# Implications of levels of births among women across counties in Kenya

On average, births among women across counties in Kenya range between the lowest on average of 2 children per woman in Kirinyaga County, to highest of 8 children per woman in Wajir County. In addition, while on average, women in 27 counties have given birth to 4 children which is the national average, women in 20 counties have given birth on average to five or more children.

It is now recognized that reducing population growth through the reduction of number of children per woman is beneficial to the economy, as fewer births increases the proportion of people of working age per capita as well as output per capita.

In addition, smaller family sizes allows for greater investment in the health and education of children in the longer term both for the family and the national and county governments.

Interventions geared towards the reduction of the average number of children among women across counties in Kenya are expected to influence population structure and accelerate the attainment of sustainable development both at national and county levels.
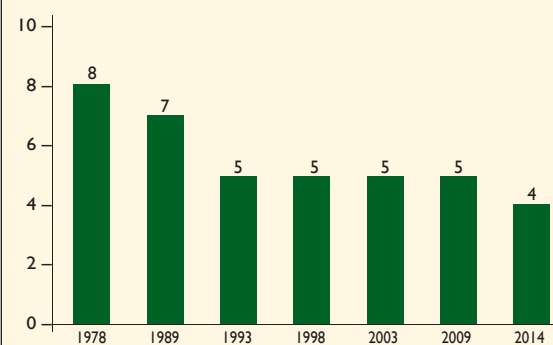
## Background information

Concerns about a high average number of children per woman and consequent rapid population growth has for many years dominated Kenya's development aspirations. Kenya was the first country in sub-Saharan Africa to adopt an official programme on population in 1967. However, since then, although on average, the number of births per woman have fallen substantially from an average of eight children per woman recorded in the 1980s to an average of four children per woman by 2014, these are still high considering the country's level of development and resource endowment. Moreover, despite the declining average number of children per woman

being experienced in the country and increasing percentage of women using family planning methods as shown in figure 1 and 2, there exist marked regional variations with some counties registering almost double the national average of four children per woman.
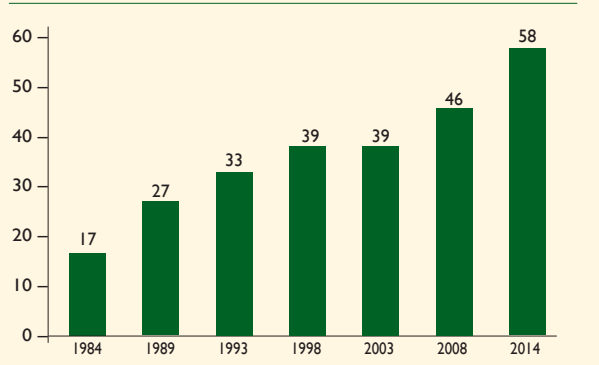
The establishment of county governments through the Kenya Constitution 2010 has bestowed upon counties powers to undertake development planning and implementation based on their priorities as stipulated in the county integrated development plans (CIDPs). This therefore provide an excellent opportunity for counties to manage their population in order to enable Kenya achieve her demographic target of having a replacement level birth of 2.1 children per woman by 2050 and ensure attainment of sustainable development in the country.

**Figure 1: Average number of children per woman in Kenya (1978-2014)**



*Source: Kenya Fertility Survey, Kenya Demographic and Health Survey-various*

## Figure 2: Percentage use of family planning among the currently married women in Kenya (1984-2014)



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| Year | Percentage |
|------|------------|
| 1984 | 17 |
| 1989 | 27 |
| 1993 | 33 |
| 1998 | 39 |
| 2003 | 39 |
| 2008 | 46 |
| 2014 | 58 |

*Source: Kenya Contraceptive Prevalence Survey, Kenya Demographic and Health Survey-various*

This policy brief highlights the current levels of births in all the 47 counties in Kenya and provides possible implications of these levels on various development endeavours for the counties. This information is intended to influence decision making on various development challenges caused by levels of birth rates across counties in Kenya.

