

**KENYA'S KEY:**  
INVESTING IN YOUNG PEOPLE  
PRESENTATION GUIDE



AN **ENGAGE** PRESENTATION

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## ACKNOWLEDGMENTS

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# Presentation Guide

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## Supplemental Materials

These supplemental materials are designed to help users make the most of *Kenya's Key: Investing in Young People* in conjunction with the user guide for all PRB ENGAGE presentations. After reviewing these supplemental materials, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Foster dialogue with audiences about key messages in the presentation.
- Respond to frequently asked questions about the presentation.

## Presentation Goals

The goal of *Kenya's Key: Investing in Young People* is to reposition reproductive health for young people as a priority for improving health and well-being, and achieving Kenya's development goals. This process includes mobilizing political commitment and resources to strengthen and increase access to reproductive health services for young people.

To achieve this goal, the presentation is designed to promote policy dialogue about the importance of reproductive health care for young people. Examples of target policy audiences include government officials and policymakers, donors, health and education sector leaders, civic and religious leaders, program officials, advocates for reproductive health and young people, and journalists.

Specific objectives of the presentation are to:

- Explain how reproductive health for young people lays the groundwork to improve health and well-being, manage rapid population growth, and achieve Kenya's development goals.
- Explain the benefits of slower population growth combined with investments in youth-focused policies that ensure young people are healthy, educated, and equipped with skills and opportunities.
- Learn from success stories in other countries related to the benefits of slower population growth and youth-focused policies.
- Foster discussion among audience members about the need for increased investments in reproductive health for young people combined with investments in health, education, and job creation.

## Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in advocacy for young people at all levels—in academic, policy, and community settings. The target audiences for this presentation are:

- **Primary:** Members of Parliament and government officials at all levels who are in a position to allocate resources for investments in young people, including reproductive health care.
- **Secondary:** All of those who influence high-level policymakers, health and education sector leaders, religious and civic leaders, advocates for young people, and journalists.

### USING THE PRESENTATION WITH DIFFERENT AUDIENCES

The ENGAGE presentation is designed to be used in a variety of settings. The presentation can be delivered at advocacy conferences or meetings, used to enhance trainings and course curriculums, or delivered at press briefings for the media.

Some ideas to reach different audiences with the presentation are listed below.

#### Government Officials and Policymakers

The ENGAGE presentation can be delivered at advocacy conferences, events, and committee meetings at the national and county levels to:

- Educate government officials and policymakers about the consequences of rapid population growth in Kenya, and the development opportunities and challenges associated with a large young population.
- Inform government officials and policymakers about the importance of investing in reproductive health for young people to improve health and well-being, manage rapid population growth, and achieve development goals.
- Portray the impact of investments in reproductive health combined with investments in health, education, and job creation.

#### Health and Education Sector Leaders

The ENGAGE presentation can be used to enhance trainings or course curriculums with messages that:

- Educate health sector leaders about the importance of expanding age-appropriate reproductive health services for young people.
- Inform education sector leaders, including teachers, about the importance of prioritizing initiatives that help young people, especially girls, stay in school, and ensure that reproductive health information is included in school curriculum.

#### Leaders at All Levels: Religious and Civic Leaders, Elders, and Parents

Community events or forums can be enhanced by the ENGAGE presentation by:

- Sensitizing leaders about the consequences of harmful practices, such as early marriage, and the importance of relaying this information to communities to ensure young people have access to reproductive health care.

## Young People

The ENGAGE presentation can be delivered at forums and trainings for young people, including peer education initiatives, as a tool to:

- Educate young people about evidence-based benefits of reproductive health, and the importance of being engaged in policymaking and program implementation.

## Journalists

Inviting journalists to events where the ENGAGE presentation will be shown, or delivering the ENGAGE presentation at press briefings will help journalists report more accurately and:

- Educate the news media about the opportunities and challenges associated with a large young population, and the importance of investing in reproductive health for young people to improve health and well-being, manage rapid population growth, and achieve development goals.

## ADDITIONAL CONSIDERATIONS

You can make this presentation more interesting for your audience by adding information about local experiences and practices, especially those that apply to your audience. Some areas to consider when analyzing your audience:

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience does not understand any technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be unfamiliar to some audience members.

## Presentation Narrative

### → **Click Forward to Slide 1**

Kenya's Key: Investing in Young People.

### → **Click Forward to Slide 2: Let the following narration play to the end of Slide 2.**

Emma: My name is Emma and this is my husband, Manu.

Manu: Together, we are changing the course of Kenya.

Emma: And this is our story.

Manu: When Emma and I were young, we went to school and as part of our studies we were educated about reproductive health.

Emma: Unlike my parents who dropped out of school when they had children at a young age, Manu and I were taught how to prevent unintended pregnancies and sexually transmitted infections, including HIV.

Emma: We had health providers who offered age-appropriate reproductive health information and services. This helped both of us complete our secondary education, and find jobs.

