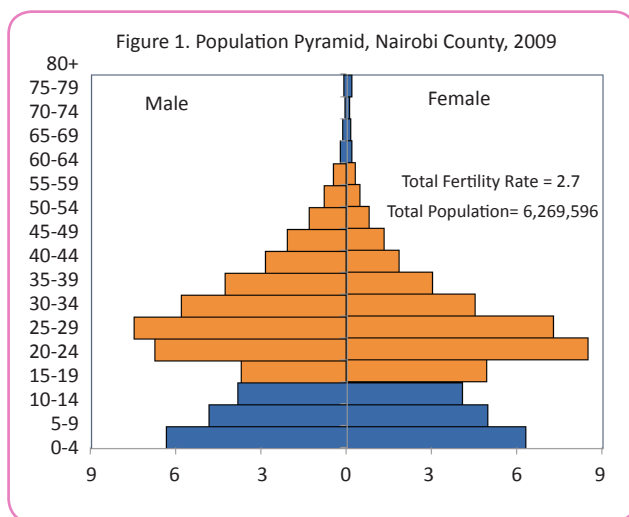




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN NAIROBI COUNTY

Introduction

Nairobi County is the capital city of Kenya and the expected in-migration of young people is reflected in its population age structure with a noticeable bulge between the ages of 20 to 30 years (Figure 1). People below age 15 make up 30% of the total population whereas the working age population 15-64 years old make up 68% of the total population.



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. Only 16% of people in Nairobi County are adolescents aged 10-19 relative to 24% national level.

This fact sheet highlights the status of adolescent SRH in Nairobi 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

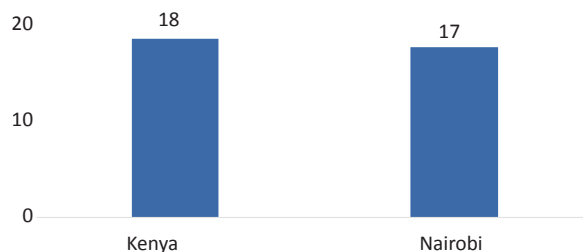
Age of sexual debut and first marriage

- Half of Nairobi County women (20-49 years old) and men (20-54 years old) first had sex by age 19 and 18, respectively. Therefore, both women and men in Nairobi County first had sex one year later than the national trend.
- Half of Nairobi County women (25-49 years old) first married by age 22 and half of the men (30-54 years old) by age 26. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

- About 1 in 5 (17%) girls aged 15-19 years in Nairobi County have begun childbearing; this is around the level as at the national level (Figure 2). Specifically, 4.3% are pregnant with their first child and 13.1% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Nairobi County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 80 births per 1000 girls; marginally lower than at the national level (96).

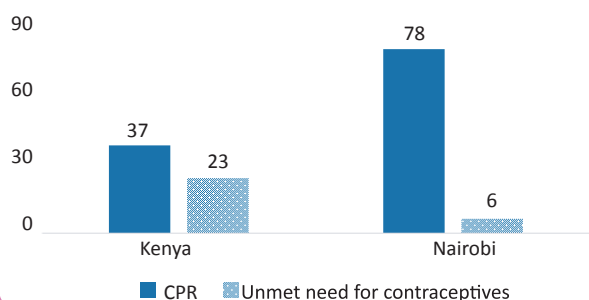
Figure 2. Percentage of women 15-19 years who have begun child bearing



Contraceptive use among adolescents

- Teenage pregnancies can partly result from low contraceptive use and high unmet need for contraceptives. In Nairobi County, 78% of currently married girls aged 15-19 use modern contraceptives which is twice as high as that at the national level (37%) (Figure 3).
- Unmet need for contraceptives among currently married adolescents in Nairobi is considerably lower than at the national level. Six (6) percent 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.

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



HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 2% of youth aged 15-24 in Nairobi County, have HIV. This is the same as 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 Nairobi County, a significant proportion of young people practice safe sex but a significant proportion also engage in risky sex. In 2014, 71% of never married women used a condom during their last sexual encounter. Whereas, 82% of never married men 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.

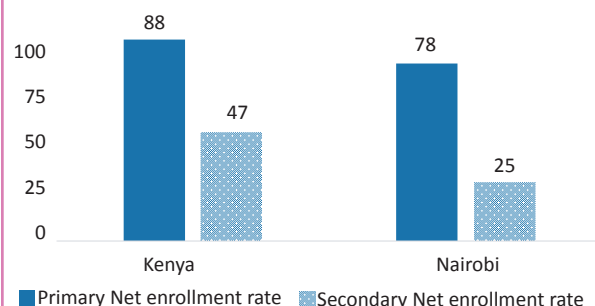
Other important indicators

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.
- Nairobi County is under-performing on primary school enrollment relative to the country average. Only, 78% of children in the official primary school-age enrolled in primary school (Net enrollment rate).

- Similarly, only a quarter (25%) 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).

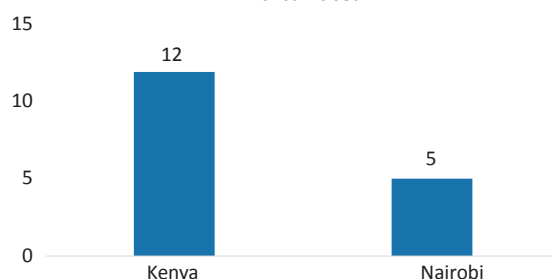
Figure 4. Net Enrollment Rate (%)



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 in twenty (5%) girls aged 15-19 self-reported that they have undergone female circumcision. This is lower than the national average (Figure 5).

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



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