especially in their health-information seeking journeys. The 2022 Kenya Demographics Health Survey indicates that teenage pregnancy rates are increasing with age among people aged 15-19, hence it is important to have comprehensive sexual and reproductive health education and services for the youth (KNBS, I. 2023). Among the key drivers are cultural and social norms, such as early marriage and gender inequality, which set an environment within which young girls get pregnant (Ratemo et al., 2025).

The provision of reliable health information in Kajiado County is further complicated by high teenage pregnancy rates, with the Kenya Demographic and Health Survey (KDHS) 2022 reporting that 22% of girls aged 15-19 have been pregnant—above the national average of 15% (MOH, 2023). This challenge contributes to increased school dropouts among expecting teenagers, limiting their educational and economic opportunities. According to a 2023 report by the United Nations Population Fund (UNFPA), approximately 13,000 Kenyan girls leave school annually due to pregnancy (Owuonda, 2023). A 2022 report by the Kenya National Bureau of Statistics revealed that girls are more likely to drop out of school at age 17, with a dropout rate of 6.5% compared to 5.9% for boys (Gero, 2025). Amongst other things, the school drop-out expecting teenager faces barriers to important health resources, which include, among other things, limited education exposure and a non-structured system for support. Children of teen parents are reported to more likely to suffer from developmental delays and learning problems, thus affecting their relatively lower levels of lifelong educational attainment. These barriers may lead to poor prenatal care, misinformation, and poor health outcomes for both the teenagers and their infants (Senkyire et al., 2022).

School attendance ensures adolescents access essential health education on nutrition, disease prevention, and mental health. Dropouts miss these opportunities, increasing vulnerability to health risks (WHO, 2022). Ratemo et al (2025) established that promoting school retention is key to better health, preventing poverty cycles, and improving overall well-being. Most of the dropouts from school lack sufficient knowledge and resources to make informed choices about prenatal care. They face other challenges that further put them in a vulnerable position: reduced access to formal education, reduced support systems, and increased pressures socioeconomically (Sserwanja et al., 2022). The general situation is further compounded by the socio-cultural factors and shortage of outreach efforts tailored for this demographic.

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2.0 Literature Review

Accurate and relevant health information is required for expecting teenagers to make informed decisions regarding their own health and wellbeing. In this respect, the need in Kajiado County in Kenya is tremendous to come up with effective strategies to improve such access in the wake of generally high socio-economic challenges and educational barriers affecting adolescent health outcomes. Unique challenges of expectant teens, especially those that have had to drop out of school, are against the capacity of a teen to find and make use of relevant health information for themselves and their unborn baby. For instance, a study by Adams and Garcia (2019) investigating the roles that socio-economic factors and a lack of available health resources had on preventing the health information-seeking behaviors of teenage mothers pointed out that not only did these factors impact the children's immediate health, but they also had implications for their future educational success due to unmet health needs and possible absences from school.

Literature available to this study indicates that, in particular, adolescents from marginalized communities often fail to get appropriate health information due to a conflation of factors including limited availability of resources, cultural barriers, and poor education support, which is well documented by Peters et al. (2020). Other studies have proved that compared to their peers, children of teen parents tend to have poorer levels of school performance and higher dropout rates (Smith et al., 2020). In Kenya, traditional channels for information and healthcare systems may not be suitable for the needs of expectant teenagers, thus leading to knowledge gaps and eventual vulnerability. These gaps can be addressed by understanding the barriers to effective access of health information and by developing appropriate strategies for the same.

The educational levels of adolescent mothers are usually lower compared to their peers; hence, they are usually not able to offer firm support for the educational needs of their children. The adolescent mothers are more liable to suffer economic adversity, hence reducing their purchasing power to demand for needs such as books, extracurricular activities, and a favorable environment for learning (Sserwanja et al., 2022). According to the study done by Wilson and Lee, 2021, it is recorded that low health literacy among teen parents is associated with ineffective health information search behavior. Beyond this, denial of access to essential health information leads to poor health consequences of their children which in turn impair their performance in schools.

Studies on health information access in adolescent populations in other contexts provide lessons for several potential strategies and interventions. Some evidence from studies combining mHealth with community-based education programs and peer support networks provides promise for improving how health information is passed on and received by young people (Smith & Wilson, 2021). In instance, a study by Miller and Brown (2022) tests the hypothesis that when education support and health information programs work jointly, results improve for such children. The research thus suggests that given resources addressing teenage mothers' health and educational needs, their children resulted in improved performance academically and general well-being.

