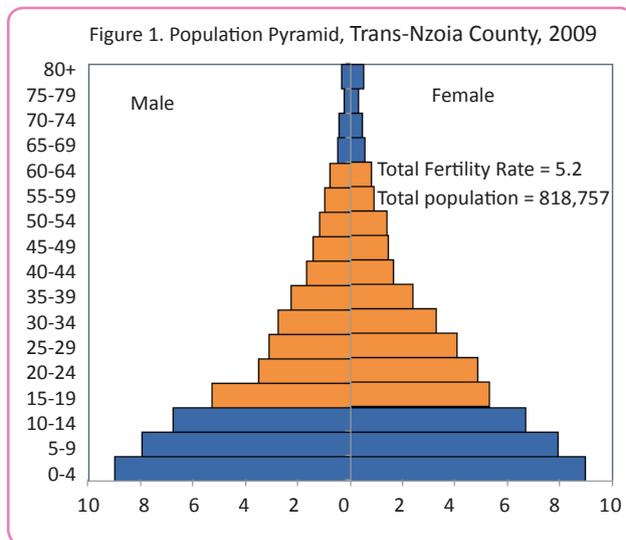




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN TRANS-NZIOIA COUNTY

Introduction

Trans-Nzoia County has a youthful population with people below age 15 making up nearly half (47%) 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. One in four (25%) people in Trans-Nzoia County are adolescents aged 10-19.

This fact sheet highlights the status of adolescent SRH in Trans-Nzoia 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 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).

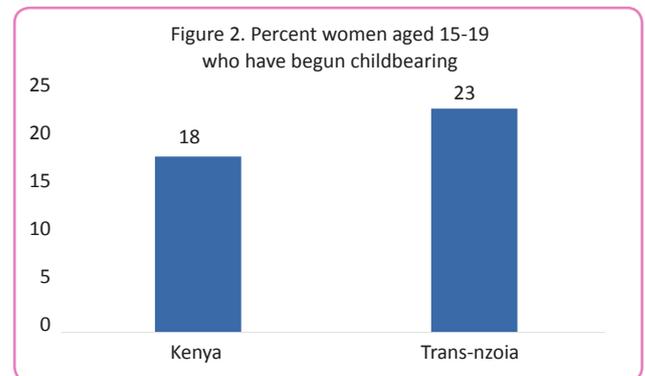
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Trans-Nzoia County women (20-49 years old) and men (20-54 years old) first had sex by age 18 and 17, respectively; Therefore, both women and men in Trans-Nzoia County first have sex at the same age as the national trend.
- Half of Trans-Nzoia County women (25-49 years old) first married by age 20 and half of the men (30-54 years old) by age 25; the same as at the national level.

Teen pregnancy

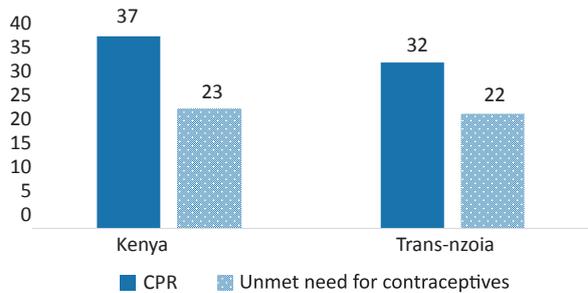
- About 1 in 4 (23%) girls aged 15-19 years in Trans-Nzoia County have begun childbearing; higher than the national level (Figure 2). Specifically, 4.3% are pregnant with their first child and 18.9% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Trans-Nzoia County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 103 births per 1000 girls; higher than at the national level (96).



Contraceptive use among adolescents

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. In Trans-Nzoia County, 32% of currently married girls aged 15-19 use modern contraceptives which is close to the national rate of 37% (Figure 3).
- Unmet need for contraceptives among currently married adolescents in Trans-Nzoia is about the same as the national rate. About 22% 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.

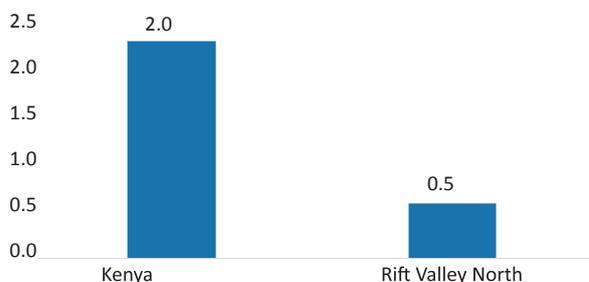
Figure 3. Current use of modern contraceptives and unmet need for contraceptives among married women aged 15-19 (%)



HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 0.5% of youth aged 15-24 in the former Rift Valley North, where Trans-Nzoia County is located, have HIV. This is 4 times lower than the national youth HIV prevalence rate (Figure 4). The region hosts one of the lowest HIV rate among youth and in the general population in the country.

Figure 4. HIV prevalence among youth aged 15-24 (%)



- One of the most effective ways of preventing Sexually Transmitted Infections and HIV is through correct and consistent use of condoms during sex.
- In former Rift Valley province region, where Trans-Nzoia County is located, a considerable proportion of young people practice safe sex but a considerable proportion also engage in risky sex particularly young women. 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.

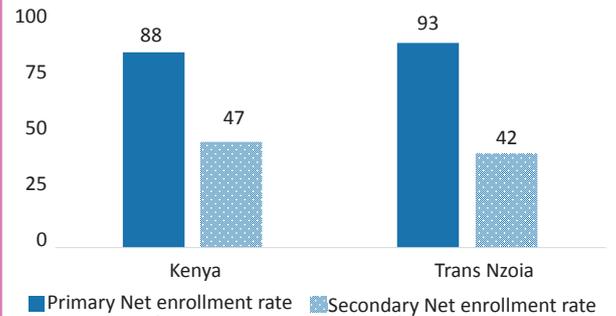
- This means that between 30 and 50% of never married young people in the region did not use a condom during their last sexual encounter.

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.
- Trans-Nzoia County is doing well on primary school enrollment. Nearly all (93%) children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- However, less than half (42%) 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 5).

Figure 5. 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.
- Trans-Nzoia County is one of the counties in Kenya where female circumcision is not practiced.

References

- 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).
- Kenya National Bureau of Statistics (KNBS), Ministry of Health (MoH), National AIDS Control Council (NACC), et al. 2015. Kenya Demographic and Health Survey 2014.
- Kenya National Bureau of Statistics (KNBS). 2010. 2009 Kenya population and housing census.
- National AIDS and STI Control Programme (NASCO). 2014. Kenya. Kenya AIDS Indicator Survey 2012: Final Report.
- The Ministry of Education, Science and Technology (MoEST). 2015. 2014 Basic Education Statistical Booklet.