Increasing young people’s access to Sexual Reproductive Health Services in Kenya

Aim of the study
This study has been conducted to identify barriers that young people aged 10-24, and young women in particular, are facing when accessing SRH services in Kenya. It provides recommendations on how to increase young people’s access to SRH services.

Background of the study
Young people face sexual and reproductive health (SRH) risks. In Kenya the HIV prevalence rate among girls aged 15-19 years old is 3%. Over 50% of girls in this age group has had sexual intercourse. Contraceptive use among adolescents is relatively low. Only 12% of 15-19 year old adolescents has used any method of family planning. Accessing SRH services is crucial for young people’s health but they are limited by several barriers. As part of the Access, Services, Knowledge (ASK) programme, WOFAK has implemented Youth Friendly Services in government health centres to improve young people’s access to SRH services.

Brief methodology
The study has been conducted between March and May 2014 within 4 government health centres in Mombasa, Nairobi and Kisumu counties. It involved document review, observations in health facilities, interviews with 94 young people, interviews with 22 key informants (field officers, counsellors, mobilizers and volunteers) and 4 focus group discussions with 12-15 respondents (young men and women in and out school, and young mothers).

Demographic characteristics respondents
Most respondents (63%) are aged 15-22 years and are single (78%). The majority is female (69%). The education level is average. Of all respondents 42% are young mothers, of which the majority (92%) is unmarried.
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Findings

Awareness about rights but limited access
Young people are well aware of their sexual and reproductive health rights (SRHR) and the availability of SRH services. However, they are not able to exercise their rights and benefit from these services. Almost all respondents (97%) report to have insufficient information about available reproductive health methods. The majority (87%; 64% female, 23% male) doesn’t have access to contraceptives. Most girls (95%) are concerned about their restricted access to abortion services, especially below the age of 18.

Health facility barriers
Young people perceive various barriers in accessing SRH services. The opening hours are during school time. Respondents mentioned negative attitudes of counsellors, who are merely older people. They felt judged before they were able to share their problem and didn’t rely on their confidentiality. Condom shortages were mentioned by several respondents.

Community barriers
Stigma and discrimination are still prevalent. Young women reported to have skipped HIV treatment appointments because they are fearing that family and neighbours would see them and talk badly about them. Cases of domestic violence and rape were reported. Young men practice unsafe sex at an early age with more partners because to some of them it’s a matter of prestige. Young women don’t feel independent. They feel it’s their responsibility to take care of contraceptives. It’s hard to convince boyfriends to use condoms. Some women are coerced by older men to have sex in exchange of gifts.

Youth Friendly Services
In 2014 WOFAK has raised 30 Youth Friendly Service desks in partnership with health centres. All young visitors are referred to this desk. Young counsellors are trained to inform youth about services and assist them when they need to be referred to services like Family Planning, Prevention of Mother to Child Transmission (PMTCT), Antenatal Care, Voluntary Medical Male Circumcision and safe abortion. Condoms are available. The Youth Friendly Services are at no cost. Other activities are group discussions and community outreaches.

Successes
Health facilities with Youth Friendly Service desks report that most HIV-positive pregnant young women who visit the facility complete the four recommended clinical visits and deliver at a health facility. Adherence to HIV treatment is improved because follow ups are done when young women have been referred to PMTCT services. Parents are involved in supporting their daughters to adhere to HIV treatment.

Training of focal youth persons in offering Youth Friendly services leads to the most positive results. These focal persons are interfacing between the Youth Friendly Services and the health facility. The programme also helped in improving attitudes of health providers about SRHR and needs of youth.

Youth Friendly Services are positively evaluated by young people compared to general SRH services. Young people testified that they are no longer afraid to access services because the counsellors at Youth Friendly Service desks are young, friendly and reliable.

Challenges
Counsellors report high work load, lack of support around traumatizing issues and low salary which puts them at risk of becoming burned out. Often it’s difficult to offer services to partners of persons that have been tested HIV positive. It’s hard to track ex partners. Some clients stay away because they are expecting incentives, like refreshments and transport refunds, that the programme can’t provide. Counsellors and field officers indicate that the programme is too small to generate a significant impact.

Recommendations
- Advocate for adoption of the Youth Friendly Services by the government in order to secure sustainability and upscaling of these services and thus generating a significant impact.
- Services need to be disaggregated by age and gender. Age groups 10-14, 15-19 and 20-25 need tailored approaches because the legal situations are different.
- Offer decent salaries and support to community health workers.
- Economically empower HIV positive mothers.
- Make sure privacy and confidentiality of Youth Friendly Services are guaranteed.
- Increasing outreaches to schools.

For more information
Contact: Nienke Westerhof, senior advisor Gender & SRHR at nwesterhof@stopaidsnow.nl
Website: www.stopaidsnow.org/ASK