

# Protecting Family Planning for Young People in the Face of Crisis

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Over the past several decades, the Kenyan government has made significant commitments to improving family planning access and use and shown considerable progress as a result.<sup>1</sup> But the COVID-19 pandemic has interrupted this progress due to lockdowns, curfews, supply chain breakdowns, and other reasons. Even without a public health crisis, young people face greater challenges than adults to accessing and using contraceptive services that they trust and that are affordable, accessible, and non-judgmental.<sup>2</sup> The COVID-19 pandemic has exacerbated these barriers to accessing family planning services, with available evidence suggesting rising adolescent pregnancies. To ensure that young people have access to family planning information and services during the pandemic and beyond, the Ministry of Health (MOH), Council of Governors, and County governments should include specific guidance on how to continue providing age-appropriate, safe family planning information and services for young people ages 15 to 24 during a public health emergency.



## KENYA'S SWIFT RESPONSE TO COVID-19

Prior to the development of COVID-19, experiences in West Africa demonstrated the 2014/2015 Ebola epidemic's long-term adverse impact on sexual and reproductive health (SRH) outcomes. Available evidence shows that family planning services declined during that epidemic, and it is believed that Ebola contributed to a rise in adolescent pregnancies and gender-based violence.<sup>3</sup>

Having learned from other countries' experiences with Ebola, Kenya moved quickly to respond to COVID-19 by developing national guidelines and innovative strategies to protect the gains made in family planning. In April 2020, the MOH released guidelines for continuing reproductive, maternal, and newborn health (RMNH) and family planning care and services during the COVID-19 pandemic.<sup>4</sup>

These guidelines include innovative practices like the use of telemedicine to stagger clients at health facilities. To ensure continuity of family planning and contraception services for continuing and new users during the pandemic period, the policy establishes the minimum deliverables in family planning as: comprehensive counselling, full and accurate information on contraceptive methods, access to high quality services, informed consent, respect for choice, privacy, confidentiality, and dignified care. In May 2020, the Council of Governors also issued a memorandum to all 47 counties instructing them to continue essential health services, including family planning, during COVID-19 response efforts.<sup>5</sup>

## YOUNG PEOPLE ARE OVERLOOKED IN KENYA'S COVID-19 FAMILY PLANNING RESPONSE

While Kenya's commitment to prioritizing family planning information and service delivery even during the COVID-19 pandemic is commendable, the current policy guidance does not specifically address an estimated 21% of its population—youth ages 15 to 24.<sup>6</sup> Even without a pandemic, young people face greater challenges than adults in accessing and using contraceptive services.<sup>7</sup> Acknowledging this fact, the World Health Organization's (WHO) operational guidance for maintaining essential health services during the pandemic recommends specific adaptations to SRH services to ensure that information, products, and services reach adolescents and youth.<sup>8</sup>

**Unlike some other countries, Kenya's policy designates family planning as an essential service during the pandemic and encourages continuity of care by outlining best practices to supply users with family planning commodities while also minimizing the risk of COVID-19 transmission.**



**40%** of men and **35%** of women ages 15 to 24 who were current contraceptive users had trouble accessing contraception during the COVID-19 pandemic.<sup>10</sup>

**Kenya's COVID-19 guidelines do not specifically address protocols for safe continuity of family planning services for adolescents and youth. Without a specific plan for responding to their family planning needs during the pandemic, this age group is left more susceptible to the harmful consequences of the pandemic.**

# COVID-19 THREATENS THE KENYA HEALTH SYSTEM'S ABILITY TO PROVIDE CONTRACEPTIVE SERVICES TO YOUNG PEOPLE

Preliminary data collected on COVID-19-related disruptions in family planning service delivery in low- and middle-income countries suggest more limited disruptions than originally feared.<sup>9</sup> Still, the COVID-19 pandemic has put a strain on Kenya's health system, reinforcing existing barriers that young people face when they attempt to access contraceptive information and services. As a result, some health facilities reported reductions in the use of contraceptive services by youth.<sup>10</sup> In Nairobi County, more than one in three young men and women ages 15 to 24 who were currently using contraception had trouble accessing contraception.<sup>11</sup>

While data is still emerging on how COVID-19 impacts family planning services for youth, early insights from Kenya reveal that **diverted health system resources, disrupted contraceptive supply chains, lockdowns and movement restrictions, and individuals' lack of funds** have thus far played a role in preventing youth from accessing and using the contraceptives they need during the pandemic. These trends are consistent with evidence from Sierra Leone during the 2015 West Africa Ebola outbreak, which shows that only 23 out of 78 health facilities surveyed met all criteria for readiness to provide adolescent- and youth-friendly services according to the government's standards.<sup>12</sup>



