

Uptake of HIV and Sexual and Reproductive Health services among adolescents and young people aged 10-24 in Nyanza, Kenya - lessons learned from the *Access, Services and Knowledge* program.

Background

In Kenya, adolescents and young people exhibit poor sexual and reproductive health outcomes which can be partly attributed to low information and access to HIV and Sexual and Reproductive Health services. Sexual debut happens early; one in every five youths aged 15-24 years had sex before the age of 15 years (KAIS, 2012). Teenage pregnancy in Kenya is common; 15% of women aged 15-19 have already had a birth while 18% have begun childbearing (KDHS, 2014). Among youth aged 15–24 years, HIV prevalence is higher among women than men from the age of 17 years. Furthermore, HIV increased linearly with increasing age among women, with the highest increase between the ages of 22 and 23 years while among men, HIV remained low and stable until aged 24 years. Young people aged 15-19 also have the lowest HIV testing proportions in Kenya at 49.8% (KAIS, 2012). On knowledge of HIV prevention among 15-24 year olds, women and men aged 15-17 had the lowest prevention knowledge at 46.5 and 52.5% respectively (KDHS, 2014).

Intervention

Through the *Access, Services and Knowledge* (ASK) program, the Centre for the Study of Adolescence (CSA) provides SRH information, trains health workers on youth-friendly services and refurbishes youth-friendly rooms. CSA then links young people to these youth-friendly facilities where they can obtain HIV and reproductive health services. Project monitoring data was collected from January 2014 to July 2015 in Kisumu and Kisii Counties from the Nyanza region in Kenya. Data collected from the health facility by the health workers were compiled bi-annually and disaggregated by age and sex.

4. Results

Results show that a total of 14,601 adolescents and young people aged 10-24 accessed contraceptives, VCT services and ARVs, pregnancy tests and post-natal care services and post-abortion care between January 2014 and July 2015.

A total of 6737 adolescents and young people accessed contraceptives. Among females, the most preferred type of contraceptive was the three-month injectable contraceptive which was accessed by 1313

girls. 501 girls accessed emergency contraception during that period, 357 accessed oral contraceptives/pills, 325 accessed long-term implants and 16 girls accessed female condoms. No young female preferred tubal permanent methods of contraceptives (tubal ligation/sterilization). 4241 males accessed male condoms and just like the females, none preferred permanent methods such as vasectomies.

A total of 2804 young people sought VCT services and majority were girls (1979) compared to 825 males. This highlights issues of unprotected sex and knowledge (or lack thereof) of HIV status among adolescents and young people.

On access to ARV, more young females (2589) accessed ARVs compared to 1681 males. This is not surprising given that the HIV prevalence is higher among females than males in Kenya. 85% of those who accessed ARVs were aged between 20 and 24. A total of 4270 young people accessed ARVs.

A total of 480 females took pregnancy tests. Out of those, 88% (424 girls) were aged between 15 and 19 years while 19 were aged between 10 and 14 years. A total of 204 females accessed post-natal care services. Out of those, 19 were aged between 10 and 14 while 68 were aged between 15 and 19, which bring forward concerns of teenage pregnancies and teenage mothers.

A total of 106 females accessed post-abortion care. 60 girls accessed the manual vacuuming aspiration (MVA) procedure, 41 females had incomplete abortions. One female had a medical abortion while 4 accessed pre-abortion counseling. These findings highlight concerns of unintended pregnancies among adolescents and young women.

5. Lessons learned and next steps

CSA through the ASK program has demonstrated that is important to address the reproductive health needs of adolescents and young people and enable them exercise their reproductive health rights. Historically, young people in Kenya are often left out of sexual and reproductive health programs partly due to cultural and religious constrictions and healthcare system barriers which prefer to focus on older, married adults. Given that adolescent and young people make up the majority of Kenya's population, policymakers should pay attention to reproductive health needs of adolescents and young people. For next steps,

research will be carried out to have a deeper understanding of the figures such as find out what informs adolescents and young people's contraceptive choices, HIV testing, knowledge of status and HIV prevention, teenage pregnancies and reasons for seeking abortion and post-abortion care services.

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