Manu: We met later in life and married, and we have made our family decisions together. We treat each other with respect, and we agree to use family planning.

Emma: Today we have three children. We will ensure that our children are empowered with reproductive health so they too can have a healthy transition to adulthood.

Manu: Access to reproductive health care has helped our family be healthier, more educated, and contribute more to the community and the nation.

Emma: For Kenya, this means that poverty is being reduced, and the economy is stronger.

### → **Click Forward to Slide 3**

The people of Kenya recognize the importance of reproductive health. According to our constitution...

### → **Click Forward to Slide 4**

"Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care."<sup>1</sup>

This pertains to people of all ages, including young people, because reproductive health is important throughout our lives.<sup>2</sup>

### → **Click Forward to Slide 5**

And as exemplified by Emma and Manu, reproductive health for young people is also a central component of our nation's development.<sup>3</sup>

→ **Click Forward to Slide 6**

Today young people in Kenya have many advantages the previous generations did not.<sup>4</sup> This is exciting, especially because we have the largest generation of young people in history.<sup>5</sup> A large young population is a great opportunity for our nation.<sup>6</sup>

→ **Click Forward to Slide 7**

But it also presents challenges because of the increasing demand for social services and natural resources.<sup>7</sup> Let's look at the numbers.

→ **Click Forward to Slide 8**

Kenya's population has been growing rapidly. In just the last four decades, the entire population has nearly quadrupled in size, from 11 million people in 1969 to about 40 million today.<sup>8</sup>

When we take a closer look at the age structure of our population, we see there are more people in the younger age groups than the older age groups.<sup>9</sup>

→ **Click Forward to Slide 9**

Here we see the growing number of people under age 25. Today, approximately 25 million people, meaning nearly two out of three people, are under age 25.<sup>10</sup>

The size of our large young population is a result of high birth rates. The average woman has between four and five births during her lifetime.<sup>11</sup>

→ **Click Forward to Slide 10**

By 2030, even if fertility drops to an average of just below four children per woman, the total population will still grow to 66 million people, and the number of people under age 25 will increase to more than 38 million people—that's almost the size of Kenya's entire population today!<sup>12</sup>

→ **Click Forward to Slide 11**

The fertility rate is strongly influenced by the reproductive health and family planning needs of young people.

→ **Click Forward to Slide 12**

Early marriage and early childbearing contribute to high fertility, as women are more likely to have many children throughout their lives when they start childbearing at a young age.<sup>13</sup>

Today more than one out of four young women is married by age 18, increasing their likelihood of having children at an early age.<sup>14</sup>

→ **Click Forward to Slide 13**

Nearly one-half of births to young women under age 18 are the result of unintended pregnancy, meaning these young women are becoming mothers sooner or more frequently than intended.<sup>15</sup>



→ **Click Forward to Slide 14**

In fact, nearly one out of three young women has an unmet need for family planning, meaning they wish to delay childbearing, but are not using any method of contraception, and are at risk for having an unintended pregnancy.<sup>16</sup>

→ **Click Forward to Slide 15**

Sex at a young age can increase the risk of serious health consequences for both girls and boys.<sup>17</sup>

Sex during adolescence increases the likelihood of contracting HIV or other sexually transmitted infections, in addition to unplanned pregnancies, unsafely performed abortion, high risk births, and disease and death from pregnancy-related complications.<sup>18</sup>

→ **Click Forward to Slide 16**

Young women ages 15 to 19 are twice as likely to die during pregnancy or childbirth as compared to women in their twenties.<sup>19</sup>

→ **Click Forward to Slide 17**

In addition to the health concerns, pregnancy and sexually transmitted infections can have long-term social and economic implications for young people, including...

→ **Click Forward to Slide 18**

...increased likelihood of school dropout, which limits future employment opportunities, and raises the risk of engaging in risky behaviors or crime.<sup>20</sup>

Without reproductive health care for young people, these social and economic consequences will continue to have impacts that are felt throughout the nation, and hinder the achievement of Kenya's Vision 2030, and the Millennium Development Goals.<sup>21</sup>

→ **Click Forward to Slide 19**

Research demonstrates that reproductive health and family planning for young people lay the groundwork to:

Improve health and well-being,

→ **Click Forward to Slide 20**

Manage rapid population growth, and

→ **Click Forward to Slide 21**

Achieve social and economic development—including Kenya's Vision 2030 and the Millennium Development Goals for poverty reduction, gender equality, provision of social services, and environmental sustainability.<sup>22</sup>

→ **Click Forward to Slide 22**

Reproductive health is a crucial component of health and well-being for young people, and helps manage population growth, while contributing to Kenya's economic productivity.<sup>23</sup>

With access to reproductive health care, including contraceptives, young people are equipped to prevent unintended pregnancies and diseases.<sup>24</sup>

→ **Click Forward to Slide 23**

This makes it easier for them to be healthy and stay in school...

