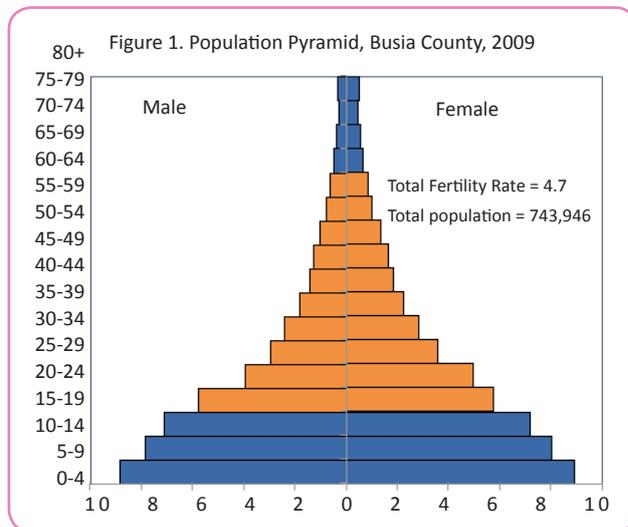




ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BUSIA COUNTY

Introduction

Busia 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. About 1 in 4 (26%) people in Busia County is an adolescent aged 10-19.

This fact sheet highlights the status of adolescent SRH in Busia 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).

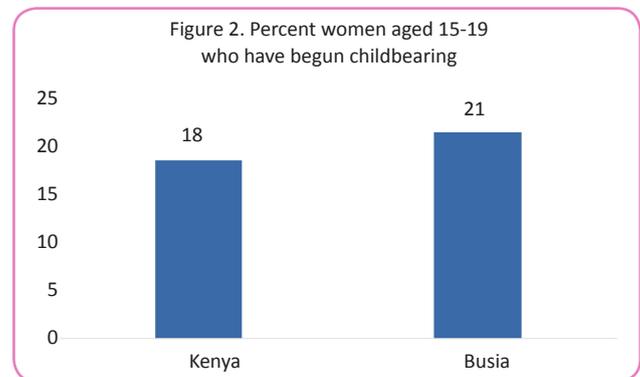
Adolescent SRH Indicators

Age of sexual debut and first marriage

- Half of Busia County women (20-49 years old) and men (20-54 years old) first had sex by age 17. Therefore, women in Busia 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 Busia County women (25-49 years old) first married by age 18 and half of the men (30-54 years old) by age 22. At the national level, women and men in the same age groups first married by age 20 and 25, respectively.

Teen pregnancy

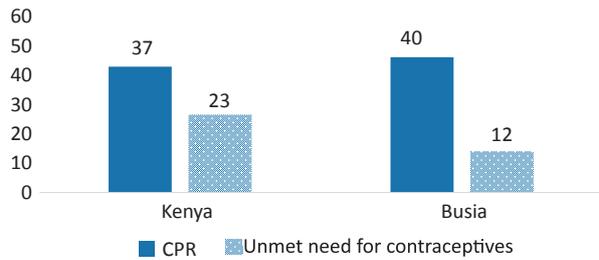
- About 1 in 5 (21%) girls aged 15-19 years in Busia County have begun childbearing; marginally higher than the national trend (Figure 2). Specifically, 2.3% are pregnant with their first child and 18.4% have ever given birth compared to 3.4% and 14.7%, respectively, at the national level.
- Busia County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 128 births per 1000 girls; considerably 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 Busia County, 40% currently married girls aged 15-19 use modern contraceptives which is about the same as the national rate (37%) (Figure 3).
- There is an unmet need for contraceptives among currently married adolescents in Busia but it is lower than that at the national level. Twelve percent (12%) 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.

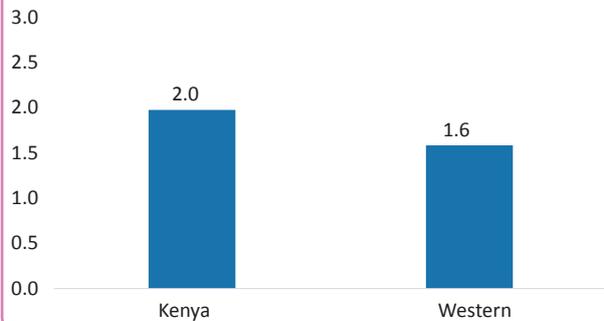
Figure 3. Current use of modern contraceptives and unmet need for contraceptives among married women aged 15-19 (%)



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 Western province, where Busia 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 Busia County is located, a significant proportion of young people engage in risky sex. In 2014, comparable to the national trend, 62% of never married young women aged 15-24 used a condom during their last sexual encounter. Whereas, 70% of never married young men aged 15-24 used a condom during their last sexual encounter.

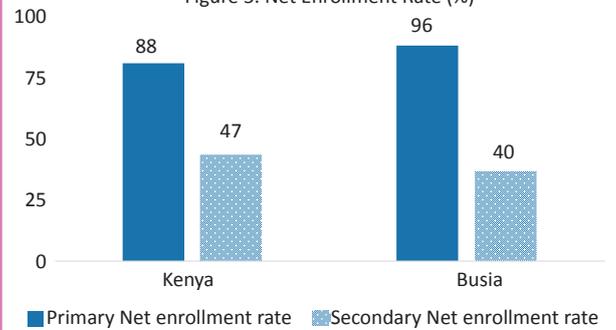
- This means that between 30 and 40% of young people in the region did not use a condom during their last sexual encounter.

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.
- Busia 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, only 2 in 5 (40%) 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.
- Busia County is one of the Counties in Kenya where female circumcision is not practiced.

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