Numerous studies highlight the crucial role of supportive networks, both formal and informal, in influencing expectant teenagers' access to and utilization of health information. For instance, social support therapies and social participation may be useful in avoiding prenatal and neonatal poor birth outcomes (Bedaso et al, 2021). Furthermore, social support can boost self-esteem, boost

immunity against illnesses, and contribute to a healthier lifestyle. Since it is an emotional issue, strong social support has been shown to boost mental and physical well-being, develop social ties, promote health, and improve pregnant women's stress coping ability (Senkyire et al, 2022).

Formal support systems, such as healthcare professionals, counselors, and workers in community health are essential in providing accurate and comprehensive health information to expectant teenagers (Bedaso et al, 2021). These professionals offer guidance on prenatal care, childbirth preparation, and parenting, addressing the specific needs and concerns of expectant teenagers. They not only provide information but also serve as trusted sources of support, ensuring that expectant teenagers receive appropriate and reliable health information throughout their pregnancy journey (Baney et al., 2022). Counselors offer emotional and psychological support, helping expectant teenagers navigate the challenges and emotions that often accompany pregnancy with community health workers bridging the gap between healthcare services and the community, disseminating valuable information about prenatal care, nutrition, and parenting (Bedaso et al., 2021). They can also help to dispel myths and misconceptions about pregnancy and childbirth. This however calls for the need for effective communication skills to allow for reassurance, confidence and ultimately improved birth outcomes.

In addition to formal support systems, informal support networks, including family members, community organizations, friends, and peers, also contribute significantly to the health information-seeking experiences of expectant teenagers. According to Gaudie, Mutra, and Mullan (2018), family members, particularly parents or guardians, frequently establish a strong foundation of trust and comfort, allowing expectant teenagers to openly communicate their fears and questions regarding pregnancy and childbirth. Furthermore, community organizations provide resources, courses, and counseling services geared to the special needs of expecting teen mothers, encouraging a sense of belonging and empowerment. Yurdakul (2018) observes that social support systems include all types of voluntary interpersonal interactions and practical help aimed at providing financial, emotional, and cognitive assistance. Patel and Johnson's 2023 study has found that community-based health promotion initiatives, which include educational components, make teen mothers more likely to seek health information. Health-related interventions benefit not just their own health literacy but also contribute to positive educational outcomes for their children by reducing health-related issues that act as barriers to learning.

Interventions targeted at enhancing health information seeking among expectant teenagers have shown promising results and can also help teenagers to develop the skills they need to evaluate health information and make informed decisions about their health. These interventions encompass a range of approaches, such as educational programs, community outreach initiatives, and digital health interventions (Lu et al., 2021). One such approach would be to distribute pamphlets that include accurate, comprehensible, and trustworthy health information. Others would be posters, websites, and other educational materials or teaching on how to evaluate health information and encouraging teenagers to talk to their health care providers. Educational programs focus on equipping the teenagers with essential knowledge and skills related to their reproductive health, empowering people to actively seek out health information and make educated decisions (Muchiri, 2022). For instance, Lu et al., (2021) found that digital health interventions, including mobile

applications or online platforms, offer accessible and interactive platforms for expectant teenagers to access health information conveniently.

Community outreach initiatives aim to increase awareness about available health resources and services, emphasizing the importance of seeking accurate and timely information. According to Brindis et al., (2020), with the evidence that these programs can be effective in reducing teen pregnancy rates, teen outreach pregnancy prevention programs are designed to provide information and skills to help teens delay sexual activity, make informed decisions about their sexual health, and use contraception effectively. According to Sturgill, Martinasek, and Lanke's 2021 study on the efficacy of teen outreach pregnancy prevention programs, the goal of these initiatives is to give participants a sense of empowerment, community, and responsibility. When it comes to future sexual relationships, students felt more confident to utilize birth control, other obstacles, or condoms (Sturgill et al., 2021). It follows that these programs, in addition to teaching life skills, provide teenagers confidence in their abilities to make moral decisions regarding their sexual health.

