

Chapter 3

THE SITUATION FACED BY YOUNG PEOPLE IN KENYA

Young people in Kenya today live in complex and challenging times. The political and social turmoil of the 1990s left scars that today are being borne disproportionately by young people. By 2000, Kenya's economy was at its lowest point since independence, with 56 percent of the population living in poverty and a negative growth rate of 0.2 percent (Central Bureau of Statistics, 2003a). This economic environment inevitably had a destructive impact on the social fabric of the country. Despite this gloomy picture, however, developments in more recent years have given grounds for optimism. These developments include the election of a new government, the reinstatement of free primary education, and the drafting of a new constitution. This chapter presents data that describes the current social, economical and political context within which young Kenyans are living today.

Demographics

Seventy-five percent of Kenya's population of 28.7 million is under 30 years of age (Central Bureau of Statistics et al, 2004). Young people – using the term to include those between 15 and 24 years of age – number 6.2 million or about 22 percent of the population. Table 3.1 gives the age breakdown in more detail.

Table 3.1: Kenya's Population by Age and Sex, 1999 and 2005 (Population in thousands)

1999*					2005**			
<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>% Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>% Female</i>	<i>Total</i>
0-4	2,292	2,243	49.5	4,535	2,349	2,314	49.6	4,664
5-9	2,000	1,963	49.5	3,963	2,207	2,186	49.8	4,392
10-14	2,035	2,004	49.6	4,039	2,100	2,084	49.8	4,184
15-19	1,682	1,721	50.6	3,403	2,149	2,143	49.9	4,292
20-24	1,329	1,504	53.1	2,833	1,850	1,866	50.2	3,716
25-29	1,095	1,165	51.5	2,260	1,434	1,451	50.3	2,885

Sources: *Central Bureau of Statistics Census, 1999

**UN Population Division of the Department of Economic and Social Affairs

A further breakdown of Kenya's population by province is shown in Table 3.2. The patterns of distribution of Kenya's youth closely follow those of the national population, with majority of young people living in the Rift Valley, Kenya's largest and most densely populated province. The lowest concentration of young people is found in North Eastern Province, an arid area and Kenya's least populated province (see Annex 3 for a map of Kenya).

Table 3.2: Regional Distribution of Kenya's Youth by Province, 1999

<i>Age</i>	<i>Nairobi</i>	<i>Central</i>	<i>Coast</i>	<i>Eastern</i>	<i>North Eastern</i>	<i>Nyanza</i>	<i>Rift Valley</i>	<i>Western</i>
15-19	215,566	445,891	275,355	571,473	125,355	556,971	811,003	401,564
20-24	338,034	371,878	261,108	409,375	82,714	401,114	679,965	288,730
25-29	299,569	312,458	222,220	321,720	62,755	290,493	542,077	208,211
Total	853,169	1,130,227	758,683	1,302,568	270,824	1,248,578	2,033,045	898,505

Source: Central Bureau of Statistics Census, 1999

Education

Education is highly valued in Kenya – it is seen as an important avenue towards economic opportunities and social mobility as well as an indicator of social status. Although the economic regression of recent years has meant that education is no longer an automatic passport to employment, the value placed on education by most social groups in Kenya has remained high.

Education Enrollment and Attainment

After the government adopted the policy of free primary education (FPE) in 2003, the primary school enrollment rate increased to 104 percent (the enrollment rate is greater than 100 percent because of the existence of overage students who are still in school). This rapid increase in primary school enrollment has had implications for the education system (including retention and completion rates and the quality of education provided) that the Ministry of Education, Science, and Technology (MOEST) and other stakeholders are currently trying to address. A key issue that needs to be addressed is persistent gender and regional disparities, particularly in arid, semi-arid, and slum areas where enrollments are still low. As these additional primary students work their way up through the system, institutions at the secondary, tertiary, and Technical Industrial Vocational Education and Training (TIVET) levels will need to be ready to absorb higher numbers of students.

Currently, few students make the transition from primary school to secondary school, with only 22.2 percent of eligible students proceeding to the secondary level. Table 3.3 presents secondary school enrollment rates by gender and province. There are large regional disparities in enrollment, with the Central province having the highest gross enrollment rate (GER) at 38 percent and the North Eastern province having the lowest at 4.5 percent. Gender disparities in secondary school enrollment are relatively small except in the North Eastern province where twice as many males are enrolled as females.

In 2002, 847,287 young people were enrolled in secondary school. Girls comprised 47.2 percent of total secondary enrollment with a completion rate of 94.8 percent compared with a completion rate of 98.1 percent for boys. A total of 195,694 candidates registered for the Kenya Certificate of Secondary Education (KCSE) in 2002, of whom 36.9 percent were girls. By 2003, however, secondary school enrollment had fallen to 700,000. Space limitations, coupled with high school fees, are now preventing many otherwise eligible young people from attending secondary school. There are only one-fifth as many secondary schools as primary schools in Kenya (3,999 compared with 19,496).

Table 3.3: Secondary School Enrollment by Gender and Province, 2000

Province	Enrollment (in 1000s)				Gross Enrollment Rate (percent)		
	Male	Female	% Female	Total	Male	Female	Total
Coast	17,876	15,206	46.0	33,082	15.6	13.2	14.4
Central	71,866	75,020	51.1	146,886	36.6	38.8	37.7
Eastern	59,066	58,179	49.6	117,245	23.2	23.4	23.3
Nairobi	9,745	8,281	45.9	18,026	15.1	9.4	11.8
Rift Valley	72,438	57,974	44.4	130,412	20.2	16.4	18.3
Western	47,824	43,856	47.8	91,680	26.2	23.9	25.1
Nyanza	67,855	50,627	42.7	118,482	26.7	20.2	23.5
North Eastern	3,647	1,455	28.5	5,102	5.8	2.9	4.5
Total	350,317	310,598	47.0	660,915	23.5	20.9	22.2

Source: Ministry of Education, Science, and Technology

Net secondary school enrollment rates in Sub-Saharan Africa in 2001 to 2002 ranged from a low of 5.5 in Niger to highs of 62.1 in Mauritius and 62.0 in South Africa. Out of 27 countries, 12 had higher enrollment rates than Kenya, which had an enrollment rate of 24.0. In general, females had lower enrollment rates than males except in Botswana, Cape Verde, and Swaziland. In Kenya, the gender disparity in enrollment was minimal - 24.4 percent of males were enrolled compared with 23.6 percent of females (World Bank, 2005).

There was an 18 percent increase in public university enrollment from 52,906 to 62,875 students between the 2001/2002 and 2002/2003 academic years. Total enrollment in tertiary institutions was 111,000 in 2001 and 123,023 in 2002 – a 10.8 percent increase. Far fewer females than males are enrolled in technical training institutes, national polytechnics, and public universities. Table 3.4 presents student enrollment in tertiary institutions by gender.

Gross tertiary enrollment rates in Sub-Saharan African countries in the period from 1999 to 2002 ranged from a low of 0.6 in Mozambique to highs of 16.9 in Liberia and 15.0 in South Africa. Out of 40 countries, 19 had higher enrollment rates than Kenya, which had an enrollment rate of 2.9. In general, females had lower enrollment rates than males except in South Africa, Lesotho, and Mauritius. In Kenya, males had a 3.8 enrollment rate compared with a rate of 2.0 for females (World Bank, 2005).

