

Policy Brief No 4 of 2025

Improving Maternal and Child Health: Addressing Short Birth Intervals and High-Risk Births in Arid Counties in Kenya

Overview:

Although Kenya's fertility has declined, short birth intervals persist among some arid counties in Kenya, sustaining pockets of high-risk births which threaten to regress progress made in maternal and child health indicators. At the national and county levels, short birth intervals contribute to high fertility and dependency ratios, slowing progress toward the demographic dividend and Kenya's Vision 2030 goals. This policy brief highlights the scale and consequences of short birth intervals and outlines priority policy actions to promote healthy birth spacing, reduce avoidable health costs, and accelerate equitable and sustainable development. Public education, expanding access to family planning and integrating birth spacing counselling into maternal and child health services is key to promoting optimal birth spacing.

Background:

The optimal/recommended birth interval between consecutive births is >24 months to allow the mother's body to fully recover before the next pregnancy. Short birth intervals remain a significant reproductive health concern in Kenya despite overall improvements in birth spacing. Closely spaced pregnancies heighten the likelihood of maternal complications, including anaemia, haemorrhage, and mortality, as well as adverse child outcomes such as low birth weight, neonatal complications, and higher under-five mortality. These short intervals are largely driven by unmet need for family planning, low postpartum contraceptive use, early marriage and childbearing, and limited or inaccurate knowledge of birth spacing. Further analysis of KDHS data examined counties with the highest proportions of birth intervals under 24 months in 2014 and 2022. The 2022 KDHS reports a median birth interval of 42.1 months; however, 7% of non-first births occur within 18 months and 17% within 24 months, both of which are associated with increased risks to maternal and child health. This brief focuses on the three counties of Garissa, Wajir and Mandera which presented the highest proportions of short birth intervals.

Key Findings:

Three counties had 30-35% of births with birth intervals of less than 17 months and about 45% of births with birth intervals of <24 months in 2022. Of great concern is that these high-risk births had increased between 2014 and 2022 in spite of continued investments in healthcare

- Counties in Northern Kenya had persistently higher rates of short birth intervals in 2014 and 2022.
- All three counties showed increased births (45%) with very short intervals (<17 months) in 2022, an adverse trend.

- **Mandera** County shows the most significant deterioration overall, the biggest rise in birth intervals of less than 17 months in 2022.

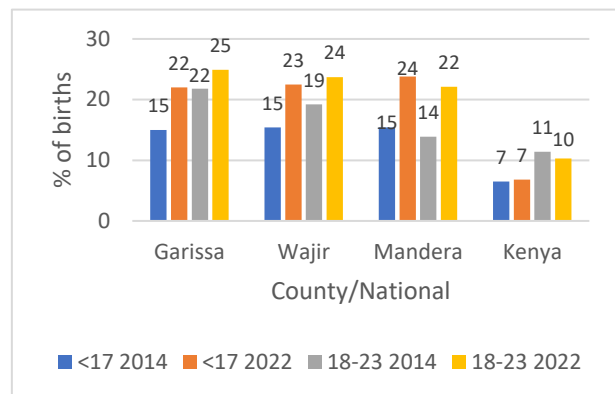


Figure 1: Counties with highest percentage of <24 months' birth intervals, 2014 and 2022

Source: 2014 and 2022 KDHS Reports

Implications:

Higher preventable health costs and deaths

Short birth intervals significantly increase maternal and newborn complications, thereby increasing public spending on emergency obstetric and neonatal care and undermining progress toward Universal Health Coverage.

Persistent pressure on county service delivery systems

Counties with high levels of closely spaced births experience sustained strain on health, education, nutrition, and social services, limiting the effectiveness of devolution and equitable development.

Weakened women's economic participation and household resilience

Closely spaced pregnancies reduce women's ability to complete education and engage in productive work, perpetuating poverty cycles and widening gender inequalities.

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Slower progress toward national development and demographic goals

Short birth intervals contribute to high fertility and dependency ratios, delaying the demographic dividend and constraining Kenya's achievement of Vision 2030 and inclusive economic growth.



Recommendations:

1. **Address socio-cultural barriers through community and public education**
NCPD, Ministry of Health, and County Health Departments should scale up sustained public education and social and behaviour change communication in Arid counties. Focus should be on healthy timing and spacing of pregnancies, family planning benefits and postpartum family planning.

2. **Integrate birth spacing into the Universal Health Coverage (UHC) service package**
County Health Departments should integrate routine family planning and birth-spacing counselling across the continuum of care, ensuring postpartum family planning is offered as a standard service within primary healthcare.
3. **Strengthen sustainable financing and contraceptive supply chains.**
Ministry of Health and County Governments should increase and ring-fence domestic financing for FP, and eliminate commodity stock-outs that undermine informed choice, continuity of use, and optimal birth spacing.

Conclusion:

Short birth intervals and high-risk births remain critical challenges in Northern Kenya, contributing to elevated maternal and child morbidity and mortality and undermining socio-economic development. Evidence shows that targeted interventions can significantly reduce these risks. Prompt and coordinated action by national and county governments, in partnership with communities, is essential to safeguard maternal and child health and accelerate achievement of Kenya's Vision 2030, Demographic Dividend, SDG and ICPD targets.

References

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This Policy Brief is based on the Kenya Population Situational Analysis Report 2025.

Collaborating Organizations: National Council for Population and Development (NCPD), Population Studies and Research Institute (PSRI) and United Nations Population Fund (UNFPA).

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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
P.O. Box 48994 – GPO Nairobi
00100, Kenya
Tel: +254 735 700 208/0724 256 202
Email: info@ncpd.go.ke
www.ncpd.go.ke