

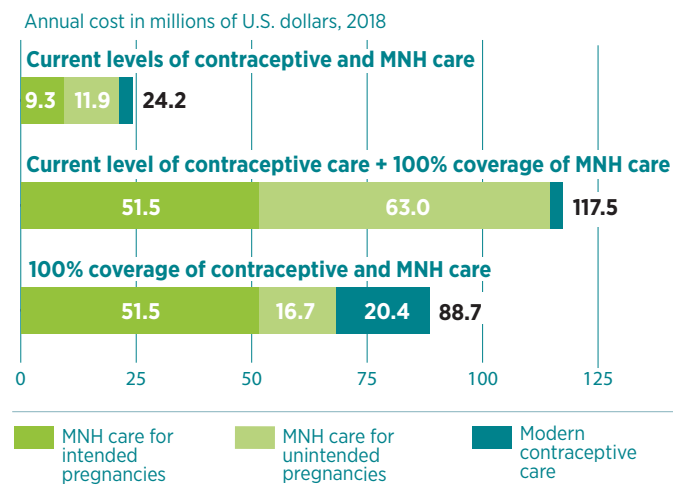
## ADDING IT UP: Investing in Contraception and Maternal and Newborn Health for Adolescents in Kenya, 2018

Revised February 19, 2019



- Improving adolescents' sexual and reproductive health and rights, including preventing unintended pregnancy, is essential to their social and economic well-being.
  - Adolescent women aged 15–19 make up just over one-fifth of the female population in Kenya, and they account for 14% of all births. Almost two-thirds (63%) of pregnancies among adolescents in Kenya are unintended, and 35% of those unintended pregnancies end in abortion.
  - Complications of pregnancy and childbirth continue to lead to preventable deaths and ill health among 15–19-year-old women in Kenya.
  - Adolescent women in Kenya have the lowest induced abortion rate among women younger than 35, with 38 abortions per 1,000 adolescents aged 15–19.
  - In 2012, the Kenyan government committed to providing equitable, affordable and high-quality reproductive health services to adolescents. The National Adolescent Sexual and Reproductive Health policy was updated in 2015 and aimed to enhance the sexual and reproductive health status of adolescents. However, increased investment is essential to ensure that adolescents have access to the information and services they need to determine whether and when to become pregnant.
- Adolescents' need for contraception and maternal and newborn health care**
- Of the 2.8 million women aged 15–19 in Kenya in 2018, 24% (665,000) have a need for contraceptive methods; that is, they are married, or are unmarried and sexually active, and do not want a child for at least two years.
  - Among these 665,000 adolescent women, 46% (308,000) are using modern contraceptives.
  - More than half (54%) of sexually active adolescent women in Kenya who do not want to become pregnant—357,000 in 2018—have an unmet need for modern contraception. These adolescents either use no contraceptive method or use traditional methods, which typically have low levels of effectiveness. Eighty-six percent of all adolescent unintended pregnancies in the country occur among this group.
  - Unmet need for modern contraception is higher among unmarried, sexually active adolescent women than among married adolescent women (44% versus 32%).
  - Not all of the 217,000 adolescent women who give birth each year receive the essential components of maternal and newborn care recommended by the World Health Organization and the Kenyan Ministry of Health. For example, about half (51%) have fewer than four antenatal care visits and 33% do not give birth in a health facility.
- Benefits of meeting contraceptive and maternal health needs**
- Increasing use of modern contraceptives by adolescents who want to avoid pregnancy and providing all pregnant adolescent women and their newborns with the recommended levels of maternal and newborn health care would save lives and improve the health of adolescents in Kenya.
  - If all unmet need for modern contraception among adolescents in Kenya were satisfied, unintended pregnancies would drop by 73%, from 218,000 per year to 58,000 per year, resulting in reductions in the annual numbers of unplanned births (from 111,000 to 30,000) and abortions (from 77,000 to 20,000).
  - Likewise, in the scenario in which all unmet need for modern contraception among adolescents in Kenya is met, adolescent maternal deaths would drop by 39% (from 450 per year to 280 per year). If full provision of modern contraception were combined with adequate care for all pregnant adolescents and their newborns, adolescent maternal deaths would drop by 76% (from 450 per year to 110 per year).
- Need for greater investment**
- The 2018 estimated annual cost of providing contraceptive services to the 308,000 women aged 15–19 in Kenya who currently use modern contraceptives is \$3 million. This averages \$9.74 per user annually.
  - The total cost in 2018 for maternal and newborn health care services for all adolescents who become pregnant and their newborns is \$21 million.
  - Meeting the need for modern contraception among all adolescent women in Kenya who are sexually active and want to avoid having a child in the next two years would cost \$20 million annually, an increase of \$17 million from the current cost. This additional investment would provide improved quality of care for current users and coverage for new users.
  - In the absence of this additional investment in contraceptive services, fully meeting the current need for maternal

## Investments in modern contraceptive services would help to reduce the costs of meeting the need for maternal and newborn health (MNH) care in Kenya.



and newborn care for adolescent women would cost an estimated \$114 million annually, of which \$63 million would go to care related to unintended pregnancies.

- Fully meeting adolescents' need for modern contraception would lower pregnancy-related costs by \$46 million, to \$68 million.
- Because the cost of preventing an unintended pregnancy through the use of modern contraceptives is far lower than the cost of providing care for an unintended pregnancy, each additional dollar spent on contraceptive services for adolescents would reduce the cost of maternal and newborn health care for adolescents in Kenya by \$2.65.
- Fully meeting the needs for both modern contraceptive services and maternal and newborn health care for adolescents in Kenya would cost a total of \$89 million each year.
- Annually, it would cost \$1.79 per capita to fully meet adolescent women's needs for both modern contraception and maternal and newborn care in Kenya (\$0.41 per capita on modern contraception and \$1.37 on maternal and newborn care).
- The return on these investments goes beyond the critical impacts on health to include broad social and economic benefits for adolescent women and society, such as increases in women's education and earnings, which can lead to overall reductions in poverty. Ensuring adolescents stay healthy and providing them with economic opportunities and education so they can decide if and when to have children is a critical step toward achieving the benefits of a demographic dividend.

## Recommendations

- Investing in meeting the need for both modern contraception and maternal and newborn health care among adolescents in Kenya is essential to improving health outcomes, and it is more cost-effective than focusing on maternal and newborn health care alone.
- The most effective actions to improve adolescent sexual and reproductive health take a multifaceted and coordinated approach and provide access to services that are nondiscriminatory; medically accurate; and developmentally, culturally and age-appropriate. The following bullets describe some of these approaches.
- Improve access to and provision of comprehensive sexuality education and youth-friendly reproductive health services.
- Increase information about these services within communities and schools through programs that seek to change stigmatizing social norms around adolescent sexual activity and access to reproductive health services.
- Implement community-based health service delivery programs that include strategies specifically for adolescents.

## SOURCES

Most information in this fact sheet comes from special tabulations of the data underlying *Guttmacher Institute, Adding it up: investing in contraception and maternal and newborn health, 2017, Fact Sheet, New York: Guttmacher Institute, 2017. Annotated version available at <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-maternal-newborn-health-for-adolescents-kenya>.*

## DONOR SUPPORT

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