

## CHAPTER 1

# POPULATION GROWTH AND STRUCTURE

### 1.0 Summary

In Kenya, there is high population growth compared to economic growth and weak integration of population concerns into development. There are dramatic changes taking place in the area of population and development. There are also increasing levels of poverty and HIV/AIDS epidemic eroding many earlier health and development gains. This has been reflected in the studies undertaken in this area.

The studies are aimed at providing up-to-date information on: the profile of the population - population size, composition and distribution of population, levels, trends and differentials of fertility, mortality, migration and urbanization and establishing the macro-economic implications of demographic changes on fertility decline, globalization, MDGs, population and sustainable development challenges. These studies are important for policy makers, planners, researchers and program managers in planning, implementation, monitoring and evaluation of population and development programs in Kenya.

During the first phase of the implementation of the IPCD-POA (1995-2000), Kenya achieved considerable progress in various demographic and health indicators and made important strides on the policy front, by adopting policies, frameworks, guidelines and action plans in major areas of concern. Others are currently under development. However, the studies show that some development indicators that have deteriorated over the decade are infant mortality, life expectancy, school enrolment and poverty levels. Economic growth virtually stagnated for most of the decade.

### 1.1 Methodology

The models used in these studies incorporated the most recent survey data on population and development mainly the KDHS data. The main methods of data collection used were interviews,

structured questionnaires and FGD. To analyze the data, bivariate measurements, multiple linear and logistic regressions were used for in-depth analysis of selected variables. Cross-tabulation and percentage frequencies were employed as the major data presentation techniques. The main unit of analysis in most studies was individual respondent.

### 1.2 Issues

- Rapid population growth.
- Low life expectancies.
- Reduced Total Fertility Rate (FTR).
- Population composition.

### 1.3 Findings

Different studies in this section have shown that Kenya's population is youthful and over 60% of population was largely dependent upon a "productive" 40% for survival.

Kenya has a mixed population composition of different groups in terms of sex, race, ethnicity and socio-economic status. Kenyan women have longer life expectancies than the men.

KDHS (2003) showed a decline in almost all indicators of health: the fertility rate, which has been declining since 1980s, reversed from 4.7 to 4.9 in 1998 and 2003, respectively; contraceptive prevalence rate stagnated at negative effect on ideal number of children for Kenyan families. the 39% in 2003 as was in 1998, infant and under- five mortality rates continued to increase; mortality is expected to rise because of AIDS pandemic, such that life expectancy at birth will fall to 53 years for both sexes by 2010; it is projected that fertility will continue to decline to reach a slow TFR of 4.0 births in 2010 and medium decline of 3.25 and fast decline of 2.5. In the absence of AIDS, the picture would be different. Population will, however, continue to grow in spite of reduced

TFR due to inbuilt-momentum to population growth arising from age structure.

Some studies reported that Kenya is undergoing a demographic transition due to decline in fertility. A peek at the population structure in the country shows that it is not undergoing a rapid change, although when one puts the economy in that equation, the picture changes. The 1989 and 1999 Population and Housing Censuses show that Kenya has a young population. Similarly, the composition of the population has shifted, and there is now a significantly higher proportion that is under age 20.

Fertility decline has not been brought about by economic growth and technology such as modern contraceptive methods but, mainly by active government pursuit of the population policy. There is a likelihood of population of Kenya growing even faster considering the poor performance of most indices as shown from the KDHS (2003). In addition, HIV/AIDS risk perception has statistically been found to have insignificant positive effects on desire for more children. However, there is a statistically significant negative effect on ideal number of children for Kenyan families.

Despite the government's population control efforts and strategies in the last two decades, the studies show that Kenya's population growth rate is still among the highest in the world. Until recently when a decline was recorded, the growth rate had remained high over a long time. Adolescents have been contributing greatly towards this high growth rate. This places formidable difficulties on the government's ability to meet the economic and social needs, and general development of the nation.

The study concludes by arguing that active pursuits of population policy by government over the long run can contribute significantly to bringing about a stable macro-economic environment.

## **1.4 Recommendations**

- Stagnation in fertility rates and the declining trend in maternal and child health need to be addressed without delay.
- Regions with low population densities should be made more attractive for economic development activities.
- Census questionnaire should be shortened to meet its objectives, reduce errors and time taken to analyse the results.
- For any realistic forecast, Kenya's population must include AIDS as another cause for changes in growth and structure.

## **1.5 Research Gaps**

- The studies undertaken in this section are generally silent on the macro-economic implications of demographic changes especially on migration, making the three-legged demographic dynamics incomplete.
- Many studies have been undertaken on the current situation of the population. There are few studies undertaken on population forecasts and projections.

## **1.6 Research Agenda**

- Evaluation of population programmes aimed at reinforcing the emerging negative attitudes towards bigger family sizes.
- Regional disparities in demographic indicators and declining life expectancy.
- Establish the causes of fertility decline especially for women aged 20-39 (KDHS, 2003).

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