



The SHE SOARS baseline survey was conducted between January and February 2022 in Nairobi, Kajiado, Siaya and Kisumu counties with 1035 households participating. A household coverage survey was employed targeting adolescent girls (15-19 years) in-school and out-of-school and their household members.

## IN KENYA GIRLS 15-19:



25% are mothers



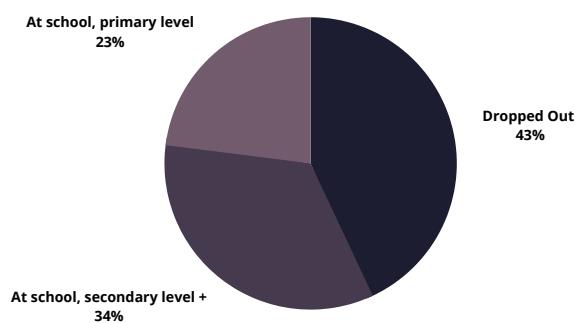
10% are married  
43% have a partner



51% do not have  
contraceptive needs met



43% can make their own  
SRHR choices



## ADOLESCENT SEXUAL REPRODUCTIVE HEALTH & RIGHTS SERVICES & INFO

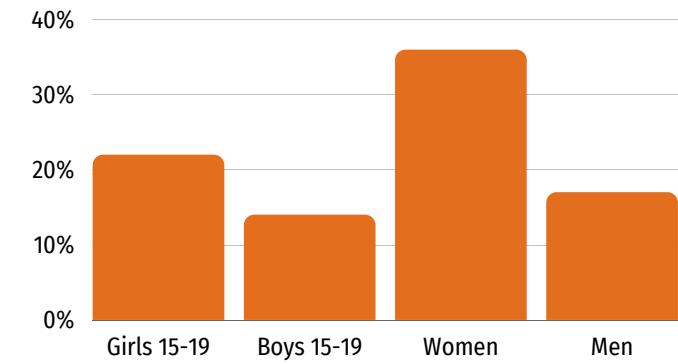
- 46% of girls and 37% of boys satisfied with sexual reproductive health and rights (SRHR) services at health facility
- 40% of girls feel comfortable talking about contraception with their mother
- 21% of boys feel comfortable talking about contraception with their father
- 41% of girls own a mobile phone



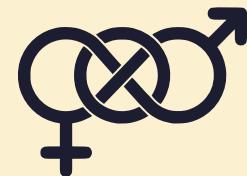
Photo credit: Tim Freccia/CARE)

## AUTONOMY TO MAKE HEALTH DECISIONS

% total who strongly agree/agree women can go to health facilities and take contraceptives without permission from parents or partner:

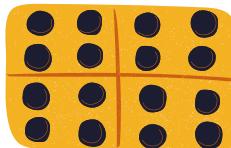


The SHE SOARS Gender & Power Analysis accompanies and augments the baseline quantitative household survey and explored current knowledge, beliefs, attitudes, behaviors, and practices related to sexual reproductive health and gender equality among adolescents, particularly those out-of-school, and how this influences behaviors and practices. Multiple data collection methods, were used including in-depth interviews and focus group discussions.



## ACCESS TO SERVICES

Adolescents are perceived by the community as too young to access SRHR services and adolescents and caregivers raised fear of "who is watching". Adolescents with disabilities/out of school adolescents faced the greatest access barriers.



Contraceptives are perceived to be for those who are married or have children. Widespread myths and misconceptions prevail related to contraception and infertility.

## LACK OF CONFIDENTIALITY

"You meet with the health care worker along the road and at the time you are with your friends and the start talking about your STI infection in their presence." Adolescent Boy, Nairobi

## GENDER BASED VIOLENCE

Violence was reported by both girls and boys as being prevalent in their communities, including intimate partner violence, sexual violence, child marriage, early and forced marriage, and harmful traditional practices

**"A girl agreed to receive a man's lump sum amount of money and when she was found cheating, she was killed. The man was not arrested."** Adolescent Girl, Kajiado

## MOTHERS AS ALLIES

While adolescent girls and boys were supported in these endeavours by teachers, religious leaders, friends, and siblings, it was their caregivers (especially mothers) who were consistently named as their biggest supports.

**"My mother is my pillar."** Adolescent Girl with Disabilities, Kajiado, Kenya

## EDUCATION OVER LIVELIHOODS



There was concern from caregivers on adolescent girls involvement in income generating activities raising concerns and concern over stigma for the family if they were not in school.

## BODILY AUTONOMY

Adolescent girls appear to have limited control over when and with whom they have sex, as well as who they will get married to. Transactional sex was a significant part of life for adolescent girls.

**"I decided to get into a relationship even if I will get pregnant and drop out of school. This will lift the financial burden off my father's shoulders because we are many dependents."** Adolescent Girl, Kajiado, Kenya

The SHE SOARS Health Facility Assessment was carried out between February and April 2022. The main goal was to inform interventions and indicators about availability of comprehensive ASRHR services, as well as infrastructure, personnel and training, and environmental considerations such as medical waste management and infection control. A cross-sectional study with mixed approaches was conducted in 81 primary health facilities in the counties of Kajiado, Kisumu, Nairobi and Siaya, Kenya.

## AVAILABILITY OF YOUTH FRIENDLY SRHR SERVICES

- 2% of Health Facilities currently providing youth-friendly services\*
- 23% with full availability of contraceptive methods on the day of assessment
- 43% of facilities required parental consent to access SRH services by adolescents
- 33% of facilities had a copy of the National ASRH guidelines
- 58% of female and 52% of male Health Care Providers trained on ASRH service provision

## GOVERNANCE STRUCTURES

12% of facilities had governance structure with participation of adolescents and other community members

## INFRASTRUCTURE

94% of the facilities surveyed have an available source of power 24 hours a day

83% of facilities have regular access to clean water



## OUTREACH TO ADOLESCENTS

A total 2,531 adolescent girls and 1,060 adolescent boys 15-19 reached through outreach activities over last 12 months



Photo Credit: CARE/Shantelle Spencer

\*youth-friendly services were evaluated by assessing whether separate consultation spaces were available for adolescent clients, providers' obligations and adolescents' rights are clearly posted, whether a separate or discreet entrance for adolescent clients existed, and whether communication between reception staff and visitors cannot be overheard.

