

## ADVOCACY STATEMENT FOR KENYA'S UNIVERSAL PERIODIC REVIEW (UPR) 4<sup>TH</sup> UPR CYCLE - 1<sup>ST</sup> MAY 2025

### Introduction

Kenya has made commendable progress in advancing Sexual Reproductive Health and Rights (SRHR) through constitutional reforms, legislative measures, and policy frameworks. However, significant challenges remain, particularly in ensuring access to adolescent SRHR, improving maternal health outcomes, and expanding access to safe abortion.

As Kenya undergoes its Universal Periodic Review (UPR), we urge the international community to hold its government accountable for its commitments to SRHR and recommend actionable and concrete steps to address persistent gaps in law, policy, and practice.

### Key Issues and Recommendations

#### 1. Adolescent SRHR

According to the 2022 findings of the Kenya Demographic and Health Survey (KDHS), about 40% of Kenya's population is under age 15 (KDHS, 2022). This indicates a significant proportion of the population comprises children and adolescents. Statistics further suggest that almost 1 out of 4 women give birth by age 18 and nearly half by age 20. One in every five adolescents aged 15-19 are already mothers or pregnant with their first child. (KDHS,2014).

In 2021, the country recorded a total of 316,187 adolescent pregnancies. Of these, 294,364 pregnancies were among girls aged 15-19, while those aged 10-14 contributed to 21,823 (7%) of the total adolescent pregnancies.

#### Key Concerns

i. Restrictions on Comprehensive Sexuality Education (CSE): Kenya withdrew from the Eastern and Southern African (ESA) Ministerial Commitment to Comprehensive Sexuality Education in 2023. The Commitments by EAC and SADC states aimed at scaling up Comprehensive Sexuality Education (CSE), age-appropriate and youth-friendly sexual and reproductive health services for adolescents and young people.

The withdrawal of the state from the Commitments is thus a setback to SRH outcomes in the country and a weakening of regional efforts towards the realization of sexual and reproductive health and rights.

ii. Furthermore, the lack of institutionalization of CSE within the school curriculum, following pressure from religious and conservative groups, has left many adolescents without access to accurate SRHR information and services. This has contributed to high rates of teenage pregnancy and STIs.

iii. Many healthcare facilities lack youth-friendly SRHR services, and parental consent requirements often deter adolescents from seeking care or information on SRHR.

#### Recommendations

i. Reinstate and institutionalize CSE to ensure the implementation of age-appropriate, evidence-based CSE in schools and communities that align with international best practices.

ii. Re-consider the withdrawal from ESA Commitments in a bid to improve CSE and expand youth-friendly services, including access to contraception, STI testing, and counselling.

## 2. Maternal Health

Maternal mortality remains an increasing and pressing concern in Kenya. Many women are dying from preventable causes related to pregnancy and childbirth. The KDHS 2022 reports a maternal mortality ratio of 362 deaths per 100,000 live births, far above the global target of 70 per 100,000.

### Key Concerns

i. Impact of Recent Health System Changes: The Social Health Authority (SHA) introduction represents a significant shift in Kenya's health financing and service delivery. The SHA program limits access to maternal health services for teenage mothers or expectant girls whose costs were previously covered under their parent's insurance coverage. The plight is further exacerbated by the limitations of the Linda Mama program, whose main aim was to improve access to maternal health for the most vulnerable persons in the country by removing financial barriers.

ii. Underfunding of Maternal Health Services: Budget allocations for maternal health remain insufficient, leading to shortages of essential supplies, inadequate staffing, and poor infrastructure. Kenya experienced a 50% reduction in funding for free maternity services in the National Budget for the 2024/25 financial year, compromising the quality of maternal healthcare in the country.

### Recommendations:

i. Allocate sufficient resources to maternal health services, ensuring the availability of skilled birth attendants, emergency obstetric care, and postnatal services. The funding model should target resources to underserved regions and populations, including rural areas and urban informal settlements, to reduce disparities in maternal health outcomes..

ii. Address implementation gaps in the health policies and systems, especially the Social Health Security, including timely reimbursement, coverage for teenage mothers, quality assurance, and public awareness campaigns

## 3. Access to Safe Abortion

Unintended pregnancy significantly contributes to unsafe abortion in much of sub-Saharan Africa, where abortions are legally restricted. In Kenya's Constitution[i], abortion is legally restricted and is permitted only to save a pregnant woman's life or to preserve her physical health. As such, most women in need of abortion in these contexts resort to clandestine, often unsafe methods and procedures to terminate unwanted pregnancies.

Kenya's maternal mortality ratio (362 per 100,000) is highest among women of peak reproductive age (25–39), and in this group, up to 17% of deaths and severe morbidities may be associated with induced abortion. Unsafe abortion is a leading cause of maternal mortality and morbidity in Kenya, contributing to an estimated 2,600 deaths annually.[1]

### Key Concerns

i. Ambiguity in Laws and Policies: The 2022 Reproductive Healthcare Bill includes ambiguous language that could further restrict access to safe abortion, contradicting constitutional provisions.

ii. Stigma and Criminalization: Healthcare providers who offer safe abortion services often face harassment, intimidation, and legal action, creating a chilling effect.

### Recommendations:

i. Reinstate the National Guidelines for reducing morbidity & mortality from unsafe abortion in Kenya.

ii. Equip healthcare workers with the skills and knowledge to provide safe abortion and post-abortion care per national guidelines.

iii. To avoid legal ambiguity, clarify Legal Provisions by ensuring that laws and policies align with Article 26(4) of the Kenyan Constitution.

[1] Fact Sheet (2023): Unintended Pregnancies, Unsafe Abortion and Maternal Mortality in Kenya, developed by African Population and Health Research Center (APHRC) available at <https://aphrc.org/publication/unintended-pregnancies-unsafe-abortion-and-maternalmortalityinkenya2/#:~:text=According%20to%20the%202014%20Kenya,they%20are%20married%20or%20not>.



## **Conclusion and Call to Action**

Kenya's commitment to SRHR is enshrined in its Constitution and international and regional human rights obligations. However, persistent gaps in law, policy, and practice undermine these commitments, particularly for adolescents, pregnant women, and those seeking safe abortion services.

As Kenya undergoes its Universal Periodic Review, we urge the international community to recommend the actions mentioned herein to enhance accountability for SRHR enforcement.

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