Nevertheless, despite the presence of various support systems and interventions, challenges persist in ensuring equitable access to health information among expectant teenagers in Kajiado County. Barriers such as limited healthcare resources, inadequate communication channels, cultural norms, and social stigma hinder the utilization of available support systems and interventions. It should be noted that access to information regarding health can promote certain parenting practices that eventually affect a child's educational experiences. For instance, a study carried out by Turner and Harris in 2020 showed that teenage mothers who had better access to information on health utilized actions that gave better room for the well-being and academic success of their child. It was concluded that the health information seeking behaviour of teen mothers directly affects efforts to meet the health needs of their children, and this may have ripple consequences for educational attainment. Williams and Martin (2019) proved in their research that the core to children's academic excellence is basically anchored on parental input in the form of assisting with homework and school participation. However, parenting demands, together with inaccessible information regarding health, and support for teen mothers, can be an impediment to their full participation in the education of their children, affecting most of their learning outcomes on the whole (Williams & Martin (2019).

This literature review paved way for this study, which is a qualitative perspective study interrogating strategies and interventions that could be employed to improve access in health information among expectant teenagers in Kajiado County, Kenya. On this, the Health Belief Model (HBM) was used in the study. The HBM postulates, from a psychological theory perspective, that an individual's health behavior is guided by personal health beliefs regarding health problems, perceived benefits of preventive actions, and barriers to taking them (Carpenter, 2010). For expectant teenagers, their perceived susceptibility to health risks—for example, pregnancy-related complications—and their perceived severity are two drastically important variables in the model. In addition, the model examines perceived benefits from searching for access to valid health information, such as improved maternal and infant health implications, that could shape behavior. At the same time, potential barriers that currently do exist and most likely will not let them go ahead with searching for health information are looked into: barriers such as

lack of access, stigma, and lack of knowledge. The use of HBM calls for the need to use tailored health education interventions that address the perceptions and barriers to communication strategies and support systems for expecting teens. It requires that interventions be crafted on the cognitive and emotional variables influencing health behavior, so it can yield better, more meaningful, and hence more sustained result.

3.0 Methodology

This qualitative study, which used the case study technique, was done through thematic analysis of the recorded narratives received. The study, conducted from January to March 2024 in Kajiado County, Kenya, explored pregnant adolescents' experiences in accessing health information. The study included 32 pregnant adolescents (aged 15–19) from Kajiado County, who were eager to share their experiences and challenges in accessing maternal health information and were cooperative with the researcher. Participants were chosen across different age groups, geographical locations (urban and rural areas of Kajiado), and educational backgrounds (those who dropped out, continued school, or had limited schooling), to ensure diverse perspectives of how access to health information varies based on these factors, revealing differences in knowledge gaps, sources of information, and barriers to accessing reliable maternal health resources.

Carried out were individual, in-depth, face-to-face semi-structured interviews and Focus Groups to obtain the data for the study. Interviews captured rich insights on adolescent pregnancy health information complexities, with central and probing questions. Focus groups added depth. Data collection continued until saturation. Thematic analysis was used to analyze data. Focus group insights, data immersion, expert input, and documentation ensured rigor. In consideration of the ethical standards, informed consent was sought from the participants and voluntary participation was sought through a written agreement. In addition, confidentiality and anonymity principles were adhered to.

4.0 Results and Discussion

Thirty-two teenagers, ages 15-19, which were pregnant were included in the study. The information regarding their educational attainment ranging from not attending school to completing Form IV was obtained through interviews conducted as part of the study whereby participant responses revealed variations in educational attainment, including cases where some had never attended school. Those who were married typically had husbands who were at least ten years older.

Table 1: Summary of participants' Identity Codes

Age	No. of participants	Identity codes	Rural/Urban	Education Level	Married
13-14	NONE				
15	1	GRC	Urban	Primary	No
16	5	AGT, FL, JE, LM, RE	Rural	No school/Secondary	No/Yes
17	15	AB, BT, GN, GRA, IN, JN, LA, ML, MM, MO, NA, PE, PI, RT, RU	Rural/Urban	Primary/Secondary	No/Yes
18	6	AG, AS, HN, JO, JN, VI	Rural	Secondary	Yes
19	5	JI, LI, RM, SA, SH	Urban	Secondary	Yes
Total No. of Participants	32				

Source, Authors 2025

4.1 Strategies and Interventions that could be employed to Improve Access to Health Information among Pregnant Teenagers in Kajiado County

The analysis generated the following themes: community-based health education programs, peer education and support groups, accessible and youth-friendly health services, strengthening the role of healthcare providers, mobile health interventions, culturally tailored information, continued research and evaluation.