→ **Click Forward to Slide 24**

...to find employment, and invest in their future.

→ **Click Forward to Slide 25**

With more income, these young people are healthier and wealthier. When they are ready to become parents, they will be equipped to plan their families, and reduce the economic burden of unintended pregnancies on their families and communities.

→ **Click Forward to Slide 26**

At the national level, family planning for young people helps to manage rapid population growth.

This makes it easier for the government to provide quality social services, such as education and health care, and to sustainably manage natural resources for future development.

→ **Click Forward to Slide 27**

The government can invest more in economic infrastructure and job creation.

→ **Click Forward to Slide 28**

As population growth slows, the number of workers relative to the number of children will increase, which creates the condition for accelerated economic growth for the entire nation. We call this phenomenon a "demographic bonus."<sup>25</sup>

→ **Click Forward to Slide 29**

So reproductive health care for young people leads to improved well-being and economic growth for individuals and the nation, and helps to achieve Kenya's development goals.

→ **Click Forward to Slide 30**

Countries around the world have shown us that with investments in young people, it is possible to experience rapid and transformative economic growth.<sup>26</sup>

→ **Click Forward to Slide 31**

Let's take a closer look at how one country, Thailand, experienced the “demographic bonus.”

We are looking at Thailand's population pyramid in 1960. This graph shows the age distribution of the population.<sup>27</sup>

Each layer of the diagram is an age group and the width of each layer is the proportion of the population.

→ **Click Forward to Slide 32**

It forms the shape of a triangle when the population is growing rapidly because there are more people in the younger age groups at the base of the pyramid than in the older groups at the top of the pyramid.

→ **Click Forward to Slide 33**

Looking at Thailand's population pyramid from 1960 we see that the majority of the population is under age 25.<sup>28</sup>

→ **Click Forward to Slide 34**

During the 1960s and the decades that followed, mortality rates declined. And investments in family planning led to rapid declines in fertility, so the population growth slowed down.<sup>29</sup>

With fewer births, Thailand was able to invest more resources per child, leading to more secondary school completion, especially among girls, as well as delayed marriage, and delayed childbearing.<sup>30</sup>

→ **Click Forward to Slide 35**

By 2010, we see Thailand's age structure evolved to have fewer children and a smaller population of young people.<sup>31</sup>

→ **Click Forward to Slide 36**

The pyramid is now dominated by adults who can be part of a productive labor force, and contribute to economic development.

And population growth has slowed to a more manageable pace for families, communities, and the nation.

→ **Click Forward to Slide 37**

Today Kenya has a population structure similar to the pyramid of Thailand in 1960 with a...

→ **Click Forward to Slide 38**

...majority of the population under age 25.<sup>32</sup> Investments in the reproductive health of young people will help to ensure a healthy transition to adulthood, lower birth rates, and create the conditions necessary for the demographic bonus.<sup>33</sup>

→ **Click Forward to Slide 39**

However, this kind of economic progress is not automatic. As observed with Thailand's demographic bonus, it requires a series of investments across sectors to ensure that young people are healthy, educated, and equipped with skills and opportunities to contribute to the country's economic growth.

→ **Click Forward to Slide 40**

Enabling young people to stay in school has many social and economic benefits....

→ **Click Forward to Slide 41**

...including improved health,...

→ **Click Forward to Slide 42**

...less likelihood of engaging in risky behaviors,...

→ **Click Forward to Slide 43**

...a greater ability to make personal and household decisions,...

→ **Click Forward to Slide 44**

...and more opportunities for employment later in life.<sup>34</sup> Educating young people about reproductive health will empower them to prevent unintended pregnancies and sexually transmitted infections, and make it easier for them to stay in school.<sup>35</sup>

→ **Click Forward to Slide 45**

In fact, women with more education tend to have fewer children. On this bar chart, we have total fertility rate, meaning the average number of births per woman on the left axis, and educational attainment along the bottom axis.

As level of education increases, the average number of births per woman decreases. Women with no education have an average of more than twice as many children as women who attended secondary school or higher.<sup>36</sup>

Imagine the impact of investments in reproductive health combined with investments in health, education, and job creation.

→ **Click Forward to Slide 46**

If all adolescent girls in Kenya completed secondary school...

→ **Click Forward to Slide 47**

...and all of the adolescent mothers were employed instead of becoming pregnant at such a young age...

→ **Click Forward to Slide 48**

...the cumulative effect could add \$3.4 billion to Kenya's gross income each year.<sup>37</sup>

→ **Click Forward to Slide 49**

So how can we achieve universal access to reproductive health care for young people today?

→ **Click Forward to Slide 50**

It is time for government and political leaders to increase support and leadership for reproductive health among young people. Government officials must support youth-focused policies and allocate resources that ensure young people are healthy, educated, and employed later in life.<sup>38</sup>

→ **Click Forward to Slide 51**

The line ministries, including the ministries focused on health, youth, social services, and national development, must implement multisectoral approaches that actively engage young people in policymaking and program implementation.<sup>39</sup>

→ **Click Forward to Slide 52**

Health sector leaders should work with service providers to expand age-appropriate reproductive health services for young people.<sup>40</sup>

These services must be tailored to meet the diverse and evolving needs of young people.

