Adolescent perspectives on sexual and reproductive health and services
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“We are afraid to go to the hospital to be tested. When you go to the clinic and find out you are pregnant, considering you are young, it is shameful. People sitting on those benches are pregnant mothers or women. When you go there as a young girl, and probably they know you are a student, it is difficult. It is so difficult to access the services.”

-Girl from Isiolo County
Background

Adolescents in Kenya have long been excluded from conversations about their own health. They are also given limited decision-making power on the type of services and ways in which they are offered through the health system. This has dire consequences on the uptake of services and on the health of our young populations, which ultimately affects all domains of life in our society, including school, work, family and community.

Activity Description

This activity was undertaken by Faith to Action Network Kenya (F2A) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. Twelve discussion leads, six men and six women, that were youths of 18+ years of age, received training on how to moderate and conduct group discussions. During the training the leads developed a list of questions to be asked during the group discussions. In total, eight group discussions of a maximum of one hour were held in Isiolo, Mandler, and Marsabit Counties in Kenya. The participants were a diverse group of six to eight adolescent girls or boys of 18-19 years of age. The discussion leads worked in pairs: A group discussion with boys was moderated by two male discussion leads, and a group discussion with girls by two female discussion leads. The group discussions were audio recorded and anonymised. Consent was sought from the participants before the activity.

This report covers the group discussions of all three counties. The purpose of the discussions with the adolescents from these Counties was to find out:

1. If the adolescents are willing to learn about sex education and, if not, why they shy away from the topic.
2. The barriers to accessing sexual and reproductive health (SRH) services.
3. How many adolescents have access to or have sought SRH services.
4. The family planning methods they know and have used.
5. Their opinions on support from the religious and political leaders.
6. The misconceptions the youth have about family planning methods and matters related to SRH services.
7. The presence of adolescent-friendly health centres that offer SRH services and how close they are to their communities.
8. The information they have on safe abortion.
9. To what extent the youth feel their guardians and parents are open and willing to discuss sex education with them.
10. The countermeasures against the barriers to accessing SRH services.

Findings

1. Understanding of SRH

Most of the adolescents had heard about sex education and had received some form of it in school, counselling groups, seminars or youth forums. In two group discussions with boys, none of the participants had been exposed to it. When asked about the topics that were discussed during education sessions, participants commonly mentioned abstinence, sexually transmitted infections (STIs), family planning and peer pressure. One group mentioned sexual abuse and violence as topics of discussion, while ‘how one can access services’ and abortion came up in two other groups.

However, even though the majority had received some education, many participants acknowledged that adolescents are usually hesitant to learn about SRH. They raised the issue of the stigma they face when discussing SRH issues and the fear of being judged by peers and parents if they show any interest in it. Some explained they shy away from the topic because they feel it is culturally inappropriate or in conflict with their religious and cultural beliefs, while others said it is supposed to be a private matter.

“No, we never heard anything concerned with sex education. Besides, our culture doesn’t allow us to know more about sex education.” - Girl
2. Information and Opinion on Family Planning

Generally, both boy groups and girl groups knew diverse types of contraceptive methods. They most often mentioned contraceptive pills and condoms, implants, injectables and intrauterine devices (IUD), and in three group discussions, the emergency contraceptive came up. Participants also had heard diverse beliefs and misconceptions about family planning and contraception.

Many thought that its use was dangerous, and would, for example, lead to infertility, heavy bleeding, serious diseases such as cancer, or even death.

“IT can cause diseases like cervical cancer, especially the coil letter T [IUD] since it can rust in the body.” - Girl

“Using contraceptives and some pills that cause one to abort could be dangerous. Let’s say the one taking the pills is a pregnant adolescent who chooses to take those pills, she will abort and then lose a lot of blood through bleeding. [It causes] the loss of life.” - Boy

Some participants mentioned effects that are or can be true, namely that contraceptives can interfere with the menstrual cycle, affect reproduction as long as they are taken, reduce the number of members in families, can have side effects, and that condoms can reduce sexual pleasure.