Community-based Health Education Programs (CHEPs)

The results show that expectant teenagers in Kajiado frequently do not have a thorough understanding of sexual and reproductive health, which can lead to misinformation and unsafe behavior. This was demonstrated by the way they negotiated the terrain of health information while feeling anxious. They primarily turned to close friends and family members who might not have been as knowledgeable about the informational requirements of various expecting teens in order to make up for their lack of knowledge. Nonetheless, they emphasized how important it is to have medical professionals with the necessary training assist them. This is in tandem with the key construct of the Health Belief Model; Perceived Severity. When asked about strategies and interventions to achieve reliable health information, AS answered:

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To me, there should be training. There should be people who go round explaining to us how to discern misinformation and embrace acceptable practices for pleasant results. They should also be doing meetings with young mothers to help them navigate the pregnancy terrain.

Based on this, it appears that CHEPs, administered by qualified community health workers (CHWs), can close this information gap by offering precise and developmentally appropriate information about pregnancy, childbirth, and parenting. Knowledge will be effectively disseminated through interactive sessions, discussions, and culturally sensitive materials customized for the local context.

Teenage pregnancy is often associated with stigma and isolation, which makes it difficult for people to get information and treatment. By establishing a network of support through CHEPs, it will be possible to create safe spaces where young mothers can interact, exchange experiences, and gain knowledge from one another. Teenage pregnancy is a sensitive issue that calls for feelings and knowledge, as Sewpaul (2022) asserts. Peer mentorship programs and group support sessions help people feel less ashamed and judged while fostering a sense of belonging. This network turns into an invaluable resource for social and emotional support, enabling them to make wise decisions.

CHEPs are more than just informational resources. They enhance the general well-being of young mothers by providing them with vital life skills to manage motherhood. In order to effectively manage their households and care for their newborns, participants emphasized that workshops on child development, budgeting, nutrition, and communication provide them with useful tools. Improved health outcomes for moms and babies can result from this newly acquired knowledge and confidence.

However, comprehension of the unique requirements and cultural background of the Kajiado community is essential to the success of CHEPs. In order to guarantee that programs are culturally appropriate, address current taboos and beliefs, and use preferred communication channels, for example, collaboration with local leaders, CHWs, and community members is necessary. When asked what the government should do to guarantee that expecting teens receive truthful information rather than lies, JN noted that a collaborative approach promotes community ownership and the intervention's sustainability. She stated:

I would like to say they educate elders in the community; doctors should also announce any new information through community elders so that information reaches all.

It became apparent that CHEPs could serve as a link between young moms and the formal healthcare systems, which are frequently unreachable because of lack of awareness, cost, or distance. For example, the programs should be relocated to the expectant teenagers at specific locations in order to inform participants of the resources that are available, assist with referrals, and go with them to clinics to make sure they receive the necessary prenatal and postnatal care. This is supported by the claim made by IN, a FGD01 participant who made the following comment:

For instance, here where we are, if people were called and trained on what to do and how to discern the truth, they will be helped a great deal...if one explained to you and there is a question answer session, it will be more insightful.

Peer education and support groups

Peer education is essential to empowering young mothers by creating a secure environment for information exchange, emotional support, and navigating the challenges of pregnancy and motherhood. Families and communities may hold out-of-date beliefs, and traditional sources like healthcare providers may be intimidating or inaccessible to them as they frequently struggle to obtain accurate and age-appropriate health information. Peer education can close this gap and promote well-informed decision making when it is led by mentors or trained young adults who have experienced a similar situation (Brindis et al., 2020). In a compassionate and nonjudgmental way, they can offer trustworthy information on sexual health, pregnancy care, childbirth, and newborn care.

Teenage pregnancy is associated with shame and stigma, which can obstruct communication and make it difficult to get support and information. Young mothers who attend support groups can share their worries, fears, and experiences in a private setting where they would not feel judged. They can ask questions freely, gain important insights and coping mechanisms, and learn from each other's experiences through peer sharing and group discussions. In support of this claim, a participant in FGD01 made the observation that sharing information with peers would be simple if they took on the role of their sisters' keepers after obtaining trustworthy health information.

Ntshayintshayi et al. (2022) state that adolescent pregnancy can be emotionally taxing and isolating. Through the development of social ties and emotional support, support groups offer a feeling of community and belonging. Therefore, it makes sense that confiding in peers who are aware of similar circumstances and experiences can help people feel more empowered, confident, and worthy of respect. When navigating the social and emotional challenges of being a young mother, this can be very helpful.

