

Unplanned Childbearing in Kenya

Introduction

Unplanned pregnancies account for a substantial proportion of births in Kenya, despite the relatively high contraceptive prevalence rate (39% in 1998). It has been suggested that the proportion of births that are unwanted or mistimed may rise in the early stages of the fertility transition, as 'wanted fertility' declines faster than overall fertility.

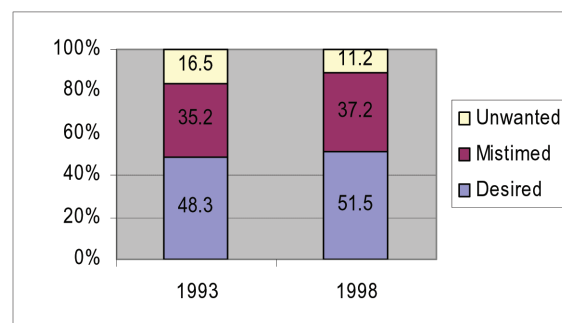
The consequences of unintended pregnancy include recourse to unsafe abortion (thought to be responsible for as many as one third of maternal deaths in Kenya), and where the pregnancy continues there may be a reduced likelihood of seeking antenatal care and skilled attendance at delivery.



Research Aims and Methods

This study applies multilevel logistic regression analysis to Kenya Demographic and Health Survey (KDHS) data to obtain a comprehensive understanding of the correlates of unplanned childbearing so as to identify potential interventions. A total of 5914 births which occurred within the five years preceding the 1993 KDHS are included in the analysis.

Unintended childbearing in Kenya during the 1990s (1993 & 1998 KDHS)



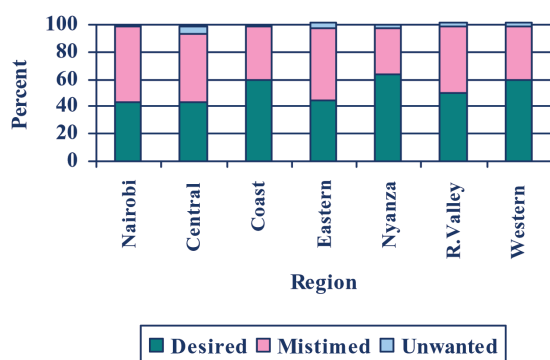
Although unwanted childbearing rates in Kenya declined during the 1990s, mistimed childbearing actually increased so that overall unplanned fertility remained more or less unchanged at about 50 percent.

Findings

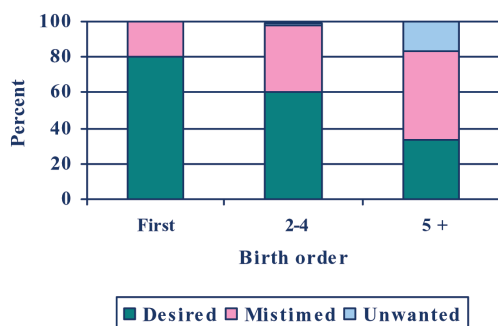
- Rural residence was associated with a higher chance of a mistimed birth than urban residence
- It was estimated that more than 80 per cent of births to single women are unplanned. About 68 per cent and 14 per cent of births to single women were mistimed and unwanted, respectively.
- The chance of a mistimed birth decreased with maternal age whereas the chance of an unwanted birth increased with age.
- The chance of an unwanted birth was particularly high for births of order five and above while preceding birth interval less than 2 years was associated with a very high chance of a mistimed birth.
- 'Ever use' of modern family planning methods was associated with higher probabilities of mistimed and unwanted births.

- Low fertility preference was consistently associated with an increased chance of mistimed and unwanted births, while unmet need for spacing and limiting births were associated with considerably high probabilities of mistimed and unwanted births, respectively.
- Women who had experienced an unplanned birth, especially an unwanted birth, were highly likely to have a repeat.

Predicted regional differences in unintended child-bearing



Predicted unplanned fertility by birth order



Conclusions

Many Kenyan women are probably well aware of the negative consequences of too many or too closely spaced births, but for one reason or another, are still unable to prevent such births. Relationships between educational attainment and unplanned fertility are complex and not fully explained by the models used in the present study. Regional variations identified in the modelling may reflect different cultural attitudes to mistimed or unwanted pregnancy.

The higher chance of unplanned births among women who have ever used modern family planning methods suggests **problems with contraceptive use effectiveness**. Providers of maternal health care services should strengthen family planning advice and/or services for their clients to ensure effective contraceptive use.

The **strong positive association between the desire for low fertility and unplanned births** further confirms that a significant proportion of women in Kenya who desire to have small families are not able to actualise this desire.

The high degree of repetitiveness of unplanned childbearing means that providers should focus particularly on overcoming the **unmet needs for both spacing and limiting** identified in this study.

Full report: Magadi M.A. (2003) "Unplanned childbearing in Kenya: The socio-demographic determinants and extent of repeatability among women" *Social Science and Medicine* 56:167-178

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