Table 3.4: Enrollment in Tertiary Institutions by Gender, 2000/2001 – 2002/2003

Institution	2000/2001			2001/2002			2002/2003*		
	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
Primary Teacher Training Colleges	9,391	9,140	49.3	9,629	10,009	51.0	10,246	10,164	49.8
Diploma Teacher Training Colleges	1,129	822	42.1	1,213	916	43.0	1,313	960	42.2
Technical Training Institutes	8,790	6,365	42.0	9,969	7,832	44.0	10,445	8,546	45.0
National Polytechnics	6,399	2,643	29.2	7,283	2,989	29.1	9,604	4,155	30.2
Public Universities	29,027	13,481	31.7	35,870	17,036	32.2	42,172	20,703	32.9
Private Universities	4,111	4,101	49.9	4,224	4,905	53.7	4,390	5,025	53.4
TOTAL	58,847	36,552	38.3	68,188	43,687	39.0	78,170	49,553	38.8

Source: Ministry of Education, Science, and Technology.

*Provisional

In terms of educational attainment, there are significant differences between rural and urban Kenya, and between the slums and other areas (Table 3.5).

Table 3.5: Schooling Status and Educational Attainment (percent)

Status	Slums**		Nairobi*		Rural Kenya*		Kenya (national)*	
	Male	Female	Male	Female	Male	Female	Male	Female
Attending school								
15-17	40.2	22.2	88.9	82.5	74.0	72.9	74.4	68.1
18-20	9.8	5.4	15.4	20.0	31.5	23.7	29.4	22.0
21-24	3.1	2.9	7.7	7.9	10.6	3.3	9.3	3.7
Education attainment								
None	0.7	2.0	0.0	0.5	1.8	4.0	1.9	4.2
Primary incomplete	22.6	25.8	10.9	23.9	50.2	50.2	45.7	45.0
Primary complete	37.1	39.4	16.4	25.4	20.3	20.3	21.3	22.5
Secondary or more	39.6	32.8	72.7	50.3	27.7	27.7	31.1	28.3

Source: African Population and Health Research Center, NCSS, 2002

*Based on 1998 KDHS data.

**Nairobi Cross-Sectional Slums Survey (NCSS)

Reasons for School Non-Attendance

The inability to pay school fees is the main reason why young people leave school early and is also a major reason why young people enrolled in school work for pay, beg, or become involved with commercial sex work. In the Welfare Monitoring Survey, both poor and non-poor young people cited four main reasons for not attending school – the inability to afford the fees, early marriage, failure in examinations, and school not being interesting. Young people from poor households are more likely than those from non-poor households to cite the inability to afford school fees as a reason for their non-attendance (30.7 percent versus 21.8 percent). Females are more likely than males to leave school because of marriage (22.7 percent of poor females versus 3.4 percent of poor males, and 24.3 percent of non-poor females versus 3.7 percent of non-poor males). Approximately 8 percent of females do not attend school due to pregnancy (7.3 percent of non-poor and 8.6 percent of poor females). Eight to nine percent of young people stop attending school because they have failed their exams, while 10 percent of poor young people and 8 percent of non-poor young people stop attending school because they do not find it interesting (Ministry of Finance and Planning, 2000).

Deolikar (1998) found: (i) the economic background of a child is one of the strongest determinants of both primary and secondary enrollment; (ii) a child's mother's education level has a significant effect on the household decision about whether to send children to school; (3) caring for younger siblings is a chore that keeps girls from attending school; (4) the availability of schools per school-age child is a significant determinant of school enrollment (Deolikar, 1998 cited in World Bank, 2004b).

Education Costs

Under the recently introduced free primary education policy, the government covers the school fees of all students in public primary schools. During fiscal year 2003, the Kenya Government spent Ksh 3.6 billion to meet the basic costs of this policy. The government's development partners including the Department for International Development (DFID) and the World Bank provided additional support (Central Bureau of Statistics, 2003a). Parents are expected to meet the cost of pupils' uniforms, food and health care. The introduction of free primary education has led to a dramatic increase in primary school enrollment, with rates going from 87.6 percent in 2002 to 104 percent currently. In secondary school and beyond, all costs are borne by the family. To subsidize students from poor households and expand access to secondary education, the government has put in place bursary schemes.

Families in Kenya spend a significant amount of their resources on education. Data from the Centre for the Study of Adolescence (CSA) and the Nairobi Cross-sectional Slum Survey (NCSS) show that most education expenses are borne by parents. Siblings and other relatives as well as NGOs and religious groups also assist with education costs. Less than 1 percent of young people report paying for their own education. It is estimated that households spend 20 percent of their non-food consumption budget on primary education and 41 percent on secondary education (these data apply to the period before the introduction of free primary education). These expenditures are made for tuition fees, uniforms, books, other supplies, transport, room and board, private tutoring

and “harambee” contributions (fund-raising contributions parents make towards the school for purposes such as repairing school buildings). Estimates from the Welfare Monitoring Survey indicate that prior to the introduction of free primary education, the average annual cost per pupil for all these items at the primary level was Ksh 1,200 and at the secondary school level was Ksh 9,898 (World Bank, 2004b). Public spending on education is also significant. At the primary, secondary and tertiary levels respectively, the government spends Ksh 4,400, Ksh 21,800, and Ksh 135,800 per student (Republic of Kenya, 2004).

Education and Career Aspirations

Education contributes to the shifting expectations and aspirations of young people. Most students aspire to careers in such white-collar fields as medicine, law, and engineering (Table 3.6).

Table 3.6: Future Aspirations of Young People in School

<i>Job</i>	<i>Percent</i>
Physician	24.0
Engineer	20.0
Lawyer	17.0
Nurse	11.0
Pilot	7.0
Teacher	3.0
Police	3.0

Source: Center for the Study of Adolescence, 2003

One consequence of gaining education is that these graduates shun some occupations as being only for the unskilled or uneducated. As one focus group participant in Turbo expressed it, “Working in the shamba [on the farm] lowers your dignity.”

Education also creates and reinforces distinctions of economic class that are likely to be passed on to future generations. For example, those who attend secondary school live in a different social universe from out-of-school youth. In Mumias, one of the focus group sample areas, young people enrolled in school seemed to be unaware of the existence of youth groups, such as the communal *boda boda* [bicycle taxi] groups, that had been established in their community by and for out-of-school youth.

Employment

The problem of youth unemployment has long been recognized in Kenya. The 1972 International Labor Organization (ILO) report on employment in Kenya acknowledged that the formal sector had limited capacity to generate enough jobs to absorb the existing labor force. Since then this problem has remained high on the government’s policy

agenda but, with rapid population and labor force growth as well as economic decline, it continues to be a pressing problem.

There are approximately 1.8 million unemployed people aged between 15 and 64 in Kenya, resulting in a national unemployment rate of 14.6 percent. Sixty percent of all unemployed people are under the age of 30, and 45 percent are under 24 years of age. The largest number of unemployed people is in the 20 to 24 age group. Only 1.5 percent of the unemployed have any formal education beyond the secondary school level. In addition, the vast majority of unemployed people (92 percent) have no vocational or professional skills training. In effect, unemployment is not just due to a lack of jobs, but it is also due to the workforce lacking the skills needed to support a growing economy.

Table 3.7 shows unemployment and labor force participation rates by age, gender, and location. The Labor Force Report (Central Bureau of Statistics, 2003b) defines the unemployment rate as the proportion of unemployed people in the total labor force. Unemployed people are defined as those of working age (age 15 to 64) who reported that they were not working but were looking for work. The participation rate is the percentage of the working age population that is economically active.

