

2022 World Population Day
Theme: End GBV, New HIV Infection and Pregnancy among Adolescents for a Resilient Future

Silent Pandemic: The Triple Threat of New HIV Infections, GBV and Pregnancy among Adolescents

The Kenya Population and Housing Census 2019 discloses that adolescents (age 10-19) constitute about one quarter of Kenya's total population. This group forms the next cohort of young adults in whose human capital potential will be essential to drive the country's sustainable development aspirations for decades to come. However, there are some significant obstacles in the way of these young people that could severely undermine their abilities to realise their full potential and for the country to benefit from the demographic dividend.

In Kenya, the *Triple Threat of Pregnancy, New HIV Infections and Gender-Based Violence (GBV)*, has been identified as a major challenge among adolescents, threatening their future. The three issues are often interlinked. For example, GBV of a sexual nature can lead to HIV infection and pregnancy, while HIV infection can result in partner-conflict

and GBV. A sexual encounter can result in all three threats.

The prevalence of teenage pregnancy and early child bearing are persistent and unacceptably high. Data from the 2019 census indicate that nationally, 10 percent of adolescent girls, aged 15-19, had given birth to one or more children. Notably, there are significant variations across the country that call for targeted action at sub-national level. About a half of the counties report higher percentages of adolescent pregnancy than the national average. Samburu (18 percent), Migori (17.9 percent), Narok (17.5 percent), Mandera (16.8 percent) and West Pokot (16.7 percent) are the five counties with the highest proportions of adolescents, aged 15-19, who have given birth. Nyeri (4.2 percent), Nyandarua (5.3 percent), Makeni (5.3 percent), Kiambu (5.7 percent) and Machakos (6.4 percent) have the lowest prevalence.

The consequences associated with unin-

tended pregnancy can be devastating. According to the 2019 Kenya Population and Housing Census analytical report on gender dimensions, pregnant teenagers face many socio-economic challenges. These include social stigma, lower education levels due to dropout as a result of pregnancy, and poverty, among other issues. Teenage girls with lower educational attainment are more likely to become mothers than those with higher educational attainment. This further denies them opportunities for self-development, making them vulnerable to gender-based violence and greater poverty.

Ending AIDS as a public health threat is a key priority for Kenya. Great strides have been made in the last decade towards the reduction of new HIV infections. The *Kenya World AIDS Day Progress Report 2013-2021* reported an impressive reduction in new HIV infections in the country from 101,560 in 2013 to 32,027 in 2021.

The report shows that while the trend in fewer new cases was noted across all age groups, a major concern is that most of the new HIV cases are among adolescents and young people. In 2020, adolescents and young people between 15 and 24 years accounted for 42 percent of new cases, with Nairobi, Homa Bay, Uasin Gishu and Meru counties registering the highest numbers.

During the Covid-19 pandemic, HIV testing among adolescents 10-19 dropped by 71 percent among boys and 52 percent among girls. Despite

this reduction, the proportion of new HIV infections was higher among boys (1.9 percent) and girls (1.67 percent) aged 10-14, compared to the older adolescents. However, girls 15-19 reported half the burden of infection at 51 percent. Kajiado reported the highest HIV positivity rate at the county level among adolescents who newly took HIV tests at health facilities across the country in 2021.

Despite policies and legislations to protect girls and boys from Sexual and Gender-Based Violence (SGBV), its occurrence is widespread in the country among adolescents. According to data collected at health facilities across the country, there was a three-fold increase in reported cases of SGBV among adolescents 10-17 between 2018 and 2021. At the county level, between 2018 and 2021, more than three quarters (77 percent) of cases of SGBV among adolescents (10-17) were reported in 15 counties, with Kisumu, Nairobi and Kilifi taking the lead. Almost half (45.4 percent) of the cases were reported in Nairobi, Kilifi, Siaya, Bungoma, Kisumu and Nakuru.

The triple threat has adverse effects on population and development. Foremost, adolescent pregnancy contributes to higher fertility that leads to rapid population growth. It is also a leading cause of maternal death. Second, the triple threat increases the burden on essential social service, including healthcare and education, with little to spare for investments for economic

growth that would spur opportunities for the large youthful population. Third, the three threats work in concert to undermine girls' and women's rights and empowerment, while narrowing women's opportunities for meaningful participation in development. Overall, the triple threat perpetuates poverty at family, societal and national levels.

For the country to make progress concerning ending the triple threat, education for both boys and girls has to be prioritised by all stakeholders. Higher education attainment is, among others, associated with lower risk of child marriages and early child-bearing, less vulnerability to GBV, better health seeking behaviour, and increased potential earnings in adulthood. In this regard, the Government of Kenya has heavily invested in providing basic education for all children and committed to ensuring 100 percent transition to secondary education. However, much more effort has to be made to achieve this milestone. According to the Kenya Economic Survey Report of 2022, the primary to secondary school transition rate dropped by 12.5 percent between 2020 and 2021. Further, a 2022 UN Women report observes that 17 percent of girls and 13 percent of boys in Kenya, 15-19 years old, are neither in school, training of any sort, nor in employment.

Building a Resilient Future

While Kenya has developed and implemented appropriate policies and programmes to promote the sexual and reproductive health of the population, poverty, myths and misconceptions about family planning, climate change, and gender inequality continue to impede the achievement of population and health programme targets.

Therefore, there is a need to increase advocacy on the population programme, enhance reproductive health information to improve adolescents' knowledge, promote prevention strategies and leave no one behind. Traditional and social norms that encourage harmful practices, including child-marriages, female genital mutilation and GBV, must also be decisively addressed. Efforts to build resilience on matters of climate change while improving environmental conservation must be revitalised.

To address these challenges, the government and its partners made key commitments in 2019 during the International Conference on Population and Development (ICPD25) that was hosted in Nairobi, Kenya. The Kenya Country Commitments address the Triple Threat and aspirations of the young people. For example, the first Commitment endeavours to ensure young people attain the highest possible standard of health. Other critical commitments prioritise education, skills development and youth empowerment, all geared towards harnessing Kenya's demographic potential.

By fully implementing the Commitments, the country will be on a sound footing for building a resilient future.

Percentage of adolescents (aged 15-19) who had given birth to one or more children (Kenya Population and Housing Census 2019)

