TITLE: REACHING OUT TO ADOLESCENTS IN THE UPTAKE OF SEXUAL REPRODUCTIVE HEALTH (SRH) SERVICES USING A TARGETED AND NEEDS BASED APPROACH

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BACKGROUND

Teenage pregnancy has remained a major health and social concern globally because it is associated with high maternal and child morbidity, and mortality rates. It is not, however, only a reproductive health issue, as it also affects the current and future socio-economic well-being of women. According to the latest Kenya Demographic and Health Survey (KDHS) 2014, 15% of young women between the ages of 15-19 are already mothers and 3% are pregnant with their first child. This implies that about 1 in every 5 teenage girls aged 15-19 years have either had a live birth or are pregnant with their first child. The unmet need for family planning amongst 15-19 year olds is 23% which is much higher than the national average of 18%[1].

Youth centers, peer education, and one-off public meetings have generally been less effective in facilitating adolescents' access to SRH services, in changing their behaviors, or influencing social norms around Adolescent Sexual and Reproductive Health (ASRH). Effective approaches such as comprehensive sexuality education and youth-friendly services are resource intensive and have tended to struggle. This is because they have considerable implementation requirements, which are seldom met. For adolescent SRH programmes to be effective, substantial effort needs to be made through coordinated and complementary approaches[2], to empower youth to seek and access quality SRH services.

The ASRH Policy 2015 (Kenya) provides guidance on how to respond to ASRH needs using an integrated approach (involves multipronged; STI/HIV, pregnancy testing, contraceptives and family planning counseling from a single service point)[3]. Cognizant of the SRH policy, MSK has been implementing a comprehensive adolescent sexual reproductive health program since 2015 with an aim of reducing the unmet need of contraceptives among 15-19 year olds through non-judgmental service providers.

OBJECTIVES OF THE PROGRAMME:

1. Increase adolescent contraceptive uptake through the public and private sectors
2. Improve demand and utilisation of contraceptive services amongst adolescents through effective community mobilisation and referral strategies
3. Enhance the policy environment for improved ASRH both at national and county levels, and promote sustainability

METHODS

Marie Stopes Kenya (MSK) has adopted a Future Fab (FF)[4] intervention model that seeks to enable youth, less than 19 years of age, to access free contraceptive services and take control of their future. This involves demand-generation activities that bring adolescents together such as Future Fab events, teen and parents meet ups. The project works through Diva Connectors who are mobilizers, and youth referral agents from the same community, directing youth to the Diva Zones which are youth friendly spaces within the MSK Clinics, where they can access services for free. Marie Stopes Kenya uses mobile phone based applications to empower young girls' access SRH services.

RESULTS

Before the intervention began in 2015, a total of 728 15-19 year olds accessed contraceptive services at MSK clinics. In 2016, the first year of intervention, there was 367% increase in service numbers of the 15-19 year olds who accessed contraceptive services at MSK clinics.

CONCLUSION

A targeted messaging and needs based approach, has proven to be the best approach in raising awareness, creating demand and increasing uptake of contraceptives among this age cohort of adolescents.

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[1] Kenya Demographic Health Survey (KDHS) 2014
[2] http://www.ghspjournal.org/content/3/3/333.full.
[3] Kenya National Adolescent Sexual Reproductive Health (ASRH) Policy 2015
[4] Demand creation activities that involve targeted messaging and needs based approach service provision.