



Does the Urban Disadvantage Still Hold? Have the Lives of Nairobi's Urban Poor Improved?

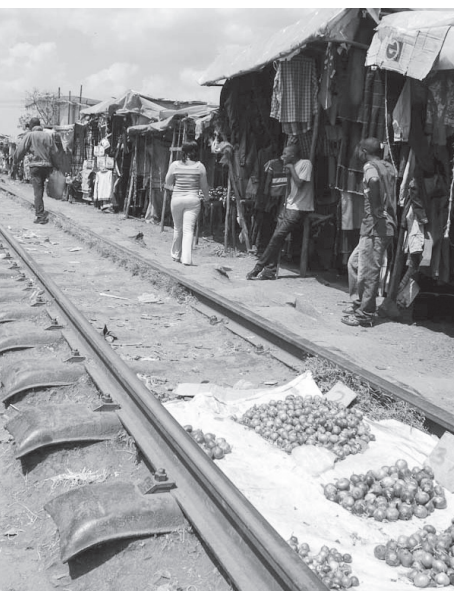
State of the Urban Poor Fact Sheet #1

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Comparing Key Findings of the 2012 Nairobi Cross-sectional Slums Survey to the 2000 Nairobi Cross-sectional Slums Survey and the 2008-9 Kenya Demographic Health Survey

The Nairobi Cross-sectional Slums Survey of 2000 (NCSS 2002) documented the living conditions and health risks of the urban poor in Kenya. It brought to light for the very first time, the plight of slum residents highlighting: their limited access to education, health care, reproductive health and family planning services; the debilitating environment including inadequate access to water and sanitation, poor housing conditions, poor livelihood opportunities; and the near absence of the public sector. This pivotal report drew national and global attention to the living conditions of the urban poor in slum communities and resulted in concerted efforts to address the economic and health challenges of the most deprived in the cities.

In 2014, the second Nairobi Cross-sectional Slums Survey (NCSS 2012) takes stock of the changes since 2000 and highlights marked improvements in environmental, health, and educational indicators among the urban poor due to substantial attention and resources invested by local and national governments and development partners as well as the global push for achievement of the Millennium Development Goals (MDGs). However, the improvements are not uniform, with slum residents remaining generally disadvantaged in comparison to the rest of Nairobi and Kenya. The current report provides valuable perspective on existing and new areas of focus so that we might improve the wellbeing of the urban poor.



Have investments in the past decade by the government and its development partners improved health and economic outcomes for the urban poor?

- 👍 Improved school participation.
- 👍 Improved water and sanitation.
- 👍 Sexual and reproductive health.
- 👍 Decrease in multiple sexual partnerships.
- 👍 Delayed sexual initiation.
- 👍 Increased CPR among married women.
- 👍 Increased HIV testing.
- 👍 Increased number of children fully immunized.
- 👍 Decreased child mortality.
- 👍 Increased health facility deliveries.
- 👍 Security concerns declined.
- 👎 Unemployment among women remains high.
- 👎 Persistent gender gap in educational attainment at older ages.
- 👎 Persistent unmet need for contraception.
- 👎 Low contraceptive prevalence rate among young women.
- 👎 Wide disparities in child mortality and immunization across areas of residence.



Education and Employment

- 👍👎 The urban poor experienced substantial improvements in educational attainment but relative disadvantage compared with the rest of Nairobi.
- 👍 Narrowing in educational attainment gap between male and female school-age residents.
- 👍 Increasing numbers of young people completing secondary or higher education.
- 👎 Worsening unemployment rates for all regardless of educational attainment.

Recommendation: Government employment policies geared toward slum residents can significantly help alleviate the glaring poverty among the urban poor in slum areas.

Water and Sanitation

- 👍 Dramatic fall in purchase of drinking water and huge increase in access to piped water from public taps.
- 👍 Increasing use of flush toilets and decreasing use of traditional and ventilated pit latrines.

