

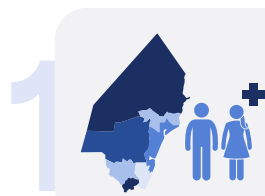
The state of various adolescent health indicators: A comprehensive assessment of adolescent health indicators in Kilifi County

Kilifi County, like many other regions across Kenya, faces persistent challenges in improving adolescent health outcomes. Despite a range of interventions targeting issues such as teenage pregnancy, sexual and reproductive health (SRH), and HIV prevention, many of these efforts have struggled to deliver sustained impact. A key constraint identified by the Kilifi County Health Management Team (CHMT) has been the lack of comprehensive, timely, and actionable data to inform decision-making. The County needs up-to-date, accurate data on adolescent health to effectively plan, prioritize, and allocate resources for health programs and to develop an effective Adolescent and Young People Health Strategy.

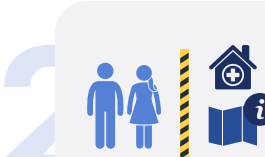
IDinsight partnered with the Kilifi County Department of Health to conduct targeted assessments to fill data gaps and enable a comprehensive view of adolescent health in Kilifi County, Kenya. The study aims to generate evidence on key adolescent health outcomes and service delivery readiness to guide the creation of the next county adolescent health strategy. The study focuses on sexual and reproductive health (SRH), mental health, substance use, access to information, and health system responsiveness, with disaggregated analysis by gender, age group, and poverty status.

What we studied

This study had three main objectives:



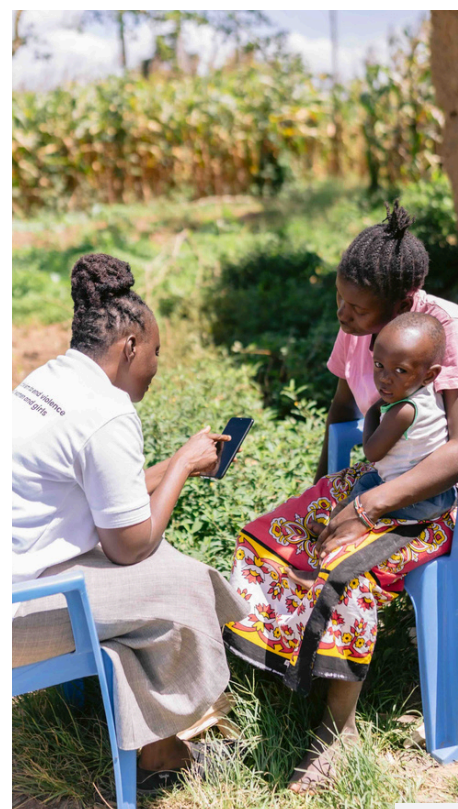
To generate an accurate representation of the state of adolescent health in Kilifi County, with sub-county level granularity and disaggregation by key demographic characteristics.



To establish the most pressing challenges facing adolescent health in different communities across the County, including barriers to access, service quality, and awareness.



To test and refine the assumptions embedded in the existing ToC for adolescent health, using primary data to validate key pathways and identify gaps in the strategic framework.

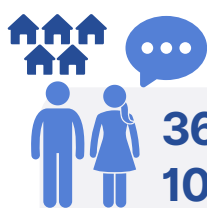


Study Methodology

The study combines data from a household survey, a health facility survey and parent-teacher association (PTA) member interviews conducted in April 2025, covering all seven sub-counties in Kilifi.

House hold survey

The household survey reached over 3,600 adolescents and young people aged 10–24 using representative sampling methods. The survey captured both individual and household-level information across the following domains:



3600 Adolescents & Young People
10-24 Years old



Demographics and Household Characteristics



Sexual and Reproductive Health (SRH)



HIV and STI Knowledge and Behaviour



Mental Health and Psychosocial Well-being



Menstrual Health and Hygiene

Health facility survey

The health facility survey included 122 public health facilities. This tool covered the following themes:



122 Public health facilities



Service Availability



Provider Capacity



Facility Environment



Data Use and Monitoring



Referral and Outreach

Parent-teacher association member interviews

The PTA members included 31 interviews across the seven sub-counties. The interviews focused on:



31 Interviews



Perceptions of Adolescent Health Challenges



School Involvement in SRH Education



Community Norms and Stigma



Recommendations for County Action

The findings inform a broader strategy to improve health outcomes and youth-responsive service delivery in Kilifi.

