

**Bringing Sexual and Reproductive Health in Urban Contexts to  
the Forefront of the Development Agenda:  
*Evidence for Action in Sub-Saharan Africa*  
By**

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# Presentation Outline

- Background: Africa population profile
- Why must we care about rapid urbanization in the 21<sup>st</sup> century?
- The Kenyan example
- Reproductive health profile: research evidence from Kenya
- Priorities in addressing Africa's pop growth/maternal health
- APHRC and research investments on the urban poor in Nairobi
- Conclusion



# Background: Africa Population Profile

- **Currently:**

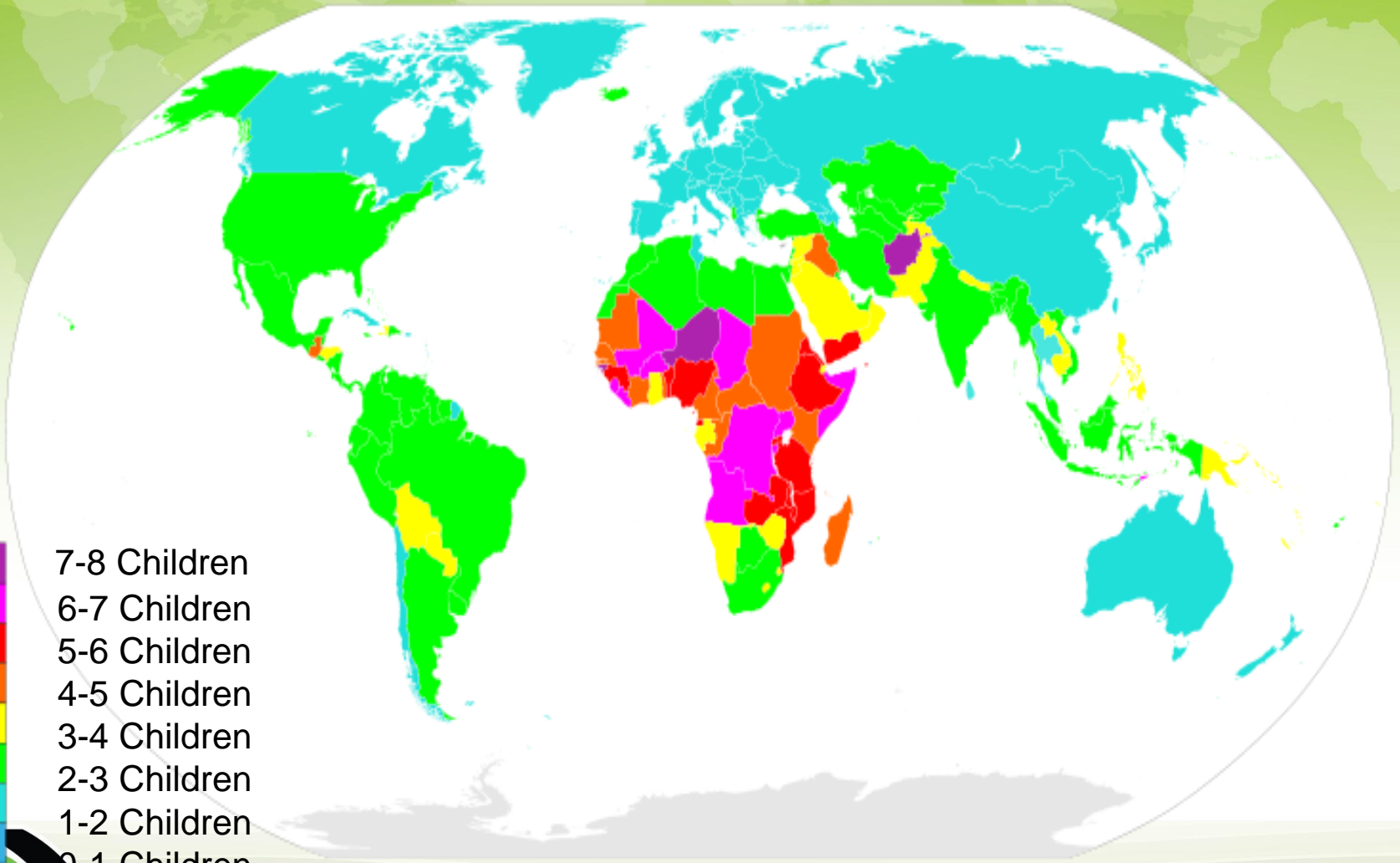
- 31 of 34 countries with total fertility rate (TFR) of 5+ are in SSA
- About 14m unintended pregnancies occur each year
- While  $>2/3$  of women use FP in all regions, only  $1/4$  do so in Africa
- At least 25% of women 15-49 have unmet need for family planning (FP)
- Stall in fertility transition casts doubt on medium variant projections for Africa

