Policy Brief

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Collaborating Organizations: Ministry of Public Health and Sanitation, Ministry of Youth Affairs and Sports and Family Health Options Kenya.

Improving Sexual Reproductive Health Information and Services For Youths – *It's Worth It!!*

Overview

Youth and their energy, innovativeness, character and orientation define the pace of development and the security of a nation. Through their creative talents and labour power, a nation makes giant strides in economic development and socio-political attainments. Their effective involvement is essential to the achievement of Kenya's Vision 2030.[1]

Since the decisions they make will influence the rest of their lives, it is imperative that our young people are supported and empowered to make responsible choices to safely and successfully navigate the transition to adulthood. Investing in the reproductive health needs of youth today will provide a healthy labour force and strengthen the economy for years to come. The economic and social base of the youth population has in many cases been ravaged by young people's reproductive health issues. This policy brief focuses on youth both in and out of school because during this period, majority become vulnerable to early sexual debuts resulting in unwanted pregnancy, early marriage, school drop-out, HIV/AIDS and STIs. This brief further outlines areas which need to be addressed so that young people's lives are improved.

More Focus on Youth Now. WHY?

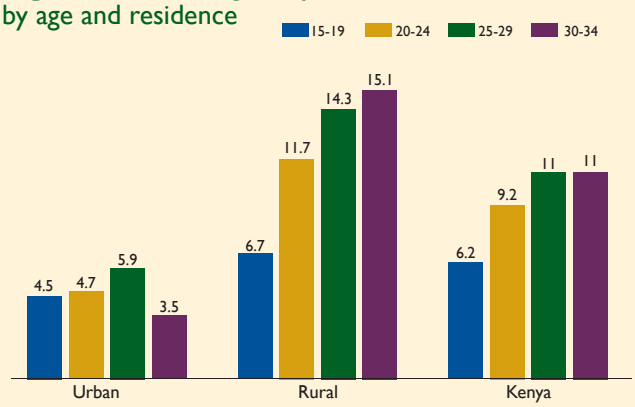
In their youthful years young people develop many of the habits, behaviours and relationships that they will carry into their adult lives.[2] Their habits, health seeking behaviours and the choices they make at this stage in life have both direct and indirect impact on their lives and it affects their productivity in terms of national and personal development. Thus, it is critical to highlight these factors and the effects to growth and development of the youth.

Access to Education

Most countries in the world have included the right to education in their constitutions. Kenya has followed suit. According to UNESCO's 1958 definition, literacy is measured by the ability of an individual to read and write, with understanding, a simple short statement related to his/her everyday life. This makes access to education very critical for the development of youth.

Figure 1 shows the distribution of youth in Kenya who have never been to school. The disparities indicate that there is a high proportion of young people in rural areas who have not been to school as compared to those in the urban areas. Gender inequality in access to secondary and tertiary schools for young women is prevalent.

Figure 1: Percentage of youth with no education by age and residence



Source: *Kenya National Bureau of Statistics and ORC Macro: 2008/09 Kenya Demographic and Health Surveys*

Early and Risky Sexual Encounters

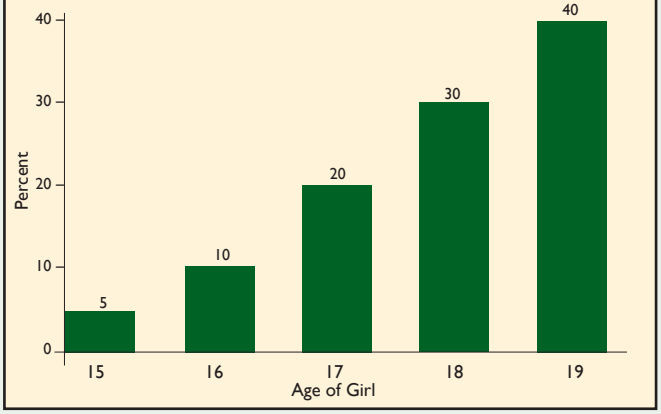
Studies in Kenya show that adolescents start sexual activity at an early age. According to 2008/9 Kenya Demographic Health Survey (KDHS), 12 percent of girls and 22 percent of boys aged 15 to 19 years had sex before they were 15 years.[4] Adolescents are less informed about the risks of sexual activity and the means

to prevent pregnancy and infection. Adolescents who begin sexual activity at an early age, tend to have multiple sexual partners, placing them at greater risk of unplanned pregnancy and contracting an STI, including HIV. Curiosity, peer pressure, coercion, expectation of gifts and money and forced intercourse are mostly the reasons for indulging in early sexual activity.[4]