Findings



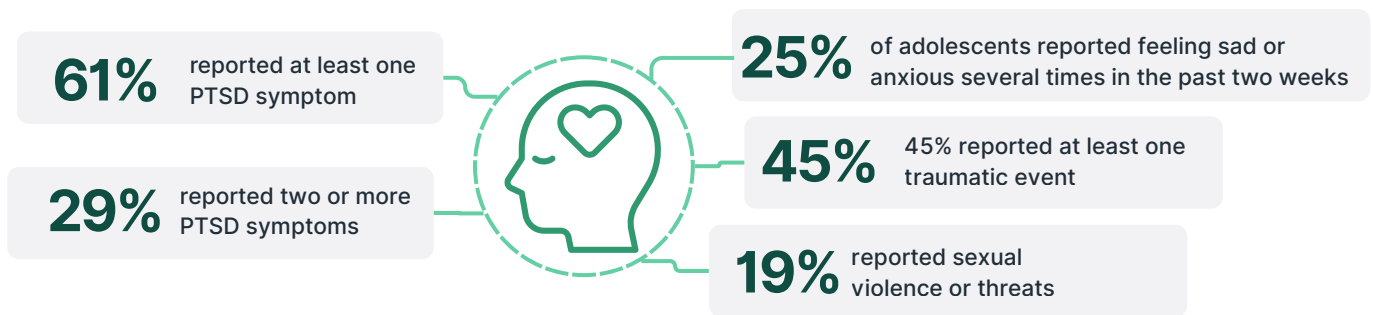
Adolescents face compounding educational and health vulnerabilities

While school attendance is high (96%), nearly half of adolescents had missed school in the last three months, often due to health or menstrual challenges. One in ten girls aged 15–19 had been pregnant, and most dropped out during pregnancy. Additionally, girls are four times more likely than boys to be married during adolescence.



Mental health symptoms are widespread

Nearly half of adolescents screened positive for probable depression, and 39% for probable anxiety, signaling a widespread burden of emotional distress.



