Adolescent Sexual Reproductive Health Policy 2015; A Summary

Introduction
The Adolescent Sexual Reproductive Health Policy was introduced in 2015 as a result of a revision exercise of the Adolescent and Reproductive Health and Development Policy of 2007 which had many changes in its implementation. The policy was revised due to delayed development of the Plan of Action, inadequate dissemination of both the policy and the Plan of Action, lack of coordination among implementing partners, low stakeholder and youth involvement, limited leadership, inadequate resources, lack of political will and cultural and religious barriers to ASRH.

Why an Adolescent Sexual Reproductive Health Policy?
According to Kenya Population Situation Analysis 2013, 24% (9.2 million) of the population in Kenya is comprised of young people aged between 10-19 years. This population is vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), sexual violence, malnutrition and reproductive tract infection including sexually transmitted infections (STIs) and HIV. Therefore the ASRHP is meant to enhance the SRH status of adolescents in Kenya and contribute towards the realization of their full potential in national development.

SRH Status of Adolescents in Kenya

- Boys aged 15-19 years: 40% have had sex.
- Girls aged 15-19 years: 37% have had sex.
- Among girls aged 15-19, 12% have had at least one abortion.
- Of those aged 20-24, 49% of females and 84% of males had already had sex by age 20.
- Married adolescents aged 15-19: 40% were using any method of contraception while 37% were on modern contraceptives.
- About 18% of adolescents aged 15-17 reported ever using any drug or substance, including alcohol.
- Among girls aged 15-19, only 1% of girls and 0.3% of boys reported an STI.
- About 18% of adolescents aged 15-17 reported ever using any drug or substance, including tobacco, Khat (Mkua), narcotics and inhalants.
- Girls below the age of 19 accounted for 17% of all women seeking post abortion care services and 45% of all severe abortion-related admissions in Kenyan hospitals in 2012.
- 13,000 girls drop out of school annually in Kenya due to early unintended pregnancies.

HIV and AIDS and STIs
The HIV prevalence rate for adolescents aged 15-19 is 0.11% for women and 0.09% for men. Adolescents living in urban areas had higher HIV prevalence rates (0.2% compared to their rural counterparts (0.1%).

Sexual Abuse and Violence
According to a national study by UNICEF (2012) on violence against children in Kenya, adolescent girls aged 15-19 were more likely to have experienced sexual violence in the previous 12 months (10.7%) compared with similar age group of boys (4.2%).

Drug and Substance Abuse
About 18 percent of adolescents aged 15-17 reported ever using any drug or substance, including tobacco, Khat (Mkua), narcotics and inhalants.

Marginalized and Vulnerable adolescents.
- Adolescents living in informal settlements: recent studies in Nairobi slums shows that about 12 percent of males and nine percent of females had initiated sexual activity before the age of 15, with 84 percent of females and eight percent of males already sexually active by age 20.
- Adolescents with disabilities: The prevalence of disability among adolescents 10-19 years in Kenya is estimated at about 4% with a out of 6 reporting their first pregnancy by age 20.
- Adolescents in humanitarian/emergency situations: Evidence shows that displaced women face particularly high levels of maternal mortality, current need for family planning, complications following unsafe abortion and increased gender-based violence as well as sexually transmitted infections, including HIV.
- Adolescents in the labor market: In Kenya, the law recognizes the age of employment as 15 years and above (GoK Employment Act, 2007). Kenya integrated Household and Budget Survey 2015-2016, approximately one million children aged between five and 17 years were working.
- Orphaned adolescents: According to KAS 2014, there are about 1.8 million orphans aged zero to 17 years in Kenya, with a higher proportion among those 10 to 17 years old (66%).

Role of the Policy
To enhance the Sexual Reproductive Health status of adolescents in Kenya and contribute towards realization of their full potential in national development.

Specific Objectives of the Policy.
- Promote adolescent sexual reproductive health and rights.
- Contribute to increased access to ASRH services.
- Contribute to reduction of STIs burden including HIV and AIDS as well as improvement of appropriate response for infected adolescents.
- Reduce early and unintended pregnancies.
- Reduce harm of traditional practices.
- Reduce drug and substance abuse.
- Reduce Sexual and Gender-Based Violence (SGBV) incidences amongst adolescents to improve response.
- Address the specific SRH-related needs of marginalized and vulnerable adolescents.

