



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN MANDERA 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 Northern parts of the country, we do not present data on the proportion of adolescents in Mandera County.

The total fertility rate for Mandera County is 5.2. This means that a woman in Mandera County can expect to have 5 children in her lifetime. Therefore Mandera County has a high birth rate implying that it 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 pregnancy occurring in adolescence.

This fact sheet highlights the status of adolescent SRH in Mandera 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 Mandera County women (25-49 years old) first had sex by age 19. Therefore, women in Mandera County first had sex one year later the national trend (18 years). Data on the median age at first sex for men in Mandera County are not available.
- Half of Mandera County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 27. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

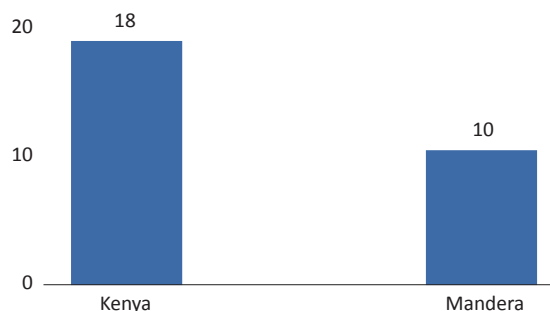
Teen pregnancy

- About one in five (19%) of girls aged 15-19 years in Isiolo County have begun childbearing. This is about the same as the national rate (Figure 1). Specifically, 0.9% are

pregnant with their first child and 18% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.

- Isiolo County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 126 births per 1000 girls, which is considerably higher than the national rate (96).

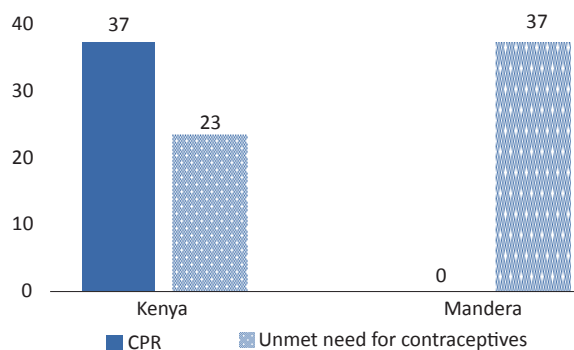
Figure 1. Percentage of women aged 15-19 years who have begun child bearing



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Mandera County, the statistics show that none of the currently married girls aged 15-19 use modern contraceptives compared to 37% at the national level (Figure 2).
- Thirty seven (37) percent of currently married girls aged 15-19 would like to avoid pregnancy but are not using a modern contraceptive method compared to 23% at the national level (unmet need).

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



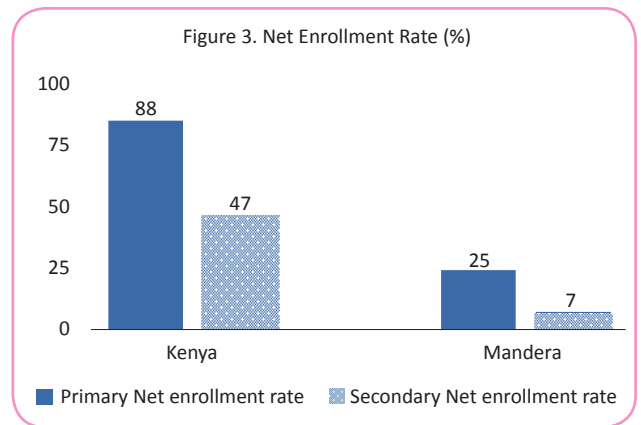
HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. In addition, 2012 statistics for former North Eastern Province, where Mandera 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 on condom use among the local population. In addition, condoms are in short supply in the region. Existing studies point to very low condom use in North Eastern Kenya in general.

Other important indicators

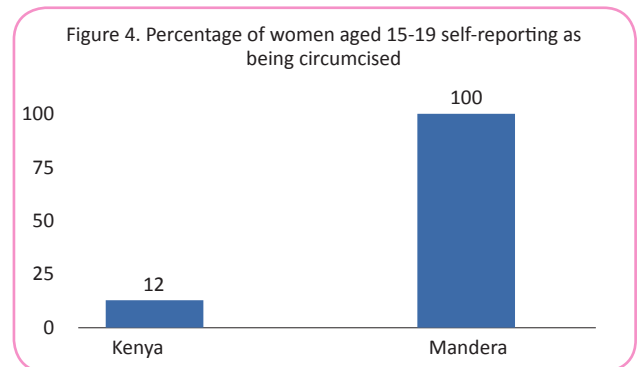
Education outcomes

- 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.
- Mandera County is performing poorly on primary and secondary school enrollment relative to the national average. Only a quarter, (25%) of children in the official primary school-age are enrolled in primary school (Net enrollment rate). In addition, only 7% 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.
- Female circumcision is universally practiced in Mandera County. All (100%) of the girls aged 15-19 in Mandera County self-reported as being circumcised (Figure 4).



References

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