Overall, unemployment rates in rural areas are much lower than those in urban areas. This is partly because many young people migrate to urban areas to look for employment. Young females especially in the 20 to 24 year and 25 to 29 year age groups have much higher unemployment rates than males. The gender disparity is mostly an urban phenomenon as unemployment rates for males and females in rural areas are similar. These gender disparities may be a reflection of discrimination in hiring practices as well as the lower skill levels of females as evidenced in the tertiary enrollment figures seen earlier.

Table 3.7: Unemployment and Participation Rates by Age, Gender, and Location (percent)

Age	Unemployment Rates Male			Unemployment Rates Female			Unemployment Rates All	Participation Rates		
	Rural	Urban	Total	Rural	Urban	Total	Total	Male	Female	Total
15-19	14.3	56.2	21.8	17.8	42.8	26.4	24.3	28.1	30.5	29.3
20-24	15.5	27.2	19.0	14.5	58.7	33.9	27.1	66.6	69.8	68.3
25-29	7.6	9.0	8.2	9.5	38.8	21.6	15.5	91.5	87.7	89.4
30-34	4.8	4.8	4.8	10.9	27.5	16.8	10.8	96.6	91.6	94.1

Source: Central Bureau of Statistics, Labor Force Survey, 1999

A recent study of labor force participation rates in Sub-Saharan Africa (Liebrandt et al, 2004) revealed that Kenya has one of the lowest participation rates for both young people aged 15 to 24 and adults aged 25 to 54. Out of the 15 countries featured in the study, only Malawi, Uganda, Nigeria, and Ethiopia had lower participation rates. The ratio of youth to adult labor force participation rates ranged from 0.29 in Uganda to 0.94 in Ghana, while the ratio for Kenya was 0.48.

The National Youth Employment Workshop Report issued by the Ministry of Labor and Human Resource Development and UNDP (2004) cited the following as causes of youth unemployment in Kenya:-

- *Population Growth Rate:* The rapid population growth rate has led to a large flow of labor into the labor market. Approximately 500,000 young people join the labor force annually. Because the rate of absorption of these young people into productive employment is low, this leads to high unemployment rates.
- *Economic Growth:* In the recent past, Kenya has been experiencing low economic growth rates. In 2000, there was a negative growth rate of 0.2 percent, but this improved to a positive growth rate of 1.2 percent in 2001 and 1.1 percent in 2002. The low economic growth rates have reduced the capacity of the labor market to absorb all the potential workers in the labor force. The demand for labor has been decreasing while the supply of labor is increasing.
- *Education and Training System:* The educational system has not been effective in equipping students with the practical skills required by industries or necessary for self-employment.
- *Job Selectivity:* Young people have a negative attitude towards “blue-collar” jobs and school leavers are selective about the type of jobs that they think they should accept. They prefer white-collar jobs, which are limited in number.
- *Labor Market Information:* Information on existing vacancies and wages is not made readily available to potential workers, and firms lack information about the skills of available workers.
- *Rural-Urban Imbalance:* Development and the higher wages paid in urban areas than rural areas have led to mass rural to urban migration. This has created a large labor force in urban areas that cannot easily be absorbed into the labor market.

Working Children

The Child Labor Report issued by the Central Bureau of Statistics in 1999 defined working children as those aged 5 to 17 years who worked for pay, profit or family gain for at least 1 hour during the survey week. There were 1.9 million working children in 1999 (this constituted 17.4 percent of all children aged 5 to 17). Slightly more of the working children were boys (52 percent). The majority of working children (89 percent) lived in rural areas, and almost 70 percent were not attending school. The majority (76.8 percent) of working children had attained a primary school education, but only 3.2 percent had attained a secondary school education while 12.7 percent had no formal education at all. The proportion of working children diminished with improved household income, with 57.9 percent of working children coming from households with a monthly income below Ksh 6,001 (Central Bureau of Statistics, 2003c). Table 3.8 presents the distribution of working children by gender, age, and location.

Table 3.8: Distribution of Working Children by Schooling Status (thousands)

Category	In School	Out of School	Total
Boys	311.0	673.2	984.2
Girls	277.4	632.2	909.6
5-9	159.3	339.3	498.6
10-14	292.6	532.5	825.1
15-17	136.5	433.6	570.1
Rural	557.7	1,129.7	1,687.4
Urban	30.7	175.7	206.4
Total	588.4	1,305.4	1,893.8

Source: Central Bureau of Statistics, Child Labor Report 1998/99

Almost 40 percent of working children worked more than 41 hours per week. The majority (78.7 percent) of the children in the Child Labor Survey worked as unpaid workers in family farms and businesses. About 18.5 percent reported working for pay while 1.6 percent operated their own businesses. Most of the working children were grossly underpaid, earning a monthly wage below the statutory minimum wage of Ksh 998 set for unskilled workers below 18 years. Working children contribute significantly to household income, with 53 percent of in-school children and 47 percent of out-of-school children contributing more than 50 percent of the household income.

Reasons for Working

The Child Labor Report found the main reasons that interviewees cited for working were: helping with household chores (24.7 percent), augmenting household income (22.9 percent), and self-support (22.2 percent). The reasons cited by participants in the Centre for the Study of Adolescence (CSA) survey for working included: providing support to their families (28 percent); paying school fees (13 percent); and obtaining money for food (10 percent). Table 3.9 presents the distribution of young people who report working for pay in the CSA survey.

Table 3.9: Children who Have Ever Worked for Pay

Age	Worked for pay		Did not work for pay		Total	
	N	%	N	%	N	%
≤ 14 years	15	15.6	81	84.4	96	100
15-17 years	355	40.4	523	59.6	878	100
≥ 18 years	242	55.0	198	45.0	440	100

Source: Center for the Study of Adolescence, 2003

Among the participants in the CSA survey who worked for pay, 7.7 to 10.6 percent also reported having participated in commercial sex (Table 3.10). The main reasons that they

cited for engaging in commercial sex included: food (12 percent); school fees (9 percent); family support (7 percent); and hanging out with friends 45 percent.

Table 3.10: The Association between Working for Pay and Commercial Sex by Age (percent)

<i>Age</i>	<i>Those who worked for pay who Engaged in commercial sex</i>	
	<i>Yes</i>	<i>No</i>
≤ 14 years	7.7	92.3
15-17 years	8.1	91.9
≥ 17 years	10.6	89.4

Source: Center for the Study of Adolescence, 2003

Fifteen to sixteen percent of young people who reported working for pay in the CSA survey also reported begging for money on the streets or elsewhere (Table 3.11).

Table 3.11: The Association between Working for Pay and Begging for Money by Age (percent)

<i>Age</i>	<i>Those who worked for pay who Begged for money</i>	
	<i>Yes</i>	<i>No</i>
≤ 14 years	—	100.0
15-17 years	14.9	85.1
≥ 17 years	16.3	83.8

Source: Center for the Study of Adolescence, 2003

Youth Enterprise/Entrepreneurship

While there was no quantitative data on the number of young people engaged in entrepreneurship in Kenya, the qualitative data collected suggests that young people are setting up informal micro-enterprises as an alternative to formal employment and as a way to achieve their independence. However, other information suggests that young people still regard the formal sector as their only employment option. “Despite efforts over the last decade to create an ‘enterprise culture,’ the impression is that self-employment is the second or third choice for those who cannot find wage employment. Most of the entrepreneurs are recruited among those with a weak educational background” (Farstad, 2002).

