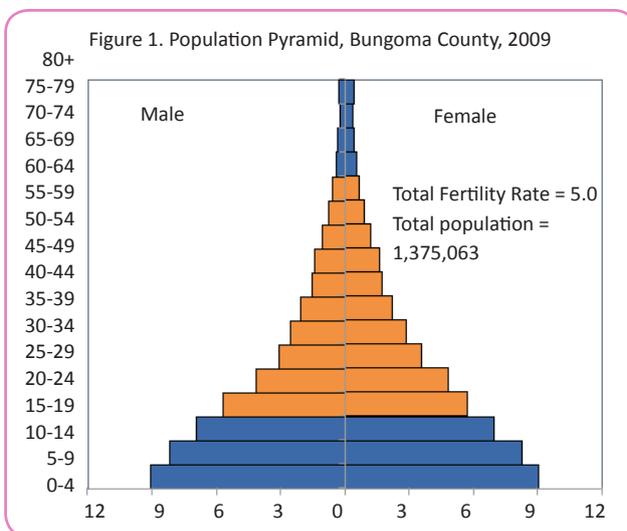




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BUNGOMA COUNTY

Introduction

Bungoma County has a youthful population with people below age 15 making up about half (48%) 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 Bungoma County is an adolescent aged 10-19.

This fact sheet highlights the status of adolescent SRH in Bungoma County in relation to the national trends. The data are drawn from the 2014 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).

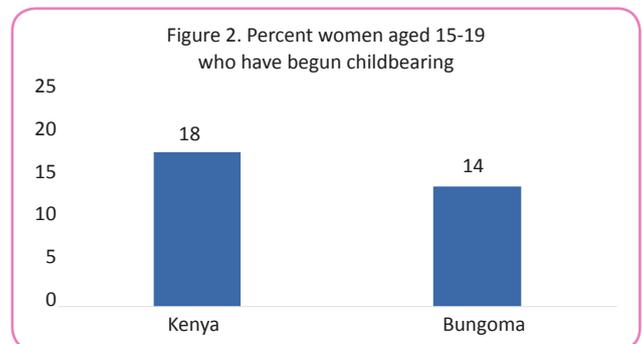
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Bungoma County women (20-49 years old) and men (20-54 years old) first had sex by age 17. Therefore, women in Bungoma County first have sex one year earlier than the national trend. Whereas the trend among the men is similar to that at the national level.
- Half of Bungoma County women (25-49 years old) first married by age 19 and half of the men (30-54 years old) by age 24. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

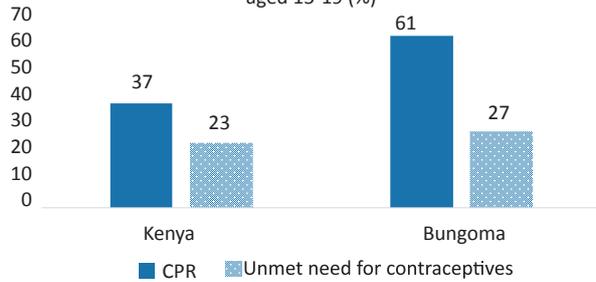
- 14% of girls aged 15-19 years in Bungoma County have begun childbearing; lower than the national level (Figure 2). Specifically, 0.7% are pregnant with their first child and 13.8% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Bungoma County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 103 births per 1000 girls; marginally 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 Bungoma County, 61% currently married girls aged 15-19 use modern contraceptives compared to only 37% at national level (Figure 3).
- However, there is still an unmet need for contraceptives among currently married adolescents in Bungoma and it is higher than the national level. About 3 in 10 (27%) 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.

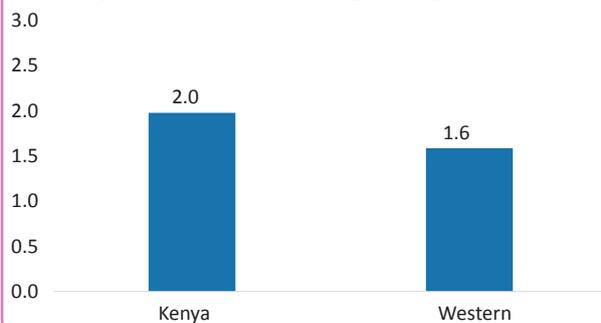
Figure 3. Current use of modern contraceptives and unmet need for contraceptives among married women aged 15-19 (%)



HIV prevalence and prevention among adolescents

- County level HIV data are not yet available. At regional level, 1.6% of youth aged 15-24 in the former Western province, where Bungoma County is located, have HIV. This is lower than the national rate but higher than in some regions where the rates are 1% or lower (Central and Eastern provinces) (Figure 4).

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 Western region, where Bungoma County is located, a significant proportion of young people engage in risky sex. In 2014, comparable to the national trend, 62% of never married women used a condom during their last sexual encounter. Whereas, 70% of never married men used a condom during their last sexual encounter.

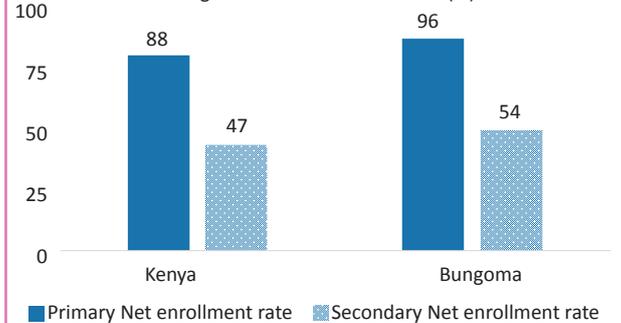
- This means that between 30 and 40% of young people in the region did not use a condom during their last sexual encounter.

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.
- Bungoma County is doing well on primary school enrollment. Nearly all (96%) children in the official primary school-age are enrolled in primary school (Net enrollment rate).
- However, just over half (54%) 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.
- Bungoma 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 (NASCOP). 2014. Kenya. Kenya AIDS Indicator Survey 2012: Final Report.
- The Ministry of Education, Science and Technology (MoEST). 2015. 2014 Basic Education Statistical Booklet.