



African Population and
Health Research Center

CIF CHILDREN'S
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FOUNDATION



Technical Brief

Assessment of Adolescents' Sexual and Reproductive Health: Report of a baseline study of In Their Hands Project from Homa Bay and Narok Counties

Background

The In Their Hands (ITH) program in Kenya aims to increase adolescents' use of high-quality sexual and reproductive health (SRH) services through targeted interventions. ITH promotes adolescents' use of contraception and testing for sexually transmitted infections (STIs) including HIV and pregnancy; provides information, products and services on the adolescent girl's terms; and promotes community support for girls and boys to access SRH services.

This assessment was conducted to provide baseline information on key areas of interest to the In Their Hands program, including adolescents' access to SRH information and services, sexual behavior, utilization of SRH services and quality of care, as well as community perceptions of adolescents' sexual and reproductive health. To this end, a survey was conducted from September to October 2018 among 1,840 adolescent girls aged between 15-19 years old.

The respondents were drawn from urban and rural areas in Homa Bay and Narok counties. In addition, qualitative data were collected from caretakers (mothers), adolescent girls and community health volunteers (CHVs) to understand their perceptions, experiences and support of adolescent sexual and reproductive health issues.

Key Findings

- ② Pregnancy and marriage are among major reasons for girls dropping out of school.
- ② While the majority of adolescents in the study were attending school (66% in Homa Bay and 55% from Narok), a substantial proportion were out of school.
- ② Pregnancy (41% in Homa Bay and 26% in Narok) and marriage (24.6% from Narok and 19.6% from Homa Bay) were among the major reasons for not attending school in both counties, respectively.

66%

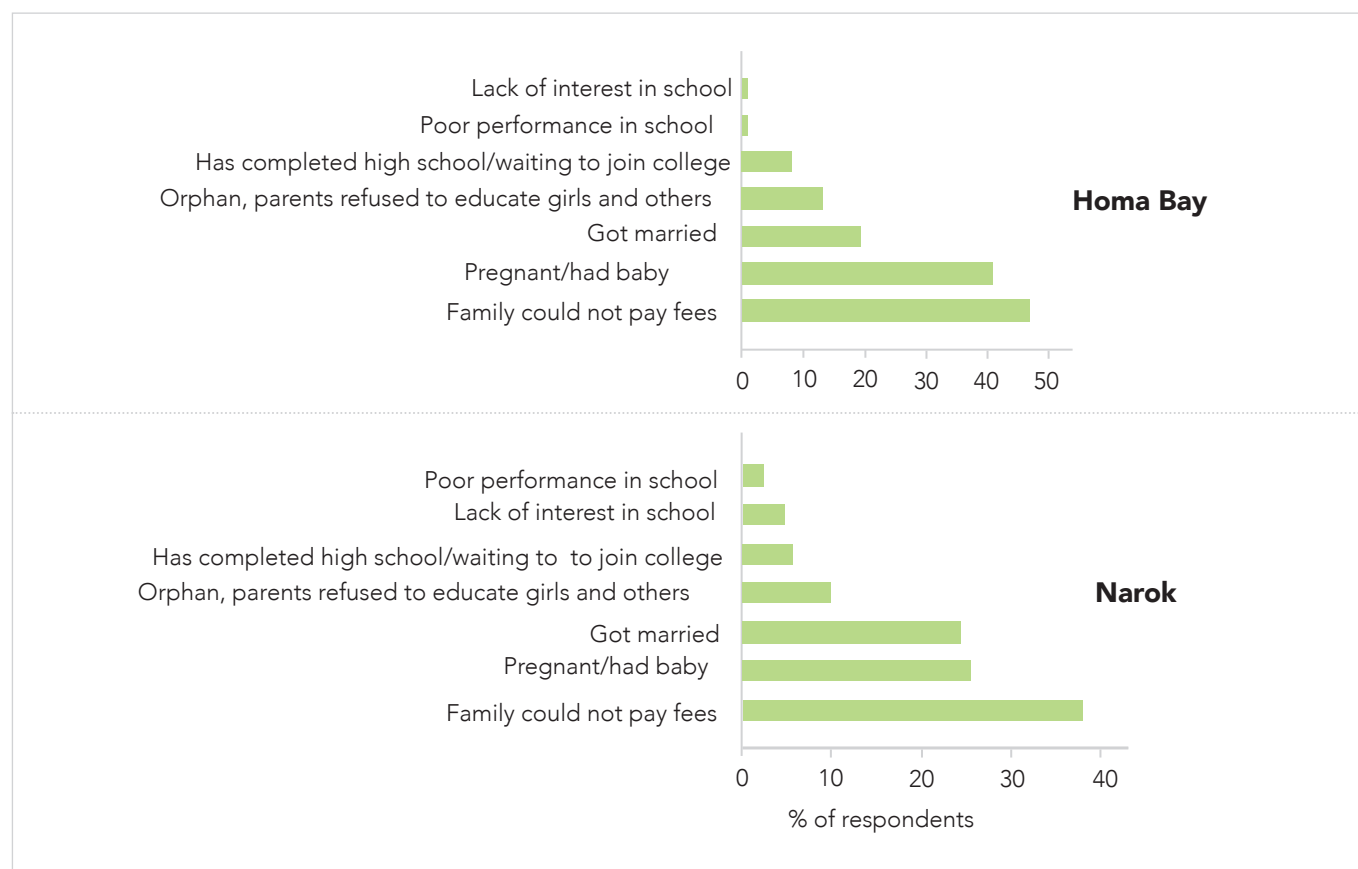
of adolescents
attending school in
Homabay