- **Over the next 40 years:**

- Africa's population will double from 1 to 2 billion
- Africa will account for 22% of world population, up from 15% in 2010



# Fertility Patterns Globally



7-8 Children  
6-7 Children  
5-6 Children  
4-5 Children  
3-4 Children  
2-3 Children  
1-2 Children  
0-1 Children



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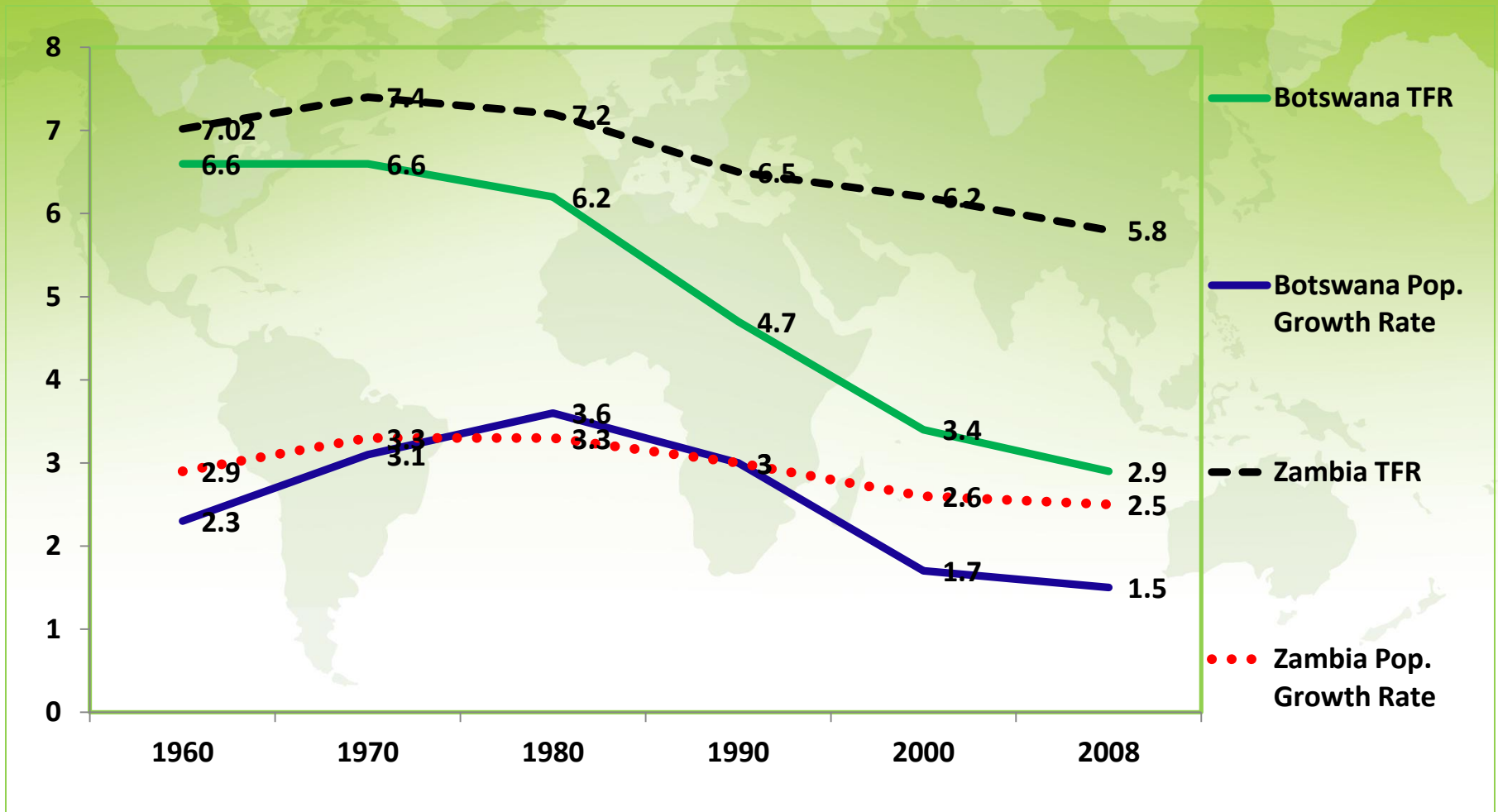


