ABSTRACT

Kenya began to experience rapid fertility decline in the late 1980s but, this decline in fertility stalled in the late 1990s. Despite the existence of abundant literature on fertility transition in Kenya, there are still unanswered questions. This study sought to establish the determinants of fertility transition in Kenya between 1993 and 2003. These two time periods were characterized by rapid fertility decline and stall in fertility. This thesis examined four objectives. The first objective was to determine trends in fertility levels in Kenya between 1993-2003. Secondly, the study sought to establish the socio-economic, cultural, and demographic determinants of the observed fertility trends in Kenya between 1993-2003. The third objectives was to establish the effect of changing fertility intensions on fertility transition in Kenya between 1993-2003 and the fourth objective was to determine the effect of infant mortality on fertility transition in Kenya between 1993-2003. The study utilized Kenya Demographic and Health Surveys (KDHS) of 1993 and 2003. Parity Progression Ratios (PRRs) and Cox Proportional Hazard model were the main methods of data analysis. The dependent variable was the duration of progression from say a second birth to a third birth, from a third to a fourth birth and so on. The independent variables included socioeconomic, socio-cultural, demographic and proximate determinants according to the conceptual framework.

A descriptive analysis of the trends of fertility in Kenya, confirmed that the country indeed experienced rapid fertility decline and stall in fertility in the five year periods before KDHS of 1993 and 2003. The decline in fertility observed in 1993 was attributed to rapid decline in the proportions of women experiencing births of orders 3, 4, 5 and 6 and above. On the other hand, the evidence of a stall in fertility observed in the five-year period before 2003 KDHS was attributed to a stall in the proportions of women having births of orders 3, 4, 5 and 6 and above. The multivariate analysis of the determinants of birth transitions showed that, when factors were controlled for, the determinants of parity transitions were parity specific and cannot be generalized. For instance, there were no differences in movement from parities 4 and 5 for most of the socio-economic factors particularly educational attainment and place of residence. For example, the effect of educational attainment and place of residence was experienced at both at parity 2-3 or parity 6 and above. For region of residence the effect was felt at parities 2-3, 3-4, 6 and above. For age cohort, the effect was felt across all parities considered except parity 6 and above for women in 2003 while for age at the start of the interval, the effect was felt across all the parities. For women currently in union the effect was felt across all parities, while for infant mortality the effect was felt across all parities considered but for women in 2003 only. The results imply that infant mortality may have played an important role in the stall in fertility experienced in the five year period before KDHS 2003 through its effect on fertility preferences.

The main policy implications, which can be drawn from the findings is that infant and child survival programmes should be integrated as part of an overall strategy to lower fertility in Kenya. There is also need to improve the socio-economic conditions in the country by increasing GDP per capita and increasing the proportion of women with secondary and above level of education. Higher education is strongly associated with lower fertility and an improved GDP per capita will provide more opportunities for employment, better health care and alternative investments besides children. Future research should also focus on the parental perception of child survival risks and how these perceptions relate to behavioural decisions in reproduction.