

The stalled fertility transition and family planning in Kenya

Ian Askew

Population Council, Nairobi, Kenya

Alex Ezeh

African Population and Health Research Center, Nairobi, Kenya

John Bongaarts

Population Council, New York, USA

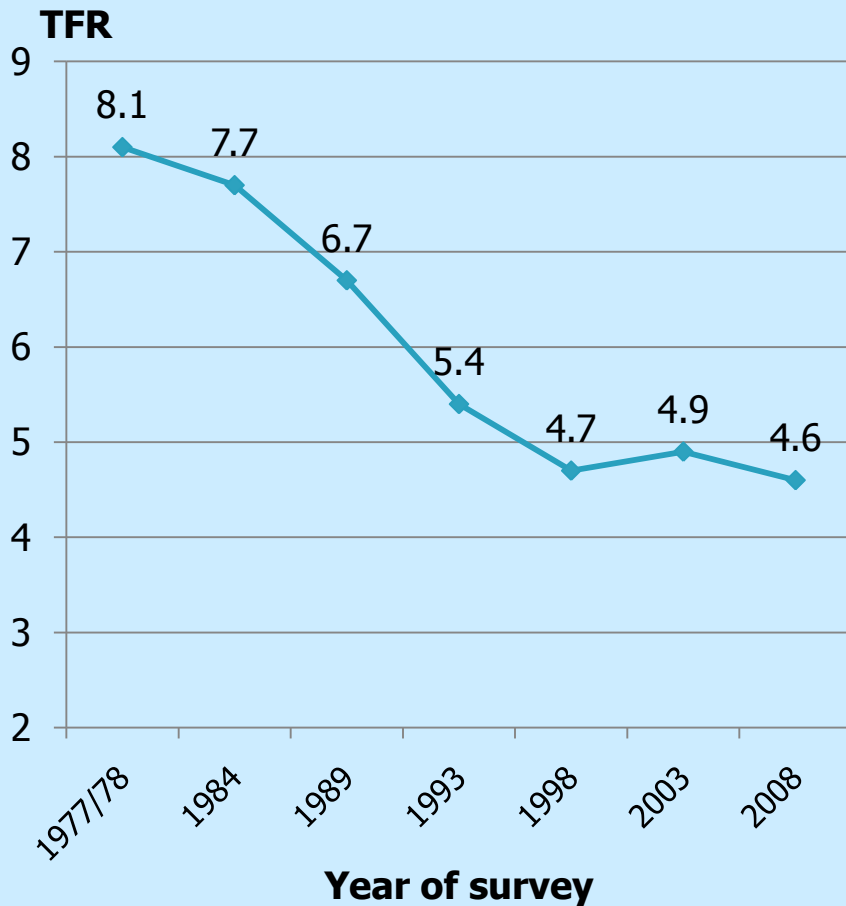
John Townsend

Population Council, New York, USA

The rise and fall and rise of a policy focus on population and family planning

- Early acceptance of population as a development issue in **1960s**
- Comprehensive and well-resourced FP programme developed and implemented in **1970s** and **1980s**
- Tremendous success by **early 1990s**
- Several factors diluting focus in **mid-late 1990s**
- Alarm bells in mid-**2000s**
- Mixed policy responses in **late-2000s**

Rapid fertility decline then stagnation overall, with sub-population increases



98-03: Substantial increases:

No education: 5.8 \Rightarrow 6.7

Poorest: 6.5 \Rightarrow 7.8

93-03: Highest decline:

