

Policy Brief

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Enhancing Girls' Education to Increase the Use of Reproductive Health Services

Over the years, studies have consistently shown that education is a critical factor influencing people's health and use of health services. In Kenya, research shows that the use of family planning and other reproductive health services is quite low among women with no education and those who have not finished primary school¹. Only one in 10 women with no education uses family planning services, compared to six in 10 of those with secondary or higher level of education.

Among pregnant women, only one in 10 with no education delivers in a health facility compared to seven in 10 among those with a secondary education or higher. The low use of these reproductive health services has contributed to a high number of unintended pregnancies as well as maternal and child illness and deaths. Thus, improvements in reproductive health will depend in part on increasing education enrollment and retention rates across all levels of education. To accomplish this, the government must take measures to ensure that education is more accessible and affordable, especially to girls.

Linkages Between Health and Education

The attainment of good health for all people is among the most important development goals worldwide. It is included in the development targets of most countries and in the universally accepted Millennium Development Goals (MDGs) adopted after 2000. However, for a population to attain and sustain good health, other critical factors outside the health sector must also be taken into consideration. Studies in a number of countries have shown that a woman's use of family planning and reproductive health services, such as antenatal care, delivery, and postnatal care, is associated with her level of education².

One multi-country study found that women who had completed primary education were five times more likely than those with lower educational attainment to use the services of a skilled provider at the time of delivery.

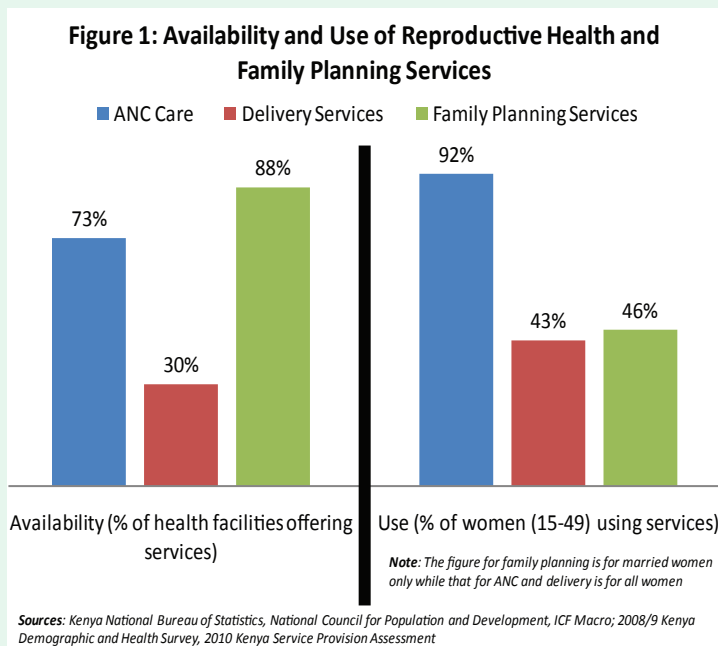
Also, the women who had completed primary school were more than twice as likely as their less educated counterparts to use modern family planning methods and make four or more antenatal care visits during pregnancy³.

Reproductive health services and education are mutually reinforcing. Adolescent pregnancies diminish girls' life prospects because the girls are usually forced or pressured to drop out of school, leaving them with little education and empowerment, which in turn perpetuate poverty. Pregnancies among adolescent girls are due to premarital sex or early marriages, over which the young girls hardly have a say. The situation is aggravated by a lack of awareness and low utilization of reproductive health and family planning services. In Kenya, 106 births occur for every 1,000 adolescent girls ages 15 to 19 annually—an extremely high rate of adolescent pregnancy⁴. Therefore, efforts to increase girls' education must also address the problem of adolescent pregnancy, so that girls do not become mothers before adulthood.

Reproductive Health Services and Education in Kenya Today

Ideally, both the availability and use of reproductive health services should be high. Figure 1 shows that in Kenya, three out of four health facilities provide antenatal care services, and nine out of 10 pregnant women use them at least once during pregnancy. However, less than half of these women complete the recommended four visits for each pregnancy.

