
Appearance versus Reality: Are Youths Scared of Pregnancy than Contracting HIV/Aids? A Qualitative Analysis of Adolescent Sexuality and Pregnancy Stigma in Informal Settlements in Kakamega, Kenya

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ABSTRACT

This study explores the specific context of adolescent sexuality and pregnancy stigma in informal settlements in Kakamega, Kenya. The researchers aim to investigate if young individuals in these communities are more afraid of pregnancy than contracting HIV/AIDS. The study utilizes a qualitative approach, gathering data through focus group discussions and in-depth interviews with a sample of 90 adolescents aged 15-19 years old living in the informal settlements. Data collection was carried out through interviews that explored participants' attitudes, beliefs, and experiences related to pregnancy and HIV/AIDS. The interviews were transcribed and analyzed thematically to identify key themes and patterns. The findings of the study revealed that the majority of participants expressed more fear and stigma towards pregnancy rather than HIV/AIDS. Participants reported that getting pregnant as an adolescent brought shame and judgment from their families, peers, and community members. They described experiencing discrimination, exclusion and reduced opportunities due to being pregnant at a young age. The intensity of this fear was most acutely expressed by girls, leading some to seek unsafe, sometimes fatal, abortions and to contemplate suicide. In contrast, participants perceived HIV/AIDS as a medical condition that can be managed and treated. They mentioned that with proper education, prevention methods, and access to healthcare, they felt less fearful of contracting HIV/AIDS. The findings of the study will provide important insights into the attitudes and perceptions of young people towards pregnancy and HIV/AIDS, which can inform targeted interventions and strategies to address these issues in this specific setting.

1. Introduction

Adolescent sexuality and pregnancy stigma are important issues that affect the lives and well-being of young people worldwide. In many parts of the world, including informal settlements in Kakamega, Kenya, adolescents face numerous challenges when it comes to reproductive health and making choices about relationships, sexual activity, and contraception (Chidwick, 2022).

This study focuses on understanding the perceptions and experiences of young people in Kakamega regarding their fears and concerns around pregnancy and contracting HIV/AIDS. The aim is to explore whether youths are more afraid of pregnancy than contracting HIV/AIDS and to identify the factors contributing to this fear (Jewitt, 2014).

Informal settlements in Kakamega are characterized by poverty, overcrowding, limited access to healthcare facilities, and a high prevalence of HIV/AIDS (Kiplagat, 2022). These factors directly impact the lives of young people and their ability to make informed choices about their sexual and reproductive health. Understanding the fears and concerns of young people in relation to pregnancy and HIV/AIDS is crucial for the development of effective interventions and programs that address their specific needs and empower them with the knowledge and resources to make safe and healthy choices (Mutugi, 2017).

This study will utilize a qualitative approach, conducting interviews and focus group discussions with adolescents living in informal settlements in Kakamega. The findings will provide insights into the underlying factors contributing to the fear of pregnancy, such as societal and cultural norms, lack of access to contraception, limited sexual education, and fear of social stigma (Ngure, 2020). The information gathered from this study will contribute to the existing body of knowledge on adolescent sexuality and reproductive health in informal settlements in Kakamega and will help inform efforts to reduce stigma and improve access to reproductive healthcare services.

This study is a significant step towards understanding the specific challenges faced by young people in informal settlements and developing targeted interventions to address their fears and concerns (Okondo, 2022). By addressing these issues, we can empower young people to make informed decisions about their sexual and reproductive health and create a supportive environment that promotes their overall well-being.

2. Literature Review

2.1 Adolescent Sexuality in Kenya

2.1.1 Cultural factors influencing adolescent sexuality

Kenya is a diverse country with various cultural practices that shape adolescent sexuality. Traditional beliefs and customs play a significant role in shaping attitudes towards sex and sexual behavior among adolescents (Warui, 2022). For instance, in some tribes, early marriage is practiced, leading to early sexual debut among adolescents. Additionally, cultural norms that prioritize male dominance and control over female sexuality can lead to gender inequality and increased vulnerability to sexual exploitation among adolescent girls (Omari, 2008).

Previous studies have examined how cultural practices influence adolescent sexuality in Kenya. For example, a study by Omondi (2010) found that traditional practices such as female circumcision and bride price contributed to early sexual debut among girls. Another study by Ngure (2020) highlighted how cultural practices, such as engaging in transactional sex, were associated with an increased risk of HIV infection among adolescent girls.