“The effect of the condom is that it takes the sweetness out of sex. It also appears that you are having sex with strangers.” - Boy

Issues in marital relations also came up as an effect of family planning. For example, that it would lead to disagreements, disapproval from husbands, and marriage break-up, as well as many other social effects, such as: ‘moral decay in society’, ‘weakening of family units’, and ‘bringing shame on the family’.

“If a man wants to have a baby with her and she has an implant, he is wasting his energy on someone who does not want to conceive.” - Boy

A few participants, in contrast, shared positive beliefs around contraceptives:

“What I have heard about family planning is that it prevents early pregnancies, secondly, it prevents transmission of diseases, thirdly if people don’t use them for prevention, most [female] students will drop out of school because school dropouts are a result of early pregnancies.” - Boy

Beliefs around contraceptives were, for a substantial portion of girls, a reason not to access family planning.

“I don’t use family planning because of the fear of being unable to conceive in the future when I want to have children.” - Girl

Similarly, most participants would not encourage family and friends to use family planning, because of concerns around its safety and side effects, but also community attitudes toward its use.

“No [I would not recommend family planning as] it can ruin someone’s reputation in the community and cause the individual to be stigmatised by the community.” - Boy

Only a few adolescents would recommend its use:

“Yes, I would, because if a person has a low source of income and he has many children, it would be hard for that person to provide for the family. So, using family planning methods will help that person have the exact number of children that they can cater to.” - Boy

3. Accessing SRH Services

Very few participants had ever sought SRH services: a small group of boys had bought condoms and two girls had obtained contraceptives. Participants perceived the lack of availability of SRH services as a major obstacle. In Isiolo and Marsabit County, many of the adolescents said that there was a shortage of health facilities providing SRH services, while in Mandera participants unanimously stated that there were none available in their locality at all, and that it would require substantial travel to obtain such services:
“Because they are very far away, people start thinking about the cost of transport and it is a concern, that they cannot go there just to look for condoms to have sex once.” - Boy

If health facilities were available, they sometimes lacked the requested services. One participant, for example, mentioned that she was unable to access her preferred contraceptive, the injectable, as it is no longer available at the health facility she visits.

Another major barrier that prevented adolescents from accessing SRH services was stigma and fear of judgement by healthcare providers, as well as parents should they find out. Some mentioned that providers could be rude, question them, or look down on them due to their age. One participant explained how stigma could have disastrous consequences. According to him, a girl in his community had committed suicide after falling pregnant. By his account, she was rejected by her boyfriend and fearful of her parents’ reaction. He emphasised the need for open communication. Another girl explained the widespread nature of stigma:

“When you go to the facilities and meet older women, you will feel stigmatised. Secondly, healthcare providers sometimes contribute to that stigma. They make negative comments when they encounter adolescents at the centers. Also, among ourselves as adolescents, we judge those who seek the services.” - Girl

Two boys explained their trouble accessing condoms:

Boy 1: “It is embarrassing to stand in front of a person and ask for a condom...”  Boy 2: "....or to have access to a vendor to ask for a condom. While they are the only means available, they are also difficult to find.”

Finally, in some groups, religion, culture and lack of money came up as reasons for not accessing SRH services.

4. Abortion

Participants across all the groups usually knew what abortion was. Associations they had were mostly that abortion is dangerous and can lead to death, that it is against the law and a crime and, and that ‘God will punish you’.

“It can even lead to death if you are not attended to by medical personnel. Especially if one seeks abortion services from traditional doctors.” - Girl

On the topic of safe abortion, some participants, particularly in Isiolo, said that it can only be provided in health centres. They also mentioned the need for a valid reason to be given an abortion.