### Why are we concerned about average number of children per woman in our counties?

As shown in table 1, women in 27 counties in Kenya have given birth on average to four children which is also the national average whereas women in 20 counties have given birth on average to five or more children. Moreover, there exist marked heterogeneity among counties with regard to cultural, social and economic issues which exert much influence on reproductive behaviour among women in these counties.

Having many children among women poses challenges to county's development endeavour in particular and the country in general in a number of areas:

**Child health**: The risk of mortality in infancy and early childhood is greater for higher-order births and closely-spaced births. For instance, counties with the highest birth rates are Wajir (8), West Pokot (7), Turkana (7), and Samburu (6)—children per woman, which also have shorter birth intervals Wajir (26.9 months), West Pokot (29.7 months), Turkana (32.4 months), and Samburu (33.6 months). In addition, counties with the lowest average number of births per woman have longest birth intervals, for example, Kirinyaga County which on average has two children per woman with a birth interval of 65.4 months (KNBS and ICF 2015).

**Table 1: Average number of births per woman for the three years preceding the survey, among the currently married women age 15-49 years by county, Kenya 2014**

| S/No. | County | Average Number of Births per Woman | S/No. | County | Average Number of Births per Woman | S/No. | County | Average Number of Births per Woman |
|-------|--------|------|-------|--------|------|-------|--------|------|
| 1. | Kirinyaga | 2 | 17. | Laikipia | 4 | 33. | Isiolo | 5 |
| 2. | Nyeri | 3 | 18. | Nakuru | 4 | 34. | Marsabit | 5 |
| 3. | Kiambu | 3 | 19. | Kisii | 4 | 35. | Bungoma | 5 |
| 4. | Central | 3 | 20. | Kitui | 4 | 36. | Kilifi | 5 |
| 5. | Murang'a | 3 | 21. | Nandi | 4 | 37. | Mandera | 5 |
| 6. | Meru | 3 | 22. | Kericho | 4 | 38. | Trans-Nzoia | 5 |
| 7. | Embu | 3 | 23. | Elgeyo Marakwet | 4 | 39. | Homa Bay | 5 |
| 8. | Mombasa | 3 | 24. | Siaya | 4 | 40. | Migori | 5 |
| 9. | Taita Taveta | 3 | 25. | Lamu | 4 | 41. | Tana River | 6 |
| 10. | Makueni | 3 | 26. | Bomet | 4 | 42 | Narok | 6 |
| 11. | Tharaka-Nithi | 3 | 27. | Kakamega | 4 | 43. | Garissa | 6 |
| 12. | Machakos | 3 | 28. | Kajiado | 5 | 44. | Samburu | 6 |
| 13. | Nyandarua | 4 | 29. | Vihiga | 5 | 45. | Turkana | 7 |
| 14. | Nyamira | 4 | 30. | Kwale | 5 | 46. | West Pokot | 7 |
| 15. | Uasin Gishu | 4 | 31. | Busia | 5 | 47. | Wajir | 8 |
| 16. | Kisumu | 4 | 32. | Baringo | 5 | | | |

*Source: Kenya Demographic and Health Survey 2014*

**Maternal health**: The risk of maternal deaths is greater at higher parities, and younger and older ages. Studies have shown that children born within 24 months after a previous sibling are at greater risk of having poor health and that such births threaten maternal health (KNBS and ICF 2015).

**Child schooling**: Children from large families attain less schooling—an outcome usually attributed to resource dilution (i.e., less financial and time investment per child).

**Economic growth**: An exogenous drop in the average number of births per woman raises productive output in the long-run while the reverse is true for a large number of births on average per woman. The arrival of later-born siblings can adversely affect the opportunities available to earlier siblings, by diminishing the resources available per child.

**Demographic dividend**: Decline in average number of births per woman assists economic growth via favorable changes in the age-structure—the "demographic dividend "is as a result of a larger concentration of the population in the working ages, thereby increasing per capita productivity. The "demographic dividend" contributed substantially to economic growth in East Asia and Latin America since the 1960s.

