STATE OF KENYA POPULATION 2011
Kenya’s 41 Million People: Challenges and Possibilities

National Coordinating Agency for Population and Development (NCAPD)
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List of Abbreviations and Acronyms

AIDS  Acquired Immune Deficiency Syndrome
CBS   Central Bureau of Statistics
CEDAW Convention on the Elimination of all forms of Discrimination Against Women
FGM   Female Genital Mutilation
FHI   Family Health International
FP    Family Planning
FSD   Final Sector Deepening
GoK   Government of Kenya
HIV   Human Immuno-Deficiency Virus
ICPD  Internation Conference on Population and Development
IOM   International Organization for Migration
ILO   International Labour Organisation
KDHS  Kenya Demographic Health Survey
KIHBS Kenya Integrated Household Budget Survey
KENSUP Kenya Slum Upgrading Programme
KPHC  Kenya Population and Housing Census
MDGs  Millennium Development Goals
NCAPD National Coordinating Agency for Population and Development
Oxfam GB Oxfam Great Britain
RoK   Republic of Kenya
RQAN  Return of Qualified African Nationals
SID   Society for International Development
TFR   Total Fertility Rate
UNHCR United Nations High Commission for Refugees
UN-HABITAT United Nations Agency that oversees United Nations Programmes on Housing and Settlement
UNFCA  United Nation Population Fund
Kenya has been taking the global theme on Population seriously since the year 2008 and publishes a State of Kenya Report. The 2011 State of the World Population Report focuses on the challenges and opportunities presented by a world of 7 billion.

This report presents the analysis of the opportunities and challenges facing around 41 million Kenyans today. It aims at informing the government, civil societies, individuals and the entire spectrum of stakeholders, challenges and opportunities that Kenya has and suggest ways of how to address these challenges.

Kenya’s population grows by nearly 1 million every year. The rate of population growth and the structure of the population are of importance to the attainment goals since people’s needs and challenges vary by age. One of the critical concerns is the reproductive health status of the population. It is a pity that nearly 7,500 women die every year as a result of pregnancy related conditions while 1.8 million currently married women have unplanned births every year.

For Kenya to achieve the Vision 2030 and the Millennium Development goals, it is necessary for individuals and all stakeholders to re-think on how to achieve universal access to reproductive health and therefore meet the demand for family planning.

I wish all the stakeholders the very best as they endeavour to rally every member of society to support some of the actions presented in this report.

Dr. Boniface O. K’Oyugi, MBS
Director General
National Coordinating Agency for Population and Development

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Every year UNFPA publishes the State of World Population report which is launched in all countries including Kenya. In 2011, the State of the world Population report will be analyzing the challenges and opportunities presented by a world of 7 billion. The population issues being presented by the 7 billion people largely mirror the issues being experienced in Kenya. This report presents the state of Kenyan population particularly the challenges and opportunities that are presented by the 41 million people in Kenya. This report is divided in 8 chapters namely: population dynamics, poverty and inequality; women and girls; youth; reproductive health and rights; environmental sustainability and food Security and migration and urbanization.

The major source of population change in Kenya has been due to changes in birth and death rates. The initial rise in population growth rate was attributed to high and rising fertility with rapidly declining mortality rates. The peak change occurred between the 1970s and 1980 when birth rates rose to the highest levels on one hand, and death rates to the lowest levels on the other. It is this period when Kenya marked the highest rate of natural increase. Currently, the population grows by nearly 1 million every year. The high growth in the past has produced a predominantly youthful population. The rate of population growth and the structure of the population are of importance to the attainment of both national and global development goals since people’s needs and challenges vary by age.

Population growth, poverty and inequality are interrelated. The single most important challenge facing Kenya 48 years after independence is breaking the grip of poverty. Nearly 18 million (out of 40 million) people are living in poverty. In addition, 10 percent of the population earns 43 percent of the income, making Kenya one of the very unequal countries in the world.

Improving the well being of all Kenyans require that development objectives mainstream gender concerns since women and girls constitute half of the total population. Realizing potential of women and girls requires the full integration of the needs of women and girls into the development strategies, planning, and decision making at every level. This is however constrained by their limited access to education and training, health especially reproductive health services, productive resources like land and capital, gender discrimination in the work place against women and hence their concentration in the low paying occupations, persistence of harmful cultural practices, limited
representation in public life as well as inadequate institutional mechanisms to mainstream gender issues in the relevant areas of development.

The extent to which couples are able to exercise their reproductive rights determines to a large extent, the reproductive health status of the population. It has been noted that: poverty, lack of education and information, in adequate access to health and related social services compromise to a large extent the reproductive health of women and their children. Infant and under-five mortality and maternal mortality are generally regarded as the best expression of the reproductive health status of the population. The current levels of maternal mortality indicate that there are nearly 7,500 women who die every year as result pregnancy related conditions. There are approximately 1.1 million currently married women in Kenya who have unmet need for contraception. Similarly, nearly 1.8 million currently married women have unplanned births every year. Slightly over 7 out of every 10 women have risky birth.

The trends in population growth and the high rate of urbanization compared to the economic growth rate will on the future have significant impact on natural resource base, environmental degradation and food security.

In an era of rapid globalization, human migration has evolved into a dynamic phenomenon with respect to the multitude of factors contributing to the migration of unparalleled numbers of migrants across immense geographical trajectories.

On the basis of the highlighted concerns on population situation in Kenya, the following are the highlights of some of the recommended actions:

- Enact the relevant legislation to implement the health rights clauses of the Constitution and promote civic education and dissemination of information on reproductive health to increase awareness of these issues among people of all ages, and especially among youth;
- Promote the education and awareness campaigns on population growth management in order to maintain sustainable growth rates in accordance with the environmental capacity for sustaining the society needs;
- Address both the regional disparities and disparities between certain vulnerable population groups in all aspects of poverty reduction;
- Create and sustain opportunities for youth to realise their full potential, increase their participation in socio-economic development activities and improve their access to services that promote their well-being;
Integrate interventions on population growth, poverty and inequality issues since they are interrelated;

Support modalities for improving evidence base in policy making and programming at all levels;

There is need to ensure that all stakeholders implement the action plans and activities as outlined and envisaged in the National Reproductive Health Strategy of 2009-2015 and the national Road Map for accelerating the attainment of the MDGs related to maternal and newborn health of August 2010.

Enhance awareness on the urgency to integrate food, population and environmental concerns in development planning and

Environmental protection and economic needs must be addressed together.
1.1 Introduction
Due to the increasing complexity of modern society, it is becoming ever more important to be able to measure accurately all aspects of change in the size and composition of a population at different points in time. The term ‘population dynamics’ is simply the mechanisms by which population changes over time. There are three elements of population dynamics: first, fertility – the actual reproductive performance of an individual, a couple, a group or a population; secondly, mortality denotes deaths as a component of population change that subtracts whatever population exists on account of fertility; and finally, migration which is the spatial mobility or geographic mobility by individuals that involves a change in usual place of residence across well-defined administrative boundaries.

1.2 Population Dynamics in Kenya
Kenya’s population has been changing over time in all respects – in terms of size, structure, and distribution. This justifies the need to review changes in the three elements of population dynamics with a view to understanding their likely impact on various aspects of human life in the near future.

1.2.1 Fertility
Kenya’s total fertility rate (TFR), a measure of the average number of children a woman will have over her lifetime, has been changing over time. It rose rapidly in the early 1970s to reach its peak at 8.1 – one of the highest in the world – then declined in the 1980s reaching a TFR of 4.7 in 1998. Since then, fertility increased slightly in 2003 and then decreased to 4.6 children per woman in 2008. Similar declines were observed across provinces, except in Nairobi where fertility increased slightly and in Central province where it stagnated.

1.2.2 Mortality
Overall, Kenya experienced a rapid decline in mortality in the 1970s and 1980s. However, there have been fluctuations in mortality since the 1990s. For example, the infant mortality rate declined from 119 deaths per 1,000 live births in 1969 to 88, and 66 in 1979 and 1989 respectively. By 2003, it had increased to 77 before declining...
similar concerns about the relationships between migration and development, including the ways in which both poverty and development can serve as stimuli for migration and shape the direction, volume and composition of migration flows. It is also equally important to acknowledge benefits of not only remittances and return migration, but also questions of skill drain from sending regions such as Kenya and the impact on the economy.

1.2.4 Population Size and Growth
The interplay of the three components of population dynamics have determined the size of population in Kenya and its rate of change, i.e. population growth. Kenya’s population increased from 28.7 million in 1999 to 38.6 million in 2009. Kenya’s population growth rate rose steadily from about 2.5 percent per annum in 1948 to around 3.8 percent per annum in the 1980s. Since then, the growth rate declined to the current level of 2.9 percent per annum. Currently, population increases by over 1 million people annually and will double by the year 2034. While the initial rise in population growth rate was attributed to high and rising fertility with rapidly declining mortality rates, the change in growth rate in the 1980s was attributed to declining fertility and mortality. Table 1.1 shows trends of some key population indicators since 1948.
Table 1.1: Trends in key indicators of population change since 1948

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<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate</td>
<td>6.0</td>
<td>6.8</td>
<td>7.6</td>
<td>7.9</td>
<td>6.6</td>
<td>5.0</td>
<td>4.6**</td>
</tr>
<tr>
<td>Crude birth rate (per 1000)</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>52</td>
<td>48</td>
<td>41.3</td>
<td>35**</td>
</tr>
<tr>
<td>Crude death rate (per 1000)</td>
<td>25</td>
<td>20</td>
<td>17</td>
<td>14</td>
<td>11</td>
<td>11.7</td>
<td>13</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000)</td>
<td>184</td>
<td>NA</td>
<td>118</td>
<td>104</td>
<td>66</td>
<td>77.3</td>
<td>52**</td>
</tr>
<tr>
<td>Population (millions)</td>
<td>5.4</td>
<td>8.6</td>
<td>10.9</td>
<td>15.3</td>
<td>21.4</td>
<td>28.7</td>
<td>38.6</td>
</tr>
<tr>
<td>Annual growth rate (% p.a.)</td>
<td>2.5</td>
<td>3.0</td>
<td>3.3</td>
<td>3.8</td>
<td>3.3</td>
<td>2.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Doubling times (Years)</td>
<td>27.7</td>
<td>23.1</td>
<td>21.0</td>
<td>18.2</td>
<td>21.0</td>
<td>23.9</td>
<td>23.1</td>
</tr>
<tr>
<td>Absolute increase per annum ('000)</td>
<td>135</td>
<td>258</td>
<td>360</td>
<td>581</td>
<td>792</td>
<td>850</td>
<td>992</td>
</tr>
</tbody>
</table>


** KNBS and ICF Macro (2010)

The major source of population change in Kenya has been due to changes in birth and death rates (particularly at infancy). The initial rise in population growth rate was attributed to high and rising fertility with rapidly declining mortality rates. The peak change occurred between the 1970s and 1980 when birth rates rose to the highest levels on one hand, and death rates to the lowest levels on the other. It is this period when Kenya marked the highest rate of natural increase.

1.2.5 Population Structure

The population structure is of great interest because people’s social and economic behaviours and needs vary at different ages of

Figure 1.1: Kenya’s population, 2009 census
life, with varied impacts on socio-economic development. Figure 1.1 shows a population pyramid for the year 2009 that depicts the current distribution of people across age groups by sex.

It is evident that Kenya’s population is predominantly youthful. For example, 54 percent of Kenya’s population is below age 15 while those aged 15-35 years account for approximately 36 per cent of the total population, leading to high child dependency ratio. In addition, 48 percent of all Kenyan women are of reproductive age (15-49). Because so many young people have already been borne, the young age structure creates a powerful momentum for future population growth. Even if fertility declines rapidly among the next generation of parents, population growth will continue in the near future.

One of the most manifested outcomes of high population growth due to very high fertility in the last decade is the current large youthful population, often referred to as youth “bulge”. There is a general recognition that a nation’s youth can not only be a considerable resource for national development but, also a significant source of problems.

While the youth phenomenon has been the major challenge in Kenya, the flipside of it cannot be ignored – population aging. Table 1.2 shows some of the indicators of the population age 55 and above since independence. There has been a dramatic rise in the population age 55 and above to reach about 2.6 million in 2009 with an annual growth rate of about 4 percent per annum. Life expectancy at age 55 has been rising for females although the male pattern rose and then begun to decline. A woman who reaches her 55th birthday expects to live for another 24 years on average.

Table 1.2: Indicators of population age 55 and above since 1969

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Census Year 1969</th>
<th>Census Year 1979</th>
<th>Census Year 1989</th>
<th>Census Year 1999</th>
<th>Census Year 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size (millions)</td>
<td>0.8</td>
<td>0.9</td>
<td>1.4</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Percent of total population</td>
<td>7.4</td>
<td>5.3</td>
<td>6.5</td>
<td>6.2</td>
<td>6.8</td>
</tr>
<tr>
<td>Growth rate (% p.a.)</td>
<td>-</td>
<td>0.6</td>
<td>4.8</td>
<td>2.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Sex ratio</td>
<td>110</td>
<td>90</td>
<td>94</td>
<td>93</td>
<td>110</td>
</tr>
<tr>
<td>Life expectancy at age 55</td>
<td>Males</td>
<td>Males</td>
<td>Males</td>
<td>Males</td>
<td>Males</td>
</tr>
<tr>
<td></td>
<td>17.7</td>
<td>18.3</td>
<td>19.6</td>
<td>17.7</td>
<td>18.4*</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>Females</td>
<td>Females</td>
<td>Females</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td>19.1</td>
<td>19.6</td>
<td>21.7</td>
<td>23.1</td>
<td>24.0*</td>
</tr>
</tbody>
</table>

- *Projected*
1.3 Issues of Concern

The rate of population growth and the structure of the population are of importance to the attainment of both national and global goals (MDGs). Since independence, Kenya has grappled with the increasing demands for health care, education, housing, water and sanitation, and employment brought about by the rapid increase in the population. The rapid population growth has affected allocation of resources at the national and household levels in Kenya. If the current population growth is not balanced with physical and social resource consumption, the pressures of increased numbers of people on natural resources such as farmland and water will be unsustainable. For example, this dramatic population increase has had a pronounced and severe impact on the natural environment – and consequently on the climate. Intermittent drought and flooding experienced in many parts of the country, rapid rise and fall of temperatures, and major disruptions in agriculture are all related to climate change. Climate change in turn is also affecting the health of the population through water- and air-borne diseases, and by abetting multiplication of disease vectors such as mosquitoes.

The current population situation in Kenya, which is characterized by high fertility and mortality rates, high population growth rate, youthful age structure, and high dependency burdens, constitutes serious obstacles on efforts to eradicate poverty and ensure sustainable development. Reduction in poverty has remained the mainstay of many of Kenya’s economic policies since 1965. Currently, over four out of every 10 Kenyans live in poverty - with the number of the poor ever increasing. There is a wide and growing body of evidence in all developing regions showing that larger households have a much higher incidence of poverty. This is largely due to the increased dependency burden, where more family members must share a given level of resources, income and consumption. Although the causal links between population growth and absolute deprivation are not well understood, the reverse relationship - of poverty alleviation on fertility reduction - is widely accepted.

It is in line with this thinking that the Programme of Action of the 1994 International Conference on Population and Development in its section entitled “Population, sustained economic growth and poverty” (3.10-3.22) asserted that efforts to slow population growth and to reduce poverty are mutually reinforcing. However, the relationships between poverty and population growth are complex as both are a cause and consequence of the other. The linkages are multi-faceted and operate at the individual, household, community, and national levels. Poverty is not just an issue of income, but also an issue of access to social services, access to education, health, etc. Consequently, changes in fertility and mortality rates, and age composition of a given population are not only possible causes of poverty, but may also result from poverty situations.
The rising youthful population necessitates increased investments in basic social infrastructure and utilities, especially in rural areas. Such a youthful structure of the population demands additional focus on expansion of livelihood opportunities to cater for the increasing number of youth. Among the consequences of a youthful population that are of concern include: youth populations are just at the beginning of childbearing and are mainly responsible for population momentum; the growing youth demographic is also manifested in demand for employment (e.g. nearly 500,000 young people enter the job market in Kenya annually); majority of urban dwellers are in the age group 25-29 – typically fuelled by rural-urban migration; and recent studies show that youth bulges could be associated with high risk of outbreaks of civil conflicts.

The most critical concern with the ever growing youth population is the evidence establishing a direct link between societies with large proportions of young people and political and social violence, especially when employment prospects are severely limited. Many cities in the developing countries often lack the infrastructure and resources to support large bursts of population growth, yet more and more rural youth keep moving to cities in search of employment only to find inadequate economic opportunities. The resultant effect is a false expectation that the educational opportunities afforded by recent development progress means there are more skilled workers than available prospects for employment because there is fundamental disconnect between demand for work and supply of jobs.

The increasing proportion of the population age 55 and above has implications on social protection of the elderly which is still predominantly family-based in Kenya. It is noteworthy that in Kenya, only a minority of wage employees is covered by pension schemes. It is of concern that a national policy on aging and older persons to provide a framework for the integration of the concerns of the older person in development has not been formulated.

In all, the rapid population growth in Kenya is already constraining the country’s development and will likely increase inequity and threaten achievement of both the Vision 2030 goals and the MDGs.