Implementation Framework

- Support provision of SRH information and services to adolescents and communities.
- Promote access to comprehensive sexuality education (CSE).
- Support utilization of ICT in delivery of ASRH information and services.
- Support all State Agencies in the implementation of ASRH policy.
- Promote adolescent sexual reproductive health status of adolescents in Kenya and contribute towards realization of their full potential in national development.

References
2. Implement AACSE in line with the Education Sector Policy on HIV and AIDS (2013) by supporting operation of ICT and other innovative approaches in the delivery of ASRH information and ensuring the implementation the Education Re-entry Policy for adolescents.
Introduction
The Adolescent Sexual Reproductive Health Policy was introduced in 2015 as a result of a revision exercise of the Adolescent and Reproductive Health and Development Policy of 2007 which had several challenges in its implementation. The primary challenges were; delayed development of the Plan of Action, inadequate dissemination of both the policy and the Plan of Action, lack of coordination among implementing partners, low stakeholder and youth involvement, limited leadership, inadequate resources, lack of political will and cultural and religious barriers to ASRH.

Why an Adolescent Sexual Reproductive Health Policy?
According to Kenya Population Situation Analysis 2013, 24% (5.2 million) of the population in Kenya is comprised of young people aged between 10-19 years. This population is vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), and other reproductive and tract infections including sexually transmitted infections (STI) and HIV. Therefore the ASRHP is meant to enhance the SRH status of adolescents in Kenya and contribute towards the realization of their full potential in national development.

SRH Status of Adolescents in Kenya:
Issues affecting adolescents in Kenya

Sexual Debut, Contraception and Fertility

- Medium age at first sexual intercourse is 18.2 years for women and 17.6 years for men (KDHS 2008-2009).
- 12% of girls and 22% of boys reported that they had sex by the age of 15.
- 37% of girls and 44% of boys aged 15-19 have had sex.
- Married adolescents aged 15-19: 40% were using any method of contraception while 50% were on modern contraceptives.
- One in three adolescent married girls (52%) had unmet need for contraceptives.
- Age Fertility rate for women in Kenya aged 15-19 is 0.96 births per 1000 women.
- 18% of adolescent girls have aged 15-19 had begun child bearing ranging from 10% girls with secondary education and 32% of girls with no secondary education.
- Among women aged 20-24, 1 out of 4 (26%) had begun child bearing by age 18.

HIV and AIDS and STIs

- The HIV prevalence rate for adolescents aged 15-19 is 3.1% for women and 0.9% for men. Adolescents living in urban areas had higher HIV prevalence rates (0.6%) compared to their rural counterparts (0.0%).
- 49% of young women aged 15-19 and 60% of those aged 20-24 had comprehensive knowledge of HIV while 58% of young men aged 15-19 and 71% of those aged 20-24 had comprehensive knowledge of HIV.
- Among Kenyan adolescents aged 15-19, only 1% of girls and 0.3% of boys self-reported an STI.

Sexual Abuse and Violence

According to a national study by UNICEF (2012) on violence against children in Kenya, adolescent girls aged 15-19 were more likely to have experienced sexual violence in the previous 12 months (10.7%) compared with similar age group of boys (4.2%).

Drug and Substance Abuse

About 18 percent of adolescents aged 15-17 reported ever using any drug or substance, including tobacco, Khat (Miraa), narcotics and inhalants. About 22% of females and 44% of males aged 15-19 and about 15% of 15-17 year olds reported ever using alcohol.

Marginalized and Vulnerable adolescents.

- Adolescents living in informal settlements

Adolescents living in informal settlements

- The prevalence of disability among adolescents 10-19 years in Kenya is estimated at about 4% with 1 out 6 reporting their first pregnancy by age 20.
- Adolescents with disabilities

Adolescents with disabilities

- The prevalence of disability among adolescents 10-19 years in Kenya is estimated at about 4% with 1 out 6 reporting their first pregnancy by age 20.
- Adolescents in humanitarian/emergency situations

Evidences show that displaced women face particularly high levels of maternal mortality, current need for family planning, complications following unsafe abortion and increased gender-based violence as well as sexually transmitted infections, including HIV.

