# Population Trends Kenya

U.S. Department of Commerce Economics and Statistics Administration BUREAU OF THE CENSUS Center for International Research

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Kenya is the seventh largest country in Sub-Saharan Africa and has been one of the fastest-growing countries in the world. But the 1989 Kenya Demographic and Health Survey (KDHS) has shown that during the last decade fertility has declined for the first time in Kenya's demographic history, from a level of 7.9 children per woman in the late 1970's (KCBS,1980) to 6.7 in the late 1980's (KNCPD and IRD, 1989). As many as 820,000 births were averted during the 1980's as a result of this decline.

Despite the decline in fertility. Kenya's population (figure 1) is still concentrated in the younger ages and will continue to grow for many years. Currently, it is growing at 3.6 percent annually and would double in 19 years if this rate continued. Even with the projected decline in fertility to 2.9 children per woman in 2020, it would double in 23 years. Between 1990 and 2020, each successive decade will add an increasing number of people to the population. During this period, Kenya will add 33 million people, more than twice as many as were living in Kenya in 1980.

Kenyans live longer, on average, than people in other Sub-Saharan African countries, except South Africa and the small island nations. Life expectancy at birth in Kenya has increased from about 41 years in 1950-55 (U.N. 1990a) to 57 years in 1980 and 62 years in 1992. As in most countries, females in Kenya live longer than males. Current life expectancy for females (64.0 years) exceeds that of males (59.8 years) by about 4 years.

Reduced infant mortality is a major factor in lengthening life expectancy at birth. The current level of infant mortality in Kenya—68 infant deaths per 1000 births—is considerably lower than the rate for the Sub-Saharan region as a whole and has been reduced by about 54 percent in the past four decades. The KDHS results show that government programs have been effective in providing health services to infants and children, thereby reducing their mortality rates. Almost 8 in 10 births in Kenya benefit from prenatal care and for 89 percent of births, mothers received a tetanus toxoid injection.

#### **Contraceptive Prevalence**

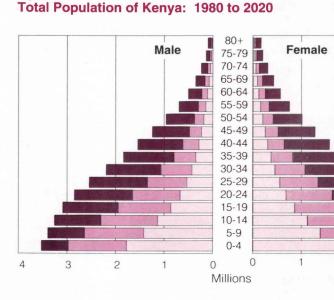
In 1989, the KDHS showed that 27 percent of Kenyan married women of reproductive age were currently using a contraceptive method (figure 2). In 1978, only 7 percent of married women were users. Modern methods accounted for about two-thirds of the increase in contraceptive prevalence. The prevalence rate increased by more than 50 percent between 1984 and 1989. During the same period, the estimated number of women using contraception increased

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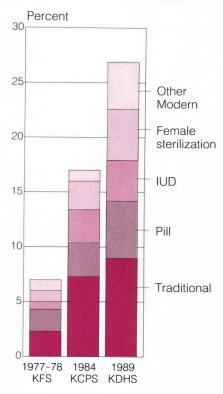
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## Figure 1.





#### Figure 2. Trends in Current Use of Contraception Among Currently-Married Women of Reproductive Age, by Method: 1977-78 to 1989



even more, by 84 percent, from 466,000 in 1984 to 858,000 in 1989 (figure 3). All age groups of women shared in the increase. In 1989, the number of women who were using only modern methods (571,000) was larger than the total number of women using any method in 1984. The increase in the contraceptive prevalence rate among married women has been a primary reason for the recent declines in fertility in Kenya (Dumm et al., 1990).

In 1989, 2 out of 3 married women using contraception had chosen modern methods. Urban women were more likely to use a modern method than rural women. More than 50 percent of the modernmethod users had chosen, in about equal proportions, the pill or female sterilization. Female sterilization was the most widely used method among Kenyan women over 30 years of age and is a fastgrowing method (Church and Geller, 1990). In 1989, an estimated 150,000 married women of reproductive age in Kenya were using this method. Women under age 30 preferred the pill over most other methods. However, the single most popular method used was periodic abstinence.