2.1.2 Prevalence of early sexual debut among adolescents

Early sexual debut, defined as engaging in sexual intercourse before the age of 18, is a prevalent issue among adolescents in Kenya. Several studies have examined the prevalence of early sexual debut and its determinants in the country. For example, a study by Meda (2013) found that 25% of female adolescents and 37% of male adolescents had their sexual debut before the age of 15. The study also identified factors such as living arrangement, education level, and peer pressure as significant determinants of early sexual debut.

Comparing these findings with previous studies, research conducted by Muhia (2023) reported a similar prevalence of early sexual debut among adolescents in Kenya. The study found that 21% of female adolescents and 31% of male adolescents had their sexual debut before the age of 15. These findings suggest that early sexual debut is a persistent issue among adolescents in Kenya and requires comprehensive interventions.

2.1.3 Risks and consequences of early sexual activity

Engaging in early sexual activity can have significant risks and consequences for adolescents in Kenya (Kiplagat, 2022). These risks include increased vulnerability to sexually transmitted infections (STIs), including HIV/AIDS, unintended pregnancies, and psychological distress. Studies have shown that an early sexual debut is associated with a higher likelihood of engaging in risky sexual behaviors, such as inconsistent condom use and multiple sexual

partners, further increasing the risk of STIs. In a study by Kavulavu (2020), early sexual debut was found to be significantly associated with an increased risk of STIs among adolescent girls in Kenya. Another study by Gichure (2019) found that early sexual activity was a significant predictor of unintended pregnancies among adolescents in Kenya.

Furthermore, early sexual activity can have psychological consequences for adolescents. Studies have found that early sexual debut is often associated with feelings of guilt, shame, and low self-esteem among adolescents in Kenya (Chidwick et al., 2022). These negative emotions can have long-lasting effects on their mental health and well-being.

Comparing these findings with previous studies, research conducted by Akinyi (2016) also highlighted the increased risk of unintended pregnancies and STIs among adolescents who engage in early sexual activity in Kenya. Additionally, a study by Barasa (2005) found that early sexual debut was associated with higher levels of psychological distress among adolescents.

2.2 Adolescent Pregnancy in Kenya

2.2.1 Incidence and prevalence of teenage pregnancy:

Several studies have been conducted in Kenya to determine the incidence and prevalence of teenage pregnancy. A study by Gwada (2022) found that the prevalence of teenage pregnancy in Kenya was 18.2%. This was based on data from the Kenya Demographic and Health Survey (KDHS) conducted in 2008-2009. The study also revealed that the incidence of teenage pregnancy in Kenya had increased over the years, with 6.1% of girls aged 15-19 having already given birth.

Similarly, another study by Jewitt (2014) focused on two rural districts in Kenya and found that the prevalence of teenage pregnancy was 26.5%. The study also reported that the incidence of teenage pregnancy had increased in recent years, with 10.6% of girls aged 15-19 having already given birth.

2.2.2 Causes and contributing factors:

A study by Kinaro (2002) identified poverty as a significant contributing factor to teenage pregnancy. The study found that adolescent girls from low socioeconomic backgrounds were more likely to engage in risky sexual behaviors and have unplanned pregnancies as a result of limited access to education and employment opportunities.

Another study by Lumiti (2004) highlighted the role of cultural beliefs and norms in contributing to teenage pregnancy in Kenya. The study found that traditional practices and early marriage were common factors that led to early sexual activity and subsequent pregnancies among adolescent girls.

2.2.3 Health and Social Consequences:

Teenage pregnancy in Kenya has significant health and social consequences (Mutugi, 2017). A study by Ngutuku et al. (2018) found that adolescent girls who became pregnant were at a higher risk of experiencing complications during pregnancy and childbirth. The study also reported that teenage mothers had higher rates of infant mortality and low birth weight babies.

The social consequences of teenage pregnancy in Kenya were explored in a study by Onyango et al. (2010). The study found that teenage mothers faced stigma and discrimination from their communities, which often resulted in social isolation and limited educational and employment opportunities. The study also reported an increased risk of poverty and limited access to healthcare and social support for teenage mothers.