Recommendation: Improved access to sanitation has a positive impact on child health outcomes in slums. However, lack of water to keep toilets clean, the sharing of toilets by many households, and the increasing concern relating to poor drainage may negate any potential health gains from the use of flush toilets. Addressing the twin issues of water supply and poor drainage that exposes slum residents to major health risks, shall lead to improved health conditions of the population in the slums.

Sexual Reproductive Health

Delayed Sexual Initiation

- 👎 Sexual debut is one year earlier in slums (18 years) compared with Nairobi (19 years).
- 👍👎 Increasing age at first marriage from 20.2 years in 2000 to 22 years in 2012, which means the mean age difference age at first sex and marriage is about four years.
- 👎 22 years at first marriage is still two years earlier than in the rest of Nairobi at 24.2 years.

Demand for Family Planning Services

- 👍 The urban poor experienced a fertility decline, dropping from 4.0 to 3.5 children per woman between 2000 and 2012.
- 👎 1 in 4 slum women have an unmet need for contraception compared with 1 in 6 women living in Nairobi.
- 👍 Women used modern contraceptive methods (from 32% to 40%) at higher rates.
- 👍 More married women utilize modern family planning than sexually active unmarried women. Since 2000, there has been a substantial increase, from 39% to 53% in 2012, while among sexually active unmarried women only a 5% increase is observed (from 32% to 37%).
- 👎 Young sexually active unmarried women performed poorly on most indicators compared with other groups.
- 👍 Drastically increasing demand for family planning services relative to the national average (66% in 2000 to 78% in 2012).

What's the Nairobi slum-dweller's most pressing need?

- 👎 In 2012: Lack of drinking water and poor drainage/sewerage.
- 👎 In 2000: Lack of jobs, proper housing and affordable water supply.

Recommendation: Target sexually active unmarried women, majority of who are under age 25 years, with information and services, as they remain exposed to adverse reproductive health outcomes, such as unintended pregnancy. Increase family planning programs focusing on women living in slum settlements, especially those with little or no formal education and or from certain religious groups.

HIV/AIDS and Other Sexually Transmitted Infections

- ✔ Mobile clinics are emerging as an important modality for people to be tested and give advantage to the urban poor nationally.
- ✔ Significant increase in the proportion of people who have been tested for HIV.
- ✔ The greatest proportion of urban poor gets HIV/AIDS testing and counseling in public facilities.
- ⚠ HIV/AIDS infection is less of a concern, especially among women aged 35-49.
- ⚠ The higher the educational level of a person, the better informed they are on Sexually Transmitted Infections. Women with no formal educational were the least knowledgeable.
- ⚠ Radio and community meetings are the main sources of information on HIV/AIDS.

Recommendation: Specifically targeting vulnerable groups for testing has seen great success and should be continued. Therefore, scaling up mobile prevention campaigns undertaken by various non-governmental organizations (NGOs), availability of cheaper treatment, and government policies raising awareness about the consequences of the disease that have resulted in HIV/AIDS being the least reported problem of slum residents in 2012, especially among women aged 35-49.

Risky Sexual Behavior

- ✔ Increase in women with no sexual partners in the year preceding the survey (29% to 58%).
- ✔ Overall decreasing proportions of women with multiple sexual partners.
- ⚠ However, more married and unmarried women in slums have multiple sexual partners in comparison to other parts of Nairobi and Kenya as a whole (69% and 31% more likely to have multiple sexual partners).

Recommendation: Discouraging multiple sexual partnerships can significantly reduce HIV/AIDS prevalence in the country. Multiple sexual partnerships are one of the major drivers of HIV/AIDS epidemic in Kenya.

Maternal and Child Health

Delivery in Health Facilities

- ✔⚠ Nearly all (96%) mothers in slums obtain antenatal care services from a health professional. However, the majority started making antenatal visits in their second trimester.
- ✔ Increased delivery in health facilities (from 52% to 81%).
- ⚠ Children born in slums have lower birth weights.

