OCTOBER 2018

ENGAGING YOUNG PEOPLE IN NAROK COUNTY IN DECISIONMAKING IMPROVES YOUTH-FRIENDLY FAMILY PLANNING SERVICES

16.7 Median age of first sexual intercourse for women ages 20 to 49 in Narok County.

38% Share of married women ages 15 to 49 in Narok currently using a modern

40% Share of women ages 15 to 19 in Narok who have had a live birth or are pregnant with their first child. Young people's well-being shapes the health, development, and economic growth of the larger community. This relationship is particularly true in Narok County, Kenya, where more than half of the population is under age 15. As Narok's young people transition to adulthood, investments in their reproductive health can lay the groundwork for good health and greater opportunities for them and for the county. Including young people in the decisionmaking surrounding those investments can help ensure health programs' success.

Recognizing the importance of empowering young people to reach their full potential, the government of Kenya has adopted national policies that support youth access to reproductive health services, especially family planning services (see Box 1). These policies explicitly encourage elements of family planning service delivery that promote youth-friendly services.

Given Kenya's national policy environment, counties have a responsibility to translate national policies into programs and services that meet young people's needs. Yet in many counties, including Narok, current health programs do not fulfill national policy commitments, and many young people do not have access to services that are tailored to meet their needs.

This policy brief details the results of focus group discussions with youth ages 15 to 24 and in-depth interviews of key stakeholders conducted in Narok Town in 2017 and 2018, which assessed gaps between policy commitments and implementation of youth-friendly services in Narok County.¹ The assessment found that many young people do not have access to youth-friendly family planning services. Many health facilities struggle to retain young clients for continuing care. In addition, while decisionmakers occasionally consult young people during policy creation at the national level, young people are rarely involved in decisionmaking concerning youth-friendly family planning services. This brief identifies how the Narok County

BOX 1

National Policies That Support Youth-Friendly Family Planning Services

Kenya has an inclusive and supportive policy environment for the provision of sexual and reproductive health services to both youth and adolescents.

- National Adolescent Sexual and Reproductive Health Policy, 2015.
- National Guidelines for the Provision of Adolescent and Youth Friendly Services, 2016.
- National Family Planning Costed Implementation Plan, 2012-2016.

Health Management Team (CHMT) can seize a unique opportunity to engage young people in decisionmaking to help ensure that sexual and reproductive health programs and policies are as effective as possible.

Narok County Can Improve Sexual and Reproductive Health With Youth-Friendly Services

Narok County's sexual and reproductive health indicators lag behind national-level indicators, indicating that progress is still needed to meet Kenya's commitments to reduce teenage pregnancy and increase adolescent modern contraceptive prevalence under Family Planning 2020.

On average, young women in Narok have their first sexual encounter before age 17. Despite widespread knowledge of at least one modern

method of contraception, fewer than four out of 10 young women use a modern method. This limited use of modern methods exposes young women to unintended pregnancies and leads to high levels of adolescent childbearing in the county: Two out of five Narok women ages 15 to 19 have had a live birth or are pregnant with their first child.² When women have children at young ages, they are at greater risk of illness or even death and may lose opportunities to pursue education, training, or meaningful employment.

YOUTH-FRIENDLY SERVICES LEAD TO IMPROVED SEXUAL AND REPRODUCTIVE HEALTH

The World Health Organization (WHO) recommends that policymakers make contraceptive services youth-friendly to increase contraceptive use among young people.³ According to WHO, family planning services are considered youth-friendly when they are accessible, acceptable, appropriate, effective, and equitable for adolescents.⁴ Youth-friendly family planning services should also respect the diversity among this population. Each young person has unique sexual and reproductive health needs that are complex, changing, and varied, and providers need to give services and counsel in a manner that respects the diverse expectations of each individual.⁵

Policies and programs that include common servicedelivery and supportive environment elements can improve knowledge of family planning and contraceptive services, increase community acceptance of adolescent contraceptive use, and generate greater access to and demand for contraceptive services among young people.⁶ Family Planning High Impact Practices (HIPs) detail these elements in the Adolescent-Friendly Contraceptive Services HIP Enhancement brief (see Box 2).

Increasing Youth Engagement Helps Achieve National Family Planning Goals

Policymakers can ensure family planning services meet the needs of young people by including them in the decisionmaking process for policies and programs that impact their lives. Youth around the world—including Kenya—are often left out of decisionmaking in these areas, yet they have compelling insights that make programs more effective and likely to be used.⁷

BOX 2

Family Planning High Impact Practices

The Family Planning High Impact Practices (HIPs) are a set of evidence-based family planning practices that contribute to increased use of contraception. The Adolescent-Friendly Contraceptive Services HIP Enhancement can provide particular guidance for program staff working with adolescents.

Its practices include:

- Train and support providers to offer adolescentfriendly contraceptive services.
- Enforce confidentiality and audio/visual privacy.
- Offer a wide range of contraception.
- Provide no-cost or subsidized services.
- Build an enabling legal and political environment.
- Link service delivery with activities that build support in communities.
- Address gender and social norms.

Source: "Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services" (HIP), accessed at www.fphighimpactpractices.org/briefs/adolescentfriendly-contraceptive-services/, on June 20, 2018.