Young people who choose to go into self-employment have to face the problem of a lack of access to capital. Most financial institutions are unwilling to provide loans to young people because of their lack of collateral. Few young people have savings of their own so they usually turn to their parents for financial assistance, which few parents are able to provide. As one focus group participant in Turbo expressed it, “Once you have completed Form 4 (secondary education), your parents do not even want to hear about

your plans. They have other children to think about.” Those like the Maasai who live in traditional communities may have started accumulating goats and other livestock as bequests at an early age, which provide them with some capital.

While a number of NGOs and youth organizations make loans available to young people interested in starting their own business, young people consider the qualifications too stringent. NGOs require that the youths already be in business, have some savings, join a group savings and credit scheme, and be over 18 in most instances. Also, young people report that youth organizations are often reluctant to make loans to them because they find it difficult to keep track of loan recipients. Young people also feel that they get neither the training nor the technical assistance that would increase the chances of their small businesses succeeding. In consequence, even if they are able to secure the necessary funds, they continue to feel isolated and vulnerable.

Crime and Violence

As a result of unemployment and the shortage of opportunities for gainful employment, some young people are drawn to a life of crime. A crime survey in Nairobi conducted by UN Habitat and the City Council in 2002 found that youth delinquency and crime is a major problem (UN Habitat, 2002). Society’s reaction to youth crime varies. Young people (who are also victims of crime) recognize the pressures that drive their peers to a life of crime. Adult victims are less sympathetic and call for harsh punishment for offenders. The justice system is largely perceived as being slow and corrupt, and many offenders are released after being arrested – much to the frustration of the police as this leads to repeat offences.

The UN Habitat study on youth and crime in Nairobi found the major grounds on which young people are arrested are theft, assault, drug possession, mugging, and manslaughter (Table 3.12). The weapons most commonly used by young criminals are guns, swords, *pangas* (machetes), and knives.

Table 3.12: Grounds for Arrests of Young People

Cause	Percent
Theft	45.0
Assault	23.0
Drug possession	10.0
Mugging	10.0
Manslaughter	7.0

Source: UN Habitat, 2002

As is true all over the world, those groups most likely to offend also run the highest risk of being victims themselves. Eighty-two percent of young people who were arrested reported having been mugged; 57 percent had been even more severely victimized, and 43 percent had been beaten by a parent and/or a gang member. Despite their experiences,

most young offenders believed that they would not commit another crime. Most also believed that they would wind up with a good job, although only 1 percent wished they had a better education.

Focus group discussions uncovered a general perception among young people that those who are involved in crime (and they believe that most criminals are between 18 and 25 years old) are forced into such behavior due to poverty, overcrowding, early school leaving, and having been orphaned at an early age. As such, they argue, they did not *choose* to be a criminal. As is the case in other African countries, most crimes committed by young people in Kenya are financially motivated (United Nations, 2004). Focus group discussions revealed that the crimes most likely to be committed by young people are house break-ins, shoplifting, muggings, stock theft, and commercial sex work. Guns are readily available in both Northern Kenya and Nairobi (in Nairobi it is rumored that a gun can be obtained within only 30 minutes). Elsewhere, where firearms are harder to find, knives and machetes are the weapons most frequently used.

While many of those involved in crime are young, only a minority of youths are criminals. However, young people – especially those who live in the slums – feel that they are often harassed by the police. In almost all of the focus group discussions, young people reported being singled out by the police and suffering from random arrests (many of which are not registered), shakedowns, and attendant bribes. Frequently police appear to use the arrests of young people as a kind of bait to extort money from their distraught parents or from any friends willing to help them.

Young People in Prison

Over 50 percent of convicted prisoners are aged between 16 and 25, the largest number being males aged 21 to 25 (Table 3.13). There are more than eight times as many male as female prisoners.

Table 3.13: Convicted Prison Population by Age and Sex, 2000-2003

Category	2001			2002			2003*		
	Male	Female	% Female	Male	Female	% Female	Male	Female	% Female
Under 16	9	2	18.1	2	-	-	1	-	-
16 - < 18	3,057	448	14.6	2,476	521	17.4	5,465	644	10.5
18 – 20	11,751	1,537	11.6	14,258	1,722	10.8	17,465	3,071	14.9
21 – 25	17,786	1,986	10.0	21,320	2,184	9.3	26,382	2,776	9.5
26 – 50	24,071	3,279	12.0	27,187	3,455	11.3	28,629	3,304	10.3
Over 50	5,178	326	5.9	5,752	565	8.9	6,150	333	5.1
Total	61,852	7,578	10.9	70,995	8,447	10.6	84,092	10,128	10.7

Source: Kenya Prisons Department, 2004 (Economic Survey, 2004)

Note: Figures exclude people awaiting trial in prison

*Estimates

Alcohol and Drug Use

In 2004, the National Agency for the Campaign Against Drug Abuse (NACADA) carried out a national survey of alcohol and drug use among young people aged 10 to 24 in Kenya (NACADA, 2004). The results of the survey revealed that the most common substances used by young people were alcohol, tobacco, marijuana (*bhang/cannabis sativa*), miraa (*khaat/chyat, a plant used as a narcotic*), and inhalants such as glue. It should be noted that, of these substances, only marijuana (*bhang*) is illegal. The survey found that substance abuse was much higher among out-of-school youth than among students (see Table 3.14). However, this large disparity may be partly due to students under-reporting the extent of their substance abuse. Students who abuse substances tend to be in secondary schools and universities and mainly come from rich or middle-class families. Other substances used by young Kenyans include amphetamines, barbiturates, cocaine, codeine, ecstasy, heroine, LSD, mandrax, pethidine, rohypnol, and valium.

Table 3.14: Substance Abuse among Kenyan Youths aged 10-24 (percent)

<i>Substance</i>	<i>Ever Used (Long-term Use)</i>		<i>Current Use (Use in Last 30 days)</i>	
	<i>Students</i>	<i>Non-students</i>	<i>Students</i>	<i>Non-Students</i>
Alcohol	27.7	77.1	8.6	60.1
Tobacco	8.3	65.7	3.1	58.0
Marijuana/Bhang	2.8	34.9	0.6	21.1
Miraa/Khaat	9.1	55.1	2.1	20.8
Inhalants	3.4	12.5	1.6	7.2

Source: NACADA, 2004

As has been seen elsewhere around the world (Resnick et al, 1997), young people in Kenya are dramatically influenced by their friends' substance use as revealed in the data collected in both the NACADA and the CSA surveys. Specifically, when their friends drink, males are more than five times more likely to drink (47 percent versus 9 percent) than when their friends do not drink. When their friends use drugs, young men are nearly four times more likely to report using drugs (27 percent versus 8 percent). The same is true for females. A young woman is five times more likely to drink and six times more likely to use illegal drugs if her friends do so (34 percent versus 7 percent for drinking and 13 percent versus 2 percent for using drugs).

