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Understanding Inequalities in Population and Reproductive Health Behaviors in Kenya

Kenya's health conditions as measured by infant and child mortality, and fertility rates, demonstrate the association between high levels of poverty and poor health outcomes. Analysis of trend data from various demographic and health surveys since 1993 reveal that poor health conditions are disproportionately concentrated among the least wealthy segments of society. This is contrary to human rights approach to programming as highlighted in the Bill of Rights chapter in the Constitution of Kenya (2010) and the Kenya Health Policy of 2012-2030. The Bill of Rights forms the basis upon which the Government provides key basic social services to the public. This policy brief highlights some of the existing inequalities in population and health with the aim of encouraging all program implementers in this field to consider not only increasing access to population and health services by all, but also to effectively target the disadvantaged with these services. By targeting the disadvantaged, the country's overall health will be improved.

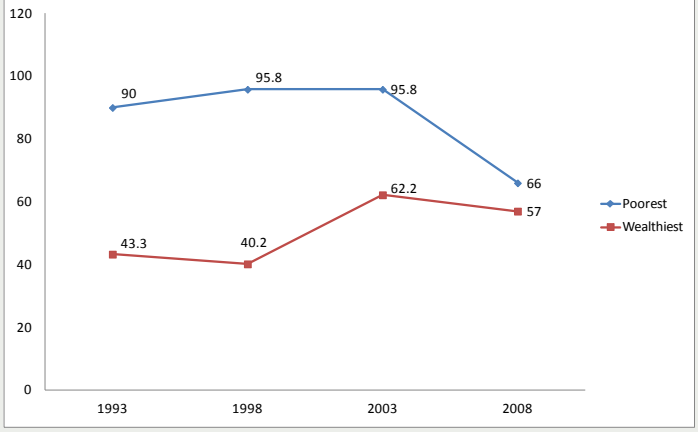
Background

Changes in the rates of births, deaths and migration as well as sexual and reproductive health and rights are critical issues for sustainable development. A focus on these issues in ways that respect and protect rights is critical and has the potential to drive progress towards a range of development priorities as suggested by the Plan of Action (PoA) of the 1994 International Conference on Population and Development (ICPD). However, efforts to overcome these overarching concerns of development process are limited by continued poverty and inequalities. Although poverty and income inequality are different, they are intimately connected because a significant fraction of the high poverty rates encountered in some societies are attributable to acute levels of economic inequality[1]. Inequality reduces the pace of human development and is more marked for inequality in health and education and less so for inequality in income[2]. Historically, Kenya has been characterized by sharp inequalities across key socioeconomic dimensions[3]. Persistent disparities in wealth are associated with large gaps in fertility and health which reduces the pace of human development in Kenya.

Inequalities in Population and Reproductive Health Behaviors

The risk of early mortality is one of the aspects of inequalities in population behavior. Early mortality reflects features of systematic patterns in the differences in health status[4]. In general diseases and deaths increase with declining social position, but this near universal pattern varies in magnitude and extent among countries. Figure 1 shows trends in infant death rates by wealth status. The children born in poor families are clearly disadvantaged and face early death compared to children from the wealthier groups. However, the differences have been declining over the last one and a half decades. In 1993, 43 out of every 1,000 children born to the wealthiest women died before their first birth day compared to 90 out of every 1,000 born to the poorest women. In 2008 the number of infant deaths for every 1,000 births was 57 and 66 in the wealthiest and poorest groups respectively.

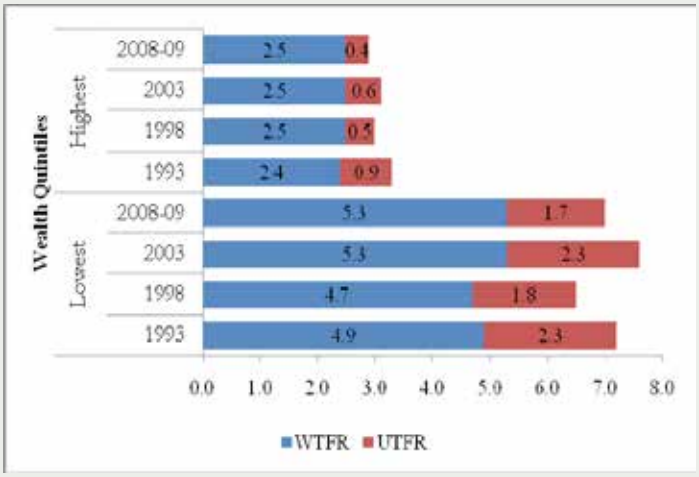
Figure 1: Trends in Infant Mortality Rate by Wealth Status (1993-2008)



