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Protecting the Reproductive Health of Young People – An Investment in Kenya's Future

Adolescence is a time of transition from childhood to adulthood. It is a period in which significant physical and psychological changes take place, and a time when young people develop many of the habits, behaviours and relationships they will carry into their adult lives. While these changes occur at the level of each individual, adolescents make up such a large proportion of the population that in the aggregate they present the government with the crucial task of promoting healthful behaviour and preventing disease among the entire adolescent population.

In Kenya, the Children Act of 2001 gives every person below the age of 18 years the right to health and medical care. Reproductive health services are an essential component of young people's health and wellbeing; the government therefore has an obligation to ensure adequate reproductive health services for adolescents. For the purposes of this brief, we focus specifically on youth aged 15–19 years, as it is during this period that many become sexually active, marry and begin childbearing.

Adolescents represent a significant portion of Kenya's total population of 39 million: About one in four Kenyans is aged 10–19 years. And with its annual growth rate of 2.6%, Kenya's population is expected to double in less than 30 years – meaning that the numbers of adolescents will also grow rapidly. This Policy Brief describes why it is so important for the future of Kenya to assure that its young citizens are able to stay healthy and productive.

Why Focus on Adolescents?

Compared with adults, adolescents are at higher risk of illness and death from reproductive causes, including early pregnancy, unsafely performed abortion, and HIV and other sexually transmitted infections (STIs). Their greater vulnerability is due to a combination of physiological and behavioural factors. Young girls, whose bodies are still growing and developing, are more vulnerable to infection during intercourse and are at greater risk for pregnancy-related

complications, particularly obstructed labour and associated injury.

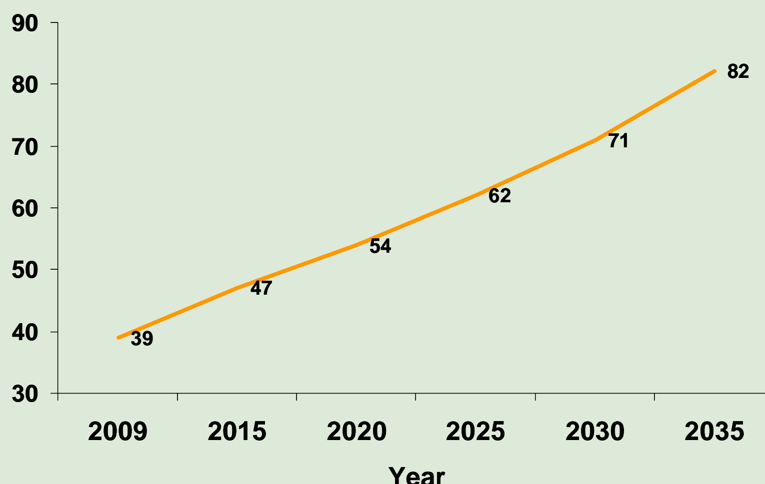
On the behavioural side, adolescents are less informed about the risks of sexual activity, as well as the means to prevent infection and pregnancy (UNFPA, 2003), and they are more likely than adults to act in ways that threaten their own health. Among the factors contributing to the risk associated with sexual behaviour are the age at initiation of sex, the number of sexual partners, condom use and contraceptive use. Each of these factors is discussed below.

Adolescents Take Risks with Sexual Behaviour

In many facets of life, adolescents take greater risk than adults. According to the 2009 Kenya Demographic and Health Survey (KDHS), among those aged 15–19 who had sex in the last 12 months, approximately 56% of women and 98% of men engaged in high-risk sex (defined as sex with a partner they were neither married to nor living with). These often brief or temporary relationships frequently result in devastating consequences. Only

> The adolescent population is large and growing rapidly, so addressing the health and development needs of adolescents is one of the most important commitments the country can make for their future, as well as the future economic, social and political progress and stability of the nation.
>
> *–World Bank (2006)*

Kenya's population could more than double in the next 30 years



At the current fertility level of between 4 and 5 births per woman, Kenya's population is expected to more than double from approximately 39 million people in 2009 to 82 million people in 2035. Currently, youth (ages 10–19) comprise about one-quarter of the population. As the population grows, so too will the population of youth in need of services.

