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The main economic activities include pastoralism, livestock herding, tourism and agriculture.

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**Sexual and Reproductive Health**

**Main health problems affecting young people in Kajiado County**

<table>
<thead>
<tr>
<th>Main health problems</th>
<th>Causes</th>
<th>Consequences</th>
<th>Ways of addressing these problems</th>
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</thead>
<tbody>
<tr>
<td>STI/HIV</td>
<td>Multiple sexual partners, Shortage of condoms, Peer pressure, Unemployment, Harmful practice FGM, Early Marriage</td>
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<td>Guidance and counselling in schools &amp; for parents, Promote Sex education (Abstinence), Supply of free condoms in public places, Public education, Provide YFS, Rehabilitation centers, Enforce laws on DSA, SGBV &amp; education policy</td>
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<tr>
<td>Drugs and Substance Abuse Teenage Pregnancy</td>
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</tbody>
</table>

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

**Sexual Debut and Marriage**

- Similar to the national trends half of Kajiado County women (20-49 years) first had sex by age 17, whereas, half of men (20-54 years) first had sex by age 18.
- Young people in Kajiado (both men and women) marry at slightly older ages than the national average. Half of Kajiado County women (25-49 years) report first marriage by age 21 and half of men (30-54 years) by age 27.
TEENAGE PREGNANCY

- In Kajiado County, pregnancy rate among school girls ranks at number 10 countrywide.
- 1 in 5 (20%) girls aged 15-19 years in Kajiado County have begun childbearing – they are pregnant with their first child or have ever given birth. This is comparable to the national level.
- Kajiado County’s age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 118 births per 1000 girls which is higher than the national level (96).
- Girls dropping out of school due to pregnancy/motherhood is a common occurrence in the County. For example in 2017, 13 girls from one village had to drop out of one primary school in the county.
- Lifetime births per woman (i.e. TFR) is 4.5 while the average woman’s age at first birth is 21 years.

CONTRACEPTION

- Contraceptive prevalence in Kajiado County stands at 45.2%.
- Only 19% of married girls aged 15-19 use contraceptives compared to 37% at national level.
- Unmet need for contraceptives among adolescents is high nationwide (at 25%), but it is much higher in Kajiado County at 54%.
- In Kajiado County, unprotected sexual activities are common among young people. In 2014, just about half (52%) of never married women used a condom during their last sexual encounter compared to 68% of never married men who used a condom during their last sexual encounter.

HIV/AIDS

- Kajiado County has a HIV prevalence rate of 4.7% compared to 5.9%, the national average.
- The HIV prevalence among women in Kajiado County is higher (6.6%) than that of men (4.0%).
- In 2015, there were 1,989 adolescents (aged 10-19 years) living with HIV which accounted for almost 9% of the total number of people living with HIV in the County.
- In the same year there were 3,055 youth aged 15-24 living with the virus – representing 13% of all people living with HIV in the County.
- The annual new infections among adolescents is estimated at 120 and 224 for youth aged 15-24 years.

FEMALE GENITAL MUTILATION (FGM)

- Female Genital Mutilation is widely practiced in Kajiado County.
- Nearly 1 in 2 (46%) girls aged 15-19 years have undergone female circumcision. This is four times higher than the national trend of 12%.
- According to UNICEF, 1 in 12 women lives beneath the hazard of FGM, which in addition predisposes them to early marriages.
- FGM has always been cited as the main reason why girls in Kajiado become wives and mothers at a young age.

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.

REFERENCES

3. KNBS (2017): County Statistical Abstract - Kajiado