Sources: Gwatkin et al 2007; computations from 2008/9 KDHS

The high number of deaths among children born to poor women makes them have high fertility to compensate for these deaths. Total fertility rate among the poor have remained above 7 births per woman since 1993 which is more than twice that of the women from the wealthiest groups as shown in Figure 2. As a result of the high number of child deaths among the poor, their desire for large families has remained unchanged overtime. Due to the higher demand for children among the lower socio-economic groups, in addition to inadequate access to services, the use of modern contraceptives has been consistently lower among this group of women[5].

Figure 2: Wanted and Unwanted Fertility rates by Wealth Quintiles, Kenya 1993–2008/09



Sources: CBS, MOH and ORC Macro International (2004); KNBS and ICF Macro (2010); NCPD, CBS and Macro International (1994, 1999).

Fertility trends by educational attainment show that among women with no education, fertility declined sharply between 1989 and 1998 from an average of 7.5 to 5.8 children per woman but increased in the last half a decade reaching an average of 6.7 children per woman in 2009 as shown in Table 1. Overall, the greatest fertility decline over the last two decades was among women with at least secondary education. In addition, the gap in the use of modern contraceptives between women with no education and those with some education has widened since 1998[6]. In 2008, the rural women had an average of 5 children each while their urban counterparts had 3 children each. At the same time, women in Nairobi and Central regions had an average of 3 children each while those in Nyanza, Western and North Eastern had an average of 5 children each.

Table 1: Trends in Total Fertility Rate According to Place of Residence Education and Region, Kenya 1989–2008/09

Socio-economic characteristics	1989	1993	1998	2003	2008-09	Percent change (1989-2008/09)
Residence						
Urban	4.5	3.4	3.1	3.3	2.9	35.6
Rural	7.1	5.8	5.2	5.4	5.2	26.8
Education						
No education	7.5	6.0	5.8	6.7	6.7	10.7
Primary	6.9	5.7	5.0	5.5	5.2	24.6
Secondary +	4.9	4.0	3.5	3.2	3.1	36.7
Province						
Nairobi	4.2	3.4	2.6	2.7	2.8	33.3
Central	6.0	3.9	3.7	3.4	3.4	43.3
Coast	5.4	5.3	5.0	4.9	4.8	11.1
Eastern	7.2	5.9	4.7	5.1	4.6	36.1
Nyanza	6.9	5.8	5.0	5.6	5.4	21.7
Rift Valley	7.0	5.7	5.3	5.8	4.7	32.9
Western	8.1	6.4	5.6	5.8	5.6	30.9
North Eastern	**n/a**	**n/a**	**n/a**	7.0	5.9	-
Kenya	**6.7**	**5.4**	**4.7**	**4.9**	**4.6**	**31.3**

Sources: CBS, MOH and ORC Macro International (2004); KNBS and ICF Macro (2010); NCPD, CBS and Macro International (1994, 1999).

Inequalities between the poorest and wealthiest groups are also evident in other reproductive and maternal health indicators as shown in Table 2. Women from the poorest households are less likely to use modern family planning methods. This group also has the highest proportion of women who are not using any family planning method though they want to space or limit births. Women from poor households are unlikely to delay entry into family formation (later marriage or delayed childbearing). Due to low modern contraceptive use, women from poorer households are less likely to have longer birth intervals which are useful for child survival and reducing the number of births. For example, over half of the women in the wealthiest group have birth intervals of 36 months or more compared to only one-third of the women in the lowest group.