1.4 Challenges

Fertility

The stagnation in fertility decline at a high of five births per woman continues to pose a great challenge as significant factors causing the stall are still under great debate. The current high fertility among youth, with its attendant repercussions on high population growth in the near future, remains a challenge. Despite experiencing rapid decline in birth rate in the early 1990s, Kenya is one of the countries in sub-Saharan Africa with the highest proportion of unplanned pregnancy (43%).
While most women in Kenya want fewer children than in the past, contraceptive prevalence rates for modern methods remain low at around 39 percent but with varying regional and social strata differences. Kenya’s unmet need for family planning among married women stands at 26 percent with higher proportions among the poor and uneducated. The biggest constraint to extending contraceptive prevalence is over-dependence on donor funding as reflected in the recent shift in emphasis from FP support to HIV and AIDS.

Currently, the total fertility rate for poor women is more than twice those of the richest group (7.0 versus 2.9). Women who are poor are also more likely to enter family formation much earlier. Their median age at first birth, which stands at 18.9 years, is about 3 years earlier than those in the wealthiest group while the median age at first marriage is four years lower than those in the wealthiest group (18.6 versus 22.6). Despite early entry into motherhood, the contraceptive prevalence rate among poor women is only 17 percent compared to 48 percent among the wealthiest group.

Although the youth (15-24 years) fertility rate in Kenya has been declining, their contribution to overall fertility has been increasing - an indication that early childbearing still continues in the country. The youth birth rate contributes to just over one third of the total births in the overall fertility in Kenya – 37 percent during the period 2005-08. The current high fertility among youth, with its attendant repercussions on high population growth in the near future, remains a challenge.

**Mortality**

One of the major challenges has been the continued fluctuation in mortality at all levels. The continued high infant and under-five mortality rates could be attributed to the HIV and AIDS pandemic, poverty and the general weak performance in the economic sector.

The social and economic damage caused by HIV and AIDS is enormous – for example, the 2003 KDHS estimates that the pandemic costs the country KSh. 200 million daily. The greatest challenge lies in caring for the fast increasing number of orphans in the face of over-burdened social and family support systems and deepening poverty in Kenya.

There has been little improvement in maternal mortality hence the associated challenges in: increasing the proportion of deliveries in health facilities (which stands at 43%); raising the proportion of deliveries assisted by a skilled provider (which stands at 44%); and increasing the proportion of women who receive postnatal care (which stands at 47%).

**Migration**

As a result of internal migration, the critical point to note is that the proportionate share of the urban population is set to rise and the growth of urbanization will continue in the new millennium. Granted that urbanization
is inevitable, the main challenge at present is not that of slowing-down urbanization, but learning how to cope with rapid urban growth and its attendant consequences. One major challenge is to improve the provision of basic services so as to raise the living conditions of the urban population, especially for low-income residents. Among specific challenges that will require concerted attention are: inadequate shelter, tenure regulation in informal settlements, unemployment, delinquency, crime, unavailability of clean water, inadequate drainage and sanitation, lack of adequate public transport and environmental degradation, urban poverty, etc.

The main challenge arising from international migration concerns arresting the brain drain of skilled manpower and attracting domestic and foreign investment by establishing a suitable socio-economic and political environment in Kenya.

**Population Structure**

In spite of their numeric strength, the Kenyan youth are generally a marginalised group in the nation’s political, socio-economic and development processes. Kenya’s youthful age structure generates an increasing number of young people seeking work yet the economy is not able to create enough jobs to march the demand. That Kenya does not have strong institutions and an economy to take advantage of the bulge in young workers remains a challenge.

In Kenya, welfare-state institutions are in their infancy given that old-age security has been the responsibility of families. In particular, broad-based provisions for old-age security have yet to emerge. Only a minority of employees, chiefly in the public sector, is covered by pension schemes. With increasing proportions of the elderly, coupled with breakdown family structures that used to support them, the absence of old age social security is becoming quite a challenge.

**Population Size and Growth**

How to sustain and scale up efforts in wealth creation in order to reduce poverty levels is a daunting task. This challenge is well articulated through the target of reducing by half the 1990 level of the proportion of Kenya’s people in extreme poverty by 2015.

However, the challenge lies more in addressing the rapid growth rate rather than the sheer size of the population. A population growing faster than the resources required to maintain or improve the quality of life inevitably strains the economic and social sectors. For example, less than two thirds of all households have access to an improved drinking water source, and only one in every four households has access to an improved toilet facility. Poor water and sanitation facilities are among the main factors underlying the spread of communicable diseases.

**1.5 Opportunities**

In their efforts to address the myriad population challenges, stakeholders need to identify and exploit existing opportunities which include:
- **Kenya Vision 2030:** A blueprint whose aim is to transform our country into a modern, globally competitive, middle income country, offering a high quality of life for all citizens by the year 2030. Kenya Vision 2030 recognizes that a well managed population is a critical resource that can help the country achieve its development objectives.

- **First Medium Term Plan (MTP) 2008-2012 of the Kenya Vision 2030:** It constitutes the first phase in the implementation of Kenya Vision 2030. In this regard, the government is committed to attaining the target of reducing the number of Kenyans currently living below the poverty line, from 46 per cent to 28 per cent 2012.

- **Integration of the MDGs and Population Concerns into National Development.** All the eight MDGs have been given explicit attention in the current Development Frameworks.

- **New Constitution of Kenya 2010:** The recently ratified Constitution of Kenya 2010 provides a favourable environment for the achievement of all the MDGs. For example, in Article 43 on economic and social rights, the Constitution recognizes the right of every person to the highest attainable standard of health, including reproductive health, and offers opportunities for increasing contraceptive use beyond the 70% target by 2015. It obligates the government to take legislative, policy, and other measures to realize the rights guaranteed in the Constitution, including the right to health.

- **Draft National Population Policy, 2011-2020:** This policy framework is in favour of repositioning family planning as the best avenue towards reducing population growth rate.

### 1.6 Conclusion and Recommendations

#### 1.6.1 Conclusion

The 1994 ICPD gave a broader mandate on development issues reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation. In recognition of these inter-linkages, the Government of Kenya continues to address these issues through a multi-sectoral approach. One of the key principles of ICPD states that all members of and groups in society have the right, and indeed the responsibility, to play an active part in efforts towards the achievement of set goals thus ensuring that population is the centre of development. Such efforts require that the nation addresses her challenges through: continued advocacy and policy dialogue at all levels of development; integration of population issues into the development process (planning, implementation, monitoring and evaluation) at all levels; development of appropriate frameworks for addressing emerging and re-emerging population and sustainable development issues; and promotion of evidence-based decision making.
Kenya experienced dramatic fertility declines in the 1980s as a result of: socio-political environment and the provision of family planning services; improved child survival (which was responsible for the rapid increase in the use of family planning services); and rapid increases in education, particularly among women. However, in the 1990s, there was a stall, and a reverse in some cases, in the gains made in population and health indicators. This calls for continued advocacy and policy dialogue to sustain the decline in childhood mortality and increase the uptake of family planning services as it happened in the 1980s.

The current development programmes are being implemented within the context of limited resources, yet the needs for the growing population are so great. Effective implementation of programmes requires effective coordination, management and documentation of lessons learnt from a variety of players.

Unless people in Kenya are empowered to have fewer births through family planning, the population will continue to grow at a rate that is faster than the rate of economic growth. This will hinder the achievement of Vision 2030 and the MDGs.

The increased demand on available resources could erode the quality of life and have an adverse effect on all sectors, especially:

**Health:** Demand for health care services, including maternal and child health care, HIV and AIDS, and youth-friendly services, will continue to rise as the population grows. Coverage of these essential services is poor and must expand in order to improve on health indicators and reach the MDG targets;

**Education:** youth who complete secondary school are more likely to marry at a later age, have fewer and healthier children, and have higher earnings as adults. Education, especially through the secondary level, is therefore a critical investment that should be prioritized. With a growing number off school-age children, a sustained and concerted effort is needed to increase enrolment and attendance at the secondary school level;

**Water and sanitation:** Access to safe water and adequate sanitation is essential for improving child survival and health, where diarrhoeal diseases are responsible for about one in five deaths among children under age 5. Along with droughts and adverse weather changes, the growing population will have adverse effects on the availability and access to water and sanitation.

**Labour and Employment:** In order to improve Kenya’s development prospects, increased opportunities for gainful employment are needed, especially for youth under age 30 who constitute over 70% of the unemployed in Kenya. High unemployment is associated with poverty, crime, poor access to basic social
services, and low quality of life. Only through job creation, expanded secondary education, and the ongoing institution reforms in the political, economic and social fields will Kenya reap a demographic dividend – a temporary boost to economic performance resulting from a large youthful workforce.

The new Constitution of Kenya guarantees the right to health, including provision of reproductive health and family planning services, to all Kenyans. It, therefore, provides an enabling environment for scaling up contraceptive access and expansion of family planning services in Kenya. However, the enjoyment of these rights by all Kenyans will depend on how soon the clauses on health rights are implemented at all levels in the country.

1.6.2 Recommendations

On the basis of the foregoing population situation in Kenya, the following actions are recommended:

- The Kenyan government should act quickly to enact the relevant legislation to implement the health rights clauses of the Constitution. In addition, the government should not only reinvigorate the family planning programme, but also promote civic education and dissemination of information on reproductive health to increase awareness of these issues among people of all ages, and especially among youth.
- The government and other key stakeholders should sustain the education and awareness campaigns on population growth control in order to maintain sustainable growth rates in accordance with the environmental capacity for sustaining the society needs.
- The Ministry of Education should sustain the gains made in primary school enrolment and completion while endeavouring to increasing access to secondary education.
- Geographic disparities and disparities between certain vulnerable population groups must be addressed if poverty is to be brought down. Vulnerability does not necessarily come out of poverty; it comes from other societal conditions that affect access to services. The areas of intervention must be accompanied with adequate evidence base through: enhancing the capacity of all the relevant planning units to integrate population concerns into development planning and decision making process; promote the use of population data at all levels; and improve access to population data at all levels.
- Create opportunities for youth to realise their full potential, increase their participation in socio-economic development activities and improve their access to services that promote their well-being.
- The government should spearhead efforts in exploring modalities towards achieving the Vision 2030 target of 740,0000 new jobs annually.
- The government should put in place a policy on aging
Chapter 2: Poverty and Inequality: Breaking the Cycle

2.1 Overview
Since independence, Kenya’s population has been increasing rapidly when compared with the growth of the economy. This rapid population growth has over time led to huge demands for employment, food, health and other social services like education. The provision of these life necessities by individual households and government has not been sufficient mainly because the income of individual households and the overall economy (economic growth and employment) has not grown as fast as the population. This mismatch means that many individual households and Government have not been able to mobilize enough resources to provide enough food, health care and related social services. As a result, about half of Kenyans are born in poor households, while the other half has progressed so well to the extent of making inequality a major development challenge.

Table 2.1 shows the trends in the proportion of the population in absolute poverty by place of residence. Poverty increased sharply during mid 1990s, and declined by 2005/06. Until recently, Kenya’s poor (90%) lived in the rural areas. Due to push and pull factors the urban areas have experienced increases in the number of poor mainly from the rural areas. This is manifested in the huge and rapid growth of urban slums particularly in the main urban centres notably; Nairobi, Mombasa and Kisumu. The living conditions in most of this slums is deplorable.

<table>
<thead>
<tr>
<th>Place of Residence/Year</th>
<th>1992</th>
<th>1994</th>
<th>1997</th>
<th>2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>46.3</td>
<td>46.7</td>
<td>52.9</td>
<td>49.0</td>
</tr>
<tr>
<td>Urban</td>
<td>29.3</td>
<td>28.9</td>
<td>49.2</td>
<td>34.9</td>
</tr>
<tr>
<td>National</td>
<td>46.3</td>
<td>43.8</td>
<td>52.3</td>
<td>46.6</td>
</tr>
</tbody>
</table>

Source: CBS/KNBS Poverty reports

Rapid population growth has over time led to huge demand for employment, food, health and social services
Kenya's population is rapidly growing at 3 % per annum and releases over 500,000 persons annually into the labour force. However, the economy is only capable of generating approximately 400,000 jobs, most of these opportunities are temporary, low paying and in the informal sector. In other words, only a few permanent jobs are created in the formal sector. This has resulted to high unemployment rates of about 14%. Competition for few jobs and the slow growth of the economy has caused many people to be desperate and willing to engage in low paying jobs.

Majority of those who are lucky to get the low paying jobs cannot make ends meet with the little wages and are now referred to as the working poor. The low wages cannot afford the basic necessities of life – notably food, health care, shelter and education. Some of the manifestations of this low status of life include; low life expectancy at birth, high infant mortality rates, high maternal mortality rates, high food poverty incidence (40%) and overall high poverty incidence with huge inequalities among the population. According to the 2006 Kenya Integrated Household Budget Survey (KIHBS), nearly half of the population lives below the poverty line (46%), meaning that they do not have enough income to meet basic food and non food needs (KNBS, 2006). The latest data on inequality indicate that in terms of income, the richest 20 percent take 61 percent of rural and 51 percent of urban incomes. The information on inequality shows that Kenya is one of the 30 most unequal countries worldwide and among the top 10 countries with a high concentration of income inequalities.

Inequalities in opportunity or capabilities can be a profound source of poverty, both within communities and across regions. Poor people are poor because of inadequate access to schools, health services, roads, market opportunities, credit, and ineffective risk-management mechanisms and so on. These are in turn typically associated with inequalities of voice or influence both in the shaping of policy and in its effective implementation. Second, reduction in poverty (in incomes, education, health etc.) is a product of both aggregate development and its distribution.

Although economic growth is a prerequisite to poverty reduction, rapid population growth and poverty may also hamper sustained economic growth. According to Perry et al. (2006), a 10 percentage point drop in poverty levels, other things being equal, can increase economic growth by one per cent. In turn, a 10 percentage point increase in poverty levels will lower the economic growth rate by one percent and reduce investment by up to eight percent of gross domestic product (GDP). This is so because the poor are in no position to engage in many of the profitable activities that stimulate investment and economic growth, thus creating a vicious circle in which low economic growth results in high poverty and high inequality, and in turn, results in low economic growth.
Anecdotal evidence from Kenya shows that reduction in poverty rates over time and invariably across regions has been lower than anticipated, even when the country recorded relatively high economic growth rates. This could partly be blamed on rapid population growth and inequality especially from ownership of the means of production. 

Poverty and inequality can generate forms of collective behaviour that impede economic growth: high crime rates, social protest and institutional forms that make it difficult for opposing interests to negotiate this protest. Such protests could spill over into violence which in turn creates uncertainties about the enforceability of contracts, increase transaction and operation costs for businesses, and, cause diversion of public spending from more productive growth oriented investments to controlling violence. Even when social tensions do not result in violence, perceptions of inequitable effects from policy reform can increase resistance and undermine a government’s ability to introduce the very reforms needed for economic growth. The high levels of poverty and inequality therefore imply the need for a new thinking and direction of social development. Sustainable development decreases poverty and inequality and promotes socio-economic inclusion for all groups.

2.2 Challenges
The single most important challenge facing Kenya 48 years after independence is breaking the grip of poverty on a substantial portion of its citizens. There is a consensus amongst most economic and political analysts that approximately 46% of Kenyans are living in poverty – with the poorest 19.8% in a desperate struggle to survive (the hardcore poor). This means that approximately 18 million out of 40 million people have not experienced the benefits of economic growth. In addition, 10 percent of the population earns 43 percent of the income, making Kenya one of the very unequal countries in the world. Kenya’s population is rapidly growing at 3% per annum. Kenya is therefore faced with the twin challenge of reversing the trend of increasing poverty while at the same time adopting a pro-poor growth framework that allows the rapidly increasing number of poor to gain disproportionally from economic growth, thereby reducing inequality. This seemingly very difficult development challenge requires a two pronged approach. Firstly, address the causes of high population growth and secondly draw pro-poor economic growth strategies to stimulate the economy to grow faster.

2.2.1 Interrelationship between high population growth, poverty, low economic growth and inequality

Family planning and Fertility levels
Table 2.2 shows the level of contraceptive use and fertility by socioeconomic status. Only 1 out of every 5 women in the poorest group use any form of contraception compared to slightly over half of the women in the wealthiest group. This
means that improved well-being in a way is associated with higher use of family planning services and conversely the poorer the woman the lower the chances of using family planning services. The poorer women also have the largest family size and the poorer women recorded have over 4.1 children more on average that women in the richest group. The above tends to suggest that the fertility rate could be greatly reduced if the poverty status of poorer women was reduced.

Table 2.2: Contraceptive Prevalence Rate and Total Fertility Rate by Poverty status

<table>
<thead>
<tr>
<th>Poverty Status (by Wealth Quintiles)</th>
<th>Contraceptive Prevalence (%)</th>
<th>Total Fertility Rate (TFR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest (poorest)</td>
<td>20</td>
<td>7.0</td>
</tr>
<tr>
<td>Second</td>
<td>40</td>
<td>5.6</td>
</tr>
<tr>
<td>Middle</td>
<td>50</td>
<td>5.0</td>
</tr>
<tr>
<td>Fourth</td>
<td>57</td>
<td>3.7</td>
</tr>
<tr>
<td>Highest (richest)</td>
<td>55</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: KNBS and ICF macro 2010

Education and Fertility

Table 2.3 shows the changes in levels of fertility and contraceptive use among currently married by level of education in the last 10 years. Women with secondary or higher education continued to experience declines in their fertility, while the level of fertility among women with no formal or only education increased. Between 1998 and 2008/9, the fertility of women with no formal education increased by about one child on average. Women with no education use the least family planning services. In addition the use of contraception among currently married women who had no education declined by 39 percent.