55%

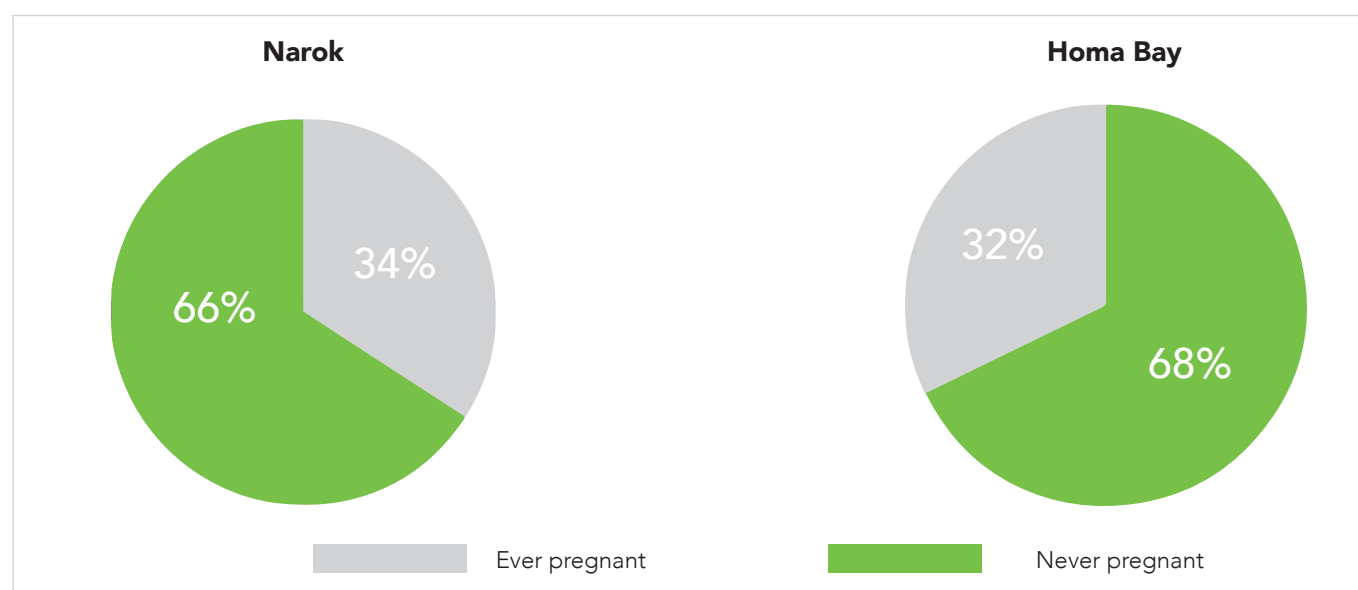
of adolescents
attending school in
Narok