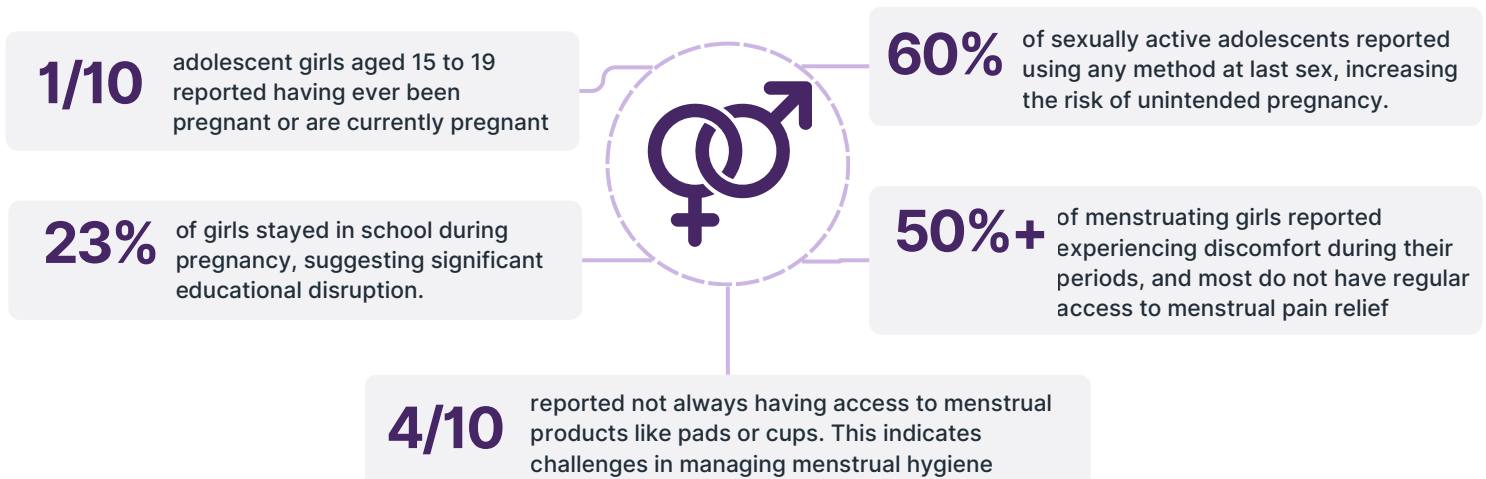
Information access is high but uneven

88% of adolescents had received sexual and reproductive health information and 65% had received well-being content, topics such as pregnancy care, mental health, and STI treatment have lower coverage. Information is highly school-based, however, schools often rely on external actors (NGOs and community health workers) for programming, which may be inconsistent and create gaps in information delivery.



Early sexual activity and low contraceptive use persist

One in four adolescents has had sex, and one in those five began before age 15. About 60% used any contraceptive at last sex.



Findings



Substance use is low in prevalence but concerning in frequency

Only 6% of adolescents reported drug use, yet a subset of cannabis users reported repeated use of more than 10 times in the past month. Early initiation (before age 15) is more common among adolescents in low-income households.

11% of adolescents reporting ever smoking

6% reporting ever using drugs. However, frequency of use is high among some users, especially for cannabis

Use of electronic cigarettes and harder drugs remains rare, though these substances may become more accessible over time.



62% have tried Cannabis

26% reporting Cannabis use more than ten times in the past month, suggesting repeated use in a small group.

50% of tobacco users and 2% of the general adolescent population reporting they began substance use before age 15.



Health facility readiness is mixed

Only two-thirds display youth service charters or maintain adolescent service lists. Fewer than half collect feedback from adolescent clients, and privacy is often compromised at reception. Staff training is more common on general care than on youth-specific needs.

43% of facilities gather feedback on adolescents' expectations or care experience, which weakens opportunities for adaptive learning and service improvement.



Policy and SOP coverage is uneven. While many facilities have referral and consent guidelines, fewer have protocols for adolescent transitions, equity, or involving vulnerable youth in service design, limiting comprehensive responsiveness.