In comparison to previous studies, the incidence of teenage pregnancy in Kenya has increased, highlighting the need for targeted interventions and comprehensive sexual and reproductive health education. The causes of teenage pregnancy remain multifaceted, with poverty, cultural beliefs, and limited access to education and employment opportunities as significant contributing factors. The health and social consequences of teenage pregnancy in Kenya

continue to be a concern, with increased risks to both maternal and infant health, as well as negative social outcomes for teenage mothers (Okondo, 2022). Efforts to address teenage pregnancy in Kenya should focus on not only providing access to contraception and reproductive healthcare but also tackling underlying socioeconomic factors and promoting gender equality.

2.3 Adolescent Pregnancy Stigma

2.3.1 Definition and conceptualization of pregnancy stigma:

Pregnancy stigma refers to the negative attitudes, beliefs, and behaviors directed towards pregnant adolescents due to their condition. It encompasses the social and cultural norms that perpetuate shame, discrimination, and marginalization towards young girls who become pregnant (Wawire, 2010). Existing literature on pregnancy stigma often highlights the intersectionality of factors such as race, socio-economic status, and sexual orientation in understanding the experiences of pregnant adolescents.

2.3.2 Stigmatization of pregnant adolescents in different settings:

Research has consistently shown that pregnant adolescents face stigmatization across various settings, including their families, schools, healthcare facilities, and communities (Onyango et al. 2010). Family-level stigma often manifests in the form of shaming, blaming, and exclusion, which can lead to strained relationships and increased psychological distress among pregnant adolescents. School environments, characterized by negative attitudes from teachers and peers, can contribute to academic difficulties and dropout rates. Healthcare settings may also perpetuate stigma through judgmental attitudes and inadequate reproductive healthcare for pregnant adolescents (Mutugi, 2017). In community settings, pregnant adolescents may face gossip, social isolation, and limited access to social support networks.

2.3.3 Impact of pregnancy stigma on adolescent health and well-being:

The stigmatization of pregnant adolescents has detrimental effects on their physical and mental health, as well as their overall well-being. Research consistently indicates that pregnant adolescents who experience high levels of stigma are more likely to have poor maternal health outcomes, including increased risk of preterm birth, low birth weight, and pregnancy complications (Kinaro, 2002). Additionally, stigma can contribute to heightened levels of stress, anxiety, and depressive symptoms among pregnant adolescents, which negatively impact their mental well-being. The societal exclusion and discrimination faced by pregnant adolescents can also result in limited access to appropriate healthcare, education, and economic opportunities, perpetuating a cycle of disadvantage and social marginalization (Gichure, 2019).

Previous studies have also explored the concept of pregnancy stigma and its impact on the lives of pregnant adolescents (Chidwick, 2022; Akinyi, 2016). These studies have provided insights into the different dimensions and manifestations of pregnancy stigma, highlighting the common experiences of shame, blame, and social exclusion. While the findings of these studies align with the current research, it is important to note that they have predominantly focused on specific regions or populations, limiting the generalizability of their findings. Thus, there is a need for more research that examines pregnancy stigma in diverse cultural, social, and geographical contexts to understand the nuances and variations in its effects.

2.4 Adolescents' Perception and Fear of HIV/AIDS

2.4.1 Awareness and Knowledge of HIV/AIDS

Numerous studies have examined adolescents' awareness and knowledge of HIV/AIDS. According to Kavulavu et al. (2018), there has been a significant increase in awareness among adolescents over the past few decades. This increase is largely attributed to sex education programs implemented in schools and various public health campaigns. However, despite the increase in awareness, several gaps in knowledge still persist. For example, a study by Ngutuku et al. (2018) found that many adolescents were still unclear about the modes of transmission and prevention options for HIV/AIDS. This lack of comprehensive knowledge can contribute to feelings of fear and anxiety among adolescents.

2.4.2 Factors Influencing Fear of HIV/AIDS

Several factors have been identified as influencing adolescents' fear of HIV/AIDS. One such factor is the stigma and discrimination associated with the disease. A study by Onyango (2010) found that adolescents who perceived a higher

level of stigma and discrimination towards individuals living with HIV/AIDS were more likely to experience fear. Additionally, personal experiences and relationships can also impact fear levels. For instance, a study by Wawire (2010) found that adolescents who had a close acquaintance or family member diagnosed with HIV/AIDS were more likely to report elevated levels of fear. Other factors such as cultural and religious beliefs, gender, socio-economic status, and access to healthcare and support systems also play a role in shaping adolescents' fear of HIV/AIDS.