Figure 1: Reasons for dropping out of school

Sexual Behavior

- ② The mean age at the time of first sexual initiation among the respondents was 14.9 years in Homa Bay and 15.3 years in Narok.
- ② Pregnancy rates are relatively high in both Narok and Homa Bay counties in comparison to the national level, 34% and 32% of the respondents respectively have ever been pregnant

Figure 2: Teenage pregnancy by county

Contraceptive Use

- ③ The use of any contraceptive method among all girls surveyed was 37% in Homa Bay and 21% in Narok.
- ③ These levels are relatively high compared to the national levels for adolescent girls in Kenya.(only 10% in 2014)
- ③ The rate jumps to 60% in Homa Bay and 36% in Narok when only considering girls who have had sex (i.e. the population at risk).
- ③ Most girls use condoms (61% in Homa Bay; 32% in Narok). Condom is not necessarily the most effective method for pregnancy prevention but offers dual HIV and pregnancy protection.

Figure 3: Contraceptive use (any method-ever used and current use), by county

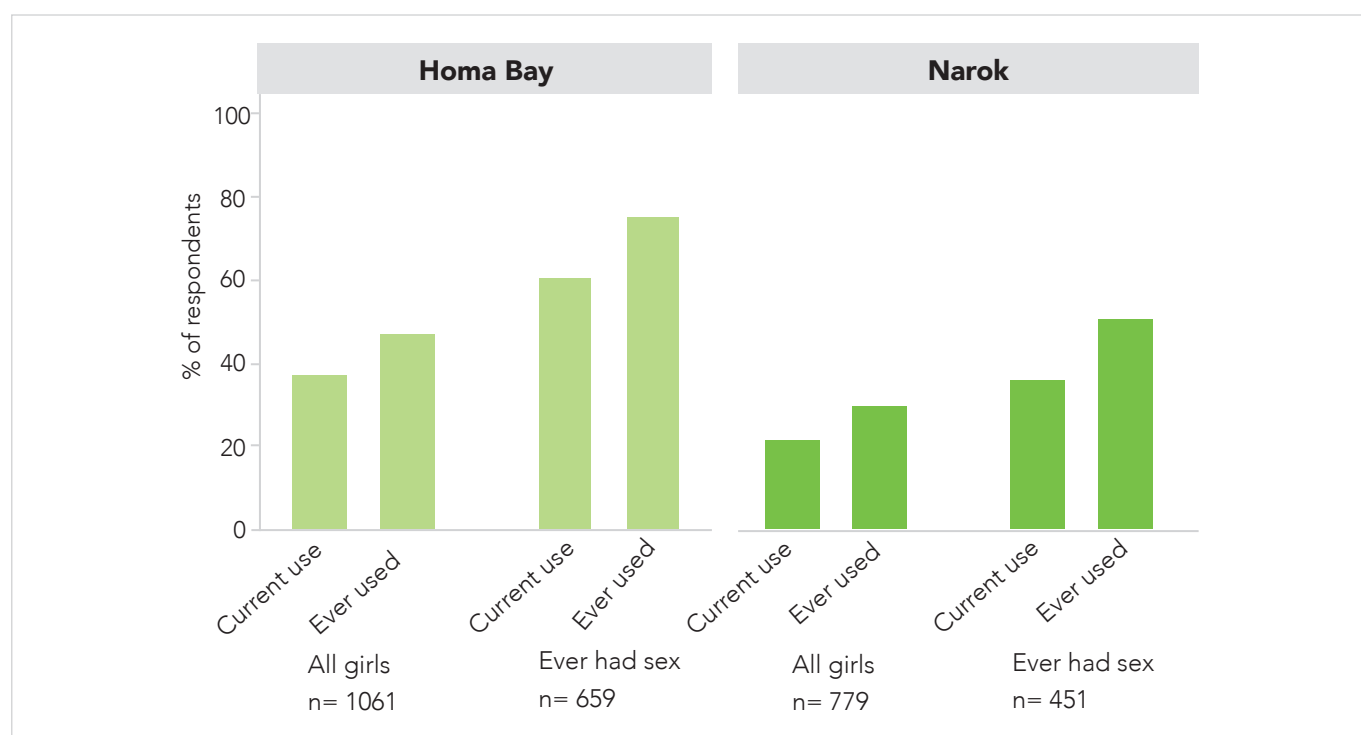
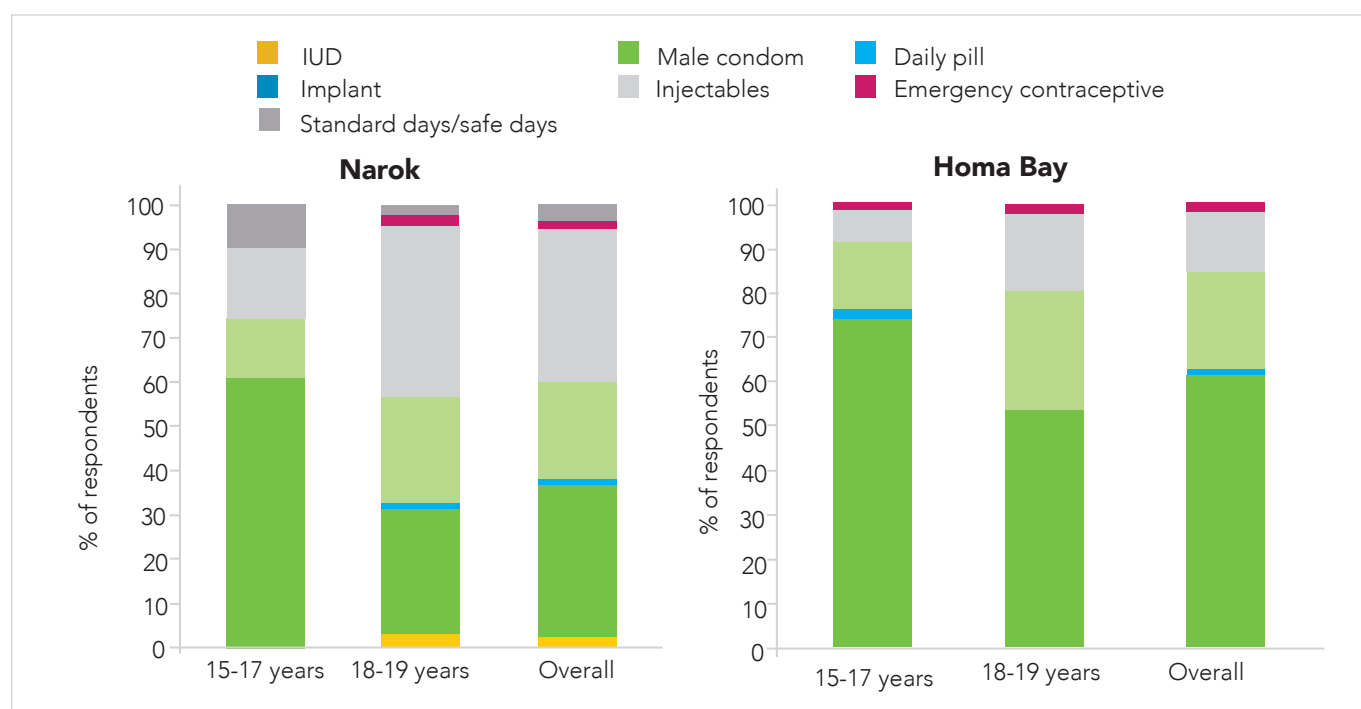


Figure 4: Contraceptive method mix by age and county



Causes of Unplanned Pregnancies Among Adolescents

Over two-thirds of adolescents who have ever been pregnant or have given birth reported that their recent pregnancies were either mistimed (happened earlier than wanted) or unwanted (not wanted at all). Adolescents cited the following as possible causes for the high unintended pregnancy:

- 'Tricks' used by boys in romantic relationships.
- Failure of natural contraceptive methods such as standard days- method.