→ **Click Forward to Slide 53**

Education sector leaders, including teachers, must prioritize initiatives that help young people, especially girls, stay in school, and...

→ **Click Forward to Slide 54**

...ensure that reproductive health information is included in the school curriculum.<sup>41</sup>

→ **Click Forward to Slide 55**

Leaders at all levels, including religious and civic leaders, elders, and parents, must be sensitized to understand the consequences of early marriage. They should relay this information to their communities and ensure young people have access to reproductive health care.<sup>42</sup>

→ **Click Forward to Slide 56**

Young people must educate their peers about the benefits of reproductive health. This involves engaging boys and girls in efforts to reach their peers most effectively with accurate information.

And they must be actively involved with the planning and implementation of their reproductive health policies and programs.<sup>43</sup>

→ **Click Forward to Slide 57**

Our young people are the future of Kenya.

For a healthy transition to adulthood, young people must be equipped with reproductive health care. As was the case for Emma and Manu, when young people have access to comprehensive, age-appropriate reproductive health care, the impact is felt throughout the nation. Health is improved, poverty is reduced, higher levels of education are achieved, and economic development is in place.

By empowering young people with reproductive health today, including family planning, we can build a more prosperous Kenya.

**\*No more clicks are necessary. From here, let the presentation play automatically to the end.**

## References

1. Laws of Kenya: The Constitution of Kenya, 2010 (Kenya: National Council for Law Reporting, Kenya Law Reports, 2010).
2. National Coordinating Agency for Population and Development (NCAPD), *Protecting the Reproductive Health of Young People—An Investment in Kenya's Future*, Policy Brief No. 11 (Nairobi, Kenya: NCAPD, 2011).
3. NCAPD, *Kenya's Youthful Population: Prospects and Policy Implications for Vision 2030*, Policy Brief No. 17 (Nairobi, Kenya: NCAPD, 2011); and NCAPD, *Protecting the Reproductive Health of Young People*.
4. Kenya Demographic and Health Survey 2008-2009 (Calverton, Maryland: Kenya National Bureau of Statistics and ICF Macro, 2010).
5. 2009 Kenya Population and Housing Census (Nairobi, Kenya: Kenya National Bureau of Statistics, 2010).
6. NCAPD, *Kenya's Youthful Population*.
7. NCAPD, *Kenya's Youthful Population*.
8. 2009 Kenya Population and Housing Census.
9. 2009 Kenya Population and Housing Census.
10. 2009 Kenya Population and Housing Census.
11. Kenya Demographic and Health Survey 2008-2009.
12. United Nations Population Division, *World Population Prospects: The 2010 Revision* (New York: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2011).
13. Kenya Demographic and Health Survey 2008-2009.
14. Kenya Demographic and Health Survey 2008-2009.
15. Kenya Demographic and Health Survey 2008-2009.
16. Kenya Demographic and Health Survey 2008-2009.
17. Guttmacher Institute and International Planned Parenthood Federation, *Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World* (New York: Guttmacher Institute, 2010); and UNFPA, *State of the World Population 2003: Making 1 Billion Count: Investing in Adolescents' Health and Rights* (New York: UNFPA, 2003).
18. Guttmacher Institute and International Planned Parenthood Federation, *Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World*; and UNFPA, *State of the World Population 2003*.
19. UN Department of Public Information, *Goal 5: Improve Maternal Health Factsheet*, accessed at [www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf](http://www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/Goal%205%20FINAL.pdf), on Oct. 15, 2012.
20. NCAPD, *Kenya's Youthful Population*; and Cynthia B. Lloyd and Barbara S. Mensch, "Marriage and Childbirth As Factors in Dropping Out From School: An Analysis of DHS Data from SSA," *Population Studies* 62, no. 1 (2008): 1-13.
21. NCAPD, *Kenya's Youthful Population* and Karin Ringheim and James Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth: A Route to Achieve the Millennium Development Goals* (Washington, DC: Population Reference Bureau, 2010).
22. Republic of Kenya, *Adolescent Reproductive Health and Development Policy* (Kenya: National Council for Population and Development, Ministry of Planning and National Development, and Division of Reproductive Health, Ministry of Health, 2003); and Ringheim and Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth*.
23. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*; and Ringheim and Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth*.
24. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*; and Ringheim and Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth*.
25. Partners in Population and Development Africa Regional Office, *The Demographic Dividend and Development*, accessed at <http://ppdafrika.org/docs/policy/demo-e.pdf>, on Oct. 15, 2012; and United Nations Population Fund, *Impact of Demographic Change in Thailand* (Bangkok: UNFPA Thailand, 2011).
26. Partners in Population and Development Africa Regional Office, *The Demographic Dividend and Development*; and Ringheim and Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth*.
27. United Nations Population Division, *World Population Prospects*.
28. United Nations Population Division, *World Population Prospects*.
29. United Nations Population Fund, *Impact of Demographic Change in Thailand*.
30. United Nations Population Fund, *Impact of Demographic Change in Thailand*.
31. United Nations Population Division, *World Population Prospects*.
32. 2009 Kenya Population and Housing Census.
33. Partners in Population and Development Africa Regional Office, *The Demographic Dividend and Development*.
34. Lloyd and Mensch, "Marriage and Childbirth As Factors in Dropping Out From School"; and Cynthia B. Lloyd and Juliet Young, *New Lessons: The Power of Educating Adolescent Girls* (New York: Population Council, 2009).
35. Elaine Murphy and Dara Carr, *Powerful Partners: Adolescent Girls' Education and Delayed Childbearing* (Washington, DC: Population Reference Bureau, 2007); and Ann Warner, Anju Malhotra, and Allison McGonagle, *Girls' Education, Empowerment, and Transitions to Adulthood: The Case for a Shared Agenda* (Washington, DC: ICRW, 2012).
36. Kenya Demographic and Health Survey 2008-2009.
37. Jad Chaaban and Wendy Cunningham, *Measuring the Economic Gains of Investing in Girls: The Girl Effect Dividend* (Washington, DC: The World Bank, 2011).
38. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*.

