Education, Work, and the Womb:

Reproductive Health as an Enabler of Education and Fulfilling Work for Kenya's Rural Young Women

Global Give Back Circle partnered with Mastercard Foundation on a pilot program designed to create a scale-up roadmap for Global Give Back Circle's HER Lab model in rural communities in Kenya. Reproductive health and its impact on education and work was among the areas studied, and this report highlights the topline findings. Participants are young women from West Pokot, a rural county in Kenya, the majority between the ages of 15 and 35, recruited specifically because of their vulnerability to falling through the gaps in their journey through formal education and in work.

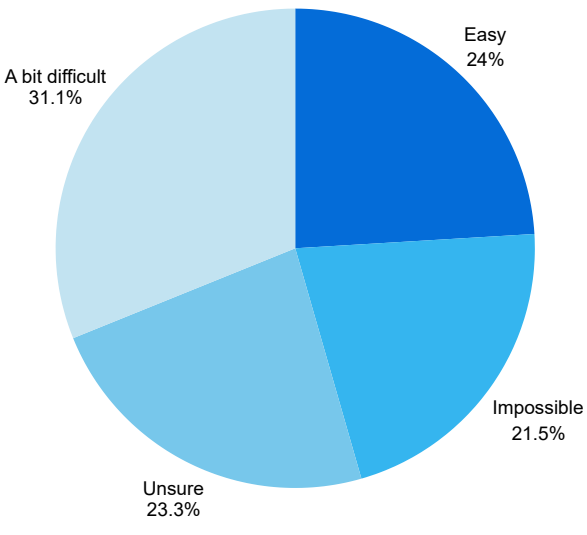
Based on evidence generated by young women in our pilot cohort, reproductive health education should be foundational, not supplemental, for initiatives designed to connect marginalized young women to dignified and fulfilling work. Our findings position family planning as much more than a health service. For many girls and young women, access to reproductive health education functions as a protective mechanism, one that helps preserve continuity in education, sustain progress toward work goals, and prevent disruptions with lasting consequences. When unplanned pregnancy occurs, it most often affects schooling and early career development, shaping life trajectories well beyond the immediate moment. Investments in family planning are, in effect, investments in educational continuity and economic participation.

Reproductive Health 101: Knowing HOW to Access Contraceptives

A woman may know exactly what she wants for her future, yet still lack the information to act on it. For many participants, the path to contraceptive access was obscured by inherited misconceptions and a frame of reference too narrow to make seeking services feel relevant to their own lives. At the start of the program, nearly half of participants described access as either impossible or uncertain. By the program's end, 60% said it was easy. That happened because of reproductive health education. The pilot program gave participants accurate information, dismantling the myths and misinformation standing in their way.

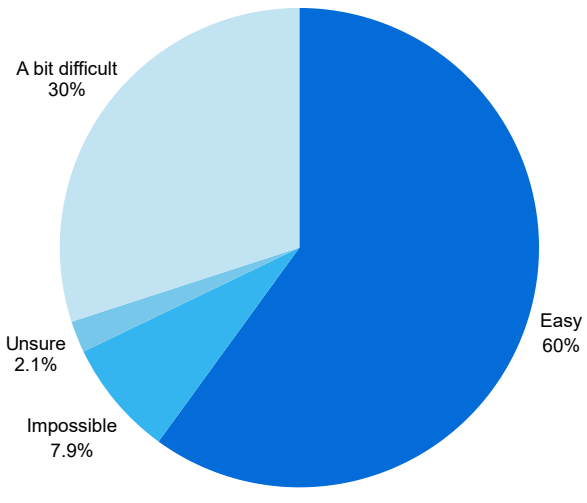
If you needed to obtain a contraceptive or family planning method, how difficult would it be for you to obtain it?

Before the Program: How Easy Was It to Access Contraceptives?



<25% had easy access

After the Program: How Easy Was It to Access Contraceptives?



60% have easy access

What Was Standing in the Way?

