

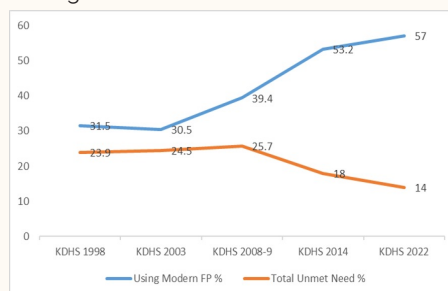
# The Future of Sexual Reproductive Health in Kenya

## Introduction

Kenya has made tremendous efforts in accelerating the realization of universal access to Sexual and Reproductive Health (SRH). Improved health indicators evidence this. The unmet need for family planning has been on the decline over the years, gender-based violence, childhood and maternal deaths have also declined. According to 2022 DHS data, over 85% of young people reported that their health was good.

The government has put mechanisms and strategies in place to reduce sexual and gender-based violence including female genital mutilation and child marriages. In addition, Sexually Transmitted Infections (STIs) including HIV have been on the decline and Anti-Retroviral Therapy (ART) is accessible.

Although the improvement of these indicators has been gradual over the years, there persists glaring county differentials. For Kenya to realize a promising future in SRH, efforts are needed to ensure country's indicators are improved equitably in all counties without leaving others behind.



## Emerging Issues

Kenya is still grappling with a myriad of issues that are delaying faster progress in accelerating universal access to SRH. The unmet need for family planning services has remained high. Poor rural women and girls, those living in informal settlements, those with disability and those who have recently delivered are especially affected. County differentials in unmet need remain huge - from a low of 2.1% in Embu County to a high of 38% in Marsabit County.

(MMR) at 67 per 100,000 live births while Garissa county had the highest MMR at 641 deaths per 100,000 live births.

About 34 percent of women and 27 percent of men aged 15–49 had experienced physical violence since age 15. Bungoma county has the highest prevalence of physical violence at 62 percent, followed by Murang'a at 54 percent.

Maternal mortality remains high, with an MMR of 355 deaths per 100,000 live births. The 2019 Population and Housing Census observed disparities in Maternal Mortality Ratio (MMR) across counties. For instance, Nyeri county reported low rates of Maternal Mortality Ratio

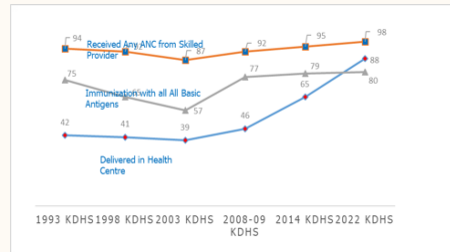
Breast and cervical cancers constitute almost 68 percent of all the female reproductive cancers. In males the leading reproductive cancers are prostate, penile and testicle. Prostate cancer alone constitutes almost 80 percent of all the male reproductive cancers.

## Achievements

Over the last three decades, the Maternal, Neonatal and Child Health (MNCH) indicators improved gradually. Nearly all women (98%) aged 15–49 received Ante-Natal Care (ANC) from a skilled provider for the most recent live birth or stillbirth in the two years before the 2022 KDHS. Despite the national coverage being almost universal, Mandera (76%) and Garissa (78%) recorded the lowest rates in the country.

Eighty-eight percent of live births and stillbirths were assisted by a skilled provider. Despite this remarkable progress, county

differentials are eminent. In 2022, the KDHS reported that only half of the women in Turkana (50%), Mandera (50%), Tana River (52%) and Wajir (54%) delivered in a health facility.



## Recommendations

The government through Ministry of Health and KEMSA should strengthen FP Commodities supply chain management to eliminate challenges with access, choice in family planning method mix, stocks-out and the quality of care.

The national, county governments and non-state actors should ensure equitable distribution of resources and healthcare infrastructure especially at County level to reduce disparities in maternal health and family planning.

The Family Planning Programme should be cognizant of the fact that youth are not a homogeneous group and have varying and unique reproductive health needs to prevent, delay, or space pregnancies e.g. married/unmarried and rural/urban youth.

National, county governments and non-state actors should work together to eliminate all forms of violence and discrimination against children, women, girls and men. Kenya has formulated various laws and legislation in regard to SRH. The challenge is usually on full enforcement of laws and regulations to realize a bright future on SRH.

Both state and non-state actors should conduct public awareness at community level to demystify cultural and social norms, where deeply rooted cultural and religious beliefs contribute to victim-blaming and the normalization of certain forms of violence. These societal factors impede survivors from seeking the assistance they require.

Capacity build law enforcement officers, healthcare professionals, social workers and service providers to have adequate necessary skills to effectively handle GBV cases.

Strengthen health systems by capacity building the health workforce at all levels, for the prevention and control of the Non-Communicable Diseases (NCDs). Reviewing the pre-service and in-service curriculum in training of health care workers to incorporate NCDs prevention and control.

Promote population health for healthy lifestyles by implementing national policies/interventions to reduce the modifiable risk factors for non-communicable diseases: unhealthy diets, physical inactivity, tobacco use and harmful use of alcohol.