

NAIROBI COUNTY

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

FACTSHEET

Nairobi County Demographics



POPULATION:	3,138,369 (2009)
Male	49%
Female	51%
Population Density	4,515 people per Km ²
National Percentage	3.6 %

Age Distribution	
0-15 years	34%
15-24 years	18%
10-19 years	16%

Source: Kenya National Bureau of Statistics, (2010): The 2009 Kenya population and Housing Census.

SOCIO-ECONOMIC BACKGROUND

- Nairobi County's informal settlements are home to nearly 60% of the city's young population. Characterized by poverty, overcrowding, inadequate access to clean water, violence and increasing unemployment rate, these slums are a haven for high exposure to adverse SRH outcomes
- The people who live below poverty line in the County are estimated to be 22 per cent of the total population. (9)
- The gross enrolment in primary schools is 51.8 percent while the net enrolment is 44.9 per cent. Primary school dropout rate stands at 3.6 per cent; average years of attendance for primary school are 8 years while the retention rate is 96.4 per cent; and transition rate to secondary is at 65.7 percent. (9)
- In Secondary Education, the gross enrolment rate is at 35.6 percent while the net enrolment is 25.8 per cent; dropout rate is 5.5 per cent; completion rate is 91.8 per cent while the retention rate is 94.6 per cent. (9) Nairobi County has a literacy level, 96.1 per cent of the population. (9)

SEXUAL REPRODUCTIVE HEALTH

Main health problems affecting young people in Nairobi County

Main health problems	Causes	Consequences	Ways of addressing these problems
STIs/HIV, Drug and substance Abuse (DSA), Teenage pregnancy, Sexual and Gender based violence (SGBV)	Idleness, Parental negligence, Poverty	School dropout, Poor health, Death, Stigmatization	Public health education, Sensitization , Parental guidance , Abstinence

Source: National Council for Population and Development (NCPD). 2017

SEXUAL DEBUT AND MARRIAGE

- Half of Nairobi County women (20-49 years old) and men (20-54 years old) first had sex by age 19 and 18, respectively - one year later than the national trend for both sexes.
- Half of Nairobi County women (25-49 years old) first married by age 22 and half of the men (30-54 years old) by age 26. At the national level, women and men in the same age groups first married by age 20 and 25, respectively. Therefore both men and women in Nairobi marry later than they do on average at the national level.

TEENAGE PREGNANCY

- About 1 in 5 (17%) girls aged 15–19 years in Nairobi County have begun childbearing; this is around the level as at the national level (Figure 2). Specifically, 4.3% are pregnant with their first child and 13.1% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Nairobi County's age specific fertility rate for girls aged 15–19 (adolescent birth rate) is 80 births per 1000 girls; marginally lower than at the national level (96).
- Nearly 40% of adolescent girls living in Nairobi's informal settlements have experienced a pregnancy, almost half of which are unintended
- Recent data from the DHIS showed 7,182 girls aged 10–19 years were pregnant in Nairobi County between January and March 2017.

CONTRACEPTION

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HIV/AIDS

- Nairobi County has a HIV prevalence rate of 6.1%.
- The HIV prevalence among women in Nairobi County is higher (7.6%) than that of men (4.7%).
- There are about 10,740 adolescents living with HIV who are between the ages of 10–19 – representing 6% of total number of people living with HIV. Young people (15–24) living with HIV are 23,671, accounting for 13% of all people living with HIV in the County

FEMALE GENITAL MUTILATION (FGM)

- One in twenty (5%) girls aged 15–19 self-reported that they have undergone female circumcision. This is lower than the national average of 21%

CALL TO ACTION

All county leaders should:

- **SPEAK UP PUBLICLY** in favour of programmes that provide access to age-appropriate reproductive health information, counselling and services for all adolescents and youth as well as quality sexual and reproductive health services and commodities.
- **ADVOCATE FOR, SUPPORT AND PUT** in place programmes that promote innovative county-specific interventions to curb teenage pregnancy. County health department should be supported to ensure adolescent and youth-friendly SRH services are made available, accessible, acceptable, appropriate, equitable, and effective for all.
- **WORK CLOSELY** with law enforcement agencies to create awareness on legal standards concerning ages of marriage, consent, prosecution of perpetrators of sexual violence and access to social protection and sexual and reproductive health services.
- **WORK CLOSELY** with local administration and communities to address factor that predispose young girls to teen pregnancies

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