



Collaborating Organizations: National Council for Population and Development, Division of Family Health, Population Studies and Research Institute (PSRI), Population Reference Bureau.

## Facilitating Fertility Decline to Maximise on the Window of Opportunity

Kenya's initial rapid fertility decline in the 1980s was followed by stagnation at high levels in the 1990s. On the other hand, child mortality rates have recently dropped by substantial margins. This has resulted in rapid population increase, and a very youthful population with 43 percent of the population aged below 15 years<sup>1</sup>.

The population has more than quadrupled over the last four decades, increasing from 10.9 to about 42 million people between 1969 and 2013<sup>2</sup>, and is projected to increase to 60 million by 2030 and 77 million by 2050, based on the current annual population growth rate of 2.9 percent<sup>3</sup>.

This young population presents serious challenges to development, as articulated in Kenya's Vision 2030, the country's long-term development blueprint. The Vision aims at creating a globally competitive and prosperous country with a high quality of life by 2030, by transforming the country from a third world country into an industrialized, middle income country. Nevertheless, the youthful population could present opportunities for development if proper investments in education, skill development, health, and economic reforms to create decent jobs are made. The country's development prospects would be enhanced if fertility declines rapidly and transforms the age structure to one dominated by people in the working-ages. With more workers and fewer young people to support, Kenya could have a window of opportunity for accelerated economic growth, known as the demographic dividend (DD).

To achieve the demographic dividend, the relatively large working age population should be well educated, equipped with the right economic skills, healthy and gainfully employed for the country to earn the demographic dividend. This should be accompanied by good governance and accountability in use of public resources and service delivery, and an enabling environment to facilitate savings and attract investment.

This policy brief provides synopsis of the key interventions that facilitate fertility decline and makes policy recommendations to accelerate fertility decline so as to take advantage of the window of opportunity to harness the demographic dividend in Kenya.

### Fertility

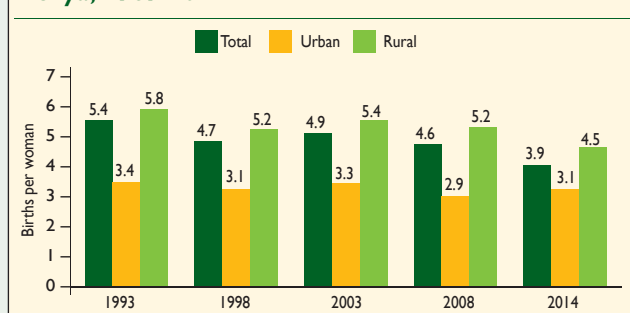
Fertility in Kenya declined between 1978 and 2009, from 8.1 to 4.6 births per woman. Today, women in Kenya have

an average of 3.9 children<sup>4</sup>. The national figure however masks huge regional disparities. Rural fertility is high, with rural women having about 2 children more than their urban counterparts (Figure 1). Sub-nationally, fertility ranges from 2.7 children in Nairobi region to 6.4 children in North Eastern region. In addition, Kenyan women still have one more child than they would like to have. This gap is more pronounced among the rural residents and the poor. In 2008, the gap between actual and wanted fertility was 1.5 children in rural areas compared to 0.4 children in urban areas while it was 1.7 children among women from poorest households compared to 0.4 among women from the richest households<sup>5</sup>. Kenya's current Population Policy targets a fertility rate of 2.6 children per woman by 2030<sup>6</sup>.

It is worth noting that due to the persistent high fertility, Kenya's population is very youthful. Due to the high concentration of young people who are yet to enter their childbearing ages, the country's population is guaranteed to continue growing for many decades after fertility declines to the replacement level (2.1 children per woman). For example if Kenya attained its replacement fertility level by 2020, its population would continue to grow and stabilise at around 85 million in 2100<sup>7</sup>. If however replacement level fertility is attained by 2060, the population would stabilise at 145 million around 2120.

Evidence from countries that have experienced rapid fertility decline shows that sustained investments in family planning (FP), child survival and female education have been the most critical drivers of fertility decline.