# Implications of rapid population growth

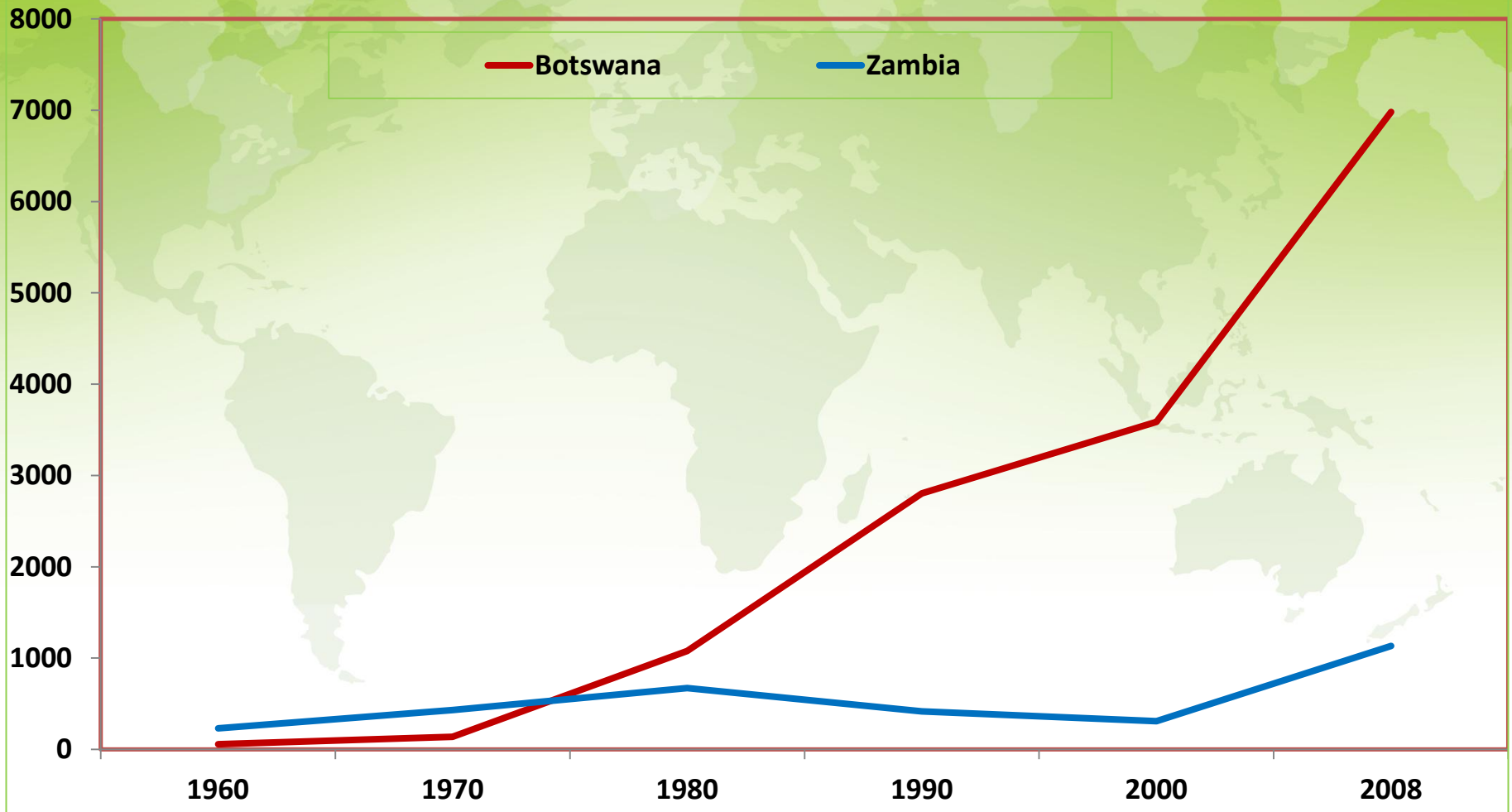
- Implications for economic growth
  - Example: Botswana and Zambia
- Implications for levels and gender parity in school enrolment
  - Example: Sub-Saharan Africa



