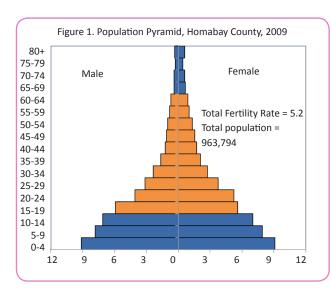


ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN HOMA BAY COUNTY

Introduction

Homa Bay County has a youthful population with people below age 15 making up nearly half (48%) 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 their SRH needs are met. About 1 in 4 (26%) people in Homa Bay County is an adolescent aged 10-19.

This fact sheet highlights the status of adolescent SRH in Homa Bay County in relation to the national trends. The data are drawn from the 2014 Kenya Demographic and Health Survey, 2012 Kenya AIDS Indicator Survey and the 2014 Basic Education Statistical Booklet.

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), the Children Act (2001) and the National Youth Policy (2007).

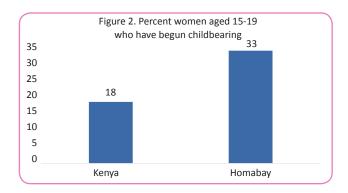
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Homa Bay County women (20-49 years old) and men (20-54 years old) first had sex by age 16. Therefore, women in Homa Bay County first have sex two years earlier than the national trend. Whereas the men first have sex one year earlier than at the national level.
- Half of Homa Bay County women (25-49 years old) first married by age 18 and half of the men (30-54 years old) by age 24. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.
- Early marriage among girls is therefore common in Homa Bay.

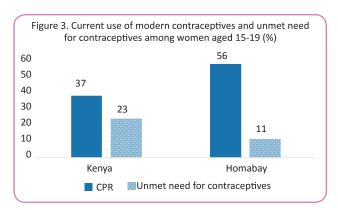
Teen pregnancy

- 33% of girls aged 15-19 years in Homa Bay County have begun childbearing; considerably higher than the national level (figure 2). Specifically, 2.1% are pregnant with their first child and 31.2% have ever given birth, compared to 3.4% and 14.7%, respectively, at the national level.
- Homa Bay County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 178 births per 1000 girls; about 2 times higher than at the national level (96).



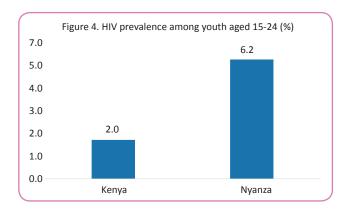
Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Homa Bay County, 3 in 5 (56%) currently married girls aged 15-19 use modern contraceptives which is high compared to 2 in 5 (37%) at national level (Figure 3).
- There is still an unmet need for contraceptives among currently married girls in Homa Bay. About 1 in 10 (11%) currently 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 prevalence and prevention among adolescents

 County level HIV data are not yet available. At regional level, 6.2% of youth aged 15-24 in former Nyanza province, where Homa Bay County is located, have HIV. This is 3 times higher than the national youth HIV prevalence rate (Figure 4). The region hosts the highest HIV rate among youth and in the general population in the country.



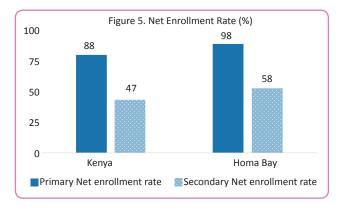
- One of the most effective ways of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- In former Nyanza province, where Homa Bay County is located, a considerable proportion of young people practice safe sex but a considerable proportion also engage in risky sex particularly young women. In 2014, 69% of never married young women aged 15-24 used a condom during their last sexual encounter. Whereas, 81% of never married young men aged 15-24 used a condom during their last sexual encounter.

 This means that between 20 and 30% of never married young people in the region did not use a condom during their last sexual encounter. This is of particular concern given the high HIV prevalence in the region.

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.
- Homa Bay County is doing well on primary school enrollment. Nearly all (98%) children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- Similarly, slightly more than half (58%) of children in the official secondary school-age are enrolled in school.
- At national level, 88% of children in the official primary school-age are enrolled in primary school and less than half (47%) of children in the official secondary school-age are enrolled in secondary school (Figure 5).



Female circumcision among adolescents

- Female circumcision, commonly referred to as Female
 Genital Mutilation or Cutting is linked to obstetric
 complications and gynecological problems, and long-term
 negative effects on women's wellbeing. It is also often linked
 to girl child marriage which also has long-term negative
 effects on women's health and wellbeing.
- Homa Bay County is one of the Counties in Kenya where female circumcision is not practiced.

References

- 1. Berg, R. C., Underland, V., Odgaard-Jensen, J., Fretheim, A. and Vist, G.E. 2014. Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis. BMJ Open. 2014 Nov 21;4(11).
- 2. Kenya National Bureau of Statistics (KNBS), Ministry of Health (MoH), National AIDS Control Council (NACC), et al. 2015. Kenya Demographic and Health Survey 2014.
- 3. Kenya National Bureau of Statistics (KNBS). 2010. 2009 Kenya population and housing census.
- 4. National AIDS and STI Control Programme (NASCOP). 2014. Kenya. Kenya AIDS Indicator Survey 2012: Final Report.
- 5. The Ministry of Education, Science and Technology (MoEST). 2015. 2014 Basic Education Statistical Booklet



