

Stalling Transition in Kenya

Sub-Saharan Africa has the highest fertility rates in the world, but there are huge intraregional differences. While in western Africa only slight progress in the demographic transition has been observable over the past decades, the situation in eastern Africa has changed at a faster pace with increased use of contraception and declining fertility rates. Despite these gains, however, the fertility transition has slowed down in eastern Africa in recent years, with some countries showing only slight fertility declines, some stagnating and some even experiencing an increase in total fertility rates (TFR).ⁱ One country to which this last trend applies is Kenya. Having achieved one of the lowest fertility rates in eastern Africa with five children per women by the end of the 1990s (coming from more than six children per woman in the late 1980s and more than eight in the 1960s),ⁱⁱ this successful trend stalled in the early twenty-first century.ⁱⁱⁱ The reasons for this include a weakening of the commitment to family planning (FP) and a deterioration in education and the labor market – factors which all had an impact on one another.

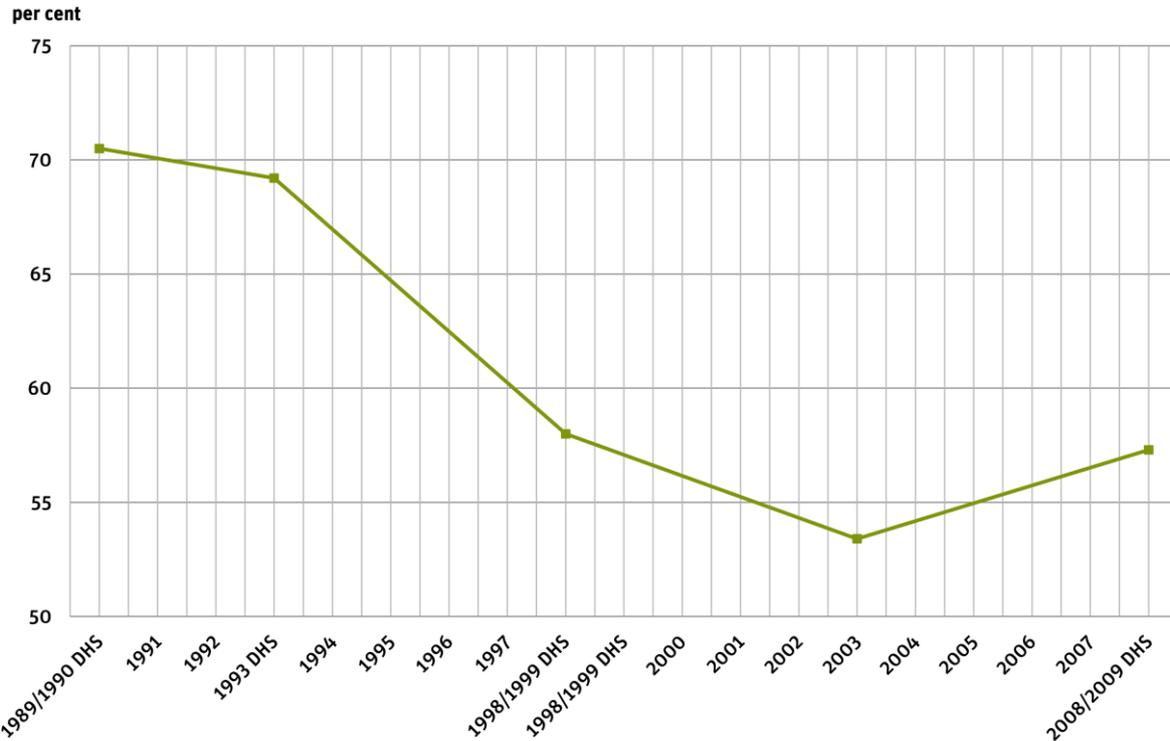
Commitment to Family Planning

In 1967, Kenya was the first country in sub-Saharan Africa to adopt a policy aimed at reducing population growth.^{iv} Although subsequent measures were not immediately successful, the country persevered with population issues, resulting in the introduction in the 1980s of community-based distribution (CBD) programs as well as information campaigns advocating small families and contraceptive use. The country's reliance on international donors meant it was under pressure to stem population growth.