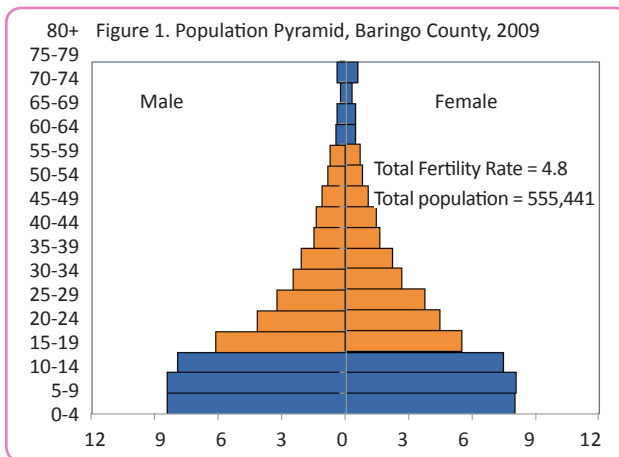




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BARINGO COUNTY

Introduction

Baringo County has a youthful population with people below age 15 making up 48% of the total population (Figure 1). This is mainly because many more children are added to the population than the number of 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. More than a quarter (27%) of the population in Baringo County are adolescents aged 10-19.

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

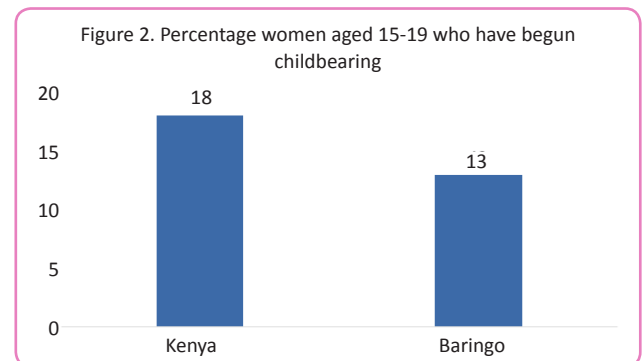
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Baringo County women (20-49 years old) and men (20-54 years old) first had sex by age 18 and 17, respectively. Therefore, the age at first sex in Baringo County for women and men is the same as that at the national level.
- Half of Baringo County women (25-49 years old) first married by age 21 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

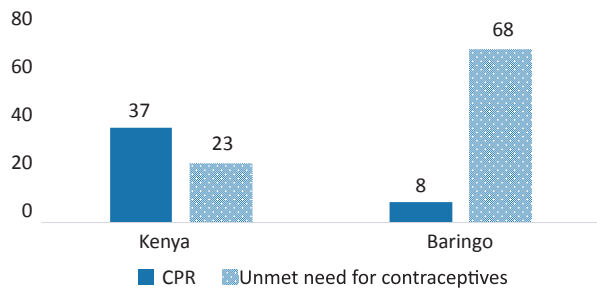
- About one in ten (13%) girls aged 15-19 years in Baringo County have begun childbearing; lower than the national level (Figure 2). Specifically, 2.7% are pregnant with their first child and 10.5% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Baringo County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 76 births per 1000 girls; which is lower than at the national rate (96).



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Baringo County, only 8% of currently married girls aged 15-19 use modern contraceptives which is considerably lower than the national rate (37%) (Figure 3).
- Unmet need for contraceptives among currently married adolescents in Baringo is much higher than the national level. More than two-thirds (68%) 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, 0.5% of youth aged 15-24 in the Rift Valley North, where Baringo 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 Rift Valley North region, where Baringo County is located, a significant proportion of young people practice safe sex but a significant 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

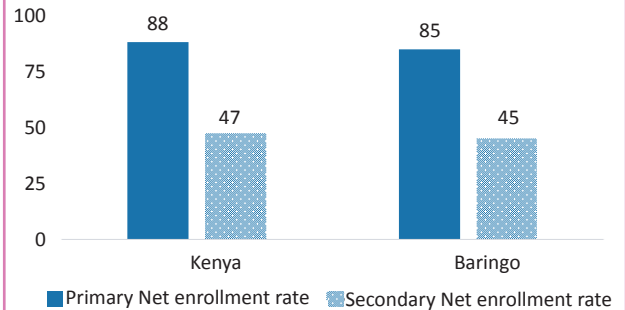
Education outcomes

- 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.
- Baringo County is doing well on primary school enrollment. Most (85%) of children in the official primary school-age are

enrolled in primary school (Net enrollment rate).

- However, less than half (45%) of children in the official secondary school-age are enrolled in secondary school.
- Similarly, 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).

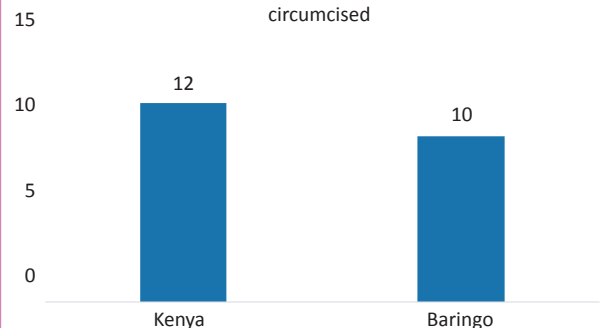
Figure 5. Net Enrollment Rate (%)



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 ten (10%) girls aged 15-19 in Baringo County reported that they have been circumcised (Figure 5).

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



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