# 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 2003 which had faced challenges in its implementation. The 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?

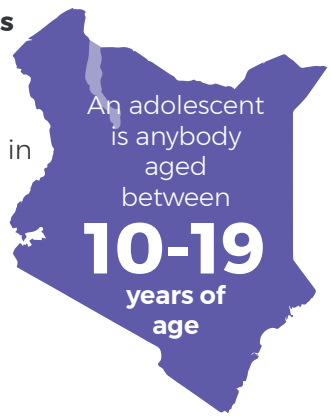
According to Kenya Population Situational Analysis 2013, 24% (9.2 million) of the population in Kenya is comprised of young people aged between 10-19 years. This population is vulnerable to early and unintended pregnancy, unsafe abortion, female genital mutilation (FGM), child marriages, sexual violence, 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.

## 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 ASRH 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 ASRH programs for effective program implementation, promotion of partnerships and creation of open channels of communication for achievement of mutual goals.
6. **Utilization** of evidence-based interventions and programming.

## 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** for women and **17.6** for men(KDHS 2008-2009)
- **12%** of girls and **22%** of boys reported to have had sex by the age 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 37% were on modern contraceptives.
- **One in three adolescent married girls** (30%) had unmet need for contraceptives.
- **Age Fertility rate for women** in Kenya aged 15-19 is 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.

### Factors Associated with adolescent pregnancies

- Child marriage
- Limited economic opportunities
- Coerced sex/sexual abuse
- Lack of education
- Poverty
- Lack of reproductive health care services for adolescents
- Lack of contraceptive education, available and affordable contraceptive commodities.

**17%** Post Abortion

**45%** Severe abortion

**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 (2.2%) compared to their rural counterparts (0.5%).

**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 Percent** of girls and **0.3 percent** 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 13-17 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

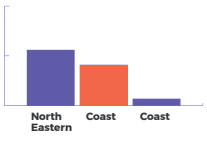
**About 18 percent of adolescents aged 15-17 reported ever using any drug or substance**, including tobacco, Khat (Miraa), narcotics and inhalants. About **2%** of females and **4%** of males aged 10-14 and about 11% of 15-17 year olds reported ever using alcohol.

### Harmful Practices

2008 2014

**FGM**-Among young girls aged 15-19, FGM declined from **15 percent** in **2008** to **11 percent** in **2014**.

**Child marriage**- According to KDHS 2008-2009, six percent of females were married by age 15 and 26 percent by age 18.




Higher prevalence in rural areas (31%) relative to urban areas (16%). It is highest in North Eastern (56%) and Coast (41%); and lowest in Nairobi (7%)

## Marginalized and Vulnerable adolescents.

**Adolescents living in informal settlements**

recent studies in Nairobi slums show that about 11 percent of males and nine percent of females had initiated sexual activity before the age of 15, with 84 percent of females and 87 percent of males already sexually active by age 20

**Orphaned adolescents**

According to KAIS 2012, there are about 1.8 million orphans aged zero to 17 years in Kenya, with a higher proportion among 10 to 17 year olds (66%). Nearly half of the estimated number of orphans in Kenya is as a result of the HIV and AIDS epidemic

**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 living with HIV**

Of the approximately 1.6 million Kenyans living with HIV in 2013, about 16 percent were children and adolescents (0-19 years)

**Adolescents in humanitarian/emergency situations**

Evidence shows that displaced women face particularly high levels of maternal mortality, unmet 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 16 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

**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

## Goal 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.

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- Contribute to increased access to ASRH information and age appropriate comprehensive sexuality education (AACSE)
- Contribute to reduction of STIs burden, including HPV and HIV as well as improvement of appropriate response for infected adolescents
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## Implementation Framework

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## Roles and Responsibilities

of State Agencies in the implementation of ASRH policy

**Ministry of Education, Science and Technology (MoEST)**

Implement AACSE in-line with the Education Sector Policy on HIV and AIDS (2013) by supporting utilization 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

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

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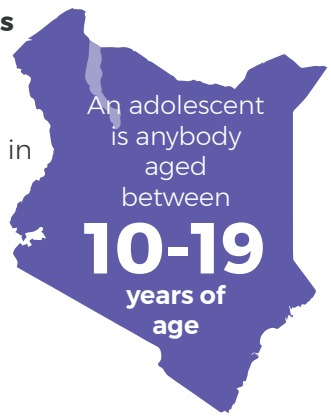


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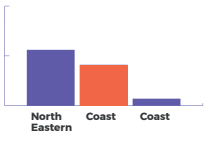


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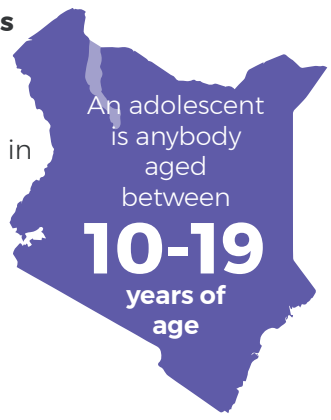


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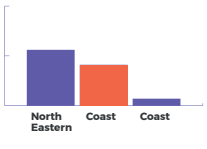


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