Source: *World Population Prospects* (UN, 2008).

41% of women and 55% of men used a condom during their last sexual encounter (KNBS and ICF Macro, 2010).

Sexual Activity Begins Early

Kenyan adolescents have their first sexual experience at an early age. The latest Kenya Demographic and Health Survey (KNBS and ICF Macro, 2010) found that 12% of young women and 22% of young men now aged 15–19 had had sex before they were 15 years old.

Some became sexually active as early as 12 years of age, long before they were physically mature and years before they would marry and start families. People who begin sexual activity at an early age tend to have more unprotected sex and more lifetime sexual partners, placing them at greater risk of unplanned pregnancy and contracting an STI, including HIV.

Adolescents May Have Multiple Sexual Partners

Adolescent partnerships are sometimes not exclusive and sexual activity is often unprotected (NCPD and MOH, 2003). Adolescent men are more likely than adolescent women to have multiple partners. Among men aged 15–19 who had had sex in the last 12 months, approximately 17% had multiple partners (KNBS and ICF Macro, 2010). The average number of sexual partners among men that age is three, compared with two among women of the same age.

Condom Use Is Low in Adolescent Relationships

Consistent condom use is the best means available to sexually active people for preventing HIV and other STIs. Research indicates that condoms are 90–95% effective in preventing HIV infection if used correctly and

consistently. But condom use remains low among the adolescent population – less than 30% of adolescents used a condom the first time they had sex, and consistent condom use is even lower (KAIS, 2007). More disturbing is that fewer than one in four women aged 15–19 used a condom at their last high-risk sexual encounter. Even married women are at risk of STIs if their male partner is not faithful, but only 2% of 15–19-year-old married women in Kenya use condoms (KNBS and ICF Macro, 2010).

Unmet Need for Contraception Is High

Even though many young women wish to avoid or delay their next pregnancy by at least two years, they are not using contraception to make this possible. These women have an "unmet need" for contraception. Young married women in particular do not generally use contraceptives. Only 1 in 5 married women aged 15–19 uses any form of contraception, and nearly 30% of young married women have an unmet need for contraception. As a result, nearly half (47%) of births to these adolescents were unintended, either mistimed or unwanted (KNBS and ICF Macro, 2010).

Risky Sexual Behaviour Has Life-Long Consequences

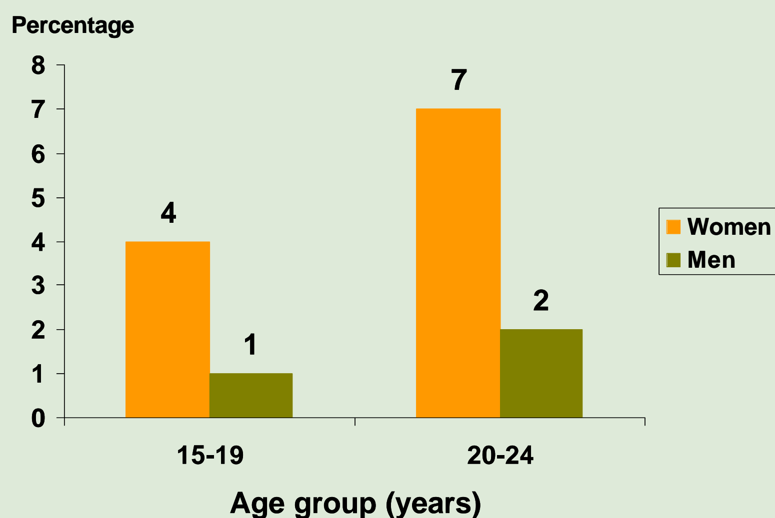
Dire consequences may await adolescents who engage in risky sexual behaviour. STIs, HIV, early childbearing and marriage, and unsafe abortion can all have irreversible impacts on the lives of adolescents, affecting their current and future health, wellbeing, and productivity.