Figure 1: Trends in Total Fertility Rate by Residence, Kenya, 1989-2014



Source: KDHS, Various Years.

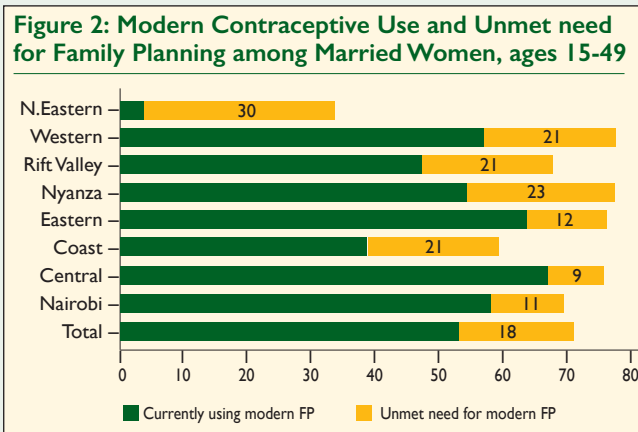
## Ensuring Effective Use of Contraceptives to facilitate Fertility Decline

Family planning is one of the most successful development interventions, with wide-ranging benefits to maternal and child health outcomes, empowerment of women, economic growth, and environmental preservation<sup>8,9,10</sup>.

Contraceptive use in Kenya increased rapidly in the early 1980-90s, before stalling in late 1990s. In 2014, about 53.2 percent of married women were using modern family planning (FP) methods<sup>11</sup>. Sub-nationally, modern contraceptive use ranged from 3.4 percent in North Eastern region to 66.7 percent in Central region. The country aims at increasing contraceptive use to 70 percent in 2030. To achieve this target, the country will have to decisively address the challenges that beset the FP programme in the country.

### About One Quarter of Married Women Have Unmet Need For Family Planning

In 2014, less than one fifth of Kenyan women who were fertile and sexually active and would have liked to stop childbearing or delay giving birth, were not using any effective contraceptive method, thus had unmet need for family planning. For the first time in over four decades, the unmet need for family planning has gone below 20 percent and stands at 17.5 percent. Unmet need for family planning is more pronounced in North Eastern region where it is almost ten-times higher than the met need (Figure 2). This sub national disparity calls for targeted advocacy efforts in the regions with the highest unmet need to identify and address the barriers to contraceptive use.



Source: KNBS and IFC Macro, Kenya Demographic and Health Survey, 2014.

### Inadequate Funding to the FP Programme is a Key Barrier to Commodity Security

The family planning programme in Kenya has for a long time relied on donors to finance service delivery and commodity procurement, which affects its sustainability. In the recent past, the national government has made some efforts to finance the FP programme. The government's budgetary allocation for family planning grew from US \$2.5 million in 2005/2006 to US \$6.6 million in 2012/2013. This allocation is however insufficient to meet the high demand for commodities. For example, the estimated total cost of

commodities required in 2013/2014 was USD 33.1 million but, only USD 12.9 million was committed, leaving a funding gap of about USD 20.2 million, which translates to 60 percent of the total amount required<sup>12</sup>.

With the current devolved governance system, the national family planning commodity budgetary allocation is sent to the County Governments who are then charged with allocating funds for the procurement of FP commodities in their respective counties. However, for the last two years, no county has allocated funds for FP commodity procurement, and thus the development partners have been procuring the commodities currently being used<sup>1</sup>. Thus, the country is looking at a catastrophic stock-out of commodities which could result in an upsurge of unplanned pregnancies and births.

### Improving Girl's Education and General Women Empowerment to Facilitate Fertility Decline

Keeping girls in school delays marriage and child-bearing. Early marriage and child-bearing increase fertility and hinder education attainment and economic productivity for women. It is estimated that delaying marriage and child bearing by 5 years can slow population growth by as much as 15 to 20 percent<sup>13,14</sup>. In addition, keeping girls in primary school for one extra year can increase their wages by 10-20 percent<sup>15</sup>.

