



African Population and
Health Research Center

Family Planning Matters

One quarter of Kenyan women would like to stop childbearing or postpone giving birth, but are not using any contraceptive method.⁽¹⁾ Currently, about 43 percent of pregnancies in Kenya are unintended.⁽¹⁾ These statistics imply that women in Kenya continue to face barriers in meeting their fertility intentions. Unintended pregnancy has serious implications for the health and wellbeing of mothers and children. It is a threat to the quality of life of Kenyan women, their households and communities, and frustrates the realization of development objectives, such as the Vision 2030 and the Millennium Development Goals (MDGs) among others.⁽²⁾

If Kenya is to attain its target total fertility rate of 2.6 by 2030, as stated in the 2012-2030 Population Policy for National Development, more effort is needed to address the unsustainably high fertility rates in different parts of the country. With fertility rates that are higher than the national average, Busia and Siaya are among counties in Kenya that present unique challenges with respect to strategies for ensuring that fertility does not outpace available resources. Fertility trends in such counties point to distinctive regional trends that raise urgent need for policies and programs that are context-specific.



Eliminating unmet need for FP is an essential step towards reaching Vision 2030, helping Kenya transform itself into a globally competitive, newly industrializing, middle income country that provides a high quality of life to all of its citizens in a clean and secure environment.¹



Fertility Trends by Region, 1989-2009

Province	Total Fertility Rate					Fertility status
	1989	1993	1998	2003	2009	
Nairobi	4.2	3.4	2.6	2.7	2.8	Stalled
Central	6.0	3.9	3.7	3.4	3.4	Stalled
Eastern	7.2	5.9	4.7	5.1	4.4	Declining
Rift valley	7.0	5.7	5.3	5.8	4.7	Declining
Coast	5.4	5.3	5.0	4.9	4.8	Declining
Nyanza	6.9	5.8	5.0	5.6	5.4	Stalled
Western	8.1	6.4	5.6	5.8	5.6	Stalled
Kenya (total)	6.7	5.4	4.7	4.9	4.6	Stalled

To reach target TFR of 2.6 by 2030, intensified efforts needed on areas with very high fertility rates

Source; 1989, 1993, 1998, 2003 and 2008/09 KDHS

Modern family planning methods offer couples the opportunity to space childbearing and have the number of children they want. Effective family planning does not only foster significant reductions in the number of unintended pregnancies in Kenya, it also has immense lifesaving benefits, including the prevention of maternal and child deaths.⁽³⁾



“Countries that invest in FP can reap immediate health benefits, investment saving in the health and education sector, and social and environmental benefits that extend beyond a single generation³”

“Promotion of FP in countries with high birth rates has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling, and long-term environmental sustainability.⁷”

A resident of Busia County in Western Kenya undergoes a Jadelle implant insertion procedure at a health center.

Why Invest in Family Planning?

1. A more significant investment in FP will help governments get closer to achieving development goals such as the Vision 2030 and the MDGs.
2. More focus on FP will lead to reduction in maternal, infant and child mortality. About 13 percent of maternal deaths in Kenya are said to be as a result of unsafe abortions, a situation that could be averted if women were to have wanted and timed pregnancies.⁽⁴⁾ Reduction in the number of unintended pregnancies would also reduce the number of high-risk births.⁽⁵⁾
3. Reduced pressure on the health system: Each year about 20,000 women in Kenya are admitted in hospital as a result of complications from unsafe abortion.⁽⁶⁾ By reducing the number of people

requiring such services as post-abortion care, less pressure is put on the health system. The rate of new HIV infections can also be significantly reduced through correct and consistent use of condoms, thus easing the pressure on health facilities.

4. Investing in FP can result in large savings in the health and education sectors: By averting unintended pregnancies, there would be fewer people in need of health services, water and sanitation, education and other social services, and as a result governments would reap health education and other economic benefits. With a population growth rate above 2 percent, it will be difficult for the Country's institutions and technologies to keep up with the population pressures on all sectors of the economy.⁽⁷⁾

Policy Recommendations

What do Governments Need to do?

- Allocate more resources to FP and ensure that the resources are used effectively in order to cater for adequate human resources for health, wider range of FP methods in facilities, adequate supply of essential equipment for FP and availability of commodities in facilities.
- Include FP in the County Development Agenda
- Advocate for FP by urging members of the communities to embrace positive attitudes to FP and shun socio-cultural practices that favor early marriages and large family size.

References and Further Reading

1. KNBS and ICF Macro (2010). Kenya Demographic and Health Survey, 2008–09. Calverton, Maryland: Kenya National Bureau of Statistics and ICF Macro.
2. Mumah J, Mukiira C, Kabiru C, Mutua M, Izugbara C, Birungi H. and Askew I. (2014). Determinants and Consequences of Unintended Pregnancy in Kenya: A Country Profile [Draft], Nairobi: African Population and Health Research, Inc.
3. Smith R, Ashford L, Gribble J, and St Clifton D. (2009). Family Planning Saves lives. Washington, DC: Population Reference Bureau.
4. National Coordinating Agency for Population and Development (NCAPD). (2010). Fulfilling Unmet Need for Family Planning Can Help Kenya Achieve Vision 2030. NCAPD Policy Brief No. 13. Nairobi.
5. Moreland S, and Talbird S. (2006). Achieving the Millennium Development Goals: The Contribution of Fulfilling the Unmet Need for Family Planning. Washington, D. C.: USAID
6. World Bank. (2009). World Development Indicators. Washington, D.C.: The World Bank.
7. Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, and Innis J. (2006). “Family Planning: The Unfinished Agenda,” The Lancet 368 (9549): 1810–1827, p. 1811

Since 2009, the African Population and Research Center has been leading a collaborative community-based family planning initiative in Western Kenya. Other Partners in the project include Marie Stopes Kenya, Family Health Options of Kenya, Great Lakes University of Kisumu in collaboration with the Ministry of Health. Additional information about this initiative may be obtained from www.aphrc.org

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