



Graduate School of Development Studies

**Addressing Sexuality in Kenya's Population Policy:  
Contending Discourses of Fertility Change**

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## **Dedication**

This research paper is dedicated to my dear parents Mr. Mathews Mulama and Mrs. Irene Mulama.

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## List of Abbreviations and Acronyms

AFSHR	African Federation for Sexual Health and Rights
AIDS	Acquired Immune Deficiency Syndrome
ARSRC	African Regional Sexuality Resource Centre
CBS	Central Bureau of Statistics (Kenya)
CODESRIA	Council for the Development of Social Science Research in Africa
CPR	Contraceptive Prevalence Rate
FPAK	Family Planning Association of Kenya, which changed its name to Family Health Options Kenya (FHOK)
HIV	Human Immuno Virus
ICPD	International Conference for Population and Development
IPAS	IPAS is an international organization that works to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries
IPPF	International Planned Parenthood Federation
IUD	Inter-Uterine Device
KAP	Knowledge Attitudes and Practice
KDHS	(Kenya) Demographic and Health Survey
KFS	Kenya Fertility Survey
NCAPD	National Coordinating Agency for Population and Development, which was formerly National Council for Population and Development in Kenya (NCPD)
NGO	Non Governmental Organisation
PAI	Population Action International
ROK	Republic/Government of Kenya
SAP	Structural Adjustment Programme
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNPP	United Nations World's Population Prospects (Database)
USA	United States of America
WHO	World Health Organisation



# Map of Kenya



Map of Kenya Showing Provincial Boundaries: Downloaded from [www.mapsofworld.com](http://www.mapsofworld.com)

## **Abstract**

The need to address sexuality in population policy is increasingly being recognised in academic and policy circles as a way of addressing contemporary demographic concerns such as HIV/AIDS, sexual violence as well as ethics issues which go beyond the control of numbers of people. In Kenya, as well as most other countries in the developing World, population policies were initially informed by the discourse of population control, which is now rivalled by the reproductive rights discourse that is embedded in the realm of understanding human sexuality. The preamble of this study gives an account of how Kenya came to adopt a population policy. To answer the central question for this study which is what the implications of the dominance of the discourse of population control for fertility policies are, Kenya's population policy documents are discourse analysed. The analysis using a political economy of fertility framework shows that Kenya's population policy is a catching up one, in which significant historical factors that have a bearing on fertility change have been ignored, and what is now called a 'stalling and stagnating' fertility transition is a frame that ignores regional differences and is not focused on developing female agency. Using a reproductive rights lens, Kenya's population is commendable in that it does not include incentives or disincentives as catalyst towards meeting policy goals. However, it puts the sexual and reproductive rights of some members ahead of others and fails to address economic inequalities, is high on target setting and most of all it does not address sexuality. This paper argues that if the population policy in Kenya is informed by reproductive rights, the ideals of the ICPD to help men and women achieve highest possible sexual and reproductive health will be met. There will also be a reduction in fertility when women can access information and services, even though this should not be the overriding goal as it is under the population control ideology.

## **Relevance to development studies**

The existing disparity in aggregate fertility rates in developed and developing countries have in some quarters led to the assumption that fertility levels are one of the causes of underdevelopment. However, away from this economic thinking is human centered development, which puts emphasis human lives. The two opposed discourses of population policy: population control with an economic argument versus reproductive rights that sees human beings as both the means and the end of development, are integral parts of the debates about the nexus between population and development.

## **Key words**

Sexuality, population policy, reproductive rights, population control, modernisation, discourses, Kenya.

# Chapter 1

## 1.1 Introduction

Controversy has been rife in both academic and policy circles as to which of the two diametrically opposed ideologies: population control or reproductive rights through family planning should form the basis for the formation of population policies for developing countries (Connelly 2008: 16-17; Dixon-Mueller 1993a: 3-6), such as Kenya. At the centre of the deliberations at the International Conference on Population and Development (ICPD) held in 1994 at Cairo was this debate, and the shift from population control to reproductive rights took lead (Johnson 1995: 175). The consensus reached, also known as the programme of action refers to the event as a defining moment that set an impetus for ideal population policy that 'focuses on meeting the needs of individual women and men rather than on achieving demographic targets' (UNFPA 1994: 1). The achievement of the ideals of the program of action is possible if population policy is informed by a discourse of reproductive rights through addressing sexuality as opposed to the discourse of population control.

Population control discourse, now criticised on ethical grounds, has dominated much of the global population policy arena. The extremes of its implementation are in cases such as the infamous China's one child policy initiated in the 1970's, India's 1967 population policy, which led to mass sterilisations culminating to a state of emergency and the overthrowing of Indira Gandhi's government (Isaacs 1995: 363), government coerced contraceptives acceptance by use military safaris to carry out house to house intra-uterine device (IUD) insertions in 1990 in Indonesia (Hartmann 1995: 79), to abused sterilisations of a third of all Puerto Rican women in 1950's - 1970's as USA corporations in search of cheap labour made this a condition for employment (Corrêa and Reichmann 1994: 30), among others. While one group argues that the population control discourse provides too simplistic an understanding of underdevelopment (Grimes 1998: 375-388), the opposing school, allied to old Malthusian beliefs that argued unchecked population growth will eventually outgrow available food (Ross 2000), believes there is a problem of overpopulation which should be tackled for the present and futures sakes; and that the reproductive rights approach, mainly championed by feminists, distracts attention from addressing this main 'population problem' (Westcoff 1995: 177-182).

Population policy is a post World War II phenomena which gained global attraction as the role of the state in catering for its citizens economic interests increased (Demeny 2003: 5-11). During this time in history, modernisation theory, the dominant social change thought of the 1950's and 1960's which proposed that all societies moved in stages from traditional or primitive to modern ones by way of change in attitudes or beliefs was used to explain underdevelopment in developing countries (Webster 1990: 49-50). The 'demographic transition' which is also referred to as 'classic transition theory' or 'demographic transition theory', a parallel concept to modernisation theory

was developed. The demographic transition is a concept in dispute as to whether it constitutes a 'theory' worth of World generalisations as actual demographic data used in its development took into consideration only one historical period, the modern era; and later further developing as an explanation of how all pre-modern populations move from regimes of high fertility growth to modernised low fertility regimes by following the examples of Europe. Though short on evidence, this ideology has been transferred and used as a basis to explain fertility changes in other parts of the World (Kirk 1996: 361-364). Fertility transition theory, embedded in the demographic transition theory refers to the aggregate long-term decline in births, which when preceded by a decline in deaths, forms the basis of the demographic transition theory. Classic demographic transition theorists among them Adolphe Landry, Kingsley Davis and Frank Notestein linked the process of demographic transformation in the regions they studied such as France, England and Wales to processes such as modernisation, urbanisation and industrialisation (McNicoll 2003: 71). Fertility transition theory is related to revolutionary theories dominant at the time in the sense that it was envisaged as a phased process which all societies go through, irreversible, a lengthy process and desirable in the long run (Greenhalgh 1995: 5-6).

Demographic transition theory has been criticised for a number of shortcomings. First, in Europe, where it was formed, a study commonly known as the Princeton University project launched in 1963 challenged this notion with findings showing that there were instances where fertility had in fact dropped before mortality declined, and that in places like Belgium, linguistic and social cultural factors among the Walloon (French) and the Flemish (Dutch) accounted for differences in fertility than factors such as modernisation. Also the timing of the onset of fertility decline in Europe and social and development indicators did not match (Kirk 1996: 363-366). One of the most significant finding was that fertility changes were closely related to culture; which was defined as language, ethnicity or geographical region (Greenhalgh 1995: 6).

Caldwell (1976: 325-326), one of the most radical writers of the glorious days of the 'demographic transition theory' in his seminal article, 'Toward a Restatement of the Demographic Transition Theory' raised pertinent issues about the ethnocentricity of the concept and how related literature was obsessed with 'attitudes, beliefs, traditions and irrationality' of what was referred to as 'backward countries'. Other writers such as Berelson and Lieberman (1979: 582-583) wrote about government ethics in population policy strategies such as manipulation of accessibility of contraceptives, state participation in propaganda and use of incentives in the manipulation of fertility behaviour drawing a delicate debate on the rights of the person versus the state. It is in the weakness to address ethics issues in population policy that the population control ideology is weakest. The tension then is about what circumstances can warrant the interests of the state to override that of individuals and vice versa, which necessitates an agreement of what should constitute reproductive rights and on the other hand, state responsibilities (Sen et al. 1994: 6).

The population policy field is one that is full of rhetoric; and so the slogan for this paper is, *'human centred development, through a focus on reproductive rights, is the best contraceptive,'* which is not a new concept. The hallmark for the framing of population policy slogans has been United Nations population conferences. There have been shifts in positions taken since the post World War II period when the phrase *'too many people, too little food'* featured prominently, endorsing the discourse of population control. In 1974, at the First World Population Conference at Bucharest, representatives of countries from the South argued, *'development is the best contraceptive'* as those from the North reiterated that *'contraceptives are the best contraceptive'*. This study takes its position because by addressing reproductive rights, ethics and equity will prevail, and also that empirical evidence indicates that improvements in human development, also leads to drops in fertility (Sen et al. 1994: 5). Ten years later in 1984 at the International Conference on Population at Mexico, population was considered a neutral phenomenon that will get sorted by the market, while at the same time different groups had begun to show dissatisfaction with demographic goals through family planning (Ibid: 4). The ICPD is seen as turning point at which ethics, rights, sustainable development and women's empowerment were addressed. Noteworthy is that by this time in history issues such as STI's, HIV/AIDS, human rights, sexual health, gender equality, environment degradation and safe motherhood had entered the development arena and in turn influenced these population debates greatly (Ibid: 4-5). The discovery of sexuality in development discourses happened alongside these revolutions.

The composite definition of the concept 'sexuality' encompasses an appreciation of human sexuality that takes into consideration sex, gender, reproduction, pleasure, identities, sexual orientation, and intimacy. Further, it entails the acknowledgement of the different dimensions of sexuality such as values, behaviour, relationships which are varied and are influenced by the interaction of biological, legal, historical, religious, economic, social and psychological factors (WHO 2004b). Addressing sexuality in a population policy therefore means engaging with ethics, rights and empowerment. Reproductive rights, which are a component of sexuality, cannot be conceived away from other human rights that are already accepted. In summary it is possible to single out three reproductive rights: first 'the freedom to decide how many children to have and when (or whether) to have them,' secondly, 'the right to have the information and means to regulate ones fertility', and 'the right to control ones own body' (Dixon-Mueller 1993a: 12).