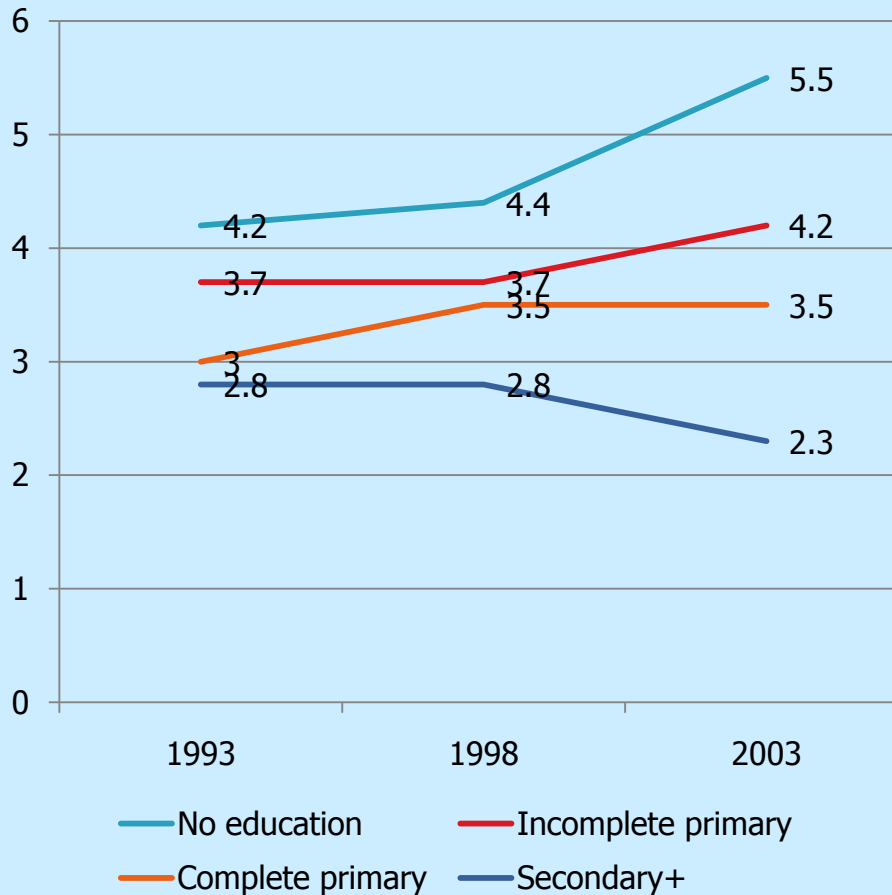
Most educated: 4.0 \Rightarrow 3.2

03-08: Trends in sub-populations?

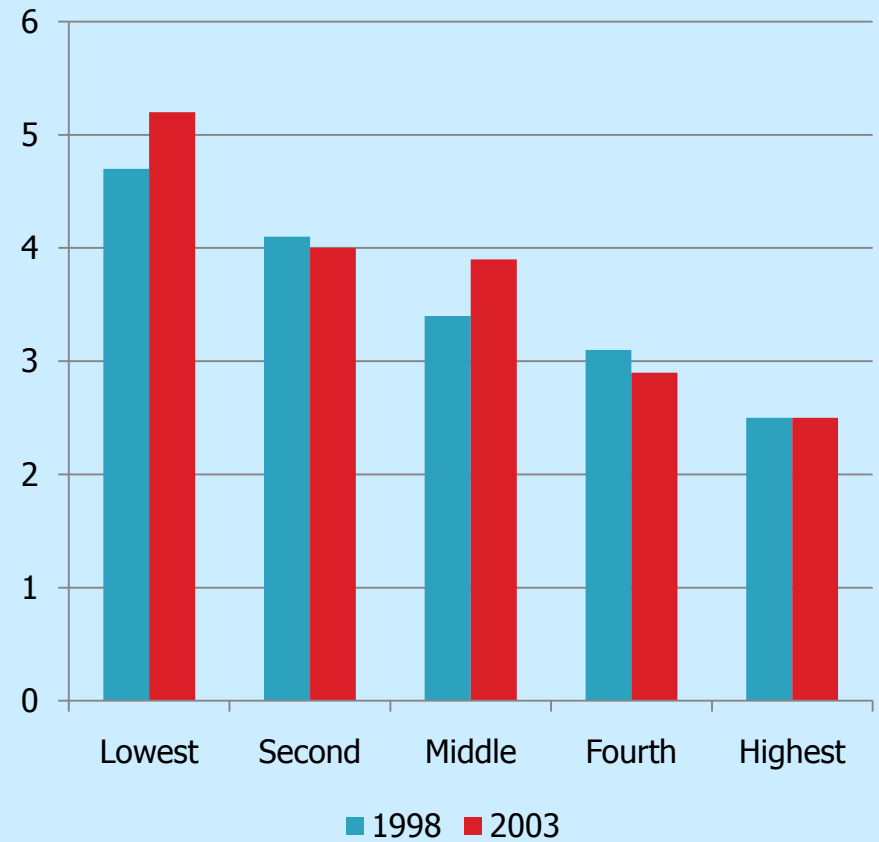
Wanted fertility 1993 – 2008:

3.4 ⇒ 3.5 ⇒ 3.5 ⇒ ??

Wanted fertility by education



Wanted fertility by wealth



Awareness about FP – reflects decreased investment in IEC and other demand creation activities? 2008??