- Irregularity of menses.
- Lack of information on how to prevent pregnancies.
- Lack of people to go to for confidential sexuality counselling.
- Misconceptions about contraception and barriers to contraceptive access in health facilities limiting use and access to contraceptive methods.

Healthcare Use and Quality of Care

- The percentage of adolescent girls who have used health facilities for sexual and reproductive health services was relatively low in both Homa Bay and Narok counties. About 41% of girls in Homa Bay and only 30% of girls in Narok have visited health facilities for SRH services in the past year.
- Majority of girls use public health facilities (65% in Homa Bay; 72% in Narok).

The most-sought SRH services among the girls included HIV and STI testing, family planning and antenatal care.

- Most of the adolescent girls were generally satisfied with the quality of services received at health facilities, especially with the health facility aspects such as availability of adequate space and waiting areas, operational hours, and convenience.
- 42% of adolescent girls and 36% in Narok reported that the health facility does not support adolescents to have a friend or another person with them when receiving the service.
- In Narok, 41% of adolescent girls reported that the health facility does not have suitable appointment allocations for the needs of young people.

Table 1: Percentage of adolescent girls who responded positively to respective quality dimensions, by county

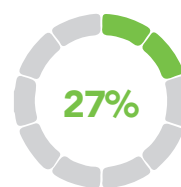
Quality dimension	Homa Bay N=432 n (%)	Narok N=232 n (%)
Health facility aspects		
Health facility has adequate space and comfortable waiting area	402 (93.1)	221 (95.3)
Service operational hours clearly advertised in a variety of locations and through a variety of media?	352 (81.5)	200 (86.2)
Service available in convenient and appropriate settings?	395 (91.4)	212 (91.4)
Youth-friendly services		
Service tailored to young people	355 (82.2)	151 (65.1)
Service supports adolescents to have a friend or other person with them when receiving the service?	252 (58.3)	149 (64.2)
Does the service have suitable appointment allocation for needs of young people?	356 (82.4)	136 (58.6)
Intention to come back or refer the facility		
Will return to that facility	428 (99.1)	226 (97.4)

User Experience

Perceived problems in accessing SRH information and services:

- 40 to 45% of girls in Narok mentioned “concern that there may not be a friendly and respectful service provider”, “concern that there may not be a provider available”, “concern that there may not be a female provider available”, and “concern that other adults can see them at the clinic”.

- In Homa Bay, girls were more concerned about “getting money for treatment” (35%), lack of a friendly and respectful service provider (27%).



Concerned about “getting money for treatment”



Lack of a friendly and respectful service provider

Table 2: Problems encountered when seeking advice or service for SRH services, by county

Characteristic	Homa Bay n (%)	Narok n (%)
When you want to get advice or services on sexual and reproductive health (contraception, HIV services, pregnancy test), is each of the following a big problem?		
Getting permission to go	177 (16.7)	216 (27.7)
Getting money for treatment	374 (35.3)	284 (36.5)
The distance to the health facility	172 (16.2)	169 (21.7)
Having to take transport	199 (18.8)	190 (24.4)
Not wanting to go alone	212 (20.0)	277 (35.6)
Concern that there may not be female health provider	217 (20.5)	319 (41.0)
Concern that there may not be a friendly and respectful service provider	286 (27.0)	350 (44.9)
Concern that there may not be a provider	220 (20.7)	319 (41.0)
Concern that other adults can see you at the clinic	178 (16.8)	322 (41.3)

- In the qualitative study, adolescent girls voiced concerns about unaffordability of contraceptives, lack of adequate information, overstretched health personnel and long queues at health facilities, poor attitudes of healthcare personnel, lack of qualified providers and lack of adolescent-friendly services.
- Lack of adolescent-dedicated services increases the number of steps to go through before accessing the services, which breaches confidentiality.