High Risk of HIV Infection

Recent estimates indicate that almost 4 out of every 100 young Kenyan women between the ages of 15 and 19 are HIV-positive (KAIS, 2007). As shown in the figure below, by age 20–24, HIV prevalence among women has nearly doubled to 7.4%.

Young women are far more vulnerable to HIV infection than young men for many reasons. Their greater vulnerability is influenced by physiological, behavioural and social factors. Among these are economic vulnerability, their greater likelihood of having older sexual partners ("sugar daddies"), greater risk of forced or coerced sex, and less power to negotiate condom use for protection.

Kenyan adolescents have their first sexual experience early – some as young as 12 years of age, long before they are physically mature and years before they will marry and start families.



Among youth, HIV prevalence is higher among women than men. Between the age groups 15-19 years and 20-24 years, HIV prevalence among women nearly doubles, from 4% to 7%.

Source: *2007 Kenya AIDS Indicator Survey (KAIS)* (NASCOP, 2009).

Early Marriage and Early Childbearing

Age at first marriage has increased over time in Kenya. Nevertheless, despite the fact that it is illegal, early marriage (below age 18) is still common. This is particularly the case among certain communities and especially in rural areas of Kenya.

Most early childbearing in Kenya takes place within marriage. While half of all women in Kenya are married by age 20, more than a quarter (26%) are already mothers or pregnant for the first time by age 18 (KNBS and ICF Macro, 2010). Teenage pregnancy is one of the leading causes of school dropout among Kenyan women (Muganda-Onyando and Omondi, 2008).

Girls who marry and begin having children at a young age are unlikely to continue their education, narrowing their life options and limiting career development. This results in reduced economic opportunity for the mother and her household, and has lifelong consequences for the health, wellbeing and educational prospects of her children.

The birth rate among adolescents in Kenya has declined over the past 20 years, but remains above 100 births per 1,000 women aged 15–19 (KNBS and ICF Macro, 2010), and by age 20, nearly half of young women have begun childbearing.

Pregnancy and delivery complications are the most common cause of death among women aged 15–19 years (Mayor, 2004). The 2009 KDHS found that babies born to these young mothers are more likely to die in their first year than those whose mothers are aged 20–29 years when they give birth (KNBS and ICF Macro, 2010). All of these reasons mean that it is important to encourage the youth to delay marriage and childbearing – for their own futures as well as the future of their country.

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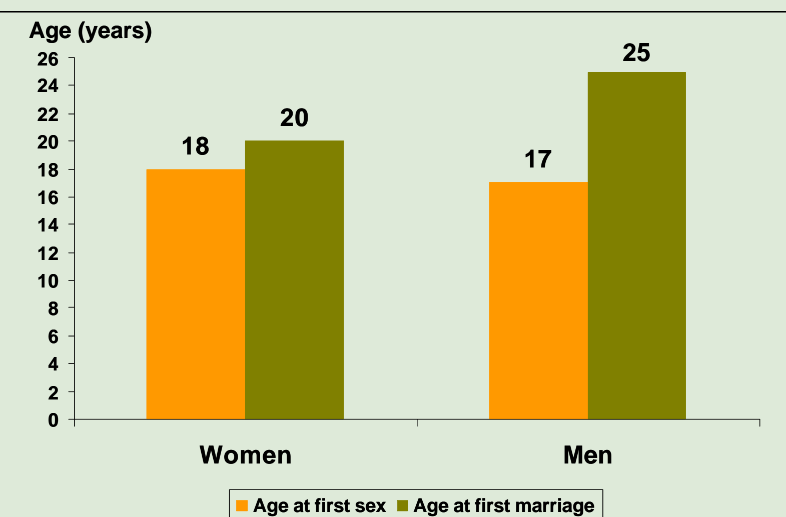
Unintended Pregnancy and Unsafe Abortion

As illustrated in the figure below, the average time between sexual debut and marriage is approximately two years for women and eight years for men (KNBS and ICF Macro, 2010). The implication is that unmarried young people have a great need for reproductive and sexual health information and services to protect themselves and their partners from unintended consequences. The high level of unintended pregnancy among young women often leads them to seek abortions: The Ministry of Health estimates that half of all pregnancies among women aged 15–19 years are terminated every year (MOH, 2005).