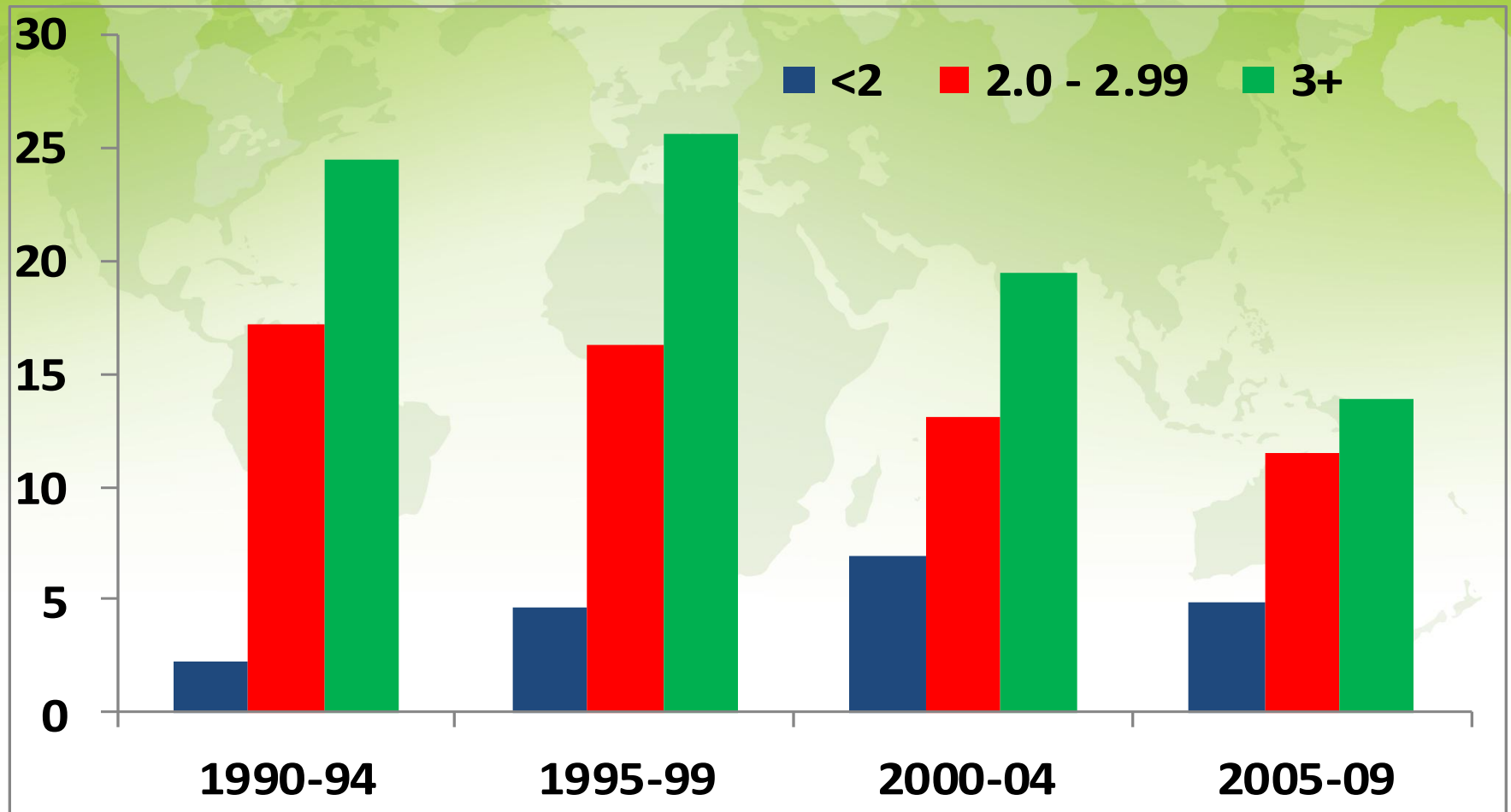
# Trends in fertility & population growth rates, Botswana and Zambia: 1960-2008