At the ICPD, 179 countries committed themselves to protect their citizens reproductive rights (UNFPA 1994: 1), and Kenya was among them. There exists a population policy and the National Coordinating Agency for Population and Development (NCAPD) in Kenya. The standard by which the population policy in Kenya adheres to the consensus of the ICPD can be determined by analysing the discourses of fertility change in population policy against the ideals of the programme of action. The study begins by giving an overview of population policy making in Kenya and then focusing on the policy documents. Kenya had at one point been described as having entered the 'fertility transition' (Robinson 1992) and now with no further decline the policy talk is that the fertility transition is 'stalling and stagnating' (Westcoff

and Cross 2006) and ‘the stagnation in fertility is one of the most surprising and worrisome findings from the 2003 KDHS’ (CBS et al. 2004: 54) meaning that the focus is on reviving the fertility transition. On the contrary, this study is concerned about the achievement of sexual and reproductive rights and not the numbers game. As policy makers carry statistical tests to find out why fertility levels are not declining any further, women’s reproductive health is at stake. The discourse of ‘stalling and stagnating’ serves limited purposes in engaging with the difficulties that women encounter in trying to achieve sexual and reproductive health in Kenya.

While arguing for the retaining of ‘family planning’ programmes in Kenya, though widening the scope to have ‘reproductive health’ programmes as an important component of population policy, this paper argues that this should be in the realm of reproductive rights and not with an aim to control population numbers. The discourse of ‘fertility transition’ which largely informs the policy expectation that ‘modernising’ women to utilise contraceptives and prefer smaller family sizes will eventually lead to smaller family sizes fails to see the opportunity to develop female agency. This ‘modernizing’ discourse has not only outlived its usefulness, but has also failed to make the post-modern ideological shift which is now all too common in 21<sup>st</sup> century academic and policy thought. Kenya’s population policy making should adopt the reproductive rights realm of understanding fertility change as a way of helping men and women in Kenya achieve their highest possible sexual and reproductive health.

## **1.2 Background on population policy making in Kenya**

Population policies are defined as the premeditated efforts by governments through institutional arrangements which are pursued via programmes with the main aim of influencing population size, growth and distribution (Demeny 2003: 3). Harris and Ross (1987: 34-35) show how natural forms of fertility regulation existed in pre-historic times as a way of balancing the ecology such as spontaneous abortion and infanticide which responded to environmental changes like stress, diet and division of labour. Based on this political ecological model, there is valid ground to question whether countries actually need direct intervention to control their population numbers or whether this can and does happen naturally in all societies.

According to Demeny (1975: 147-149), the justification of population policy is based on the real or perceived contradiction between private couple’s want of children and the perceived socio-economic effects for the good of the present and future societies in which they live, which is seen to warrant public action. Within the margins of the nation state, population policies can also be either explicit, where the government clearly makes its intentions known or implicit, where there’s an agenda to do so, but not openly acknowledged. Forms of population policy include but are not limited to manipulation of access of certain forms of contraception, working towards changing the remote factors that are understood to influence fertility behaviour such as reduction of infant mortality, state engagement in propaganda regarding ‘population problems’ or the use of incentives and disincentives with a demographic goal

(Berelson and Lieberman 1979: 582-583). There is evidence showing that implicit forms of population policy existed in colonial Kenya. Thomas (2003: 40-44) in her anthropological study in Meru, Central Kenya reveals a pro-natalist policy by the colonial government via an implicit way; the attempts at illegalising of abortion in the period 1920-1932 with the aim of boosting human resources needed to work in the colonial fields. The government used propaganda by trying to convince the council of elders to help stop abortions as it would cause the Meru 'tribal death'.

Explicit population policies have existed after 1963 which is when Kenya gained independence. Literature on the history of the population policy in Kenya highlights three documents in which the government made a clear stand on its intentions to manipulate the demography of the Kenyan population. First is the Sessional Paper Number 10 of 1965 titled '*African Socialism and its Application to Planning in Kenya.*' Even though this was not a paper exclusively on population policy, the discourse of urgent population intervention to match resources was a key theme (ROK 1984: 2). There had been active mobilising events before this paper was released which helped to popularise the idea that there's urgency in curbing population growth. Reports indicate that while contraceptives had been available in most of urban Kenya since 1950's, culminating in the forming of the Family Planning Association of Kenya (FPAK) in 1961, later to become an affiliate of the International Planned Parenthood Federation (IPPF), it is until later in 1967 that an official population policy was launched by the government, making Kenya the first sub-Saharan African country to adopt a national family planning policy (Khasiani 1988: 41; Krystall et al. 1975: 286; Warwick 1982: 13). This discourse that Kenya was in dire need of modernising, though patronizing has lingered on as evidenced by a feature story on KenPop News which reads:

The first population policy in Kenya was the implicit policy that began in the early fifties under the auspices of the Family Planning Association of Kenya (FPAK). FPAK provided family planning services to Europeans, Asians and a few "informed" black Kenyans' (Mbah April-June 2004: 3).

The idea that a population policy was urgently needed to 'inform' or 'modernise' Kenyans was one held by the Kenyan government in policy making as events following the unveiling of the population policy indicate. The almost fairy-tale review of literature then goes on that during the period 1965-1984; the government invited the Population Council to 'help' in the formation of a population policy, later in 1982, the National Council for Population and Development (NCPD) was created; all efforts which culminated into the second explicit population policy document, *Sessional Paper No 4 of 1984*, for the period 1984-1989. The advisory team that spent three weeks in the country studying the population in order to make recommendations consisted of Richmond Anderson, Ansley Coale, Lyle Saunders and Howard Taylor together with John Blacker the then government demographer who published the document *Family Planning in Kenya, 1967*. The team did not have an appreciation of diversity in culture, and gave their foreign models, without adequate consultation of the recommendations on the quickest way to work on the supply side of family planning which was a recipe for disaster. The population policy faced downright rejection in many quarters. Even though the

acceptance of the population policy was supposed to repair Kenya's image in the West, most leaders, notably the then President Jomo Kenyatta and the Vice President Oginga Odinga were not willing to be associated with it as it contradicted their own beliefs as well as that of their communities. Some even believed it was a plot to perform genocide on black people. The goals of the family planning programme were then stressed as for child spacing and health improvement downplaying fertility limitation which was a controversial one (Ajayi and Kekovole 1998: 120-123; Odile and McNicoll 1987: 218-220; Warwick 1982: 12-15).

With hard lessons learnt, there was renewed effort in population policy implementation in the 1980's. With international support and a Kenyan president Daniel Moi who took over power in 1978 after Kenyatta's death, and spoke severally in public in favour of family planning unlike his predecessor, this policy found its way into the limelight as a priority issue. It is held as true by many Kenyans that the country was shamed into accepting a population policy. Former President Moi is on record as saying upon return from a Commonwealth meeting that, *"I'm sick and tired of being laughed at as the country with the highest growth rate"* (Chimwete et al. 2005: 91), which can also be translated to mean the leader of a 'backward nation'. Mr. Charles Njonjo, the then Minister for Constitutional and Home Affairs, in 1980 spoke at a national assembly saying, *"Kenyans must stop breeding like rabbits"* while arguing that measures should be put in place to stop parents from having many children proposing that only the first child should be entitled to free education and further adding that, *"Kenyans could do well to learn from birds who do not eggs until they have built nests"* (Ajayi and Kekovole 1998: 125-126). Equating Kenyans to animals of a lower order is like calling people who had large families 'non-evolved people' or 'un-modernised'. As support for population policy grew among politicians, the government created the Population Studies and Research Institute in 1982 at the University of Nairobi whose key role was 'Kenyanization' of expert advice from the Population Council (Ibid: 126) such as learning from countries with a more advanced family panning programme like India, 'how to count new acceptors' (Chimwete et al. 2005: 89).

An array of factors played roles in Kenya's adoption of a population policy, among them that Kenya's economy was deteriorating and the World Bank gave this as a condition to the release of the second portion of donor aid for SAP's in 1992 (Chimwete et al. 2005: 91-93). With political support and external pressure, the government gave way to an array of activities aimed at realising the goals of the policy. The circus in public forums, media, schools<sup>1</sup>

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<sup>1</sup> This is from personal experience. During this time, the late 1980's to 1990's, I was in my school-going age and we sang songs, recited poems and acted plays during the Kenya music and drama festivals with the key theme that smaller families were better and happier families. Mass media such as radio and television also carried countrywide campaigns on the urgent need to plan families.



and other spaces of communication all carried the message that Kenyan's must begin to have smaller family sizes for everyone's good. The words, *'panga uzazi'*, which means 'plan your family' in Swahili became household terms. What was not immediately obvious to many was the subtle modernisation propaganda that was being played. While to some extent this worked out to help Kenyan women attend to reproductive health services, the fact that the key aim of the implementers was the reduction of fertility, meant that there was a deliberate plan to make available methods which would bring better results, not minding what kind of contraceptives women actually preferred. As such, there was policy preference for IUD's as its usage needed only a single motivation since a woman who has it inserted relies on a medically trained personnel to remove it; and so this is the method that was made available as opposed to others (Ajayi and Kekovole 1998: 123). The denial of choice of methods, failing to explain to women the side effects of these contraceptives later causing high drop-out rates and the comical confusion that was caused when different donors provided varying brands in the field falls short by a large margin of the ideals of reproductive rights (Hartmann 1995: 83-89).

The results of the Kenya Demographic and Health Surveys (KDHS) of 1989, 1993 and 1998 were met with jubilation by the population movement. The results showed that Kenya's total fertility rate had dropped from 8.2 in 1977/78 (KFS data), to 6.7 in 1989, 5.4 in 1993 and further down to 4.7 in 1998. Kenya was described as having finally entered the fertility transition (Blacker 2002). Demographic literature acknowledged this decline to the increase in the use of contraceptives and delayed marriage (Kizito et al. 1991: 18) and an effective population policy (Ajayi and Kekovole 1998). By 1994, Kenyan leaders held their heads proud on the decreasing aggregate fertility rates. The then Vice President Prof. George Saitoti (1994) at the ICPD said, "...had I been standing here before this assembly some fifteen years ago, I would have been talking about a country with the highest rate of population growth in the World, now instead, I can talk of a country well in demographic transition". It is in this backdrop that the *National Sessional Paper No 1 of 2000 on Population Policy for Sustainable Development* was released for the period 2001 to 2010.

### 1.3 Reflexivity and the research

The Sage Dictionary of Social Sciences defines reflexivity as 'critical reflection' (Jupp 2006: 258), which is an important part in the analysis of texts through discourse analysis. As expected in a study with a post-modernist argument such as this one, I am not an aloof researcher; rather the findings of this study are part and parcel of my journey as a professional in the field of population and development studies.