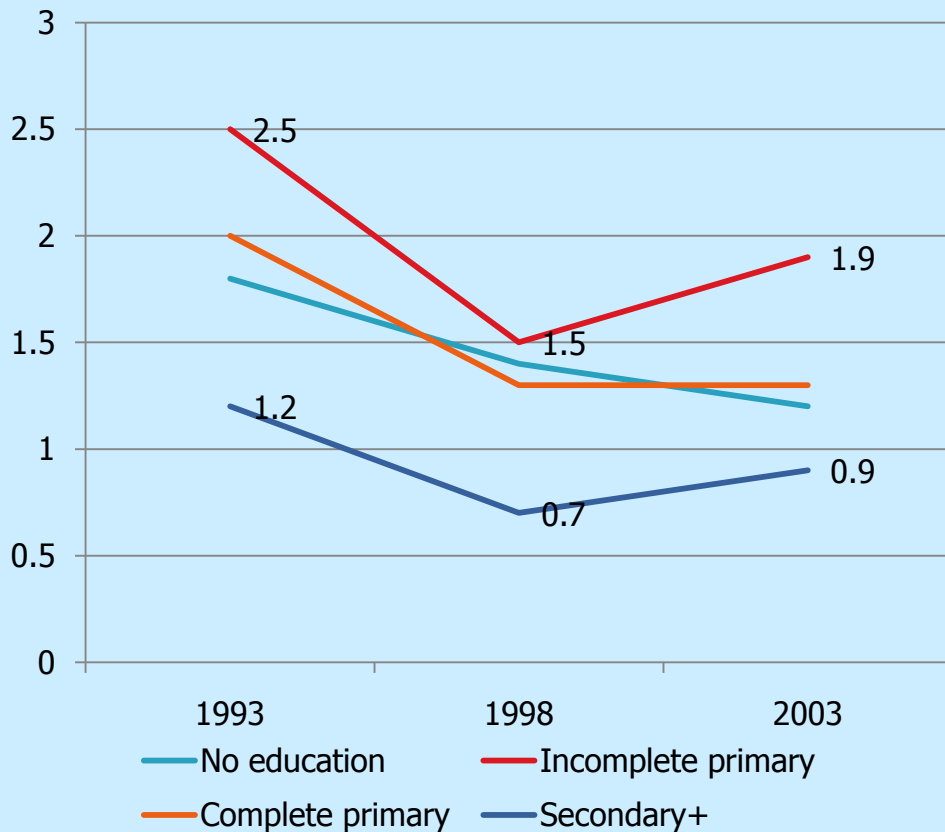
	Know method <u>and</u> source			Approve of FP		
	1993	1998	2003	1993	1998	2003
No education	80	64	48	81	74	54
Primary	93	84	80	92	89	86
Secondary +	98	94	87	97	94	94

Source: Koome et al, 2005

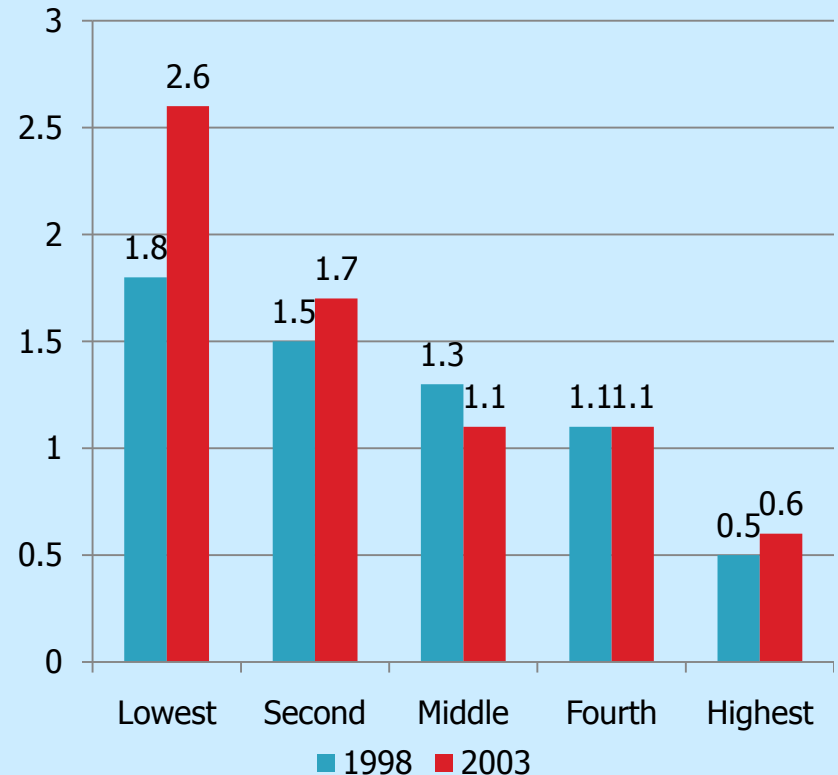
Unwanted fertility 1993 – 2008:

2.0 ⇒ 1.2 ⇒ 1.3 ⇒ ??