Furthermore, peer education and support groups have the potential to spread, cultivating a culture of mutual aid and knowledge exchange among community members. The intervention's sustainability after the initial program can be guaranteed by trained peer educators who can act as resources and advocates for their peers. This is in line with what IN claims, which is:

You see...whoever has known will help one who does not know. You find a nurse for example who will give you new information and once I move to the next place I can inform my peers.

Accessible and youth-friendly health services

Traditional sources, such as family or community members, might have out-of-date ideas, and clinical settings can be frightening to young people. Several participants reported feeling embarrassed and uncomfortable during their visits to clinics because they would hear other people talking about them. This compelled them to look up information online or speak with relatives who might not be able to provide accurate information. According to the study, even though they

shared clinical settings with older women, they felt that because they were too young to be pregnant, they were not adequately communicated with. As a result, youth-focused clinics and online resources can offer a secure environment where teenagers can seek guidance and ask questions while also receiving factual information without passing judgment.

Since many teenagers put off seeking healthcare because they fear being judged, stigmatized, or having their privacy violated, it is important to promote trust and open communication among them. Services geared toward young mothers foster a friendly atmosphere in which they can talk about their needs and worries. For instance JI recounted:

The doctor does not tell you a lot. There are some questions you ask but he/she can be unwelcome. At times he can treat you as if you have done something extremely wrong.

But accessibility goes beyond simply existing in one place. Teens who require childcare or who lack funds may not be able to get the care they need. Youth-friendly services that provide childcare assistance, low-cost options, and flexible hours can help remove barriers to basic healthcare access, which should be available to all teenagers.

There are several health risks connected to early motherhood for both moms and their offspring (Sserwanja et al., 2022). Services that are easily accessible and geared toward young mothers can provide them with the information and tools they need to make decisions that will improve both their own and their children's health. Future generations could have a healthier future if this intervention is successful in ending the cycle of intergenerational health issues.

Strengthening the role of health-care providers

It became clear that medical professionals are extremely important in the lives of teenagers who are expecting. In addition to providing clinical treatments, they provided them with expert guidance on prenatal and postnatal care. However, in order to close the information gap, they must establish secure, private areas where people can speak freely, offer age- and culturally- appropriate information on a range of pregnancy-related topics, such as nutrition, sexual health, and prenatal care, and, in the end, make use of a variety of communication channels, such as individual consultations, group sessions, and educational materials, to accommodate a range of learning preferences and styles.

Building rapport and fostering trust are important for both healthcare providers and pregnant teens (Sserwanja et al., 2022). This can be accomplished by encouraging teens to ask questions without fear, fostering open communication, actively listening, respecting each person's needs and experiences, and acting with empathy and nonjudgment to create a supportive environment. This is supported by the claim that expectant teenagers generally had difficulty communicating with medical professionals, particularly when it came to understanding medical directives. Some said they were not given the freedom to respond, and some even went to pharmacies and internet resources.

But you see we the younger ones are asked provocative questions such as age so to start debate. He takes you for being irresponsible.... I usually go to a chemist since once I pay there I will be served well and my questions responded to (FGD02 participant).

Healthcare professionals can contribute to addressing multiple barriers and societal stigma in addition to increasing awareness of the stigma that currently exists and its detrimental effects on health-seeking behavior. They can do this by working with community leaders and organizations to address cultural beliefs and practices that may obstruct access to care and information. Additionally, they can support policies and initiatives that create welcoming environments for teenagers who are expecting.

In order to help teens evaluate health information effectively, healthcare providers should also train them in critical thinking and information literacy. They should also lead workshops and sessions on communication skills, assertiveness, and negotiation so that teens can speak up for themselves and make educated decisions.

Mobile -health interventions

To improve the experiences of expecting teens seeking health information, several mHealth applications are required. The interventions show promise as useful instruments for providing interactive, individualized, and easily accessible platforms for information sharing and assistance. M-health can close the digital divide and create positive experiences for expectant teens by being widely available, even in remote areas, and providing anytime, anywhere access to information. In order to provide health information and compensate for the shortcomings of internet availability, for example, the fact that some teenagers did not use the internet because they did not own smartphones calls for interventions like the use of a USSD code.