In writing about 'sexuality' and 'population policy' issues, I am well aware that this is a highly contested field which creates lively debates across borders, both academic and geographic. Review of literature on population policy around the World reveals what Sen et al. (1994) call divisive language such as *'The World population problem'*. This hostile discourse is now an acceptable part of demographic discourses: A celebrated Indian documentary which became famous just before the ICPD is called *'Something Like a War'* and

features coerced sterilisations as a form of women's oppression, La Operación, also dubbed '*Operation Bootstrap*' is a scathing film interview of Puerto Rican women who were coerced into sterilisations, Paul Erlich's famous book, '*The Population Bomb*', the phrase '*The Epic Battle at Cairo*' is now an accepted euphemism of the heated argument on abortion between religious fundamentalists and feminists at the ICPD. Kabeer (1996: 56) explains that partly the reason why militaristic metaphors such as '*contraceptive saturation*', '*vasectomy camps*' and '*targeting of clients*' have tended to dominate population policy making is because it has been perceived as purely interested in effectively managing numbers.

With this research paper, I venture into this demographic war, that is disputed ground in the nexus between population and development, armed with three domains of reflexivity which affected my decision to write on 'addressing sexuality in Kenya's population policy' and guided the choice of research methods used. This research can be described as a persuasion to the population policy making in Kenya to embrace post-modernism which is the 'abandonment of the intellectual culture of modernity' (Jupp 2006: 232) at least in part, as I also acknowledge the important roles that quantitative data play. Researchers who take the epistemological stance of postmodernism engage in the deconstruction of meta narratives through an analysis of texts by interpreting discourses inherent in them (Ibid. 2006: 231-233). It is in this school of thought that sexuality studies, which are based on an appreciation of diversity, and which is the core of this study have found research relevance. My struggles with methodological reflexivity, were evident in the early drafts of the research proposal as I swung in between building on and challenging the modernity discourse by unconsciously using with finality terms such as 'stalling and stagnating' fertility in Kenya, without questioning the assumptions on which such phrases were coined, and which were pointed out to me at an early stage as playing more into the rules of the 'demographic transition theory' game rather than questioning the very nature of these assumptions.

The struggles I encountered on methodological reflexivity were linked to the epistemological assumptions that guided my career as demographic researcher in Kenya for the past 5 years (2002-2007) during which time most of the studies I was involved in were quantitative. During the research design seminar, one of the most repeated criticisms I received was to increase epistemological space for the study. Struggles with epistemological reflexivity relived before me full swing when one of my discussants pointed out that "*in your research questions you are pretending to want to find out what is the problem with the population policy in Kenya, but reading through, you write as if you already know there is a problem and what it is*".

With these two domains in mind (methodological and epistemological) the last one was with disciplinary reflexivity which enabled an understanding that the standpoint taken on this study was informed by who I am, the different kinds of trainings I have under gone and my research experiences. My background fields of training ranging from sociology, literature, demography, gender, sexuality and currently development studies for which this paper was written affected my choice of research methods and topic of study.

In summary, being aware of reflexivity made me reflect on what ‘baggage’ I was bringing into this study. This paper remains a persuasion to academicians, demographers and policy-makers to appreciate the benefits of a postmodern standpoint (which I can only hope to achieve), yet at the same time show academic respect to existing ‘truths’ from a modernist standpoint. I seek to remain open to the view that this research paper is one of the ‘truths’, informed by who I am, a claim that is also post-modern in nature.

#### 1.4 The data

Population policy refers to measures taken by a government to intervene in its country’s demography and this analysis is on the discourses inherent in Kenya’s policy with regard to fertility change. As such it relies on secondary information which relates to the Kenya government’s official policy position on its demography.

Some primary data was collected via email interviews, which based on Flick (2006: 256-260) allows for information to be collected through semi structured email exchanges with respondents. Using this method, personal views from Dr Uwemedimo Esiet<sup>2</sup>, and Dr Richmond Tiemoko<sup>3</sup> were received on the conclusions of the study. These are both professionals in the field of population, sexuality, and reproductive health. The rationale to incorporate primary views from key informants is because policy making and review is a discursive process entailing high level consultations.

Secondary information is utilised in the form of data and population policy documents as well as literature reviews. The data used in the analysis are from National Census, Kenya Demographic and Health Survey (KDHS), and Kenya Fertility Survey (KFS). These have been summarised on the United Nations World Population Prospects (UNPP) database.

The main population policy documents that have been used in the discourse analysis are the *Sessional Paper No 4 of 1984: Population Policy Guidelines* (ROK 1984) and *Sessional Paper No 1 of 2000: National Population Policy for Sustainable Development* (ROK 2000), of which the latter paper outlines the population and development goals, objectives and targets to guide in NCAPD’s implementation until 2010.

The NCAPD publishes a quarterly magazine ‘*KenPop News*’ which is ‘a newsletter on Population Issues in Kenya’ (NCAPD website 2008) whose intended audience is government policy makers and non-government personnel who work on population and related issues, to inform donors who fund

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<sup>3</sup> Dr Richmond Tiemoko is the Director of African Regional Sexuality Resource Centre (ARSRC).

demographic projects, and for use by students of population studies and related disciplines. There are speeches given by Kenyan leaders such as the President, Vice President and Ministers at conferences and other forums that are also used in the analysis as a proxy for official government stand on population issues.

## 1.5 The analytical framework

Despite demography having been described as ‘a science short on theory but rich in quantification’ (Kirk 1996: 361) several theories have been proposed in the study of fertility change. While many of these either bear resemblance to fertility transition or are a build up towards it, this study is in search of an analytical framework that will bring up the relevant issues which necessitates population policy to address equity, equality and rights; an analysis of how far Kenya’s population policy can be said to be a reproductive rights policy or not.

This study utilises two analytical frameworks: First, the ‘political economy of fertility’ and secondly, to aid an assessment Kenya’s population policy through a human rights lens, a ‘reproductive rights analytical framework’ is used.

### *Political economy of fertility*

Greenhalgh (1995: 200-208) proposes a holistic way of thinking about fertility change in what she calls the ‘political economy of fertility’. This ‘whole demography’ essentially means understanding each fertility change regime as uniquely affected by the interaction between social, economic, cultural and political factors in the contexts that the changes occurred. This is as opposed to the uni-linear model that the fertility transition theory uses; giving five attributes that can be used as lenses to understand these changes namely level, time, process, causality and method.

Based on the political economy of fertility model, *level* from an analytical angle means that even when the main objective is to make sense of the local context, the impact of global, regional, international or multilevel are to be taken into consideration. *Time*, refers to taking into account historical processes which sees as unique different time events that affect fertility change. Thirdly is *process*, and is about taking into consideration political and economic factors at different levels such as family, community or national level which have been missing from demographic research that focuses on women. Fourth is *causality*, and which points to a now important part of development studies the structure-agency debate: how to develop women’s agency for fertility decision making. Last is *method* which is about the increasingly important use of qualitative research, together with quantitative methods, in understanding fertility change and further in formulating population policy.

While the political economy of fertility model does not explicitly address reproductive rights, it helps to challenge the assumptions that form the basis of the fertility transition model and thereby giving way to the argument that addressing reproductive rights is necessary in population policy. This framework helps us to move to a liberal position which is that the state should protect each and every individual’s (reproductive) rights.

### ***A reproductive rights analytical framework***

According to a framework proposed by the Centre for Reproductive Rights (2003: 3-5), a population policy can be assessed as to whether it is a rights-based policy by considering four factors. *Firstly*, is competing rights: critically analysing if the policy puts the rights of one group above that of others, either in the present or future generations. These groups can be by gender, that is for instance putting men's rights above women's, by age group such as taking more seriously the needs of those in their reproductive ages and ignoring youth and the elderly, or pointing fingers to a particular ethnic grouping that they should be the ones to modify their reproductive behaviour and not others.

*Secondly* is the issue of economic inequality as it is critical to assess how a population policy engages class divisions either locally or globally. A reproductive rights based population policy is not one that will demand that poorer women or those from lower social classes be affected by the policy and not the upper classes or those living in developed countries. Despite ones social and economic standing, rights should remain the same. *Thirdly*, is the issue of targets; a population policy that has set targets that have to be met by a particular group at a set time such as to have so many family planning acceptors or an aim to have everyone have a set number of children is not rights based. *Lastly* is the use of incentives, which are aimed at attaining the set goals, which could be given to coerce women and men into altering their reproductive behaviour.

## **1.6 Research questions**

The main focus of this research is to analyse the population policy in Kenya with regard to the underlying logic that informs an understanding of fertility change. The main aim is to show what the implications have been of the dominance of the discourse of population control for fertility policies. The sub research questions are:

- i. What informs the basis of the discourses of fertility change in Kenya?
- ii. What gaps and contradictions are inherent in Kenya's population policy?
- iii. Why does the population policy in Kenya need to be informed by 'reproductive rights' as opposed to the 'population control' discourse?

## **1.7 Organisation of the research paper**

The remaining parts of this research paper are organised as follows; the next two chapters are a review of literature which are thematically organised and are a response to the first sub research question on what informs the basis of the discourses of fertility change in Kenya. The first chapter discusses competing discourses, internationally and within Kenya on how fertility changes, ending with a questioning of some demographic terms and concepts which are used in population policy. Chapter three is organised under the five attributes of the political economy of fertility; level, time, process, causality and method.

The key findings of the study are presented in chapter four, which is a discourse analysis using a reproductive rights analytical framework of Kenya's two explicit population policy documents. The analysis involves looking at competing rights, economic inequality, targets, and incentives or disincentives as a way of analysing the population under a rights based lens. These issues correspond to answering the second sub-research question which is concerned with the gaps and contradictions that are inherent in Kenya's population policy.

The summary discussion in chapter five answers sub research question three on why population policy in Kenya needs to be informed by the reproductive rights discourse as opposed to the population control discourse. The conclusions are given in light of the research findings.

## Chapter 2

### 2.1 Competing discourses: population control versus reproductive rights

The two competing international discourses that shape population policy approaches to fertility change are population control and reproductive rights. While reproductive rights favoured by feminists originates from the concept of individual liberties that underlie an understanding of human rights, of which women's reproductive rights are the 'right to control her body', population control emanates from the thinking which relates population size to economic growth and through which family planning programmes were put in place to curb overpopulation in developing countries (Dixon-Mueller 1993a: 3-5).

The discourse of population control has dominated much of population policy-making for developing countries mainly because it is hegemonic; which according to Mills (2003: 67-79) is a term borrowed from Michel Foucault's writing in which the power/knowledge nexus informs what is considered a fact or knowledge. In the process of establishing truths, the dominant group prevails and their views come to be accepted by both the constructed and constructors as factual. As regards the population control discourse, the more powerful group socially, economically and politically are engaged in the process of seeing as to blame the subaltern or the less powerful for causing 'overpopulation'. The discourse of population control has led to the oversimplification and misunderstanding of fertility change by the notion that overpopulation in developing countries is an impediment to economic development (Grimes 1998: 377) and is also the cause of environmental degradation, a claim which needs to be rejected by women from third world countries (Pillay and Klugman 1994: 108) as it can also be argued that indeed consumption patterns among those in developed countries poses a higher danger to the limited resources that we all have to share globally (Centre for Reproductive Rights 2003: 4).

