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Kenya's young people, especially adolescents (ages 10 to 19), have certain needs and vulnerabilities that warrant attention. Adolescent sexual and reproductive health (ASRH), is a crucial component of lifelong health and well-being and contributes to the health of future generations. Results from Kenya's 2014 Demographic and Health Survey show that facets of ASRH are improving but some areas need further work.

Promoting ASRH in Kenya means providing adolescents with services to prevent, diagnose, and treat sexually transmitted infections, including HIV; giving information on and strategies for preventing unintended pregnancy; ending harmful practices that negatively impact ASRH; and empowering adolescents with age-appropriate comprehensive sexuality education. Key investments in ASRH today can yield tremendous returns as adolescents grow up healthy and strong and have more opportunities available to them, and couples are better able to plan, provide, and care for their families.

Opportunities Are Limited for Adolescent Mothers

In Kenya, nearly 18 percent of adolescent girls between the ages of 15 and 19 are mothers.¹ When adolescent girls become mothers, their opportunities for economic and educational growth are limited.

- Rates of adolescent childbearing are higher among those with lower levels of education; one-third of adolescent girls ages 15 to 19 with no education have already begun childbearing; the same is true among girls who have completed primary school, where just over one-third have also begun childbearing. Attending secondary school reduces adolescent motherhood. Only 12 percent of girls ages 15 to 19 with at least some secondary school education have begun childbearing.²
- Adolescent girls from lower income levels are more likely to have begun childbearing than their wealthier counterparts. One in four adolescent girls ages 15 to 19 in the lowest wealth quintile has begun childbearing. However, even among the wealthiest, one in 10 girls ages 15 to 19 has begun childbearing.
- Rates of adolescent childbearing vary across Kenya (see Figure 1). While progress has been made to lower adolescent childbearing in many regions of Kenya, in some regions it has remained nearly constant. In Nyanza region in 2003, 21 percent of adolescent girls ages 15 to 19 had already given birth and in 2014, the rate was about the same at 19 percent.

Use of Family Planning Is Increasing Among Married Adolescents

Contraceptive use among married adolescents in Kenya has increased substantially since 2003, allowing more married adolescents to delay childbearing.

- Among married adolescent girls, use of modern contraceptive methods has risen from 13 percent in 2003 to 37 percent in 2014 and unmet need for family planning for this age group has declined (see Figure 2, next page).
- Despite these strides, unmet need for family planning is highest among married adolescents ages 15 to 19, compared to other age groups.
- Among married adolescent girls, the percent of demand for family planning satisfied by modern methods has increased from 35 percent in 2003 to 56 percent in 2014.

Healthy Motherhood Starts in Health Facilities and With Trained Personnel

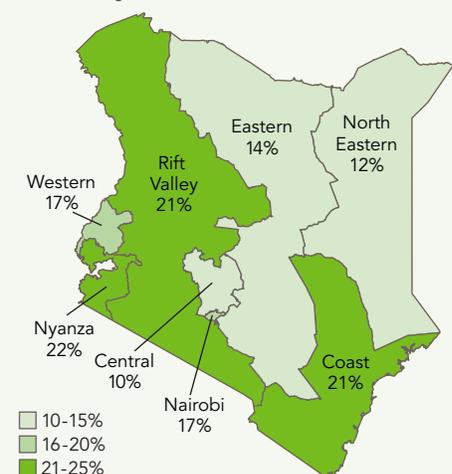
Compared to other age groups, a high proportion of adolescent mothers, and their children, do not receive the health care they need.

- In 2014, only 49 percent of adolescent mothers under 20 years of age received four or more antenatal care visits, as recommended by the World Health Organization, compared to 60 percent of mothers ages 20 to 34.³
- Approximately 40 percent of these adolescent mothers gave birth without the assistance of a trained health professional and outside of a health facility, putting them at risk of complications during childbirth.