Unwanted fertility by education



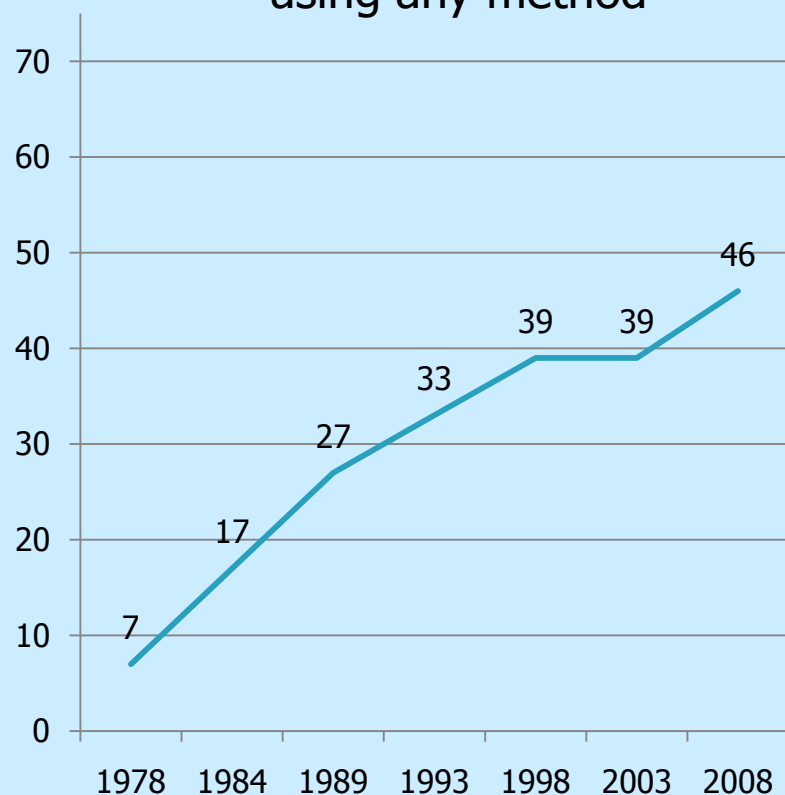
Unwanted fertility by wealth



Source: Westoff and Cross, 2006

Trends in family planning use

% currently married women using any method



2008: Many differentials:

1. Provincial differences: 67% - 3.5%
2. Education differences: 60% - 14%
3. Urban/rural differences: 53% - 43%
4. (Young) urban poor: ('03 - 15%)
5. Sexually active: ('03 - 49%)
6. Method mix: 55% injectable
7. Private sector source increasing

Also other supportive factors (in 2003)....

- Later age at first sex and marriage
- Less sex
- Poverty levels reducing
- Education levels increasing
- More supportive political and socio-cultural environment

Has Kenya reached a 'natural' fertility level for a country in this situation?

Economy; disease; social norms

Is the increasing practice of family planning reducing unwanted fertility only, or being used to achieve lower wanted fertility?

What can be done programmatically to revitalize the transition?

1. Identify variations within sub-populations and tailor programmatic responses accordingly
2. Focus on understanding and reducing wanted fertility, as well as unwanted fertility
3. Create demand for and ensure supply of a range of methods appropriate to varying needs, as well as strengthening supply of frequently-used methods

What might be done programmatically to revitalize the fertility transition?

4. Learn from successes in 1970s-1980s:

- Community/family-level and public / political IEC and advocacy
- Community-based information and services
- Wide range of methods, especially LAPMs

5. Embrace a range of possibilities:

- Greater integration with MCH and HIV services
- Reaching adolescents and unmarried, especially in urban areas
- Longer birth spacing through postpartum FP, especially after first born
- Strengthen infant / child health services
- Expanding financing mechanisms (private sector, SWAp; OBA)
- New and underutilized technologies

Acknowledgements

The authors thank the David and Lucille Packard Foundation for their generous support, as well as the participants in a meeting held to review and feedback on preliminary analyses