In rural areas such as Kajiado, access to traditional healthcare services is frequently impeded by cultural and geographic barriers that can be overcome through mHealth interventions. Teenagers who are expecting are reluctant to visit clinics or hospitals because they are stigmatized and may feel socially isolated. On the other hand, mHealth interventions use mobile phones—a ubiquitous technology even in remote areas—to provide accessibility, anonymity, and privacy. This can effectively alleviate concerns like the ones raised by JI, who would rather check information over the phone. Regardless of their location or social standing, expectant teens can receive locally relevant and culturally appropriate health information directly from platforms like interactive SMS services and mobile apps.

Teenagers who are expecting can ask delicate questions and voice their concerns in a safe environment with the help of mHealth interventions. Open communication is frequently impeded by the fact that some participants felt judged, embarrassed, or untrusting of healthcare providers when they were asked about their pregnancy. Teens can anonymously seek information on sexual health, pregnancy care, and emotional well-being on mobile platforms, which provide a judgment-free environment. Engaging features such as WhatsApp forums can help spread knowledge and provide peer support, which helps people feel less alone and more a part of the community.

Health interventions have the potential to give expecting teens agency and knowledge over their own health. Teens can be empowered to make informed decisions about their pregnancy and well-being by means of educational modules, decision-making tools, and self-monitoring functionalities. Furthermore, mHealth platforms have the ability to link teenagers with appropriate healthcare providers and services, facilitating prompt access to necessary care and lowering the likelihood of complications.

Continued evaluation of interventions

It emerged that continued evaluation could allow us to monitor the effectiveness of implemented interventions and identify areas where access to health information is still limited. This could include tracking participation rates, analyzing changes in information-seeking behaviors, and soliciting feedback from stakeholders such as teenagers, healthcare providers, and community leaders. By identifying persistent barriers, such as a lack of internet connectivity, language barriers, or cultural stigma, we can tailor interventions to be more inclusive and reach those in greatest need.

Resources are often limited when it comes to enhancing access to health information. We can calculate the return on investment of implemented interventions with the aid of ongoing evaluation. We can determine which interventions have the greatest impact and allocate resources optimally to make sure the right people are receiving the interventions and that the intended outcomes are being achieved by examining data on intervention reach, impact on knowledge levels, and potential changes in health outcomes.

Both the needs of teens that are expecting and the larger healthcare system are always changing. We can evaluate an intervention's long-term viability and its capacity to adjust to changing circumstances through ongoing evaluation. To make sure an intervention is long-lasting and effective, this may entail tracking its application over time, evaluating its applicability to new needs, and seeing where modifications can be made.

5.0 Conclusion and Recommendations

This study aimed at identifying and recommending actionable strategies that will assist teenage mothers to obtain health information relevant to their situation which eventually will help in better health status of the mothers and their unborn children. The findings show that different platforms exist for the setting of health information including the internet, community health programs, and peer support systems. However, a majority of teenagers meet substantial barriers to access such as cost, illiteracy on the digital platform, and cultural stigma. These barriers deny them the timely and accurate information essential for informed pregnancy decision-making.

To these ends, it is important to make access and inclusiveness a condition of information forums. Suggested strategies include zero-rating e-health platforms, allowing the access of crucial maternal health information for pregnant adolescents without incurring internet costs. This would require joint collaborations between government departments, telecommunications companies, and health organizations to provide free access to websites and mobile apps that deal with adolescent reproductive health. Using mobile health apps or USSD services will enable private, easy access to essential health resources while bypassing geographic restrictions. Another way is to include training in digital literacy as part of school and community programs so that young mothers to be can gain skills to access such information.

However, offline activities also need to be carefully worked on. These may entail the establishment of community health hubs for health information in schools, churches, and local administrative offices. The centers should provide printed materials, interactive sessions with health-care professionals, and peer counseling to ensure that even those who have no access to

digital media receive correct and relevant health information. Also, the use of mobile clinics and outreach programs can help to fill the gap by reaching out to areas that are remote and marginal to health facilities using the conventional means.

Access to health information will require the training of yet another very important group of partners, namely educators and health professionals, as community leaders. This may involve training local champions like peer educators, community health workers, and teachers, who will be more in tune with culturally acceptable messaging to build trust and rapport with the pregnant adolescents. If these recommendations are implemented in harmony with the digital intervention and offline ones, they will speak to an even larger group, thus benefiting maternal and child health outcomes in Kajiado County.

Acknowledgements

There was no funding for this study.

Conflict of Interest

There was no conflict of interest.

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