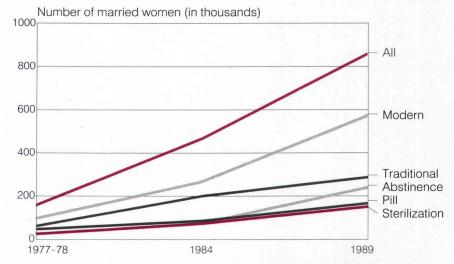
Results from the KDHS showed a strong desire on the part of Kenyan women to limit fertility. Fifty percent of currently married women 15 to 49 years old wanted no more children, and this percentage increased rapidly with age (figure 4). Another 26 percent wanted to wait at least 2 years before having their next child. As a result of this desire among many Kenyan women to regulate their fertility, there was a substantial increase in the unmet need for family planning in Kenya. The percent of women desiring to postpone or avoid pregnancy but not using contraception more than

doubled between 1978 and 1989. In 1989, 38 percent of married women in reproductive ages (or more than 1.2 million) had an unmet need for family planning. Sixty percent of this unmet need was for spacing births, and 40 percent was for limiting births. Women under age 30 had a greater unmet need for spacing purposes, but women over age 30 had a greater unmet need for limiting fertility (figure 5). The unmet need for family planning was greater among the rural population than the urban population (Westoff and Ochoa, 1991).

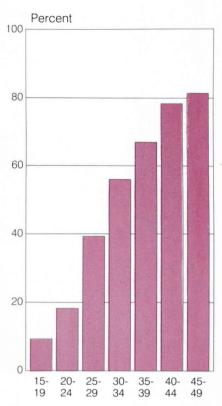
#### **Urbanization**

Kenya is becoming increasingly urbanized. In 1950, less than 6 percent of the population lived in urban areas (United Nations, 1991b). Since then, urbanization has increased fourfold to 24 percent in 1990 (figure 6). Between 1950 and 1990, the number of persons living in urban areas increased seventeenfold, from 340,000 to slightly under 6 million in 1990. Currently, Kenya's urban population is larger

#### Figure 3. Trends in Estimated Number of Currently Married Women Using Contraception, by Method: 1977-78 to 1989



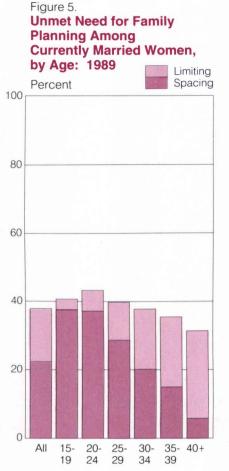
#### Figure 4. Married Women Who Want No More Children, by Age: 1989



than its entire 1950 population. In 2020, about 27 million people are projected to be living in urban areas.

#### **Population Composition**

Currently, almost 50 percent of all Kenyans are under age 15. Although this percentage will decline to 35 percent in 2020, the number of children under 15 (currently just under 13 million) will be over 20 million by 2020. Even though the total population growth rate has begun to decline, the population in working ages will continue to grow faster than the total population and will increase almost three times, from under 13 million in 1992 to 35 million in 2020. During the same period, the number of women of child-



bearing ages will increase from under 6 million to more than 15 million.

#### References

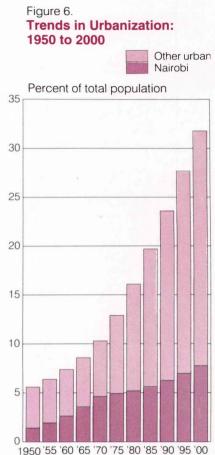
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## Table 1. Population Indicators for Kenya: 1980 to 2020

(Population in thousands)