# Trends in GDP per capita, Botswana and Zambia: 1960-2008



# Female deficit in primary enrolment by population growth rate, SSA: 1990-2009



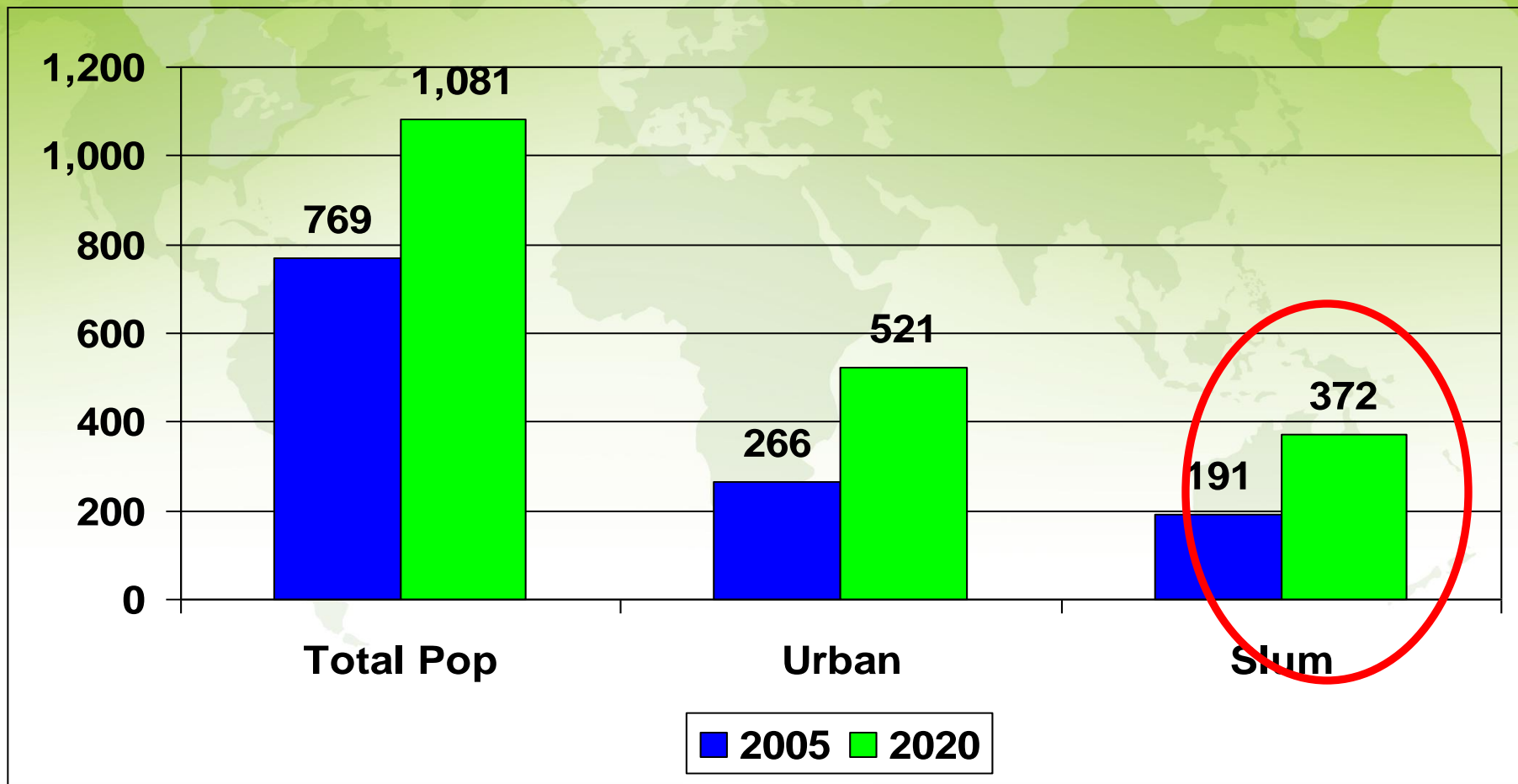


# **Why must we care about rapid urbanization in the 21<sup>st</sup> century?**



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# Projected growth of total, urban and slum populations in SSA (in millions)



# Rapid urbanization & the cities challenge

- Since 2007, more than half of the world's population lives in urban centers
- In SSA, the share of the urban population will increase from the current 37% to over 60% by 2050
- Cities are attractive because of greater offer of choices - housing, employment opportunities and better services in education and health care, etc.



## However...

- Cities concentrate risks and hazards for health, further exacerbated by inability of countries to provide basic social and economic infrastructure and opportunities
- Today, 1/3 of urban dwellers in the world are living in slums or slum-like conditions



