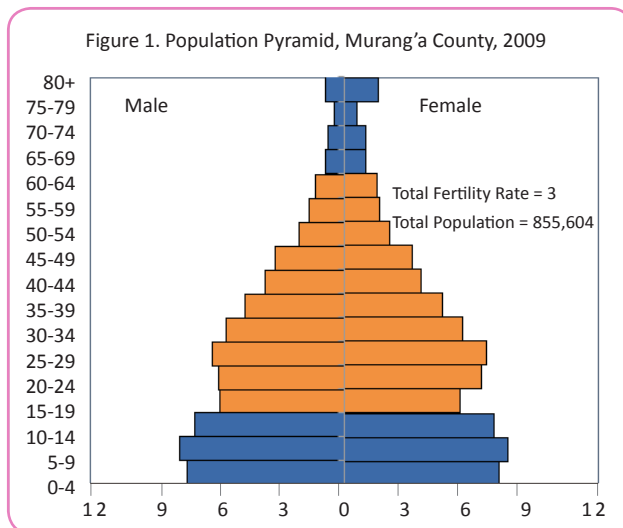




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN MURANG'A COUNTY

Introduction

Murang'a County has a youthful population with people below age 15 making up 37% of the total population (Figure 1). This is mainly because many more people are added to the population than the number of people who are 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 one in four (23%) people in Murang'a County are adolescents aged 10-19.

This fact sheet highlights the status of adolescent SRH in Murang'a 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 favorable 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).

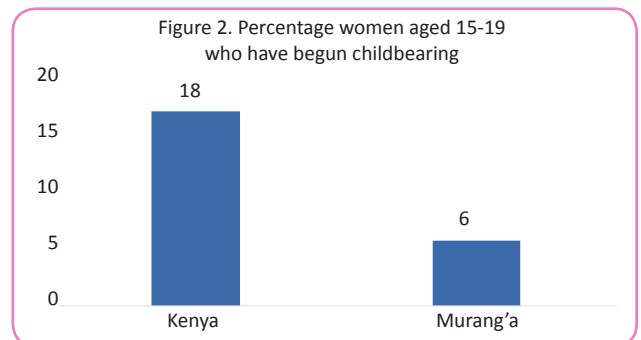
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Murang'a County women (20-49 years old) and men (20-54 years old) first had sex by age 19. At national level, women and men in the same age groups first had sex at age 18 and 17, respectively.
- Half of Murang'a County women (25-49 years old) first married by age 21 and half of the men (30-54 years old) by age 27. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

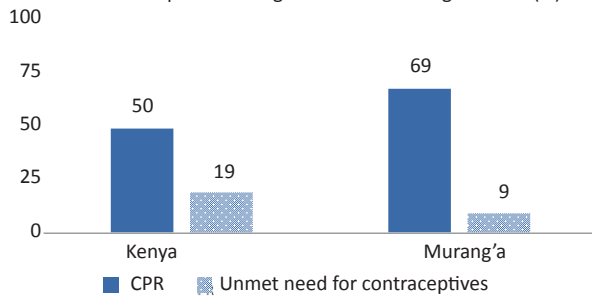
- Six percent (6%) of girls aged 15-19 years in Murang'a County have begun childbearing, which is notably low compared to the national rate (Figure 2). Specifically, 3.8% are pregnant with their first child and 2.6% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Murang'a County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 21 births per 1000 girls, which is considerably lower than the national rate (96).



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. Contraceptive use data for girls aged 15-19 in Murang'a County is unavailable, therefore, we present contraceptive use data for young women aged 20-24.
- 69% of currently married young women aged 20-24 in Murang'a County use modern contraceptives, which is higher than the national rate of 50% (Figure 2).
- 9% of currently married women aged 20-24 would like to avoid pregnancy but are not using a modern contraceptive method compared to 19% at the national level.

Figure 3. Current use of modern contraceptives and unmet need for contraceptives among married women aged 20-24 (%)



HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 1% of youth aged 15-24 in the former Central province, where Murang'a 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 the former Central province, where Murang'a County is located, a considerable proportion of young people practice safe sex but a considerable proportion also engage in risky sex. In 2014, 75% of never married young women aged 15-24 used a condom during their last sexual encounter. Whereas, 79% of never married young men aged 15-24 used a condom during their last sexual encounter.
- This means that between 20 and 25% of never married young people in the region did not use a condom during their last sexual encounter.

Other important indicators

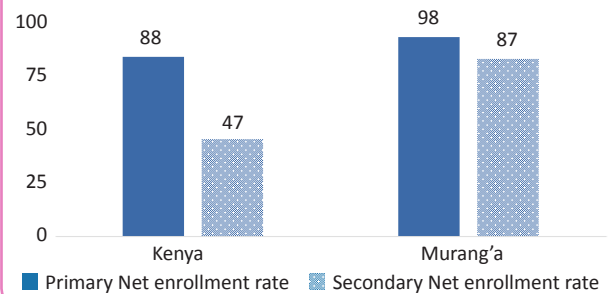
Education outcomes

- 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.
- Murang'a County is performing notably well on primary and secondary school enrollment. Nearly all (99%) children

in the official primary school-age, are enrolled in primary school.

- Similarly, majority (87%) 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).

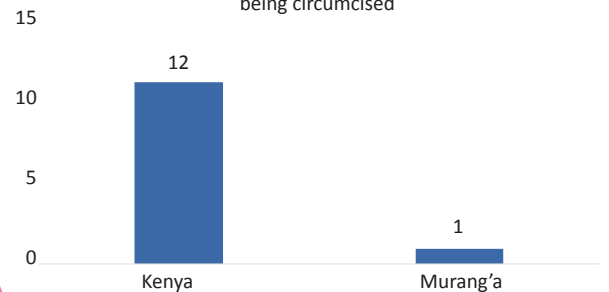
Figure 4. Net Enrollment (%)



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.
- One percent (1%) of women aged 15-19 in Murang'a County report that they have undergone female circumcision compared to the national rate of 12% (Figure 5).

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



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 (NASCO). 2014. Kenya. Kenya AIDS Indicator Survey 2012: Final Report.
5. The Ministry of Education, Science and Technology (MoEST). 2015. 2014 Basic Education Statistical Booklet.