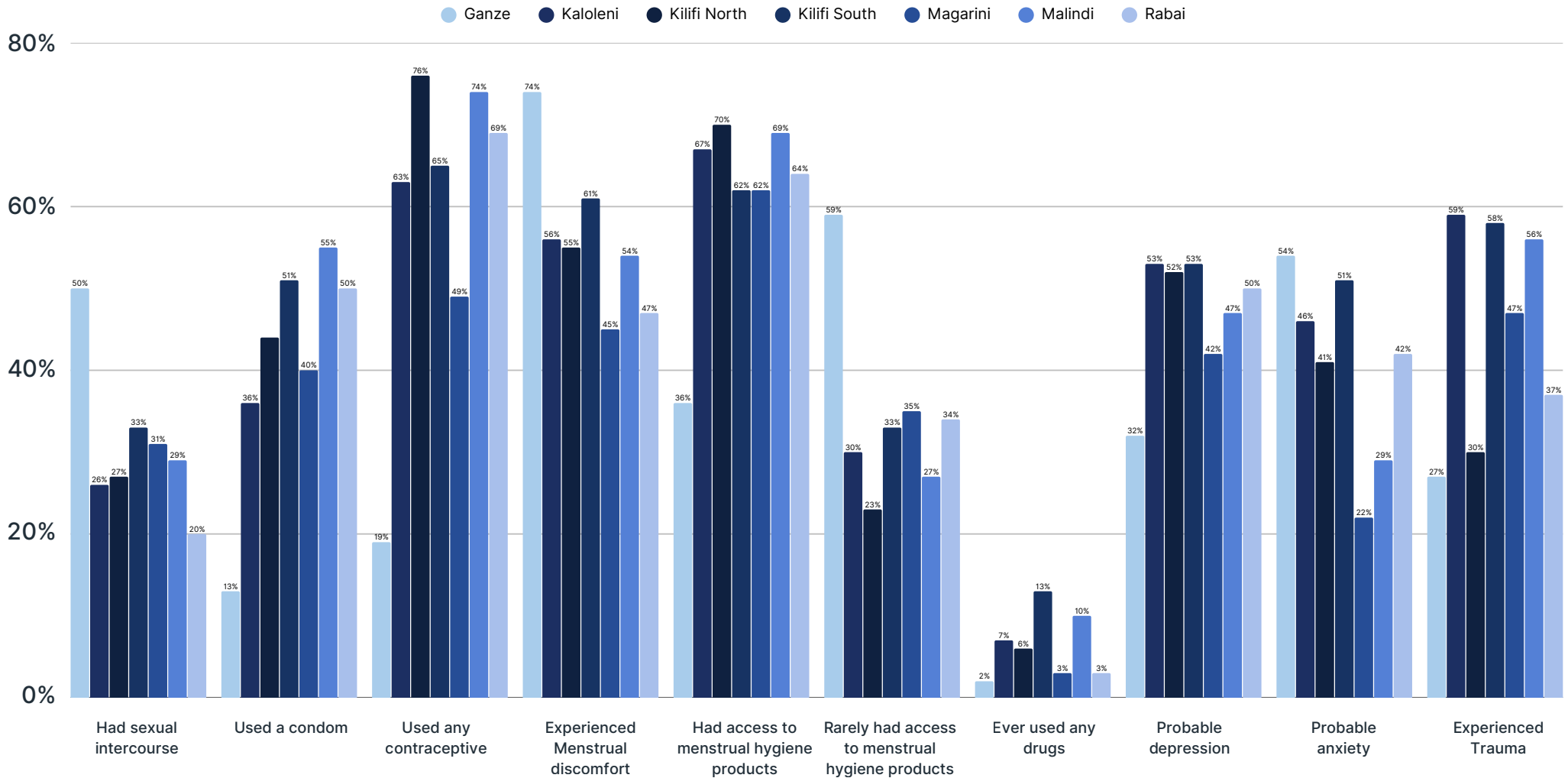


Findings



Notable disparities exist across sub-counties, genders, and age groups

Ganze stands out for high sexual activity, low contraceptive use, and poor menstrual health access. Girls have less digital access and lower contraceptive use than boys. Younger adolescents (10–14) are less likely to receive mental health or SRH information.



Recommendations

Based on study findings, we recommend the following focus areas:



Mental health, including screening, referral systems, and psychosocial support integrated into health services, with community and school-based awareness efforts.



SRH access for younger adolescents, with attention to barriers like stigma, information gaps, and provider responsiveness, and opportunities to expand adolescent-appropriate communication and education.



Educational continuity during pregnancy, focusing on the links between education, health, and social support for pregnant and parenting adolescents.



Menstrual health, particularly addressing gaps in pain management and stigma, with schools and households as key points of engagement.

Authors

Ebenezer Chulu: Ebenezer.Chulu@IDinsight.org

Michael Sebele: Michael.Sebele@IDinsight.org

Alix Bonargent: Alix.Bonargent@IDinsight.org

Nyawira Gitahi: Nyawira.Gitahi@IDinsight.org

Elvis Otwoma: Elvis.Otwoma@IDinsight.org

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IDinsight

IDinsight is a non-profit, mission-driven global advisory, data analytics, and research organization that helps global development leaders maximize their social impact. We use a wide range of data and evidence tools, including randomized evaluations, monitoring services, and machine learning to help decision-makers design effective programs and rigorously test what works to support communities. IDinsight works with governments, multilateral agencies, foundations, and non-profit organizations in Asia and Africa. We work across a wide range of sectors, including agriculture, education, health, governance, sanitation, social protection, environment and financial inclusion.