Substance Use Among Young People in Slums

The most common drugs used by young people who live in the slums of Nairobi are cigarettes (65 percent), marijuana (52 percent), glue (14 percent), and petrol (11 percent) (APHRC, 2002). Twenty percent of males and four percent of females reported getting drunk in the previous month, while 19 percent of males and 1 percent of females reported having used illicit drugs during the same period. With a five times gender differential for alcohol use and an almost 20-fold gender difference in illicit drug use, it is evident that substance abuse in slums is predominantly a male phenomenon. It also appears that substance use starts young. By the age of 17, more than half of all males in Nairobi's slums have begun to drink alcohol, and an even higher percent (58.0 percent) have begun using drugs (see Table 3.15).

Table 3.15: Starting Age for Drinking Alcohol and Using Drugs in Slums (percent)

<i>Age</i>	<i>Alcohol Use</i>		<i>Drug Use</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
<12	6.0	5.7	2.9	11.1
12-14	10.7	10.4	14.6	14.8
15-17	35.8	33.8	40.5	22.2
18-20	39.3	40.5	34.2	40.7
21-24	8.2	9.6	11.1	7.9
No of Cases	882	385	27	316

Source: African Population and Health Research Center, 2002

Studies have shown substance abuse to be causally related to unintended injury, suicide, interpersonal violence, and unplanned sexual intercourse, with the latter increasing the risk of pregnancy, sexually transmitted infections, and HIV/AIDS.

Abuse

The incidence of sexual and physical abuse in Kenya is alarmingly high and sadly is often perpetrated by trusted adults with teachers and parents reported as the most common offenders.

Sexual Abuse

As many as 21 percent of 10 to 24 year olds report having been sexually abused. Teachers are the most common perpetrators of sexual abuse, with 5.6 percent of all 10 to 24 year olds reporting having been sexually abused by a teacher (see Table 3.16). The psychological and social impacts of this entrenched pattern of abuse are profound. For example, young people who are sexually abused suffer higher rates of depression than others (20 versus 8 percent for males and 8 versus 7 percent for females). They are also more likely to report drinking alcohol (55 versus 32 percent for boys and 33 versus 20 percent for girls). Abused youths are also much more likely than their peers to use drugs (40 versus 17 percent for boys and 16 versus 6 percent for girls). To these psychological effects, we should add the potentially fatal consequence of contracting HIV/AIDS.

Table 3.16: Perpetrators of Sexual Abuse

Offenders	Percent*
Teacher	5.6
Aunt/Uncle	4.5
Parents	2.8
Religious leader	1.7
Brother/sister	1.4

Source: Center for the Study of Adolescence, 2003.

*Percentage of total survey population

Physical Abuse

Physical abuse is also widespread in Kenya, and teachers are reported as being the most common perpetrators (see Table 3.17). Frequently, the teacher administers this physical abuse under the guise of establishing “discipline” in the school, a common concept in Kenyan schools.

Table 3.17: Physical Abuse of Young People

<i>Perpetrators</i>	<i>Percent*</i>
Teacher	25.0
Father	10.0
Relative	5.0
Peer	5.0
Sexual Partner	2.6

Source: Center for the Study of Adolescence, 2003

*Percentage of total reporting physical abuse

Gender and Domestic Violence

The 2003 Kenya Demographic Health Survey (KDHS) found that 50 percent of women aged 15 to 49 have experienced physical or sexual violence since the age of 15. Forty-two percent of women aged 15 to 19 and fifty percent aged 20 to 29 reported having experienced violence since age 15. Twenty-five percent of women reported having experienced violence in the 12 months preceding the survey. The main perpetrators were husbands (57.8 percent), teachers (25.8 percent), mothers (23.8 percent), fathers (14.5 percent), and brothers (8.2 percent). In addition, 29.7 percent and 40.5 percent of women aged 15 to 19 and 20 to 29 respectively reported having been physically or sexually abused by their spouses. When questioned about the acceptability of wife- beating, 69.2 percent of women aged 15 to 19, 66.1 percent aged 20 to 24, and 68.0 percent aged 25 to 29 felt that a husband is justified in hitting his wife for specific reasons (such as if the wife burns the food, argues with her husband, goes out without telling her husband, neglects the children or refuses to have sex with her husband). Among young men, 73.1 percent aged 15 to 19, 63.8 percent aged 20 to 24, and 59.0 percent aged 25 to 29 felt that a husband is justified in hitting his wife under specific circumstances.

Female genital mutilation (FGM) involves the partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. This practice poses a risk to the health and well being of girls and women and is a violation of internationally accepted human rights. The Children’s Act that was passed in Kenya in 2001 described girls who are likely to be forced into being circumcised as being in need of the special care and protection of the state. It also provided for courts to take action against the perpetrators. However, the practice still continues although there has been a slight decline in rates. While 38 percent of women reported having been circumcised in 1998, this had dropped to 32 percent by 2003. The proportion of circumcised women increases with age, with 20.3 percent of women aged 15 to 19, 24.8 percent aged 20 to 24, and 33 percent aged 25 to 29 reporting having been circumcised.

Health Status

One of the best measures of emotional as well as physical well-being is self-assessed health status (Blum, 1992). Globally and specifically in Kenya, most young people rate their overall health as good to excellent. Three-quarters (77 percent) of those aged 10 to 24 place themselves in these two categories. However, this means that nearly one quarter of Kenyan young people rate their health as being fair, poor, or very poor (see Table 3.18). This is relatively high by international standards.

Table 3.18: Self-Assessed Health Status of Young People

<i>Assessed Level</i>	<i>Percent</i>
Excellent	26.0
Good	51.0
Fair	20.0
Poor	2.0
Very Poor	1.0

Source: Center for the Study of Adolescence, 2003

Examining the association between severe depression and general health status, we found that only 7.6 percent of males who rated their health as good to excellent reported experiencing depression compared with 18.5 percent of those who rated their health status as fair, poor, or very poor. For females, the equivalent figures are 3.5 and 5.7 percent.

Looking at nutritional status, we found that one-third of all young people aged 10 to 24 years old reported not having enough food to eat at home. The lack of food was a major reason why many young Kenyans beg and work for pay. Beyond the immediate social costs, there are life-long consequences of nutritional deficits in the 10 to 24 age range. Optimal brain development during puberty and young adulthood requires sufficient nutrients and micronutrients (for example, iron), without which intellectual functioning can be permanently impaired. There is also a strong, if unsurprising, association between not having enough food at home and depression. Thirty-two percent of males who reported never having enough food at home also reported experiencing depression compared with only 3.6 percent of those who always have enough food. For females, the equivalent figures are 3.4 and 21.1 percent.

Mental Health

Mental health in Kenya is generally a neglected area. The World Health Organization (WHO) has estimated that less than 1 percent of all health care spending in Kenya is devoted to mental health and there are only 0.2 psychiatrists and 0.01 psychologists per 100,000 people (WHO, 2001). Given these alarming figures it is no surprise that young people's mental health has not received much attention. Yet the information that is

available on their mental health status is disturbing, with high levels of both depression and thoughts of and attempts at suicide.

Young People's Worries and Concerns

Some of the most common worries and concerns cited by young Kenyans in the CSA survey were contracting AIDS, getting pregnant, and being sexually or physically abused. In the focus group discussions, the participants expressed particular concern about unemployment, their ability to complete school, and their lack of job readiness. Several questioned whether school would sufficiently prepare them for work and life outside school. They felt that little career advice or support was available to them. Other worries and concerns reflected in the focus groups included the lack of facilities for youth recreation and the marginalization of young people. Females were also concerned about sexual exploitation and about the gender biases in education and employment that favor men. Most of these concerns were common across the different groups of young people represented in the focus group discussions, regardless of their socioeconomic backgrounds or regions of origin.