When participants were asked what stood in the way of accessing family planning services, their responses pointed to a landscape shaped primarily by misinformation and inadequate education. Many participants cited religious teachings and community belief systems that imposed strict conditions on contraceptive use, including the widespread conviction that family planning is appropriate only within marriage, or that its practice is incompatible with Christian faith.

> *We were taught that family planning is not healthy for unmarried ladies.*

A number of participants described entrenched **myths** absorbed from their social environments: that contraceptives cause permanent infertility, produce congenital defects in future children, or function as instruments of social control rather than tools of personal autonomy. Several participants had received so little formal instruction on reproductive health that they lacked the foundational knowledge to seek services with any confidence. For a substantial portion of young women, the main obstacle to contraceptive access was perceptual; they lacked reliable knowledge that made the first step feel entirely out of reach.

Access Expands What Is Possible

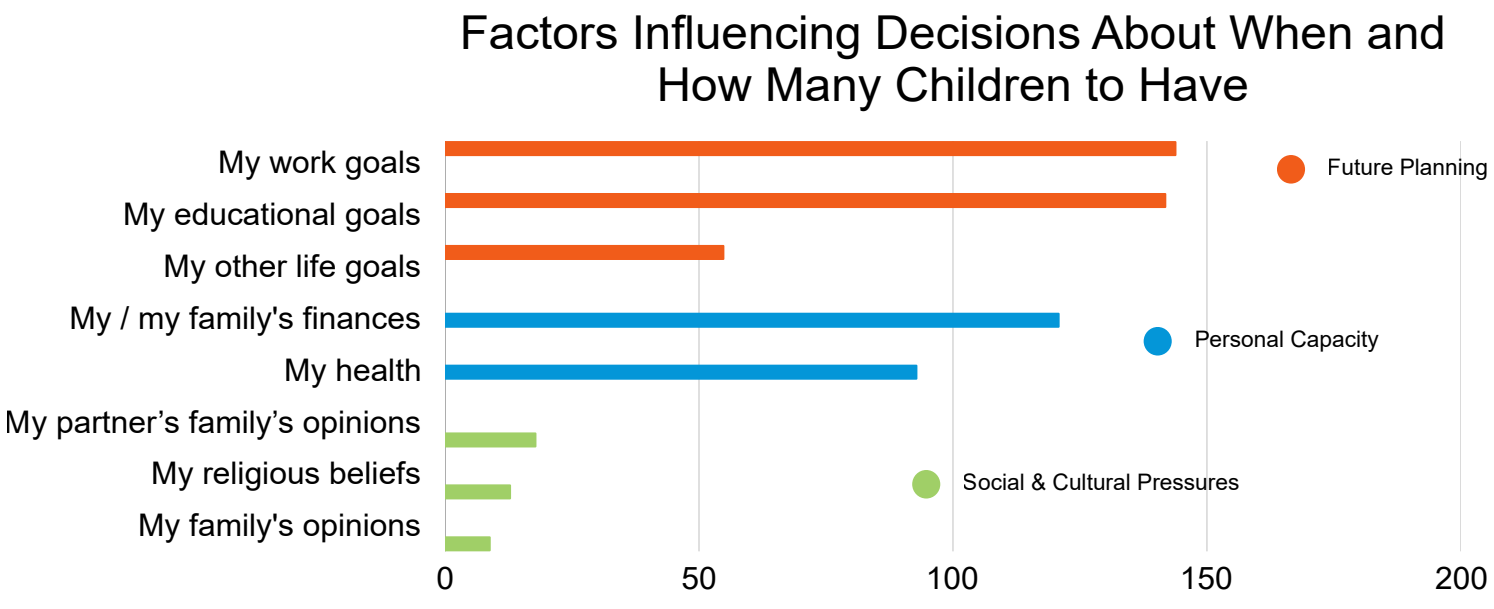
- **Reproductive Autonomy:** It allows women to decide if and when to have children, reducing unintended pregnancies and improving maternal and infant health outcomes through safer timing and spacing of births.
- **Economic Empowerment:** Reliable access supports educational attainment and workforce participation, leading to higher lifetime earnings and economic security.
- **Health:** Beyond pregnancy prevention, contraception is used to manage menstrual pain and heavy bleeding and is associated with lower risk of certain reproductive cancers.
- **Overall Well-Being:** Women experience reduced stress and better life planning.