Infant and Child Mortality

- ✔ Substantial decline in infant mortality (from 88 deaths to 39 per 1000) and under-five mortality (from 136 to 79 deaths per 1000).
- ✔ Child mortality rates in the slums declined by almost half, while the gap between slum and non-slum areas also gradually shrank.
- ⚠ Gender disparities in child survival remained, with female children being at greater disadvantage than males.

Child Morbidity

- ⚠ Infants aged under six months (32% compared with 65% for those aged 24-35 months) and children of higher-order births (42% compared with 67.9 % for first-order births) are the least likely to be taken to a health facility for treatment. This is an issue of concern that might lead to higher infant mortality in these sub-groups.
- ⚠ Prevalence of bloody diarrhea is higher in slums (8%) than in Nairobi (0.6%) and the country as a whole (3.3%). For infants under six months, this may be related to introduction of complimentary foods before the recommended six months of age, which could lead to increased exposure to pathogens.



Immunization Coverage

- 🚩 Low immunization coverage for all recommended vaccines.
- 🚩 Only 45% of children are fully immunized by 12 months old, falling far short of the recommended 85% coverage.

Recommendation:

- Increase the positive trends in childhood mortality that can be attributed to the increase in health facility deliveries, improved household access to sanitation and increased access to treatment for childhood fever.
- Overall, the area-differentials suggest the need for more targeted design, implementation and monitoring of interventions aimed at improving child survival in informal settlements.
- Devise ways to maximize coverage by introducing mobile units to bring the services to the communities, as this would reduce dropout of children as has been successfully conducted during national immunization days.
- Community education on hygienic handling of a children's food and support for exclusive breastfeeding is needed along with information, education and communication campaigns on proper management of diarrhea.

Young People in Nairobi's Informal Settlements

Young People's Education

- 👍 Increasing proportion of young people with secondary or higher levels of education (27.8% to 48.8% for females and 34.4% to 52.0% for males).
- 🚩 Disparities in educational achievement between young slum residents and their non-slum counterparts, which highlights the relative disadvantage faced by the former.
- 🚩 School fees are a major reason for school dropouts.

Recommendation: Provide free primary education resources to informal schools in slums to increase access to quality education for young slum residents.

Substance Abuse Among Young People

- 👍 Declining alcohol and drug use particularly among males although just over a quarter of young males aged 20-24 report at least one episode of drunkenness in the past month and about a fifth of males in the same age group report illicit drug use.
- 🚩 High level of alcohol and drug use among orphaned young males indicates the vulnerability of this specific group.

Recommendation: Develop programs that help young people positively cope with adverse events that predispose them to substance abuse.

Risky Sexual Behavior Among Young People

- 🚩 Young people begin having sex earlier than their counterparts in other parts of Kenya.
- 🚩 Young slum males are three times as likely to have had two to three sexual partners compared with their male counterparts in Kenya. Young females are about twice as likely.
- 👍 Higher contraceptive use among slum dwelling youth compared to young people in Kenya as a whole.
- 👍 Declining unintended pregnancies from 51% to 42% attributed to increased investments of schools, teachers, health workers, and sexual and reproductive health programs in slums as well as increased levels of contraceptive use.
- 🚩 Muslim youth are particularly disadvantaged with respect to contraceptive use and unintended pregnancies.

Recommendation: Programs to provide young people with sexual and reproductive health information and services should be sustained. Address structural factors, such as poverty, that drive poor sexual and reproductive health outcomes.



Conclusion

The absolute number of urban poor will continue to grow. Therefore, sustained investments in improving the lives of urban dwellers, particularly the most vulnerable, are critical to meeting local national development goals.



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This **State of The Urban Poor Fact Sheet** is based on the **Population and Health Dynamics in Nairobi's Informal Settlements: 2014 Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012**

For a full copy of the report please visit www.aphrc.org or contact the APHRC Communications Manager at info@aphrc.org.