# EXAMPLE: THE KENYAN CASE



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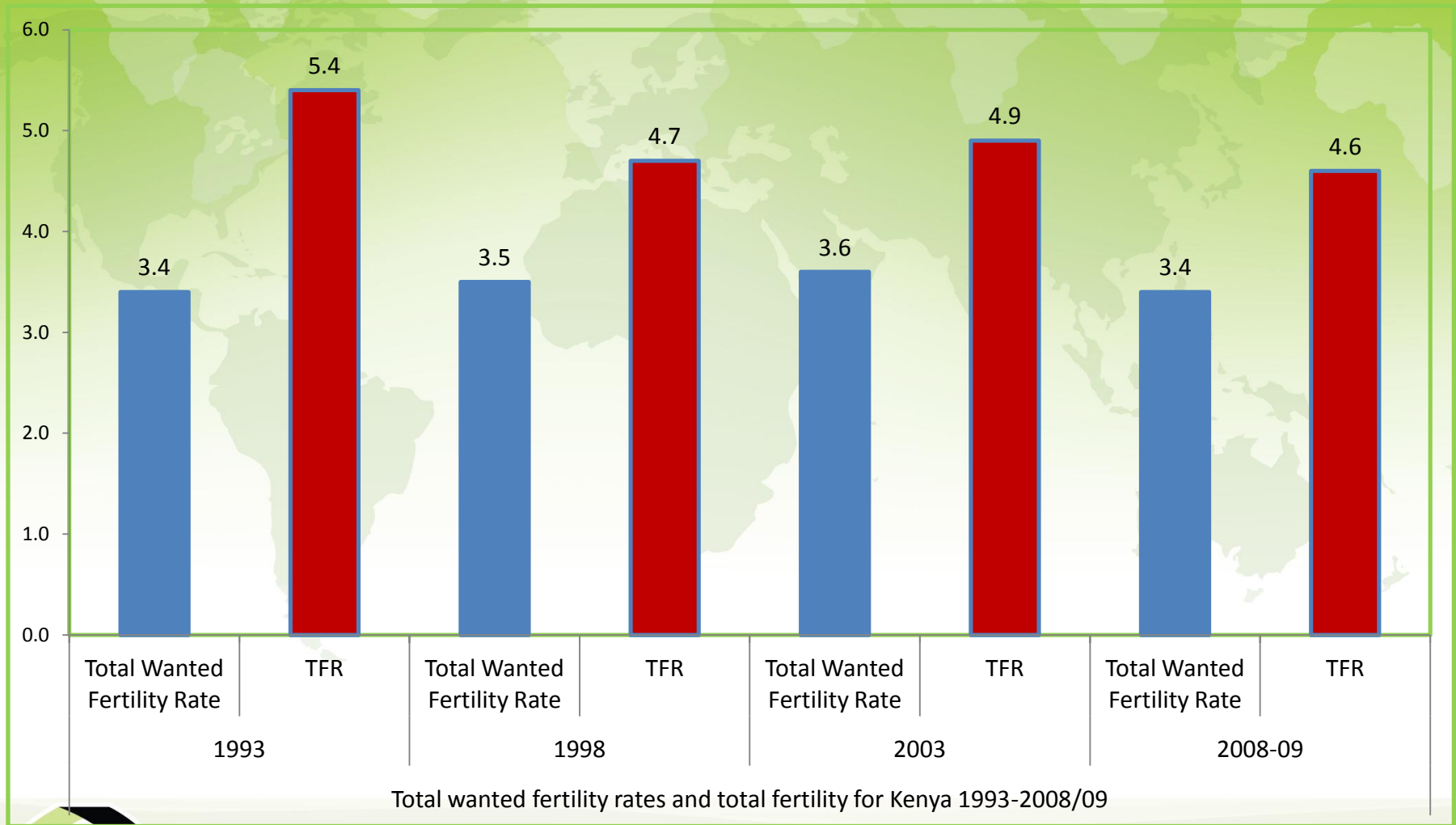