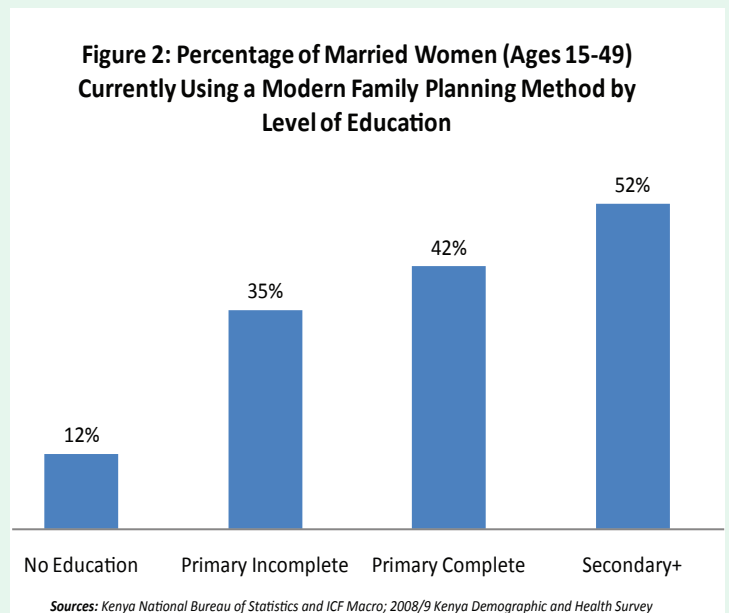
Delivery services in Kenya are available in less than one-third of health facilities, and the use of these services is equally unimpressive. Less than half of pregnant women use them to deliver their babies. As for family planning, nine out of 10 health facilities in Kenya provide at least one method of family planning, but less than half of married women in Kenya ages 15 to 49 use a family planning method. These figures indicate a need to improve both the availability and use of reproductive health services.



Gender disparities in education still exist in Kenya despite efforts to increase girls' education. School enrollment data show that girls are more disadvantaged at higher levels of education. At the primary level, 101 girls are enrolled for every 100 boys. However, at the secondary and tertiary (university) levels, 94 and 70 females are enrolled for every 100 males, respectively⁵. Efforts in Kenya to increase the utilization of family planning and reproductive health services and to improve access to and completion of schooling are hampered by a number of factors, such as a lack of services and poverty. For example, the 2008-09 Kenya Demographic and Health Survey found that three in five women who did not deliver their child in a health facility cited distance to a health facility and cost of services as the main reason for not using these services. The same survey also found that seven out of 10 women ages 15 to 49 in the poorest 20 percent of households had either no education or incomplete primary education, compared to only one in 10 among the wealthiest women.

The Use of Reproductive Health Services by Educational Level

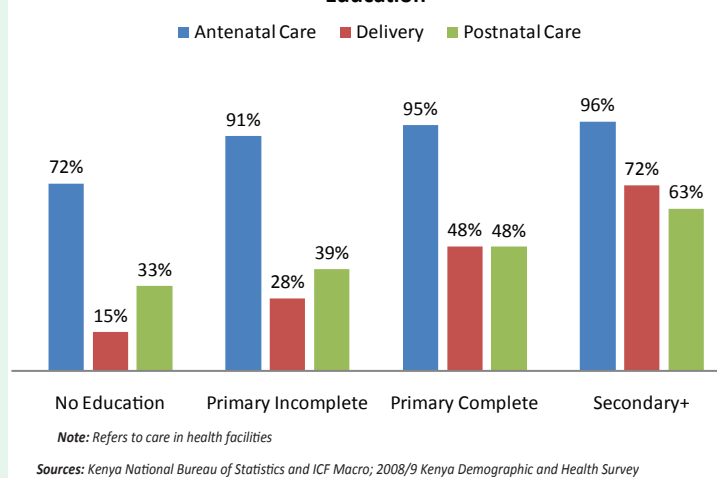
Data on women's use of family planning and reproductive health services in Kenya show large differentials by levels of education. Figure 2 shows that higher educational attainment corresponds with higher utilization of these services. About one out of 10 married women with no education uses a modern method of family planning, while five out of 10 married women with a secondary education or higher does so.