FIGURE 1

Rates of Adolescent Pregnancy and Motherhood Vary in Kenya

Percentage of Girls Ages 15-19 Who Have Begun Childbearing



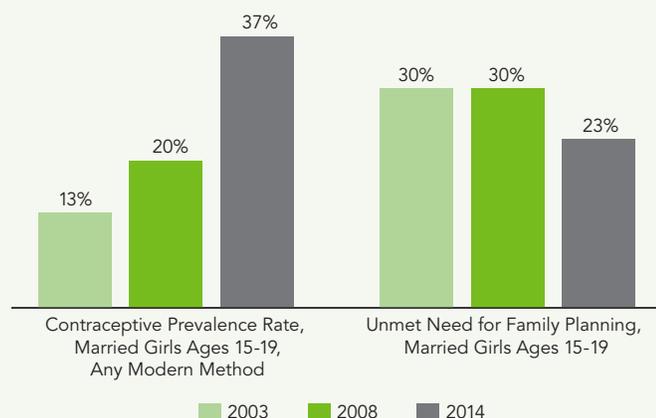
Note: These data include adolescents who are pregnant with their first child and those who have had a live birth.

Source: Kenya National Bureau of Statistics and ICF International, Kenya Demographic and Health Survey, Key Indicators 2014 (Rockville, MD: ICF International, 2014).

FIGURE 2

Contraceptive Prevalence Among Married Girls Has Improved, But Unmet Need Remains a Challenge

Percentage Among Married Adolescent Girls Ages 15-19



Source: Kenya National Bureau of Statistics (KNBS) and ICF International, Kenya Demographic and Health Survey, Key Indicators 2014 (Rockville, MD: ICF International, 2014); KNBS and ICF Macro, Kenya Demographic and Health Survey 2008-09 (Calverton, MD: KNBS and ICF Macro, 2010); and Kenya Central Bureau of Statistics (CBS), Ministry of Health (MOH), Kenya, and ORC Macro, Kenya Demographic and Health Survey 2003 (Calverton, MD: CBS, MOH, and ORC Macro, 2004).

Adolescents Face Risk of HIV and Harmful Practices

Kenya has made great efforts to increase public knowledge of HIV and to reduce harmful practices among adolescents, but work remains.

- In Kenya, adolescents can request HIV testing; there is no minimum age requirement. However, in some situations, parental consent is sought by health care practitioners and can be a barrier to HIV testing.⁴ The number of adolescents who received HIV test results increased significantly between 2003 and 2014. In 2014, 53 percent of adolescent girls and 41 percent of adolescent boys received HIV test results, up from just 7 percent and 5 percent in 2003, respectively.
- The practice of female genital mutilation/cutting (FGM/C) is on the decline in Kenya. Among adolescent girls, the percentage who have been cut declined to 11 percent in 2014 from 20 percent in 2003, indicating that the practice may be declining overall. However, large disparities exist within regions, with 98 percent of women ages 15 to 49 experiencing FGM/C in the North Eastern region.⁵
- Domestic violence continues to be a serious concern in Kenya. In 2014, nearly one in three married adolescent girls reported experiencing physical or sexual violence committed by a husband or partner, a rate similar to that of other age groups.
- Unsafe abortion is a major health risk in Kenya, particularly for adolescent girls. A recent study showed that in 2012, girls below the age of 19 accounted for 17 percent of all those seeking post-abortion care services and 45 percent of all severe abortion-related complications in Kenyan hospitals.⁶

Policy Implications

Clear improvements to ASRH in Kenya have been made in recent years. Rates of childbearing among adolescent girls are slowly dropping, FGM/C is on the decline, and knowledge of HIV and HIV testing rates are increasing. However, progress towards improved ASRH has been inconsistent. To address remaining threats to ASRH:

- Resource allocation to ASRH should be increased and focused on the most at-risk adolescents and on those counties with the worst ASRH.
- Some effective, evidence-based strategies for improving ASRH should be scaled up, while more research is needed in other areas.
- Adolescents' access to and use of health facilities and trained health care personnel must be expanded.

One sign of progress is the revision of the Ministry of Health's National ASRH Policy that renews commitment to ASRH. To promote ASRH through policy frameworks:

- The revised National ASRH policy should be fully implemented at the national level and in each county.
- Opportunities for dialogue on controversial ASRH issues should be created so that adolescents, parents, teachers, health providers, faith leaders, and other stakeholders are fully engaged.

Through strong policy commitments, targeted financial support, effective programming, and open dialogue with adolescents and key stakeholders, Kenya can advance ASRH, paving the way for the health and success of current and future generations of Kenyans.

References

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- 5 KNBS and ICF International, Kenya Demographic and Health Survey.
- 6 Ministry of Health (MOH), Kenya *Incidence and Complications of Unsafe Abortions in Kenya: Key Findings From a National Study* (Nairobi: MOH, 2013).

Acknowledgments

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