

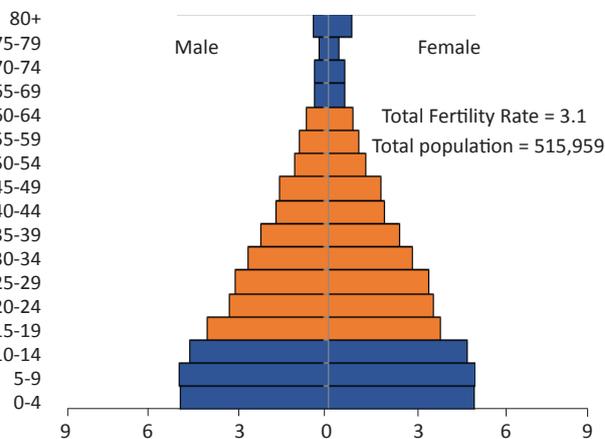


ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN EMBU COUNTY

Introduction

Embu County has a youthful population with people below age 15 making up 38% of the total population (Figure 1). This is mainly because many more people are added to the population than the number of people dying.

Figure 1. Population Pyramid, Embu County, 2009



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. About one in five (22%) people in Embu County are adolescents aged 10-19.

This fact sheet highlights the status of adolescent SRH in Embu County in relation to the national trend. 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

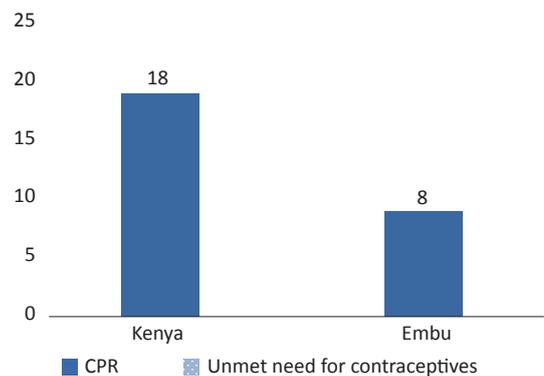
Age of sexual debut and first marriage

- Half of Embu County women (20-49 years old) and men (20-54 years old) first had sex by age 19 and 18, respectively. At national level, women and men in the same age groups first had sex at age 18 and 17, respectively.
- Half of Embu County women (25-49 years old) and men (30-54 years old) first married by age 22 and 26, respectively. At national level, women and men in the same age group first married by age 20 and 25, respectively.

Teen pregnancy

- Only 8% of girls aged 15-19 years in Embu County have begun childbearing. This is notably lower than the national rate (Figure 2). Specifically, 3.3% are pregnant with their first child and 4.7% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Embu County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 61 births per 1000 girls, which is notably lower than the national rate (96).

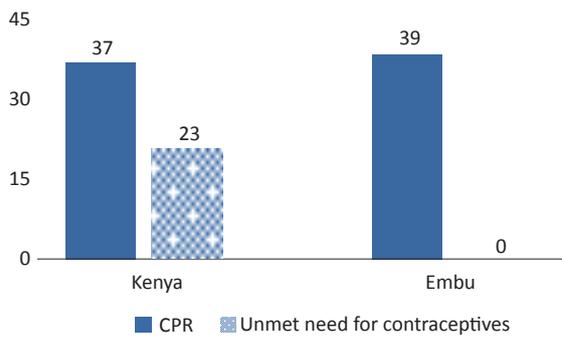
Figure 2. Percentage of women aged 15-19 who have begun child bearing



Contraceptive use among adolescent

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Embu County, 39% of currently married girls aged 15-19 use modern contraceptives which is about the same as the national rate (37%) (Figure 3).
- Unmet need for contraceptives among currently married girls aged 15-19 in Embu County is recorded as zero compared to 23% at the national level.

Figure 3. Current use of modern contraceptives and unmet need for contraceptives among 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 Eastern North region, where Embu County is located, have HIV. This is lower than 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 Eastern region where Embu 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, 73% 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.

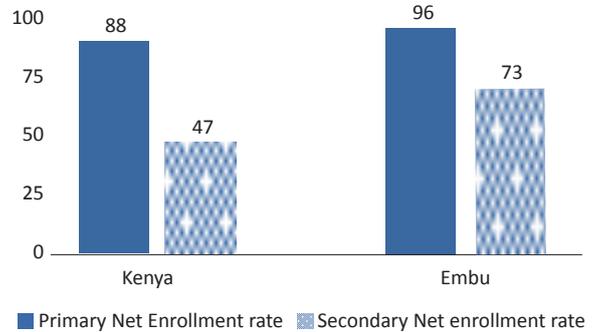
Other important indicators

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.
- Kitui County is performing well on primary school enrollment relative to the national average. Nearly all (94%) children in the official primary school-age are enrolled in primary school (Net enrollment rate).

- However, only just over half (55%) 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).

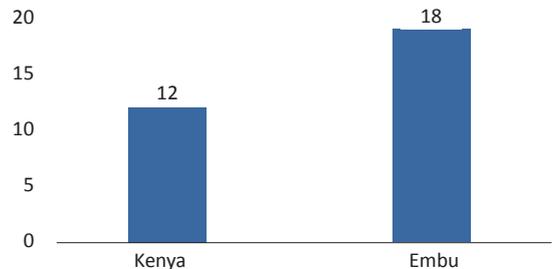
Figure 4. Net Enrollment Rate (%)



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.
- Female genital cutting in Embu County is higher than at the national level, with about one in five (18%) girls aged 15-19 reporting that they have been circumcised compared to 12% at the national level (Figure 5).

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



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