2.4.3 Comparison of Fear of Pregnancy and Fear of HIV/AIDS

While fear of pregnancy and fear of HIV/AIDS are distinct concerns, they share commonalities in terms of adolescents' perceptions and fears. Studies have shown that fear of pregnancy is often linked to fear of contracting HIV/AIDS, as both are seen as potentially life-altering and stigmatized conditions for adolescents. For example, a study by Okondo (2022) found that adolescent girls expressed anxiety and fear about the consequences of both pregnancy and HIV/AIDS, including negative social judgments and impacts on their education and future. However, the fear of pregnancy tends to be more prevalent and immediate among adolescents, as it directly impacts their reproductive health and immediate future.

In comparison, fear of HIV/AIDS is often associated with long-term consequences and impacts on overall health and well-being. Studies have shown that adolescents' fear of HIV/AIDS is driven by concerns about the disease's progression to AIDS, the associated health complications, and the potential for premature death (Meda, 2013). Additionally, the fear of stigma and discrimination, which is often attached to HIV/AIDS, can further amplify adolescents' fear and anxiety.

In conclusion, adolescents' perception and fear of HIV/AIDS are influenced by various factors, including awareness and knowledge levels, stigma and discrimination, personal experiences, and socio-cultural contexts. While fear of pregnancy and fear of HIV/AIDS share some commonalities, such as social stigma and potential life-altering consequences, they differ in terms of immediacy and long-term implications. Understanding these factors can provide insights for developing targeted interventions and education programs to address adolescents' fear of HIV/AIDS and promote comprehensive knowledge and awareness.

3. Methodology

3.1 Study Design:

This study utilized a qualitative research design to explore the experiences and perceptions of youth regarding pregnancy and HIV/AIDS in informal settlements in Kakamega, Kenya. Qualitative methods were chosen to gain in-depth insights into participants' beliefs, attitudes, and behaviors related to these topics.

3.2 Sampling:

A purposive sampling strategy was used to select participants for this study. Participants were selected based on their age (between 15 and 19 years old) and residence in informal settlements in Kakamega. To ensure diversity in the study, participants were selected from different informal settlements within the region. The final sample size consisted of 90 participants.

3.3 Data Collection:

Data were collected through in-depth interviews and focus group discussions. Informed consent was obtained from all participants prior to data collection. Semi-structured interview guides were developed and used to guide the interviews and discussions. The guides covered topics such as perceptions of pregnancy and HIV/AIDS, knowledge about prevention methods, and experiences of stigma related to these issues.

Interviews and focus group discussions were conducted in the participants' preferred language, which was predominantly Kiswahili or English. The interviews and discussions were audio-recorded with participants' permission and later transcribed verbatim for analysis.

3.4 Data Analysis:

Thematic analysis was employed to analyze the data collected from the interviews and focus group discussions. The transcribed data were reviewed multiple times to identify key themes and patterns related to youth perceptions of pregnancy and HIV/AIDS. The analysis involved an iterative process, where codes were developed and refined as new data were analyzed. NVivo software was used to assist with organizing and categorizing the data.

3.5 Ethical Considerations:

Ethical approval for this study was obtained from the relevant institutional review board. All participants were provided with information about the study's purpose, procedures, and potential risks and benefits. Informed consent was obtained from all participants, and their confidentiality and anonymity were ensured. Participants were also provided with information about available support services and resources for pregnancy and HIV/AIDS prevention and treatment. Any sensitive or distressing issues that may have emerged during the data collection process were addressed through appropriate referrals to relevant service providers.

3.6 Limitations:

This study has several limitations. Firstly, the findings may not be generalizable to other populations or settings due to the specific context of informal settlements in Kakamega, Kenya. Secondly, the use of qualitative methods limits the ability to quantify and determine the prevalence of certain beliefs, attitudes, and behaviors related to pregnancy and HIV/AIDS among youth. Finally, social desirability bias may have influenced participants' responses, as they may have provided answers they believed were socially acceptable rather than their true beliefs and experiences.

4. Results and Discussion

4.1 Overview of study participants

Participants (N=90)	Male: 30	Female: 60	Total: 90
Age			
15-17	12	23	35
18-19	18	37	55
Education status			
Attending school	20	45	65
Out-of-school	10	15	25
Relationship status			
Single	25	52	77
Committed relationship	5	7	12
Married	0	1	1

4.2 Adolescents' Perceptions of Pregnancy

4.2.1 Stigma Associated with Adolescent Pregnancy

Adolescents from various backgrounds expressed how society looks down upon teenagers getting pregnant. Girls worry about being judged and ridiculed for being visibly pregnant, while boys fear being labeled as the ones responsible for impregnating someone. The fear of pregnancy was found to be stronger than the fear of contracting HIV and other sexually transmitted infections (STIs), possibly because these conditions can be treated and kept hidden more easily compared to a pregnancy. This is evident in the response from participant A:

“Girls are most concerned about becoming pregnant and the social stigma that comes with it, rather than being worried about contracting HIV and other sexually transmitted infections.”

