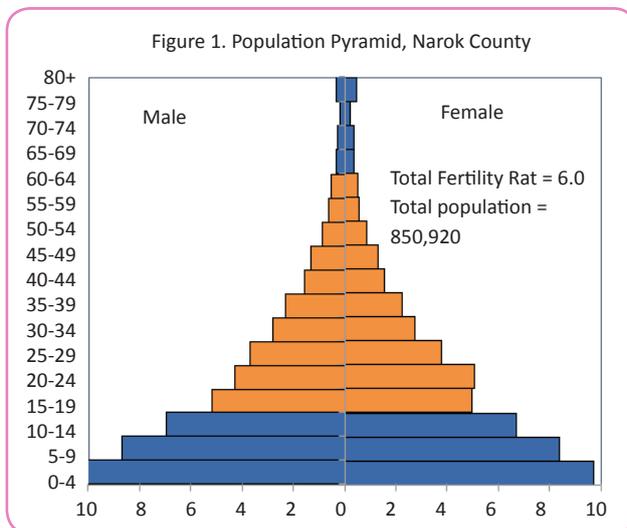




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN NAROK COUNTY

Introduction

Narok County has a youthful population with people below age 15 making up half (50%) of the total population (Figure 1). This is mainly because many more children are added to the population than 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. About 1 in 4 (24%) people in Narok County is an adolescent aged 10-19.

This fact sheet highlights the status of adolescent SRH in Narok 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 favorable policy and legal frameworks that promote adolescent SRH and SRH rights. These frameworks include but are not limited to 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).

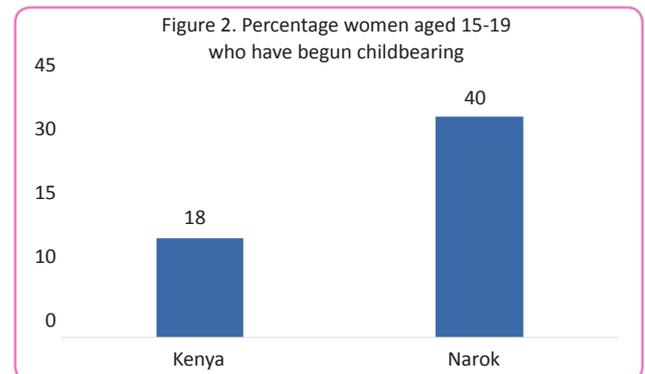
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Narok County women (20-49 years old) and men (20-54 years old) first had sex by age 17 and 18, respectively. Therefore, women in Narok County first had sex one year earlier than the national trend. Whereas the trend among men is similar to that at the national level.
- Half of Narok County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 25. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

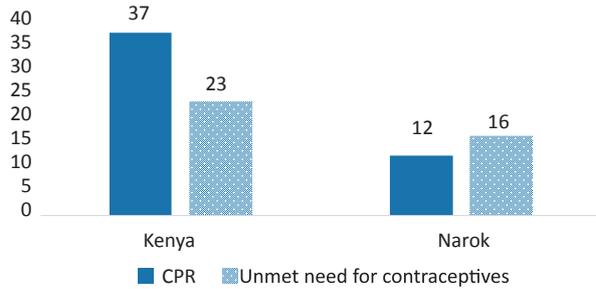
- Forty percent (40%) of girls aged 15-19 years in Narok County have begun childbearing; almost two times higher than the national level (figure 2). Specifically, 7.4% are pregnant with their first child and 33% have ever given birth compared to 3.4% and 14.7% respectively, at the national level.
- Narok County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 225 births per 1000 girls; more than two times higher than at the national level (96) and the highest compared to all other counties of Kenya.



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Narok County, 12% currently married girls aged 15-19 use modern contraceptives which is three times lower than the national level (Figure 3).
- Unmet need for contraceptives among currently married adolescents in Narok is also lower than the national level. Sixteen percent (16%) 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, 2% of youth aged 15-24 in the former Rift Valley South, where Narok County is located, have HIV. This is the same as 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 the former Rift Valley province, where Narok County is located, considerable proportion of young people practice safe sex but a considerable proportion also engage in risky sex. In 2014, 52% of never married young women aged 15-24 used a condom during their last sexual encounter. Whereas, 68% of never married young men aged 15-24 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.

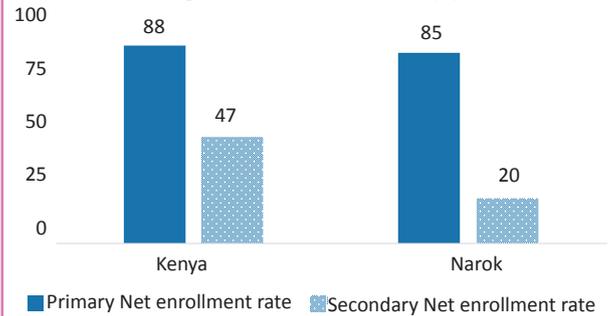
Other important indicators

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.
- Narok County is doing well on primary school enrollment. Majority (85%) of children in the official primary school-age are enrolled in primary school (Net enrollment rate).

- However, only a fifth (20%) 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).

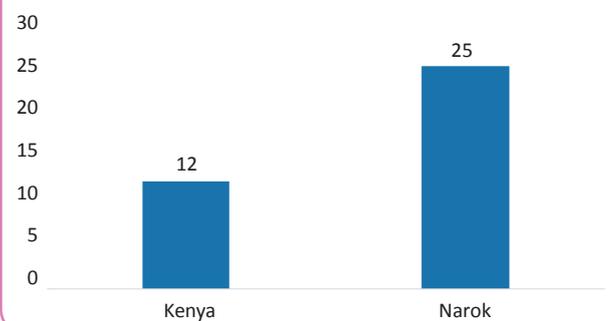
Figure 4. Net Enrollment Rate (%)



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.
- Levels of female circumcision are significant in Narok County with 1 in 4 (25%) girls aged 15-19 reporting that they have undergone female circumcision (Figure 5). This is two times higher than the national level (12%).

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



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