- Adolescents in the labor market

In Kenya, the law recognizes the age of employment as 18 years and above (GoK Employment Act, 2007). Kenyan integrated household and budget survey 2015-2016, approximately one million children aged between five and 15 years were working.

- Married adolescents

Married adolescents experience sexual intercourse more frequently compared with girls who are not married, with very limited condom use despite a higher risk of HIV.

Roles and Responsibilities of State Agencies in the Implementation of ASRH policy

Ministry of Education, Science and Technology (MoEST)

Implement AACEE in-line with the Education Sector Policy on HIV and AIDS (2010) by supporting operationalization of ICT and other innovative approaches in the delivery of ASRH information and ensuring the implementation of the Education Re-entry Policy for adolescents.

National Treasury

Allocate financial resources for implementation of the Policy.

Ministry of Information Communication and Technology

Support utilization of ICT in delivery of ASRH information and regulate media content on sexual and reproductive health information.

Ministry of Devolution and Planning

(Directorate of Youth, Directorate of Gender, NCPD, KNBS, Anti-FGM Board)

- Support policy advocacy, resource mobilization and generation of data/information

National Human Rights Institutions

(Commissions)

Receive complaints and investigate violations of SRH rights and monitor implementation of ASRH commitments and obligations

NGOs, CSOs, CBOs, FBOS and Private Sector

- Support provision of SRH information and services to adolescents and communities

Implementation Framework

Management and Coordination

Community Units

Primary Care Facility Management Teams

County Hospital Management Teams (CHMT)

County Health Management Teams (CHMT)

Sub-County Health Management Teams (SCSCHMT)

Healthy and viable adolescents and communities can only be attained through comprehensive management of sexual and reproductive health issues among young people in Kenya. This will only be achieved through strong implementation of the Adolescent and Reproductive Health and Development Policy of 2007 which has been modified and now known as the Adolescent Sexual Reproductive Health Policy.

References


3. dictionary.reference.com/browse/abortion (July 2015)


7. Ministry of Health, Kenya Integrated Management of Childhood Illness (ICMI) and WHO.


15. National Treasury

16. Ministry of Health and Medical Services

17. Ministry of Social Development

18. Ministry of Education, Science and Technology (MoEST)


20. Office of the Controller of Children’s Affairs (OCCA)
Adolescent Sexual Reproductive Health Policy 2015; A Summary

Introduction
The Adolescent Sexual Reproductive Health Policy was introduced in 2015 as a result of a revision exercise of the Adolescent and Reproductive Health and Development Policy of 2009 which had been in place for a number of years. In the revision process, the policy’s mandate was expanded to include adolescents aged 10-19 years, and to address the challenges that adolescents face in accessing sexual and reproductive health services. The new policy aims to ensure that adolescents have access to comprehensive, age-appropriate sexual and reproductive health services, and to promote their sexual and reproductive rights.

Why an Adolescent Sexual Reproductive Health Policy?
According to Kenya Population Situational Analysis 2013, 24% (9.2 million) of the population in Kenya is comprised of young people aged between 10-19 years. This population is vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), violence, maternal health complications, and reproductive tract infections including sexually transmitted infections (STIs) and HIV. Therefore, the ASRHP is meant to enhance the SRH status of adolescents in Kenya and contribute towards the realization of their full potential in national development.

Specific Objectives of the Policy.
- To enhance the Sexual Reproductive Health status of adolescents in Kenya and contribute towards realization of their full potential in national development.
- To ensure that adolescent SRH services are affordable and accessible to all.
- To promote evidence-based interventions and programming.

Implementation Framework
Management and Coordination
- Ministry of Education, Science and Technology
- Ministry of Devolution and Planning
- Ministry of Information Communication and Technology
- Ministry of Health
- Ministry of Labour and Social Protection

Management and Coordination
- Child and Family Development Authority
- Commission on Human Rights and Freedoms
- National Commission for the Sale of Alcohol
- National CMAX and AIDS Control Council
- National Council for the Promotion of Culture
- National Council on the Rights of Persons with Disabilities
- National Council of Women of Kenya
- National Deaf Council
- National Disaster Management Team
- National Gender Commission
- National Implementation teams
- National School of Government
- National Service Commission
- National Youth Council
- Non State Actors
- Provincial Coordination Committees for AIDS
- Primary Care Facility Management Teams
- Provincial Health Management Teams
- Provincial Health Teams
- Provincial Teams
- Regional Health Management Teams

