ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN WAJIR COUNTY

Introduction
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. Due to the disputed 2009 population and housing census results for the North Eastern province, we do not present data on the proportion of adolescents in Wajir County.

The total fertility rate for Wajir County is 7.8. This means that a woman in Wajir County can expect to have 8 children in her lifetime. Therefore Wajir County has a high birth rate implying that it has a youthful population. A 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 contributing factors of high birth rate is early pregnancies occurring in adolescence.

This fact sheet highlights the status of adolescent SRH in Wajir 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) among others.

Adolescent SRH Indicators

Age of sexual debut and first marriage
- Half of Wajir County women (25-49 years old) and men (25-54 years old) first had sex by age 19 and 23, respectively. Therefore, women in Wajir County first had sex one year later than the national trend (18 years), whereas men first had sex six years later than the national average (17 years).
- Half of Wajir County women (25-49 years old) first married by age 18 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
- About one in five (17%) girls aged 15-19 years in Wajir County have begun childbearing; this is marginally lower than the national rate (Figure 1). Specifically, 1.7% are pregnant with their first child and 12.2% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Wajir County’s age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 129 births per 1000 girls; considerably higher than the national rate (96).

Contraceptive use among adolescents
- Teenage pregnancies can partly result from low contraceptive use and high unmet need for contraceptives. In Wajir County, only 4% of currently married girls aged 15-19 use modern contraceptives which is notably lower than the national level (37%) (Figure 2).
- Latest statistics record no unmet need for contraceptives among currently married girls aged 15-19 compared to 23% at the national level.
HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. In addition, 2012 statistics for former North Eastern Province, where Wajir County is located, were not reported. Therefore, we report 2007 statistics for North Eastern province. In 2007, the HIV prevalence among youth aged 15-24 in North Eastern province was considerably lower than the national rate (0.7% versus 3.8%).
- One of the most effective ways of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- Condom use is a sensitive issue in North Eastern region, making it difficult to obtain data among the local population. In addition, the condoms are in short supply in the region. Existing studies point to very low condom use in North Eastern Kenya in general. A recent study reported no condom use at first sexual intercourse among girls aged 11-14 in union in Wajir County.

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.
- Wajir County is performing poorly on primary and secondary school enrollment relative to the country average. Only about a quarter, (27%) of children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- Similarly, about 1 in 10 (9%) 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 3).

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.
- All (100%) of the girls aged 15-19 in Wajir county self-reported as being circumcised (Figure 4).

References