Appendix C

Record Population Growth Persists in Kenya

In 1966 Kenya became the first country in sub-Saharan Africa to officially recognize the effects of rapid population growth on social and economic development. Although various private organizations had been providing family planning services without official consent for more than a decade, it was not until the 1966-70 5-year development plan that the government called for a reduction in the rate of population growth and the increased availability of family planning services at its hospital and health centers. Forty such clinics had become operational a year later.

Because the official aim was to reduce infant mortality and provide voluntary family planning services, no growth or birth rate targets were set, but ensuing 5-year development plans (1970-74 and 1974-78) increasingly emphasized the role of population growth in meeting long-term development goals. The most recent plan called for a reduction in the growth rate to 3.3 percent by 1980. Yet Kenya's current growth rate of close to 4 percent is now the world's highest. Its continuation would result in a doubling of the country's population within 18 years.

A 5-year $40 million integrated Maternal and Child Health/Family Planning Program was a major focus of the 1974-78 development plan. It was designed to promote maternal and child health and strengthen the entire health delivery system in support of the government's position on the relationships between reductions in child mortality and morbidity and reduced fertility (4). The current 1979-83 development plan, which continues to recognize population growth as a major development constraint, for the first time incorporates recently gathered population data in efforts to deal with such problems as urban to rural migration, unemployment, and economic growth.

Kenya's President Daniel Arap Moi, unusually outspoken on the subject of his country's rapid population growth, has set a target of 4.7 children per Kenyan family by 2000. Although the country's leaders have cautiously proclaimed their support, a wide range of cultural factors stand in the way of a rapid deceleration in Kenya's population growth rate.

National and international assistance

Large dollar amounts ($9.8 million in 1978) from a multiplicity of external sources have been spent for population assistance to Kenya in recent years. Twenty-four separate donors designated funds for a variety of family planning activities between 1967 and 1977; the major donors and areas of assistance are shown in table C-1. The Government of Kenya has also contributed substantial sums of its own—approximately $2.5 million in 1978–to family planning efforts. The 1974-78 development plan, as table C-2 demonstrates, was the watershed period for coordinating national and external population assistance in

Table C. I.—External Assistance to Kenya; Functional Support by Agency, 1967-77

	Purpose			
	Research	Training	IEC	FP services
Multilateral				
UNFPA	X	X	X	X
WHO	X	—	—	—
UNICEF	—	—	—	X
World Bank	X	—	X	X
Bilateral				
United Kingdom	X	—	—	X
Denmark	—	X	—	X
Germany	—	—	—	X
Norway	—	—	—	X
Sweden	—	X	X	X
AID	X	X	X	X
Nongovernment				
AVS	—	—	—	X
FPIA	X	X	X	X
IPPF	—	X	X	X
WFS	X	—	—	—
YMCA	—	—	X	X
World Neighbors	—	—	X	X
OXFAM	—	—	—	X
Ford Foundation	X	—	—	—
Rockefeller Foundation	X	—	—	—
Pathfinder Fund	—	—	—	X
Population Council	X	X	X	X

SOURCE: UNFPA, Kenya, Report of Mission on Needs Assessment for Population Assistance Report No. 15, June 1979.

Table C-2.–Development Plan, 1974-78

Source of assistance	Millions	Purpose
Government of Kenya	$14.3	Personnel, operations, capital, research
World Bank	12.0	Construction of centers vehicles
Sweden	5.4	Training, construction, salaries
AID	3.6	Personnel, training, commodities
UNFPA	3.5	Advisors, equipment, research
Germany	0.9	Training
Denmark	0.6	Training
Total	$40.3	

SOURCE: Office of Technology Assessment.

initiating Kenyan population and development efforts.

AID has contributed substantial amounts to Kenya's program through bilateral funds and nongovernment intermediaries. Family Planning International Assistance (FPIA) has worked with Kenya's Ministry of Education in developing family planning educational materials, and the Association for Voluntary Sterilization (AVS) has provided surgical sterilization equipment for women, to cite two examples. The largest private donor has been the International Planned Parenthood Federation, (IPPF) which in 1979 contributed $994,000.

International population assistance to Kenya in recent years has resulted in substantial per capita totals. During calendar year 1977 Kenya received 47 cents per person from international donors, an amount which rose to 61 cents per person in 1978—one of the highest per capita amounts ever given to an LDC (see table C-3).

The data in table C-4 illustrate the extent to which external assistance has focused on family planning services during the last few years. These services have included contraceptive supplies, delivery systems, and, in some cases, funding for health clinics and salaries for personnel.

Despite a continuing large flow of dollars into the country and a high level of cooperation and coordination among donors, little progress in reducing birth rates has been made during the 13-year span of official government efforts. The attention of both external donors and the Kenyan government has now begun to focus on the disparity between the actions thus far taken to curb the country's population growth and the results obtained.