Unwanted Pregnancy, Early Marriage and Early Child Bearing

Early sexual initiation among Kenyan youth is usually unprotected, giving rise to early pregnancy and childbearing. Studies indicate that 5 percent of adolescent girls at age 15 and 40 percent of the girls at age 19 are childbearing teenagers (See figure 2).

Figure 2: Teenage girls pregnant or already with child



Source: *2008/9 Kenya Demographic Health Survey*

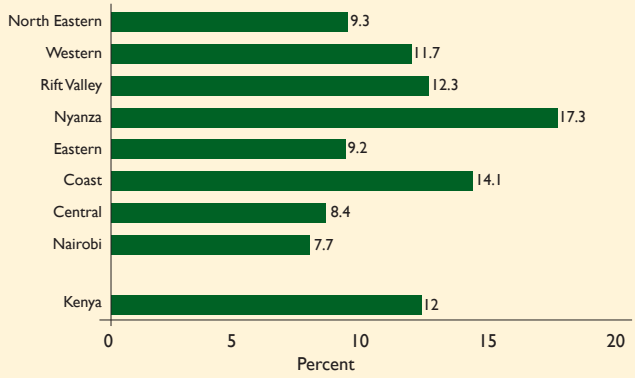
Early pregnancy and child bearing poses serious health risks to the mother and child. Adolescents are physiologically immature and the risk of death during pregnancy and childbirth is 2 to 4 times higher among adolescents aged 17 or younger than among mothers aged 20 years or older.[4] They are also likely to give birth to low birth weight babies who are at higher risk of illness and death. These health risks during pregnancy and childbirth, account for 15 percent of the Global Burden of Disease (GBD) for maternal conditions and 13 percent of all maternal deaths[5]; all of which increases health expenditures and undermine national productivity.

In addition, teenage pregnancy may lead to school drop-out and early marriage limiting the girl's education, economic opportunities and empowerment that has lifelong consequences for the health and well-being of her children. Although the legal age of marriage in Kenya is 18 years, nearly one-third of women are married before the age of 18.[6]

Low Contraceptive Use and Unmet Need Among the Youth

Sexual activity among the youth is high and contraceptive access and use remains low, subsequently leading to unintended pregnancies. The 2008/9 KDHS further shows that only 6 percent of sexually active adolescent girls are using any form of contraceptives, and nearly 30 percent of these young married women have an unmet need for contraception.[6] As a result, nearly half (47%) of births to these adolescents were unintended. Unwanted pregnancy is one of the main reasons for unsafe abortion in young women and a major contributor to maternal mortality and morbidity. An estimated 30 to 40 percent of maternal deaths are caused by unsafe abortion.[7] The Ministry of Health estimates that half of all pregnancies among 15 to 19 year-old adolescents are terminated every year.[7] Given that abortion in Kenya is not permitted, except in situations where a woman's life is in danger, many abortions are self-induced or performed by unqualified providers. Unsafe abortion can result in severe illness and complications, causing infertility and even death. About 12 percent of all women aged 15 to 24 years have an unmet need for family planning (Figure 3) and hence the need for increased access to contraception for the youth. Nyanza province has the highest unmet need (17.3%) followed by Coast (14.1%) with Nairobi having the lowest at 7.7 percent.

