ADDRESSING UNINTENDED PREGNANCIES AND UNSAFE ABORTIONS AMONG YOUTH IN KENYA:

FAMILY HEALTH OPTIONS OF KENYA

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PRESENTATION OUTLINE

- Background information
- Country context
- Objectives
- Methodology
- Results
- Facilitating factors
- Challenges
- Lessons Learnt
- Way forward
BACKGROUND

- Globally unsafe abortion contributes to 13% of maternal deaths (WHO, 2011)

- Unsafe abortion incidence rate stands at 14/1000 women aged 15-49 years worldwide, Eastern Africa leads at 39/1000 (WHO, 2007)

- Incidence rate of induced abortions in Kenya in 2012 was 48/1000 women aged 15-49 years (MoH, 2012)

- Maternal mortality in Kenya is still high at 488/100,000 live births

- Unintended pregnancy is a major contributor to unsafe abortion

- CPR stands at 46% while unmet need for family planning is 26% (KDHS, 2008/09)
NATIONAL COVERAGE
119,912 received care for complications arising from induced abortion

464,690 unsafe abortions procured in 2012

157,762 received care in health facilities

What about the 306,920?

What about unreported cases?

119,912 received care for complications arising from induced abortion

45% of persons who received severe complication treatment were young women aged 10–19 years

23% had mild complications, 40% Moderate, and 37% had Severe complication
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YEAR 1 2013</th>
<th>YEAR 2014</th>
<th>YEAR 2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to comprehensive abortion care</td>
<td>4,178</td>
<td>6,214</td>
<td>9,431</td>
<td>19,823</td>
</tr>
<tr>
<td>Increased access to treatment for incomplete abortion with 3,494 clients served by the end of 2015</td>
<td>587</td>
<td>1,006</td>
<td>1,901</td>
<td>3,494</td>
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</tbody>
</table>
METHODOLOGY

- Strategy 1: Strengthen Provider Capacity to serve Young people
  - Youth Friendly Service provision training
  - CAC&PAC training
  - Contraceptive technology training
  - Service integration training
  - Recruitment of youthful providers

- Strategy 2: Improvement of quality of care
  - Health facility refurbishment
  - Ensure commodities, equipment and essential supplies
  - Strengthening of referral system
METHODOLOGY

Strategy 3: Awareness creation activities

- Youth Camp
- SMS system
- Youth Advocates
- FHOK volunteer system
- Use of community health workers
- Development of youth friendly IEC materials
RESULTS FOR SAFE ABORTION

<table>
<thead>
<tr>
<th>Year</th>
<th>CAC 24&lt; YEARS</th>
<th>CAC 25 &gt; YEARS</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>496</td>
<td>339</td>
</tr>
<tr>
<td>2012</td>
<td>1,156</td>
<td>792</td>
</tr>
<tr>
<td>2013</td>
<td>1,350</td>
<td>1,442</td>
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<tr>
<td>JAN-MARCH 2014</td>
<td>308</td>
<td>361</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,310</td>
<td>2,934</td>
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</table>

[CAC 24< YEARS] [CAC 25 > YEARS]
RESULTS FOR INCOMPLETE ABORTION

<table>
<thead>
<tr>
<th>Year</th>
<th>PAC 24&lt; YEARS</th>
<th>PAC 25 &gt; YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>56</td>
<td>61</td>
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<tr>
<td>2012</td>
<td>130</td>
<td>141</td>
</tr>
<tr>
<td>2013</td>
<td>190</td>
<td>199</td>
</tr>
<tr>
<td>JAN-MARCH 2014</td>
<td>48</td>
<td>37</td>
</tr>
<tr>
<td>TOTAL</td>
<td>424</td>
<td>438</td>
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</table>
FACILITATING FACTORS

- New Kenyan Constitution – supporting legal indications for abortion
- National Guidelines for reduction of maternal morbidity and mortality due to unsafe abortion in Kenya
- Values Clarification and Attitude Transformation for service providers, CHWs, peer promoters and Board members
- Senior Management and board support for YFS at FHOK
- Active Youth Action Movement (YAM) within the youth centre.
- Integration of CAC into existing SRH services
- Use of SMS (mobile phone) system for information and referrals
- Subsidized service fee for young clients
CHALLENGES

- Few health facilities with capacity to provide Youth friendly SRH services
- Myths and misconceptions about Safe abortion especially surgical, is considered painful while medical is less painful and convenient to young people.
- Myths and misconceptions about Family planning for example broadening of hips, cervical cancer
- Few service providers trained to offer youth friendly services
- Opposition from religious/political leaders
- Wrong interpretation of the constitution by service providers and law enforcers
- Financial barrier to access CAC services
LESSONS LEARNT

- Use of youth friendly initiatives for example Youth camp, drama festivals is a good entry point for SRH information and services
- Use of innovations e.g. SMS system creates a better platform for interaction with youth
- Use of youthful service providers trained in Youth friendly services facilitates increased uptake of services
- Removal of financial barrier promotes service utilization
- Engaging and educating communities especially young people about unsafe abortion is key to service acceptance
- Values Clarification and Attitude Transformation for religious leaders, service providers, CHWs and youth promoters plays a major role in service uptake
WAY FORWARD

- Continue lobbying for increased financial support for provision of youth friendly services
- Engage and educate communities especially young people / religious leaders about unsafe abortion, the new constitution and family planning through VCAT trainings.
- Continue developing innovative approaches targeting young people e.g. video games
- Strengthen engagement of young people as advocates for SRHR
- Implementation of waiver policy for clients who cannot afford SRH services.
Youth activities
In sub-Saharan Africa the distance a woman has to walk to access safe abortion services is as far as the distance between Earth and Heaven, she has to die to reach there.”

Prof. Khama Rogo
Lead health-sector specialist
World Bank, Washington D.C.