Table 2.3: Percent change in fertility levels and contraceptive use by level of education 1998-2008/9

<table>
<thead>
<tr>
<th>Level of educational attainment</th>
<th>Total fertility Rate (TFR)</th>
<th>Percent change</th>
<th>Married women currently using any family planning method (%)</th>
<th>Percent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5.8</td>
<td>6.7</td>
<td>1998 23</td>
<td>2008/9 14</td>
</tr>
<tr>
<td>Primary Incomplete</td>
<td>5.2</td>
<td>5.5</td>
<td>1998 28</td>
<td>2008/9 40</td>
</tr>
<tr>
<td>Primary complete</td>
<td>4.8</td>
<td>4.9</td>
<td>1998 44</td>
<td>2008/9 48</td>
</tr>
<tr>
<td>Secondary and above</td>
<td>3.5</td>
<td>3.1</td>
<td>1998 57</td>
<td>2008/9 60</td>
</tr>
<tr>
<td>All women</td>
<td>4.7</td>
<td>4.6</td>
<td>1998 39</td>
<td>2008/9 46</td>
</tr>
</tbody>
</table>

Source: KNBS and ICF Macro 2010; NCPD, CBS and MI 1999
It is clear from the above analysis that education is a potential instrument that could be used to break the circle of rapid population growth, poverty and inequality. The starting point is to reduce the differentials in use of family planning services by increasing use and ensure less educated women begin to use family planning services, while all young women attend school to at least secondary level.

**Use of maternal health care services**

About 80% of poor women deliver at home compared to 18% of non poor women. Only 16% of poorest women deliver at a public facility compared to 53% of non poor women. The proportion of non poor women delivering at private facilities is 13 times that of the poorest women (2% against 28%). Only 6% of poorest women deliver with the assistance of a doctor compared to about 33% of non poor women. Only 15% of poorest women deliver with the assistance of a nurse compared to 49% of non poor women (KNBS and ICF Macro, 2010).

**Childhood Mortality and Persistence High Fertility**

Table 2.4 presents indicators of the risk of death to children who are below five years. For instance, among the poorest women, for every cohort of one thousand children born alive, approximately 98 die before reaching their fifth birthday. Children born to women in higher wealth quintiles face less risks of death. Women who are sure that their children are more likely to survive therefore tend to prefer smaller family sizes. The poorest women have more children than they intend to have because of lack of information on family planning services. The poorest women have close to two children more than their desired target compared to their rich counterparts who only have 0.1 above their desired target.

<table>
<thead>
<tr>
<th>Poverty status (wealth Quintiles)</th>
<th>Under-five mortality Rate per 1000</th>
<th>Wanted Fertility Rate Per woman</th>
<th>Current Fertility Rate Per Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest -poorest</td>
<td>98</td>
<td>5.3</td>
<td>7.0</td>
</tr>
<tr>
<td>Second</td>
<td>102</td>
<td>3.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Middle</td>
<td>92</td>
<td>3.6</td>
<td>5.0</td>
</tr>
<tr>
<td>Fourth</td>
<td>51</td>
<td>2.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Highest-richest difference</td>
<td>68</td>
<td>2.8</td>
<td>2.9</td>
</tr>
</tbody>
</table>

*Source: KNBS and ICF Macro2010*
The difference between wanted fertility and current fertility is an indication that women would like to delay or prevent pregnancy, but are not using effective contraception. In the fight against poverty and inequality, poor women should be assisted to plan how many children to have and when to have them. Bridging this gap for contraception would go a long way toward lowering fertility and childhood mortality particularly for the poor women.

**Productivity**
For the last forty eight years, the consistently large number of children born in each household/family has led to widespread subdivision of agricultural land to small uneconomic units that are only able to produce food for subsistence. High population growth continues to fuel further subdivision of agricultural land. This implies that in the not far future the space and potential to produce food especially by the poor and vulnerable households is going to be the biggest challenge. In addition, the same poor people have no access to resources that can facilitate the use of new farming technologies unlike the non-poor. Lack of adequate food by half of the population (the poor) can have catastrophic impact on overall productivity of households and by extension the growth of the economy, high malnutrition levels and the attendant high under five mortality and low standards of living.

The reduced productivity and high population growth implies that the government is bound to import food at high costs not to mention the loss of scarce foreign exchange. Currently, close to 10 million people are in dire need of support from the Government following the unfavourable weather conditions. With no major minerals to export, Kenya’s economy is dependent on export of primary products (coffee and tea, soda ash etc) with little value addition. This lack of further processing prohibits creation of more jobs and predisposes manufacturing firms to less export earnings. Left with tourism as the main sector generating much need foreign exchange, Kenya is very vulnerable to changes in external environment particularly from globalization and recent terrorism.

The reliance on the unpredictable agriculture and tourism sectors for food, employment and foreign exchange exacerbates risks that are beyond the control of the Government. The recurrent failure and persistent slow growth of these sectors overtime leads to slow economic growth, low incomes, unemployment and underemployment and frequent shortage of essential productive imported inputs. The result of this trend has led to low productivity and high poverty and inequality threatening Kenya’s well being.

**2.3 Poverty and Inequality reduction efforts**
Immediately after independence Kenya drew various plans and adopted several policies, programs and projects to help tackle the twin challenges of poverty and inequality in the face of
rapidly increasing population. At independence, the government identified poverty, ignorance and diseases as the main challenges facing development.

The government adopted a strategy of promoting economic growth based on an implicit assumption that a “trickle down” process would take place to spread the benefits of growth from some of the more dynamic modern sectors to the rest of the economy and sections of the population and thus alleviate poverty (Ikiara 1998). The trickle down did not work as by the mid-1970s, unemployment and income disparities were more apparent than they had been in 1963. The failure of economic growth to solve the problems continued to be observed in the 1980s and 1990s. This necessitated shifting resources towards rural and labour-intensive production activities and the provision
of social services by the government. It is estimated that growth in Kenya fell from 7.2% in 1966 to 2.1% in 1991-2000. Analogously, by the end of the 1990s, poverty incidence had increased from 47% in 1997 to an estimated 56% by 2001. This national increase in headcount poverty was invariably reflected in the regional increase in poverty across country. Inequality in many dimensions (both non monetary and monetary) is said to have increased at the same time predisposing the country to conflict particularly between competing communities struggling to survive on natural resources. With the change of Government in 2003 and the implementation of economic recovery strategy, the economy started to recover growing at over four percent by end of 2006. Estimates based on the latest household budget survey indicate that poverty incidence for the country declined from 56% in 2001 to 46% in 2006. This seems to have coincided with an economic recovery period that saw growth rising from about 3% to 7.1% between 2000 and 2007.

Though these trends seem to suggest that Kenya has experienced growth accompanied by poverty reduction, it is important to note that as the poverty incidence fell, the number of poor persons increased, suggesting a growth paradox as to whether or not growth has helped to alleviate poverty in the country. Despite considerable economic growth in the last decade compared to the 1990s, many socio economic outcome/impact indicators (such as child mortality and nutritional status) have not shown improvements over the period.

2.4 Family Planning Efforts in Kenya

Kenya was one of the first sub Saharan African countries to recognize the importance of Family Planning (FP) as a core element in economic and social development. Faced with an annual population growth rate of over 3 percent, the Government of Kenya (GoK) incorporated FP into the country’s overall development policy in 1965, and by the mid-1980s, the growth rate began to decline. Kenya’s Total Fertility Rate (TFR) declined from eight children per woman in the late 1970s, to 4.7 children by the end of the 1990s. The 2008/9 Kenya Demographic and Health Survey (KDHS) found a TFR of 4.6 children per woman. Although the number of children per woman has fallen sharply, from 8.1 children in 1978 to 4.6 children in 2008, the total population will nonetheless more than double, due to several-fold increases of adult population groups.

First, due to high fertility in previous decades, there are many more families in Kenya today (population momentum). Fertility for women with no education is showing an increasing trend from 5.8 children in 1998 to 6.7 children in 2008/9, while contraceptive use for poor women is the lowest. This trend poses major social and economic development challenges. Kenya’s stagnating TFR and CPR are due, in large part, to a failure to meet the needs of the poor, in both urban and rural areas. Poor women have higher fertility and are least likely to achieve their
desired fertility. They have the highest unmet need for family planning and highest intention to use family planning in the future.

2.5 Gaps in efforts
Although Kenya identified poverty, disease and ignorance as major constraints to human development, Kenya still lags behind targets for poverty reduction, redistribution of income and economic growth. Many development plans and programs failed partly due to lack of involvement of the poor in the design, identification and their implementation. Mismanagement of many programs has also been identified as one factor that has played a role in reducing expected impact of many programs. Various evaluations of the family planning programs in Kenya have indicated that there has been an apparent deliberate shift toward the HIV/AIDS programs at all levels the recent past.

2.6 Opportunities and Challenges
There are numerous opportunities for addressing poverty, inequalities and rapid population growth in Kenya. These opportunities exist in stated policy goals and commitments to address poverty and social exclusion, improve living conditions and reduce poverty and inequalities not only at the national level but also within the county governments.

Kenya’s Vision 2030: The bill of rights introduced many rights including social, economic and political rights. To ensure implementation the new Constitution fixed three things – firstly it requires the State to act, including passing laws, to implement the rights, secondly, it allows people to go to court if their rights are infringed and gives courts the power to declare laws and actions invalid if they infringe rights and thirdly it establishes the Kenya National Human Rights and Equality Commission to promote respect for human rights and to protect them.

Giving all people access to court is particularly important because Courts have been strict about who could complain about the abuse of rights. Under the new Constitution, all Kenyans can monitor the implementation of rights and anyone can go to court to protect a right. The new constitution also recognizes that there has been striking inequalities in Kenya. Towards that end it has provided for an equalization fund
that will operate initially for the next 20 years to level off current socioeconomic inequalities. People will need to take proactive measures/ steps to benefit from this fund.

The preparation of County Plans under the new devolved framework is yet another opportunity to allow the poorest and marginalized to benefit from development funding. Community participation should be promoted to circumvent elite capture.

Social Protection There is evidence that social grants like the old-age cash transfer and the children’s cash transfer all help to reduce poverty to some extent. These, linked to more and better quality social services, constitute a better redistribution system with the only challenge that it is dependent on higher expenditure by the Government. However, the Government has to balance spending on the social protection with other competing priorities like; fighting crime, providing education, developing infrastructure, reducing HIV and Aids. Improving the economy also require expenditure, primarily on infrastructure and an enabling environment – lower taxes, lower interest rates, more skills training.

2.7 Conclusion and Recommendations

2.7.1 Conclusion

Although individuals can make choices in everyday life that may improve and protect their living conditions, they are not completely in control of the social conditions in which they live and work. Public policy exerts a powerful influence on these external conditions, and can play an important role in supporting individuals by creating conditions conducive to good improved welfare. Public policy also has an important role to play in encouraging other sectors to contribute to greater socioeconomic equity. Public policy decisions influence people’s access to resources (e.g through employment, tax and welfare policies) and shape people’s access to and experience of important public services. Equitable and quality health services, decent housing, educational opportunities and good public transport are all beneficial for health. For example the provision of early childhood education, addressing educational disadvantage throughout the system, providing for adult education and lifelong learning are core to combating poverty and inequality and will contribute to reducing socioeconomic, health and demographic inequalities.

While families have the right to choose the number, spacing and timing of their children, the ability to fully exercise this right can lead to a significant reduction in the fertility rate. Having fewer, healthier children can reduce the economic burden on poor families and allow them to invest more in each child’s care and schooling, and this could help to break the cycle of poverty. Expanding the number of women in the workforce by investing in their education could also increase per capita income at both household and national levels.
While equal opportunities and good governance may help to create equity for the majority of Kenyans; these alone may not fully guarantee equitable outcomes especially for certain individuals who are inherently disadvantaged. This is where affirmative action comes in. This should be seen from the perspective of policies that give due recognition to those who cannot participate effectively in the normal process of life. They include the marginalized, handicapped and victims of calamities and historical injustices.

### 2.7.2 Recommendations

Since population growth, poverty and inequality are interrelated, interventions should attempt to address these issues simultaneously. There is need for continued support for the repositioning family planning programs into poverty reduction strategies. The success of poverty and population programs will depend on the ability of the country to make sure that couples have the ability to exercise their right to plan their families. This invariably requires universal access to reproductive health. Special attention should be focused on the needs of the poorest, who typically have the least access to information and services.

### Specific recommendations

- **The poor and vulnerable should be assisted to have easy access to family planning education, information and services. More resources should be allocated to family planning programmes.**

- **The government should ensure that all development interventions are designed with clear inbuilt strategies to address poverty and inequality**

- **The government should workout new land use and settlement policies that will prevent further subdivision of agricultural land into small uneconomical parcels.**

- **The design of the new county development framework (for instance in utilizing the equalization fund) should be guided by evidence that focuses on the poor and vulnerable households / communities. There is need to increasingly support data collection, analysis and research activities, in order inform to policy making at all levels.**
Chapter 3: Women and Girls: Empowerment and Progress

3.1 Overview

Women and girls constitute half of the country’s population. This presents significant potential for their contribution to the country’s development. Realising this potential requires the full integration of the needs of women and girls into the development strategies, planning, and decision making at every level and improving resource allocation to enable tapping of their potential. This is however constrained by a number of factors such as; limited access to education and training, health especially reproductive health services, productive resources like land and capital, gender discrimination in the work place against women and hence their concentration in the low paying occupations, persistence of harmful cultural practices, limited representation in public life as well as inadequate institutional mechanisms to mainstream gender issues in the relevant areas of development.

Gender disparities are reflected in school enrolment at different levels of education, concentration of women in low paying occupations and limited representation in public life. Enrolment in primary education for girls has increased with gender parity at this level improved, but transition to higher levels of education, as well as completion rates, still remain low. Women still face challenges in accessing reproductive health services. Maternal mortality not only remains high, but has increased in recent years, while access to reproductive health services is low especially among women with low levels of education and those in rural areas. Harmful cultural practices like early marriages for girls, Female Genital Mutilation (FGM) are still practiced in some parts of the country, hampering girls’ access to education while violence against women and girls persist in both public and private life. As a result, more women tend to fall below the poverty line.

Despite the country having ratified some international conventions like the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) and the International Conference on Population and Development (ICPD), there is still inadequate knowledge on these commitments in some branches of government. Empowering women and girls to realise their potential in development requires
deliberate efforts to improve their human capital through health, education and training, elimination of harmful practices and overcoming traditional attitudes that form an obstacle to women’s and girls’ education and implementing policies that facilitate women’s participation in development.

3.2 Women and Girls in Kenya

- What are the issues of concern?

According to the ICPD, attaining gender equality entails harmonious partnership between men and women, enabling women to realise their full potential, ensuring the enhancement of women’s contribution to sustainable development through their full involvement in policy and decision making processes at all stages and ensuring that all women as well as men are provided with education necessary for their basic human needs and for exercising their human rights. In this section, we look at the status of women and girls in the country in terms of their empowerment and progress and identify emerging issues of concern.

3.2.1 Education

Education, because of its direct relationship to skill level, is important in developing the human capital, which is a major determinant of access to income earning opportunities and improved livelihoods. Ensuring that women and girls are provided with education necessary for their basic human needs and for exercising their human rights is critical for realising their potential (ICPD Report 2009). Lack of education reduces people’s ability to take advantage of the opportunities around them, and is often associated with increased poverty. With respect to empowerment of women and girls, educated women are more likely to delay marriage, use modern contraceptives, seek antenatal care, have fewer children, ensure their children are vaccinated, and to experience lower infant and child mortality rates (Central Bureau of Statistics et al. 2003). Education also opens up opportunities for high paying jobs. Access to quality education for girls is therefore critical in realising the potential of girls and women.

The proportion of girls and boys enrolled in different levels of education is an important indicator of achieving gender parity in education system. At the early childhood education, while the enrolment in pre-primary education has increased in the recent years, there have been more boys enrolled than girls. By 2010, there were 1,092,181 girls enrolled in pre-primary education compared to 1,100,890 boys (GoK 2011). On the other hand, there are more female teachers, both trained and untrained at the pre-primary education level than their male counterparts. While there are 62,459 trained female teachers, there are 10,553 trained male teachers at this level. At the primary school level, boys still outnumber girls in enrolment. There are however more trained male teachers at the primary school level than females. At secondary education, the enrolment for girls continues to lag behind that of the boys, standing at 786,530 compared to 914,971 boys.
as at 2010 (GOK 2011). The male female ratio for trained teachers at secondary school level gets worse than at the primary level. While the total trained male secondary school teachers stands at 33,126, the trained female secondary school teachers is 19,809. The enrolment at the university further reflects the gender disparity at the institutions of higher learning. At public universities, the male enrolment is almost twice that of females standing at 89,257 compared to females at 53,873. There are also more females enrolled in adult education than the males. By 2010, the number of females enrolled in adult education was 172,156 (68.2%) compared to males at 80,379 (31.8%), a further reflection of the gender disparity in access to education. The gender disparity in access to education therefore increases as the level of education increases. According to the 2009 Population and Housing Census Report, the proportion
of females who never attended school is 56.1 percent compared to the males at 43.9 percent. Gender parity in education is not yet achieved, and especially at higher levels of education. The relative disadvantage of women in access to education is further demonstrated by the proportion of females seeking adult education.

