



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN GARISSA 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, data on the proportion of adolescents in Garissa County is not presented.

The total fertility rate for Garissa County is 6.1. This means that a woman in Garissa County can expect to have 6 children in her lifetime, which is relatively high implying that the county has a youthful population. 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 contributing factors of high birth rate is early pregnancies occurring in adolescence.

This fact sheet highlights the status of adolescent SRH in Garissa 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

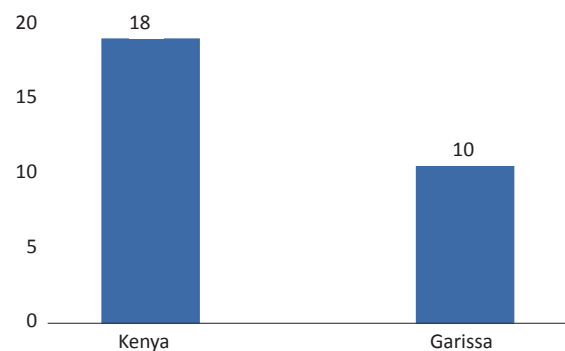
Age of sexual debut and first marriage

- Half of Garissa County women (25-49 years old) and men (25-54 years old) first had sex by age 19. At national level, women and men in the same age groups first had sex at age 18 and 17, respectively.
- Half of Garissa County women (25-49 years old) and men (30-54 years old) first married by age 19 and 25, respectively. 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 (10%) girls aged 15-19 years in Garissa County have begun childbearing. This is lower than the national rate (Figure 1). Specifically, 1.7% are pregnant with their first child and 8.5% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Garissa County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 77 births per 1000 girls, which is considerably lower than the national rate (96).

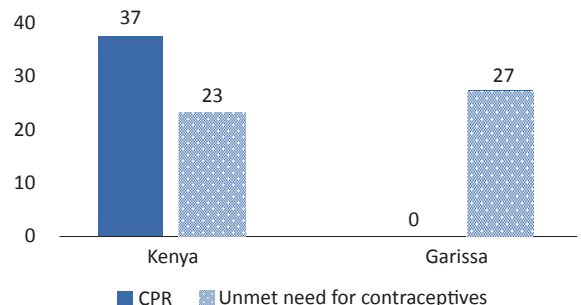
Figure 1. Percentage of women aged 15-19 years who have begun child bearing



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Garissa County, none of the currently married girls aged 15-19 are reported to be using modern contraceptives compared to 37% at national level (Figure 2).
- Unmet need for contraceptives among currently married adolescents in Garissa County is higher than at the national level. Of currently married girls aged 15-19, 27% would like to avoid pregnancy but are not using a modern contraceptive method compared to 23% at national level.

Figure 2. Current use of modern contraceptives and unmet need for contraceptives among women aged 15-19 (%)



HIV prevalence and prevention among adolescents

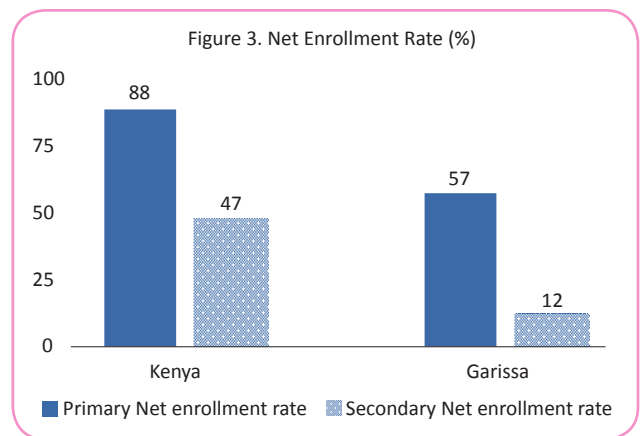
- County level HIV data are not yet available. In addition, 2012 statistics for former North Eastern Province, where Garissa County is located, were not reported. Therefore, we report 2007 statistics for North Eastern province. In 2007, the HIV prevalence among youth aged 15-24 in North Eastern province 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 Garissa County.

Other important indicators

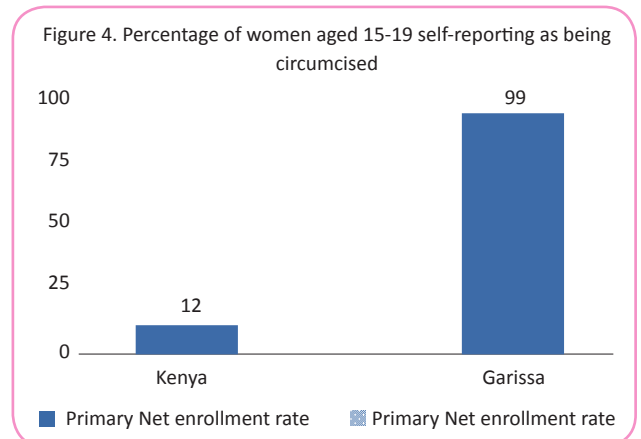
Education outcomes

- 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.
- Garissa County is performing poorly on primary and secondary school enrollment relative to the country average.
- Just over half (57%) of children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- In addition, about one in ten (12%) 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.
- Female circumcision is nearly universal in Garissa County with majority (99%) of the girls aged 15-19 reporting that they have been circumcised compared to 12% at the national level (Figure 4).



References

1. Berg, R. C., Underland, V., Odgaard-Jensen, J., Fretheim, A. and Vist, G.E. 2014. Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis. *BMJ Open*. 2014 Nov 21;4(11).
2. Kenya National Bureau of Statistics (KNBS), Ministry of Health (MoH), National AIDS Control Council (NACC), et al. 2015. Kenya Demographic and Health Survey 2014.
3. Kenya National Bureau of Statistics (KNBS). 2010. 2009 Kenya population and housing census.
4. National AIDS and STI Control Programme (NAS COP). 2007. Kenya. Kenya AIDS Indicator Survey 2012: Final Report.
5. Austrian, K., Muthengi, E., Riley, T., Mumah, J., Kabiru, C., and Abuya, B. 2015. "Adolescent Girls Initiative-Kenya Baseline Report." Nairobi: Population Council.
6. The Ministry of Education, Science and Technology (MoEST). 2015. 2014 Basic Education Statistical Booklet.
7. Macintyre, K., Eymoy, H.A et al. "Assessment of Kenyan Sexual Networks: Collecting evidence for interventions to reduce HIV/STI risk in Garissa, North Eastern Province, and Eastleigh, Nairobi": APHIA