^v The funding and technical support for population programs came from bi- and multilateral development partners,^{vi} and until the mid-1990s Kenya worked with international partners to introduce family planning measures. Subsequently, however, the economic downturn and political tensions diverted the government's attention away from population issues.^{vii} Furthermore, "pro-life groups" gained influence, decreasing acceptance of FP methods.^{viii} In the same period, official development assistance to Kenya fell sharply.^{ix} This was paralleled by a decline in the allocation of funding for family planning services.^x

In the mid-1990s, investments by international donors were re-directed to maternal and child health services, to special programs to combat HIV/AIDS or to basket funding for the government.^{xi} As a further reaction to the AIDS pandemic, health personnel were moved away from FP programs and technical support was reduced.^{xii} So the stalling of the decline in fertility rates in Kenya can be directly related to the decrease in national and international commitment to FP there.^{xiii}

The successful reduction in fertility rates was internationally recognized, and observers believed that a permanent change in social norms had set in that would make the demographic transition irreversible.^{xiv} After the Kenyan Demographic and Health Survey recorded the stall in fertility rates in 2003, new planning commissions were introduced to increase commitment to FP once again.^{xv}

Public Supply Losing Relevance

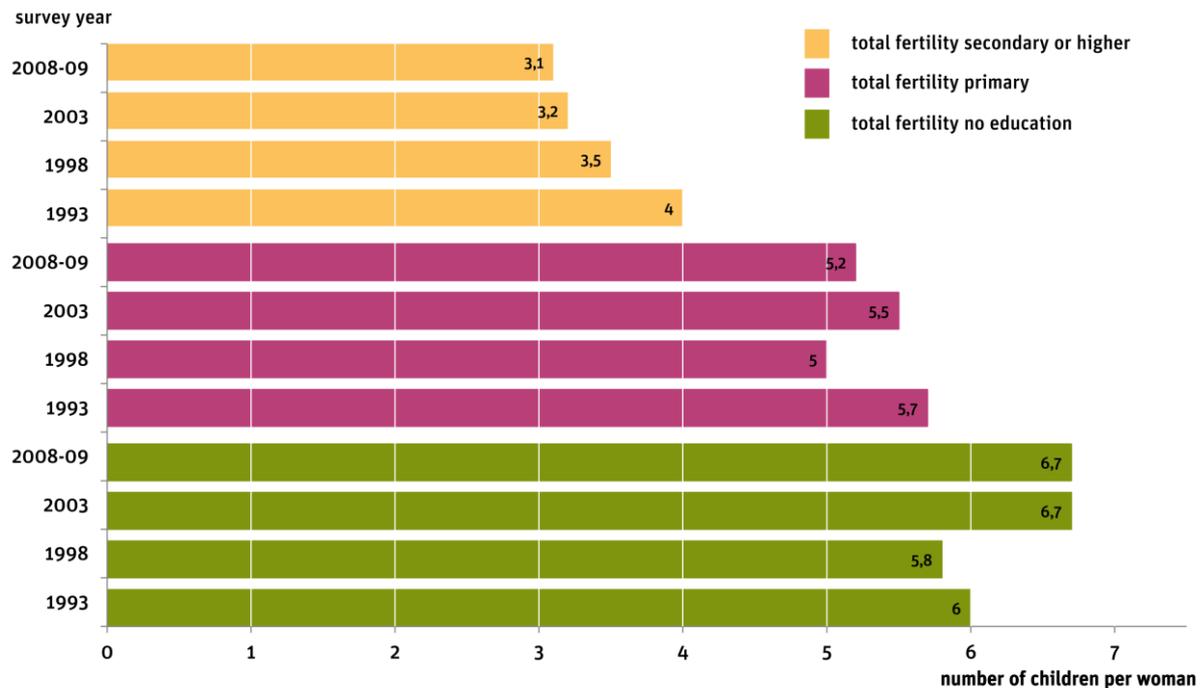


Percentage share of current users of modern contraceptive methods accessing source of public supply in different years in Kenya. (Data source: Demographic and Health Surveys)