3.2.2 Health

Access to health especially reproductive health is important for the empowerment of women and girls. Adequate maternal health increases women’s chances of participating in productive employment. On the other hand, lack of proper child health, reflected in high infant and child mortality, not only reduces the time available for labour market participation, but is also likely to increase fertility rates which further limit their labour market participation. According to the 2008/2009 Kenya Demographic and Health Survey (KDHS), although access to maternal and child health is 92 percent nationally, some parts of the country still have relatively lower access rates. There are also variations between rural and urban areas, with rural areas having lower rates. At the same time the percentage of births delivered by health professionals remains low at 43.8 percent, while percentage delivered in health facility is 43 percent. Again, there are significant variations between regions. While in Nairobi the percentage of deliveries by health professionals is 89 percent, this rate is lowest in North Eastern at 17 percent followed by Western at 25 percent. There are also significant variations in maternal care indicators among women at various levels of education, with the indicators improving as the level of education increases (GOK 2010b).

According to the 2010 Report on the Progress Towards Achievement of MDGs in Kenya (GOK 2010c), the MDG 5 of improving maternal health is unlikely to be met with current trends. The maternal mortality has increased from 414 per 100,000 live births in 2003 to 488 per 100,000 in 2008/09. Poor maternal health indicators limits women’s potential to participate in productive activities lowers their incomes and hence increases their chances of falling into poverty. Access to reproductive health is still low as reflected in the use of family planning services, with only 46 percent of married women using contraceptives.

According to the concluding observation of the CEDAW (2011), there is still inadequate recognition and protection of reproductive health and rights of women and girls. This is reflected in high mortality rates, high number of teenage pregnancies and the limited access of women to quality reproductive and sexual health services especially in the rural areas. Women and girls also continue to be most affected by HIV/AIDS, with HIV prevalence among women aged between 15-49 being higher than among men of the same age.

3.2.3 Employment

Females constitute 50 per cent of the country’s population (GOk 2010a) and a significant share
of the country’s labour force. However, looking at employment in terms of gender, formal sector employment still remains male-dominated. Approximately 70 percent of these women in the labour force are in the lower income occupations. Women’s share in formal sector employment is proportionately less than that of their male counterparts, while participation of females in wage employment has remained low compared to men’s. Although women’s participation in key decision making organs of government has increased the share still remains low.

Existing evidence shows that while there has been an increase in female labour force participation, most of this increase has occurred in the low paying, flexible and precarious occupations with low pay and no security (Atieno 2009). Within the labour market, women tend to be concentrated in the informal sector. In addition, agriculture, particularly small-scale agriculture has continued to be the main source of employment and livelihood for most of the female population. Most of them are therefore concentrated on the “traditional” female occupations and the informal sector. Although women’s share in total wage employment has increased, their share in the traditionally male dominated industries still remains low, while their share in community, social and personal services stands at 58.1 percent (GOK, 2011). There are fewer women than men among the regular employees and skilled workers. Women on the other hand outnumber men in the categories of unskilled workers and dominate among unpaid family workers.

In the rural areas, where productivity is relatively low, labour force participation for women is much higher than for men, with the proportion of working females being 77 percent in rural areas compared to males at 70 percent (SID 2010; GOK 2007). This can be attributed to the fact that majority of women in the rural areas are engaged in agriculture. Due to low wages and the dominance of self employment and unpaid work in the sector, this disparity has implications for the incomes and wellbeing of women. The result is that more women are likely to be unemployed than men, with the average income being lower for women than men, resulting in more women being poor than men.

In terms of wage employment, males outnumber females in wage employment in all sectors of the economy (fig.3.2). According to the 2011 Economic Survey, education remains the largest service employer of the females (GOK 2011). Female access to the traditionally male dominated occupations is still limited.
3.2.4 Access to Resources

Access to resources like finance and other factors of production like land is important for participation in income earning activities. Women continue to experience constraints in the form of limited access to resources like land, capital as well as microfinance and limited level of entrepreneurship. Household budget surveys as well as empirical studies have shown that female headed households are more vulnerable to falling into poverty than the male headed ones because of women’s limited access to productive assets and education (CBS 1997, GOK 2007). Additionally, while women constitute a significant share of the labour force in the agricultural sector, policies governing access to resources and land ownership severely limit their capacity to increase their production (SID 2010).

The Finances survey (FSD Kenya and CBK 2009) show that only 17.8 percent of women had access...
to formal finance at the time of the survey. In contrast, more women access informal sources of finance than the men. Access to finance provides the capacity to invest and continued challenge by women imply their limited ability to invest even in some of the flagship projects of the Vision 2030. This condemns women to low income occupations, perpetuating the vicious cycle of low income, low investment and low productivity among women.

3.2.5 Participation in Public Life and Decision Making

Participation of women in public positions and decision making, remain limited. There is still persistence of harmful practices through adverse cultural norms, practices and traditions as well as patriarchal attitudes regarding identities of men and women, which perpetuate discrimination against women, reflected in unequal status in many areas like public life, and decision making.

3.2.6 The Girl Child and Reproductive Health

The empowerment of women and girls hinges on the status of the girl child. Important in this regard is eliminating all forms of discrimination against the girl-child and their root causes, increasing public awareness of the value of the girl-child and strengthening the self-image, self-esteem and status of the girl-child, and improving the welfare of the girl-child especially in regard to health, nutrition and education. This requires measures to provide an adequate framework for protecting the rights of the girl-child and increasing her opportunities for active participation in all spheres of development.

Reproductive health is an integral component of human rights and freedoms. The ICPD programme of action, calls for among other things, meeting the special needs of adolescents and youth, especially young women, with respect to their creative capabilities, access to education, health, counseling and high quality reproductive health services. It also requires encouraging young women to continue their education to equip them with life skills, increase their potential, prevent early marriage and high risk child-bearing, and reduce associated mortality and morbidity. Progress in this area is however still limited in the country (NCAPD 2009). Most women between the ages 15-24 years lack contraceptives with only 16.9 per cent of women aged 15-24 using contraceptives while 12 per cent have unmet needs (Kenya National Bureau of Statistics et, al. 2009). Youth fertility contributes significantly to the overall fertility, with the youth birthrate contributing 40 percent to overall fertility by 2008 (Ministry of Youth Affairs and Sports 2011).

The age at first marriage is important since it marks one of the transition points into adulthood. According to the Kenya Demographic and Health Survey 2008/2009, the age at which women enter into first marriage is 20 years, while that of men is 25 (Ministry of Youth Affairs and Sports 2011). The 2009 Population and Housing Census Results show that the age at first marriage for
girls is 27, while that for boys is 22. The low age at first marriage for girls implies high fertility, with adverse implications for their participation in productive employment.

There remains concern at the very high number of teenage pregnancies and women's limited access to quality reproductive and sexual health services, especially in rural areas. Teenage pregnancy poses one of the greatest threats to the health of both mother and child and ultimately narrows women's opportunities in life. The patterns of teen pregnancies and motherhood have remained largely unchanged since 1993, with 20 percent of women in age group 15-19 being mothers in 1993, increasing to 23 percent in 2003 and standing at 18 percent in 2008 (Kenya National Bureau of Statistics et al. 2009).

### 3.3 Challenges and Opportunities

#### 3.3.1 Challenges

Raising the quality of life for all people through population and development policies and programmes aimed at achieving poverty eradication and sustained economic growth still remain a challenge. Challenges remain in empowering women and girls in education, health, employment and participation in public life.

#### Education

The trends in education underline the challenges faced by women and girls in accessing education, which are likely to translate to their access to employment and income earning activities. One important challenge from these trends is that the number of girls accessing education declines significantly at higher levels of education. High primary school enrolment rates for girls have not translated into increased completion and transition rates. On the other hand, while women outnumber men as teachers in pre-primary education, they continue to be outnumbered by the males at higher levels of education. This can be seen as a reflection of the fact that the limited access to higher education by girls, limits their access to occupations with high returns in the labour market.

Another challenge facing girls in education is the negative impact of harmful traditional practices like early and forced marriage, FGM and persistent barriers to the ability of pregnant girls to access education. High school drop-out rate for girls in primary schools is attributed to a variety of reasons, including forced early marriages and poverty.

#### Health

The Status Report on the Millennium Development Goals (MDGs) 2010, shows that some progress has been made in certain MDGs that affect women's and girls' potential (GOK 2010c). Access to health, especially maternal and child health is important in determining women's participation in productive activities. While there have been improvements in access to health, there are still variations across regions.
and between women with different levels of education in the use of reproductive health services. High and rising maternal mortality continues to pose a challenge. Poor maternal and child health affect women’s participation in productive employment. All these present the challenge of confining women to the vicious cycle of low high fertility, low productivity, low incomes, and poverty.

Women’s health and safe motherhood is an integral part of health care system and includes achieving a rapid and substantial reduction in maternal morbidity and mortality. This includes the number of deaths from unsafe abortion; and improving the health and nutritional status of pregnant and nursing women. Challenges still remain in this area. Available data on maternal mortality in Kenya show an increase in maternal mortality over time (GOK 2010c; NCAPD 2009). A related challenge is that the proportion of pregnant women receiving skilled attendance during delivery still remains low especially in certain parts of the country. The low use of contraception by women despite high fertility also poses a challenge.

Due to various reasons, women are more affected by HIV/AIDS than the men. The main challenges are extreme poverty, continued stigma, and effective implementation of the national programs being coordinated by the National
constitute a significant share of the labour force in the agricultural sector, policies governing access to resources and land ownership severely limit their capacity to increase their production.

**Employment**

Participation in employment is important because of its direct impact on incomes and therefore livelihoods. In Kenya, women constitute a significant share of household heads in Kenya, and yet they are also overrepresented among the poor mainly due to the nature of their employment. Women’s participation in wage employment in the modern sector has remained low and concentrated in activities with low returns.

The apparent discrimination against women in the labour market continues to persist manifested in the low proportion of women in paid work, a wide wage gap between men and women and the concentration of women in the informal sector with no social security or any other benefits. With limited access to higher education and training, access to remunerative employment becomes limited and continues to be a challenge to the empowerment of women and girls.

**Access to resources**

Access to productive resources like land for women is hampered by negative practices which limit their access. Lack of access to productive land and finance remain major challenges for realising the potential of women and girls mainly due to persistence of patriarchal attitudes towards women. Additionally, while women constitute a significant share of the labour force in the agricultural sector, policies governing access to resources and land ownership severely limit their capacity to increase their production.

**The Girl Child and Reproductive Health**

Challenges remain in the effective implementation of measures to protect the rights of the girl child and increase their opportunities, including monitoring and evaluation. Harmful cultural practices remain a major constraint, reflected in the prevalence of practices like FGM and early marriages. Despite the high birth rate among adolescent girls, the use of contraceptives remains low. Poverty continues to compound the challenges faced by the youth with adolescent girls facing risks of exploitation and abuse exposing them to the risk of HIV infection. Despite progress, lack of information on rights of the girl child remains a challenge, with the result that the situation of women in relation to legal protection remains largely poor.

FGM continues to be prevalent which is not only a violation of girl’s and women’s human rights, but also contributes to school dropout by girls as well as high maternal mortality. Despite the enactment of the children’s act, girls continue to be subjected to FGM. Violence against women and girls continue to persist both in private and public spheres.
3.3.2 Opportunities

Opportunities exist for empowerment of women and girls in the country, and efforts in this areas need to seize such opportunities.

- **The Vision 2030:** The government has stated its commitment to the realization of the Millennium Development Goal on Gender Equality and Women Empowerment as illustrated in the country’s Vision 2030. The social pillar has identified gender concerns, in particular equity in power and resource distribution between the sexes as a priority. There have been efforts to mainstream gender issues into government policies, development plans as well as budgets. Some of these initiatives include the Women Enterprise Fund, the Social Protection Fund as well as cash transfers (GOK 2011) and the youth empowerment fund. The Women Enterprise Fund, is one of the flagship projects of Vision 2030 to be implemented during the first five year medium term plan 2008 - 2012 to promote women’s rights, while the establishment of the Social Protection Fund is expected to support vulnerable indigent/poor women (United Nations 2011).

- **The new constitution:** The new constitution requires the proportion of women in public service to be at least 30 percent. The constitution also prohibits direct or indirect discrimination, inter alia, on the basis of sex, pregnancy and marital status.

- **The development of the National Policy on Gender and Development** to provide a coherent and comprehensive overall framework for guiding the different sectors and agencies involved in development to ensure the thrust of mainstream development directly addresses gender concerns.

- **Other achievements in the context of international commitments that Kenya is party to:** Kenya’s commitments to the MDGs, the declarations of the ICPD, as well as the CEDAW, provide opportunities for the empowerment of women and girls. Gender parity in primary and secondary education is likely to be met, with the girl to boy ratio in primary school being .958 while the gross
From the available evidence, while some achievements have been made towards empowering women and girls, there are still challenges in realizing their potential in the development process. Increasing primary enrolments rates for girls has not translated into high transition or completion rates. This has meant the skill level and hence the human capital for women and girls remain low, with the implication that majority of women continue to be engaged in occupations requiring low skills, leading to low incomes. There is therefore need for addressing the factors that still contribute to low transition and completion rates for girls like poverty, school dropout by girls, early pregnancies and marriages and social attitudes.

3.4.2. Recommendations

Given the importance of education in the use of various health services, improving access to education among women and girls is fundamental to improving their use of reproductive health services in addition to opening up opportunities for participation in productive employment.

There is still need to address gender inequality in access to secondary and tertiary education by increasing access to Secondary and tertiary schooling for young females

At the policy level, progress has been made in promoting gender equity and equality at various levels of national development in terms of policies, plans, programs and budgets. This
however needs to be complemented with gender disaggregated indicators and goals for monitoring.

There is need for continued intensification of the implementation of gender-sensitive poverty reduction and development programs in rural and urban areas and to ensure the participation of women in the development of such programs.

There is further need to develop targeted policies and support services for women aimed at alleviating and reducing poverty among women, particularly rural women.

The government should take measures to reduce the incidence of maternal mortality and raise awareness and increase women's access to health-care facilities and medical assistance by trained personnel, especially in rural areas where the incidence of maternal mortality is highest.

Widely promote education on sexual and reproductive health and rights targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of STIs, including HIV/AIDS.

Enhancing gender equity, equality and empowerment of women will require the support of efforts at grassroots and community level, such as alternative rites of passage, to tackle retrogressive cultural practices.

Fully implement policies, laws and programs now in place to protect the girl child and increase women's level of participation in all spheres of development.

The government needs to put in place a comprehensive strategy to modify or eliminate harmful practices and stereotypes that discriminate against women through collaboration with the civil society to educate on the issue targeting men and women at all levels of society.

In employment, the government needs to take measures to increase the percentage of women in paid work. There is also need to strengthen efforts to eradicate child labour by enforcing compulsory education and supporting education as personal and economic empowerment.
4.1 Introduction

Young people in Africa ought to be seen as an asset and important sources of energy and potential. They should be seen as the bearers of our future, rather than as obstacles to the African development agenda. The AU Member States acknowledged this in 2006 at the summit of African Union, held in Banjul, Gambia, where Heads of States and Governments endorsed the African Youth Charter (AYC) to provide a basis and a legal framework to guide and support policies, programmes and actions for youth development. The Charter further affirms that Africa’s greatest resource is its youthful population and that through their active and full participation; Africans can surmount the difficulties that lie ahead, through the recognition of youth as partners, assets and a pre-requisite for sustainable development and for the peace and prosperity of Africa. The youth must be seen as a segment of population that have a unique contribution to make to the present and future development.

The absolute size of the Kenyan youth population aged 15-24 grew from about two million in 1969 to six million in 1999 and 7.9 million in 2009, making this segment of the population almost four-fold what it was at independence. This means that as the population of Kenya rose rapidly over the past four decades, the proportion of youth also increased, making Kenya a youthful population with three out of four (78%) of its population being below the age of 35 years, which in turn has implications for the country’s goal of becoming a newly industrialized country as envisaged in the Vision 2030 development blueprint. The Vision recognizes that a well managed population is a critical resource can help the country achieve its development objectives. The youth-related goals for achieving the stated Vision are to increase opportunities all-round among youth and all the disadvantaged groups. In particular, the Kenyan National Youth Policy that was developed by the Government in 2007 came at a time when the country was experiencing a myriad of challenges facing the youth. The policy was developed in the context of existing sectoral policies, national development plans, international policies and charters to which Kenya is a signatory. This chapter notes that
young people consist of the largest and most interconnected segment of population that is poised to change our world and future. Being energetic and open to the possibilities afforded by new technologies, young people are having a transformative impact on politics, culture and development. Therefore, for the country to positively forge ahead, it needs to harness the potential that exists in its youth.

4.2 Rationale
Kenya’s National Youth Policy, which is implemented within the framework and coordination of the Ministry of Youth Affairs and Sports (MOYAS) formally recognizes and articulates the aspirations, needs and conditions of Kenya’s young people and observes that in the past, no recognition was given to the needs and concerns of young people, who were instead, left to find their own way in a difficult and ever changing society. With the development of the policy, “Kenya can celebrate the vision of the roles young people can play in the country’s development, while at the same time realizing their full potential... by giving them meaningful opportunities to reach their full potential, both as individuals and as active participants in society”.

