

## ADOLESCENT REPRODUCTIVE HEALTH

# Leaders role to improve situation

Leaders have a key role to play in improving and promoting adolescent reproductive health for a better future for this country. They can be instrumental in the integration of adolescent reproductive health issues into the national and sub-national institutional programmes.

Leaders can ensure mainstreaming of youth issues into all sectors of national development. They can also lobby for representation of young people in local and national health and development programmes.

In their own capacities, leaders can be role models in advocating change in undesirable cultural and religious beliefs.

Following recent developments, members of parliament and local leaders are in a good position to influence projects to which community development fund money should be committed. Given the value of youth in any community's development, it is imperative that leaders spearhead the establishment of youth friendly-centres through the CDF funds in existing health facilities or stand alones.

Efforts to involve the youth in all levels of adolescent reproductive health activities within the community stand a better chance if pushed by leaders.

Leaders should support establishment and strengthening of youth income generating activities to financially empower young people.

It is within leaders' abilities to increase community participation and ownership of youth programmes on a sustainable basis.

To make a major impact, the drive to improve the reproductive health of young people will involve a lot of advocacy at various levels. Advocacy will integrate issues of culture



and poverty and will incorporate community and youth participation.

This will include lobbying for gender equality and equity in families and communities. According to Mr. Patrick Mose, Nakuru District Adolescent Reproductive Health Coordinator, gender inequity is partly responsible for girls suffering the brunt of the challenges of growing up. The net effect is that thousands of girls are prevented from ever realizing their goals and dreams in life.

"Poverty is an outcome of gender discrimination. There is no fair and just distribution of economic resources among young boys and girls," says Mr. Mose. "Girls are disadvantaged and tend to be subordinate to boys because of culture."

Statistics indicate that four per cent of girls are married at the age of 15. At 18 years, 25 per cent of girls are already married with three per cent getting married at the age of 20 to 24. At 20, 45 per cent of girls are already married compared to six per cent of the boys.

Leaders can be strong advocates

**School health club members disseminate HIV/Aids messages through song and dance**

of the girl in helping communities to shun the practice of early and forced marriages.

They can also lobby for integration of reproductive health issues into the education sector. Most young people are found in schools and can be counseled about growing up, how to resist peer pressure and on issues of teenage pregnancies, HIV, sexually transmitted infections and drug abuse and many others affecting them. Establishing youth-friendly centres in schools will be useful in this sense.

Support of community based programmes for adolescents and young people in especially difficult circumstances can make a big difference in the lives of many. This is something that leaders can successfully champion.

# Challenges facing the girl child

Girls are more vulnerable to the challenges of adolescence and so, need special consideration in reproductive health programmes. There is a strong case for their protection.

A look at the HIV prevalence among 15 to 24-year-olds by province and even nationally shows clearly that girls and women are the most affected. In Rift Valley, 4.9 of the infected are women compared to less than one per cent for men; in Eastern the percentages are 2.6 for women and less than one per cent for men; Central, 6.2 and 1.5 per cent respectively; Nyanza 15.1 per cent and 1.8 per cent; Nairobi 5.6 per cent and two per cent; Coast, four per cent for women and half this number for men and North Eastern at less than one per cent each. The national average for women is 5.9 and 1.2 for men, indicative of the higher prevalence among women.

The question is: why are girls and women more affected?

According to Mr. Patrick Mose, the Nakuru District Adolescent Reproductive Health coordinator, several factors conspire to put them in a disadvantaged position.

Culture is a major culprit as in some parts of the country it promotes practices that undermine the reproductive health of girls in those communities. "When girls are circumcised at 10 or 12 years, they feel they have become women and can start having sex and get married - early," says Mr. Mose. "Early and forced marriage to much older men exposes them to the risk of contracting HIV."

Often, older men with several sexual experiences have sex with younger girls because, unlike boys the girls' age, they have money. "The girls don't spend," says Mr. Mose. "It is the men who buy lunch, supper and other things and pay for rooms. Young boys cannot afford the things involved - such as booking lodgings. So, access to high risk sex is lower for boys."

Biological factors, too, are to blame. Sex takes place inside a woman and so, the surface area exposed to HIV is big. Mucus membranes of the birth canal absorb more germs and the whole of it is exposed to HIV unlike men.

Also, there is a lot of poverty among young girls. Traditionally, they don't inherit property while those even more unfortunate are not taken to school. Whenever they seek financial help from men, they are likely to be asked for sex in return.

Girls and women are the greatest victims of rape and sexual violence. There are a lot of unreported rape and violence within and without homes and females are usually the victims.

Then there is a tendency by male lecturers to intimidate girls, threatening them with lower marks if they don't give in to their sexual advances. This gives rise to "sexually transmitted marks," according to Mr. Mose. Some girls don't work hard in school knowing that they can obtain good grades using their bodies.

While it takes two to tango, that it is girls who get pregnant when they engage in sex imperils their lives. Some decide to abort unwanted babies. Some are not so lucky especially if they go for unsafe abortions. The Kenya Demographic and Health Survey 2003 shows that 35 per cent of all abortions in Kenya are unsafe.

"In most cases young people do not go to qualified physicians to procure abortion," notes Mr. Mose. "Instead, they go to backstreet facilities where unsafe abortion leads to damage of internal organs, heavy bleeding and death."



Two young girls display to their peers an informative poster on sexuality in the advent of HIV/Aids