39. Pathfinder International, *A Smart Investment: Integrating Sexual and Reproductive Health Into Multisectoral Youth Programs* (Watertown, MA: Pathfinder International, 2011).
40. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*.
41. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*.
42. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*; and R. Muganda-Onyando et al., *Improving Adolescent Reproductive Health Programs in Africa: Lessons from Kenya* (Nairobi, Kenya: Center for the Study of Adolescence, 2003).
43. Republic of Kenya, *Adolescent Reproductive Health and Development Policy*; and R. Muganda-Onyando et al., *Improving Adolescent Reproductive Health Programs in Africa*.



## Discussion Guide

After giving the ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you to share data specific to young people and reproductive health in Kenya, and make the discussion specific to addressing these issues within the local context. Sample discussion questions are listed below:

### **DISCUSSION ABOUT THE PRESENTATION**

1. Were you aware of the links between investments in young people and Kenya's development goals? What did you learn today about these relationships?
2. How can an increased focus on reproductive health for young people lead to better development outcomes for your county or community?

### **DISCUSSION ABOUT REPRODUCTIVE HEALTH CARE FOR YOUNG PEOPLE**

3. Many people have diverse views about reproductive health care for young people. Has this presentation affected the way you think about the issue?
4. How does reproductive health care for young people make a difference for: (a) individuals and families, (b) communities, and (c) nations?
5. Why is it that some people do not support reproductive health for young people, including access to contraceptives?
6. Reproductive health among young people has improved in Kenya, but many young people still have an unmet need for reproductive health care and family planning. Why do you think there is such a high unmet need for reproductive health services and information for young people?
7. What are some strategies that can increase access to reproductive health care for young people in your county? Consider both short-term and long-term strategies.
8. This presentation focused on increasing access to reproductive health care as an important strategy for improving the health and well-being of young people. What are some other strategies for investing in young people? Consider strategies that focus on both young women and young men.

### **DISCUSSION ABOUT EDUCATION FOR YOUNG PEOPLE**

9. What are the barriers to enrolling young people in school, and keeping them in school through secondary school? Consider all angles: family, society, gender inequality, school facilities, and safety.
10. One element of gender equality is girls' education. As girls and women become more educated and more empowered, how do boy's and men's roles change? What are the benefits to men from greater women's empowerment, and greater gender equality?

## DISCUSSION ABOUT RECOMMENDATIONS

11. The presentation made several recommendations at the end. Which of these recommendations is most critical? What are additional, specific recommendations for your county? What can you do to help these recommendations become a reality?
12. What can be done to increase investments for young people at the national and local levels? What can be done to increase funding for reproductive health care for young people?
13. What are some ways to increase public dialogue about the barriers to reproductive health care for young people?

## Frequently Asked Questions

Audience members often have questions about the presentation. Some of these questions may be specific to the actual presentation (data, pictures, figures, sources of information), while other questions may be related to the content of the presentation. If you are unsure about any of the terms used in the presentation, you can find definitions in PRB's online Glossary: [www.prb.org/Educators/Resources/Glossary.aspx](http://www.prb.org/Educators/Resources/Glossary.aspx).

Below are some frequently asked questions and scripted answers:

### QUESTIONS ABOUT THE PRESENTATION

**Q.** How accurate are your data?

**A.** The data in this presentation are the most accurate data available about young people and reproductive health in Kenya. The data come from the 2009 Kenya Population and Housing Census, Kenya Demographic and Health Survey 2008-2009, World Population Prospects: The 2010 Revision, and other recent research studies.

