

Lower Fertility Empowers Women in Slums

Africa, the last mainly rural continent, is urbanizing rapidly. How this urbanization takes place matters a lot for women. In Kenya, as small and medium cities grow rapidly, the living conditions of the urban poor are deteriorating and the government still lacks capacity to provide adequate basic services. Focus on rapid rural to urban migration has caused government to overlook the high birth rates in slums, particularly of adolescents who become sexually active earlier than their counterparts in rural areas. This has resulted in the alarmingly high maternal mortality rates for young mothers living in slums compared to non-slum neighborhoods. Greater access to secondary education and family planning resources can help raise the age at first birth, lower the fertility rates and ultimately reduce the high maternal mortality rates.

Upgrading education and reproductive health care services to young women in urban slums is a great economic development opportunity especially now that natural increase (new births) has superseded rural to urban migration as the greatest contributor to urban growth in developing countries.⁹ Although better access to secondary schools, healthcare and family planning services in urban areas may continue to encourage migration, lower birth rates in urban areas can offset this increase if women's education levels were higher and their reproductive health status improve.

While designing and implementing policies and strategies to improve infrastructure in urban settlements policy makers in key ministries, such as Land, Housing & Urban Development and Planning & Devolution, often fail to consider the impact of natural increase on the rapid rise of slums. Hence, inadequate resources are allocated to upgrading and increasing access to maternal health care facilities, family planning services and education.

The need for these upgrades is urgent and evident since the maternal mortality rate for Nairobi is almost double national rate at 706 deaths per 100,000 live births.^{11,13} Kenya's largest urban metropolis, Nairobi, has the best education, health care, sanitation and utilities yet the high risks faced by young women in slums causes it to lag behind Central, Eastern and Rift Valley Provinces in child survival rates.¹¹ Further, Nairobi has the largest numbers of informal settlement residents as well as women dying from pregnancy related cases in its slums.

Complications during pregnancy and childbirth: the 2nd highest cause of deaths for 15-19 year-old

Why are fertility rates higher in slums?

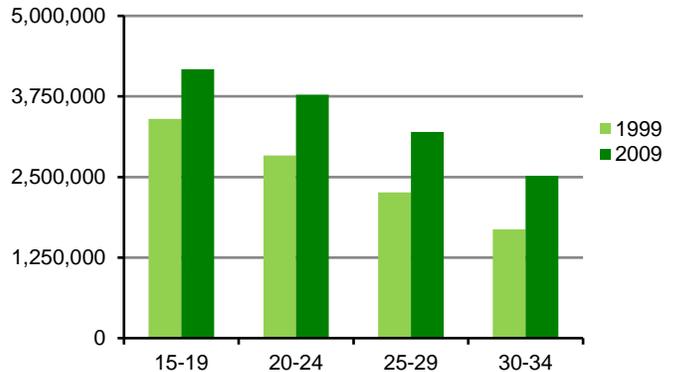
1. Low child bearing ages associated with low education levels

The pressures of the world's highest population growth are more progressively being felt in the urban areas of sub-Saharan Africa. The number of adolescents passing into adulthood in the urban slums is quickly rising and building up to the presently high proportion of youth in these settlements.

Adolescents living in the slum communities of Nairobi are involved in riskier sexual behavior because they become sexually active earlier, engage in transactional sex and have a greater number of sexual partners than those in other parts of the city.^{2,10,14}

Early and active sex lives among 15-17 year-old women living in slums leads to earlier child bearing compared other parts Nairobi – raising lifetime fertility rates as well¹. Outside slum areas adolescent school girls are less likely to start and continue sexual activity than the same cohort of girls that are not in school.¹⁰ Schooling also raises the age of first child birth. The last decade had seen the gap between the median age of first birth widen for women with no education compared to those with at least some secondary education. For the cohort of women age 25 to 45, those with no education have their first child at 15 while those with a secondary education have their first child at 21. Moreover, young married women 15-19 years old report the strongest preference for additional children, which also happens to be the age at which most women migrate into slum areas.^{1,2}