# Kenya's Urban Crisis

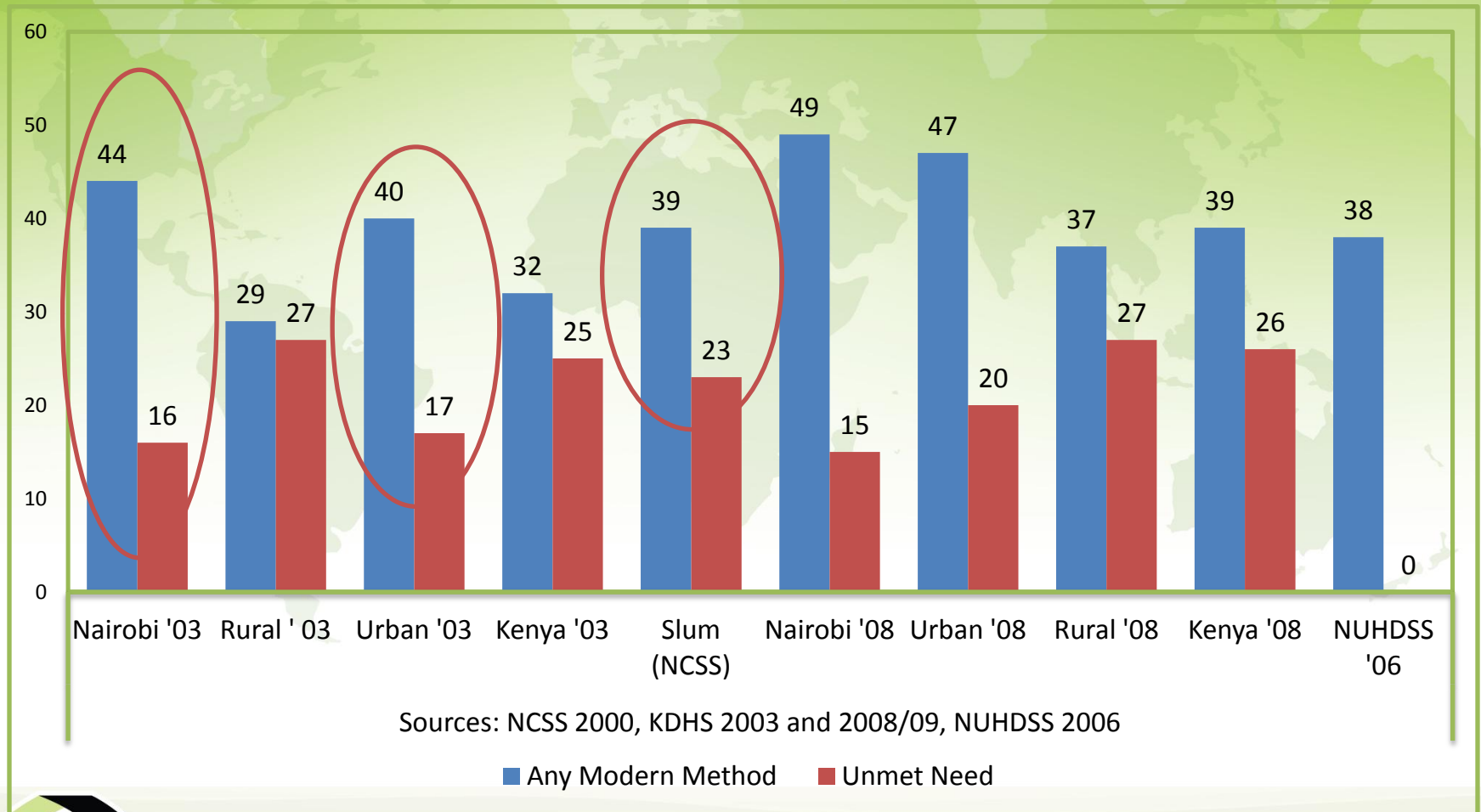
- Kenya typifies SSA's urban crisis
  - A significant proportion of Nairobi residents live in informal settlements or in slum-like conditions
    - limited access to water and sanitation
    - overcrowding and poor housing conditions
    - limited employment opportunities
    - near absence of the public sector
    - insecurity of life and property
- ➔ Poor health outcomes, violence and social unrest



