Introduction
Kajiado County has a youthful population with people below age 15 making up 42% of the total population (Figure 1). This is mainly because many more children are added to the population than people dying.

This youthful population has implications on the County’s health and development agenda as it puts increasing demands on provision of services including health and education. One of the main areas of concern in Kenya is the sexual and reproductive health (SRH) of adolescents and the extent to which adolescents’ SRH needs are met. One in five (21%) people in Kajiado County is an adolescent. This fact sheet highlights the status of adolescent SRH in Kajiado County in relation to the national trends.

Policy and legal context
Kenya has favourable policy and legal frameworks that promote adolescent SRH and SRH rights. These frameworks include but are not limited to the Constitution (2010), National Adolescent Sexual and Reproductive Health Policy (2015), National Guidelines for Provision of Adolescent Youth Friendly Services (YFS) in Kenya (2005) and the National Youth Policy (2007).

Adolescent SRH Indicators

Age of sexual debut and first marriage
- Similar to the national trend, half of Kajiado County women (20-49 years) first had sex by age 17, whereas, half of Kajiado County men (20-54 years) first had sex by age 18.
- Half of Kajiado County women (25-49 years) first married by age 21 and half of Kajiado County men (30-54 years) by age 27. At national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy
- 1 in 5 (20%) girls aged 15-19 years in Kajiado County have begun childbearing - they are pregnant with their first child or have ever given birth. This is comparable to the national level (Figure 2).
- As a result, Kajiado County’s age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 118 births per 1000 girls which is higher than the national level.

Contraceptive use among adolescents
- Teenage pregnancies and birth rates can partly be explained by high unmet need for contraceptives. In Kajiado County, only 19% of married girls aged 15-19 use contraceptives compared to 37% at national level (Figure 3). Unmet need for contraceptives among adolescents is high nationwide but it is much higher in Kajiado County. In Kajiado County, 34% of married girls aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive method compared to 23% at national level.
HIV and HIV risk factors among adolescents

- 2% of youth 15-24 years in Rift Valley South, where Kajiado County is located, have HIV compared to 0.5% in Rift Valley North. The Rift Valley South youth HIV rate is as high as the national youth HIV rate (Figure 4).

- One of the most effective way of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- In Kajiado County, risky sex is common among young people. In 2014, only half (52%) of never married women used a condom during their last sexual encounter. Whereas, 68% of never married men used a condom during their last sexual encounter.

Other important indicators

Education outcomes

- Education is an important determinant for sexual and reproductive health particularly among girls. Girls who complete secondary and higher education have better sexual and reproductive health outcomes – they are less likely to have unwanted pregnancies and more likely to have higher socio-economic status.
- In Kajiado County, 7 in 10 primary school-age going children are enrolled in primary school (Net enrollment rate). How-ever, only 36% of students in primary school transition to secondary school (Figure 5).

Female circumcision among adolescents

- Female circumcision, commonly referred to as Female Genital Mutilation or Cutting is linked to some obstetric complications and gynecological problems and long-term effects on women’s wellbeing.
- Female circumcision is widespread in Kajiado County with 1 in 2 (46%) girls aged 15-19 self-reporting that they have undergone female circumcision (Figure 6). This is four times higher than that national level (12%).

References