With the opening of democratic space in Kenya (especially under the new Constitution) and the demand for good governance, youth are expected to play a critical role in decision-making processes at all levels. In order to implement the rights and fundamental freedoms as enshrined in the Constitution (Article 19 [2]), all state organs and public officers have the duty to address the needs of the vulnerable groups within society, including children and youth, among others. Kenya’s Constitution has therefore correctly categorised the youth as vulnerable despite the fact that they are the majority, because their numbers do not translate into tangible access to power and other opportunities. Other factors that must be considered if the Kenyan youth have to forge ahead and realize their potential within the framework of the supportive democratic space are: health, education, and employment. The realization of their personal goals and the socio-economic development of the country depend, to a large extent, on the ability of the youth to avoid unintended health outcomes, which in turn have a direct bearing on several MDGs.

4.3 Status
In 2009, 43% Kenya’s total population was under age 151. Table 4.1 shows the trends in youth population since 1969. The population in 2009 is almost four fold that of 1969 while the proportion of youth relative to the total has remained at about 20 percent over the last three decades. The country’s youthful age structure is influenced by several factors, key of which includes: age at first marriage, especially of women; age at which they have their first birth and the average number of births they have in their lives; improved child survival and an increase in the number of women in childbearing ages. One-quarter of all women
aged 20-24 were married by age 18. Such marriage at young age is also typically followed by a birth within the year of marriage.

Table 4.1: Trends in population of youth aged 15-24 since 1969

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population ('000)</td>
<td>10,944</td>
<td>15,327</td>
<td>21,444</td>
<td>28,687</td>
<td>38,610</td>
</tr>
<tr>
<td>Population of Youth (ages 15-24) ('000)</td>
<td>2,032</td>
<td>3,153</td>
<td>4,282</td>
<td>6,236</td>
<td>7,944</td>
</tr>
<tr>
<td>Youth population in census year relative to youth population 1969 (1969=100)</td>
<td>100</td>
<td>140</td>
<td>196</td>
<td>262</td>
<td>391</td>
</tr>
<tr>
<td>Youth population as a proportion of the total population (%)</td>
<td>19</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: Computed from 1969, 1979, 1989, 1999 and 2009 censuses

The policy environment in Kenya is enabling for implementing interventions that address the pressing youth issues in the country as attested by the various national public policies which recognize youth as a resource that can no longer be ignored and that everybody must act to ensure youth issues are addressed. In response to this recognition, the government has put in place several constitutional and legislative provisions and policies in the last decade to support the formulation, implementation and monitoring of youth development programmes some of which include: the promulgation of a youth-sensitive Constitution in 2010; the setting up of institutions to oversee the implementation of youth interventions; putting in place youth supportive and friendly policies and strategies (e.g. the Vision 2030, Health sector policies and strategies and education sector policies and strategies); the many programmes being undertaken by both public and private sectors due to this enabling environment; the enactment of the National Youth Council Act; and, putting in place an elaborate coordination framework with related implementation mechanisms and structures to respond to the identified myriad youth needs and issues to coordinate the existing programmes and interventions.

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4.3.1 Challenges
A population growing faster than the resources required to maintain or improve the quality of life can strain health and other social and economic services such as education, employment and security. A poor youth population with low education cannot effectively participate in the development and political decisions of their country, thereby limiting their prospects for unleashing their potential.

1. Poverty
The central tenet of the MDGs and the Kenya Vision 2030 is reduction of poverty. With 56% of the Kenyan population living below the poverty line, hunger and malnutrition are issues that cut across all age groups, including the youth. Out of a total of 13.7 million youth population in Kenya, more than half (approximately 7.6 million) live in poverty. Whilst Kenya’s economy is beginning to show signs of growth with an estimated GDP of about 6%, overall poverty levels at the household remain unacceptably high. For many young women from poor households, youth marks the entry into early marriage or early childbearing, effectively sealing off further opportunities. Poverty levels therefore have marked impact on young people’s health and socio-economic development. Table 4.2 shows the proportion of the youth who are poor by age in Kenya. The percent poor was obtained from the 2005/6 Kenya Integrated Household and Budget Survey (KIHBS) and applied to the 2009 census age distribution. Out of at total of 13.7 million youth population, slightly more than half (about 7.6 million) live in poverty.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Percent Poor</th>
<th>Total Youth Population in age group</th>
<th>Population poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>53.10</td>
<td>4,169,543</td>
<td>2,214,099</td>
</tr>
<tr>
<td>20-24</td>
<td>65.95</td>
<td>3,775,103</td>
<td>2,489,738</td>
</tr>
<tr>
<td>25-29</td>
<td>54.87</td>
<td>3,201,226</td>
<td>1,756,396</td>
</tr>
<tr>
<td>30-34</td>
<td>47.11</td>
<td>2,519,556</td>
<td>1,187,039</td>
</tr>
<tr>
<td>Total</td>
<td>56.02</td>
<td>13,665,428</td>
<td>7,655,150</td>
</tr>
</tbody>
</table>

Source computed from KIHBS and 2009 KPHC, MOYAS

2. Health:

The health status of young people is driven by a combination of determinants, including individual and societal factors, as well as institutional and economic factors. Lifestyle changes and risk taking also influence the health status of young people. Yet a healthy youth today provides a healthy labour force and strengthens the economy for years. Unfortunately young people consider health a low priority as shown in a 2009 study\(^5\) on Kenyan youth aged 15-20 years, where 45% of young people ranked job opportunities as their top priority concern compared to only 4% who said the same of health. Health ranked below education, wealth and income distribution and political participation. Among the critical health problems young people face are those associated with sexuality and reproductive health such as early and unprotected sexual activity, which have a significant bearing on both their current and future health status as young women face dual threat of unplanned pregnancy and risk of HIV infection and young men also face myriad challenges, including coping with the environmental degradation occurring in the continent in general. In Kenya, HIV prevalence in youth 15-24 has remained at slightly over 3 percent since 2003 (see figure 4.2). Data indicates that young women aged 15-24 are four times more likely to be infected than young men of the same age group. This ratio has not changed since 2003 (see figure 4.2).

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>1993(^6)</th>
<th>1998(^7)</th>
<th>2003(^8)</th>
<th>2008(^9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>3.4</td>
<td>1.7</td>
<td>2.4</td>
<td>1.0</td>
</tr>
<tr>
<td>16</td>
<td>3.1</td>
<td>4.3</td>
<td>5.3</td>
<td>8.2</td>
</tr>
<tr>
<td>17</td>
<td>10.5</td>
<td>14.1</td>
<td>12.0</td>
<td>13.0</td>
</tr>
<tr>
<td>18</td>
<td>27.7</td>
<td>26.2</td>
<td>30.4</td>
<td>21.6</td>
</tr>
<tr>
<td>19</td>
<td>39.5</td>
<td>39.5</td>
<td>39.4</td>
<td>30.0</td>
</tr>
<tr>
<td>15-19</td>
<td>16.8</td>
<td>17.2</td>
<td>17.9</td>
<td>14.8</td>
</tr>
</tbody>
</table>


3. **Education:**

The right to education is one of the basic human rights stipulated in the Universal Declaration of Human Rights (1948). According to the World Development Report (2007), young people need to acquire the right knowledge and skills to become productive workers, good parents and responsible citizens. From this perspective, education is an indispensable means of unlocking and protecting other human rights by providing knowledge and skills that are required to secure economic well-being, health, liberty and security (UNESCO, 2000). While learning takes place in many environments in society, most investments in learning is in the formal school set-up, which needs to happen during childhood and adolescence, with investments in the latter needed to make the earlier ones pay off. In Kenya, preparation of youth for work and life is quite low compared to the rising demands for

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skills and knowledge. Though basic education has become widespread in Kenya, many inequalities of opportunity appear in youth as poor young people drop out of school, or receive poorer education than the rich. Thus to improve the skills of young people to adequately prepare them for work and life, education opportunities must be made more relevant to the needs of all young people as learners and future workers, parents, and citizens. Figure 3 shows trends in enrolment rates in both public and private universities in Kenya. By 2009, total enrolment in all the universities rose by about 45 percent from 122,847 students in the 2008/09 to reach 177,735 students in 2009/10 academic year. Enrolment in public universities increased from 100,649 students in the 2008/09 academic year to 142,556 students in 2009/10. In 2009/10, the male and female student enrolment in public universities was 89,611 and 52,945 respectively. The share of private universities in total enrolment has been increasing gradually.

Figure 4.3b: Trends in enrolment rates in public and private universities

Source: MOYAS; Kenya Youth Dialogue tool and Youth Fact book, 2010
The Constitution\(^{13}\) (through Article 55) calls upon the State to take measures, including affirmative action programmes, to ensure that the youth have access to relevant education and training. Young people must be provided with the relevant and appropriate tools to develop their capabilities so they can make the most of opportunities presenting themselves in today’s competitive global economy. They can do this only if they are equipped with advanced skills in thinking, behaviour, specific knowledge and vocational skills to enable them perform jobs that require clearly defined tasks.

4. Employment:
Employment marks an important transition period for young people and it is characterized by independence, increased responsibility and active participation in nation-building as well as social development (WDR, 2007). Youth unemployment and underemployment can fuel social and political instability. While 60% of the total active labour force in Kenya consists of young people, 80% of the unemployed are also the youth. Figure 4 shows the trends in unemployment rates among the youth since 1978. The difficulty of finding suitable employment is compounded by a host of other problems confronting young people, key of which include illiteracy, insufficient training and skills mismatch. This is worsened by periods of world economic slow-down and by overall changing economic trends. In Kenya, the majority of young people are unemployed, underemployed or employed but underpaid and are therefore in the ever swelling ranks of the working poor. In addition, 92% of the unemployed youth have no vocation or professional skills training\(^{14}\). Whether young people gainfully participate in the various sectors of the economy also depends on the extent to which they (as the country’s potential human resource) are prepared. Currently, the country’s tertiary school enrolment (where professional acquisition takes place) stands at just about 10% (10.4% for male and 9.3% for female). This means that the bulk of the youth who enter into the labour market in the country is unskilled. The combination of skill mismatches in the labour market and the rapidly growing number of new entrants to the labor market has created a situation in which too many young people have a hard time finding meaningful jobs, which in turn leads to prolonged dependency on parents and guardians, diminished self-esteem and fuels frustrations, thereby increasing the likelihood of violence and conflict in the society, as witnessed during the post-election violence in 2007/2008.

While the informal (popularly known as *Jua Kali*) sector continues to play a critical role in employment creation, the sector faces many challenges, such as: (i) low productivity; (ii) limited technological transfer; (iii) poor occupational health and safety measures; and, (iv) inadequate access to markets and marketing channels. Due to idleness, especially after formal education, the youth become restless and try anything, with some ending up in crime or with deviant behaviour, including engagement in self-destructive tendencies. Slightly more than half of Kenya’s prison population consists of persons aged between 16 and 25 years of age. Poverty and drug and substance use are responsible for increased vulnerability of youth to re-commit crime.

Another area to reflect on is that while Kenya prides itself as an agricultural country, only 18% of her youth is employed in this sector. One other form of unemployment that is persistently being manifested in the country is voluntary unemployment, among the youth, who, in most cases are selective about the types of jobs they ‘want’ to do. This type of youth unemployment is contributed by the negative attitudes of the job seekers towards certain jobs, especially manual labour. From a social point of view, the crisis of youth unemployment deprives young people of the opportunity to secure independent housing or the accommodation necessary for the establishment of families and participation in the life of society. Creation of adequate employment opportunities to absorb
the rapidly growing labour force remains one of the greatest challenges in Kenya. It is little wonder, therefore that the Ministry of Youth and Sports (MOYAS) Strategic Plan 2008-12 identifies unemployment as the most daunting challenge facing Youth in Kenya today.

4.3.2 Opportunities

In spite of the above challenges and vulnerabilities facing young people, it would be wrong to view the youth as a burdensome problem than an asset. It is undeniable that the youth themselves constitute an asset to the nation and it is not an understatement to state that what Kenya becomes tomorrow depends on how it harnesses the potential of young people today. Kenya’s current Blue Print for development (Vision 2030) which is anchored on three pillars – i.e. the Economic, Social and Political – aspires to achieve a newly industrializing, middle income country, providing a high quality life to all its citizens by the year 2030. But to achieve this, will greatly depend on the extent to which the country nurtures, develops and utilizes her human resources, as well as the efficiency of its labour, which is predominantly its youth. The current Strategic Plan for MOYAS (2008-2012) also acknowledges that when empowered, youth can contribute positively towards good governance and democracy for national development.

Article 55 of the Kenya Constitution (2010) recognizes the need for “the State to take measures, including affirmative action programmes, to ensure that the youth: (i) access relevant education and training; (ii) have opportunities to associate, be represented and participate in political, socio-economic and other spheres of life; (iii) access employment; and, (iv) are protected against harmful cultural practices and exploitation.” The Constitution further provides for special seats for youth in the National Assembly, Senate and County Assemblies. It also provides for youth representation in statutory boards, committees and councils as may be constituted by the government or delegated authority. Thus the highest law of the land provides the greatest opportunities for achieving effective youth participation.

All the relevant policy documents in Kenya recognize youth as a resource that can no longer be ignored. The policies also recognize that everybody must act to ensure youth issues are addressed – hence the importance of multi-sectoral approaches and strategies in planning programmes and interventions for youth development. This also presents the greatest opportunity for meaningful mainstreaming of youth issues in all the sectors of the government for effective involvement of youth in all aspects of development. The policy environment is

\[15\] For example: Vision 2030; The National Population Policy for Sustainable Development; the National Youth Policy; Adolescent RH and Development Policy; MOYAS Strategic Plan (2008-2012); and, MOYAS Service Delivery Charter, among others
therefore favourable for harnessing the youth potential and translating it into a power house for socio-economic development for the country.

### 4.4 Conclusions and Recommendations

1. The establishment of the Ministry of State for Youth Affairs and enactment of the National Youth Council Act were major steps towards raising youth issues high on the national agenda and demonstrating the government’s political will in addressing youth issues. However, there is need for implementation of the Act, starting with the establishment of the NYC which has lagged behind to ensure the mainstreaming of youth issues in all the sectors and government ministries, who in turn will be held accountable for delivering on this.

2. The spread of new technologies to developing countries – Kenya included -has sharply increased the demand for skilled workers. Notably, the supply of skilled workers does not match the demand despite the fact that today's youth are more educated than the youth in the last decade. However, opportunities still exist by changing the training approaches and education philosophies to match the skills demand. Kenya's youthful population – popularly referred to as a demographic ‘bonus’ - offers a one time window of economic opportunity if appropriate investments in policies and sustainable programmes of good governance are put in place in their favour. Whether or not a country can take advantage of this demographic bonus depends on whether young people entering the work force are literate and educated, healthy and hopeful as well as skilled. Young people's choices will determine the next population wave and when they can claim their right to health, education and decent working conditions, they become powerful force for economic development and positive change.

3. In the area of education and training, it must be noted that: *Nothing is more critical for the youth of Sub-Saharan Africa than an education that prepares them for a healthy life and the ability to support themselves and their families (PRB, 2010)*. This is recognized even in the national goals as articulated in the Vision 2030 and the First Medium Term Plan. The education reforms as proposed in these two very high level policy documents need to be fast-tracked to respond to the demands of the labour market, locally, regionally and globally. This means that the mismatch between the level of skills imparted by the current education system and the requirements of the labour market need to be realigned in order to meet the demands of the economy and improve students' opportunities to participate effectively in the development process and for globalization. Youth access to job opportunities will therefore continue to depend on their assets and on the level of education achieved and its quality.

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4. Opportunities for training Kenyan youth to become experts and professionals exist in many aspects – some of which are enshrined in the country’s legislative, policy and institutional frameworks. For example, Chapter 4, Section 55 of the Constitution which calls on the state to take measures, including affirmative action programmes to ensure that the youth access relevant education and training; while MOYAS Strategic Plan (2008 – 2012) states that opportunities for training of the country’s youth shall be pursued through institutional frameworks such as:

(i) **The National Youth Service (NYS)** to be used to review and expand skills acquisition by the youth

(ii) **Youth Polytechnics** to be revived and equipped to facilitate the expansion of technical training opportunities – thus doubling the number of students from 75,000 to 150,000 to be able to create 35,000 jobs annually,

(iii) **Entrepreneurship training** which has been identified as a means of instilling entrepreneurial culture and upgrading business skills and an avenue for counseling, marketing and programme design. It is becoming increasingly evident that entrepreneurship holds the key to addressing youth unemployment. As the country continues to identify its priorities for the future, fostering entrepreneurship must be a cornerstone of its economic policy to ensure that global change acts as an ally in development, rather than an enemy. However, a major shift in the mindset of Kenyans can only succeed if the leaders implement the changes required to put youth agenda top in the national priority list. This can happen if the leaders as well as the youth themselves support the development of an entrepreneurial culture, rather than paying lip service to the idea and/or politicizing it. One beneficial way (among many other possibilities) would be to use the Youth Fund to develop a start-up curriculum that covers the building blocks of being successful in business to target individuals who do not have secondary and higher/tertiary education. The government needs to take interest in directing entrepreneurship activities towards progressive ends through investing in youth projects that aim to teach market economics, financial literacy, business ethics, entrepreneurship, success and leadership skills, environmental sustainability and project sustainability. An effective use of the Youth Fund could include supporting initiatives in: entrepreneurial training, including holistic attitudinal change to work/self-employment before disbursement of loans and/or grants; creation of business hubs or parks, by consolidating and
bringing together interest groups - providing a certain service or skill- in hubs in order to promote dignity in certain skills/professions that have hitherto been regarded as lowly; market creation; formation of self-help groups and promotion of local/community level savings. This means that the Youth Enterprise Development Fund needs to refocus its objectives and have practical and useful monitoring mechanisms – as was recommended by the youth who participated in the November 2010 Round Table meeting.