Kenya is facing serious challenges related to school dropout, teenage pregnancies and marriages. Although primary school net enrolment rates for both boys and girls are high (95.6 percent), only about 40 percent are enrolled in secondary school<sup>16</sup>. Some of the factors responsible for the high dropout rates include; teenage pregnancy and early marriage, economic reasons like high cost of education particularly in secondary schools, and limited secondary education facilities for the many pupils graduating from free primary education.

### Teenage Pregnancy and Fertility are Major Contributors to High Fertility in Kenya

The prevalence of teenage pregnancy is high, and is one of the leading causes of school drop-out among Kenyan girls. The Kenya Population Situation Analysis reports that about 13,000 girls leave school every year due to pregnancy<sup>17</sup>. The report further adds that the gender disparity in secondary education is mainly attributed to teenage pregnancy. As such, teenage pregnancy results in thousands of girls abandoning their education early, stunting the development of half the nation. According to the 2014 KDHS, the proportion of girls aged 15-19 who have had a child or were pregnant has not changed since 2008 (18%). Further disaggregation of this data shows that girls with no formal education and those from poor households are more likely to have begun child bearing (Table 1). The government has developed policies and programmes to help keep teenage mothers in school, but girls who drop out of school due to pregnancy usually do not return to

complete their education after childbirth, an indication that these interventions have not been as effective as intended.

Characteristics	Percentage first married by exact age (2008/9)		Percent who have begun child bearing (2014)
	15	18	
			15-19
<b>Place of residence</b>			
Urban	5.7	20.5	17.3
Rural	9.7	35.9	18.5
<b>Education level</b>			
None	23.6	54.9	33.2
Primary	9.5	39.8	27.9
Secondary and above	2.4	11.4	11
<b>Household wealth quintile</b>			
Poorest	15	43.7	26.2
Poorer	11.8	40.9	18.4
Middle	9.6	38.7	19.1
Rich	6.1	27.7	16.8
Richest	4.3	17.9	10.2

Source: KNBS and IFC Macro, Kenya Demographic and Health Survey, 2008-2009, 2014

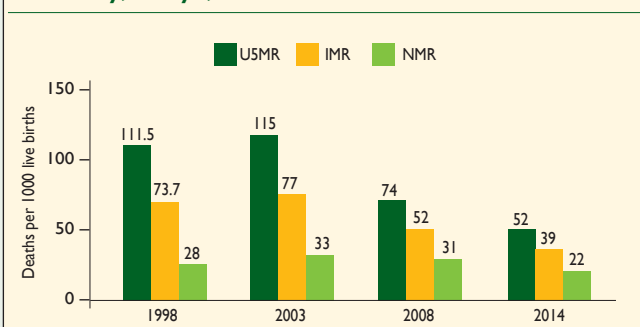
### Early Marriages Propagate High Fertility in the Country

Kenya has one of the highest early marriage prevalence rates in the world, which impacts negatively on the future of a considerable segment of the country's population. On average, one out of four girls aged 20-24 will be married before their 18th birthday, while half of women aged 20-49 years were married by age 20. Prevalence of early marriages is higher among women from the rural areas, poor households and without formal education compared to girls from urban areas, rich households and those with secondary and higher education (Table 1). Large regional disparities in early marriages also exist. Prevalence in early marriage is highest in North Eastern (56 percent), and lowest in Nairobi (7 percent).

### Improving Child Survival to Facilitate Fertility Decline

Child survival plays an important role in fertility decline because parents can have few children because of the "assurance" that the few children they have will not die prematurely. Child survival has improved substantially in Kenya over the past decade. Under-5 and infant mortality has declined to 52 and 39 percent deaths per 1,000 live births respectively from 115 and 77 deaths per 1,000 live births respectively in 2003 (Figure 3). This improvement is partly attributed to high impact interventions such as newborn care, immunization, early and exclusive breastfeeding, hand washing with soap and water and appropriate management of common childhood illness including oral rehydration therapy and zinc for diarrhoea treatment<sup>18</sup>. The proportion of 1 year olds immunised against measles rose to 85 percent in 2009 from a low of 76 percent in 2000; although the 2014 KDHS showed a further decline to about 68 percent. Most encouraging has been the inclusion of pneumococcal vaccine (for pneumonia) in the government immunization programme.