## Overwhelming an Already-Strained Health System

Despite best intentions and a policy commitment to continue prioritizing family planning services during the COVID-19 pandemic, Kenya's health system faces the reality of inadequate resources to effectively respond to the extra burden created by the coronavirus. In both Nairobi and Kisumu counties, key health officials and family planning users ages 15 to 24 reported a disruption of services during the pandemic due to supply side factors such as reallocation of personnel to respond to COVID-19, lack of drugs, and insufficient personal protective equipment.<sup>13</sup> In Nairobi County, some health facilities were reportedly closed between January and March 2021, either because they were designated as COVID-19 isolation and treatment centres or because health workers were infected with the coronavirus.<sup>14</sup> Fear of contracting COVID-19 at the health facility was cited as a reason for not using family planning by 16% of Kenyan women ages 20 to 24 who were not using contraception and did not want any children or any more children.<sup>15</sup>

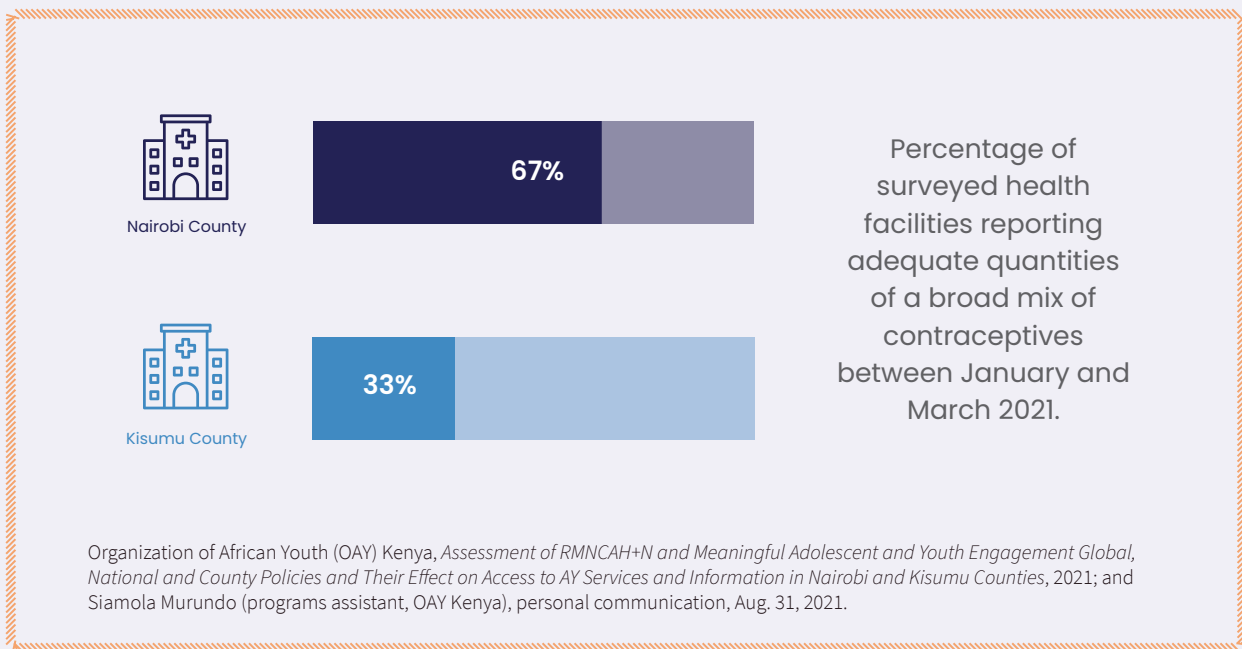


## Disrupted Contraceptive Supply Chains

The COVID-19 pandemic has also made it more difficult for health facilities to offer young people a full range of contraceptive options—including long-acting and reversible contraceptives—which is a necessary component of making contraceptive services more responsive to the needs and preferences of young people.<sup>16</sup>

For youth, this difficulty means that their first choice of family planning commodities may be unavailable at health facilities. Only 67% of health facilities in Nairobi County and 33% in Kisumu County reported adequate quantities of a broad mix of contraceptives (including condoms, oral contraceptive pills, emergency contraceptives, injectables, and intrauterine devices) between January and March 2021.<sup>17</sup> Facilities largely attributed these stockouts to delays in receiving their commodity supply. In interviews with young people ages 10 to 19 from Kisumu, Nairobi, Kilifi, and Wajir counties, several affirmed that contraceptives were not always accessible during the pandemic period due to stockouts.<sup>18</sup>

Separately, in Nairobi County, difficulty accessing contraception was most likely to occur for youth ages 15 to 24 who were current users of emergency contraception, male condoms, and female condoms, which were commonly used by urban youth pre-pandemic.<sup>19</sup> These youth are already at increased risk of unintended pregnancy because the contraceptive methods on which they rely are less effective in preventing pregnancy than most other modern methods.