Female Education

FP programs led to a nearly universal knowledge about methods of contraception in Kenya.^{xvi} Yet this did not lead to a significant decrease in total fertility rates until the mid-1980s.^{xvii} One main driver of the strong fertility decline was an educational reform in 1985, which increased the duration of primary schooling by one year.^{xviii} Women affected by the reform had fewer children than those who were not,^{xix} postponing marriage from their late teens to their early twenties and delaying childbearing.^{xx} Female education hence helped FP programs to achieve positive results. However, budget cuts led to the abolition of free primary education in the late 1980s, resulting in a general decrease in enrolment rates.^{xxi} Free primary education was only reintroduced in 2003.

Fewer Children with Higher Levels of Education

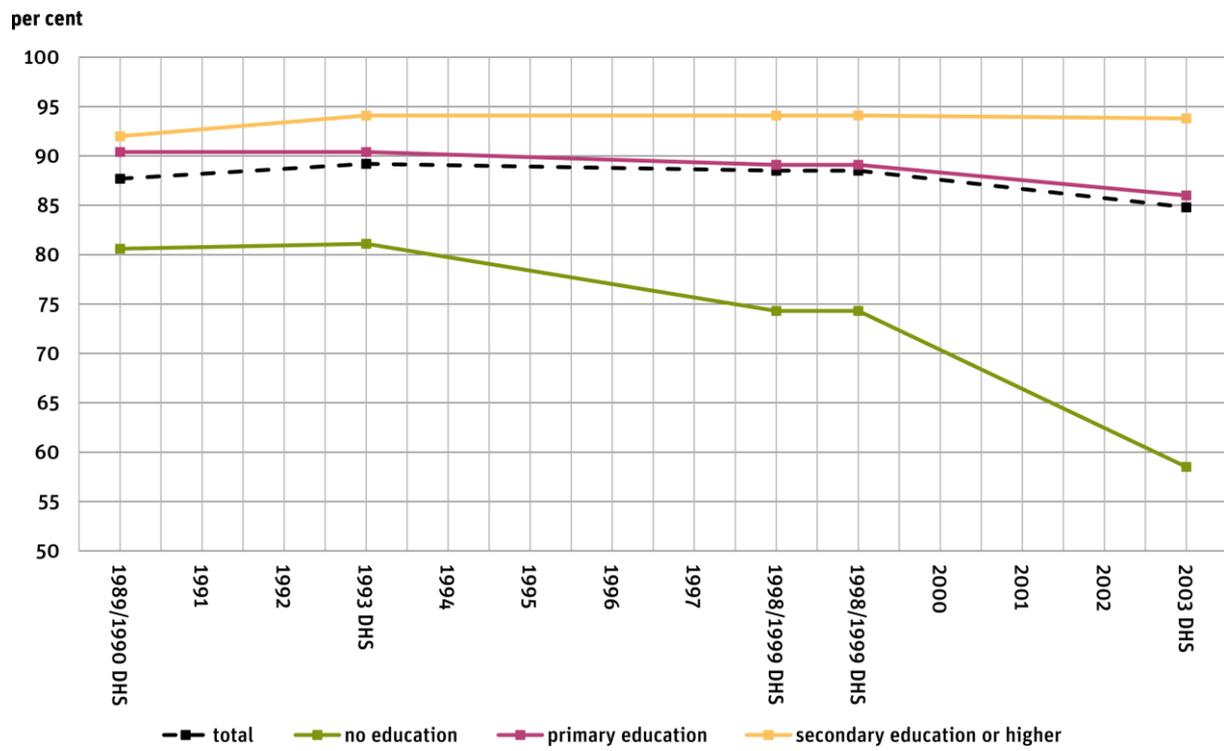


Number of children per woman according to educational attainment in different years in Kenya. (Data source: Demographic and Health Surveys)

Today fertility is closely connected to educational achievement. The Kenyan stall in declining fertility applies only to those with the lowest levels of education:^{xxiii} Total fertility rates among females without education have strongly increased as have desired fertility rates. But more importantly, the rates among women with primary education – which represents the largest proportion of women of reproductive age (15-49 years) and nearly two-thirds of young women aged 15 to 24 – have stalled.^{xxiii} Between 1998 and 2003 the DHS measured an increase in desired and actual fertility among women with this level of education. This indicates that primary education is failing to convince children and adolescents of the advantages of a small family and of using contraceptives.