**Figure 3: Trends in Under-five, Infant and Neonatal mortality, Kenya, 1993-2014**



Source: KDHS, Various Years.

### Fast-tracking Neonatal Mortality Reduction Will Help Reduce Overall Child Mortality

Although child mortality in Kenya has declined markedly, the country is still far from achieving its 2015 target of 32 deaths per 1000 live births for U5MR. Achieving the target set for under-five mortality will be a challenge unless attention is given to neonatal deaths. Neonatal mortality (deaths in the first month of life) contributes to two-fifths of all under-five mortality. Most of the neonatal deaths are due to severe infections, preterm births and congenital anomalies.

The leading factors contributing to child mortality in Kenya are mainly neonatal causes, acute respiratory infections/pneumonia, diarrhoea, malaria and HIV/AIDS. All these are exacerbated by high levels of malnutrition especially in the Arid and Semi-Arid Lands (ASAL), with about 26 percent of children under five being stunted nationally. The high maternal mortality in the country is also an underlying factor in child mortality, particularly neonatal mortality. In 2008, MMR was 488/100,000 live births, translating to loss of over 8000 mothers annually due to pregnancy and birth-related complications. High maternal mortality is attributed to minimal progress in increasing the proportion of births attended by skilled health personnel estimated at 62 percent in 2014. Evidently, this is far below the set target of 90 percent by 2015.

### Policy implications

For Kenya to achieve a rapid decline in fertility levels from the current 3.9 to 2.6 children per woman in 2030, the country will need to invest in both short term and long term strategies such as family planning and women education, respectively. Improving child survival will also go a long way in reducing fertility in the country. The existing policies against early marriage and teenage pregnancy should be fully enforced. In addition, the initiatives that have been put in place to improve child and maternal health should be fully exploited to address the high mortality rates. At the county level, more advocacy and sensitization efforts on the benefits of family planning are needed to create and increase budgetary allocations for commodity procurement. These efforts should also be monitored closely to ensure that they are producing the desired results. If adequate efforts are not put in place to accelerate the fertility decline, the country might not achieve the national development goals as articulated in the Vision 2030.

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

## NCPD

### National Council for Population and Development

PO Box 48994 - GPO,  
Nairobi 00100, Kenya

Tel: 254-20-271-1600/01

Fax: 254-20-271-6508

Email: info@ncpd-ke.org

[www.ncpd-ke.org](http://www.ncpd-ke.org)

The following are key actions recommended to facilitate rapid fertility decline:

### Policy Recommendations

- 1. Invest in family planning particularly at the county level.** The County governments should create budget line items for contraceptive commodities and ensure there is adequate funding each financial year. There should also be improvement in quality of, and access to services, with appropriate method mix.
- 2. Prevent early marriages and teenage childbearing.** Expanding schooling infrastructure, promoting school progression beyond primary school to allow girls to pursue higher education and delay marriage are some approaches that the National and County governments should consider. Providing economic support to keep girls especially from poor families in school will also be necessary.

### Programme Recommendations

- 3. There will be need to raise awareness** of health consequences of child marriages and the cost to society at large. To this end, forums within communities to discuss benefits of delaying marriage and ensuring that girls receive education should be conducted especially in counties where the practice is prevalent.
- 4. Intensify population education and communication** to promote small family sizes and use of family planning. For Kenya to achieve small family sizes there is need to reach the public with messages about health and economic benefits of small families.
- 5. Intensify on-going interventions** to reduce child mortality. These include: immunization campaigns, integrated management of childhood illnesses (IMCI), use of insecticide treated nets, prevention of mother-to-child transmission of HIV, and improved child nutrition. The government at the county level should also implement interventions addressing neonatal and maternal mortality, including free maternity services.
- 6. Encourage public-private partnerships** in delivery of family planning services. This will help to expand the programme to reach underserved groups and regions.