Figure 3: Unmet need for contraception among all women age 15-24



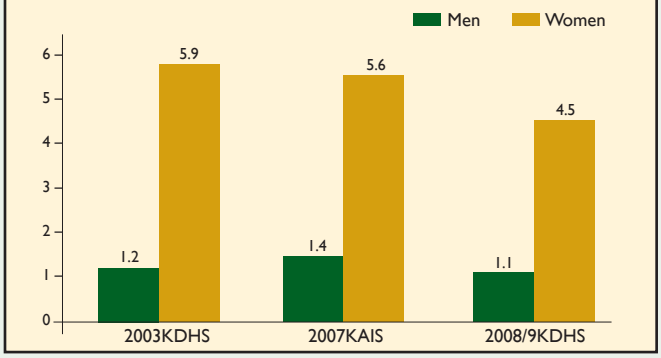
Source: *Kenya National Bureau of Statistics and ORC Macro: 2008/09 Kenya Demographic and Health Surveys*

HIV/AIDS and Youth

Since 2005, more than half of the estimated 5 million people who contracted HIV worldwide were young people aged 15 to 24 years, more than half of them young women. HIV and AIDS is by far the leading cause of death among Sub-Saharan African youth. In Kenya, HIV prevalence in youth aged 15 to 24 has remained at slightly over 3 percent since 2003 (figure 4).

Data indicates that young women aged 15 to 24 years are four times more likely to be infected than young men of the same age group. This ratio has not changed since 2003.[3]

Figure 4: HIV prevalence among youth aged 15-24



Source: *Kenya Demographic and Health Survey 2003 and 2008/9, Kenya AIDS Indicator survey*

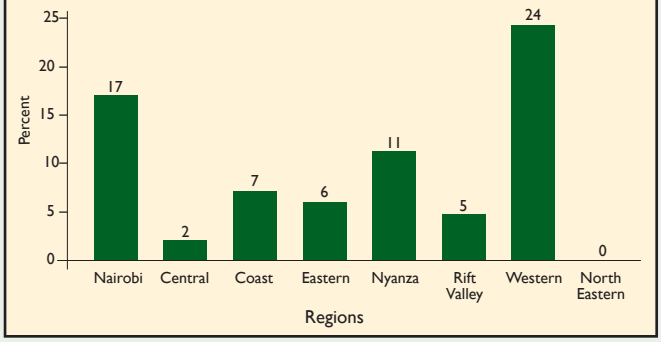
The overall prevalence among the youth masks large differences with increasing prevalence among the female youth ranging from 3 percent at age 15 years to 12 percent among those aged 24 years. On the other hand, prevalence among young men ranges from 0.4 percent to peak at 2.6 percent for similar ages. Among the infected adult population aged 15 to 64 years, the youth constitute nearly 17 percent which translates to approximately 228,165 young people out of 1.33 million infected adults.[8]

Youth Friendly Service Provision

Young people are reluctant to discuss reproductive health issues, seek information and access contraceptives – fearing that knowledge will be interpreted as promiscuity and this becomes a major obstacle to them accessing reproductive health services. Studies carried out by WHO show that contraceptive knowledge together with sharing correct reproductive health information encourages safer sexual behaviour among sexually active adolescents.[9] Young people who are sexually active cite stigma at the health clinic and inappropriate treatment, including negative and unsupportive attitudes of service providers as a key barrier for their access to information and services. Additional barriers to accessing reproductive health services may include the location of the clinic or service delivery points, costs, or policies that restrict youth's access to services.[9] It is the government's obligation to ensure that adolescents have access to reproductive health education and services in order to reduce negative reproductive health outcomes.

Despite the fact that the youth face many challenges with regard to the prevention of HIV, only 7 percent of facilities in Kenya offer youth friendly HIV counselling services (NCAPD, 2010). Figure 5 below shows the proportion of facilities offering youth friendly HIV counselling services by region.

Figure 5: Percent distribution of facilities offering youth friendly HIV counselling services by region



Source: *National Coordinating Agency for Population and Development, Ministry of Public Health and Sanitation, Ministry of Medical Services and Kenya National Bureau of Statistics Kenya Service Provision Assessment Survey (KSPA) 2010*

The 2007 National Youth Policy further identifies issues that must be addressed for young people to enjoy good health as they make the transition to adulthood. The Ministry of Youth Affairs and Sports has established Youth Empowerment Centres as a Vision 2030 flagship project; '*One Stop Shop*' for youth to access information about reproductive health services.[1] The challenge with this initiative is the construction, equipping and operationalizing of the centres.