Effect of family planning program

By the end of the 1974-78 Development Plan, there were 505 integrated maternal and child health/family planning clinics in operation. Although the cofinanced, integrated program had expanded the number of clinics, because of Kenya's infrastructure and development planning problems they were unevenly distributed throughout the country and women were often required to travel great distances to obtain contraceptive supplies. The Government's original targets for establishing contraceptive use had not been met and had to be readjusted. The dropout rate was very high: only 18 percent of women who began using oral contraceptives in 1967 were still using them 1 year later. The reasons most often cited for Kenya's program failures were the inadequacy and unavailability of services, and a lack of demand for supplies and services.

Clearly, national and international interventions to reduce birth rates have not yet been effective. In 1965 the birth rate was 50.2; by 1980 it had dropped only to 49.o. The contraceptive prevalence rate of 9 percent is unusually low for a country with an established population policy, a longstanding family planning program, and a substantial inflow of population assistance funds.

Data from the World Fertility Survey (WFS) reveal that today's generation of women of reproductive age are having as many children as their mothers did. The total fertility rate in 1969 was 7.6 births per woman. In 1980 this rate among married women of reproductive age in Kenya had risen to 8.1, a current world record. An unusual aspect of this high fertility was revealed by the 1977-78 Kenya Fertility Survey, which found that 90 percent of these births were desired by the mothers. Only 17 percent of female respondents said they wanted no more children; the comparable average from WFS countries is 50 percent.

Table C-3.—External Dollar Flows for Population to Kenya by Agency, 1977-78 (in thousands)

	Bilateral		Multilateral			
	United States	Other MDC	UNFPA	IPPF	Other NGO	Total
1977	$1,161	$4,114	$1,112	$ 843	$ 278	$7,508
1978	$1,341	$3,702	$ 658	$1,160	$2,927	$9,788

SOURCE: UNFPA Fact Sheets, 1977, 1978.

Table C.4.—Sectoral Breakdown of Population Assistance to Kenya, 1977.78 (in thousands)

	Family planning services	IEC activities	Training and research	Population policy	Data	Total
1977	$7,121	$174	$67	$0	$80	$7,508
1978,	$9,389	$63	$139	$19	$188	$9,788

SOURCE: Office of Technology Assessment.

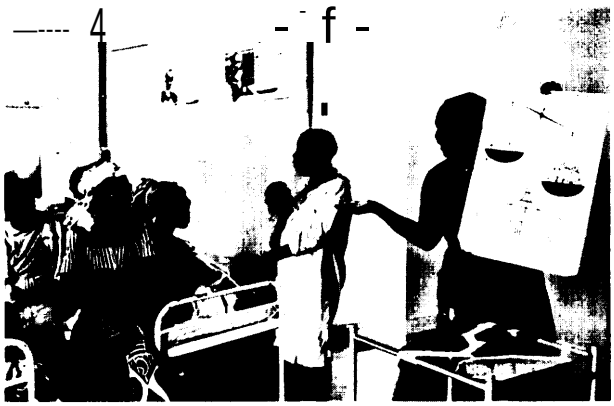


Photo credit: World Bank

Family planning instruction is part of the regular routine at Machakos Hospital, Kenya

The country's high birth rate has also persisted despite a reduction in infant mortality. This decline in infant deaths has increased Kenya's dependency burden; half of the population is now younger than 15 years of age. If the present birth rate continues, the number of dependent primary-school age children (6 to 13), which in 1975 was 2.6 million, would reach 8.5 million by 2000. The rapid rise in numbers of Kenyan children is shown in figure C-1.

Development activities have historically been weak in Kenya, but the political and cultural pressures that motivate people to have children appear to play a central role in Kenya's persistently high growth rate.

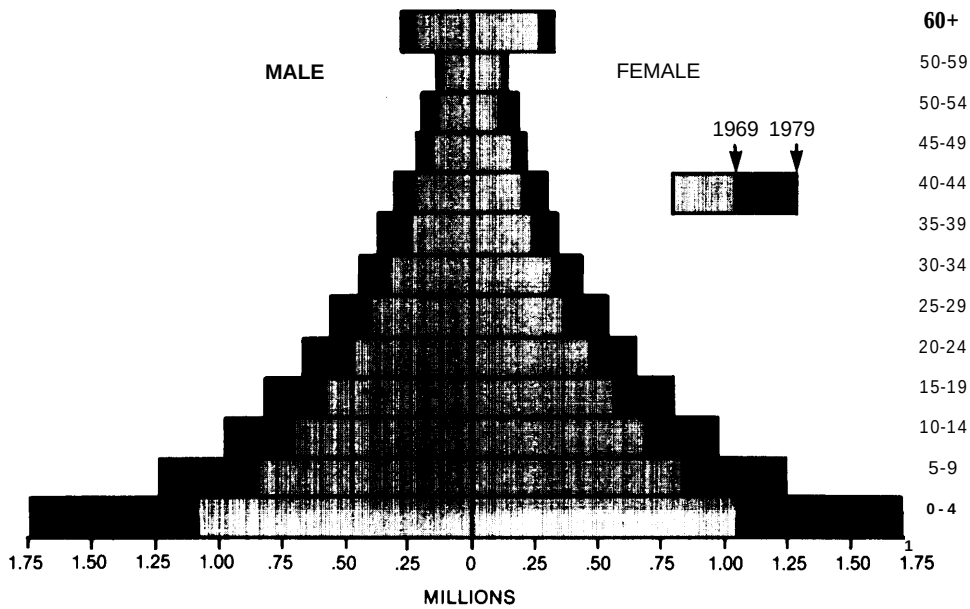
Influence of cultural and political factors