## Lockdown and Movement Restrictions

On top of the supply chain crisis, young people's method choice is further limited by Kenya's COVID-19 RMNH Guidelines' attempt to reduce the risk of transmitting the coronavirus. The Guidelines state that "all clients presenting at a health facility to start (or restart) a family planning method should be encouraged to use less skill intensive methods i.e., condoms, pills and patches that are easy to deliver with minimal client-provider physical interaction."<sup>20</sup> For the same reason, the Guidelines also restrict community-based distribution of contraceptives to condoms and oral pills.

In Kisumu County, key health officials, community leaders, and family planning users ages 15 to 24 shared that the curfew initiated by the government interfered with accessing health facilities and with night services specifically.<sup>21</sup> Attempts to reduce congestion at family planning clinics by restricting the number of clients allowed in the facility at one time disrupted services for youth in both Nairobi and Kisumu counties.<sup>22</sup>



## Individuals' Lack of Funds

Inability to afford contraception may be one reason for the observed decline in family planning service use. As of June 2020, 62% of Kenyans ages 18 and older who were working before the COVID-19 pandemic reported they had lost their jobs since the outbreak of the disease.<sup>23</sup>

**In one study, as many as 80% of young people ages 10 to 19 from Kisumu, Nairobi, and Kilifi counties who were interviewed reported that their households had experienced either partial or total loss of income between June and August 2020.**<sup>24</sup>

A significant proportion of young people reported skipping health services between June and August 2020 even when they needed them; of those, 50% said they skipped the services because of costs. The percentage of adolescents who reported skipping health services was even higher in February 2021, and cost remained the main barrier to accessing services.<sup>25</sup> This is despite the fact that the National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya 2016 state that "all adolescents and youth should be able to receive health services free of charge or are able to afford any charges that might be in place."<sup>26</sup> This policy guidance also complements policy strategies in the Kenya Universal Health Coverage Policy 2020-2030 to reduce reliance on out-of-pocket payments.<sup>27</sup>

# WITHOUT ACCESS TO AGE-APPROPRIATE CONTRACEPTIVE SERVICES DURING THE PANDEMIC, ADOLESCENT PREGNANCIES MAY BE RISING

While it is too early to measure the full impact of the COVID-19 pandemic on SRH for young people in Kenya, emerging evidence and lessons learned from past health crises indicate a potential rise in adolescent pregnancies during the pandemic period. In the first three months of the pandemic, between March and June 2020, early reports showed a spike in teenage pregnancies in Kenya.<sup>28</sup> In February 2021, nearly all young people ages 10 to 19 who were surveyed in Kisumu, Nairobi, Kilifi, and Wajir counties reported cases of teenage pregnancy in their communities, especially during the period of school closure.<sup>29</sup>

## **Almost all girls interviewed who became pregnant during the schools' closure period said that their pregnancies were unplanned.**

Inability to access family planning services and school closures are two of several factors influencing this rise in teenage pregnancies during the COVID-19 pandemic; others include peer pressure and engagement in transactional sex due to lack of money.<sup>30</sup> Regardless of the reason, early pregnancy can threaten the well-being of young women, putting them at risk for reduced educational attainment and opportunities to contribute to economic life in a way that recognizes their value and respects their dignity. In turn, this has a broader impact on society if the next generation of women is not given the opportunity to reach their full potential.

## WHAT CAN BE DONE?

We all have a role to play to make sure that young people ages 15 to 24 can access family planning information and services during public health crises like the COVID-19 pandemic. When responding to the COVID-19 outbreak, it is important to strike a balance between efforts to eliminate the disease and maintaining equitable access to critical family planning services for young people.

### **The Health Principal Secretary and the Head of the Family Health Department should:**

- Develop an addendum to the Kenya COVID-19 RMNH Guidelines that addresses the family planning needs of young people, in accordance with WHO's operational guidance for maintaining essential health services during the pandemic.

### **The Director General for Health and County Health Directors should:**

- Ensure contraceptives and other RMNH commodities and supplies that appear on the list of COVID-19 medical essentials are distributed to all facilities.
- Ensure that young people receive free or affordable contraceptives, as stated in national policies.

### **The Council of Governors should:**

- Develop a circular to prioritize family planning information and services that are friendly to young people during the COVID-19 pandemic.
- Dedicate funding from county health budgets specifically for family planning commodities.

### **The Cabinet Secretary for Health and Council of Governors should:**

- Develop an emergency preparedness plan to continue family planning for young people during future public health crises.





Kenya's MOH is already taking steps to improve family planning during the pandemic, but more can be done to strengthen the response and make sure that young people have access to the services they need. Taking these actions will help Kenya achieve its previous commitments to advance the quality of family planning services for young people.


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