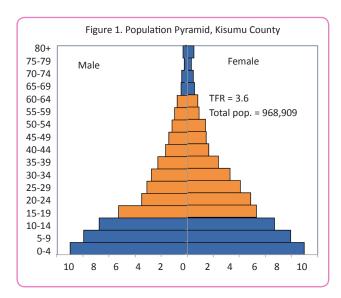


# ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN KISUMU COUNTY

#### Introduction

Kisumu County has a youthful population with people below age 15 making up 43% 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. One in four (25%) people in Kisumu County is an adolescent aged 10-19.

This fact sheet highlights the status of adolescent SRH in Kisumu County in relation to the national trends. The data are drawn from the 2014 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).

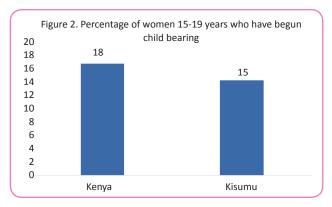
#### Adolescent SRH Indicators

#### Age of sexual debut and first marriage

- Half of Kisumu County women (20-49 years old) and men (20-54 years old) first had sex by age 16 and 18, respectively. Therefore, women in Kisumu County first had sex two years earlier than the national trend. Whereas the men first had sex one year later than the national trend.
- Half of Kisumu County women (25-49 years old) first married by age 19 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.

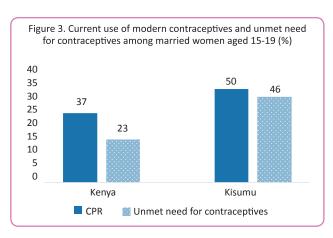
#### Teen pregnancy

- 15% of girls aged 15-19 years in Kisumu County have begun childbearing (Figure 2). This is lower than the national level (18%). Specifically, 3.1% are pregnant with their first child and 12.4% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Kisumu County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 87 births per 1000 girls; lower than the national level (96).



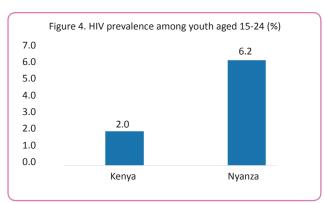
#### **Contraceptive use among adolescents**

- Teenage pregnancies and birth rates can partly result from high unmet need for contraceptives. In Kisumu County, half (50%) of currently married girls aged 15-19 use modern contraceptives which is high compared to 37% at national level (Figure 3).
- However, unmet need for contraceptives among currently married adolescents in Kisumu is higher than the national level. About half (46%) of 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 the former Nyanza province, where Kisumu 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.



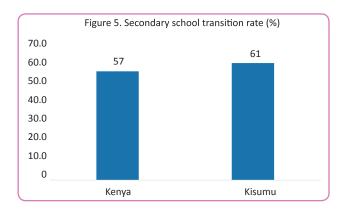
- One of the most effective way of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- In former Nyanza province, where Kisumu County is located, a considerable proportion of young people practice safe sex but a considerable proportion also 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.
- Kisumu County is doing well on primary school enrollment.
   Nearly all (95%) children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- However, only 61% of students in primary school transition to secondary school (Figure 5). This is marginally higher than the national trend.



#### 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.
- Kisumu County is one of the counties in Kenya where female circumcision is not practiced.

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