Indicator	1980	1990	1992	2000	2020
POPULATION					1
Total country	. 16,681	24,342	26,164	34,258	57,258
Urban	2.686	5,745	6,604	10,894	27,254
Rural		18,597	19.560	23,364	30,004
lara	. 10,000	10,037	19,000	20,004	30,004
Male, total country					
All ages		12,126	13,036	17,069	28,439
) to 14	4,329	6,055	6,420	7,919	10,174
6 to 12	1,823	2,603	2,767	3,514	4,670
13 to 18	1,132	1,782	1,918	2,458	3,769
15 to 44	3.128	4,881	5,336	7,416	14,04
15 to 49		5,209	5,689	7,896	15.28
15 to 64		5,829	6,355	8,791	17,44
65+		241	261		
JJ <del>T</del>	107	241	201	359	822
emale, total country					
All ages	8,393	12,216	13,128	17,189	28,818
) to 14	4,246	5,944	6,309	7,804	10,052
6 to 12	the balls is a set of the	2,560	2,722	3,468	4.62
13 to 18		1,751	1,886	2,427	3,742
15 to 44		4,940	5,383	7,429	14,110
			A		
15 to 49		5,294	5,764	7,944	15,384
15 to 64		5,983	6,505	8,938	17,698
65+	196	289	313	447	1,068
Married females					
15 to 49	2,408	3,328	3,625	5,083	10,353
15 to 19	216	252	273	354	564
20 to 24	491	690	749	1,024	1.782
25 to 29		693	775	1,108	2,110
30 to 34	111111111111111111111111111111111111111	561	607	913	1.879
		466		·	
			504	709	1,617
10 to 44		373	401	548	1,344
l5 to 49	212	293	316	427	1,057
DEPENDENCY RATI	С				
Both sexes	115.4	106.1	103.4	93.2	62.9
IFE EXPECTANCY					
Both sexes		61.2	61.9	64.6	70.4
Male		59.2	59.8	62.2	67.2
emale	58.5	63.2	64.0	67.1	73.7
NFANT MORTALITY	RATE (pe	r 1000 b	irths)		
Both sexes		71.3	67.5	53.9	30.0
Male		74.6	71.2	58.9	35.6
Female		67.9	63.7	48.8	24.2
	00.0	07.5	00.7	-0.0	2.4.2
and the second	TO				
FOTAL FERTILITY R/ Fertility rate per woma		6.5	6.2		

Note: Dependency ratio is the ratio of persons under age 15 and over age 65 to those ages 15 to 64 years.

Source: U.S. Bureau of the Census, Center for International Research, International Data Base.

### Table 2.

#### Contraceptive Prevalence Among Married Women 15 to 49 Years of Age, by Method

	Percent current users			Percent distribution of users		
1977- Method 78	1984	1989	1977- 78	1984	1989	
All7.0	17.0	26.9	100	100	100	
Oral	3.1	5.2	29	18	19	
IUD0.7	3.0	3.7	10	18	14	
Injection 0.6	0.5	3.3	8	3	12	
Female sterilization 1.0	2.6	4.7	14	15	17	
Other modern 0	0.5	1.0	0	3	4	
Periodic abstinence 1.1	3.8	7.5	16	22	28	
Other traditional 1.6	3.5	1.5	23	21	6	

Source: KCBS, 1980, p. 133; 1984, table 7.10; KNCPD and IRD, 1989, table 4.6; and Stover et al., 1991, tables 3 and 5.

Table 3. Average Age of Users of Selected Methods: 1989

(Married women 15 to 49)
Method Average age

Oral	8
IUD 33.	1
Injections 33.	3
Condom 27.	2
Female sterilization 37.	8
Periodic abstinence 31.	4

Source: Stover et al., 1991, table 12.

Table 4. Fertility Rates (Per 1,000 women)

Age	1977	1984	1989
15 to 19	177	163	152
20 to 24	369	339	315
25 to 29	356	325	300
30 to 34	284	268	254
35 to 39	216	200	187
40 to 44	132	112	96
45 to 49	51	43	36
Total fer	tility rate		
per wom	nan 7.9	7.2	6.7

Source: U.S. Bureau of the Census. Center for International Research, International Data Base.