This baseline-to-endline comparison illustrates a meaningful change in conditions. Improvements in contraceptive access are meaningful because **unplanned pregnancy consistently disrupts the very domains young women are working to secure.** As the data below show, education and career trajectories are among the areas most affected, shaping how participants think about timing, stability, and their futures.

The significance of that shift in access becomes clearer when set against what happens in its absence. The findings below document the educational and professional costs that young women face when reproductive health decisions are made without adequate information, support, or contraceptive access.

How Do Young Women Make Decisions about Motherhood?

For the young women in our pilot cohort, decisions about if and when to have children are inseparable from decisions about **work and education.** When asked what factors are most influential in their reproductive decision-making processes, participants cited work goals (144 responses) and educational goals (142) above all else, ranking above finances, health, family opinion, or religious belief. The chart below captures what is at stake when those goals are disrupted.



Responses grouped by Future Planning, Personal Capacity, and Social & Cultural Pressures.

The Impact of Unplanned Pregnancy on Education and Career

Participants described several overlapping pathways through which unplanned pregnancy disrupts education:

- Temporary withdrawal from school to give birth and care for an infant
- Long-term deferral of studies due to caregiving demands
- Diminished concentration and academic performance for those who remain enrolled
- Stigma and fear of ridicule that discourage school attendance

For many, these disruptions are exacerbated by **financial constraints,** with participants describing situations in which parents are unable or unwilling to support both schooling and childcare. One noted that families may decide they can only afford to support the child, not school fees, **forcing girls to drop out.** Others emphasized that parental responsibility for fees often collapses entirely after pregnancy, leaving the financial responsibility for education to the young mother.

In many responses, girls and young women emphasized the emotional fallout from unplanned pregnancy. As one participant summarized, **the physical, emotional, and financial demands** can be overwhelming. Even when girls remain enrolled, learning itself is often compromised. One participant described continuing her education but with "very minimal concentration," explaining that she was constantly worried about her child at home and felt newly scrutinized by classmates who now viewed her as "a mature person." Others described **fear and stigma** as barriers to attendance, noting that girls may avoid school altogether because they are afraid of being laughed at, which halts learning long before any formal withdrawal.

Not All Young Women Are Affected in the Same Way

Survey responses show that the consequences of unplanned pregnancy are not experienced uniformly. When asked **which personal characteristics most shape the impact of unplanned pregnancy**, participants most frequently cited the following:

- **Age (69%)**
- **Wealth (62%)**
- **Relationship status (44%)**
- **Tribe (12%)**
- Impact does not differ **(10%)**

> *"Some girls have advantages over others because they can afford daycare, have money to cater for the needs of the baby, and may also be at the appropriate age to handle and bring up a child."*

This differentiation helps explain *why* educational disruption emerges so strongly in the data. **Younger women and those with fewer resources** face greater constraints on continuing school, while others may be able to recover or re-enter more easily. A participant who can afford childcare and whose family retains the financial capacity to cover school fees faces a fundamentally different set of choices than one who must decide between her education and her child's immediate needs.

How Educational and Work Goals Shape Family Planning Decisions

Many participants described starting a family as something to pursue **after achieving stability or progress in their careers.** As one participant noted, *"I think I will have to put off having children until I have reached a certain point of life in my career and when I have achieved the things I want."* Another framed her priorities even more directly, explaining that she wants to be a *"career woman"* and will therefore have children *"when I'm well established."*

Moreover, work is repeatedly described as **an essential precondition for family planning and providing,** rather than a competing priority. Several respondents emphasized that without work, other goals become impossible. One woman reflected, *"Personally, I would like my children to enjoy life so my work matters so I have to have a good job to cater for them."* Participants emphasized that delaying childbirth is about creating the conditions to be both **present and prepared** for motherhood.