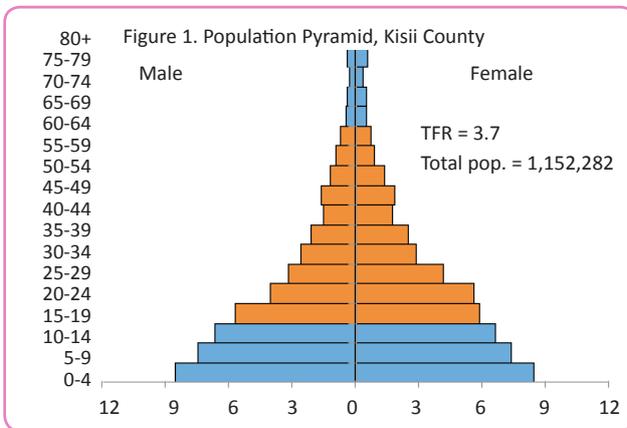




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN KISII COUNTY

Introduction

Kisii County has a youthful population with people below age 15 making up 45% 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 four (25%) people in Kisii County is an adolescent aged 10-19.

This factsheet highlights the status of adolescent SRH in Kisii County in relation to the national trends. The data are drawn from the 2014 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

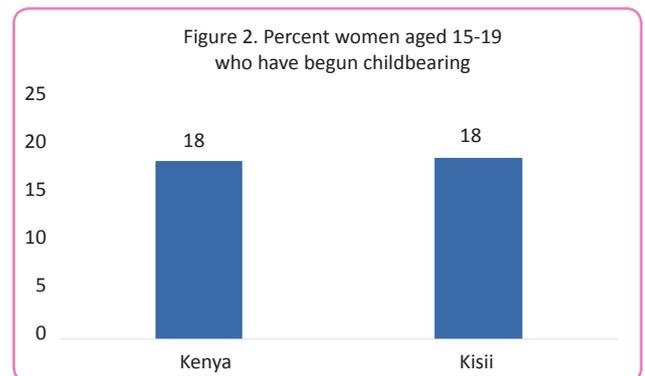
- Half of Kisii County women (20-49 years old) first had sex by age 17, one year earlier than at the national level. Whereas,

half of the men (20-54 years old) first had sex by age 18, one year later than at the national trend.

- Half of Kisii County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 23. At the national level, women and men in the same age groups marry later, by ages 20 and 25, respectively.

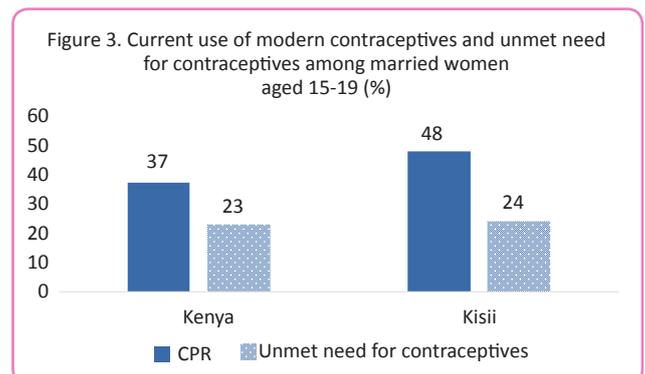
Teen pregnancy

- One in five (18%) girls aged 15-19 years in Kisii County have begun childbearing – 2.5% are pregnant with their first child and 15.9% have ever given birth (Figure 2).
- As a result, Kisii County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 99 births per 1000 girls, similar to the national level (96).



Contraceptive use among adolescents

- Teenage pregnancies and birth rates can partly result from high unmet need for contraceptives. In Kisii County, nearly half (48%) of currently married girls aged 15-19 use contraceptives compared to 37% at national level (Figure 3).
- However, similar to the national trend, unmet need for contraceptives among currently married adolescents in Kisii County remains high. A quarter (24%) of currently married girls aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive method.



HIV prevalence and prevention among adolescents

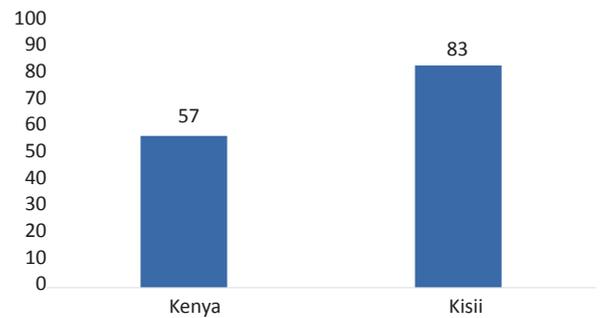
- County level HIV data are not yet available. At regional level, 6.2% of youth aged 15-24 in the former Nyanza province, where Kisii County is located, have HIV. This is 3 times higher than the national youth HIV prevalence rate of 2%. The region hosts the highest HIV rate among youth and in the general 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 Nyanza region, where Kisii County is located, a significant proportion of young people practice safe sex but a significant proportion also engage in risky sex. In 2014, 69% of never married women used a condom during their last sexual encounter. Whereas, 81% 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. This is of particular concern given the high HIV prevalence in the region.

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.
- Kisii County is doing well on both primary and secondary school enrollments. There is nearly universal access to primary education with 99% of children in the official primary school-age enrolled in primary school (Net enrollment rate).
- Majority of primary school students transition to secondary school (Figure 4). This is much higher than at the national level.
- However, girls in Kisii County are disproportionately at risk of dropping out of secondary school – 78% of primary school girls transition to secondary school compared to 89% of primary school boys.

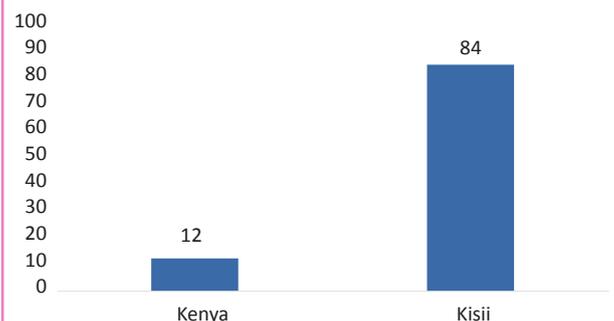
Figure 4. Secondary school transition rate (%)



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.
- Female circumcision is widespread in Kisii County with majority (84%) of girls aged 15-19 self-reporting that they have undergone female circumcision compared to 12% at the national level (Figure 5).

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



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