Analysis of regional proximate determinants of fertility in Kenya

Omondi, Otieno, John Yuri
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Abstract:

This study set out to analyze regional fertility variations in Kenya focusing on the proximate determinants using the 2003 KDHS. The four proximate determinants by Bongaarts are: nonmarriage, contraceptive use, sterility and postpartum non-susceptibility on fertility in the regions. A modification of the model by John Stover (1998) was used to take into account the impact of non marital childbearing and secondary sterility. The contribution of each proximate determinant is studied across the regions using both methods and a comparison is then made within the regions and also between both methods. In the high fertility region the highest inhibiting factor was lactation, followed by late and non marriage, then sterility and lastly contraception. For the low fertility region, late and non marriage have the highest fertility inhibiting effect, then lactation followed by contraceptive and lastly sterility. In the control region late and non marriage had the highest inhibiting effect, then lactation then sterility and lastly contraception. The contribution made by fertility outside marriage is high in the control region followed by the low fertility region. Overall the results show that the index of marriage decreased with the increase in the level of education, the same effect was observed for the index of contraception. The impact of lactation is very high in the rural areas while the impact of the index of marriage effect is very high in the urban areas. Births outside marriage are very high in the urban areas and among the women with no education. In general the effect of marriage and lactation in inhibiting fertility is high in all the regions with contraceptive use and sterility being low. The analysis of the levels of the proximate variables showed that the reducing effect of the three main intermediate variables varied within the regions. The reducing effect of lactation was almost the same in the high and low fertility region. Contraception had the lowest reducing effect in all the regions while marriage had a higher reducing effect in the low fertility region then the control region and lastly the high fertility region. -- v i j The key policy implication of this study is to include empowerment of women through education which will in turn lead to inhibition of fertility. The relevant stakeholders in the family planning programmes should intensify the distribution of contraceptives and come up with strategies that will make their services accessible to everyone. This study recommends further research to establish other factors that influence fertility variations regionally. It recommends other method of analysis that can elicit other fertility inhibiting patterns that could support the findings.