5. There is need for an effective national and all-encompassing post-training internship, apprenticeship and mentorship programme. For such a programme to be successful there will be need to establish regulatory mechanisms for compensating companies, agencies and institutions to support the programme. This should also be extended to in-school attachments for students who are still pursuing their training. The strategy will not just ensure constant availability of employable human resource, but also that the market is responsive to the available skills and vice-versa as well as ascertaining that the youth are given the opportunity to exercise their capabilities and competencies in an environment that recognizes these qualities, thereby having the added value of discouraging them from indulging in self-destructive tendencies, including adverse reproductive health outcomes.
5.1 Overview
Reproductive health (RH) is defined as a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes. The Reproductive health definition implies two rights: a) the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and; b) the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (ICPD PoA, 1994, para 7.2).

The extent to which couples are able to exercise their reproductive rights determines to a large extent, the reproductive health status of the population. It has been noted that: poverty, lack of education and information, in adequate access to health and related social services compromise to a large extent the reproductive health of women and their children. Infant and under-five mortality and maternal mortality are generally regarded as the best expression of the reproductive health status of the population.

5.2 Issues of concern
The best expression of reproductive health status of a country is measured by level of childhood and maternal mortality. This is the essence of the millennium development goal 5 which sought to reduce by to reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio; and ii) to achieve, by 2015, universal access to reproductive health. It is therefore imperative to determine the status of the country in terms of the extent to which it will achieve the relevant goals and targets for ensuring that all Kenyans have access to universal reproductive health services. Reproductive health is one of the cornerstones of achieving family planning is the most cost efficient strategy to reduce marternal mortality
national development goals. Indicators for monitoring reproductive health status and universal access to reproductive health include; maternal mortality ratio, proportion of births attended by skilled health personnel, and modern contraceptive prevalence rate.

5.2.1 Maternal Mortality
Available evidence from demographic and health surveys so far conducted in Kenya shows that maternal mortality ratio was between 328 and 501 deaths for every 100,000 live births in the 10 year period before 2003. In the decade prior to 2008/9 Kenya demographic and health survey the ratio ranged between 333 and 643 maternal deaths for every 100,000 live births indicating that the risk to maternal death has not changed much in the last decade. Currently there is particular concern that, in contrast to other MDGs, progress towards MDG 5 is very slow. The results of the Kenya Demographic and Health Survey (KDHS) 2008-09 show that the maternal mortality ratio (MMR) is estimated at 488 per 100,000 live births, while the MDG target has been set at 147 per a 100,000 live births. The current levels of maternal mortality indicate that there are nearly 7,500 women who die every year as result pregnancy related conditions.

One problem is that precise estimates are not possible with current methodology while sub national levels estimates are impossible to obtain. Since maternal mortality is difficult to measure precisely in absence of vital registration other indicators of reproductive health status are provided in Figures 5.1 and 5.2 respectively.

The KDHS 2008-09 estimates a fertility rate (TFR) of 4.7 children per woman. These indicators have geographic variations, with North Eastern, Nyanza, Western and Coastal Provinces having the worst indicators. The most glaring issue is that adolescent fertility in Kenya still remains high. Currently, adolescent birth rate is estimated at 103 per 1,000 women 15-19 years (KNBS and ICF Macro 2010).

Family planning is the most cost-efficient strategy to reduce maternal mortality, it is important to recognize that despite this relatively high contraceptive use, there is a persisting high unmet need for contraception of among Kenyan women of reproductive age. There are approximately 1.1 million currently married women in Kenya who have unmet need for contraception. Similarly, nearly 1.8 million currently married women have unplanned births every year. The county aimed reaching CPR of 70 percent by 2015, but having reached only 46% as at 2009 with huge regional variations For example North Eastern Province only a CPR of 4%.
Family planning is the most cost efficient strategy to reduce maternal mortality

Figure 5.1: Trends in contraceptive prevalence 1978-2009

Source: KNBS and ICF macro 2010
Figure 5.2 shows that slightly over half of women who give birth do not utilize postnatal care. However, there has been a dramatic improvement in the utilization of postnatal care. On the other the utilization of skilled personnel during delivery has not improved over the years.

5. 2.2 Childhood Mortality

The other major indicator of poor reproductive health outcomes is the level of infant and under-five mortality. The MDG target was Reduce by two thirds, between 1990 and 2015, the under-five mortality rate. While infant mortality rate declined by nearly 30 percent from 77 deaths per 1000 live birth to 52 deaths, mortality among children is still concentrated in the neonatal period. This implies that most of deaths occur due to maternal conditions. Numerous studies have found a strong relationship between children's chances of dying and certain fertility behaviours. The likelihood of early childhood mortality is much greater if children are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are born to mothers with high parity. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity.
Older women may also experience age-related problems during pregnancy and delivery. Table 5.1 shows the trends in high risk fertility behaviours in Kenya since 2003.

**Table 5.1: Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and Percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey.**

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Percent of births in last 5 years prior to survey</th>
<th>Percent of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in any risk category</td>
<td>25.8</td>
<td>28.3</td>
</tr>
<tr>
<td>unavoidable risk category*</td>
<td>18.0</td>
<td>16.9</td>
</tr>
<tr>
<td>Single  risk category**</td>
<td>37.6</td>
<td>36.3</td>
</tr>
<tr>
<td>Multiple risk category***</td>
<td>18.6</td>
<td>18.5</td>
</tr>
<tr>
<td>In any avoidable risk category (either single or multiple category)</td>
<td>56.2</td>
<td>54.8</td>
</tr>
</tbody>
</table>

* First-order births between ages 18 and 34 years
** Mother’s age <18 or Mother’s age >34 or Birth interval <24 months or Birth order >3
*** Age <18 and birth interval <24 months or Age >34 and birth interval <24 months or Age >34 and birth order >3
Age >34 and birth interval <24 months and birth order >3 or Birth interval <24 months and birth order >3

Despite the fact that the proportion of births or women having high risk births declining, data shows that a high proportion of women still have pregnancies that are very high risk. Slightly over 7 out of every 10 women have risky birth.

### 5.2.3. HIV and AIDS

HIV and AIDS have emerged in the recent past as the greatest threat to reproductive health. Results from the 2008-09 KDHS indicate that 6.3 percent of Kenyan adults age 15-49 are infected with HIV. HIV prevalence in women age 15-49 is 8.0 percent, while for men age 15-49, it is 4.3 percent indicating that women of reproductive age are almost 2 times more likely to be infected compared to men. The risk ration is even higher when data is restricted to the youth (women and men aged 15-24). About 3 percent of women age 15-19 are HIV infected, compared with less than one percent of men age 15-19. The HIV prevalence among women 20-24 is over four times that of men in the same age group (6.4 percent vs. 1.5 percent).

### 5.3 Challenges and Opportunities

#### 5.3.1 Challenges

The first major challenge is to reduce the large number of women who die as a result of pregnancy related conditions. That task can only be reduced if the needs of the large number of women with unmet need for contraception...
is reduced and hence 1.8 million who have unplanned pregnancies every year. While uptake of other maternal health services such as antenatal care and use of family planning has been improving, use of skilled birth attendance has remained almost constant. What makes women not to use these services despite their availability? Secondly, high risk fertility behavior is still prevalent making pregnancy and birth process unsafe. Finally, HIV prevalence still affects more women than men in Kenya and it has been argued that the Kenyan female-to-male ratio is higher than that found in most population-based studies in Africa.

Despite the continued commitment to the promotion and provision of adequate reproductive health services, several factors such as; social-cultural beliefs and practices, lack of women's empowerment, lack of male involvement, poverty, and weak health management systems impede the demand for and utilization of reproductive health care.

The inadequate capacity to manage health programs especially shortage of skilled health workers, inadequate budgetary provision and poor procurement and supplies systems, are the critical management challenges.

5.3.2 Opportunities

The current constitution of Kenya which was promulgated in August, 2010 defends the rights of its citizens and Chapter 4 on the bill of rights states that (1) Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care(b) to accessible and adequate housing, and to reasonable standards of sanitation;(c) to be free from hunger, and to have adequate food of acceptable quality;(d) to clean and safe water in adequate quantities;(e) to social security; and(f) to education.

The First Medium Term Plan (MTP) of Kenya's Vision 2030 acknowledged the growing reproductive health concerns and the need to ensure universal access to reproductive health. The Government of Kenya is committed to achieving the Millennium Development Goals (MDGs). The national MDG targets to be achieved by 2015 have been quantified in Kenya's Second National Health Sector Strategic Plan 2005-2010 (NHSSPII).

The country has an enabling policy environment to promote universal access to reproductive health; this is demonstrated by the number of national policies and strategy document that the government has put in place. Some of the policy document includes; National Reproductive Health Policy 2007; The National Reproductive Health Strategy 2009-2015; The Road Map for Attainment of Maternal and Newborn Health (MNH); Community Strategy; Adolescent Reproductive Health and Development Policy among others. Furthermore
the new Constitution includes a Bill of Rights which states that every citizen has the right to life, quality healthcare including reproductive health care and emergency care, this is another great opportunity to push for universal access to reproductive health.

The increased stakeholder and development partners in addressing HIV in the country can be used as an opportunity for strengthening health systems, including reproductive health. In addition, The Government of Kenya through the ministries of health has drawn implementation strategies for the integration of reproductive health and HIV&AIDS services by reorganizing and reorienting health systems, programs and services to ensure the delivery of a set of essential interventions offers opportunities for all stakeholders to address health needs of men and women in Kenya. The increased government commitment to repositioning and strengthening of family planning programs in the country.

As a result of increased basic education, communication programs and advocacy there is high level of awareness stakeholder could capitalize on by providing the necessary reproductive health infrastructure and services, particularly to the underserved people.

5.4 Conclusions and Recommendations

5.4.1 Conclusions
A rights perspective empowers individuals and groups so that they can take more control over decisions concerning their sexual and reproductive health, including obligations and demand for accountability. Therefore mechanisms must be put in place to hold the government to account for its actions in relation to sexual and reproductive health. Adequate improvement of reproductive health status entails mainstreaming of reproductive health rights in the planning implementation and evaluation of services and programs.

5.4.2 Recommendations
Despite the high commitment at country level, there still exists disconnect between the policies and action, which often leaves a gap that must be filled. There is need to ensure that all stakeholders implement the action plans and activities as outlined and envisaged in the National Reproductive Health Strategy of 2009-2015 and the national Road Map for accelerating the attainment of the MDGs related to maternal and newborn health of August 2010.

Many indicators for measuring the reproductive are often not available at sub national levels. In addition, some key indicators such maternal mortality ratio cannot be measured with accuracy. It is imperative that health information systems be improved to have accurate information on all indicators of reproductive health status of the people of Kenya. There is need to develop and maintain appropriate monitoring and evaluation for all the reproductive health programs.
Land is one of the most important natural resource for agricultural production
Chapter 6: Environmental Sustainability and Food Security: Healthy Planet, Healthy People

6.1 Overview
The changing demographics and especially the high rate of urbanization rapid population growth compared to the economic growth rate will on the future have significant impact on natural resource base, environmental degradation and food security.

Trend data show that, population density increased from 29 persons per km² in 1979 to 66 in 2009 (KNBS 1982; 2001; KNBS 2010a). The density varies from as low as 18 persons per km² in the Arid and Semi-Arid North Eastern Province to 522 persons per km² in the agricultural high potential Western Province. The increasing population density especially in the high and medium potential areas in the rural areas will increasingly pressure on the natural resource base. This has resulted in land degradation, reduction in forest cover, depletion of water resources, reduction in agricultural productivity and increasing under-nutrition.

Rural urban migration has over the years increased and has accelerated urban population since the early 1970s. The increase in population in all urban areas is tremendous, increasing from 2.3 million in 1979 (CBS 1988) to 12.9 million in 2009 with Nairobi hosting the largest share of the urban population estimated at 3.1 million in 2009. This suggests that rural dwellers are migrating to urban areas at rate that may be beyond those justified by urban employment opportunities. This will result in increased demand for food, water and increase in pollution levels. Strategies need to be put in place to increase agricultural productivity and protect the natural resource which the rural population depend on for their livelihoods.

6.2 The Environment and Natural Resource Base
The country’s population density in 2009 was estimated at 66 persons per km² but vary from as high as 1,170 persons per km² in the high potential Sabatia in Western Province to 3 persons per km² in Arid and semi-arid Laisamis, in Samburu in Eastern Province. Resource challenges will intensify in the areas where population expansion and high rates of poverty has the greatest impact relative to local resources and economic growth. The features of this phenomenon will include:

6.2.1 Land
Land is one of the most important natural resource for agricultural production. Of the total land of 57.6 million hectares of land in Kenya,
only 9.4 million hectares (17%) are medium to high potential. The remaining 83% comprises of arid and semi-arid areas (ASAL) which is low potential and with low precipitation that cannot support rain fed agriculture (GoK 2010). Out of the 9.4 million ha of arable land, only 2.4 million are devoted to agriculture which is heavily dependent on rainfall.

Since only 17% of the land is arable, population pressure has led to farm fragmentation, land degradation unplanned human settlements in areas that were in the past used for food production. Land fragmentation has been one of the causes of food insecurity as most of the original large-scale farms have been subdivided beyond economically sustainable production capacity. As a result, nearly half of households (47%) live in farms less than 0.6 ha (1.5 acres) therefore the country is predominantly made of small farms (Gitu, K.W 2004). In addition, population pressure has resulted in unsustainable land use practices mainly in the densely populated, high agricultural potential steep slopes of Central and Western parts of the country. Human activities such as removal of vegetation, cultivation on the slopes have destabilized soil on the slopes resulting in landslides and mudslides. In the landslide prone areas, this has led into loss of lives (GoK 2010).

6.2.2 Water

Kenya is currently classified as a chronically water scarce country with low renewable fresh water endowment estimated at 21 billion cubic metres. This translates to about 548 cubic metres per capita against the recommended minimum of 1,000 cubic metres. The country’s water availability per capita is projected to decline to 235 cubic metres by 2025 if supply does not keep pace with population growth (GoK 2011). Even with this trend in the scarcity of water, the investment in water storage and harvesting is still low. Water storage per capita is estimated at 4 cubic metres per capita which the country aims at increasing to 8 cubic metres by 2012 (GoK 2008).

The outlook for the coming decades is that agricultural productivity needs to increase to meet the food demands of the growing population which is projected to increase to 60 million by 2030. Estimates show that agriculture consumes 79.2% of water compared with domestic - 17.2%; industry- 3.7%)17 The amount of water available for agriculture and how the water resources are managed will therefore determine the extent the country will achieve economic and the social development and environmental sustainability envisaged in the Vision 2030.

6.2.3 Forests

Forests are climate regulators acting as water catchment, carbon sink that accumulates and stores carbon dioxide for indefinite periods

of time, and slows desertification. However with all the benefits, destruction of forests still continues. Land under forests declined from 37 thousand square kilometers in 1990 to 35 thousand square kilometers in 2007 (World Bank 2010). In 2008, the forest cover was less than 3% compared with the international benchmark of 10% (GoK 2007). The degradation of has affected the hydrological cycles of the main water towers resulting in water shortages.

The drivers of deforestation in Kenya include illegal logging to meet timber and charcoal needs, poverty that leads to overexploitation of forests such as demand for wood fuel; population pressure that leads to clearing of forests for agricultural and residential purposes (GoK 2010). These activities impacted negatively on the ability of the country’s 5 main water towers.

6.2.4 Climate change
Due to the impact of drought, acute food stress (famine) periods have reduced from 20 years (1964 and 1984) to two years (2004 and 2006) to almost annually (2007/2008/2009/2011). Massive crop failures are experience necessitating the importation of food to plug the gaps in food supply. For instance in 2008-09 alone, the government imported 2.6 million bags of maize worth Kshs. 6.7 billion. Droughts have also necessitated humanitarian assistance -food relief worth Kshs 20 billion over the last five years to feed between 3.5 million and 4.5 million (GoK 2011a).

The effect of climate change is posing a serious threat to agricultural production. This has aggravated by population pressure in the high potential areas pushing human settlement to water catchment areas and also cultivation of fragile ecosystems in the ASAL (Nyariki, DM 2007).

6.3. Food Security
Food security exists when all people at all times have physical access, social and economic access to sufficient, safe, nutritious food that meet dietary needs and food preference for active and healthy life (FAO 2011a). Long term food security is determined by sustainable use of the natural resources.

Kenya is a food deficit country barely achieving the recommended calorie intake. In addition, Kenya only managed to reduce hunger by 5% in the period 1992-2007 as measured by the Global Hunger Index. Estimates of daily dietary energy supply stood at 2060 in the period 2005-2007 (FAO 2011b) which is below the recommended 2,250 calories per day. The calories are derived from a wide variety of sources but are dominated by maize which account for over 30% of total calories in the country. Indeed, food security in Kenya is equated with maize production and there have been limited efforts to diversify the sources of calorie intake.

