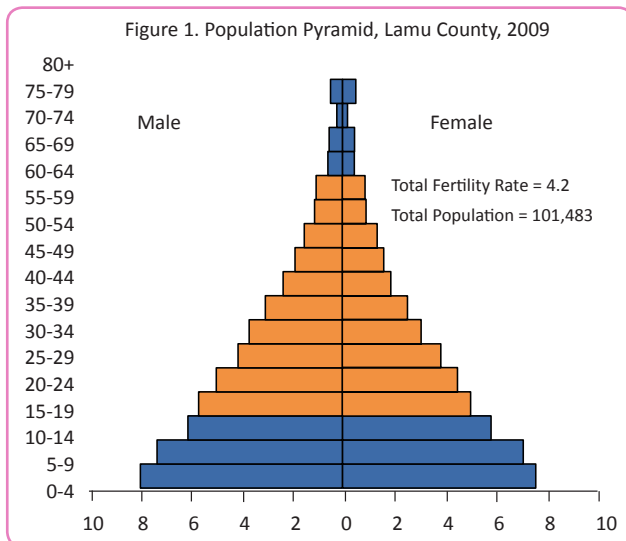




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN LAMU COUNTY

Introduction

Lamu 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 their SRH needs are met. One in five (22%) people in Lamu County are adolescents aged 10-19.

This fact sheet highlights the status of adolescent SRH in Lamu 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 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).

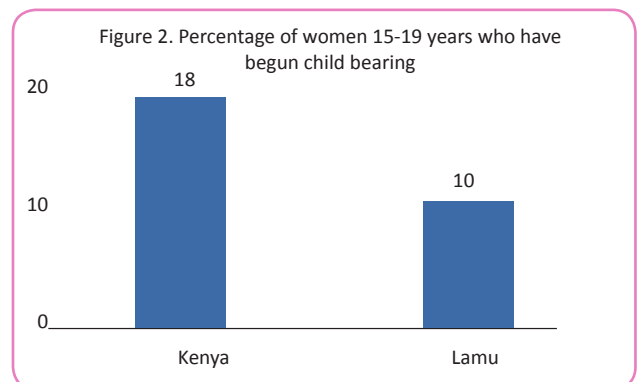
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Lamu County women (20-49 years old) and men (20-54 years old) first had sex by age 19. Therefore, women in Lamu County first had sex one year later than the national average (18 years). Men in Lamu first have sex two years later than at the national average (17 years).
- Half of Lamu County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 25. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

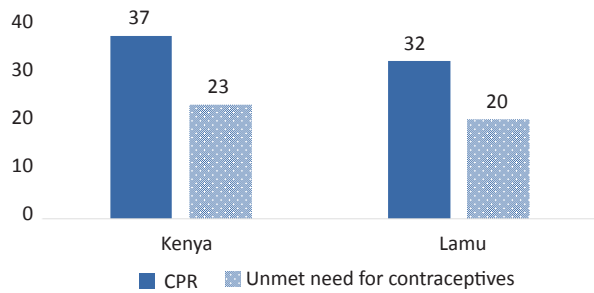
- One in ten (10%) girls aged 15-19 years in Lamu County have begun childbearing; this is considerably lower than the national rate (Figure 2). Specifically, 1.9% are pregnant with their first child and 8.2% have ever given birth compared to 3.4% and 14.7% respectively, at the national level.
- Lamu County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 80 births per 1000 girls; lower 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 Lamu County, 32% currently married girls aged 15-19 use modern contraceptives which is marginally lower than the national average of 37%. (Figure 3).
- Unmet need for contraceptives among currently married adolescents in Lamu is around the same as the national rate. One in five (20%) currently married girls in Lamu aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive method compared to 23% at national level.

Figure 3. Current use of modern contraceptives and unmet need for contraceptives among women aged 15-19 (%)



HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 1.3% of youth aged 15-24 in Coast province, where Lamu County is located, have HIV. This is lower than the national youth HIV prevalence rate.
- One of the most effective ways of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- In Coast region, where Lamu County is located, a significant proportion of young people practice safe sex but a significant proportion also engage in risky sex. However, young women are considerably more disadvantaged than men. In 2014, close half (49%) of never married young women aged 15-24 used a condom during their last sexual encounter. Whereas, 72% of never married young men aged 15-24 used a condom during their last sexual encounter.
- This means that between 30 and 50% of never married young people in the region did not use a condom during their last sexual encounter.

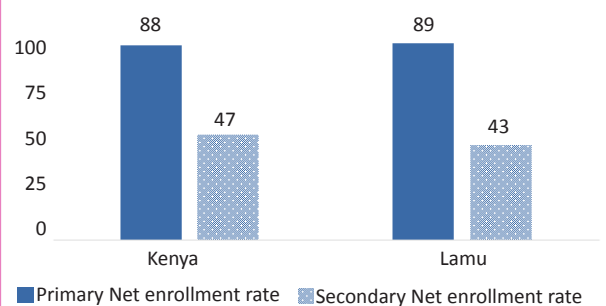
Other important indicators

Education outcomes

- Education is an important determinant for sexual and reproductive health and general wellbeing, 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.

- Lamu County is doing well on primary school enrolment, with 89% children in the official primary school-age enrolled in primary school (Figure 4).
- However, less than half (43%) of children in the official secondary school-age are enrolled in secondary 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.

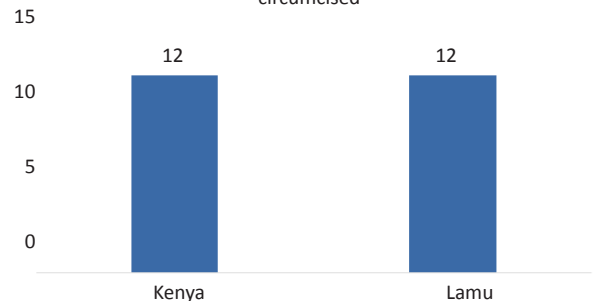
Figure 4. Net Enrollment Rate (%)



Female circumcision among adolescents

- Female circumcision, commonly referred to as Female Genital Mutilation or Cutting is linked to obstetric complications and gynaecological 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.
- About 1 in 10 (12%) of women in Lamu County self-reported as being circumcised, same as the national average (Figure 5).

Figure 5. Percentage of women aged 15-19 self reporting as being circumcised



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