

EXPAND YOUTH-FRIENDLY CONTRACEPTIVE SERVICES IN NAIROBI

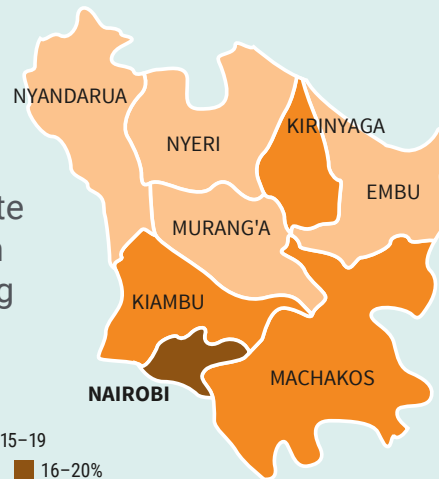


Most Kenyan youth do not marry or begin using contraception until age 22.



But nearly 1 in 5 girls ages 15 to 19 in Nairobi have had their first birth or are currently pregnant.

In fact, **NAIROBI'S** teenage pregnancy rate is higher than in neighboring counties.



Pregnancy rate, girls ages 15-19
6-10% 11-15% 16-20%

Kenya's national health policies guarantee young people access to youth-friendly contraceptive services.

"The goal of the guidelines is to improve availability, accessibility, acceptability, and use of quality sexual and reproductive health services by adolescents and youth seeking services."

— National Guidelines for the Provision of Adolescent and Youth Friendly Services in Kenya, 2016



Discussions with youth and stakeholders reveal gaps in implementing youth-friendly contraceptive services in Nairobi public facilities.*

Every 100 KES spent on contraceptive services saves 221 KES in maternal and child health costs.

Investing in contraceptive services can help young women prevent unintended or high-risk pregnancies and lead to cost savings for pregnancy-related care.



100 KES
Contraceptive Services



221 KES
Maternal and Child Health Savings

What can policymakers do?



Commit funding from the Nairobi City County family planning budget to improve youth-friendly contraceptive services.



Include youth-friendly contraceptive services in the Nairobi City County Annual Development Plans as a priority focus for budgetary support.



Advocate for the use of the *National Adolescent Sexual Reproductive Health Policy Implementation Framework* to develop costed implementation plans for each subcounty that include the recommended activities to expand youth-friendly contraceptive services.

Select Key Findings on Youth-Friendly Contraceptive Services

Despite a strong policy environment, discussions with youth and stakeholders in Nairobi reveal a gap between policy commitments and implementation.*



Accessibility

Youth are reluctant to access contraceptive services at public facilities because they fear judgment by family and community members. They cite lack of privacy, long queues, provider availability, and ID card requirements as barriers to access.



Contraceptive Options

Contraceptive choice is limited by youth knowledge of existing methods, provider preference and training on certain methods, cost of methods in private facilities, and erratic availability of methods in stock at public facilities.



Policy Dissemination

Kenya's devolution makes it more difficult to disseminate new national policies in all counties—many county staff are not aware of the *National Adolescent Sexual and Reproductive Health Policy, 2015*. Even when these policies are disseminated, counties may not have the funding to further share them with subcounty staff.



Providers

Youth perceive unfriendliness and judgment from public sector providers who may deny information or services based on age or marital status. Provider training to address these biases depends on limited donor funding, and providers trained in youth-friendly contraceptive services are hard to retain.



Political Support

Political support is high for adolescent sexual and reproductive health (ASRH) and youth-friendly contraceptive services at the national level, but commitment varies within counties. Some county leaders do not have awareness or accurate knowledge of family planning's health and economic benefits.



Youth Engagement

Youth are consulted by policymakers during policy creation but are rarely involved in designing, implementing, or evaluating ASRH services. As a result, services may not meet their needs, leading to low uptake of services among youth.



Contraceptive Information

Many Nairobi youth are unaware of the variety of contraceptive methods available and their proper use. Contraception misconceptions, which could be shared by older or already-pregnant peers and online sources, can lead to misuse or reluctance to use certain methods.



Financial Support

Nairobi City County's limited domestic funding impedes its ability to implement policies and sustain youth-friendly contraceptive services due to competing financial and human resource demands. Adolescents are not prioritized because they are perceived to have minimal health needs.



Community and Gender Dynamics

Many parents and community leaders do not discuss contraception with young people because they do not believe unmarried youth should be sexually active. Adolescent sexual partners rarely discuss contraception because it is seen as a "woman's issue," yet girls face more stigma when accessing contraception than boys do.

References

Kenya Ministry of Health (MOH), International Centre for Reproductive Health Kenya, National Council for Population and Development (NCPD), and Kenya National Bureau of Statistics (KNBS), "PMA 2020/Kenya (Round 6) Family Planning Brief" (November-December 2017), accessed at <http://pma2020.org>, on June 27, 2018.

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Jacqueline E. Darroch et al., "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017" (New York: Guttmacher Institute, December 2017), accessed at www.guttmacher.org, on June 27, 2018.

*Focus group discussions with youth and in-depth interviews of key stakeholders conducted in Nairobi, Embu, and Narok counties in 2017 and 2018 assessed gaps between policy commitments made in the *National Adolescent Sexual and Reproductive Health Policy, 2015*, and *National Guidelines for the Provision of Adolescent and Youth Friendly Services, 2016*; and the implementation of youth-friendly contraceptive services. Selected challenges identified at the national and Nairobi City County level are presented here.