The production of maize has been dependent on climatic conditions. For instance in 2008, the
country produced 2.4 million tons of maize, the main cereal, against a national requirement of 3.1 million tones; 300,000 tons wheat against a national requirement of 900,000 tons and 120,000 tons of rice against a national requirement of 280,000 tons. Food produced during drought periods fall short of the requirements (Figure 6.1).

**Figure 6.1: Trends in maize production and consumption 2002-2010**

Overall, there are indications that the agricultural output and productivity is declining although the proportion of arable land utilized increased from 8.8% in 1990 to 9.1% in 2007 (World Bank 2010). Stagnation or low productivity in the agricultural sector is of concern since it has direct impact on food security and employment of the rural population who largely depend on the sector.
Table 6.2: Agricultural Output and productivity 1990 – 2007

<table>
<thead>
<tr>
<th></th>
<th>1990-92</th>
<th>2005-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crop production index</td>
<td>108.3</td>
<td>101.0</td>
</tr>
<tr>
<td>Food production index</td>
<td>111.3</td>
<td>108.7</td>
</tr>
<tr>
<td>Cereal yield (Kilograms per hectare)</td>
<td>1,645</td>
<td>1,621</td>
</tr>
</tbody>
</table>

Source: World Development Indicators 2010: World Bank; Washington DC

Analysis of production figures (Figure 2) indicate that the yield of maize per hectare has stagnated over the years. There are a number of factors however according to Tegemeo Institute, the yields in 2009 was due to impact of drought.

Figure 6.2: Trends in yield of maize (bags/hectare) 2002-2010

Lack of access to food is a major contribution to under nutrition. Data from FAO shows that number of undernourished people increased from 8 million in the 1990s to 11.2 million during the 2005-2007 period. The dietary energy supply increased marginally since 1995. The country also suffers from acute food insecurity due to climatic conditions. It is estimated that at any one time about two million people require humanitarian food assistance especially in the arid areas of the country. During periods of drought, heavy rains and/or floods the number of people in need could double.

<table>
<thead>
<tr>
<th>Period</th>
<th>No of undernourished persons</th>
<th>Prevalence of undernourishment</th>
<th>Daily Dietary Energy supply (kcal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-1992</td>
<td>8.0</td>
<td>33</td>
<td>1980</td>
</tr>
<tr>
<td>1995-1997</td>
<td>8.6</td>
<td>31</td>
<td>2040</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.3</td>
<td>32</td>
<td>2040</td>
</tr>
<tr>
<td>2005-2007</td>
<td>11.2</td>
<td>31</td>
<td>2060</td>
</tr>
</tbody>
</table>


Estimates showed that the drought that affected the country in 2011, a total of 3.5 million people were in need of humanitarian assistance in the month of August 2011, more than double the level in January 2011. Most of the food insecure inhabits the semi-arid areas pastoral areas in northern and eastern arid and low potential agricultural in the south eastern parts of the country (*FAO GIEWS 2011*).

Malnutrition in children has also not shown significant improvement during the years. Kenya Demographic and Health Surveys, nutritional stunting increased from 33% in 1998 to 35% in 2008-09. On average about 2.5 million children below five years are classified as stunted – chronically malnourished - and 1.2 million are underweight. The prevalence of chronic malnutrition is higher in rural areas.

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18 As measured by the daily dietary energy supply (DES)
19 Malnutrition here refers to undernutrition
The prevalence of child malnutrition also varies between drought and non-drought years. The lack of improvement in nutritional status is of concern since under-nutrition is a major underlying course of death among children below 5 years. Estimates show that 53% of under five deaths worldwide are due to undernutrition. That 11 million people suffer from under-nutrition and about 2.5 million children are nutritionally stunted implies that hunger is and still remains a primary challenge in the country. As a country there is need to improve the nutritional status of children since investing in the human capital of children and youth has the potential of increasing future economic growth.

6.4 Challenges

Integration of population environment and food security: Although progress has been made, population issues have not been fully integrated into sustainable development policy, planning and programming. In particular, sufficient attention has not been paid to the relationship between population dynamics, environment and poverty.

Land fragmentation: Land fragmentation has limited the application of technology in agricultural activities, thus reducing output. The population increase and the expansion of urban centres continually reduce land available for agricultural production.

Over-reliance on rainfed agriculture: Agricultural activities in Kenya is heavily reliant on rainfed agriculture and therefore, susceptible to wealth fluctuations. Over the last three decades, the frequencies of drought have increased resulting in crop failures and loss of livestock. It is therefore necessary that policy on increasing investment be given priority.

Environmental degradation: Inappropriate land use practices and soil erosion in water catchment areas which has led to serious degradation in quantity and quality of water resources. The declining fresh water availability will have serious impact on agricultural sector which consumers the largest share of fresh water.

Stagnation of agricultural productivity: Stagnation of agricultural or declining agricultural productivity is remains a concern in face of the rising population. Low productivity reflected in low yields per hectare means high cost of production

Increasing Food Insecurity: The increasing number of malnourished population is a concern. Malnutrition in children inhibits their

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growth, increases risk of morbidity and mortality; affects their cognitive development which reduces their subsequent school performance. Malnutrition also impacts negatively adults work capacity and labour productivity.

**Disaster Preparedness**
Although progress has been made in early warning systems, disaster preparedness and logistics for emergency response are still weak.

**Data on environment and natural resources:**
The country lacks update data on environment variables to monitor the trend for instance on water resources, forest cover and land use.

6.5. **Opportunities**  
**Irrigation potential:** The irrigation potential in the country can be substantially increased through water harvesting and storage and sustainable exploitation of the ground water. There are 9.2 million hectares in the ASALs with the potential for crop production if irrigated. This irrigable land is equivalent to the total farmland in high and medium potential areas in the country. The irrigation potential in the country can be substantially increased through water harvesting and storage and sustainable exploitation of the ground water.

**Enhance production Orphaned Crops:**
Countries like Ghana whose levels of hunger has reduced from 41% respectively and Uganda to some extent (*KIPPRA 2009*) largely rely on indigenous foods such as roots, tubers and bananas. Kenya has the potential of diversify sources of caloric intake by promoting the production and consumption of the orphaned crops.

**National Climate Change Response Strategy:** The Strategy offers an opportunity for integrated approach of tackling the impact of climate change

6.6 **Conclusions and Recommendations**

6.6.1 **Conclusions**
The interrelationships between population, environment and food security are complex. Population growth, poverty and environmental degradation are most closely linked in the rural areas. A large majority of the rural poor are dependent on agriculture and natural resources for their livelihood and sustenance. Declines in land, water supply together with the degradation of soils, forests will increasingly make the lives of the rural people especially the poor more difficult thus the need to migrate to urban centres in turn reducing the labour force for agricultural sector.

The increasing number of malnourished population is a concern. Malnutrition in children inhibits their growth, increases risk of morbidity and mortality; affects their cognitive development which reduces their subsequent school performance. Malnutrition also impacts negatively adults work capacity and labour productivity.
Higher population will result in additional agricultural activity to produce more food for consumption. Data already show that agricultural production has stagnated over time. This will mean that the health of the soils will have to be improved, through use of sustainable practices.

6.6.2 Recommendations
Addressing the linkages between population, environment and food security in Kenya, calls for a multi-sectoral strategy involving the government, communities and development partners.

Collaborative efforts:

- Develop synergies between public and private sector and replicate successful best practices
- Enhance awareness on the urgency to integrate food, population and environmental concerns in development planning.

Environment

- Environmental protection and economic needs must be addressed together. This includes sustainable forestry practices. There is need to increase vegetative cover by supplying fast growing trees to nursery on cost recovery basis.
- Promote water harvesting technology on farms to reduce reliance on river sources and reduce water pollution.

- Plan and use land more effectively- The increased pressure on high and medium potential calls for coherent strategies. Enhance programmes that mitigate impact of climate change.

Food Security

- Expand irrigated land to increase and stabilize the levels of production, while also minimizing the role of rainfall in agriculture. The challenge posed by growing scarcity of water can be addressed by investing in water harvesting and storage for domestic, irrigation, livestock and industrial use.
- Enhance research and development of new high yielding orphaned crops – cassava, sorghum and diversify sources of caloric intake.
Chapter 7: 
Migration and Urbanization in Kenya: Planning for the Growth

7.1 Introduction
Globally, migration today has risen to an unprecedented level. The United Nations, IOM and ILO estimate that the number of persons living outside their country of origin has reached 175 million, more than twice the number a generation ago. The root causes of migration are multitude since a complex web of factors underlie the process. The push-pull framework gives insight into the different forces at work to explain migration. In Kenya, multiple push factors spur migration both within the country and to other countries. Poor socio-economic conditions, low wages, high levels of unemployment, poverty and lack of opportunity are the main economic factors that fuel out-migration in Kenya. These factors are often caused by a mismatch between the rapid population growth and the available resources, low level of requisite technology and capacity to create employment and jobs at the origin.

While cities concentrate poverty, they also provide the best means of escaping it. Cities have long been engines of economic growth. Densely populated areas have the possibility of being more environmentally sustainable than sprawling communities and allow for more efficient provision of services. The ideas, connections and activities in cities often generate the solutions to the problems they create. Urbanization also concentrates trend toward smaller families and offers more opportunities for young people. Kenya’s urbanization is occurring for a number of reasons. Rising birth rates and natural growth of the urban population account for approximately 55% of urban growth. Rural-urban migration due to factors including drought, conflict and rural poverty accounts for an estimated 25% of urban growth.

7.2 Issues of Concern
There is a worrying trend in migration in Kenya. Using census data for 1999 and 2009, Figure 1 illustrates trends in recent net migration by province during the 1989-1999-2009 periods. In the year 1999, Nairobi, Central, Coast, Nyanza and Rift Valley recorded net gains in recent migration, while Eastern, North Eastern and Western recorded net losses. Of most interest is that, Nyanza Province which recorded net gain of recent migrants (28,492) in 1999 Census,
recorded a net loss of recent migrants (-41,643) in 2009; whereas, Eastern Province that recorded a net loss of recent migrants in 1999, has doubled its net loss of recent migrants in 2009, (i.e. -42,603 and -94,594), respectively.

Irrespective of the violence that followed the 2007 General Elections, whereby there were many cases of unrest in Rift Valley, the province still recorded a significant net gain of migrants (58,165) in the year 2009 against those recorded in the year 1999 (167,475). This was the second highest net gain, after Nairobi, which recorded the highest of 94,033. This can be interpreted to mean that Rift Valley still remains one of the most favoured in-migration areas, second only to Nairobi, which recorded 94,033 in-migrants in 2009 compared to 192,110 in the year 1999. Nairobi remains the most preferred province of destination because of the many job opportunities it offers to school leavers. It also has most training and educational facilities than any other province. More so, it is both a capital city and commercial headquarter; thereby, attracting migrants of all sorts.

**Figure 7.1: Trends in Recent Migrants by Province, 1979-2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Province</th>
<th>In-migrants, 1999</th>
<th>In-migrants, 2009</th>
<th>Out-migrants, 1999</th>
<th>Out-migrants, 2009</th>
<th>Net migrants, 1999</th>
<th>Net migrants 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nairobi</td>
<td>341,463</td>
<td>247,688</td>
<td>149,833</td>
<td>153,655</td>
<td>192,110</td>
<td>94,033</td>
</tr>
<tr>
<td></td>
<td>Central</td>
<td>140,299</td>
<td>135,114</td>
<td>118,730</td>
<td>109,998</td>
<td>21,569</td>
<td>25,116</td>
</tr>
<tr>
<td></td>
<td>Coast</td>
<td>172,762</td>
<td>67,849</td>
<td>46,988</td>
<td>42,008</td>
<td>68,420</td>
<td>25,841</td>
</tr>
<tr>
<td></td>
<td>Eastern</td>
<td>118,551</td>
<td>51,427</td>
<td>161,154</td>
<td>146,021</td>
<td>-42,603</td>
<td>-94,594</td>
</tr>
<tr>
<td></td>
<td>North Eastern</td>
<td>12,750</td>
<td>7,627</td>
<td>17,406</td>
<td>14,340</td>
<td>-7,555</td>
<td>-6,713</td>
</tr>
<tr>
<td></td>
<td>Nyanza</td>
<td>164,222</td>
<td>65,577</td>
<td>135,730</td>
<td>107,220</td>
<td>28,492</td>
<td>-41,643</td>
</tr>
<tr>
<td></td>
<td>Rift Valley</td>
<td>287,061</td>
<td>192,110</td>
<td>119,586</td>
<td>133,945</td>
<td>167,475</td>
<td>58,165</td>
</tr>
<tr>
<td></td>
<td>Western</td>
<td>87,747</td>
<td>44,704</td>
<td>141,785</td>
<td>104,907</td>
<td>-54,038</td>
<td>-60,203</td>
</tr>
</tbody>
</table>

*Source: computed by the author, using the 1999 and 2009 Censuses.*
Over the last decades, deteriorating political, socio-economic and environmental conditions, as well as, armed conflicts, insecurity, environmental degradation and poverty, are significant root causes of mass migration and forced displacement. The globalization process itself, also facilitates the movement of people within the country and across the regions. As the number of migrants continues to increase, undoubtedly, migration is a major issue in the 21st Century and will therefore pose certain social, economic and political challenges for policy makers in the management of migration for the betterment of the societies and countries.

Reducing or even reversing the flow of rural-urban migrants has been the most common policy pursued by Governments wishing to change the spatial distribution of the population. Strategies used to retain the population in rural areas include establishing internal migration controls, undertaking land redistribution, creating regional development zones and, more recently, promoting economic diversification and competitiveness in rural areas through the mobilization of investment and the improvement of rural livelihoods, as enshrined in Kenya’s Constitution (i.e. the New Constitution). As a result of such recent policies, jobs in rural areas in countries have increased markedly.

7.2.1 Migration by Rural and Urban

Migration has been at the fore of the changing population dynamics in Kenya, not to mention fertility and mortality, in determining population size, structure, and population distribution. The emerging trend in human mobility is contributing to expansion of urban settlements and household sizes and composition by age and sex. Table 1 depicts migration by age and sex, and rural and urban.
Table 7.1 shows that in Central and Coast provinces, much of the migration was to the urban areas (Central: rural, 46.6%; urban, 53.4%; and Coast: rural, 40.5%; urban, 59.5%). However, in the other provinces, other than Nairobi (that is wholly urban) migration was predominant in the rural than urban areas as follows: Eastern (rural, 66.9%; urban, 33.1%); North Eastern (rural, 73.7%; urban, 26.3%); Nyanza (rural, 66.4%; urban, 33.6%); Rift Valley (rural, 62.3%; urban, 37.7%) and; Western (rural, 77.4%; urban, 22.6%). In summary, Coast Province had the highest percentage of migrants (59.5%) in the urban area, whereas, Western had the highest (77.4%) migration in the rural area. Analysis by sex also shows that majority of both male and female migrants in Central and Coast provinces moved into urban areas. More so, for the other provinces, majority of both sexes moved to rural than urban areas.
7.2.2 Immigrants
Majority of the immigrants (357,468) in Kenya were from Africa (84.0 percent), followed by Asia (10.3 percent), Europe (4.0 percent) and America (1.6 percent); with Australia and Caribbean having less than 1 percent. The 2009 KPHC also showed that there were 179,432 female immigrants and 178,036 male immigrants. It is also noted that is sex balance among immigrants from Australia, Caribbean and America. However, there is an imbalance in sex among immigrants from Asia, with the majority being male (10.7 percent male and 9.8 percent female) and Europe (4.2 percent male and 3.8 female). On the contrary, the immigrants from Africa were dominated by female (84.6 percent female and 83.3 male).

7.2.3 Refugees
Refugee migration is a worrying trend in Kenya, with the neighbouring countries contributing the majority of refugees. The identified countries of refugees’ origin are Somalia, Sudan, Ethiopia, Uganda, Democratic Republic of Congo, Rwanda, Burundi and Eritrea among others (Table 2). It shows that over fifty percent of refugees are from Somalia.