Table 2: Trends in Reproductive health indicators by socioeconomic status in Kenya, 2003 -2008/9

	Poorest		Second		Third		Fourth		Wealthiest	
	2003	2008/9	2003	2008/9	2003	2008/9	2003	2008/9	2003	2008/9
Family planning use (modern methods) (%)	12	16.9	24	33.4	33	43.2	41	50.4	44	47.9
Unmet need for family planning (%)	33	20.1	30	15.8	27	10.6	17	11	17	8.7
Institutional delivery (%)	17	18	33	30.4	39	41.6	55	51.4	77	80.9
Delayed marriage (marriage at age 18 or older) (%)	55	43.2	72	56.4	68	58.2	80	66.4	83	76.3
Delayed childbearing (first birth at age 20 or older) (%)	33	30.7	43	30	44	37	59	43.9	69	55.9
Birth spacing (36 months or longer) (%)	35	32.1	43	40.8	45	45.9	48	49.3	54	55.4

Sources: CBS, MOH and ORC Macro International (2004); KNBS and ICF Macro (2010)

Policy Implications

The skewed ill health of the poor as well as their high propensity to early death indicates that they have not yet fully enjoyed the rights associated with reproductive health contrary to the principles of ICPD and Kenya Vision 2030. Poverty and lack of education and information compromise the reproductive health of many men, women and their children. Continued high fertility among women from poor households or women with no education is likely to slow further fertility decline as envisioned in Kenya's *Sessional Paper No. 3 of 2012 on Population Policy for National Development*. If this situation is not urgently addressed it will have the undesired effect of increasing the population below poverty line thereby hindering progress that has been made over the years towards reducing the population living in poverty. Therefore, a critical focus for implementers of development programmes in Kenya should be to intensify efforts aimed at ensuring equal and sustained access to quality population and reproductive health services. This will contribute significantly to the reduction in child and maternal diseases and deaths as well as the overall wellbeing of the country's population.

Given the provisions under the Bill of Rights in Kenya's Constitution, it is expected that the public will increasingly demand their rights to health and information through a more empowered civil society. These provisions are important as they grant consumers the right to goods and services of reasonable quality and to information necessary for them to gain full benefit from these goods and services. In order to fulfill the anticipated increased demand for population and health related services, programme implementers will need to be proactive.

Recommendations

Here below are some key recommendations that will contribute to reducing inequalities in population and health in Kenya;

1. Population and health programmes in Kenya should not only increase access to services by all, but they should also endeavor to effectively target the poor, those with no education or low levels of education, as well as those living in regions with poor health indicators. NCPD and the Ministry of Health will therefore need to ensure that all population and health programmes are effectively designed to reach these population groups and contribute to reducing the inequalities in population and health indicators. This should be undertaken on a continuous basis through the programme coordination, monitoring and evaluation efforts that are carried out by these institutions.
2. Both state and non-state actors in population and reproductive health, led by the Government, should provide appropriate education to the public over the next 5 years, particularly to the disadvantaged, to claim their rights as per the provisions of Article 46 (1)(a) and (b) of the Constitution of Kenya. These efforts

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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are expected to increase awareness and utilization of essential health services that will contribute to better health and knowledge.

3. Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for the development of the appropriate right to health indicators.[7] The Covenant states that: *State parties are invited to set appropriate national benchmarks in relation to each indicator of the right to health by identifying appropriate right to health indicators and benchmarks to monitor the extant of the framework law.* This is a critical gap in the health policy framework even though it aims at using the rights to health approach in developing health intervention. To achieve this all program managers will need to identify existing approaches that link human rights and social and economic concerns, and then determine the best ways to assess their impacts on the effectiveness and outcomes of policies and programmes.

Conclusion

There exists striking inequalities in human welfare in Kenya that manifests itself in various dimensions. These differences arise from not only climatic and agro-ecological differences but also on the effects of government policies. When these inequalities arise from social arrangements it is considered unjust and contrary to the common notions of fairness. This implies that all programmes should not only increase access to services by all, but that they should also effectively target the disadvantaged. In order to monitor progress being made in reducing the existing inequalities, indicators should be designed in such a way that trends in inequalities are identified.

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5 Kenya Population situation analysis report

6 Kenya Population situation analysis report

7 Art. 12.1, of the International Convention on Economic, Social and Cultural Rights: http://www.unhchr.ch/html/menu3/b/a_cescr.htm. Also see Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000), par. 1. Full text in Annex 1 http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4

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