



Status Update

ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH IN KENYA

Introduction

Adolescents comprise 24 percent of Kenya's population.¹ This large adolescent population has implications on the country's health and development agenda as it is likely to put increasing demands on provision of services. Adolescents and all young people in general require attention from all stakeholders in order to realize their full potential.

Policy and legal context

Kenya has favorable policy and legal frameworks that promote adolescent SRH and rights since the mid-1990s. These legislative and policy frameworks include but are not limited to the Constitution of Kenya (2010), National Guidelines for Provision of Adolescent Youth-



friendly Services (YFS) in Kenya (2005), National Youth Policy (2007), AHRD Plan of Action (2007) and National Adolescent Sexual and Reproductive Health Policy (2015).

Adolescent SRH Indicators

Age at sexual debut

- Median age at first sexual intercourse has increased from 16 years in 1993 to 18 years in 2008-2009²
 - Girls - 18.2 years
 - Boys - 17.6 years

• **Recent data indicate that 12% of girls and 22% of boys had their sexual debut at age 15 years while 37% of girls and 44% of boys had their sexual debut at 15-19 years^{2,3}**

- Half of young people aged 20-24 had sex by age 18 years
- Young people aged 15-24 years living in rural areas, without education and who are in the lower wealth quintile (poor households) are more likely to have had sex by ages 15 to 18 years

Adolescent Fertility

- Age Specific Fertility Rate for 15-19 year old girls⁴
 - 96 births per 1000 girls
- More recent estimates indicate an increase to 121 births per 1,000 girls⁵

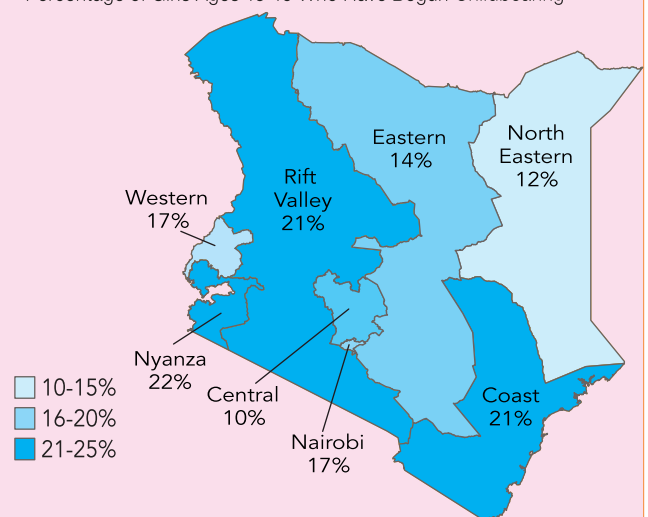
• **Contribution to total fertility rate – 12%**

- **Childbearing among girls 15-19 years**
 - Given birth or pregnant with first child– 18%

- According to KDHS (2014) adolescent girls
 - without formal education are three times (33%) more likely to have started child bearing compared to those with secondary or higher education (12%)
 - from lower wealth quintile (poor households) are more than 2 times more likely to have started child bearing compared to adolescents from lower wealth quintile (rich households)
- Adolescents residing in rural areas have a higher birth rate (106) compared to those residing in urban areas (81)⁴
- Rates of adolescent pregnancy and motherhood in Kenya vary by region

FIGURE 1

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).

Child marriage

- More than a quarter of women aged 20-24 years are married by age 18 years.
- Half of women in North Eastern Kenya were married by age 18 years compared to age 24 years in Nairobi⁴

Safe Motherhood

- Compared to other age groups, a high proportion of adolescent mothers and their children do not receive the health care they need
 - Antenatal care
 - <20 years – 49%
 - 20–34 years – 60%⁶
- In 2014, approximately 40 % of these adolescent mothers gave birth without the assistance of a trained health professional and outside of a health facility⁴

- This puts them at risk of complications during childbirth

Contraceptive use

Contraceptive use among married adolescents in Kenya has increased substantially since 2003

- More than one third of married adolescent girls aged 15-19 years and nearly half of young women aged 20-24 years are using modern contraceptives
- About one-quarter of adolescent girls have an unmet need for contraceptives compared to 19% of young women aged 20-24 years

• Among married adolescent women aged 15-19:

- **40% were currently using a method of contraception**
- **37% were using a modern method⁴**

HIV

- Adolescents can request HIV testing - there is no minimum age requirement
 - In some situations, parental consent is sought by health care practitioners and can be a barrier to HIV testing⁷

- HIV prevalence has decreased significantly among young people aged 15 to 19 years, declining from about 3% in 2003 to 1% in 2012

- STI and HIV rates are 2 to 4 times higher, respectively, among young women aged 20-24 years compared to their male counterparts.
- Young people living in urban areas are at higher risk of contracting HIV than those living in rural areas⁸

Condom use

Besides abstinence and being faithful to one partner, the other main method of preventing HIV infection is through use of condoms. However, condom use among sexually active young people is low

- 27% of girls and 25% of boys aged 15-19 years used condoms at first sexual intercourse compared to 23% of girls and 27% of boys aged 20-24 years
- 42% of girls and 55% of boys aged 15-19 years used condoms at last sexual intercourse compared to 39% of girls and 69% of boys⁸

Other Indicators

Female Genital Mutilation (FGM)

FGM is a deeply rooted cultural practice that remains prevalent in Kenya despite being:

- outlawed in 2001 by the Children's Act and Prohibition of FGM Act 2011, and
 - a violation of rights⁹
- It is associated with immediate and long term social, physical, psychological and health consequences¹⁰
- Among young girls aged 15-19, FGM declined from 15 percent in 2008 to 11 percent in 2014⁴

- Girls who have undergone FGM as a rite of passage are likely to:

- **drop out of school**
- **experience child marriage and early child bearing^{11,12}**

Sexual abuse and violence

Adolescents who suffer sexual abuse are more likely to be exposed to unintended pregnancy, unsafe abortion and STIs including HIV

- Sexual violence among adolescents aged 13-17 years
 - Girls – 10.7%
 - Boys – 4.2%¹²

- **Those who had their first sexual intercourse below age 15 years are 2 to 4 times as likely to have been forced to have sex the first time (22%) compared to those whose sexual debut was between 15-19 years (13%) and 20-24 years (6%).**

- Young women aged 20-24 years are also more than 2 times as likely as their male counterparts to have been victims of physical and sexual violence in the past year (28% and 12%, respectively).⁴

Drug and substance abuse

Studies indicate that many in- and out-of-school adolescents, street children and other groups of adolescents use and abuse drugs and alcohol

- Any drug or substance (15-17 years) – 18%
- Alcohol use among adolescents aged 10-14 years
 - Female – 2%
 - Male – 4%
- Alcohol use among adolescents aged 15-17 years – 11%¹³

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