Roles and Responsibilities
- Ministry of Education, Science and Technology (MoEST)
- Ministry of Information Communication and Technology
- Ministry of Labour and Social Protection
- Ministry of Health
- Ministry of Sports, Culture and Heritage
- Non State Actors
- Provincial Coordination Committees for AIDS
- Provincial Health Management Teams
- Provincial Health Teams
- Provincial Teams
- Regional Health Management Teams

Guiding Principles of the Policy
1. Respect for human rights and fundamental freedoms.
2. Responsiveness to varying Sexual and Reproductive Health needs of adolescents in provision of care.
3. Provision of holistic and integrated SRH information and services.
4. Recognition of the critical role parents, guardians and communities play in the promotion of SRH of adolescents.
5. Involvement of adolescents in the planning, implementation, monitoring and evaluation of SRH programs.

Sexual Debout, Contraception and Fertility
- Girls below the age of 19 accounted for 17% of all women seeking post abortion care services and 45% of all severe abortion-related admissions in Kenyan hospitals in 2012.
- 13,000 girls drop out of school annually in Kenya due to early unintended pregnancies.
- HIV and AIDS and STIs
- The HIV prevalence rate for adolescents aged 15-19 is 1.1% for women and 0.9% for men. Adolescents living in urban areas had higher HIV prevalence rates (2.5%) compared to their rural counterparts (0.9%).
- 49% of young women aged 15-19 and 60% of those aged 20-24 had comprehensive knowledge of HIV while 50% of young men aged 15-19 and 71% of those aged 20-24 had comprehensive knowledge of HIV.
- Among Kenyan adolescents aged 15-19, only 1 Percent of girls and 0.3 percent of boys self-reported an STI.

Sexual Abuse and Violence
- According to a national study by UNICEF (2013) on violence against children in Kenya, adolescents aged 15-19 were more likely to have experienced sexual violence in the previous 12 months (10.7%) compared with similar age group of boys (4.2%).

Drug and Substance Abuse
- About 18 percent of adolescents aged 15-17 reported ever using any drug or substance, including tobacco, Khat (Miraa), narcotics and inhalants. About 24% of females and 44% of males aged 15-19 and about 15% of 15-17 year olds reported ever using alcohol.

Marginalized and Vulnerable adolescents.
- Adolescents living in informal settlements
- Recent studies in Nairobi slums show that about 10 percent of males and nine percent of females had initiated sexual activity before the age of 15, with 8 percent of females and 87 percent of males already sexually active by age 20.
- Adolescents with disabilities
- The prevalence of disability among adolescents 10-19 years in Kenya is estimated at about 4% with 6 out 7 reporting their first pregnancy by age 20.
- Adolescents in humanitarian/emergency situations
- Evidence shows that displaced women face particularly high levels of maternal mortality, current need for family planning, complications following unsafe abortion and increased gender-based violence as well as sexually transmitted infections, including HIV.
- Adolescents in the labor market
- In Kenya, the law recognizes the age of employment as 18 years and above (GOK Employment Act, 2007). Kenya Integrated Household and Budget Survey 2005-2006, approximately one million children aged between five and 17 years were working.
- Maried adolescents
- Married adolescents experience sexual intercourse more frequently compared with girls who are not married, with very limited condom use despite a higher risk of HIV.

Factors Associated with adolescent pregnancies
- Maried adolescents aged 15-19, 40% were using any method of contraception while 37% were on modern contraceptives.
- One in three married girls (57%) had unmet need for contraceptives.

HIV/AIDS and STIs
- The prevalence of disability among adolescents 10-19 years in Kenya is estimated at about 4% with 6 out 7 reporting their first pregnancy by age 20.}

References
2. Implement AACESE in-line with the Education Sector Policy on HIV and AIDS (2010) by supporting generation of ICT and other innovative approaches in the delivery of ASRH information and ensuring the implementation of the Education Re-entry Policy for adolescents.
4. Allocate financial resources for implementation of the Policy.
6. Implement policies and programs for very young adolescents; Guide and tool kit (2006)