

BUSIA COUNTY

ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH FACTSHEET

Busia County Demographics



POPULATION:	743,946 (2009)
Male	48 %
Female	52 %
Population Density	439 people per Km 2
National Percentage	3.6 %
Growth Rate	2.3%
Total fertility rate (TFR)	4.7 births per woman

Age Distribution	
0-14 years	45.9 %
0-15 years	48%
15-24 years	21%
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 59.5% (5)
- Main economic activities include agriculture, tourism, fishing along the shores of Lake Victoria, trade and commercial businesses

Primary	Boys	Girls	Total
Total Gross Enrolment Rate (GER)	120.8	120.6	120.5
Net Enrolment Rate secondary	96	96.2	96.4
Net Enrolment Rate secondary	54.4	43.9	49.1
Net Enrolment Rate	43.9	35.9	39.9

Source: Ministry of Education, Science and Technology 2014

- Gender parity seems to be maintained throughout the primary school system even if numbers enrolled decrease along the way from standard 1 through to 8.
- Only 2 in 5 (40%) children in the official secondary school age are enrolled in secondary school.

SEXUAL REPRODUCTIVE HEALTH

Main health problems affecting young people in Busia County

Main health problems	Causes	Consequences	Ways of addressing these problems
Drug and substance Abuse (DSA), Sexually Transmitted Infections/HIV and AIDS, Teenage Pregnancy	Addiction to DSA, Peer pressure, Parental negligence, Poverty	School dropout, Death, Abortion, Poor health condition	Public Health Education/ Awareness Behavior change, Counseling, Increase health facilities, Law enforcement

SEXUAL DEBUT AND MARRIAGE

- Half of Busia County women (20–49 years old) 16.6 (one year earlier than the national average) and men (20–54 years old) first had sex by age 17 years; similar to that at the national level.
- Half of the women (25–49 years old) experienced their first marriage 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 report first marriage by age 20 and 25 respectively. Both women and men in Busia county marry at a younger age than the national trend.

TEENAGE PREGNANCY

- Busia County 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).
- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives
- About 1 in 5 (21%) girls aged 15–19 years in Busia County have begun childbearing; Significantly higher than the national trend of 18%. 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.

CONTRACEPTION

- Teenage pregnancies often result from low use of contraceptives and/or unmet need for contraceptives. 40% of currently married girls aged 15–19 in Busia County use modern contraceptives which is about the same as the national rate (37%).
- unmet need for contraceptives among currently married adolescents in the county persist though lower than the national average. 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.

HIV/AIDS

- Busia County's HIV prevalence is 10th highest nationally
- HIV prevalence in Busia is 1.1 times higher than the national prevalence at 6.7%. The county contributed 1.4% and 2.0% of the total new HIV infections in Kenya among children and adults respectively.
- The HIV prevalence among women in Busia County is higher (8.3%) than that of men (5.0%).
- In 2015, the County contributed 2.5% of the total number of people living with HIV in Kenya with about 38,550 people living with HIV out of whom 14% were young people aged 15–24 years and 8% aged below 15 years.
- There are about 3,700 adolescents living with HIV who are between the ages of 10–19 in Busia County, while the number of youth in ages 15–24 years who are living with HIV were about 5,310 in 2015.

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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