Institutions that include and listen to young people during decisionmaking processes are more likely to develop and implement programs that reflect young people's needs and experiences and use resources more efficiently.⁸ In doing so, policymakers gain an understanding of how preferences vary among groups. Youth engagement should go beyond consultations and include commitments from policymakers to include young people in budget discussions and annual planning meetings.⁹

Meaningful youth engagement in decisionmaking not only provides a youth perspective but ensures human rights and builds youth capacity as leaders in the community, both today and in the future.¹⁰ It also bolsters the community's understanding of issues that affect young people.¹¹ As young people become advocates in programs and services, they can play a role in contributing to Kenya's national commitments to improve its citizens' reproductive health.

Research Findings Show a Need for Youth Engagement in Narok County

Research from focus group discussions with youth and in-depth interviews with key stakeholders highlighted young people's dissatisfaction with family planning information and services in Narok County, as well as instances of successful engagement.¹²

- Young people feel unheard and neglected by county officials, who often only interact with members of the County Assembly and political leaders around elections.
- Youth feel that youth engagement is a token act and true decisionmaking takes place behind closed doors.
- Youth are uncomfortable accessing services that are frequented by older members of the community.
 Few spaces or opportunities exist for youth to learn about contraception.
- Youth find it difficult to speak openly about sexual and reproductive health, especially if they are unmarried or women.
- Policymakers often fail to acknowledge young people's needs and perceive that providing youth with contraception will "corrupt them."
- Youth feel a lack of trust and respect for their perspectives.
- Proactive youth will often organize their own youth-led groups to inform each other about family planning.
- Policymakers have consulted with youth to strategize methods to address teenage pregnancy.
- County stakeholders noted a lack of formal structures to consistently engage directly with youth.

What Can Decisionmakers Do to Increase Youth Engagement?

Decisionmakers, including Narok's CHMT, should take additional steps to ensure that youth voices and priorities are included during budget discussions and annual planning meetings concerning programs that directly affect youth well-being.

Decisionmakers should formalize youth representation within current county government

structures. Only through active participation and empowerment will youth be able to make informed decisions regarding their reproductive health and contribute effectively to public health services. The following strategies offer concrete opportunities to increase young people's engagement in youth-friendly family planning services.

- Formally recognize youth-led technical working groups, composed of entirely or majority youth members. Recognition will help establish a good working relationship between youth and adults and allow for youth voices to be heard at all levels.
- Incorporate youth-led technical working group feedback into the budget and annual planning meetings. Only when young people can participate in decisionmaking will family planning services be tailored to meet their needs.
- Establish seats for youth voting members in CHMT budget decisions. This arrangement can increase youth visibility and create spaces for young people to learn and engage with policymakers.
- **Support young people's outreach efforts** to work alongside community leaders in Narok to bolster community understanding of issues that affect young people.

If given the opportunity to work with decisionmakers, young people can play an important role in ensuring that Narok County health programs meet the needs of young people, fulfill national policy commitments, and strengthen opportunities for communities throughout the county.

Acknowledgments

This brief was developed by a group of youth advocates from the International Youth Alliance for Family Planning in Kenya, with the guidance of Christine Power and Meredith Pierce, policy analysts at Population Reference Bureau.

© 2018 Population Reference Bureau. All rights reserved.

References

- 1 Interviews and focus group discussions also took place in Embu County and Nairobi City County in 2017.
- 2 Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, National Council for Population and Development/Kenya, and ICF International, Kenya Demographic and Health Survey 2014 (Rockville, MD, USA: ICF International, 2015).
- 3 World Health Organization (WHO), WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries (Geneva: WHO, 2011).
- 4 WHO, Making Health Services Adolescent Friendly: Developing National Quality Standards for Adolescent-Friendly Health Services (Geneva: WHO, 2012)
- 5 International Planned Parenthood Federation (IPFF), Keys to Youth-Friendly Services: Celebrating Diversity (London: IPPF, 2011).
- 6 Venkatraman Chandra-Mouli, Catherine Lane, and Sylvia Wong, "What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices," *Global Health: Science and Practice* 3, no. 3 (2015): 333-40; Allison Glinski, Magnolia Sexton, and Suzanne Petroni, *Adolescents and Family Planning: What the Evidence Shows* (Washington, DC: International Center for Research on Women, 2014).

- 7 Susan Robison and Jenny Cooke, *Engaging Youth In Community Decision Making* (Washington, DC: Center for Study of Social Policy, 2007).
- 8 Women Deliver Youth Program Team, *Engage Youth: A Discussion Paper on Meaningful Youth Engagement* (New York: Women Deliver, 2016).
- 9 Youth Affairs Council of South Australia (YACSA), Better Together: A Practical Guide to Effective Engagement With Young People (Adelaide, South Australia: YACSA, 2016).
- 10 Gerison Lansdown, "Ch. 10: Youth Participation in Decision Making," World Youth Report 2003 (New York: United Nations, 2003).
- 11 Youth Coalition, *Meaningful Youth Participation: What It Actually Means for You, Your Work, and Your Organization* (n.d.), accessed at www. youthcoalition.org/wp-content/uploads/MYP_en_web.pdf, on Sept. 25, 2018.
- 12 Focus group discussions and in-depth interviews in Narok, Embu, and Nairobi counties were conducted under the Empowering Evidence Driven Advocacy project, implemented by Population Reference Bureau and the International Youth Alliance for Family Planning.





POPULATION REFERENCE BUREAU

The Population Reference Bureau **INFORMS** people around the world about population, health, and the environment, and **EMPOWERS** them to use that information to **ADVANCE** the well-being of current and future generations.

www.prb.org

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW Suite 520 Washington, DC 20009 USA 202 483 1100 *рноке* 202 328 3937 *гах* popref@prb.org *ε-ма*іL