Around the period 1950's-1960's earlier referred to in this paper as a time when modernisation theory was dominant, the discourse of population control dominated in development discourses, but by 1994, at the time of the ICPD, this position had shifted considerably. In what has been described as a quiet revolution, the period between the years 1975-1995, known as the United Nations Decade for Women, the discourse of reproductive rights was nurtured. The most powerful impact of the decade was the conscious raising that women's equality internationally and nationally had to be a matter of policy concern (Zinsser 1990: 23-24). 1985, the year when the decade of women ended, culminated in a meeting held in Nairobi. The document produced at this meeting: *The Nairobi Forward-Looking Strategies for the Advancement of Women* for the year 1996-2000 singled out gender equality among other issues such as development and peace adding that these were also women's issues (CODESRIA 2006: 1).

In an analysis of how population policies have evolved, Pillay and Klugman (1994: 107-113) show that in between the period 1974 and 1994

when the Bucharest and the Cairo conferences were held respectively, other events occurred which influenced the reproductive rights discourse to come to the fore. While at Bucharest the focus was on development and not women status, leading to the idea that with development, aggregate fertility rates will automatically decline, the First Global Women's Health Meeting held at Amsterdam in 1984 endorsed that '*Women should be seen as subjects and not objects of population policies*'. By 1984 at the population conference in Mexico, there was a renewed interest in raising women's status and for governments to make family planning available for women which can be attributed to efforts around the decade of women. The 1992 UN Conference on Environment and Development in Rio de Janeiro, Brazil revived the old idea that overpopulation was the cause of environmental degradation thereby masking the more important causes of environmental degradation and misguiding the debate. By this time in history, other reproductive health concerns which are remotely related to size of population had entered the international population policy arena: HIV/AIDS, STI's, abortion, violence against women and maternal mortality. Gender activists internationally had networked and managed to make gender analysis and research an integral component of government policy making (Zinsser: 24).

Women activist drafters had also learnt from experience that in securing women's rights in policies, the language used is crucial (Stienstra 1996: 16-17), as with a simple matter of semantics, a woman's life could be endangered. The language of 'rights' with regard to sexual and reproductive health as opposed to using medical terms meant that women could claim these rights and that their governments as well the international community had an obligation to meet these needs aimed at helping men and women attain sexual and reproductive health (Freedman and Isaacs 1993: 23-24). At the ICPD, various factors influenced the program of action consensus such as the extensive participation of non-governmental organisations, and women's networking which had come of age since the decade of women as well the focus on human rights (Ashford 2001: 10).

The reproductive rights discourse is based on the rights based approach to population and development. A reproductive rights framework developed by the Centre for Reproductive Rights (2003) is a rejection of the population control discourse as one which is harmful to some groups and therefore not in line with development goals (Ibid: 17). The challenge for a rights based approach to population policy is to balance competing individual versus collective rights for which the proponents of the population control discourse may argue that by limiting fertility growth, the collective rights of present and future generations are secured. This claim can be rejected by the counter argument that current and past practices of population control have led to the infringement of women's human rights and that it is clearly not justifiable to deny women their rights for an unknown future benefit (Ibid: 3-4). Global, regional and class differences also means that it is usually women from developing countries, or those from lower classes that are forced to give up their reproductive ambitions for the 'common good' in a population control model which is discriminatory (Ibid: 4).



## 2.2 Counter discourses on the fertility dynamics in Kenya

Population policy making in Kenya, is currently concerned about the further non-decline of aggregate fertility rates, what is now referred to as the 'stalling and stagnating fertility transition' (Bongaarts 2005: 3; Kizito et al. 2005: 1). This phenomenon that is also called a 'plateau' has been experienced in other countries as well at different time periods. Bongaarts (2005: 17) in a study of such countries that were experiencing 'fertility transition stalls' such as Bangladesh, Dominican Republic, Kenya, Ghana and Turkey attributed this to the lack of socio-economic development, in the cases of Kenya and Ghana. Kenya's policy making seems to have adopted this discourse arguing that the pace of the fertility transition has declined because of the equally slow socio-economic growth (Murungaru 2005: 6).

The use of contraceptives among Kenyan women was 10% as shown by the 1984 Contraceptive Prevalence Survey, and for the three consecutive KDHS, the rate of increase was at first high then it slowed; 18% in 1989, 27% in 1993 and 32% in 1998. By the time of the 2003 KDHS, the Contraceptive Prevalence Rate (CPR) was 33% for modern methods and 39.3% for all methods among married women (CBS et al. 2004: 68-71). This means that alongside the constant aggregate fertility rates is equally the constant rate of the use of contraception among Kenyan women, a feature that is used in the explanation building on the discourse that fertility transition is stalling because CPR is also stalling. In the context of high HIV prevalence rates, the argument is further developed that the motivation for women to use contraceptives may have declined (Aloo-Obunga 2003). However, a closer look at the available data shows that wide variations in contraceptive use existed based on regional and cultural traits of respondents alongside other factors such as education (Khasiani and Ayiamba 2005: 11-12).

Further, there have been claims to the idea at policy level that the impact of HIV/AIDS has in more than one way affected the fertility transition in Kenya. At the organisational level is the claim that funds that were initially given to programmes in family planning have been shifted in the fight against HIV/AIDS, which has led to reduced impact of population policy, or rather the fight for decline in aggregate fertility rates. This discourse is a build up of another discourse: the composite of which is that the stalling and stagnating fertility transition accompanied by the stall in CPR are an after effect of the global gag rule, a law which led to large cuts in reproductive health budgets, while at the same time increasing funds for HIV/AIDS, on the claim that they are a euphemism for termination of pregnancy by the Bush administration in 2001 (PAI 2006: 8). While acknowledging that this discourse genuinely aims for expansion of access of reproductive health services, it seems to be saying, more funds are equals to fewer children. There are reproductive rights which can be given to women without having to spend extra money, though off course the services do require health budgets. At the population level is the claim that with high HIV prevalence rates in Kenya, infant mortality increased and this caused a reverse fertility transition back to the pre-demographic transition regime of high deaths and hence high birth rates. There is no empirical data to support these claims which have been analysed by Nangami

and Esamai (2005: 21) who found the contrary, that women who were HIV positive were more likely to have fewer children as well as regions with high average HIV prevalence. However, a close relation was found between high infant mortality per woman and replacement fertility behaviour (Obonyo et al. 2005: 7-8).

There is a subtle claim backing the discourse that the experience of further non-decline in the mathematically determined aggregate fertility rates in Kenya is a statistical illusion caused by the inclusion of North Eastern province in the 2003 DHS survey as it had earlier not been included. This discourse is almost a 'corridor gossip' and can be evidenced in the way data on Kenya's demography is presented; first the national data is presented, then follows another graph or table with a disclaimer 'excluding northern districts' (CBS et al. 2004: 55 , 69 and many more). While it is true that the populations in the northern provinces experience higher aggregate fertility rates, the fact that these populations account for less than 20% of Kenya's total population (Brass and Jolly 1993: 8-11), means that their contribution is not significant enough that without considering them, then the rest of Kenyans, would be way far in the fertility transition. The other argued statistical illusion is that as Kenya's population has been increasing, percentages, even if similar at two different points, say at KDHS 1998 and 2003 means that in absolute numbers, there is a significant change. To these claims, the polite response is to focus on quality of life rather than numbers.

### **2.3 Politics in demographic terms and concepts**

There are terms and concepts which are used in demographic analysis and policy documents that give an indication of how human fertility is understood. These terms are borrowed from international discourses finding their place as part and parcel of Kenya's population policy making, but in themselves are laden with meaning which is no less than playing politics and are in one way or another building blocks for either the discourse of population control or reproductive rights.

#### ***2.3.1 From 'family planning' to 'reproductive health' programmes***

Naming and issues framing is crucial in policy making as it defines in what manner the said policy will be operationalised and also guides the outcome (Grimes 1998: 376). Basu (1997: 7-8) calls for the replacement of family planning' by 'reproductive health' programmes as conceptually, this will widen the scope of demographic goals to be achieved given that the language of 'family planning' is by its very nature framed in a target ideology. The adoption of the name 'reproductive health programme' is acceptable because the meaning given to reproductive health as a concept is not just about number of children born, but also incorporates 'physical, mental and social well being' (UNFPA 1994: 8) meaning that such a program will have wider goals.

There's everything in a name. A feminist critique of China's one-child policy by Greenhalgh and Li is that this would be accurately called 'birth planning programmes' as the goals of this family planning programme has no regard for 'families' as such but ultimate interest in number of births (Grimes

1998: 388). Family Planning Association of Kenya (FPAK) a central player in Kenya's population policy since inception changed its name to Family Health Options Kenya (FHOK) *'Since FPAK gradually moved away from vertical family planning to an integrated gender sensitive sexual and reproductive health programme, there was for a long time a gap between the name of the Association and its programme'* (FHOK website November 2008). NCPD changed its name to NCAFD in October 2004 adding the term 'coordinating' and looking back to some challenges listed in the 2000 policy, this could have been necessary to redefine what the organisation could do.

...the mushrooming of NGO's in the population field with the subsequent duplication of effort complicated the coordinating role of the NCPD (Sessional Paper No 1 of 2000: 10).

In line with these new moves, the renaming of Kenya's 'family planning programme' to a 'reproductive health programme' is a welcome one.

### ***2.3.2 Unmet need for family planning***

The concept 'unmet need for family planning' is a well known demographic measure whose objective is mainly to estimate the proportion of women that are not using contraception yet they say they would like to stop or want to postpone childbearing for a duration of about two years or so (Westcoff 2006: 1). The concept is mentioned severally in the population policy of Kenya. Linked with the idea that there is a strong link between women using contraception and lowered fertility, this ideology has been used as an organising principle for the justification of family planning programmes (Casterline and Sinding 2000: 691). Developed over 20 years back, this concept is the building block of Knowledge, Attitudes and Practice (KAP) surveys of family planning methods which is a demonstration of the gap between what people in third world countries want to do and what gets done. This concept seems to suggest that people in 'backward' countries are simply caught up in circumstances while in reality rationality accompanies fertility decisions, in both developed and developing countries. The use of this concept situates the problem of high fertility in the people's irrationality and not the lack of information and services which is a more significant factor (Caldwell 1976: 330-332).