<table>
<thead>
<tr>
<th>Refugee country of birth</th>
<th>Somalia</th>
<th>Sudan</th>
<th>Ethiopia</th>
<th>Uganda</th>
<th>DRC</th>
<th>Eritrea</th>
<th>Rwanda</th>
<th>Burundi</th>
<th>Other African Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>103345</td>
<td>7657</td>
<td>3832</td>
<td>405</td>
<td>706</td>
<td>32</td>
<td>238</td>
<td>236</td>
<td>77230</td>
</tr>
<tr>
<td>Male</td>
<td>53452</td>
<td>4523</td>
<td>2186</td>
<td>221</td>
<td>400</td>
<td>20</td>
<td>119</td>
<td>125</td>
<td>40085</td>
</tr>
<tr>
<td>Female</td>
<td>49893</td>
<td>3134</td>
<td>1646</td>
<td>184</td>
<td>306</td>
<td>12</td>
<td>119</td>
<td>111</td>
<td>37145</td>
</tr>
</tbody>
</table>

7.3 Urbanization Level
According to the 2009 Census, the number of Kenyans living in urban areas increased to 12 million. This represents 31.3 percent of the total population. However, demographic, social, economic and political variables have impacted greatly on urbanization process, resulting in varied provincial and county urbanization levels and trends. Being a capital city and a province at the same time, Nairobi is the most urbanised province in Kenya with its entire population being urban (Table 3). Nairobi is followed by Coast and Central with more than one-third of the population living in urban centres. Nyanza, Rift Valley and Eastern have between 21 and 25 percent of urban population in the province. North Eastern and Western are the least urbanised provinces in Kenya with less than 20 percent of the population living in urban centres.
Table 7.3: Urban Population by Province, 2009

<table>
<thead>
<tr>
<th>Province</th>
<th>Total population</th>
<th>Rural population</th>
<th>Urban population</th>
<th>Percent of urban population in province</th>
<th>Percent of total urban population</th>
</tr>
</thead>
<tbody>
<tr>
<td>KENYA</td>
<td>38,412,088</td>
<td>26,388,518</td>
<td>12,023,570</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nairobi</td>
<td>3,109,861</td>
<td>-</td>
<td>3,109,861</td>
<td>100</td>
<td>25.9</td>
</tr>
<tr>
<td>Central</td>
<td>4,370,124</td>
<td>2,868,781</td>
<td>1,501,343</td>
<td>34.4</td>
<td>12.5</td>
</tr>
<tr>
<td>Coast</td>
<td>3,291,225</td>
<td>1,869,714</td>
<td>1,421,511</td>
<td>43.2</td>
<td>11.8</td>
</tr>
<tr>
<td>Eastern</td>
<td>5,640,797</td>
<td>4,448,772</td>
<td>1,192,025</td>
<td>21.1</td>
<td>9.9</td>
</tr>
<tr>
<td>North Eastern</td>
<td>2,301,837</td>
<td>1,893,246</td>
<td>408,591</td>
<td>17.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Nyanza</td>
<td>5,421,889</td>
<td>4,086,898</td>
<td>1,334,991</td>
<td>24.6</td>
<td>11.1</td>
</tr>
<tr>
<td>Rift Valley</td>
<td>9,955,646</td>
<td>7,599,156</td>
<td>2,356,490</td>
<td>23.7</td>
<td>19.6</td>
</tr>
<tr>
<td>Western</td>
<td>4,320,709</td>
<td>3,621,951</td>
<td>698,758</td>
<td>16.2</td>
<td>5.8</td>
</tr>
</tbody>
</table>

In addition, Table 7.3 shows that Nairobi has the largest share of the total urban population in the country, followed by Rift Valley. The two provinces contribute 45.5 percent to the total urban population. They are followed by Central, Coast, Nyanza and Eastern, each with between 10 and 13 percent share of total urban population. Being least urbanised, Western and North Eastern’s contribution to the total urban population is relatively small.

7.3.1 Trends in Urbanization

Table 7.4 shows the trends of urbanization in Kenya between 1948 and 2009. At the time of Kenya’s first population census in 1948, there were 17 urban centres with an aggregate population of 285,000 people. The urban population was proportionately small (5.3% of the total population), with majority of the urban dwellers being non-Africans. Since then the number of urban centres, the urban population and the proportion of people living in urban centres have been increasing. The number of urban centres increased to 91 in 1979 and to 230 in 2009. The urban population increased to 2.3 million in 1979 and to 12 million in 2009. The proportion of people living in urban centres increased to 15.1 percent in 1979 and to 31.3 percent in 2009. In all censuses, the urban population has been disproportionately concentrated in Nairobi and Mombasa.
### Table 7.4: Urbanization Trends in Kenya, 1948-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Total population</th>
<th>No. of urban centres</th>
<th>Urban population*</th>
<th>% of urban to total population</th>
<th>Intercensal growth rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>5,407,599</td>
<td>17</td>
<td>285,000</td>
<td>5.3</td>
<td>-</td>
</tr>
<tr>
<td>1962</td>
<td>8,636,263</td>
<td>34</td>
<td>747,651</td>
<td>8.7</td>
<td>6.3</td>
</tr>
<tr>
<td>1969</td>
<td>10,956,501</td>
<td>47</td>
<td>1,076,908</td>
<td>9.8</td>
<td>7.1</td>
</tr>
<tr>
<td>1979</td>
<td>15,327,061</td>
<td>91</td>
<td>2,315,696</td>
<td>15.1</td>
<td>7.7</td>
</tr>
<tr>
<td>1989</td>
<td>21,448,774</td>
<td>139</td>
<td>3,878,697</td>
<td>18.1</td>
<td>5.2</td>
</tr>
<tr>
<td>1999</td>
<td>28,159,922</td>
<td>180</td>
<td>5,429,790</td>
<td>19.3</td>
<td>3.4</td>
</tr>
<tr>
<td>2009</td>
<td>38,412,088</td>
<td>230</td>
<td>12,023,570</td>
<td>31.3</td>
<td>8.3</td>
</tr>
</tbody>
</table>

* See the 1999 Analytical Report on Migration and Urbanization (Kenya 2004) for the 1999 urban population

The growth of urban centres both in numbers and population accelerated immediately after independence, when Africans were allowed to migrate to towns without any legal and administrative restrictions. This explains the high urban growth rates in 1969 and 1979, largely a consequence of rural-to-urban migration. However, as the population become more urbanised, the urban growth rate declined from a peak of 7.7 percent in 1979 to 3.4 percent in 1999. In 2009, the urban growth rate rose to a high of 8.3 percent.

#### 7.4 Challenges

The urban crisis has intensified over the past year, with people now earning less but having to pay more to survive. Household incomes have fallen due to the global economic crisis, with casual and long-term work harder to find as companies scale down. Meanwhile, the price of staple foods such as maize has more than doubled in the past year, with 90% of poor families forced to reduce the amount of food they eat as a result.

Children in Nairobi slums are now some of the least healthy in the country, the report found. In some parts of the city, infant mortality rates are double those of poor rural areas, and half of young children suffer from acute respiratory infections and stunted growth. For instance, there is higher IMR in urban areas than in rural areas in Kenya (KDHS, 2008/09). Acute child malnutrition is a growing concern.
The governance of large urban conglomerations faces the additional challenge of coordinating multiple jurisdictions and promoting coherent administrative and policy solutions for the benefit of all the inhabitants of large metropolitan areas.

The rising urban inequality is creating a huge underclass with serious consequences for the country’s security and social fabric. The struggle to survive has forced some of the most vulnerable people into crime and high-risk occupations such as prostitution. Frustrated youth are increasingly turning to violence and with Kenya still extremely politically volatile following the 2007/08 post-election violence, the risk of ethnically-linked clashes in various parts of the country and urban slums is being exacerbated by the growing resentment over inequality and desperate living conditions. Thus, having enough food to eat and clean, safe water is one of the most basic human rights, yet in urban areas it is increasingly only for the rich minority.

7.5 Opportunities

Migration Policy: Kenya is a signatory to various migration conventions, treaties and policies such as the United Nations Convention on Rights and Protection of Refugees (1951). Over the years, migration policies in Kenya have been sectoral, not national. Nonetheless, a national migration policy has been drafted.
and aims to address various migration related issues in a holistic manner. The policy will aim to support broad national economic, social and human interests through effective border policing, while still encouraging international trade, foreign investments, social interaction and regional integration.

**Urbanization Policy:** An urban development policy for Kenya is under formulation. This new policy aims to guide aspects of urban development countrywide, such as development planning, land management, urban investment and delivery of infrastructure and services.

**The Kenya Vision 2030:** In a broader national context, Kenya’s Vision 2030 aims to transform Kenya into a newly-industrializing, middle-income country providing a high quality of life to all its citizens in a clean and secure environment (Kenya 2007). Vision 2030 recognizes that Kenya is moving towards a predominantly urban population and should plan for high quality urban livelihoods.

The social and economic pillars of the Kenya Vision 2030, puts more emphasis at improving the social wellbeing of Kenyans. In an attempt to realize this vision, there are proposals to develop resort cities, such as Isiolo, Lamu and Kilifi. This is deliberate attempt to diversify resources and urbanization development to other areas, other than concentrating migration and urban development in the currently larger urban centres of Nakuru, Nairobi and Eldoret, among others.

**The Millennium Development Goals:** Goal 7 of the MDGs aims to reduce the proportion of people without access to safe drinking water and basic sanitation by 2015 and to achieve a significant improvement in lives of slum dwellers by 2020. The Kenya Vision 2030 aspires to meet the Millennium Development Goals (MDGs). Some of the Vision’s goals during the first medium term plan (2008-2012) are to (-) achieve integrated regional and urban planning and management; (-) increase access to safe water and sanitation in urban areas; (-) facilitate access to adequate housing; and (-) improve the lives of slum dwellers (Kenya 2008).

**Development Partners:** Currently, most programmes related to migration are handled in partnership with international organizations such as United Nations High Commission for Refugees (UNHCR), International Labour Organization (ILO), International Organisation for Migration (IOM) and civil society organisations. For instance, efforts have been made to reduce brain drain by reversing migration of the highly-skilled. The Return of Qualified African Nationals (RQAN) scheme in Kenya run by IOM is reported to have returned over 300 professionals to Kenya by the end of 2002 (Shinn 2002).

The Government of Kenya, in collaboration with UN-HABITAT, is currently implementing a country-wide Kenya Slum Upgrading Programme (KENSUP). The main objective of KENSUP is to improve the livelihoods of people living and working in slums and informal...
settlements in Kenya’s urban areas through provision of basic infrastructure (e.g. water and sanitation) with income-generating activities, pro-poor governance, housing improvement and security of tenure (UN-HABITAT 2007).

Oxfam, an international development agency is working with local Kenyan partner organizations to establish new projects in Nairobi aiming to address the urban crisis. These include improving access to affordable water and sanitation for 3,000 people in Mukuru and Kibera, harnessing bio-gas from human waste, improving waste management in Kayole, and providing cash transfers and cash for work projects to improve people’s ability to afford food in Kibera, Korogocho and Mukuru.

The Kenya New Constitution: The Kenya New Constitution has set a new agenda for the devolution of governance and resources from the Central Government to County Governments. This will therefore divert more attention to the county levels. Hence, more migration and urbanization will be focused at the grassroots, rather than the larger cities, such as Nairobi, Mombasa and Kisumu, among others.

7.6 Conclusions and Recommendations

7.6.1 Conclusions

Almost all future population growth in the developing world will be absorbed by cities, Kenya included, which are unprepared for such rapid expansion. This will be mainly due to migration by young people for search of employment and/or tertiary education. Planning needs to begin now to take advantage of the benefits cities can offer. Throughout Kenya there is a slow but steady movement of the rural population to the cities in search of employment. Some Kenyans have emigrated to other countries, and ethnic Somalis are present in significant numbers in Kenya’s North-Eastern Province.

Rapid urbanization is changing the face of poverty in Kenya. Nairobi’s population is set to nearly double to almost six million by 2025, and 60% of residents live in slums with no or limited access to the most basic services such as clean water, sanitation, housing, education and healthcare. Whereas poverty has previously been found in remote rural areas, within the next ten years half of all poor Kenyans will be in towns and cities.

7.6.2 Recommendations

Rural employment opportunities: Promoting rural employment opportunities can play a key role in stemming the rate of rural-urban migration. However, for such a policy to succeed there is need to be sensitive to the underlying causes of migration. Thus, expanding the number of vulnerable jobs may achieve less than reducing the vulnerability of existing jobs.

Rural settlement schemes: It would be appropriate to establish rural settlement schemes, involving the establishment of new or much expanded farming communities. The objectives of such
programs are often multidimensional, perhaps aiming to enhance incomes of the chosen settlers, to promote regional development for strategic purposes, to diminish population pressure either in areas of settlers’ origin or of their alternative migration choices.

Industrial location: Cross-country patterns in city population concentration (measured by the square of city relative to total population) against non-agricultural Gross National Product per capita (interpreted as a proxy for market size), arises from distribution of urban centres in the country. Thus, it would be appropriate to adopt policies intended to influence the location of industrial production. The objectives of this can be multidimensional, but often intent to relocate production rather than labour is a key component.

Infrastructural development: The location of infrastructure affects migration patterns both indirectly and directly. For instance, besides using financial instruments to promote select growth centers, it would be plausible to influence the distribution of production activities through investments in infrastructure. The distribution of infrastructure whose output is directly consumed - water supply, electricity, health care, schooling, transport, etc. - may also shape decisions with respect to place of residence.

The Kenyan government has repeatedly ignored the growing magnitude of the urban crisis, and thus it is urged to invest more funds and resources in improving life for the most vulnerable residents of the urban slums. Projects that improve access to clean water and sanitation, and boost people’s income, are most urgently needed. International donors, who have tended to focus exclusively on rural poverty, also need to recognize the scale of the urban problem.

The nature and dispersion of education: The incidence of rural education has a major effect on the propensity to migrate. Migration for education, though usually at higher levels of schooling or college, is common in Kenya. This may either take the form of individual children moving (often to stay with kin), or of families relocating to take advantage of better educational facilities.

Terms of Employment: The non-monetary advantages of urban jobs - both job security and working conditions more generally - are a source of attraction for the more highly educated. Thus, there is need to improve terms of employment for those in rural areas, so that the educated and skilled migrants stay in rural areas.

Decentralization: Decentralization would give local governments more functions and new powers to raise revenue. Common to most of these reforms are greater openness and accountability, increased involvement of civil society, greater participation of women in local decision-making and the devolution of legal and fiscal responsibilities to local governments in charge of urban affairs.
Kenya is faced with a daunting challenge emanating from rapidly increasing population and high incidence of poverty and inequality. This challenge threatens sustainable development in the medium to long term and requires urgent redress. Evidence suggests that improving the wellbeing of the poor by investing in health and education, particularly that of women and girls, can break the cycle of poverty and high population growth nexus.

Improving the well being of all Kenyans require that development objectives mainstream gender concerns since women and girls constitute half of the total population. Women and girls constitute half of the country’s population. Realizing potential of women and girls requires the full integration of the needs of women and girls into the development strategies, planning, and decision making at every level. This is however constrained by limited access women and girls to; education an training, health especially reproductive health services, productive resources like land and capital, gender discrimination in the work place against women and hence their concentration in the low paying occupations, persistence of harmful cultural practices, limited representation in public life as well as inadequate institutional mechanisms to mainstream gender issues in the relevant areas of development.

As a result of previous demographic history, the absolute size of the Kenyan youth population aged 15-24 grew from about two million in 1969 to six million in 1999 and 7.9 million in 2009, making this segment of the population almost four-fold what it was at independence. The country’s youthful age structure is influenced by several factors, key of which includes: age at first marriage, especially of women; age at which they have their first birth and the average number of births they have in their lives; improved child survival and an increase in the number of women in childbearing ages. The size of youth population presents both opportunity and risk if not managed properly.

The realization of development process requires that men and women have universal access to reproductive health. The extent to which couples are able to exercise their reproductive rights determines to a large extent, the reproductive health status of the population. Poverty, lack of education and information, inadequate access to health and related social services compromise to a large extent the reproductive health of women and their
children. The trends in population growth and the high rate of urbanization compared to the economic growth rate will on the future have significant impact on natural resource base, environmental degradation and food security. Land is one of the most important natural resource for agricultural production of which 57.6 million hectares of, only 9.4 million hectares (17%) are medium to high potential. Out of the 9.4 million hectares of arable land, only 2.4 million are devoted to agriculture which is heavily dependent on rainfall. The challenge is that the high population growth rate has led to increased land fragmentation leading to unsustainable land use practices.

In an era of rapid globalization, human migration has evolved into a dynamic phenomenon with respect to the multitude of factors contributing to the migration of unparalleled numbers of migrants across immense geographical trajectories. Throughout its history, Kenyans have experienced important migratory movements, both voluntary and forced, which have contributed to its contemporary demographic landscape. Internal migration, particularly, rural-urban and urban-urban, are contributing to a new urban time-bomb, with millions of urban residents suffering a daily struggle for food and water as the divide between rich and poor widens. Evidently, a combination of falling household income, rising prices, and poor governance is making life a misery for the poor majority in Kenya’s urban centres.

International migration, particularly, refugee population are a cause of concern; of whom the majority include Somalis, Sudanese, Ethiopians, Ugandans, and a smaller group comprises of various other nationalities. However, the total number of refugees has reduced from 420,000 in 1992 to 187,000 in June 1998, and to about 160,000 in 2009. This is mainly attributable to the repatriation of more than 155,000 refugees to Somalia and 70,000 to Ethiopia, not to mention a significant number of Sudanese refugees in Kenya, who are expected to decrease, following the independence of South Sudan.

Nonetheless, migration and urbanization in Kenya, call for a set of policy issues, such as those targeting minimizing or lowering the rate of rural-urban migration; and those targeting improving conditions in urban centres for the realization of Millennium Development Goals and Kenya Vision 2030.
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Kenya’s population is growing by nearly 1 million every year. The rate of population growth and the structure of the population are of importance to the attainment of both national and global development goals since people’s needs and challenges vary by age. This report shows the interrelations between Population growth and poverty, wellbeing, urbanization, environmental sustainability, food security among others.

By analyzing the challenges facing the 41 million Kenyans today and the opportunities at hand, this report informs the government, civil societies, individuals and the entire spectrum of stakeholders, areas where policies and development programmes should focus. It also suggests ways of how to address identified challenges.