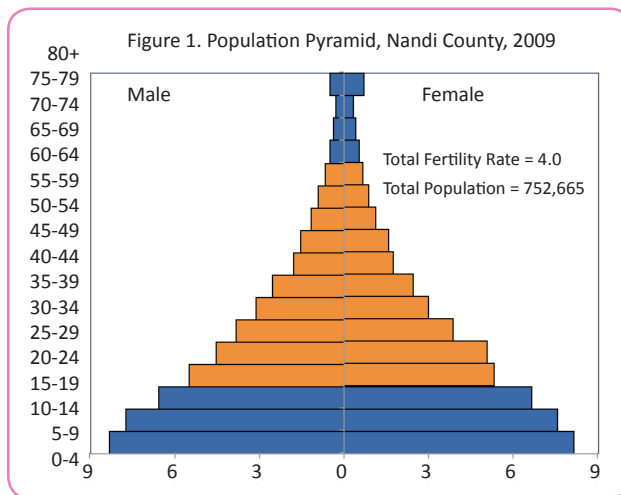




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN NANDI COUNTY

Introduction

Nandi County has a youthful population with people below age 15 making up 44% of the total population (Figure 1). This is mainly because many more people 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 (24%) people in Nandi County is an adolescent aged 10-19.

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

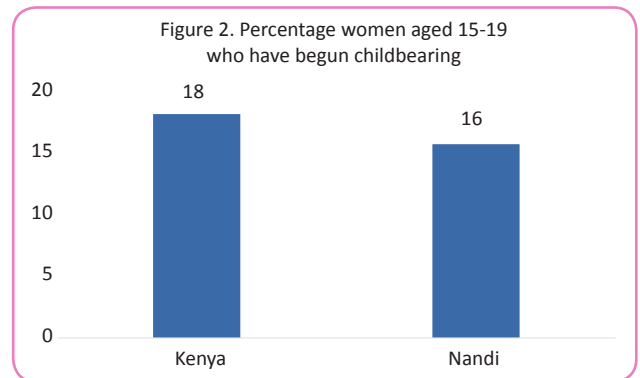
Adolescent SRH Indicators

Age of sexual debut and first marriage

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

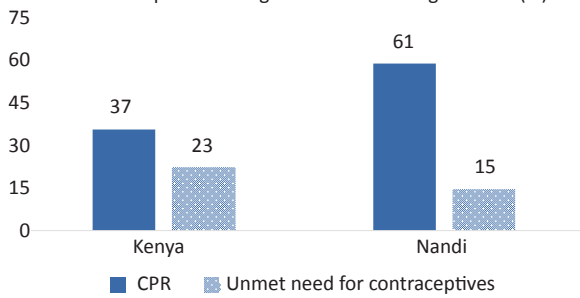
- Sixteen percent (16%) of girls aged 15-19 years in Nandi County have begun childbearing, which is slightly lower than the national rate (figure 2). Specifically, 1.8% are pregnant with their first child and 13.8% have ever given birth compared to 3.4% and 14.7% respectively, at the national level.
- Nandi County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 102 births per 1000 girls, which is slightly higher than the national rate (96).



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Nandi County, 61% of currently married girls aged 15-19 use modern contraceptives, which is considerably higher than the rate at the national level (37%) (Figure 3).
- Unmet need for contraceptives refers to women who would like to avoid pregnancy but are not using a modern contraceptive method. Fifteen percent (15%) of currently married girls aged 15-19 in Nandi County have an unmet need for contraceptives compared to the national rate of 23%.

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



*Contraceptive use rates among adolescents may not reflect the true rates because adolescents' reports are likely to be influenced by societal views about the appropriateness of contraceptive use among adolescents

HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 0.5% of youth aged 15-24 in the former North Rift Valley, where Nandi County is located, have HIV. This is 4 times lower than the national youth HIV prevalence rate. The region hosts one of the lowest 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 the former North Rift Valley region, where Nandi County is located, a considerably proportion of young people practice safe sex but a considerable proportion also engage in risky sex. In 2014, 52% of never married women used a condom during their last sexual encounter. Whereas, 68% of never married men 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.

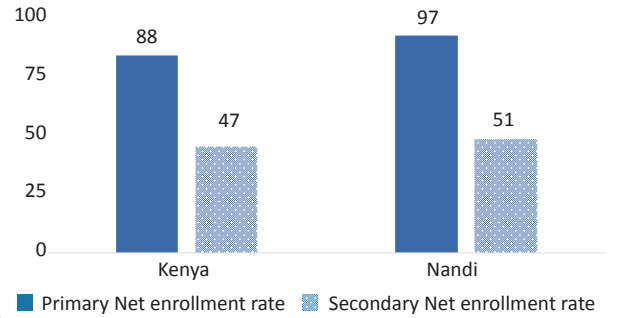
Other important indicators

Education outcomes

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

- Nandi County is performing well on primary school enrollment. Nearly all (97%) children in the official primary school-age are enrolled in primary school.
- However, only half (51%) 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).

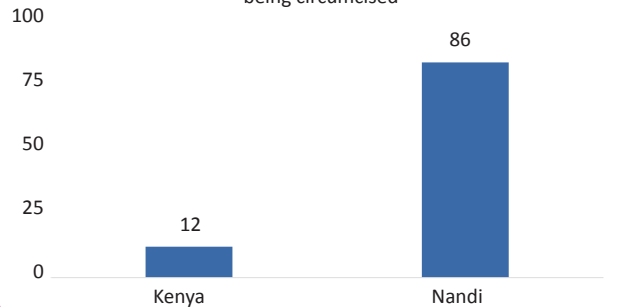
Figure 4. Net Enrollment (%)



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.
- Female circumcision is widely practiced in Nandi County. Most (86%) girls aged 15-19 in Nandi 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



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