With regard to reproductive rights, the biggest criticism for the concept 'unmet need for family planning' is about whether it can be used as an organising principle to help women attain their reproductive rights. First, it is beneficial to keep in mind that this concept does not refer to real human behaviour because to get to results, the researcher calculates the measurement through own analysis. Women are not directly asked if they perceive an 'unmet need' but in one block a question is asked if they would like to have another child in say the next two years and in another, if they are currently using any family planning method and then the discrepancy is calculated. This insistence on numbers in itself means that the focus goes to the expansion of the use of contraceptives and not to quality of reproductive health lives. This in itself is a violation of rights because from a demographic point of view, to meet the 'unmet need' entails increasing the number of women using contraception (Casterline and Sinding 2000: 692-696).

### ***2.3.3 Couples and individuals***

Demographic discourses of reproductive health operate from the reality that the use of contraception by a couple can be personally or collectively made. The common phrase ‘couples and individuals’ is ambiguous when used in a reproductive rights population policy. This use is adopted by Kenya’s policy.

The policy affirms that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, have access to information and education in order to make informed choice and the means to do so’ (Sessional Paper No 1 of 2000: 2).

While at first glance it may look like an inclusion of everybody whether in a relationship or not, the phrase does not augur well with human rights in which each has their own right independent of the other, so there’s no such thing as couple’s rights. Corrêa and Petchesky (1994: 118) argue that this language of ‘couples’ in demographic literature is used to undermine women’s rights over their own bodies. Some rights such as that to information are not in anyway collective rights and also because it is women who bear children, their right to have children cannot be the same as that of men’s given that women’s stakes in reproductive processes are much higher. The same message would be passed if the population policy simply wrote ‘all individuals have the basic right to bodily integrity’.

### ***2.3.4 Free and responsible parenthood***

The idea that Kenyan parents have the duty to free and responsible parenthood (see quote in 2.3.3) is one that runs through the population policy. However, the policy does not explain what is meant by being ‘free’ and ‘responsible,’ and by whose standards. The conditions under which procreation can be said to have been freely decided are also ambiguous. According to Corrêa and Petchesky (1994: 118), it is more crucial for a population policy to engage with the conditions which can facilitate reproductive rights. As such, there should be more engagement with the obligations of the Kenyan government towards parents deciding freely and responsibly the number of children they want, by their own standards.

### ***2.3.5 Family***

The definition of family in the population policy assumes a western notion of nuclear family; and every other family that deviates from this is special.

The Government affirms that the family is the basic unit of the society. [...] Apart from the traditional nuclear family, consisting of mother, father and children, there are other types of families that require special attention. These include single-parent and child-headed families which are on the increase due to family breakups, widowhood, child-bearing outside marriage and orphanhood (Sessional Paper No 1 of 2000: 15).

The elevation of the nuclear family as the core unit of concern in population policy is discriminatory those who don’t fall under this definition either by choice or chance. In this definition, the policy falls short of dignifying other forms of family such as polygamy, polyandry and single parent families (Corrêa and Petchesky 1994: 114).

## Chapter 3

### 3.1 The political economy of Kenya's fertility

This chapter has themes corresponding to the political economy of fertility model as described by Greenhalgh (1995: 200-208). The first is *level*, which will be addressed under the heading 'Catching up policy?' *time* is under 'The place of history in Kenya's population policy'. Issues about the *process* of how fertility change is understood to occur is discussed under two topics which are 'The metaphor of stalling and stagnating' and to further engage with the weaknesses of the fertility transition understanding is the 'Social exclusionary population policy?' that focuses on how the North Eastern province is handled in the policy. The topic, 'The missing female agency in Kenya's fertility change discourse' describes the concept *causality*, and last but not least is *method* which is catered for under the section, 'The quantitative-qualitative continuum for fertility change theorizing' which argues that policy making for Kenya should find a balance in this continuum.

#### 3.1.1 *Catching up policy?*

Gaspar and Apthorpe (1996: 6) argue that development policy arguments are usually framed as 'truths' which are rational and are not questionable. The arguments put forward in a population policy document are an important aspect for the meeting of desirable goals because in practice, programmes are guided only by a policy which is in place. It is therefore of fair judgment to expect that the assumptions of the information contained in a policy is not only valid, but also reasonable. Since inception, Kenya's population policy was a borrowed idea, based on borrowed estimates to achieved borrowed targets. Premiere targets were set on models derived from far way as Taiwan (Hartmann 1995: 86) which is in bad taste as the two countries share little in common.

The main tenet of the fertility transition theory is that through an evolution, people get 'better' with time and begin to have few children. This also means that those living in countries such as those in Europe and North America, have already gone through these demographic stages and the rest of the World is yet to catch up (McNicoll 2003: 71-72), so they are more 'evolved'. Kenya's population policy is, by the mere acceptance of the fertility transition model, a catching up one. While there is the general good for every programme to have targets by which successes or failures can be measured, these should at least be based on rational evidence.

The problem with a catching up policy, as opposed to one which appreciates each social change in its own right is that it ends up being based on a lot of assumptions some which do not necessarily hold. The belief that just because a policy worked in one area means it will work in another is one that is blind to the diversities in culture, history, socio-economic standing and beliefs which are all too clear in social science. A study done in Kenya's Nyanza province shows how the family planning ideals of a nuclear family was

considered a 'wazungu' (Swahili acronym meaning White people) model in a region where large families were understood to be rich families, leading to the programme being viewed with suspicion (Watkins 2000: 733-734). While there's nothing wrong with borrowing a good idea, it is wiser to understand different cultures in their own right before putting a policy in place.

There's an aspect in both Kenya's population policy documents, both the 1984 and 2000 policy papers which see as the main source of beneficial information on Kenya's population policy making as both Kenya's African traditional culture while at the same time promoting a move away through 'modernisation'.

...On the whole, there were several factors which led to small families per woman, for example, high mortality rates among infants and children. In order to ensure proper spacing and child survival, many African societies were practising abstinence from intercourse, prolonged breastfeeding and sending the wife away from her husband until the child was at least 3 to 4 years. For non-married, premarital sexual intercourse was almost always prohibited (Sessional Paper No 1 of 1984: 8).

Both the 1984 and the 2000 policy documents engage wholesale in the assumptions of a fertility transition. In the opening paragraph of the first document:

...While the Government is concerned about the rapid rate of population growth in Kenya, it is also convinced that as these concerns come to be understood in terms of their effects on family welfare and quality of life, parents will adjust their decisions in favour of smaller families (Sessional Paper No 1 of 1984: 1).

The assumption held here is that Kenyan parents did not yet understand fully the effects of their actions when bearing many children and after doing so, they will prefer smaller family sizes. This idea that it is large family sizes that are responsible for poverty in the country lingers on together with the perceived ignorance of parents on the benefits of smaller families:

While this calls for policies that will successfully mobilize private savings, success of these policies will also depend on the ability of the Government to move from her current position of a dissaver and record budgetary savings. This will not be possible if the rate of growth of the population remains high. At the household level, a fast growing population requires that more resources have to be spent on consumption to meet the basic needs of the children which include food, clothing, education and health services (Sessional Paper No 1 of 2000: 5).

While at some level it may be true that the higher the number of children, the more money or resources one requires to spend on them, this link is too simplistic and fails to take into consideration political economic factors which have an even more bearing on poverty in Kenya.

Evidence from elsewhere shows that western notions of reproductive health and fertility theorizing are not universal and can in fact be contradictory for some. A study done in Gambia showed how women are caught up in

religious institutions which put expectations on them to have large families, and for some that live in agrarian societies, where children are highly valued as old age security, the theory that fewer children means more wealth simply does not hold (Bledsoe et al. 1998: 15-17). In light of the variations in culture determined fertility behaviour, there is not enough justification about why models of fertility behaviour should be imported when local knowledge, which is readily available, can be used to formulate policies.

### ***3.1.2 The place of history in Kenya's population policy***

History as a component in 'whole demography' theorizing means that in order to understand how fertility change happened, we need to look at what other historical changes were taking place concurrently. The population policy, instead of looking only at events which could have caused fertility change after Kenya's independence should also learn from lessons before independence which are useful insights. Population growth was much lower before 1948 and grew steadily such that the aggregate fertility rate was 8.2 as indicated by the Kenya Fertility Survey (KFS) of 1977/78 (Kizito et al. 1991: 1) making it necessary to engage in policy debates about what else was happening before and during this period.

The alternative population policy analysis by Odile and McNicoll (1987: 219-226), who argue that land redistribution after the end of colonialism, changes in agrarian livelihoods as well as in family structure led to fertility increase are good starting points. Historical and socio-economic changes in the lives of different Kenyan groups which have had an effect on fertility changes should be taken into consideration. A study done at Kisii district in Nyanza province which has one of the highest aggregate fertility rates in Kenya by Silberschmidt (2001: 661-662) found that changing socio-economic roles due to colonialism, the end of it at independence, and the hard socio-economic times in Kenya due to structural adjustment programmes (SAP's) had an effect on gender relations, household arrangement and eventually sexual behaviour, the result of which was increased gender based violence and higher fertility rates.

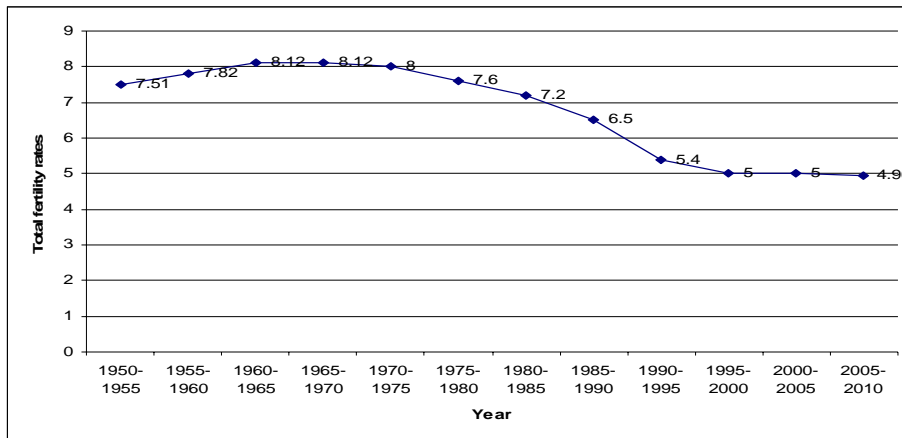
When taking historical factors into consideration, Bandarage (1999: 25-27) argues that colonisation is an important factor because during the period 1780 to 1930, the European population 'exploded' around the world and begun to decline due to a shift from labour intensive agricultural work to industrial production, improved wages and mandatory schooling. The population dynamics of colony countries were different: colonial policies were pro-natalist and medical technologies which accompanied this also lead to decline in mortality rates, the result of which was increased fertility. With economic effects of post-colonialism, high poverty levels means that the marginal cost of raising another child is not high and the cultural expectation that women should have many children continues. This means that even if poor women could use contraceptives and lower their fertility; the social conditions for their survival with fewer children must first be set. To be able to give a holistic idea of how fertility changes, Kenya's population policy making must take into consideration such historical factors.