Another respondent stated:

“Sex is not the main concern; it's the fear of becoming pregnant that troubles most girls. Contrary to HIV, where there are medications to control the virus, the fear of pregnancy is more prevalent among girls”.

The boys discussed the repercussions they would face from their communities and the disapproval they would experience from their families. One participant expressed feeling isolated and abandoned after losing the trust of his loved ones:

“To begin with, if it becomes known that a girl is expecting your child and your mother placed her trust in you, that trust will come to an end. Consequently, nobody in the household will rely on you anymore, leaving you feeling isolated and causing you to lose any confidence or positivity you once had”.

The participants, both girls and boys, expressed their fear of being embarrassed and stigmatized by others more frequently than their concern about the consequences of having a child or the impact on their future. They were particularly worried about being laughed at and feeling ashamed.

4.3 The negative perception surrounding contraception limits its usage, resulting in unsafe abortions and an increased risk of suicide.

Participants only mentioned two types of contraception that were easily obtainable: condoms and emergency contraception (also known as P2). Condoms could be purchased at local shops and grocery stores, while P2 had to be obtained from clinics or pharmacists. Both boys and girls expressed feelings of embarrassment and fear of being judged when trying to access contraception, as they were afraid that shopkeepers or clinic staff would inform their mothers or ask them intrusive questions.’ As stated by one respondent:

“I believe that going straight to the source could potentially lead to complications. There's always the possibility that the person selling the drugs is acquainted with your parents, which could result in uncomfortable situations where they may inquire about your intentions with the drugs?”

To prevent feeling embarrassed, people in the study talked about using fake names, saying they were buying for someone else, or going to a different place to not be recognized. Boys talked more about buying both P2 and condoms compared to girls, except for teenage mothers who had similar experiences.

Older girls noted that younger girls generally have limited knowledge about contraception and family planning methods, which results in them not using these methods. Additionally, if younger girls do become pregnant, they tend to hide their pregnancy until noticeable physical changes occur. As stated by a female participant:

“Depending on your age, that is. Perhaps you were rushed into having sex at a young age and were unaware that P2 exists, or perhaps you don't have a close buddy with whom you can confide your issues.”.

i). Abortion

The fear of stigma and the lack of access to safe abortion options led many girls to resort to dangerous methods such as going to traditional medicine men or using harmful substances like laundry detergent. These methods often resulted in fatal outcomes. Only a few girls mentioned using a medical provider, but even then, they were not readily available and accessible. The stigma surrounding abortion and the lack of safe options puts girls at risk of severe health consequences. As stated by one participant:

“I witnessed a young girl attempting to have an abortion. She was staying with her grandmother, who insisted that she terminate her pregnancy so she could focus on her upcoming Form Four exams. The grandmother prepared omo detergent for her to consume, which resulted in her experiencing heavy bleeding. Sadly, when she was brought to the hospital, she passed away upon arrival. She was six months pregnant at the time.”.

Older boys were more inclined than younger boys to advise an abortion in the event of their partners getting pregnant, despite being aware of the associated risks. They expressed worries about their education and, as a result, influenced girls to consider having abortions. One boy stated:

“The optimal solution would be to end the pregnancy, especially if you are a student. It would be difficult for a pregnant girl to attend school without facing judgement and ridicule from classmates. Terminating the pregnancy would allow you to carry on with your education and avoid giving others something to mock you about”.

Younger boys, who likely have less experience with impregnating someone, were more critical and disapproved of abortion, viewing it as a prevalent and popular choice in the community.

“Despite the negative implications, the prevalence of abortion is high in this community. It is alarming how quickly girls go from being pregnant to terminating their pregnancies. It becomes difficult to place trust in these girls as they are the sole ones aware of the individuals responsible for the pregnancies.”.

ii) Suicide

Both boys and girls discussed the experiences of pregnant girls they knew or had heard about in their community, including some who had taken their own lives. The girls specifically mentioned the feelings of shame and the harassment that pregnant girls often face, with some even recounting these experiences in a personal manner. As stated by one participant:

“This is the moment when females contemplate suicide. The mind of a girl is filled with countless thoughts when she suspects she might be pregnant. It is initially extremely difficult to make a decision, as she is uncertain whether to undergo an abortion, take her own life, or choose another course of action. Consequently, some girls may engage in harmful behaviors as a result”.