Given that abortion is illegal in Kenya except to save the woman's life, many abortions are clandestine, self-induced or performed by unqualified providers. Unsafe methods of termination can result in severe illness and complications, causing infertility and even death.

Adolescents in Kenya account for more than half of women admitted to hospital for complications associated with unsafely performed abortions (WHO, 2001). Costs for treating these complications increase the burden to the public health system and divert funds that could otherwise benefit the society as a whole.

Gap between median age at first sex and age at first marriage among Kenyan youth illustrates the need for services



Among youth aged 20–24, the median age at first sex for women is 18 years, while for men it is 17 years. The median age at marriage is several years older; it is 20 years for women and 25 years for men. This gap between first sex and marriage of two years for women and eight years for men exposes them to risks such as unintended pregnancy or sexually transmitted infections and increases their need for reproductive health services.

Source: Kenya Demographic and Health Survey 2008/09 (KNBS and ICF Macro, 2010).

Barriers to Adolescent Reproductive Health

Adolescent sexuality is a sensitive issue. Young people who are sexually active may face stigma at the health clinic, disapproval in some social settings and disgrace in their families. Evidence shows that lack of community involvement can be a barrier to adolescents' access to both information and services

(Muganda-Onyando et al., 2003). If parents and community leaders are not involved in assuring that adolescents have access to services and are treated with respect, programmes may not succeed.

Stigma Is Common and Information Is Lacking

Despite the serious reproductive health problems they face, adolescents have limited knowledge about sexual health and risks associated with early or premarital unprotected sex. For example, while nearly all adolescents have heard of HIV/AIDS, only 61% of women and 71% of men aged 15–19 know that using condoms and limiting sexual intercourse to one uninfected partner can reduce their risk of contracting HIV (KNBS and ICF Macro, 2010). These are serious knowledge gaps among youth in a country where HIV/AIDS is a critical health concern.

Several factors deter adolescents from accessing services and information that could enable them to make informed choices about their health (Muganda-Onyando et al., 2003). Reproductive health programmes have not focused their attention on the needs of this young population. Counselling services aimed at empowering youth and providing them with the information they require to stay healthy, including the need to protect against both STIs and pregnancy, are lacking in most programmes.

Young people, particularly unmarried women, are less able to access reproductive health services because of the negative attitudes of health service providers towards serving them. The stigma that young people associate with being seen at places providing reproductive health and HIV services, as well as fears that their privacy will be violated, remain significant barriers to their use of these services (Schueller et al., 2006).

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Services for Youth Are Insufficient

The essential package of clinic-based reproductive health services for adolescents includes counselling, provision of information and education on reproductive health, training in livelihood and life skills, provision of contraceptives, screening and treatment of STIs and HIV/AIDS, voluntary counselling and testing, and comprehensive post-rape care (MOH, 2005). Only 12% of health facilities actually provide these comprehensive services for this age group (NCAPD et al., 2004).

Existing Policy Environment and Legislation

Policies, guidelines and legislation have been developed to provide frameworks for action while addressing the wide-ranging

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A young father holds the hands of his children at Langas slums in Eldoret

issues related to adolescent health and development (see box below). These policies have provided an overall supportive political environment.

The Ministry of Public Health and Sanitation has responded to the sexual and reproductive health needs of adolescents by integrating priority concerns into the Kenya Essential Package for Health (KEPH), especially the community level of health care. A national guideline for provision of youth-friendly services has been developed and funds have been set aside to support youth-friendly services.

These are positive steps, but continuing challenges remain. Early marriage, outlawed by the Children Act, nevertheless remains common , especially in North Eastern, Nyanza and Coast provinces. Not only does the lawful age at marriage need to be enforced, but parents and communities need to be engaged in rejecting the practice through understanding the dangers and disadvantages faced by girls who marry too early. Full implementation of existing policies remains a challenge because of funding constraints and the poor dissemination of the policies (Schueller et al., 2006).