“[Safe abortion] is when one decides to have an abortion, they seek professional guidance from medical personnel so that there is a good reason for that abortion.” - Girl

In line with this, in Marsabit some participants stated that the only safe abortion would be if there is a medical emergency of the mother. However, all in Mandera said they had no information on safe abortion, and that there was no such thing:

“We don’t have any information about safe abortion, because all the abortions that we have heard about always lead to something major, like death and other bad things. So, I don’t think there is something known as safe abortion.” - Boy

5. Influence of Religious and Political leaders

The majority of participants said that religious leaders generally hold negative perceptions towards adolescents accessing family planning. Only two believed their religious leader would be okay with it. For many, discussing SRH issues with religious leaders is unacceptable. They mentioned that religious leaders see family planning as sinful, as an indication of a person being headed ‘towards the wrong path’ and sometimes even that they will be cursed as a result, especially if someone seeks such services before marriage.

“Most of them are against it [contraception] they say that as young ladies, we should abstain.” - Girl

“Our religion does not allow us to involve ourselves in sex before marriage and when we talk to the elders or religious leaders, they will rebuke us and also, they will punish us in a way you could not imagine, so that is also a barrier.” - Boy
One girl described how some leaders see SRH knowledge as a threat:

“They think that you will get to know too much which may result in moral decay when one starts practicing what they have learned about sexual matters.” - Girl

Very few adolescents believed that religious leaders are open-minded about SRH. However, one boy thought the Pastor would take it positively if he asked for SRH advice:

“He will give me more information and preventive advice.” - Boy

Many participants did not feel like religious leaders understood their position, except for several boys who explained that religious leaders were once young too and therefore understand the struggles that young people face. Others, however, believed that religious leaders had some ignorance of SRH issues and unrealistic expectations of young people:

“I don’t think they understand because religious and political leaders are trying to build a perfect generation but I believe no-one is perfect and when they see someone taking contraceptives, they start judging them, but these things are happening.” - Boy

“Religious leaders look at it in a certain way to suggest that youth do not indulge in certain sexual behaviours. However, adolescence can bring about situations where things happen unexpectedly. Therefore, we must receive comprehensive education about these matters to navigate them better.” - Boy

Furthermore, most participants said that the political leaders also do not understand the situation of young people, and some mentioned they had never heard them talk about these issues.

“They [political leaders] say we are the current generation of young people so they want us to live like they did years ago, so they do not understand us at all.” - Girl

“They [political leaders] don’t understand that we are supposed to get the knowledge that we are deprived of. They don’t want to understand that we are ignorant and whenever we request it, they decline. They say we will be misled.” - Girl

In the experience of one participant, in contrast, political leaders were involved on the topic. He explained that they do a lot in high school, for example, on the topic of female genital mutilation.

6. Involvement of Parents and Guardians

Almost half of the participants said their parents are open to discuss sex education with them. The most common reason given was that their parents want to deter them from engaging in sex and want to avoid early pregnancies and STIs. Parents’ advice therefore usually centred around abstinence. The adolescents often thought their parents understood their situation.

“Some [parents] draw courage [to talk about SRH] from the quality of life of the people around them struggling to make ends meet, so they advise their children not to engage in sexual activities or early marriages.” - Girl

“A long time ago, they did not talk about it, but these days some of the parents are very open. They can take you through this sex education.” - Boy

Those who said their parents were not willing to discuss SRH issues with them mentioned cultural barriers, it being taboo, the pressures in life that parents face, lack of communication skills, time constraints, and low knowledge on these issues as reasons. Some girls said that their mother would be the only one to talk to them about this, while others explained that they learned about it in an indirect way from their grandparents through riddles or stories, or from their friends.

“I think it’s a lack of knowledge. I say that because we know that our parents and guardians do not have education or knowledge about sexual and reproductive health. And there is also fear and anxiety of sharing with
other people. If we share with other people, we know that if they come to know our weakness, they will use it against us. We know that, if we try to share it with our parents, they will think that we are involved in this thing because we are interested, and we are not.” - Boy

7. Recommendations to Improve Access to SRH services

The adolescents gave many recommendations that could improve their access to SRH services, which were focused on awareness and education, service delivery and healthcare providers.

