

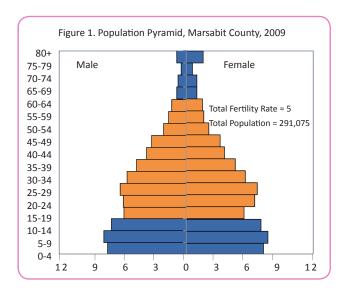




ADOLESCENT SEXUAL AND REPRODUCTIVE **HEALTH IN MARSABIT COUNTY**

Introduction

Marsabit County has a youthful population with people below age 15 making up 47% of the total population (Figure 1). This is mainly because many more people 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. In Marsabit County, about one in four (27%) people are adolescents aged 10-19.

This fact sheet highlights the status of adolescent SRH in Marsabit 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

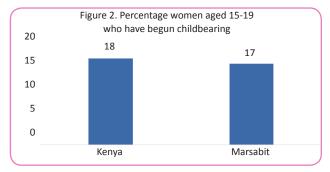
Age of sexual debut and first marriage

• Half of Marsabit County women (20-49 years old) and men (20-54 years old) first had sex by age 17 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 Marsabit County women (25-49 years old) first married by age 18 and half of the men (30-54 years old) by age 28. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

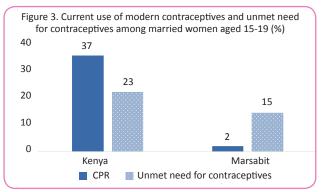
Teen pregnancy

- About one in five (17%) girls aged 15-19 years in Marsabit County have begun childbearing, which is about the same as the national rate (Figure 2). Specifically, 4.8% are pregnant with their first child and 11.9% have ever given birth compared to 3.4% and 14.7%, respectively, at the national
- Marsabit County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 105 births per 1000 girls, which is slightly higher than the national rate (96).



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Marsabit County, only 2% of currently married girls aged 15-19 use modern contraceptives which is much lower than the national rate (37%) (Figure 3).
- Unmet need for contraceptives refers to women who would like to avoid pregnancy but are not using a modern contraceptive method. Fifteen percent (15%) of currently married girls aged 15-19 have an unmet need for contraceptives compared to the national rate of 23%.



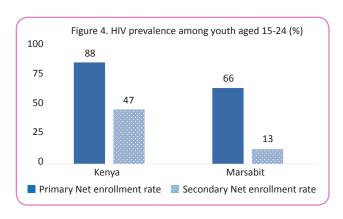
^{*}Contraceptive use rates among adolescents may not reflect the true rates because adolescents' reports are likely to be influenced by societal views about the appropriateness of contraceptive use among adolescents

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 former Eastern North province, where Marsabit County is located, have HIV. This is lower than the national youth HIV prevalence rate (2%). 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 the former Eastern province where Marsabit 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.

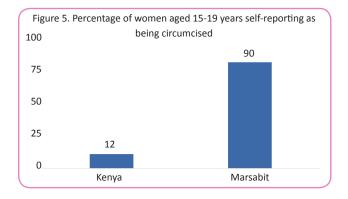
Other important indicators Education outcomes

- 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.
- Marsabit County is performing poorly on primary and secondary school enrollment relative to the country average.
 Only 66% of children in the official primary school-age are enrolled in primary school.
- In addition, only about one-tenth (13%) 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).



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 widely practiced in Marsabit County.
 Nearly all (90%) girls aged 15-19 in Marsabit County report that they have undergone female circumcision compared to the national rate of 12% (Figure 5).



References

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- 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.
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