Kenya's high fertility rate is a threat to the quality of life of Kenyan women, their households and communities, and is a challenge to the realization of development objectives, such as the Vision 2030 and the Millennium Development Goals (MDGs). However, if urgent and comprehensive interventions are initiated to fast-track fertility decline, the country can benefit from accelerated economic growth derived from its youthful population. In order to open the window of opportunity for the demographic dividend, policies need to focus on addressing the challenges that have contributed to sustained levels of high fertility including investing in an effective and voluntary FP programme, improving child survival to assure parents to have smaller families, and keeping girls in school for longer.



This publication has been made possible by the Government of Kenya with generous support of the American people through the United States Agency for International Development (USAID) under the terms of the IDEA Project (No. AID-0AA-A-10-00009). The contents are the responsibility of the National Council for Population and Development and do not necessarily reflect the views of USAID or the United States Government.

### References

- <sup>1</sup> Kenya National Bureau of Statistics (KNBS), *Kenya Population and Housing Census Vol. 1B*, 2010.
- <sup>2</sup> Kenya National Bureau of Statistics, 2014. *Kenya Economic Survey*.
- <sup>3</sup> National Council for Population and Development (NCPD) (2012) *Sessional Paper No.3 of 2012 on Population and National Development*.
- <sup>4</sup> KNBS and ICF Macro, 2015. *Kenya Demographic and Health Survey, 2014. Key Indicator Findings*.
- <sup>5</sup> KNBS and ICF Macro, 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- <sup>6</sup> NCPD (2012) *Sessional Paper No.3 of 2012 on Population and National Development*.
- <sup>7</sup> African Institute for Development Policy (AFIDEP), & Venture Strategies for Health and Development (VSHSD). (2012). *Demographic Momentum Graphs*. Berkeley, California.
- <sup>8</sup> Canning, D., & Schultz, T. P. The economic consequences of reproductive health and family planning. *The Lancet*, 380(9837), 165-171. doi: 10.1016/S0140-6736(12)60827-7.
- <sup>9</sup> O'Neill, B. C., Liddle, B., Jiang, L., Smith, K. R., Pachauri, S., Dalton, M., & Fuchs, R. Demographic change and carbon dioxide emissions. *The Lancet*, 380(9837), 157-164. doi: 10.1016/S0140-6736(12)60958-1.
- <sup>10</sup> Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. Contraception and health. *The Lancet*, 380(9837), 149-156. doi: 10.1016/S0140-6736(12)60609-6.
- <sup>11</sup> KNBS and ICF Macro, 2015. *Kenya Demographic and Health Survey, 2014. Key Indicator Findings*.
- <sup>12</sup> Health Rights Advocacy Forum (HERAF), 2013. *Family Planning Service Provision in Kenya: A Status Report on Government Investment towards Family Planning Contraceptives (2010/2011 - 2012/2013)*.
- <sup>13</sup> Judith Bruce and Erica Chong, "The Diverse Universe of Adolescents, and the Girls and Boys Left Behind: A Note on Research, Program, and Policy Priorities," background paper to the UN Millennium Project report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*.
- <sup>14</sup> John Bongaarts, "Population Growth and Policy Options in sub-Saharan Africa," presentation at special session organized by the William and Flora Hewlett Foundation during the Population Association of America Meetings, 2009.
- <sup>15</sup> Levine, Ruth, Cynthia Lloyd, Margaret Greene, and Caren Grown. *Girls count: a global investment & action agenda*. Washington, DC: Center for Global Development, 2008.
- <sup>16</sup> Kenya National Bureau of Statistics, 2014. *Kenya economic survey, 2014*.
- <sup>17</sup> Government of Kenya, 2013. *Kenya Population Situation Analysis*, Nairobi, Kenya.
- <sup>18</sup> Republic of Kenya, 2013. *Millennium development goals status report for Kenya, 2013*. Ministry of Devolution and planning, Nairobi, Kenya.