### 3.1.3 The metaphor of ‘stalling’ and ‘stagnating’

Policy language often involves use of words or phrases as a representation of something else; the use of metaphors, tropes and other stylistic devices as a way of framing the issue at hand (Gasper and Apthorpe 1996: 8). Policy language can contain the use of what Donald Schön calls ‘generative metaphors’, which is a main idea framed in a representative form that not only describes the policy issue but also guides our thinking about what the solution to the framed problem is (Miller 1985: 191; Schön 2002). This means that a generative metaphor constitutes a solution similar to characteristics inherent in the issue at hand. Current literature on Kenya is that the aggregate fertility rates are ‘stalling and stagnating’ (Westcoff and Cross 2006: 37). The metaphor ‘stalling and stagnating’ aggregate fertility rate in Kenya gives away the assumptions of the policy documents which use these terms. Mills (2004: 26-27) asserts that discourses can be traced to ideologies, which is an understanding about how things happen, that is held by a group of people about a particular social phenomenon.

An online thesaurus search for synonyms of the word stall gives words such as ‘stand’, ‘stop’, ‘cut out’, ‘freeze’, ‘pause’, ‘halt’, ‘come to a stand still’ and the word stagnate is equal to words like ‘idle’, ‘fester’ and ‘languish’. All these terms point to a movement in one direction which has been stopped for some reason and needs intervention for the process to continue for instance ‘to unfreeze’, ‘to continue’ or to ‘join back together’. Frames can be used to raise attention to some realities while masking others (Schön 2002). In this case, policy attention is raised to the average while downplaying regional differences and excluded population groups as well as regions that could be experiencing sexual and reproductive health lives far from the averages. Figure 1 is an indication of what is currently referred to as stalling and stagnating fertility transition in Kenya.

Figure 1. General trends of aggregate fertility rates in Kenya



The data for this line graph are estimates of United Nations Population Division database

The data in Figure 1 is derived from UN estimates that used data from census and DHS and takes into consideration the impact of HIV/AIDS, which shows that during the period from around 1990 to 2010 aggregate fertility rates



have remained more or less constant, or are ‘stalling and stagnating’. It is also true that this is not the only time the line graph seems constant because from 1960-1975, there seems to have been another ‘stall’, which means this naming of stalling and stagnating is fuzzy. While this kind of framing of fertility rates as ‘stalling and stagnating’ could be useful for other purposes, this discourse only caters for the average thereby ignoring the populations which do not closely succumb to this linear graph.

Gaspar and Apthorpe (1996: 6) raise attention to the fact that frames used in writing policy papers specify who is attended to by the policy and who is excluded. The measure total fertility rate is ‘the average number of children that would be born alive to a woman (or group of women) during her lifetime’ while contraceptive prevalence rate is only calculated for married women (ROK 2000: 50). These measures are not all inclusive and as table 1 will illustrate can mean very little when the majority are not in the average.

Table 1 shows trends in total fertility rates in the different provinces in Kenya. The use of a table to present the data and not a linear graph is an attempt to break away from the discourse of fertility transition which holds that fertility change is a strictly linear process.

Table 1: Total fertility rates in Kenya by province

Province	1993	1998	2003
Nairobi	3.4	2.6	2.7
Central	3.9	3.7	3.4
Coast	5.3	5.1	4.9
Eastern	5.9	4.7	4.8
Nyanza	5.8	5.0	5.6
Rift Valley	5.7	5.3	5.8
Western	6.4	5.6	5.8
National average	5.4	4.7	5.0

Data from KDHS 1993 pp 24, KDHS 1998 pp. 30 and KDHS 2003 pp.53.

Based on the data presented in table 1, Nairobi’s population has had consistently the lowest total fertility rate in Kenya followed by Central province while Nyanza, Western and Rift Valley have much higher rates and above the average in each year. It would be inaccurate to refer to any transition or stagnation for these three regions where fertility has in fact increased. A closer look at the data for Nairobi indicates a slight increase between 1998 and 2003. The KDHS also showed that women who scored lower on the wealth quintile and those with lower education attainment levels were more likely to have more children (CBS et al. 2004: 52-53).

While there is sufficient data to support inequalities and therefore need for different strategies for different regions, the population policy is silent on any measure towards achieving this equity.

### ***3.1.2 Social exclusionary population policy***

Up until 2003, the Kenya Demographic and Health Survey (KDHS) held every five years, and which the population policy making in Kenya relies on apart from the national census that is held every decade, districts from the North Eastern province were not included (CBS et al. 2004: 6). This means that the province did not exist in the sampling frame. While reasons such as inaccessibility have been given as impediments to carrying out studies in the region (Ibid: 7), the social exclusion in policy of the people from this region is also embedded in a modernisation discourse which is harmful for equity and equality as far as population policy making is concerned. The northern parts of Kenya are characterised by arid and semi arid desert lands, the result of which is that the majority (80% of the total population) live in the Southern parts. The northern most region of the Rift Valley, Eastern and most of North Eastern provinces are inhabited by these pastoral communities (Brass and Jolly 1993: 8-11).

The quote below is an excerpt of an interview carried out with Dr Josephine Kibaru, a population and health policy maker, which appeared in the KenPop News.

*Question:* For the first time the KDHS covered the northern frontier districts. What policies will the Government develop to ensure that people in these regions have equal access to health services?

*Response:* The northern frontier receives the same budgetary allocation as any other districts in the country. But due to the nomadic lifestyle of people in that part of the country, static health points do not work. The only way to meet their needs is through use of outreach services [...] The residents are very conservative hence there is need to find out what is acceptable to them before embarking on projects in the area. Many mothers and babies die during delivery due to the use of Traditional Birth Attendants (TBA's) and when an emergency occurs, mothers cannot be taken to the health centre on time because it is far away and transport is also a hassle (Editorial April-June 2004: 9).

The use of the terms 'northern frontier' by both the interviewer and the interviewee is borrowed from its colonial usage when it was used to describe geographic zones which were beyond the borders of 'civilisation'. They are both engaged in a process of Othering, a term used by Mills (2004: 94-99) as borrowed from colonial and post-colonial discourse theory to mean the propagandist, ethnographic presentation in texts that were produced during colonial periods depicting the colonised as 'primitive' 'medieval' or 'backward'. They do this through referring to a 'we', the rest of Kenyans versus 'them', those who live in the northern frontier whom she refers to as 'very conservative', a euphemism for 'those who don't adapt to change easily'. This discourse shows the manner in which the modernisation discourse is also used within Kenya. Dr Kibaru further reveals that the regions she calls the northern frontier receive the same budgetary allocation as any other districts in the country which raises questions about prioritising the sexual and reproductive health of these populations.

Though there's hardly any data from KDHS surveys before 2003 as earlier mentioned, there is now sufficient reason to give not only a bigger budget but to make urgent the reason to attend to the people in this region. Also, admitting that it receives the same budgetary allocation, but acknowledging the interviewers' sentiments that the government should do something to ensure they receive equal allocation means that the government does not see any need for special focus or extra budgetary allocation for health needs of the populations living in this region with an aim of achieving equity. She seems to be saying, that there are medical healthcare services but because the women who live in the northern parts of Kenya are 'backward', they prefer to use 'traditional birth attendants'. In saying so, Dr Kibaru situates the problem on the nomadic lifestyle of the people instead of problematising healthcare provision for not strategically aiming to reach everyone, regardless of their lifestyle with reproductive health services because it is a right.

The KDHS 2003 data for the population sampled from North Eastern province was relatively alarming, at least compared to the national average. Table 2 shows comparative data of total fertility rates, percentage of women that were pregnant, mean number of children ever born and those that were using contraceptives at the time of the data collection.

Table 2: Comparative data: national versus North Eastern province

<b>Demographic Measure</b>	<b>National Average</b>	<b>North Eastern Province</b>
Total fertility rate	4.9	7.0
Percentage currently pregnant	7.8	11.5
Mean number of children ever born to women aged 40-49	6.0	8.3
Percentage who currently use any method of contraception	39.3	0.2

Data from KDHS 2003 pp.53 and pp. 71

Table 2 shows that while a randomly picked woman in Kenya has 5 children, one who lives in North Eastern province is likely to have 7 children. At any one time, there would be 3.5% more women pregnant in North Eastern Kenya as compared to those in other parts of Kenya. By the time a woman living in North Eastern Kenya reaches age 49, she will have bore about 8 children, which is 2 children more than another woman in any other part of Kenya will have. Lastly, while nationally 39.3% of all married women in Kenya use contraceptives; only 0.2% of those living in North Eastern use contraceptives.

By any standards, the data above signals the language of urgency to help women attain sexual and reproductive health. Despite these statistics, the population policy is preoccupied with averages and says nothing about priority measures for those that show remarkably different reproductive health behaviour like those living in northern Kenya such as providing more strategic services and information.

### ***3.1.3 The missing female agency in Kenya's fertility change discourse***

The reliance on the fertility transition theory as an explanation of how fertility changes in Kenya misses the opportunity to develop female agency, the ability to make own (fertility) decisions. This is one of the capabilities and functionings espoused by Amartya Sen and Martha Nussbaum's capability approach to development as focusing on 'the overall freedom to lead the life that a person has reason to value' (Robeyns 2003: 63). A population policy which contributes to the ideology of human centered development therefore is one which helps women to have the number of children they would like and when they would like to have them, based on their own value judgements. Such a policy therefore recognises human beings as, 'both the means and ends of development' which means paying attention to have a policy which does not ignore wellbeing, agency and human individual interests (Kabeer 1996: 13).

The role of the government when putting up a population policy which is committed to human development is to increase women's bargaining power to make decisions, offering legal frameworks and making available sexual and reproductive health information and services. There is clear evidence that women are in fact engaged in shaping their reproductive lives if the data on unsafe abortions worldwide is anything to by. Evidence from Gambia (Bledsoe et al. 1998: 38-40) shows that despite all odds, women who need children as old age security are actively involved in shaping their reproductive lives and taking charge of their lives by maximising the number of children they can possible have in cases where use of contraceptives was not always with the goal of limiting fertility.

