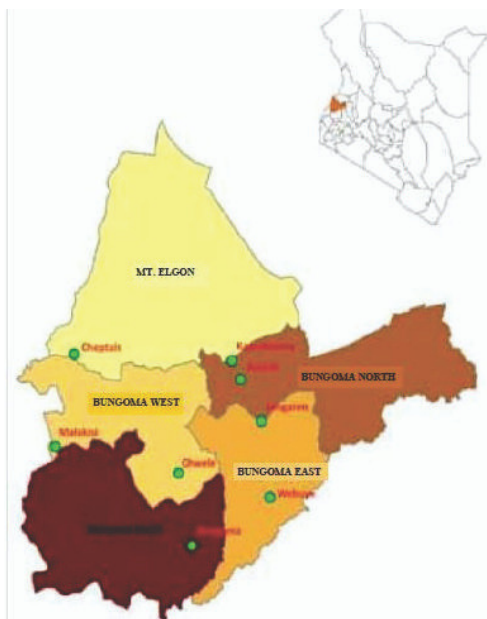


BUNGOMA COUNTY

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH FACTSHEET

Bungoma County Demographics



POPULATION:	1,375,063
Male	48 %
Female	52 %
Population Density	453.5 people/Km ²
National Percentage	3.6 %
Growth Rate	4.3%

Age Distribution	
0-14 years	45.9 %
0-15 years	48% %
15-24 years	20%.
15-64 years	51.4 %
Over 65 years	2.3%

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

SOCIO-ECONOMIC BACKGROUND

- The county Poverty Rate in 2016 was at 32.4%(6)
- The major economic activity is maize farming making the county a vital component of the country's bread basket. Other income earning activities include sugarcane, tobacco, onions, vegetables and dairy farming
- Nearly all (96%) of children in the official primary school-age enrolled in primary school (7)
- However just over half (54%) of children in the official secondary school-age are enrolled in secondary school due to low transition rates.(7)

SEXUAL REPRODUCTIVE HEALTH

Main health problems affecting young people in Bungoma County

Main health problems	Causes	Consequences	Ways of addressing these problems
Sexually Transmitted Infections & HIV /AIDS, Drug and substance Abuse, Sexual and Gender based violence(SGBV) , Teenage Pregnancy	Peer pressure, Poverty, Idleness	Abortion, School dropout, Poor health	Public Health Education, Parental guidance, Abstinence

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

SEXUAL DEBUT AND MARRIAGE

- Half of Bungoma County women (20-49 years old) and men (20-54 years old) first had sex by age 17years. For women, this is a year earlier than the national average.2
- 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.2

SEXUAL REPRODUCTIVE HEALTH

- 14% of girls aged 15–19 years in Bungoma County have begun childbearing; lower than the national level. 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.²
- 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).
- In 2013, 18 girls from one Primary School in Kopsiro Division were found to be pregnant forcing them to cut short their education.
- In 2016, 20 girls from a Secondary School in the same division were also found to be pregnant after they returned to school from school holidays⁽⁸⁾

CONTRACEPTION

- In Bungoma County, 61% currently married girls aged 15–19 use modern contraceptives compared to only 37% at national level. (2)
- 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.

HIV/AIDS

- Bungoma County has a HIV prevalence rate of 2.8%.⁽³⁾
- The HIV prevalence among women in Bungoma County is higher (3.4%) than that of men (2.1%).
- There are about 2,900 adolescents (aged 10–19 years) living with HIV accounting for 10% of the total number of people living with HIV in the County
- There are approximately 4,150 youth aged 15–24 living with HIV- representing 14% of the total number of people living with HIV in Bungoma
- The annual new infections is 120 among adolescents and 388 among youth in the ages 15–24.

FEMALE GENITAL MUTILATION (FGM)

- FGM has for a long time been a cultural practice among Sabaot community in Mt. Elgon sub-county of the Bungoma County

CALL TO ACTION

- **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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