The cautious tone that pervaded official Kenyan response to early offers of foreign population assistance stems from the country's closely connected culture and politics, and the omnipresent strength of tribal loyalties. The Kikuyu and Luo tribes, which dominate the political scene and set national policy, have often been accused of promoting family planning to reduce the numbers of rival tribes while maintaining an "undeclared" pronatalist policy for their own people. While disclaimers abound, a tribal "pecking order"—a kind of caste system—in which overall strength is judged by sheer numbers of people, appears to prevail. The Kikuyu and Luo have two of the highest overall growth rates of Kenya's major tribes.

It is generally agreed that people in LDCS, as elsewhere, despite government proclamations and pressures at the community (or tribal) level—whether pronatalist or antinatalist–tend to try to do what is best for themselves. In Kenya it still appears to be in the best interest of the individual to desire, and produce, a large family.

Eighty percent of the people still depend on agriculture for their livelihood, and women are faced with most of the field work and all of the household chores. The rural women's workload has tradition-

Figure C-I.– Kenya's Population Age Structure in 1969 and as Estimated for 1979



SOURCE: Mott, F. L. and S. H., "Kenya's Record Population Growth: A Dilemma of Development," *Population Bulletin*, vol. 35, no. 3, October 1980.

ally risen when husbands and older sons migrated to follow crop seasons or to find grazing lands for herds. Now economic development and increasingly scarce agricultural land are also drawing rural Kenyans to urban and cash crop areas in search of jobs,

Men continue their almost total domination of Kenyan political and social life, and some one-third of all marriages are still polygamous unions. Because few Kenyan women have access to paying jobs outside the home, status for women can generally be obtained only through the political, occupational, or family status of their husbands, or through their children. Thus large numbers of children not only give a woman more helping hands but increase her status in the eyes of her husband. Having a large family can both ease a woman's overall workload and (in the case of smaller tribes) increase the probability of offspring marrying into a tribe with greater political and economic strength. When her husband precedes her in death (Kenyan women on average live longer than men), she must depend on sons for support because land is nearly always passed through the male line. To be sure that her children are old enough to support her when she becomes a widow, it is to her advantage to marry and begin childbearing at an early age. The average age at marriage of rural women surveyed in the Kenya Fertility Survey was between 17 and 18.

A recent bill that would have given wives in polygamous unions equal property and inheritance rights was soundly defeated in the Kenyan Parliament, where it was denounced as un-African and culturally unacceptable. In short, from the individual perspective, there appears to be little reason for a rural Kenyan woman to want to limit her family size, given her need to labor in both field and household, her hope for security in old age, and her desire for social status.

This picture may be changing for particular groups of women, however, as lower fertility rates have recently been noted among more educated women and those residing in the urban areas of Nairobi and Mombasa, where there are fewer barriers to acquiring contraceptive information and services. But women who live in cities or who have secondary educations are a very small proportion of the total population; only about 12 percent of the women covered in the Kenya Fertility Survey had gone beyond 8 years of school. Although girls have gained significantly in recent rises in primary school enrollment, they remain far less likely to attain the secondary school level, where educational gains translate into significant fertility declines. Their involvement in modern employment is also negligible, and the pace of their entry into nontraditional jobs is expected to be slow, as opportunities will fall far short of the large numbers of young women entering adulthood.

The demographic objectives of the current 1979-83 National Development Plan again stress the government's intention to reduce Kenya's rate of population growth, and to work toward bringing the age structure into balance by 2000. Encouragement of child spacing and reduction of infant mortality are family planning program priorities. The government has also concluded that information, education, and communication activities must be expanded beyond the realm of the Ministry of Health. Kenya's leaders are now voicing the belief that future population assistance and family planning programs will have to take greater account of fertility-related attitudes and the role of women in the family planning decisionmaking process.

Yet the extent to which these factors can realistically be addressed in Kenya is a controversial topic. The importance of recognizing individual needs in the structuring of Kenya's development programs is clear, but the momentum of today's record-breaking growth rates is likely to substantially delay the achievement of the country's development goals.

Appendix C references

1. Mott, F. L. and S. H., "Kenya's Record Population Growth: A Dilemma of Development," *Population Bulletin,* vol. *35, No. 3,* Population Reference Bureau, October *1980.*
2. UNFPA Fact Sheet, Report *on* Population Assistance, 1971-78.
3. UNFPA, *Inventory of Population Projects in Developing Countries Around the World, 1978/79.*
4. UNFPA, Kenya, Report of Mission on Needs Assessment for Population Assistance Report No. 15, June 1979.
5. U. N., Department of International Economic and Social Affairs, Population Division, 1979, World Population Trends and Prospects by Country, 1050-2000, Summary Report of the 1978 Assessment (New York: U.N.).
6. World Bank, *Population and Development in Kenya,* report No. 2775-KE, March 1980.