Conclusion

Ignoring the reproductive and sexual health of young people today will have grim consequences for decades. There is need for coordinated and harmonised efforts from many stakeholders: policymakers, programme managers and youth advocates from both the public and private sectors. Numerous programmes exist in Kenya that address the high unmet need for reproductive health services for youth such as the Youth Friendly Centres and Youth Empowerment Centres.

Policy and Programme Implications and Recommendations

Implement Laws With Regards to Ending Child Marriage

The Children Act sets the minimum age for marriage at 18 years and specifies that all persons below the age of 18 have the right to health and medical care and the Sexual Offences Act enforces stringent measures to protect adolescents from abusive behaviour. In accordance to the consequences for perpetuators of abuse or violence that are articulated in the Constitution, penalties should be fully enforced.[10]

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

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Effective community and administrative mechanisms need to be strictly enforced by all the line Ministries and Government agencies.

Multi-Sectoral Approach

To be responsive to the sexual and reproductive health needs of adolescents, there is need to involve a range of public-sector stakeholders including Ministries of Health, Education, Youth, Gender, Communication, Planning, Finance, various NGOs and Media outlets. They should work together and recognize what each sector has to offer to support young people.

Ensuring close relationship and integration between education and sexual and reproductive health programmes will help young people delay sexual activity, avoid pregnancy, prevent HIV infection, delay marriage and maintain menstrual hygiene; hence increased school enrolment and retention, particularly among young girls. Investing in sexual and reproductive health programming increases returns on education investments, and the opposite also holds true.

Additionally, programmes that enable girls to gain skills in microfinance, vocational training, and savings and investment can help them to earn an income and delay marriage. Income-generating activities that are sustainable also enable parents/guardians to earn an income for household expenses and will wean them away from the need to marry their daughters for an income. There is need to also establish linkages with the Youth Enterprise Development Fund and the Women's Enterprise Fund for all programmes.

Youth-friendly Health Services

MOYAS, in collaboration with other stakeholders, need to establish a strong operating network of Youth Empowerment Centres (YECs), which would effectively offer youth-friendly reproductive health services. More YECs should be put up and ensure that those in place are fully operationalized to offer a wide range of services for the youth.

A national guideline for provision of youth-friendly services has been developed and funds set aside to support youth-friendly services. Policymakers should ensure the disbursement and sustainability of the Youth-Friendly Services Fund to increase adolescent access to affordable, confidential and comprehensive reproductive health services. This will increase the number of programmes and facilities offering adequate comprehensive reproductive health services to the youth.

Free mobile phone lines and help lines would also be an effective medium of reaching the youth. Service provider capacities would also need to be built for them to better understand youth's reproductive health issues and concerns to overcome negative provider attitude and ensure that the information and counselling services being given out are accurate, comprehensive and suited to the needs of young people both in-school and out-of-school. The social media like *Facebook* and *Twitter* should also be harnessed to reach the youth further.

Provide Comprehensive and Harmonised Sexuality Education

The Ministries of Education and Health need to operationalize the developed guidelines of providing sexuality education in schools and develop appropriate programmes that draw on the routines of out-of-school youth, use of multiple media channels, community health and outreach workers.

There is need to: institutionalize and educate the public on the return-to-school policy for pregnant students, address gender parity in access to secondary and tertiary education, and increase access to secondary and tertiary schooling for young females. More efforts are required to sustain growth in schooling and ensure higher transition rates to secondary and tertiary levels of schooling especially in marginalized regions.

Youth Involvement and Participation

It is highly recommended that line ministries organize consultations with youth groups, especially involving young women and girls, when deliberating policies and ensure that young people are able to participate meaningfully in creating and implementing policies, programmes and projects that address their needs. This can be accelerated by fast-tracking the process of establishing and operationalizing the National Youth Council.