Antenatal care is designed to ensure that pregnant women and their unborn children remain healthy during pregnancy and have a better chance for a safe delivery. The use of these services in Kenya is generally good, but there are disparities among women by level of education.

Figure 3 shows that seven out of 10 married women with no education make use of antenatal care at least once during pregnancy, while nine out of 10 women with some schooling do so. The figure also shows that the use of both delivery and postnatal care services is poor compared to antenatal care services. About three in 10 women with incomplete primary education use professional delivery services (and slightly more use postnatal services), compared to about seven in 10 women with a secondary education or higher.

Figure 3: Percentage of Women (Ages 15-49) Using Selected Reproductive Health Services, by Level of Education



Gains That Would Result from Improving Education and Increased Use of Services

Improving girls' education would have numerous benefits. Currently, Kenyan women ages 25 and over average only 5.4 years of schooling⁶. Increasing girls education would help young girls delay marriage and childbearing, and could increase the use of family planning services. As a result, early marriage and adolescent pregnancies would decline, and social and economic prospects for girls would improve.

There is also much scope for increasing the use of family planning. Currently, one-fourth of married women would like to either delay the next pregnancy or stop childbearing, but they are not using any family planning method. If services enabled these women to use modern contraception, unwanted pregnancies and abortions would decline, as would pregnancy-related deaths among women. Increased family planning use would also help bring down the country's fertility from the current average of about 5 children per woman toward a level of 2 children by 2050^{7,8}. Increased use of antenatal, delivery, and postnatal care would improve the health of both women and their newborns. By making at least four antenatal care visits, delivering with the aid of skilled health personnel, and returning to the health facility for a checkup after delivery, the health of pregnant women and their children would be assured because health risks and complications would be detected in good time and appropriate care provided. This would lead to fewer maternal and child illnesses and deaths.

Recommendations

For Kenya to enhance education levels, the National Council for Population and Development recommends the following actions:

- 1. Improve access to secondary and tertiary education:** Since 2003, the government has improved access to primary education by making it free of charge in all public primary schools. Access to secondary education has also continued to increase from 2008 as a result of the implementation of the free secondary tuition education in public secondary schools. This has resulted in a significant increase in the enrollment levels. Still, about one-fourth of students who complete primary school education do not continue to secondary school, because secondary schools are not accommodating all of the primary-school graduates. In addition, transition from secondary to tertiary institutions is very low. These factors limit continued education, especially for girls⁹. To alleviate this problem, the Ministry of Education Science and Technology should invest in the expansion of opportunities available in secondary and tertiary institutions, so that the majority of the school leavers can have a chance to continue with education.
- 2. Curb cases of school drop-outs:** Students drop-out of school for a variety of reasons. Some girls drop out due to pregnancy, early marriage, or female genital cutting^{10,11}. The government has tried to address this problem through the 'back to school policy' that allows young mothers to return to school and continue their education, as well as through legislation that outlaws female genital cutting and early marriages¹². Despite these efforts, the number of girls dropping out of school has remained significantly higher than that of boys¹³. To lower drop-out rates among girls, the Ministry of Education Science and Technology should work closely with stakeholders to ensure that the 'back to school policy' is being fully implemented and that female genital cutting and early marriages are eliminated.

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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These stakeholders include non-governmental organizations, parent-teacher associations, and government institutions such as the police and judiciary. The Ministry of Education Sciences and Technology should set up national and county forums where these stakeholders can come together to consolidate their efforts to curb school drop-outs.

3. Keep education affordable: The cost of education in Kenya has continued to increase over the years, thereby hindering access to post-primary education for the poor, who constitute about half of the population. The Ministry of Education Science and Technology should immediately start managing the costs of education in both public secondary schools and tertiary institutions at level that is affordable to the majority of the population. In addition to this, the Ministry should ensure that all students from poor families are able to access bursaries, so that they can continue their education.

By implementing these recommendations, the educational levels of Kenyans will improve greatly, thereby having a positive impact on the utilization of family planning and reproductive health services. These changes will in turn contribute to the achievement of our national health goals and a better quality of life for all citizens.