



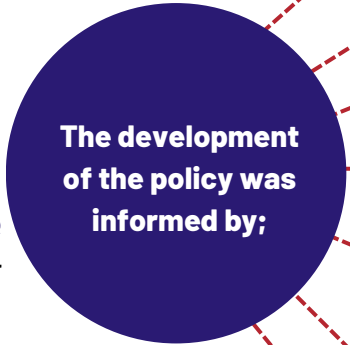
REPRODUCTIVE HEALTH POLICY

Policy Brief

The National Reproductive Health Policy 2022-2032 is a policy document that provides universal access to reproductive health (RH) services for all in Kenya.

The policy is founded on the following key objectives;

- 1 To achieve **universal reproductive health coverage** through quality and comprehensive RH interventions across the country.
- 2 To strengthen the enablers for Reproductive Health including; aligning partnerships and collaboration.
- 3 To improve **responsiveness** to client's reproductive health needs.



The Kenyan Medium Term Expenditure Plans

The previous reproductive health policy 2007

The Kenya vision 2030

The Kenyan Constitution

Kenya Health policy 2014-2030

The Kenya ICPD+25 Nairobi summit commitments

Sustainable Development Goals



Challenge

The policy development process was characterized by minimal public participation.

The RH policy addresses the following RH needs of the Kenyan population;

 Maternal, perinatal, and neonatal morbidity and mortality

 HIV/AIDS and sexually transmitted infections


 Reduction of Teenage pregnancy

 Cancers of reproductive organs

 Unmet need for family planning

 Infertility and sexual dysfunction

 Adolescent/Youth Reproductive Health

 Menopause and andropause



The policy has the following key interventions to mitigate some of the RH issues faced by persons of reproductive age in Kenya;



Establish a universal RH literacy framework for the population, which will ensure adequate age-appropriate RH information and awareness for all persons including adolescents and young people.



Availability of reproductive health services and commodities.



Research on the different reproductive health issues.



Support sensitization and implementation of education re-entry policy that is supportive of teenage mothers and their infants.



Establishment of National Reproductive Health dialogue day to create awareness on RH issues including reduction of harmful practices.



Promote RH educational programs that are responsive to the needs of the marginalized populations including the use of health education materials in Braille and sign language and other appropriate means of communication.



Availability of resources towards implementation of the interventions.



The Ministry of Health (MoH) recognizes the need to improve women and girl's quality of life by ensuring safe,affordable,accessible and hygienic menstrual products but also clean and secure facilities.

In alignment with the Menstrual Hygiene Management policy(2019-2030), menstrual hygiene shall be incorporated in the various RH programmes.

Problematic areas in the RH Policy



The policy excludes single mothers and those cohabiting from accessing infertility treatment.

This essentially excludes all unmarried women from the reproductive rights and options that are unrestricted for married women.



for



Financial support for the same, through the National Health Insurance Fund (NHIF) is only granted to legally married "couples".



The policy denies reproductive health interventions to persons below 21 years

because they are perceived not to have attained “full cognitive competence” on matters of sexuality and reproduction.”



This also contradicts the Marriage Act which sets the legal age of marriage in Kenya is 18; a further contradiction to the fact that the same policy only provides reproductive health to married “couples”.



The policy infantilizes children, and anyone aged below 18 years,

refusing to acknowledge any evolving capacity to make decisions. This completely disregards the guidance of UNICEF, UNFPA, and WHO as embodied in the Convention on the Rights of the Child, to which Kenya is a signatory.



The policy excludes all and any interventions to deal with unsafe abortions,

providing no health interventions for women who opt to terminate unintended pregnancy, even under the limitations outlined by Article 26(4) of the Kenyan Constitution.



The policy validates illegal structures like Crisis Pregnancy Centers.

Multiple investigations in other countries, including the US, have found that Crisis Pregnancy Centers are largely unregulated, and promote rampant misinformation to pregnant women, especially those from low income communities.



Conclusion

The development of the National RH policy was a great initiative by the MoH towards ensuring Kenyans have access to RH services. Likewise, it covers the different issues affecting persons of reproductive age. However, it addresses a few sexual reproductive health needs of adolescents and young people in Kenya which invalidates their lived realities.



Recommendations



Development of policies should be guided by proven scientific data that reflect the lived realities of adolescents and young people.



The MoH should embrace meaningful engagement of key stakeholders including; adolescent and young people in policy development processes.