# Kenya's Fertility Profile, 1993-2009



# Use of Modern Contraception and Unmet Need



# Consequences low use of contraception and high unmet need for Family - unintended pregnancy

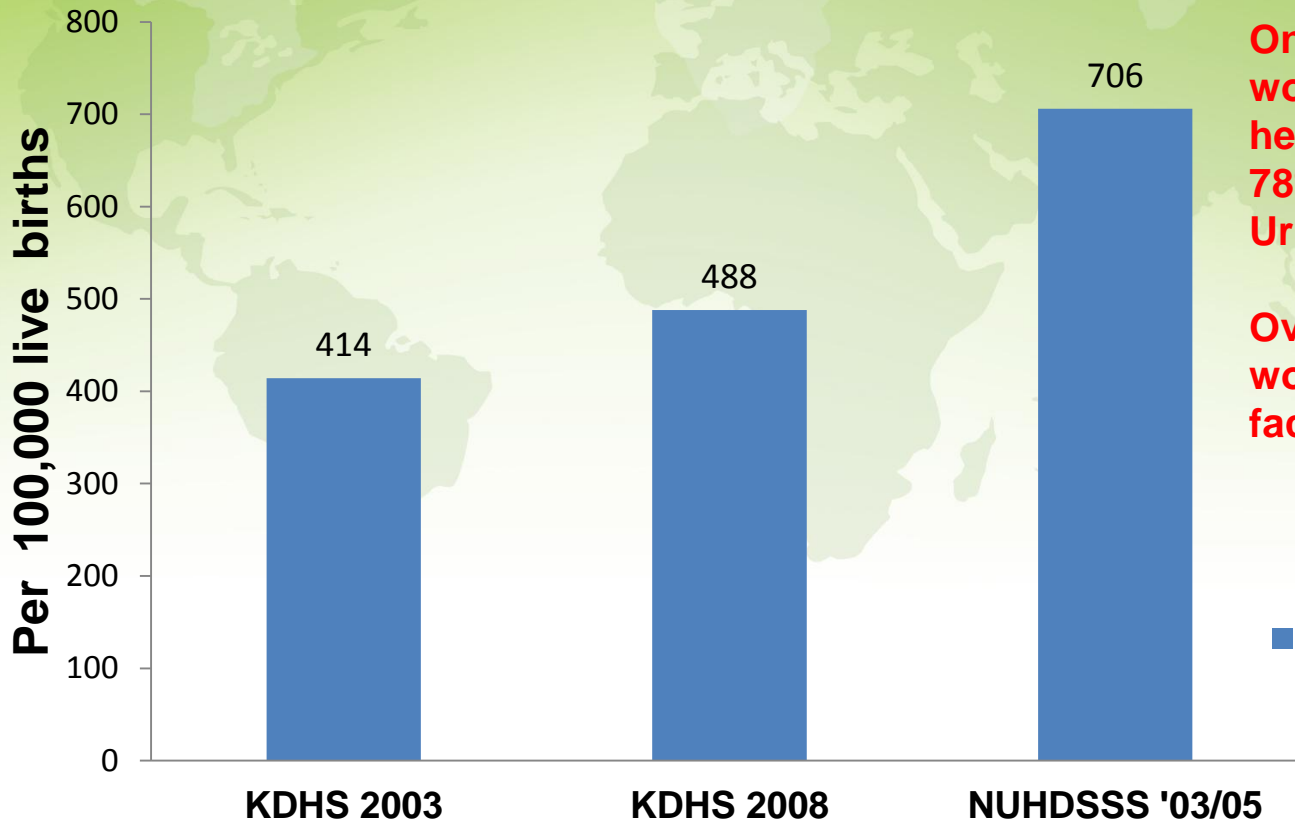


Percent distribution of Births in the Last Five Years Preceding the Survey by Fertility Planning Status, Kenya 1993- 2008-09



# Maternal Mortality

## Maternal Mortality Ratio



Only 50% of births to women in slums occur at health facility, compared to 78% in Nairobi, and 70% in Urban Kenya.

Overall, only 44% of Kenyan women deliver at a health facility.





# Teenage Pregnancy/Motherhood & Outcomes (1)

- 33% of Kenya's population is below 24 years.
- 47 % of pregnancies among unmarried adolescent girls aged 15-19 are unintended
  - Adolescents are more likely to resort to unsafe abortions; 57% of all unsafe abortions annually occur among girl's ages 15-19 years in slum environment.
  - Young women below age 20 accounted for 16% of the over 20, 000 abortion related complications
  - 42% of those between the ages of 15-19 reported having their first sexual intercourse; only 11% reporting the use of any modern contraceptive

Girls below 20 are more likely to die during pregnancy or birth



# Teenage Pregnancy/Motherhood & Outcomes (2)

- Pregnant young girls likely to drop out of school
  - 13,000 Kenyan girls drop out of school annually; 13% if early marriage is included
  - Social and economic earning potential becomes limited



# **Priorities in Addressing Africa's Population Growth/Maternal Health**



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# Disappearing Urban Advantage

- Exploratory studies from APHRC (e.g. NCSS) challenge the commonly assumed urban advantage:
  - Huge disparities in health and social indicators between slum and non-slum areas, with Nairobi slum dwellers being worse off than rural population
  - Higher magnitude of ill-health among the urban poor
  - Limited access to health care, and consequent higher mortality burden
  - Poverty is a major hindrance to access to health services and addressing urbanization of poverty will speak to urban vulnerabilities





# Increasing focus on the urban poor

- Increasing attention from many governments, international organizations, and development partners on the living conditions of the urban poor in African slum communities,
  - UN-HABITAT and other international agencies appeal for concerted efforts in addressing the economic and health challenges of the most deprived in cities
  - Adoption in 2000, of the Millennium Development Goal (MDG) 7, Target 7D that aims to improve the lives of at least 100 million slum dwellers by 2020.
- Highlights the need for a reliable population and health monitoring system among urban poor
- Policy and program interventions to address identified challenges





# Conclusion

- Continuing high rates of population growth in the poorest countries will make it harder to achieve any of the MDGs
- Family planning programs have been shown to reduce fertility even in poor settings
- Meeting the current unmet need for FP can halt current rapid population growth rate in SSA
- The high levels of urban growth in SSA, urbanization of poverty and associated challenges for reproductive health and development calls for a deliberate targeting of urban Africa for
  - Investment in generating research evidence,
  - Policy and program interventions.
- **All these require collaboration of stakeholders to maximize efforts and outcomes.**

***Our meeting today is an important part of the process***



# Thank You!

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