**Q.** Have the people in the photographs and videos in your presentation given their consent?

**A.** We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviors of the people featured in this presentation.

**Q.** Are Emma and Manu real people?

**A.** Emma and Manu are not real people. Their story is a compilation of several real men's and women's experiences of having access to reproductive health care throughout their lives, and using family planning to space and time their childbearing as adults. Because their story is based on several true stories, we believe it accurately reflects the impact that reproductive health care can have on young people in Kenya.

**Q.** Why are you using Thailand as a country example?

**A.** Over the last 50 years, Thailand has emerged as an economic powerhouse in Southeast Asia. After a period of rapid population growth during the first half of the 20th century, Thailand increased access to and use of voluntary family planning in the 1960s and the decades that followed. Population growth slowed down, and with fewer births Thailand was able to invest more resources per child, leading to more secondary school completion, as well as delayed marriage, and delayed childbearing. By 2010, the age structure of the population had evolved to have fewer children and a productive adult labor force. As a result, Thailand has become one of the biggest family planning success stories in Asia, demonstrating how increased access to reproductive health care combined with investments in health, education, and more can help a country transform their demographic prospects.

**Q.** Why do you focus on reproductive health when there are so many other important issues to be addressed for young people, such as education, poverty, access to health care, or food security?

**A.** Yes, there are many important issues that young people face in Kenya, and some may be just as important as reproductive health. But that does not diminish the fact that reproductive health care for young people is a cost-effective, proven strategy to improve the lives of young people, and their families and communities, and help Kenya achieve development goals. Ideally, we could address all of these issues together, but this presentation is about raising awareness of the importance of investing in the reproductive health of young people early to support future development and some steps we can take to start to address this issue.

## **QUESTIONS ABOUT ADOLESCENT AND YOUTH DEVELOPMENT**

**Q.** You say that Kenya has the fastest growing population of young people in history. Isn't this demographic trend a challenge for leaders and policymakers? How is it an opportunity?

**A.** The well-being of the largest generation of youth in Kenya's history is of major significance to national development. Although young people are facing many challenges—early marriage, unintended pregnancy, sexually transmitted infections and HIV, and maternal death, as well as limited access to jobs, education, and meaningful political participation—there are unprecedented opportunities to capitalize on the power of our young people for improved national development.

When Kenya invests in young people's reproductive health, young men and women are more empowered to make healthy decisions that can help them stay in school, get a job, and participate in civil society. And healthy young adults help Kenya achieve higher levels of economic and social development and improve outcomes in multiple sectors, including health, education, employment, and governance. Investing in young people today builds stronger nations tomorrow, with young men and women acting as positive agents of change, progress, and development.

**Q.** You talk about the demographic bonus and dividend in this presentation. Shouldn't Kenya focus on other components of the demographic dividend first, like reducing childbearing or creating jobs? Why focus on young people?

**A.** As death rates and fertility rates continue to decline in Kenya, there is an opportunity to capitalize on the demographic dividend. With more investments in family planning, Kenya's young population will grow smaller in relation to the working-age population. With fewer people to support, the working-age adults can then foster rapid economic growth. However, this rapid economic growth is not automatic; it depends on policy and program investments in young people to ensure they can lead healthy, productive lives and contribute to national development efforts. The right policies need to be in place to ensure young people are educated and have the necessary skills to build a productive labor force. Investments in adolescent and youth reproductive health ensure that more young people have a healthy transition into adulthood by preventing unintended pregnancies, reducing the spread of sexually transmitted infections, such as HIV, and helping young people take advantage of education and employment opportunities.

## **QUESTIONS ABOUT YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH**

**Q.** Giving young people information about reproductive health and family planning could confuse them. Are they too young to make these types of decisions?

**A.** Global evidence shows that comprehensive reproductive health education empowers young people to make healthy choices about their behavior. It reduces the frequency of unprotected sex, the number of sexual partners, and increases contraceptive use. Comprehensive reproductive health education is critical if we want to reduce the number of unintended pregnancies, prevent the spread of HIV and AIDS, and ensure a healthier generation of Kenya's young people. In addition, comprehensive reproductive health education equips our young people with the critical thinking and communication skills they will need throughout their lives to communicate with their partners about contraception and make healthy decisions together.

**Q.** If contraception is available to young people, won't it just encourage promiscuity? Won't it encourage them to have sex before marriage?

**A.** It is not uncommon for people to disapprove of premarital sex and to consider reproductive health education and services inappropriate and unnecessary for young people. However, with a majority of Kenya's population under age 25, investments in young people are vital to improve social and economic outcomes. These investments include family planning and reproductive health services so young people can avoid unintended pregnancy, protect themselves from HIV and other sexually transmitted infections, and avoid reproductive health complications that can result in death. When effective youth-friendly policies exist and are implemented, young women and men can make a healthy transition into adulthood and enjoy full participation in public life. Ultimately, if we want to give young people a healthy start to their lives, their right to reproductive health and family planning information and services is essential.