Several young boys who were not attending school mentioned that they considered taking their own lives as a means to escape punishment from the community leader. This punishment typically involved physical harm or other forms of severe consequences for impregnating a teenage girl. This is evident in a conversation with one participant:

“The Community leader will punish you severely and publicly, which might lead someone to contemplate suicide. They will confront you early in the morning, possibly catching you unprepared and exposed to others in the neighborhood. This will be difficult as everyone will witness your humiliation, causing you to worry about their judgment and potentially pushing you towards committing suicide”.

4.4 Healthcare stigma and social exclusion

If a young woman decides to keep her pregnancy, she will often isolate herself from social situations in order to keep her pregnancy a secret and protect herself from negative judgment. One person shared a story of a young woman who lied to her friends about moving to a different town but actually stayed home throughout her pregnancy. She also sought prenatal care in a nearby town to prevent her community from finding out about her pregnancy. Pregnant young women often hide their pregnancies and have to make choices on their own without support from friends, family, or the baby's father.

“...The majority of girls tend to be quite secretive. It's possible that she suspects she's pregnant but is afraid to confide in her boyfriend or anyone else. She keeps to herself and remains silent. Opening up to someone is often challenging for many of us.”

According to the respondents, teenage girls who decided to continue with their pregnancies or were forced to do so faced discrimination within healthcare facilities, particularly from nurses. These adolescent mothers shared their own birth experiences, recounting instances of nurses verbally attacking them and using derogatory language. Nurses would shame them, questioning their choices and telling them to keep quiet during labor. These accounts highlight the harsh judgement that pregnant teenagers endure in healthcare settings, even at the time of giving birth.

5. Conclusion

In conclusion, this study aimed to explore the perceptions and experiences of adolescents in informal settlements in Kakamega, Kenya, regarding sexuality, pregnancy, and HIV/AIDS. The findings suggest that the level of fear and

stigma associated with pregnancy is higher than the fear of contracting HIV/AIDS among youths in these communities.

The study revealed that due to cultural and societal norms, pregnancy is viewed as a source of shame and embarrassment for adolescent girls. They reported experiencing judgment and ostracization from their families, peers, and community members. This stigma creates a fear of pregnancy and can lead to young girls engaging in risky sexual behaviors, such as unprotected sex or engaging in transactional relationships, in order to avoid the negative consequences of an unplanned pregnancy.

Contrary to pregnancy, the fear of contracting HIV/AIDS was found to be relatively lower among adolescents. This may be attributed to several factors. Firstly, HIV/AIDS has been widely discussed and taught in schools and communities, leading to increased knowledge and awareness of preventive measures. Secondly, there are HIV/AIDS prevention programs and services available in the communities, making it easier for youths to access information, testing, and treatment.

The findings of this study have important implications for interventions and policies aimed at addressing adolescent sexual and reproductive health in these communities. It is crucial to recognize and address the deep-seated stigma and fear surrounding pregnancy among adolescents. Efforts should be made to provide comprehensive sex education that includes discussions on contraception, safe sex, and the importance of open and honest communication about sexual health. Additionally, there is a need for programs and services that support pregnant adolescents and provide them with the necessary resources and support to continue their education, reduce stigma, and improve their overall well-being.

Furthermore, while it is encouraging to see a lower fear of contracting HIV/AIDS among adolescents, this should not lead to complacency. Continued efforts are needed to ensure that youth have access to information, testing, and treatment for HIV/AIDS. School-based programs, community outreach, and youth-friendly healthcare services should be strengthened and expanded to ensure that adolescents receive the necessary support and resources to protect themselves from HIV/AIDS.

Overall, this study highlights the complex and interconnected issues surrounding adolescent sexuality and reproductive health in informal settlements in Kakamega, Kenya. Addressing the fear of pregnancy and providing comprehensive sexual and reproductive health education and services are vital steps toward empowering young people and ensuring their well-being. Additionally, efforts to combat stigma and promote open dialogue about sexuality are essential for creating a supportive and inclusive environment for all adolescents.

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