Despite aspiring to have a better life than their parents, many young people were concerned that they might never be able to achieve this. In the words of one focus group participant from Turbo, "Already life is so hard and difficult, how will I manage with a wife and children?"

Depression

Young people living in poverty are more likely than others to be depressed. As we have already seen, young people who do not have enough food to eat at home are six to nine times more likely to report being depressed to the point of giving up nearly all the time. Similarly, those who beg for money are two to three times more likely than their peers to be seriously depressed. Physical and sexual abuse — both highly prevalent in Kenyan society — are related to severe depression as well. As a result, 10.2 percent of young males and 6.9 percent of young females report being depressed nearly all the time to the point of giving up. These rates of depression — especially for males — are significantly high. Globally, rates of depression tend to be higher for females than for males.

Research conducted in the US has found that early-onset depression often persists, recurs, and continues into adulthood and indicates that depression in youth may be a predictor of more severe illness in adult life. Depression in young people often co-occurs with other mental disorders, most commonly anxiety, disruptive behavior, or substance abuse disorders, and with physical illnesses, such as diabetes. In addition, depression in children and adolescents is associated with an increased risk of suicidal behavior. This risk may rise, particularly among adolescent boys, if the depression is accompanied by alcohol or other substance abuse. Among adolescents who develop major depressive disorder, as many as 7 percent may commit suicide in their young adult years (National Institute of Mental Health, 2000).

Suicide

As well as widespread depression, young people in Kenya have an alarmingly high rate of attempted suicides. In the CSA survey, as many as 6.8 percent of males and 10 percent of females (in other words, one in ten young Kenyan women) reported having attempted suicide at least once (see Table 3.19). Globally, three times more women than men report attempting suicide, but men are more likely to succeed. In Sub-Saharan Africa men are almost five times more likely to die from suicide than women. While there are no national figures on suicide rates for young people in Kenya, global figures from WHO indicate a worldwide suicide rate of 19.2 per 100,000 among 15 to 24 year old males and 5.6 per 100,000 among females in the same age group.

Table 3.19: Ever Attempted Suicide

	<i>Males (n=710)</i>		<i>Females (n=693)</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
No	662	93.2	623	89.9
Yes	48	6.8	70	10.1

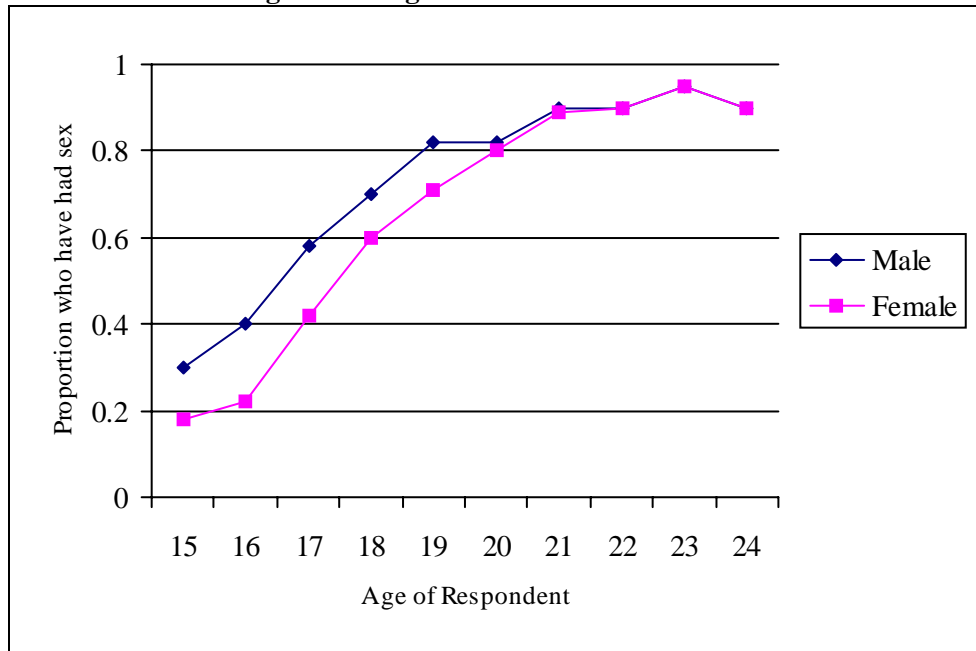
Source: Center for the Study of Adolescence, 2003

Sexual and Reproductive Health

Kenya has one of the highest HIV prevalence rates in the world as well as one of the highest fertility rates. Early and risky sexual behavior is therefore an important intervention point for policymakers. Figure 3.1 shows the age at which young Kenyans first have sexual intercourse. Sexual initiation tends to occur earlier for Kenyan males than females, much as it does all over the world. So, for example, 40 percent of males report having had sex by the age 16 compared with 20 percent of their female counterparts. This is borne out by data from the 1998 Kenya Demographic and Health Survey, which showed that the median age of sexual initiation is 16.5 years old for males and 17.6 years old for females. Data from an earlier DHS (1996) indicated that Kenyan young people start having sex earlier than their peers in other Sub-Saharan African countries. The median age for sexual initiation for females in Sub-Saharan Africa ranges from 15.5 in the Comoros to 20.3 in Rwanda, while for males it ranges from 15.9 in Gabon to 21.3 in Ethiopia. The median age in Kenya was 16.8 for females and 16.3 for males, which means that only seven countries in the region had earlier sexual initiation for females and only one country for males (World Bank, 2005).

There are some factors that are of special concern in Kenya including: female genital mutilation as a precursor to marriage even at a very early age; marriage of young girls to older men who often have many wives and/or consorts; and the extensive prevalence of sexual exploitation of adolescents by adults entrusted with their care including teachers and religious leaders.

Figure 3.1: Age at Time of Sexual Initiation



Source: Kenya Demographic Health Survey, 1998

Sexual Initiation of Young People Living in Slums

Young people especially girls living in the slums tend to start having sexual experiences earlier than their peers elsewhere in Kenya (Table 3.20). By the age of 16, girls who live in the slums are twice as likely to have had sex as their peers in the rest of the country (42.8 percent versus 20 percent). There is also little gender difference in sexual initiation for young people living in the slums in contrast with the rest of their peers.

Table 3.20: Young People Living in Slums Who Have Ever Had Sex by Age and Gender (percent)

<i>Age</i>	<i>Male</i>	<i>Female</i>
12-14	6.2	5.1
15-17	47.3	42.8
18-20	87.3	80.0
21-24	92.8	92.1

Source: African Population and Health Research Center, 2002

Table 3.21 presents some of the reasons why young people start having sexual intercourse; among girls who live in the slums, fully one-quarter (24 percent) have been coerced or forced into doing so.

Table 3.21: Circumstances Surrounding the First Sexual Experience of Young People in Slums by Gender (percent)

<i>Reason for First Sex</i>	<i>Gender</i>	
	<i>Male</i>	<i>Female</i>
Coerced	3.0	24.0
To show love	32.0	52.0
Curiosity	45.0	18.0
Peer pressure	20.0	4.0

Source: African Population and Health Research Center, 2002

Risk and Associated Factors for Early Sexual Intercourse

Among young people, there is a strong association between drug use, alcohol use, and having had sex. Specifically, boys who report having had sexual intercourse are more than twice as likely than non-sexually active boys to report also having drunk alcohol (51.4 percent versus 23.8 percent). Likewise, when youths report ever having had sex, they are also significantly more likely to report having used drugs (see Table 3.22).