Development issues such as poverty and social inequalities means that the same phenomenon that can be the cause of fertility reduction for one group, can instead cause an increase in another, and that these processes have a gender dimension; men and women don't always have the same reproductive interests (Janssens 2007: 48). This is well illustrated in the study in Sicily, Italy by Schneider and Schneider (1992: 146-173) that highlights economic and political experiences in this rural town that contributed to the fertility transition. Factors such as class and gender relations are emphasized; among the gentry, men gained higher status due to better education prospects unlike women leading to poor gender relations which did not favour the use of 'coitus interruptus' as contrasted with the artisanry, who enjoyed a more companionate gender relationship hence faster fertility decline.

### ***3.1.4 The quantitative-qualitative continuum for fertility change theorizing***

Even though demography originally developed as a science in the mathematical field that was concerned with policy making, there have been debates about how to use qualitative methods in demography. Most of these disputes are based on the epistemological and ethical foundations on which anthropology and demography were founded which are sometimes seen as opposites as the first one is seen as research for the underclass and the latter for policy. With the finding of the Princeton University project that culture is a key explanatory

variable for the demographic transition, anthropology came into demography (Obermeyer 1997: 813-817). The post-modern turn in social science has also caught up with demography and now more and more demographers are beginning to adapt anthropological methods of research, a move which can at the very least be described as revolutionary (Greenhalgh 1997: 819).

Qualitative methods of research found their way into reproductive health research for many reasons. One contributing factor is the notion of empowerment which came into the field of development studies, which meant that research now had to be more participatory and 'empowering' to the researched. According to Chambers (1994: 1253) this means aiming for an understanding of issues from the researched point of view and not the researchers point, emic to etic reversal frames. Different researchers in the field of anthropological demography are already successfully using these methods of research and it is proving beneficial from the rigidity of pre-conceived theorizing that demography was purely founded. This has been seen as a way of moving from narrowed family planning target goals to understanding women's vulnerability and thus empowering them by giving voice to the voiceless (Cornwall and Welbourn 2000: 14). In using body mapping, a study by Cornwall (2002: 219-231) helped to bridge notions of western medicine and women's understanding of how their bodies work and also building dialogue about sexuality among them. The use of visualisations, which is common in participatory methods, also means that respondents are able to make sense of their own realities, using their own frames and symbols other than imposed ideas (Cornwall and Jewkes 1995: 1670-1671).

While quantitative methods continue to play an important role in demographic research for policy making, the need to merge this with qualitative methods is needed. It may be possible that the current data cited in Kenya's population policy though quantitative, may have been carried out alongside focus group discussions and in-depth interviews or any other qualitative methods. However, it is still necessary to widen the space upon which qualitative studies take a more central role, such as in pointing to differences and diversity that aid alternative forms of policy priorities for the different groups.

## Chapter 4

### 4.1 Reproductive rights as a lens for Kenya's population policy

This chapter is a presentation of the findings of a discourse analysis of Kenya's two population policy documents which are '*Sessional Paper No 4 of 1984, Population Policy Guidelines*' and '*Sessional Paper No 1 of 2000, National Population Policy for Sustainable Development*' using a reproductive rights approach. The latter document starts on the claim that is an improvement of the premiere one as it is interested in sustainable development, takes care of emerging issues such as environment and that it takes note of gender and reproductive rights. There's also the claim that ideals of the ICPD programme of action which are relevant for the country have been adopted (ROK 2000: 1-11) or 'Kenyanized'.

The issues to be assessed in the population policy are grouped under the four thematic concerns from the reproductive rights analytical framework developed by the Centre for Reproductive Rights (2003). Firstly is, *competing rights*: which are addressed under the headings 'who's sexual rights count?', and 'youth sexuality - a taboo subject? Secondly is *economic inequality* under, 'Priority on the average versus regional differences', *targets, incentives and disincentives* are under 'demographic targets or reproductive rights?'. Lastly is 'the missing sexuality-connection in population policy' which summarises the above issues as pertains to the population policy's engagement with sexuality.

#### 4.1.1 Who's sexual rights count?

Kenya's population policy contains phrases which echo Cairo rhetoric and even clearly stating that it aims to address reproductive rights, then immediately falling short by a large margin.

The Policy respects fundamental human rights and freedoms relating to social, cultural and religious beliefs and practices (Sessional Paper No 1 of 2000: 1).

In principle, this document claims to respect reproductive rights, which are part of human rights, of all people indiscriminately and in the same document, takes away these same rights from selected groups of people.

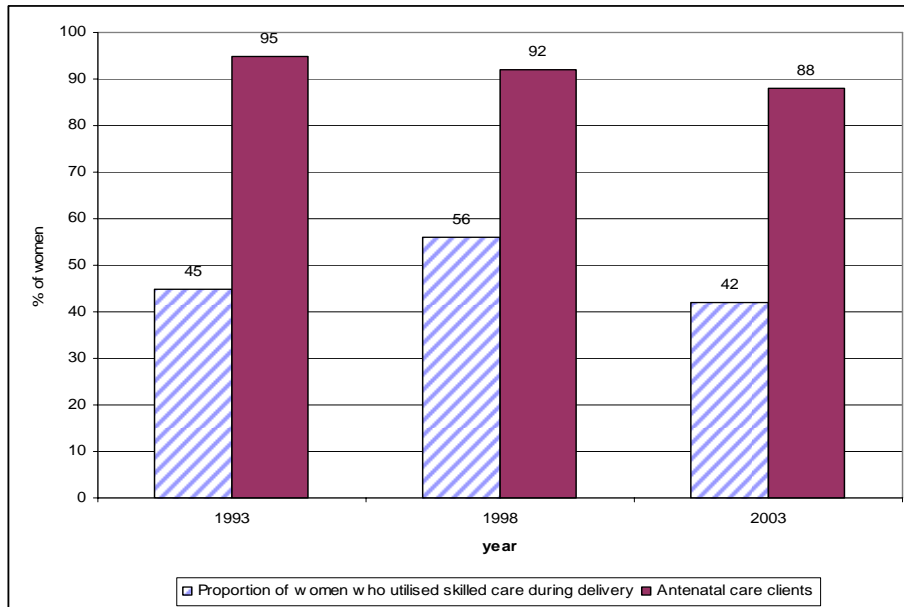
The fact that Kenya's maternal mortality is one of the highest globally is highly downplayed, yet this is an important related variable to reproductive health and a contravention of the right to life.

The 1995 estimate of maternal mortality rate of 365 deaths per 100,000 births is also relatively high when compared with rates of the developed countries. (Sessional Paper No 1 of 2000: 6).

If we take into consideration that over 100 deaths that occur per every 100,000 births by women in Kenya are abortion related (IPAS 2004) and link this data to women's inability to avoid pregnancies they would like to avoid, via among other possibilities, the use of contraception, then we see that Kenyan women's reproductive health is dismal given that these deaths indicate that many others get injuries in botched up abortions.

Estimates developed by WHO (2004a: 1) show that Kenya is among the thirteen top most countries with the highest maternal mortality rates, and that together these countries contribute to 67% of all maternal deaths. Figure 2 is an illustration of the maternal healthcare utilization levels in Kenya.

Figure 2. Kenya's maternal healthcare utilization indicators



Data from KDHS 2003 pp. 123-132.

Figure 2 shows that maternal healthcare services utilization among Kenyan women has deteriorated: antenatal care by 4% and skilled care during delivery by 14% between 1998 and 2003 respectively which means that maternal morbidity and mortality are set to rise. This is alarming, but does not feature in the population policy as an urgent issue. This sad state of affairs, when contrasted with male involvement, which is also an important factor but should in no way be made to sound more urgent than that of women's health. It is written:

Men fall under a special category of the population that is currently under-served and inadequately targeted by reproductive health programmes. Men in most communities have the overall authority and decision-making responsibility on all family matters including reproductive health. There is therefore the urgent need to involve them all in population programmes (Sessional Paper No 1 of 2000: 22).

The phrase above reads like disjointed priority setting, when it appears in the same document as the issue of maternal mortality given that the language of 'urgent need' is not used on women and youth and yet the expected deterioration of the latter's reproductive health is expected.

...Mother-to-child transmission is expected to increase due to the high incidence of HIV among young women and will greatly influence infant and child mortality (Sessional Paper No 1 of 2000: 23).

The other group that is ignored by the population policy are the elderly. This category neither gets mentions nor attention. According to UNPP (2006), Kenya's population of those aged 60 years old and over is about 3.9% of the total population which if calculated by the total population estimate at 2005 means that there are about 1, 625, 800 people aged over 60 in Kenya who also have sexual and reproductive rights.

#### **4.1.2 Youth sexuality a taboo subject?**

Youth sexuality has proved to be a thorny issue in policy making and in Kenya's population policy; the issue is full of contradictions. There is the blatant admission that youth contribute significantly to population growth yet the population policy is not for their interests, which is paradoxical. Instead the policy prefers to handle youth sexuality as if it were a taboo subject. This falls short of the ideals of the ICPD programme of action where everyone was considered a sexual being with sexual rights. The policy states:

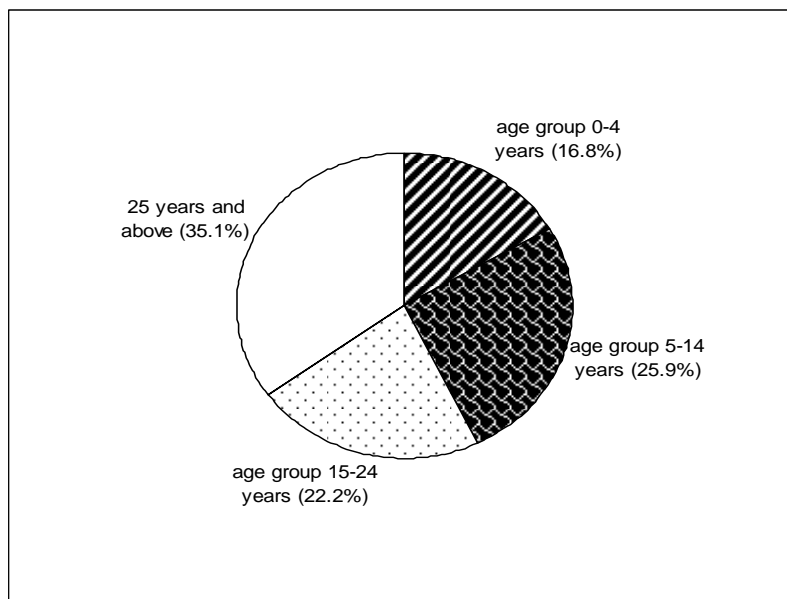
...The problems facing youth are many and complex and include; teenage pregnancies; abortions; drug abuse; and sexually transmitted diseases including HIV/AIDS (Sessional Paper No 1 of 2000: 17).

In another section:

Sexual activity among the youth coupled with inadequate knowledge and education has resulted in various problems that face the young people. Teenage pregnancy poses a major problem and contributes significantly to the high fertility. (Sessional Paper No 1 of 2000: 21).