A UNESCO assessment of sex education in Kenya aimed at reducing the spread of HIV/AIDS states that the official curriculum advocates abstinence in order to eliminate risky behavior.^{xxiv} Approval for use of family planning methods hence declined between 1998 and 2003. This decline again mainly took place among those with primary education or less. The only group of women not to show an increase in desired fertility rates or a decline in approval for using contraceptives were those with secondary education or higher.^{xxv}

Primary Education: Little Leverage for Family Planning



Share of married non-sterilized women who approve of family planning according to their educational attainments in different years in Kenya. (Data source: Demographic and Health Surveys)

Labor

Higher educational achievement increases women’s potential to become active on the labor market and earn money – a factor known to contribute to decreasing fertility rates. Paid work strongly contributes to the empowerment of women as well as to a decline in the need for additional children as social insurance. According to the International Labour Organization (ILO), the female labor force participation rate strongly decreased throughout the 1990s. In 1990, 70 percent of females aged 15 or older were either working or actively seeking work, whereas their share declined to 63 percent in 2000.^{xxvi} People not active on the labor market are either job seekers who have been discouraged or those who have never searched for a job because their prospects are too low.^{xxvii} What is more, the quality of female work strongly decreased in the period of the stall. In 1998, one woman in five received no payment for her work whereas the figure was one woman in four in 2003. Over the same period, the percentage of women working in professional jobs declined.^{xxviii} Deteriorations on the labor market can hence be considered a contributing factor to the disruption of the Kenya fertility decline.

Endnotes

- ⁱ Ezeh, A.C., Mberu, B.U. and Emina, J.O. (2009), “Stall in fertility decline in Eastern African countries: regional analysis of patterns, determinants and implications”, *Philosophical Transactions of the Royal Society B: Biological Sciences*, Vol. 364 No. 1532, pp. 2991–3007.
- ⁱⁱ Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2012), *World Population Prospects: The 2012 Revision*.
- ⁱⁱⁱ In its 2012 *World Population Prospects*, the United Nations Population Division indicates a stall in the decline of fertility rates between 1995–2000 (5.07 children per woman) and 2000–2005 (5.0 children per woman) (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat [2012], *World Population Prospects: The 2012 Revision*), whereas the Kenyan Demographic and Health Survey (Kenya National Bureau of Statistics and IFC Macro [2010]) measured rising fertility rates in the same period: Accordingly, TFR rose from 4.7 children per woman in 1998 to a level of 4.9 children per woman in 2003. Afterwards, it started to decline again.
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- ^v Toroitich-Ruto, C. (2001), “The Evolution of the Family Planning Programme and its Role in Influencing Fertility Change in Kenya”, *Journal of Biosocial Science*, Vol. 33 No. 2, pp. 245–260.
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- ^{xi} Askew, A.E., Bongaarts, J. and Townsend, J. (2009), *Kenya’s Fertility Transition: Trends, Determinants and Implications for Policy and Programmes*, Nairobi.
- ^{xii} Askew, A.E., Bongaarts, J. and Townsend, J. (2009), *Kenya’s Fertility Transition: Trends, Determinants and Implications for Policy and Programmes*, Nairobi.
- ^{xiii} Westoff, C.F. and Cross, A.R. (2006), *The Stall in the Fertility Transition in Kenya*, DHS Analytical Studies, Calverton, Maryland.
- ^{xiv} Askew, A.E., Bongaarts, J. and Townsend, J. (2009), *Kenya’s Fertility Transition: Trends, Determinants and Implications for Policy and Programmes*, Nairobi.
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