**Natural environment**: Higher number of births on average per woman (and the resulting population growth) is a direct and proximate cause of looming shortages of fresh water and other basic necessities such as land in many counties in Kenya.

### What interventions are required to manage population for sustainable development among counties in Kenya?

The results of the 2014 Kenya Demographic and Health Survey provides clear indications on how the levels of average number of births per woman has influenced socio-economic development at the county level in Kenya. Provision of public goods, including transportation infrastructure and sanitation/water/electric infrastructure, is influenced by rapid population growth as a result of increasing number of births on average per woman in a given area often resulting in congestion and excessive demands on existing infrastructure. Since these congestion costs must be borne by the society as a whole, rapid population growth in the counties may have net negative external effects on public welfare and hence slowdown socio-economic development.

Policy and programme interventions are needed to address issues which impede further reduction of the number of births on average per woman both at the national and county level in Kenya.

### Policy and programme recommendations

**High demand for children**: The demand for children is high in most of the counties with a high number of children on average per woman. These counties should design appropriate policies geared towards substantial improvement in child survival and mass schooling together with attendant labour force opportunity upon completion of schooling. This is expected to result in reduction of a desire for more children.

**Unmet need for family planning**: Generally, as most women in Kenya especially in counties with a high number of children on average per woman and low up-take of family planning expresses a desire to use family planning, more often these women for one reason or another do not use any method of family planning due to various obstacles including fear of side effects and opposition from their partners among others. There is a need therefore for health programme implementers and other stakeholders to put in place necessary interventions to address the various concerns of women with regard to the use of family planning methods.

**Investment in education**: Educational attainment has been found to influence birth decisions and that couples with high educational attainment tend to have fewer children compared to those with low education. There is therefore need to invest in the improvements in educational and economic opportunities for women at the county and national level in order to facilitate a shift in cultural values and attitudes of women and their partners toward values of children and use of modern family planning methods to prevent unwanted birth.

**Age at first union**: Age at first union is relatively low in most societies with high number of children on average per woman (less than age 20 on average). Several years delay would contribute to decline in

### References

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the number of children on average per woman, and it would have other health and socioeconomic benefits. The duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. Women who marry early, on average, are more likely to have their first child at a young age and give birth to more children overall, contributing to higher number of children on average per woman. There is need therefore to encourage the county political leaders, planners and community leaders to formulate and enforce laws and policies to prohibit marriage of girls before the age of 18 years and to increase access to contraceptive information and services. Promoting late marriage and the education of girls are two measures conducive to the reduction of early childbearing in counties currently experiencing high number of children on average per woman in Kenya.

**Infant and child mortality**: Improved child survival is perhaps the most powerful stimulant of decline in average number of births per woman. There is a need therefore for county governments to address priority maternal and child health problems by strengthening health systems and improving the availability of drugs, monitoring and surveillance. In addition, counties should develop and expand community participation in the prevention and treatment of childhood illnesses. This can be through strengthening care-seeking, compliance and preventive behaviours at the household level.

**Family planning services**: The evidence on access obstacles is less ambiguous: in diverse settings expanded provision of family planning services has had an impact on the average number of children per woman. There is need therefore for policy makers and programme implementers at the county level to devise appropriate interventions to initiate or improve family planning delivery systems as an integral part of any development strategy. Resource mobilization in combination with government commitment are necessary conditions to develop and sustain family planning programmes that can respond efficiently to satisfy the existing demand for effective contraception both at national and county levels.

### Conclusion

The existence of marked differentials in the number of children on average per woman across various counties is a clear demonstration of the cultural, social and economic diversities which exist among counties in Kenya. This heterogeneity among counties with regard to cultural, social and economic issues exerts a lot of influence on the use of family planning methods and consequently, the average number of children per woman, together with the overall economic development in these counties. There is therefore a need to initiate county specific interventions geared towards positive influence of the population structure in each county in order to accelerate attainment of demographic target of having replacement level birth on average of two children per woman by 2050 and sustainable development in Kenya.