“Most of the nurses judge – like if you go for HIV testing, the first thing they ask is if you have ever had sex. Even if you haven’t and you tell them, they don’t believe you – so their judgment is always bad.”

(Urban Narok, 19 years, University student, single with no child)



“Even if you go to the hospital, there is only one doctor and he is very busy.”

(Rural Narok, primary school drop-out, single, no child)

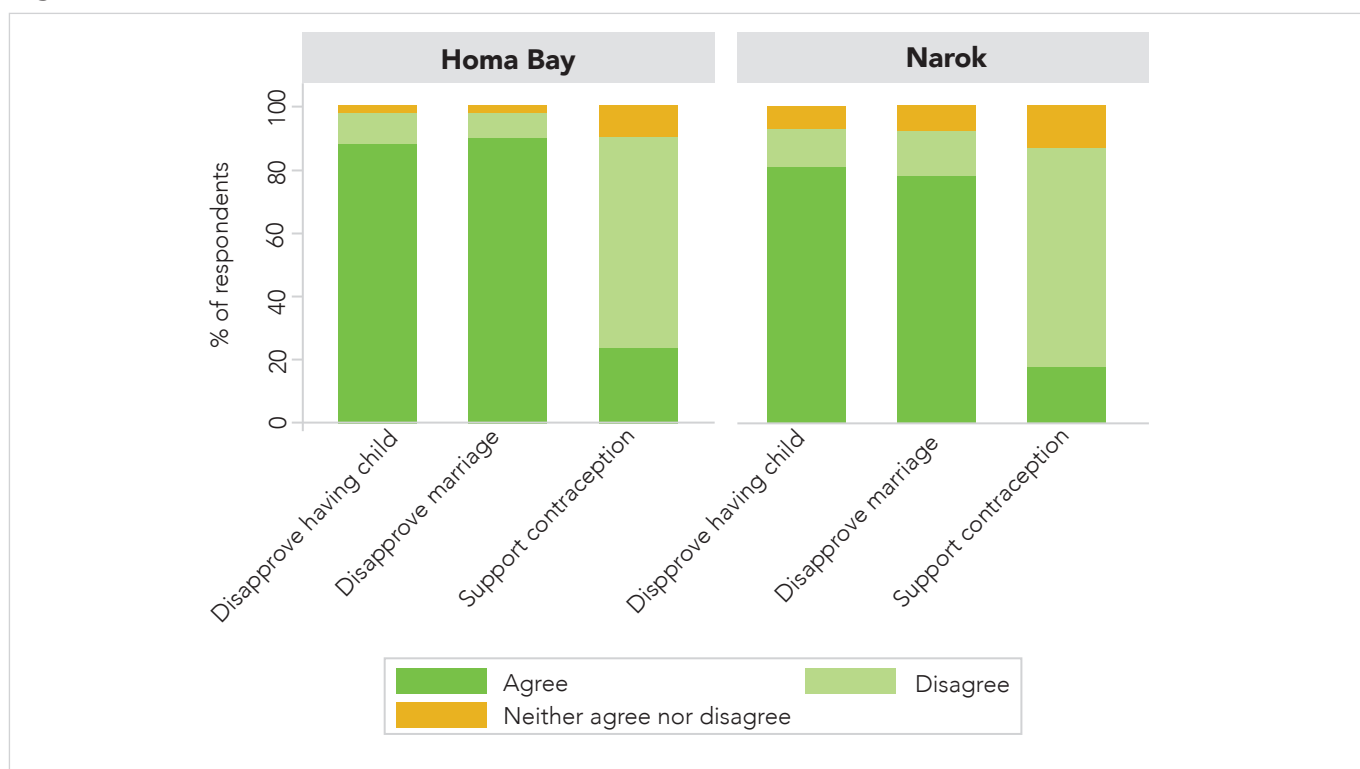


“No there is no privacy because you will go there just as a normal patient.”

