



## POLICY DISSEMINATION BRIEF

### The National Adolescent Sexual and Reproductive Health Policy 2025

#### Background

Kenya's Adolescent Sexual and Reproductive Health (ASRH) Policy (2015) seeks to improve the health and well-being of adolescents aged 10–19 by ensuring access to age-appropriate information and services, empowering young persons, and addressing risks such as teenage pregnancy, HIV and other STIs, sexual and gender-based violence (SGBV), unsafe abortion, and harmful cultural practices.

Adolescents make up nearly a quarter of Kenya's population but continue to face barriers in accessing sexual and reproductive health (SRH) services. Despite supportive policies, implementation gaps expose adolescents to preventable health and social risks. Strengthening implementation is essential to enable adolescents to reach their full potential and contribute to national development.

#### Context and Rationale

##### Key challenges include:

- Teenage pregnancies: About 15% of girls aged 15–19 have begun childbearing (KDHS 2022).
- HIV and STIs: Adolescents account for a significant share of new HIV infections, with girls disproportionately affected.
- SGBV: Exposure to sexual violence increases risks of trauma, unintended pregnancy, and HIV infection.
- School dropouts: Pregnancy and child marriage undermine education outcomes.
- Service delivery gaps: Limited adolescent-friendly spaces, trained providers, and confidential services.
- Policy–practice disconnect: Counties face challenges in funding, coordination, and awareness of ASRH implementation.

#### Policy Goal and Objectives

##### Goal:

Improve adolescents' sexual and reproductive health (SRH) to enable them achieve their full potential in national development.

##### Specific Objectives:

- Create a supportive legal and socio-cultural environment for adolescent SRH services.
- Ensure equitable access to quality, adolescent-friendly SRH information and care.
- Promote gender equality in adolescent SRH.
- Strengthen multi-sectoral collaboration, partnerships, and community involvement.
- Empower adolescents to participate and lead in SRH planning and programs.
- Improve collection and use of age- and sex-disaggregated adolescent data.

## Policy Issue

### Implementation remains inconsistent due to:

- Limited integration into county plans and budgets.
- Weak enforcement of adolescent-friendly service standards.
- Inadequate community and multisectoral engagement.
- Poor data quality and use for decision-making.

## Policy Recommendations

- Integrate ASRH into county planning, budgeting, and accountability systems.
- Provide safe, youth-friendly, and respectful SRH services.
- Strengthen community, school, and stakeholder collaboration to reduce stigma.
- Use quality data and monitoring to improve programs and support youth engagement.

## Expected Outcomes

- Increased access to quality SRH services for adolescents.
- Reduced teenage pregnancies, unsafe abortions, HIV/STI infections, and SGBV.
- Improved school retention among adolescent girls.
- Better alignment between national and county health priorities.
- Contribution to SDGs 3 (Health), 4 (Education), and 5 (Gender Equality).
- Address harmful cultural practices.



# Call To Action

- **Ministry of Health:** Strengthen coordination, monitoring, accountability, and continuous professional development.
- **County Governments:** Allocate funding and integrate ASRH into planning processes.
- **Health Care Providers, including Pharmacists and Pharmaceutical Technologists:** Provide confidential, adolescent-friendly SRH information, services, and reporting.
- **Development and Implementing Partners:** Support evidence-based programs and youth empowerment.
- **Communities & Families:** Create supportive, stigma-free environments for adolescents.

