ADOLESCENT REPRODUCTIVE HEALTH

Safe, healthy and economically productive future

enya is moving to implement the Adolescent Reproductive Health and Development Policy in line with the 2005-2015 Plan of Action. The plan developed by the Ministry of Health's Division of Reproductive Health and Ministry of National Planning and Development's National Coordinating Agency for Population and Development (NCAPD) spells the way forward.

The overall goal of the plan is to facilitate the operationalisation of the ARH & D Policy through a national multi-sector approach.

Simply, socio-economic development in any nation - Kenya included - depends on the continuing good health of its adolescent generations as they move into productive adulthood. Kenya which is faced with the formidable challenge of providing its adolescents with opportunities for a safe, healthy and economically productive future must invest in her young people to promote their comprehensive development and prevent the negative consequences of risky behaviours.

The plan of action for the next ten years represents a valuable opportunity for the country to outline a new conceptual framework for addressing adolescent reproductive health based on a holistic view of adolescents, their development and their health needs.

Adolescent development is "a continuous process through which the adolescent satisfies needs, develops competencies, nurtures good habits and builds social networks."

The plan of action details four strategic areas of focus: advocacy, health awareness and behaviour change communication, acess to and utilization of sustainable youth-friendly services and management of programmes.

As young people pass through puberty and adolescence, new health concerns arise which impact on their sexual and reproductive health. Adolescence - that defining phase between childhood and adulthood - is a time of rapid physical and emotional change as the body matures and the mind becomes increasingly independent.

As Dr. James Nyikal, Director of medical Services notes in the foreword to the Ministry of Health's National Guidelines for Provision of Youth-Friendly Services (YFS) in Kenya, "young people today face many reproductive health challenges, which include sexually transmitted infections including HIV/Aids, teenage pregnancy, unsafe abortion, school dropout, harmful practices like early marriages, female genital cutting, sexual violence, and drug and substance abuse among others."

He adds that the recently released Kenya Demographic and Health Survey report indicates that half of all new

HIV infections occur among young people aged 15-24 years.

Generally, adolescents and youth are neglected as a group by the health system. However, youth need specialized reproductive health services because they are unique and are undergoing a sensitive and difficult phase in life. During this critical period, they have specific biological and psychological needs. They are at high risk of STIs, HIV/Aids and pregnancy. Further, they are at a disproportionately high risk of sexual abuse.

Nonetheless, adolescence is an opportune age to learn good health practices. Lack of reproductive health care during this stage can result in severe consequences in later life.

Effective youth friendly services need to reach adolescents and youth who are growing up in difficult circumstances, as well as those who are better off and both in and out of school.

Previously, services offered to young people have been fragmented and varied from one institution to another, and have not been harmonized.

The Ministry of Health's guidelines aim to rationalize the provision of youth services to the beneficiaries.

Refuge for the youth to seek answers

oung people have unique problems which should be attended to separately from adults and children. Unfortunately, this has not been the case in the past and young people had no option but to seek information and services on reproductive health alongside the elderly and their juniors - children aged nine and below.

"The ages of 10 to 24 have been a forgotten lot," says Mr. Patrick Mose, the Nakuru District Adolescent Reproductive Health co-ordinator. "But now things are changing and they can look forward to obtaining services and information in centres established specifically for them."

Currently, over 25 per cent of the world's population is made up of young people between the ages of 10-24. Eighty-six per cent of these live in developing countries. Kenya's population holds true to this trend.

According to the latest Kenya Demographic and Health Survey (KDHS) data, 34 per cent of the Kenyan population consists of young people aged 10-24, while those between the ages of 10-19 make up 25 per cent.

Just like their counterparts in other parts of the developing world, Kenyan youth face serious challenges, which severely affect their growth and development. The transition to adulthood is bedeviled with many dangers for young people. Economic decline, unemployment, increasing poverty and marginalization, HIV/Aids, and lack of access to basic social services are some of the factors contributing to increased destitution and suffering among young people.

It is noteworthy that 55 per cent of Kenya's population is less than 19 years of age, with one third of the entire population being between 13 and 19 years old. This is a huge portion of the country's population whose needs must be addressed.

What these young people go through is depressing. Kenyan youths are sexually active, some of them at quite an early age. Seven out of 10 women and eight out of 10 men have had sex by the age of 20, with a median age at first sexual intercourse being 17 years.

General fertility Rate (GFR) for those aged 15-19 Years is 114/1000 and 243/1000 for those in the 20-24 age group.

One in 10 adolescents aged 15-19 years reports having experienced sexual violence. Further, one in five girls are coerced or forced into their first sexual encounter.

It is worrying that almost five out of 10 adolescents begin child bearing before the age of 20. It means the next step for them is to settle down and raise children instead of pursuing higher education which can improve their future social and economic prospects. Worse still, the children they bear are disadvantaged because low education levels of the parents compromises the offspring's quality of life.

Government documents show that almost half (46 per cent) of adolescents without an education have begun childbearing, compared with only 10 per cent of those with some secondary or post- secondary education.

One out of 5 children in primary school and 2 out 0f 5 children attending secondary school in Kenya have consumed alcohol.

Four out of 10 women who die of unsafe abortion complications are below the age of 20. Adolescents are more likely to experience pregnancy related complications.

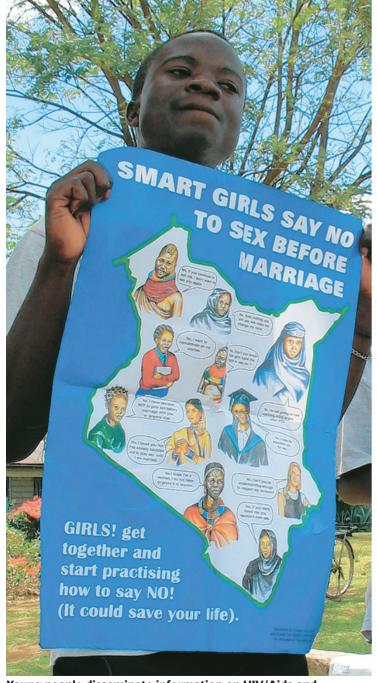
Three out of 10 women in Kenya have been circumcised, marking a 10 per cent decline from 1998.

One in four women ages 20-24, and 1 in 5 women ages 15-19 have been circumcised.

One out of 10 children in Kenya are orphaned. Of the 1.7 million orphans in Kenya, 650,000 are orphaned due to HIV/Ais.

Kenya is one of the most affected countries with a global ranking of five. About seven per cent of Kenyan adults are infected with HIV.

All this data shows the challenges confronting a big section of the Kenvan youths.



Young people disseminate information on HIV/Aids and gender



Ministry of Health