(Urban Narok, 18 year old, single and currently pregnant)



Figure 5:



Parental engagement and support for adolescent SRH

- The majority of parents disapprove marriage and child bearing before completing school.
- Paradoxically, only 20% of adolescents reported that parents support adolescents' use of contraception.
- Low and inadequate parental involvement was seen as a contributing factor to the SRH challenges faced by adolescents and adolescents indicated facing difficulties in talking to their parents as they tend to be harsh.
- The taboo nature of sexual discussions leads to discomfort in talking to adolescent girls about SRH.
- Poverty drives many adolescent girls to engage in transactional sex so as to contribute to their families' day-to-day expenses.

"If the parent is harsh, you may be afraid of asking her some things."

(IDI, Narok, 17, single, with one child)

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- Parents attributed the gap in discussing SRH issues with adolescent girls to a lack of parental skills in discussing SRH issues with adolescent girls.

"It is hard [to discuss sex and relationships with adolescent girls], issues about love between girls and boys – how will you start?"

(Parent, Focus Group Discussion, rural Homa Bay)

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Recommendations

- ✔ Provide more tailored information on adolescent sexual and reproductive health and on the availability of adolescent-friendly SRH services. Although the majority of adolescents reported receiving information on SRH, the sources are diverse and include friends and peers who may not provide accurate information. Moreover, access to SRH information varies by age, education, rural versus urban and their county of residence. There is a need to provide age-appropriate, culturally sensitive and tailored SRH information and services to adolescents. This should include information and education on the different forms of contraception (as well as their respective side-effects), the different phases of the menstrual cycle, where to obtain adolescent-friendly SRH services, delaying sex and marriage, and information on adolescents' decision making and negotiation skills in relationships. Such information and education should be provided through diverse channels including media and interpersonal means (trained CHVs) as well as social media.
- ✔ Improving parental involvement and communication on adolescent SRHR issues. Evidence from both the quantitative and qualitative data showed that due to societal norms and values, parents do not support adolescent sexuality, use of contraception nor many other aspects of SRHR. Parent-child communication on such issues is low and when it does occur, the emphasis is on abstinence. Parents attributed the gap in discussing SRH issues with adolescent girls to lack of parental skills to discuss SRH issues with their adolescents, in addition to discomfort caused by the taboo nature of sexual discussions. Thus, programs that support and engage parents on how to communicate about sexuality, relationships and contraceptive use with their adolescents is important. As the recent WHO recommendations on parental involvement state, it is important to start from their own knowledge, misconceptions, hopes and fears.
- ✔ Improving contraceptive counselling and method mix for adolescents. Counselling on contraceptive methods is key to providing accurate information on how these methods work, the side-effects of each method, and the benefits associated with them. Although contraceptive use is fairly high among sexually active adolescents in the two counties, a considerable proportion of respondents believe that contraceptives cause infertility. Condoms which are the most commonly used method, seem to have wider social acceptability. While condoms offer dual protection from HIV and pregnancy, their effectiveness depends on consistent use. It is important to provide information and counselling on all available contraceptive methods including methods that are more effective and those that provide long term protection against unintended pregnancy (Implants, Sayana Press).
- ✔ Improving access to under-served and rural populations. The study showed that use of contraception and other SRH services is lower among younger adolescents, rural residents, and adolescents with primary education in the two counties. In the qualitative study, adolescents mentioned the lack of money as a major barrier to seeking services as they are required to pay between KES 200 to 300 for contraceptive services. Respondents in the survey indicated that distance, transport, availability of female providers and the availability of adolescent-friendly providers are the greatest obstacles to adolescents when seeking SRH services. In Narok County in particular, there are very few facilities that provide adolescent-friendly services, with all of them located in Narok Town and other urban areas. This in turn, locks out a large portion of the county's populace that is far from these facilities. Thus, there is a need to design outreach strategies to promote service access to the rural and marginalized populations in the county.

Authors

Yohannes Dibaba | Joan Njagi | Clement Oduor | Sally Odunga Ramatou Ouedraogo |
Damazo Kadengye | Sylvia Ochanga | Estelle Sidize



APHRC CAMPUS, KITISIRU, NAIROBI, KENYA



INFO@APHRC.ORG



@APHRC



WWW.APHRC.ORG