Policies and Guidelines on Adolescent Reproductive Health in Kenya

The Children Act of 2001 highlights children's rights, setting the minimum age for marriage at 18 years and specifying that all persons below the age of 18 have the right to health and medical care.

Adolescent Reproductive Health and Development Policy (2003) addresses adolescent sexual and reproductive health and recognizes that optimal health of adolescents will improve their productive capacity and contribute to the nation's development.

National Guidelines for Provision of Youth-Friendly Services (YFS) in Kenya (2005) outlines the essential reproductive health services package for young people aimed at improving their well-being and quality of life.

National Youth Policy (2007) identifies issues that must be addressed for young people to enjoy good health as they transition to adulthood. These include teenage pregnancies, unsafe abortions, STIs, HIV/AIDS and lack of youth-friendly services.

National Reproductive Health Policy: Enhancing Reproductive Health Status for All Kenyans (2007) recognizes that full access to information and services is essential to improve the sexual and reproductive health of young people.

National Reproductive Health Strategy (2009–2015) aims to increase equitable access to comprehensive reproductive health services at all levels of service delivery to enhance the health and wellbeing of all Kenyans.

Reproductive Health Communication Strategy (2010–2012) identifies provision of adequate information and universal access to reproductive health services as priority issues to be addressed in order to improve the reproductive health of young people.

Opportunities for Improving Adolescent Reproductive Health

The evidence is overwhelming that the sexual and reproductive health of the adolescent population is important to Kenya's development. It is a public health priority that demands our immediate attention. Meeting commitments made by world leaders for the Millennium Development Goals (MDGs) requires improving the health and wellbeing of adolescents: increasing their educational attainment and access to employment, reducing births to adolescents and meeting their need for contraception, reducing gender inequalities, and protecting youth against HIV are all essential to achieving the MDGs. Whether we act, and how, will determine the health of future generations and the

Counselling services aimed at empowering youth and providing them with the information they require to stay healthy, including the need to protect against both STIs and pregnancy, are lacking in most programmes.

Adolescent girls on the brink of discovery - of their future, their fortunes and their sexuality

prosperity of the country as a whole.

While several approaches, including national awareness programmes and other youth initiatives, have yielded varied levels of success, much more can be done to improve adolescent reproductive health. As programme managers and policy makers consider the options to guarantee a healthy future for adolescents, NCAPD recommends the following actions:

For programme managers:

- Advocate for increased resources to improve health care delivery and increase access to and acceptability of services for adolescents within communities. This will help to educate communities and gain the support of parents and other stakeholders.
- Collaborate with policy makers to create and sustain a supportive policy environment for adolescent reproductive health. This will enable them to take appropriate legislative action, as well as advocate for necessary budgetary resources.
- Provide accurate information about sexuality and reproductive health to adolescents, including clinical and counselling services to promote behaviour change. This will improve their knowledge and skills to make responsible choices.

Sexual and reproductive health is a state of complete physical, mental, and social well-being and not just the absence of disease in all matters relating to the reproductive system and to its functions and processes.

– International Conference on Population and Development (ICPD), 1994

For ministry officials and policy makers:

- Improve access to affordable, confidential and comprehensive youth-friendly reproductive health services by articulating policies that focus on this issue and providing clear guidance on how to implement the policies at programme and facility levels. This will expand the coverage of comprehensive reproductive health care.
- Ensure the disbursement and sustainability of the Youth-Friendly Services Fund to increase adolescent access to comprehensive reproductive health services. This will increase the number of programmes and facilities offering comprehensive reproductive health services to youth.
- Mandate training for service providers on their obligations to effectively and respectfully counsel adolescents about their reproductive health issues and concerns. This will overcome the negative attitudes of service providers that currently prevent adolescents from obtaining the care they need.

With these actions and investments, adolescents will be helped to make a healthy transition to adulthood, ensuring that future generations of

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Lack of reproductive health information for young people contributes to an increase in unplanned families.

Kenyans will be better prepared to lead healthy, productive lives of benefit to their families, communities, and country.

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Meeting the commitments of the Millennium Development Goals requires improving the health and wellbeing of adolescents.

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NCAPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.