**Q.** You say young people need access to reproductive health information and services starting at a young age. Why?

**A.** Kenya cannot ignore the reproductive health needs of the largest generation of young people in history. Young people are at a stage in their lives when they are establishing values, attitudes, and

beliefs that will shape their behaviors throughout their lives. If we reach individuals early in life, we can instill attitudes and behaviors that expand opportunities for our young people to lead healthy and productive lives. Investments in reproductive health programs for young people will provide them with skills and competencies that are relevant for the age and stage in the life cycle, and encourage positive attitudes about relationships and healthy behaviors.

**Q.** Why is it so important to reach boys and young men with sexual and reproductive health information and services when girls are the ones who experience severe consequences like unintended pregnancy?

**A.** Although demographic data on adolescent boys and young men are limited, they have their own distinct reproductive health needs. Research and experience show that boys need information about reproductive health, opportunities to discuss reproductive health, access to reproductive health services and condoms, and exposure to messages and role models that reinforce more gender-equitable ways of interacting with women. It is important to engage adolescent males as equal partners to improve gender equality and foster healthier lives for both young men and women.

**Q.** Is it true that as young women become more empowered, young men will lose status and power, and this will be a negative consequence for them?

**A.** Actually research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men mean being tough, brave, and aggressive. Consequently, young men are more likely to take risks which can lead to poor health, such as violent activity or unsafe sex. Everyone – boys and girls, men and women – is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality. This presentation highlighted that working with both young men and women can help prevent unintended pregnancies and reduce the spread of HIV and AIDS. At the same time, equipping young people with important life skills, like communication and decisionmaking skills, can strengthen protective factors that will improve reproductive health outcomes for both young men and women.

## QUESTIONS ABOUT CONTRACEPTION

**Q.** You talk about youth-friendly services in this presentation. Why are they important? Can't young people use the same services that adults use?

**A.** Access to high-quality health services help young people address a range of health concerns. Young people are often unable to obtain needed health services due to restrictive laws and policies. In other situations, services are too expensive or young people fear that providers will not maintain confidentiality. Youth-friendly services do not require a parallel system, but the services need to respond to young people in ways that address age- and gender-related needs. When reproductive health and family planning services are made more attractive for youth, their large unmet need for contraception could be satisfied, thus preventing unplanned pregnancies and unsafe abortions, and enabling many young people to further their education. These services should be tailored to all young people, with particular emphasis on those often missed by standard services, including young people who are low-income, homeless, out of school, living in rural areas or slums, or living with disabilities among others.

**Q.** You discussed family planning a lot in this presentation, but you didn't provide details about methods of family planning. What are the choices for family planning or contraception?

**A.** There are a wide range of contraceptive methods available for both men and women depending on the reproductive needs of each individual. Some methods are more effective than others. Methods such as withdrawal and spermicides have the lowest level of effectiveness while longer acting or permanent methods such as implants, IUDs, female sterilization and vasectomy are more effective.

Some methods only work one time such as male condoms or female condoms while others may last longer but are not permanent such as injectables, oral contraceptive pills, hormonal patches and the vaginal ring. Additionally, there are Fertility Awareness Methods such as the Standard Days Method, Basal Body Temperature, and the TwoDay Method. These methods require partners' cooperation as couples must be committed to abstaining or using another method on fertile days. And finally, there is the Lactational Amenorrhea Method which is a method based on breastfeeding and provides pregnancy protection for the mother and nutrition for the baby during the first six months after childbirth.

**Q.** Are there any negative side effects of family planning methods?

**A.** Some contraceptive methods have known side effects that may affect one family planning user while not affecting another, and all side effects are manageable. Side effects such as irregular bleeding, headaches, dizziness, nausea, breast tenderness, weight change, mood change, and delay in returned fertility once the individual stops using the method are common with hormonal methods. These side effects are not life threatening and can be addressed by the medical provider. Usually, if the side effects are bothering the client, the provider will switch the contraceptive method to something more suitable. Clients need to be informed of possible side effects and how to manage them when receiving family planning counseling because it may be more harmful to stop using the method because of side effects, and become pregnant, than to continue using the method and seeing a health provider to address the side effects.

## **QUESTIONS ABOUT CONTRACEPTIVE POLICIES AND INTERVENTIONS**

**Q.** How can we make sure there is a sufficient budget to ensure all young people have access to reproductive health information and services, including contraceptives?