15-19 year olds are Kenya's largest youth group



Source: Kenya Youth Fact Book, 2011

Despite higher levels of education among urban residents in comparison with their rural counterparts, data from a recent cross-sectional survey of Nairobi's *Korogocho* and *Viwandani* slums shows considerable intra-urban differences between the slum and non-slum dwellers' educational attainment. Only five out of ten women living in the slums has secondary education or higher compared to seven out of ten for the rest of Nairobi.²

The urban poor are at a disadvantage in terms of education opportunities on two counts. First, slum settlements lack adequate public-school facilities when compared to non-slum areas. Second, the Kenyan government only partially funds secondary schools that admit students with average to high test scores on the Kenya Certificate of Primary Education and lacks the capacity to regulate the charging of dubious levies by school managers that exploit poor parents.¹²

As other marginalized areas of the country, the high poverty level in slums poses considerably greater challenges to schooling and learning.⁶ However, very few provisions are made to ensure that students from these areas get admitted to secondary schools. A student who gets sent home frequently because school fee arrears is not only demotivated to learn but also has their schooling interrupted. This ultimately leads to poor test scores and a lower chance of getting admittance and graduating from the government funded secondary schools.

To increase the age at first birth and ultimately provide a path out of poverty to the youth in slums, it is crucial that they enroll and complete their secondary school education. Higher levels of education ensure greater chances of gainful employment for both men and women and help delay marriage and reduce teenage pregnancy.

2. Inadequate knowledge of and access to contraceptives

1 out of 4
women aged 15-19
years in Nairobi slums
who visit clinics do
not receive family
planning information

Nairobi slum residents have poorer living conditions, morbidity, and access to health services, including family planning services.² Accurate information on contraception and access to contraceptive methods is lacking especially among women aged 15-19 years in the city's slum communities. In Kenya, 45% of all sexually active unmarried adolescents have an unmet need for contraception.³ Although there has been recent notable progress in closing the gap in family planning needs between the rich and the poor,⁸ the adolescent urban poor group remains unreached.

The fear that providing reproductive health education in schools would encourage risky sexual behavior has largely contributed to limiting adolescents' knowledge on their reproductive lives.⁷ Young women in informal settlements are even less able to exercise their fertility preferences and receive family planning information given their limited access to and control over resources.

As high as 6 out of 10 women aged 15-19 living in Nairobi slums have never visited a clinic compared to only 4 out of 10 in other urban areas.² About a quarter of the 15-19 year-old women in Nairobi slums who visit the clinics do not receive family planning information – a rate that is highest among all age groups.² The nature of services given and attitude of those offering these services is heavily influenced by prevailing socio-cultural norms. This affects the attitude of the youth towards contraceptive use and discourages them from accessing reproductive health information and services.⁵

Low contraceptive use resulting from insufficient knowledge and limited access to reproductive health services increases the burden of unwanted pregnancies and high mortality in the Kenyan urban slums, especially among women aged 15-19 years. This age group comprises a significant proportion of all slum residents and has the greatest unmet need for contraception nationwide.³

How to reduce adolescent fertility rates in slums

Offer free secondary education in slums

Given the rapidly increasing number of adolescent population living in slums, the donor community and international organizations can support the Kenyan government's efforts to provide bursary funds to needy students and build more secondary schools in the slum areas. Further, the Ministry of Land, Housing & Urban Development should allocate more land for schools and build more public school facilities.

Provide adequate reproductive health education to the youth

The Ministry of Education should act to provide comprehensive sexual and reproductive health education to young people in schools. This will greatly help to protect against early sexual initiation especially in the high-risk slum areas. As trusted sources of information, the Ministry of Health and



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Ministry of Gender, Children & Social Services should adopt more innovative ways of delivering sex education to the youth. Informative and entertaining radio shows, TV programs, reproductive health info clips and topical youth magazines would be effective.

Scale up reproductive health initiatives to include adolescent-friendly services

County health officials and management teams should require that health personnel working in family planning clinics are trained on how to better deliver services to young women and be more receptive particularly to those in their early adolescent years. County health officials should monitor the public health clinics stationed in slums and keep track of the number of adolescents that successfully receive the family planning services that they need.

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