Table 3.22: Associations between Sexual Intercourse, Drug Use, and Alcohol Use by Gender (percent)

<i>Substance Use</i>	<i>Response</i>	<i>Gender</i>	
		<i>Boys</i>	<i>Girls</i>
Alcohol Use	No	23.8	20.8
	Yes	51.4	37.4
Drug Use	No	12.3	7.5
	Yes	31.7	14.0

Source: African Population and Health Research Center, 2002

Interestingly, as has been seen in the United States and elsewhere, young people who report working for pay in Kenya are up to twice as likely to report having had sex than their peers who do not work (Centre for the Study of Adolescence, 2003). Whether this is because those young people who work associate with older peers or because it is a mark of social maturity or some other dynamic is uncertain.

In a doctoral study in 1989, Kiragu and Zabin (1993) explored risk and protective factors for sexual intercourse among more than 3,000 in-school males and females in Nakuru. They found early puberty and rural schools to be risk factors for early sexual initiation. Also, males attending a boarding school were at increased risk for early sex, while, for females, having an unstable family relationship increased the likelihood of early sex. Conversely, the only protective factor that the researchers were able to identify for boys and girls was religiosity (feeling connected to a particular religion). Importantly, Kiragu and Zabin found that neither knowledge nor socioeconomic status was related to sexual activity.

Sex Education

In Kenya, there is a general reluctance on the part of adults particularly fathers to discuss sexual issues. In 1996, Kiragu et al (1996) explored the question of who provides young people with information about sex and found that mothers were significantly more likely to do so than fathers. Those findings were consistent with the CSA survey in which young people said that their mothers were twice as likely as their fathers to discuss sexual issues with them (37 percent versus 19 percent). The specific sources of information on maturation and sexuality are given in Table 3.23.

Table 3.23: Sources of Information on Maturation and Sexuality (percent)

Source of Information	Percentage
Teacher	74.0
Doctor/nurse	60.0
Book/newspaper	42.0
Mother	37.0
TV	31.0
Friend	30.5
Radio	26.0
Father	19.0
Brother/sister	17.0
Religious person	13.0
Aunt/uncle	9.0

Source: Kiragu et al, 1996

For general information on sexuality, mothers, teachers, and health professionals were reported to be the three key resources, while for specific sex information it was teachers, friends, and printed material. Finally, for contraception, the three most important sources of information for young people were teachers, doctors/nurses, and printed materials (Centre for the Study of Adolescence, 2003).

Fertility Rates, Teenage Pregnancy, Contraception and Abortion

Kenya's total fertility rate has declined from 6.7 births per woman in 1989 to 4.8 in 2003 (Central Bureau of Statistics et al, 2004). However, even at this lower rate, the population of the country is doubling approximately every 22 years. Nevertheless, while fertility rates remain high, the change over the last 25 years has been dramatic and positive (Table 3.24).

Table 3.24: Age-specific Fertility Rates (per 1,000 women)

<i>Age Group</i>	<i>1977/8</i>	<i>1989</i>	<i>1998</i>	<i>2003</i>
15-19	168	152	111	114
20-24	342	314	248	241
25-29	357	303	218	227
30-34	293	255	188	193

Source: Kenya Demographic Health Survey, 2003

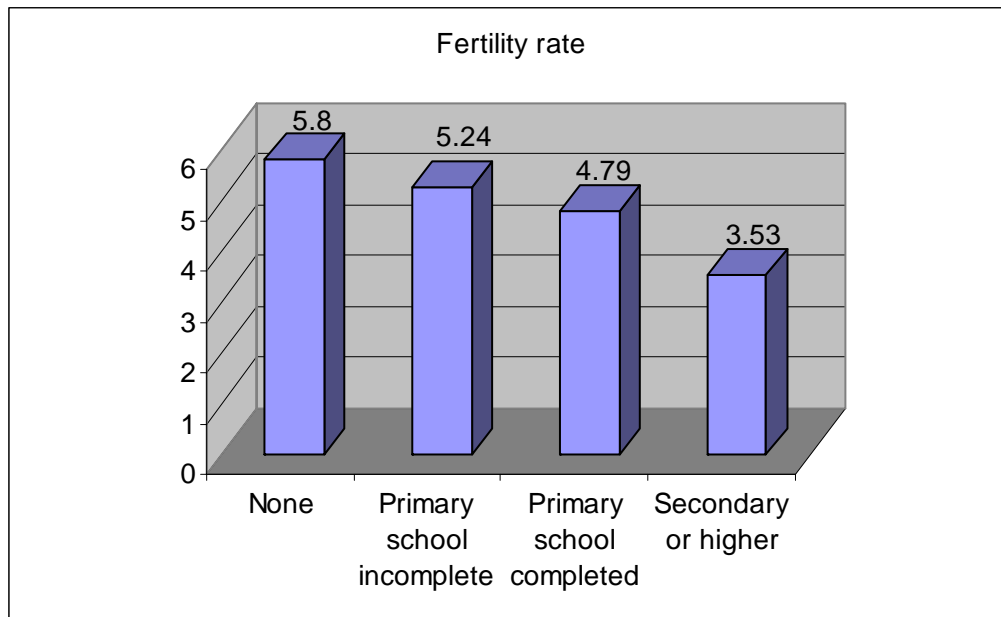
Table 3.25: Fertility Rates by Age, 15-34 years (per 1,000 women)

<i>Age Group</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
15-19	88	123	114
20-24	162	278	243
25-29	168	254	231
30-34	136	217	196

Source: Kenya Demographic Health Survey, 2003

There is a very strong association between childbearing and education. Forty percent of women with no education will have had a child by the age of 20. For those with primary schooling, the figure drops to 30 percent and for those with a secondary education, it drops to 8 percent, that is, one-fifth of their uneducated peers (Muganda-Onyando et al, 2003). Figure 3.2 shows fertility rates by educational attainment. Women with no education have the highest fertility rate at 5.8 births per woman while those with secondary education or higher have the lowest at 3.5 births per woman.

Figure 3.2: Fertility and Education



Teenage Pregnancy

Although the proportion of teenage mothers (aged 15 to 19) rose from 17 percent in 1998 to 19 percent in 2003, Kenya has relatively low rates of teenage pregnancy compared with other sub-Saharan African countries. Data from Demographic Health Surveys indicate that teenage pregnancy rates in Sub-Saharan Africa range from a low of 5.9 percent in Burundi to a high of 43.1 percent in Niger (World Bank, 2005).

Table 3.26 presents teenage pregnancy rates in Kenya by age, residence, education level, and wealth quintile. There is not much disparity between rural and urban areas. However, education level makes a great difference, with almost half (46 percent) of uneducated teenagers having begun having children before the age of 20 compared with only 10 percent of those with some secondary education and above. Teenagers from poorer households are also more likely to have begun having children before the age of 20 (29 percent) compared with those from wealthier households (21 percent). Teenage pregnancies are problematic for a number of reasons: children born to young mothers are predisposed to higher risks of illness and death; adolescent mothers are more likely to experience complications during pregnancy some of which can be fatal; and teenage pregnancies often deny young women the opportunity to pursue further education (Central Bureau of Statistics et al, 2004).