Awareness and education: Participants recommended mass education on SRH services to be provided through media, including magazines and social media. They further recommended community outreach, sensitisation and education programmes to be carried out for adolescents, as well as guardians, household members, and the wider community.

“The younger generations should be educated on the importance of SRH services. They should be helped to see the positive aspects of it and not have a negative view of it.” - Boy

“Telling them [parents] the SRH services stories that were successful. Showing them that this is part of the basic need that adolescents should have. And I think educating them [parents] about this, can make it easy for us too.” - Girl

Service delivery: Participants recommended bringing health facilities closer to the communities, to have dedicated facilities for young people to avoid interaction with older people, and to distribute sufficient commodities and services to meet the needs of the community. Furthermore, a participant recommended the government offer free services since lack of money could be a hindrance.

Healthcare providers: Participants recommended training healthcare providers on how to be adolescent-friendly, to have younger health practitioners that the adolescents can relate with, and one male participant said that he would prefer talking to a male provider as opposed to a female one.

Finally, some girls put responsibility on themselves for their sexual health and being abstinent:

“One is supposed to seek advice from elders or friends and be self-disciplined.” - Girl

“We should take care of our bodies and not get involved with boys. You should take care of yourself and remember that you are a girl and you should not joke with your body.” - Girl

Conclusions

The group discussions laid bare serious challenges that adolescents face in realising their sexual and reproductive health. Findings were similar across the three counties. The majority of the participants have general knowledge about contraceptives and family planning methods. In contrast, few of them have accessed any SRH services. Many are hampered by the lack of health facilities and SRH service provision in their locality, as well as the distance to the available facilities. Another major concern is that facilities are not adolescent-friendly. Some practitioners at the facilities do not relate well to adolescents when they visit the centres. Participants voiced the challenge of having to deal with judgement, rejection or reprimands. Many end up feeling stigmatised and therefore shy away from the topic and from accessing SRH services. They further explain that cultural and religious beliefs and norms prevent them from accessing SRH services, and most feel unsupported by their political and religious leaders.

Parents seem increasingly willing to talk to their children about SRH issues. This is attributed to their desire to bring up children with good morals and prevent them from becoming teen parents, contracting a STI or having a bad reputation in the community. It therefore seems that such conversations predominantly centre around abstinence and avoiding unintended pregnancy and STIs. Despite the increase, the majority of adolescents still said their parents do not communicate with them on these issues.

Another problem is that false beliefs on contraceptives and family planning methods are present. These misconceptions deter some from accessing contraceptives. Several participants further perceived its use lead to marital and social problems.
In conclusion, open discussions on SRH are pivotal in reshaping misconceptions and barriers surrounding access to services. The current scenario, where adolescents possess knowledge about contraceptives and SRH but face restricted access to SRH services due to the lack of SRH service provision and societal, cultural, and religious stigmas, underscores the urgent need for upscaling of SRH services, inclusive dialogues and widespread awareness creation. Ultimately, having open discussions on SRH is not just about knowledge dissemination; it is about creating an inclusive, supportive environment that empowers adolescents to make informed choices and access essential services, to ultimately lead to better health outcomes and overall well-being for young people and their communities.

**Key Takeaways**

Most adolescents have received sex education, predominantly in school. They also know about contraceptives and a few of them have used them. However, due to social and normative barriers, misconceptions, and lack of service provision, adolescents face challenges accessing SRH services.

Therefore:

1. Parents should be educated on the importance of sex education to adolescents. They should be encouraged to discuss SRH and create room for their children to open up.
2. Fostering an environment that encourages open communication among the wider community can significantly reduce stigma and promote proactive health-seeking behaviours. Moreover, such discussions should engage religious- and political leaders, enabling them to contribute positively to informed decision-making and policy formation.
3. Misconceptions can be demystified through information campaigns in schools and the wider community, again involving influential faith-based organisations.
4. Addressing the absence of SRH facilities in localities is crucial. Establishing accessible centers that are well-stocked can mitigate the barriers adolescents face while fostering a safe space where they can seek information and services without fear or shame.