**A.** In the face of the global economic crisis, it may seem difficult to increase national budgets for comprehensive reproductive health interventions. However, the quality and availability of reproductive health services benefit from strong health systems and financing mechanisms. Using evidence-based research to advocate for increased resource allocation from the government and donors can help ensure funding for reproductive health is targeted and used efficiently. Also, integrating reproductive health for young people into other key sectors like education, labor, youth and sports, and gender, can increase national funding streams for reproductive health commodities and services. In addition, budgeting for family planning and reproductive health services requires a long-term perspective since using family planning services is not a one-time event for individuals and couples, but a need that lasts throughout an individual's reproductive life. Finally, advocates and policymakers who articulate support for reproductive health can help put the issue on the national agenda and increase budget support for such services. With greater involvement of NGOs and the private sector, countries can better provide sexual and reproductive health information and services to all young men and women.

**Q.** Some religious leaders do not support sexual and reproductive health information and services for young people. What can I do to change attitudes among religious leaders about sexual and reproductive health investments for young people?

**A.** Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. When hoping to win the support of a religious leader for reproductive health for young people, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. Although in some cases they are a minority, there are leaders within all major religious groups who do support sexual and reproductive health education and services for young people. Work with them to create messages that show where in the Qur'an or the Bible the health of young people is promoted and supported. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support sexual and reproductive health within religious frameworks.

## Additional Resources

2009 Kenya Population and Housing Census (Kenya National Bureau of Statistics, 2010).

Ann Warner, Anju Malhotra, and Allison McGonagle, *Girls' Education, Empowerment, and Transitions to Adulthood: The Case for a Shared Agenda* (Washington, DC: ICRW, 2012).

Cynthia B. Lloyd and Barbara S. Mensch, "Marriage and Childbirth As Factors in Dropping Out From School: An Analysis of DHS Data from SSA," *Population Studies* 62, no. 1 (2008): 1-13.

Cynthia B. Lloyd and Juliet Young, *New Lessons: The Power of Educating Adolescent Girls* (New York: Population Council, 2009).

Elaine Murphy and Dara Carr, *Powerful Partners: Adolescent Girls' Education and Delayed Childbearing* (Washington, DC: Population Reference Bureau for IGWG, 2007).

Guttmacher Institute and International Planned Parenthood Federation, *Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World* (New York: Guttmacher Institute, 2010).

Jad Chaaban and Wendy Cunningham, *Measuring the Economic Gains of Investing in Girls: The Girl Effect Dividend* (Washington, DC: The World Bank, 2011).

James Gribble, *Investing in Youth for National Development* (Washington, DC: Population Reference Bureau, 2010).

Karin Ringheim and James Gribble, *Improving the Reproductive Health of Sub-Saharan Africa's Youth: A Route to Achieve the Millennium Development Goals* (Washington, DC: Population Reference Bureau, 2010).

Kenya Demographic and Health Survey 2008-2009 (Calverton, Maryland: Kenya National Bureau of Statistics and ICF Macro, 2010).

Laws of Kenya: The Constitution of Kenya, 2010 (Kenya: National Council for Law Reporting, Kenya Law Reports, 2010).

National Coordinating Agency for Population and Development (NCAPD), *Protecting the Reproductive Health of Young People—An Investment in Kenya's Future*, Policy Brief No. 11 (Nairobi, Kenya: NCAPD, 2011).

NCAPD, *Kenya's Youthful Population: Prospects and Policy Implications for Vision 2030*, Policy Brief No. 17 (Nairobi, Kenya: NCAPD, 2011).

Partners in Population and Development Africa Regional Office, *The Demographic Dividend and Development*, accessed at <http://ppdafrica.org/docs/policy/demo-e.pdf>, on Oct. 15, 2012.

Population Action International (PAI), *The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health* (Washington, DC: PAI, 2010).

Pathfinder International, *A Smart Investment: Integrating Sexual and Reproductive Health Into Multisectoral Youth Programs* (Watertown, MA: Pathfinder International, 2011).

Population Reference Bureau (PRB), *The Effect of Girls' Education on Health Outcomes: Fact Sheet* (Washington, DC: PRB, 2011).

R. Muganda-Onyando et al., *Improving Adolescent Reproductive Health Programs in Africa: Lessons From Kenya* (Nairobi, Kenya: Center for the Study of Adolescence, 2003).

Republic of Kenya, *Adolescent Reproductive Health and Development Policy* (Kenya: National Council for Population and Development, Ministry of Planning and National Development and Division of Reproductive Health, Ministry of Health, 2003).

Rhonda Smith et al., *Family Planning Saves Lives, 4th ed.* (Washington, DC: PRB, 2009).

UNESCO, *Education Counts: Toward the Millennium Development Goals* (Paris: UNESCO, 2010).

United Nations Population Fund, *Impact of Demographic Change in Thailand* (Bangkok: UNFPA Thailand, 2011).

UNFPA, *State of the World Population 2003: Making 1 Billion Count: Investing in Adolescents' Health and Rights* (New York: UNFPA, 2003).

The World Bank, *World Development Report 2012: Gender Equality and Development* (Washington, DC: The World Bank, 2012).

United Nations Population Division, *World Population Prospects: The 2010 Revision* (New York: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2011).

