Bringing Sexual and Reproductive Health in Urban Contexts to the Forefront of the Development Agenda:
Evidence for Action in Sub-Saharan Africa
By
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Presentation Outline

• Background: Africa population profile
• Why must we care about rapid urbanization in the 21st century?
• The Kenyan example
• Reproductive health profile: research evidence from Kenya
• Priorities in addressing Africa’s pop growth/maternal health
• APHRC and research investments on the urban poor in Nairobi
• Conclusion
Background: Africa Population Profile

• Currently:
  – 31 of 34 countries with total fertility rate (TFR) of 5+ are in SSA
  – About 14m unintended pregnancies occur each year
  – While >2/3 of women use FP in all regions, only ¼ do so in Africa
  – At least 25% of women 15-49 have unmet need for family planning (FP)
  – Stall in fertility transition casts doubt on medium variant projections for Africa

• Over the next 40 years:
  – Africa’s population will double from 1 to 2 billion
  – Africa will account for 22% of world population, up from 15% in 2010
Implications of rapid population growth

• Implications for economic growth
  – Example: Botswana and Zambia

• Implications for levels and gender parity in school enrolment
  – Example: Sub-Saharan Africa
Female deficit in primary enrolment by population growth rate, SSA: 1990-2009

![Graph showing female deficit in primary enrolment by population growth rate, SSA: 1990-2009. The graph includes five periods: 1990-94, 1995-99, 2000-04, 2005-09. The growth rate categories are <2, 2.0 - 2.99, and 3+. The graph illustrates the trend of female deficit across different growth rate categories over the specified periods.](image-url)
Why must we care about rapid urbanization in the 21st century?
Projected growth of total, urban and slum populations in SSA (in millions)

Projected growth of total, urban and slum populations in SSA (in millions)

- Total Pop:
  - 2005: 769
  - 2020: 1,081

- Urban:
  - 2005: 266
  - 2020: 521

- Slum:
  - 2005: 191
  - 2020: 372

Graph showing the projected growth of total, urban, and slum populations in SSA from 2005 to 2020.
Rapid urbanization & the cities challenge

• Since 2007, more than half of the world’s population lives in urban centers

• In SSA, the share of the urban population will increase from the current 37% to over 60% by 2050

• Cities are attractive because of greater offer of choices - housing, employment opportunities and better services in education and health care, etc.
However...

- Cities concentrate risks and hazards for health, further exacerbated by inability of countries to provide basic social and economic infrastructure and opportunities

- Today, 1/3 of urban dwellers in the world are living in slums or slum-like conditions
EXAMPLE: THE KENYAN CASE
Kenya’s Urban Crisis

• Kenya typifies SSA’s urban crisis
• A significant proportion of Nairobi residents live in informal settlements or in slum-like conditions
  • limited access to water and sanitation
  • overcrowding and poor housing conditions
  • limited employment opportunities
  • near absence of the public sector
  • insecurity of life and property

 ➔ Poor health outcomes, violence and social unrest
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Wanted Fertility Rate</th>
<th>TFR</th>
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<tbody>
<tr>
<td>1993</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>3.5</td>
<td></td>
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<tr>
<td>2003</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>2008-09</td>
<td>3.4</td>
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</table>

Total wanted fertility rates and total fertility for Kenya 1993-2008/09
Use of Modern Contraception and Unmet Need


Any Modern Method  Unmet Need

<table>
<thead>
<tr>
<th>Location</th>
<th>2003</th>
<th>2008</th>
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<tbody>
<tr>
<td>Nairobi</td>
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<td>47</td>
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<tr>
<td>Rural</td>
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<td>15</td>
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<td>20</td>
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<td>Kenya</td>
<td>32</td>
<td>37</td>
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<td>Slum (NCSS)</td>
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<td>37</td>
</tr>
<tr>
<td>Nairobi</td>
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<td>27</td>
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<tr>
<td>Urban</td>
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<tr>
<td>Rural</td>
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<td>Kenya</td>
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<td>27</td>
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<td>NUHDSS '06</td>
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Consequences low use of contraception and high unmet need for Family - unintended pregnancy

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<tr>
<th>Year</th>
<th>Wanted Later</th>
<th>Wanted No More</th>
<th>Total</th>
<th>Wanted Later</th>
<th>Wanted No More</th>
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<th>Total</th>
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<th>Wanted No More</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>1993</td>
<td>34.2</td>
<td>16.7</td>
<td>50.9</td>
<td>37.2</td>
<td>11.1</td>
<td>48.3</td>
<td>24.9</td>
<td>19.6</td>
<td>44.5</td>
<td>25.5</td>
<td>17.1</td>
<td>42.6</td>
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</tbody>
</table>

Percent distribution of Births in the Last Five Years Preceding the Survey by Fertility Planning Status, Kenya 1993-2008-09
Maternal Mortality

Only 50% of births to women in slums occur at health facility, compared to 78% in Nairobi, and 70% in Urban Kenya.

Overall, only 44% of Kenyan women deliver at a health facility.
Teenage Pregnancy/Motherhood & Outcomes (1)

- 33% of Kenya’s population is below 24 years.
- 47% of pregnancies among unmarried adolescent girls aged 15-19 are unintended.
  - Adolescents are more likely to resort to unsafe abortions; 57% of all unsafe abortions annually occur among girl’s ages 15-19 years in slum environment.
  - Young women below age 20 accounted for 16% of the over 20,000 abortion related complications.
  - 42% of those between the ages of 15-19 reported having their first sexual intercourse; only 11% reporting the use of any modern contraceptive.

Girls below 20 are more likely to die during pregnancy or birth.
Teenage Pregnancy/Motherhood & Outcomes (2)

• Pregnant young girls likely to drop out of school
  - 13,000 Kenyan girls drop out of school annually; 13% if early marriage is included
  - Social and economic earning potential becomes limited
Priorities in Addressing Africa’s Population Growth/Maternal Health
Disappearing Urban Advantage

- Exploratory studies from APHRC (e.g. NCSS) challenge the commonly assumed urban advantage:
  - Huge disparities in health and social indicators between slum and non-slum areas, with Nairobi slum dwellers being worse off than rural population
  - Higher magnitude of ill-health among the urban poor
  - Limited access to health care, and consequent higher mortality burden
  - Poverty is a major hindrance to access to health services and addressing urbanization of poverty will speak to urban vulnerabilities
Increasing focus on the urban poor

- Increasing attention from many governments, international organizations, and development partners on the living conditions of the urban poor in African slum communities,
  - UN-HABITAT and other international agencies appeal for concerted efforts in addressing the economic and health challenges of the most deprived in cities
  - Adoption in 2000, of the Millennium Development Goal (MDG) 7, Target 7D that aims to improve the lives of at least 100 million slum dwellers by 2020.

- Highlights the need for a reliable population and health monitoring system among urban poor
- Policy and program interventions to address identified challenges
Conclusion

- Continuing high rates of population growth in the poorest countries will make it harder to achieve any of the MDGs.
- Family planning programs have been shown to reduce fertility even in poor settings.
- Meeting the current unmet need for FP can halt current rapid population growth rate in SSA.
- The high levels of urban growth in SSA, urbanization of poverty and associated challenges for reproductive health and development calls for a deliberate targeting of urban Africa for:
  - Investment in generating research evidence,
  - Policy and program interventions.
- All these require collaboration of stakeholders to maximize efforts and outcomes.

*Our meeting today is an important part of the process.*
Thank You!

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