Table 3.26: Teenage Pregnancy and Motherhood (percent)

<i>Background Characteristic</i>	<i>Mothers</i>	<i>Pregnant with First Child</i>	<i>Percent who have begun Childbearing</i>
Age			
15	2.4	1.8	4.1
16	5.3	3.0	8.3
17	12.0	4.1	16.1
18	30.4	7.2	37.7
19	39.4	6.2	45.6
Residence			
Urban	17.7	4.5	22.2
Rural	18.7	4.5	23.3
Education			
No Education	40.2	5.7	45.9
Primary Incomplete	18.1	5.2	23.3
Primary Complete	23.6	5.1	28.7
Secondary +	8.1	2.3	10.4
Wealth Quintile			
Lowest	21.5	7.3	28.8
Second	21.4	4.8	26.1
Middle	18.1	3.8	21.8
Fourth	15.6	3.1	18.7
Highest	16.8	4.3	21.2
Total	18.5	4.5	23.0

Source: Kenya Demographic Health Survey, 2003

Contraception

Globally, the higher people's socioeconomic status is, the greater the likelihood that they will use contraception (Blum and Mmari, 2005). However, somewhat surprisingly NCSS data suggest that in Kenya contraceptive use is higher among young people living in slums than among their peers. Nevertheless, as can be seen in Table 3.27, rates of contraceptive use for all social groups are quite low.

Table 3.27: Contraception Use by Age, Gender, and Geography (percent)

Age	Any Method				Modern Methods			
	Male		Female		Male		Female	
	Slum	Kenya	Slum	Kenya	Slum	Kenya	Slum	Kenya
15-17	19.4	14.6	9.8	3.1	15.6	10.4	5.8	1.0
18-20	39.8	44.8	23.8	14.1	34.4	32.5	16.6	9.6
21-24	48.8	54.8	40.5	27.5	38.4	37.3	32.4	20.7

Source: African Population and Health Research Center, 2002

A closer examination of contraceptive use by type among sexually active unmarried men and women is outlined in Table 3.28.

Table 3.28: Contraception Use by Type, Age, and Gender (percent)

	15-19		20-24		25+	
	Women	Men	Women	Men	Women	Men
Any method	30.4	59.3	50.7	71.0	57.1	73.3
*Modern method	20.4	44.5	35.0	52.7	49.5	57.2
Pill	6.9	-	11.8	-	13.1	-
Injectables	2.2	-	17.3	-	17.5	-
Male condom	11.3	42.6	4.1	50.7	7.6	46.0
**Traditional methods	9.9	14.8	15.7	18.3	7.6	16.1
None	69.6	40.7	49.3	29.0	42.9	26.7

Source: Kenya Demographic Health Survey, 1998

*Modern methods include sterilization, pills, IUD, injectables, implants, male and female condoms, foam/jelly and emergency contraception.

**Traditional methods include periodic abstinence, withdrawal, and folk methods

Abortion

Abortion in Kenya is only legally permitted in cases where the woman's life is in danger. Thus, because access to safe abortions is severely restricted, many women, the majority of whom are under the age of 30, resort to unsafe abortions (Solo et al, 1999). In Nairobi it is estimated that 95 percent of all abortions are administered to women under the age of 25 (Ankomah et al, 1997). Kekovole et al, (1997) noted that, while the majority of

adolescents were opposed to abortion, 40 percent knew someone who had undergone one. Mutungi et al, (1999) noted that 3.4 percent of the school girls in their Kenyan sample and 9.3 percent of the girlfriends of the school boys in their Kenyan sample reported having had an abortion. The authors also concluded that knowing about the high risks involved in having an illegal abortion had no impact on young women's abortion decisions. Kiragu (2000) noted that those who resort to abortion are mainly women who are young, unmarried, in school, and not using contraception. Unsafe abortions are a threat to the health and well being of young Kenyan women and account for 35 percent of maternal deaths and 50 percent of hospital gynecological admissions in Nairobi (Lema et al, 1989 and Rogo, 1993).

HIV/AIDS

HIV/AIDS prevalence is high among young people in Kenya, and one-third of all AIDS cases in Kenya are found among those aged 15 to 30 years old. Table 3.29 shows HIV prevalence rates for 15 to 24 year olds in selected sentinel surveillance sites. Overall, HIV infection rates in this age group have been declining (Ministry of Health, 2003). HIV/AIDS prevalence rates for 15 to 24 year olds vary across the different regions of Kenya, with rates as low as 1.3 percent in Mosoriot and as high as 23.7 percent in Kisumu. Rates of infection are higher for females than for males. A study conducted in Kisumu (one of the areas with the highest HIV infection rates in Kenya) found that the prevalence of HIV/AIDS among girls aged 15 to 19 years old was 22.3 percent compared with 4.2 percent for boys in the same age group and that the infection rate for females between the ages of 20 and 24 was three times that of males in the same age group (39 percent versus 13.4 percent) (Kenya et al, 1998).

Table 3.29: HIV/AIDS Prevalence among 15-24 Year Olds by Region, 2000-2002 (percent)

Region	Percent		
	2000	2001	2002
Kisumu	36.7	26.9	23.7
Nyeri	32.7	27.0	22.0
Chulaimbo	13.7	9.8	7.9
Tiwi	19.7	8.8	5.6
Thika	13.9	7.5	4.4
Mosoriot	3.8	2.9	1.3

Source: Ministry of Health, 2003

Focus group discussions and CSA survey data reveal that HIV/AIDS is a key concern for Kenyan youths. Misinformation and misconceptions about HIV/AIDS are widespread among young people. For example, 40 percent of the respondents in a survey of youths living in slums believed that HIV could be transmitted by mosquitoes, fleas, or bedbugs (APHRC, 2002). Likewise, in the CSA survey of young people that was completed in 2003, 40 percent of all participants had at least one misconception about HIV, with very

little gender or age difference. Barely half of informants could name three ways to avoid AIDS. The extent to which improved knowledge and information can reduce HIV risk is uncertain. Mbugua (2000) found that there was no association between knowledge about HIV and safer sexual practices among sexually active young people, which suggests that not much can be expected from education as a protective factor. Other factors that can reduce HIV/AIDS infection rates include:

- *Reduction in sexually transmitted diseases:* Reduction in sexually transmitted diseases especially Herpes Simplex Virus (HSV)-2 can reduce HIV infection rates. (Auvert et al, 2001 and Glynn et al, 2000).
- *Use of condoms:* Consistent condom use is strongly associated with reduced HIV infection and sexually transmitted infections that are in turn associated with HIV (Baeten et al, 2001 and Moses, 1991).
- *Circumcision:* In Kisumu, which has the highest prevalence of HIV in Kenya circumcision had a strong protective effect against HIV (Ahlberg et al, 1997, Bailey et al, 2002, and Hunter et al, 1994).
- *Later age of sexual debut:* This is especially true for females due to cervical immaturity at a younger age and a higher likelihood of more sexual partners with early sexual debut.

Not only do misconceptions about HIV/AIDS abound among young people, but problematic attitudes towards the condition are also widespread. One-third of young people believe that if a relative is HIV positive, then he or she should keep it a secret. One in six youths said that an HIV positive teacher should be fired, and the same proportion said that an HIV positive student should not be allowed to attend school. One in six said that they would not nurse someone who was HIV positive. Not only are young people at risk themselves for HIV infection, they are also significantly affected by the death of relatives from the disease. In Kenya, 33 percent of young people have had a relative or friend who has died from HIV/AIDS (Erickson et al, 1997).