Kenyan youth form the majority of the population and so population policy cannot afford to ignore them. Figure 3 is an illustration of Kenya's youthful population.

Figure 3. Proportion of youth in Kenya's population



Data derived from UNPP database estimates for the year 2005



According to figure 3, only 35% of Kenya's population is composed of people aged 25 years and over. The failure to address the youth in such a youthful population has implications in terms of reproductive rights; ignoring the majority of the population as well the potential for future planning with regard to fertility change and planning for services. Despite the admissions that young people's sexual and reproductive needs need to be catered for, the policy is interested in 'married women', putting this group ahead of youth. Data on fertility is clearly segregated between married and un-married and so are the priorities. Even the definition for reproductive rights is 'Kenyanized' or adjusted to only cater for married women.

Reproductive Rights...These include the right of a married couple to receive adequate information about the method of family planning of their choice... (Sessional Paper No 1 of 2000: 22).

Further, the Cairo approved definition of reproductive health in this policy is followed up by a disclaimer:

Abortion is not considered part of this definition and will not be part of the strategies and programmes of this policy (Sessional Paper No 1 of 2000: 49).

This total dismissing of abortion in the population policy is overestimated given that the Kenyan law does not fully illegalise abortion. While abortion is illegal in Kenya, the penal code allows Kenyan women to terminate a pregnancy when the mother's life is in danger, in which case two doctors have to verify the need for an abortion. The penal code of the Kenyan government states:

'Any person who, with intent to procure miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony, and is liable to imprisonment for fourteen years [Chapter 158] (Government of Kenya 1985),

...and further that:

'A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case' [Chapter 240] (Ibid: 1985).

The Kenyan law provides for the termination of pregnancy in cases where the mothers life is in danger, but even to this group, the population policy turns away. The danger in this clause is that efforts to put in place well established obstetric care for women whose lives are actually in danger are undermined. In the policy strategies it says:

...contraceptives will not be provided to unmarried adolescents (Sessional Paper No 1 of 2000: 18).

Then glossary of the policy goes ahead to include adolescents (15-19 years olds) in their definition of contraceptive prevalence rate measurements which is absurd as these same youth are not supposed to be given contraceptives:

The percentage of married women of reproductive ages (15-49) who are using any method, whether modern or traditional, to space or limit births (Sessional Paper No 1 of 2000: 50).

The population policy goes further to problematise youth sexuality in a manner that looks like a dizzying oxymoron which seems to be saying that youth in Kenya are dying but the population policy will not address them.

Teenage pregnancies are also associated with high maternal morbidity, mortality and infertility. Sexually active youth are further exposed to the risk of contracting sexually transmitted diseases including HIV/AIDS (Sessional Paper No 1 of 2000: 22).

Moreover, the educational curriculum, a potential solution to give youth information on sexuality, is one that the government seems to have given up on, if we go by the population policy admission:

A number of constraints have been identified during the implementation of the guidelines contained in the Sessional Paper No 1 of 1984.....the implementation of the Population and Family Life Education Programme has been made difficult by the controversies of the subject (Sessional Paper No 1 of 2000: 21).

#### ***4.1.3 Priority on the average versus regional differences***

The population policy in Kenya acknowledges differences within Kenya in terms of social-cultural, economic inequality and even by demographic variables. However, hardly does this follow up with specific policies tailored to suit the needs of the different groups.

Evidence from the Kenya Demographic and Health Survey (KDHS) indicates that Coast and Nyanza Provinces which have high infant and child and child mortality also have high fertility (Sessional Paper No 1 of 2000: 16).

In going for the average, the policy fails to address differences, which according to Corrêa and Petchesky (1994: 117) is the basis on which the principle of equity and equality can be realised. With the reality being that people, cultures, medical conditions vary internationally, regionally and even within members of the same family, population policy should allow for the treatment of each and every member with respect and without discrimination.

#### ***4.1.4 Demographic targets or reproductive rights?***

To the credit of Kenya's population policy, there is no mention of incentives or disincentives with regard to fertility regulation or provision of services. In light of reproductive rights, this is commendable. However, the population policy has a whole section on targets, of which those related to fertility change, are as follows.

Reduction of Total Fertility Rate (average number of children born to a woman) from 5.0 in 1995 to 4.0 by the year 2000 to 3.5 in the year 2005 and to 2.5 by 2010 [and] Increase in Contraceptive Prevalence Rate for all methods among married women from 33 percent in 1993 to 43 percent by the year 2000 to 53 percent by 2005 and to 62 percent by 2010 (Sessional Paper No 1 of 2000: 32).

Not only have none of these targets been met, meaning that many of the assumptions made in their formulation may not have been accurate, but also that target setting does not augur well for a rights-based population policy which is interested in quality of life.

#### ***4.1.5 The missing ‘sexuality-connection’ in population policy***

Sexuality came of age much recently in demographic research as it had been earlier overlooked by demographers who preferred to focus only on contraceptive prevalence rates and fertility outcomes (Dixon-Mueller and Germain 2000: 76). Sexuality has found its way in development discourses, and rightly so. Sexuality deserves its place as a key component of population and development discourses as Jolly (2006: 77-78) shows that what is considered a private affair, can indeed deny someone a chance to make a livelihood for instance by being denied a job for being gay or being murdered for having an extra marital affair. It is necessary for a population policy that is built on the principle of ‘reproductive health’ to address sexuality because such a programme envisages a multi dimensional approach that is both rights and health oriented, taking seriously the physical, psychological as well as emotional health (Dixon-Mueller 1993b: 269). As Tiemoko (2008) admits: *“Population issues have for a very long time been conceived from a ‘traditional’ demographic perspective. Such a perspective focuses on quantitative dimensions of population dynamics and distribution. Hence population policy until recently was more concerned with managing (actually) curbing population growth and distribution [...] Although sexuality (and reproduction) remains one of (if not the key) of the underlying factors of population issues (fertility, mortality and migration) previous research informing population policies failed to dully investigate sexuality.”*

Kenya’s population policy still fails to make this sexuality-connection in demography. The most glaring non-engagement with sexuality in Kenya’s population policy is the failure to acknowledge that sexuality is a life long process and that young people as well as the aged and everyone in between are all sexual beings. The policy engages in a form of categorising, and the focus on married women, which may be useful in a target setting framework by which only married women are seen to contribute significantly to population growth, but does not mean that the sexual activities of those outside this age group do not deserve any mention at all. According to Cook et al. (2003: 13-14) the fact that worldwide couples are now having have fewer children means that the reproductive role that sex plays recedes even further giving way for the importance of sexual health. This includes components such as enjoying mutually fulfilling relationships, freedom from sexual abuse, coercion, harassment and safety from STI’s. At the ICPD, sexual health was defined using the broader definition of health, and further within the realm of the concept sexuality, thus:

Sexual health as a state of physical, emotional, mental and social well-being; it is not merely the absence of disease and infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO 2004b: 3).

The definition of sexual health hints at the idea that sexual health encompasses issues including, and going beyond reproduction. However, Kenya's population policy focuses on the disease factors such as HIV/AIDS, STI's and hardly is there a phrase that addresses the pleasurable, emotional, social or psychological side of sexuality. An engagement with sexuality also involves addressing sexual rights, which puts all people at the same level with each having independent human rights. The basing of a population policy as if some categories of people have more sexual rights than others is problematic. Sexual rights, are human rights, which means we all have an equal claim to them (WHO 2004b: 3).

Kenya has one of the highest maternal mortality rates in the world, 1,000 deaths per 100,000 live births (WHO 2006). Unsafe abortion contributes to 13% of all maternal deaths (IPAS 2004) which is many women in absolute numbers. In the case that abortion continues to be illegal in Kenya, forcing women to have illegal procedures which in turn leads to high maternal mortality rates, their right to life has also been compromised. The recognition of factors which lead women to want or need an abortion should also be engaged in population policy such as sexual violence, rape, forced marriages and sex work. What demographic research earmarks as 'unwanted sex' is sometimes a nuanced phenomenon which can be situated in the act, the person, the timing or nature of the act while all that demography is interested in is the outcome, which is only part of the story (Dixon-Mueller and Germain 2000: 76-77).

Sexuality education is also a sexual right and on which Kenya's population policy remains non-committal citing resistance from different groups within Kenya. Sexual pleasure is hardly mentioned and yet the policy points to the fact that with increasing HIV/AIDS and STI infections, barrier methods such as the male condom should be encouraged. There are studies that have shown that some couples do not use condoms because of the beliefs attached to sexual use of condoms as not being intimate and loving or that it takes away pleasure (Dixon-Mueller 1993b: 79; Higgins and Hirsch 2007: 133). In addressing sexual pleasure head on, this should be seen as an opportunity by Kenya's population policy makers to not only put in place programmes that encourage condom use for the prevention of the spread of HIV and STI's, but also for birth planning. While it is possible that other studies and documents accompanying the population policy documents have engaged with this issue, it needs to be given priority if more males are to be encouraged to use condoms in Kenya.

## Chapter 5

### 5.1 Towards a reproductive rights population policy in Kenya

Population polices, the state control of its demographic changes are a phenomena which started in the second half of the 20<sup>th</sup> century (Demeny 2003: 3). These were heavily influenced by modernisation theory; demographic transition theory coming up as a parallel explanation that developing countries will eventually achieve fertility levels at replacement level such as those of developed countries through changing their attitudes and beliefs (Kirk 1996: 361-364), meaning that such policies were based on a catching up hypothesis. Kenya, the first country in sub-Saharan Africa to adopt an official population policy in 1967 (Khasiani 1988: 41) is one such policy.

This study, through a discourse analysis of Kenya's population policy aimed to reconstruct the idea held at academic and policy levels that Kenya is in a fertility transition (Robinson 1992: 445), an assumption which leads to the policy concern that this transition is now 'stalling and stagnating' (Westcoff and Cross 2006). The alternative given to this discourse is that of reproductive rights which was mandated at the ICPD in Cairo. The assertion made is that population polices need to adopt the language of rights and aim at protecting all people regardless of social class, ethnicity, race or economic standing. A reproductive rights framework is one which does not elevate the rights of one group ahead of that of others, addresses, socio-economic inequalities, is low on target setting and high on helping people achieve their rights and does not coerce reproductive behaviour (Centre for Reproductive Rights 2003: 3-5). Kenya's population policy falls short of these ideals as it puts the rights of selected groups ahead of others and pays little attention to economic inequalities as well as focusing on targets.

Grimes (1998: 385-386) says that this ideological shift from population control to reproductive rights, that has now been joined by writers from both the North and South needs to be given due consideration. The way by which Kenya's population policy can embrace this shift is by addressing sexuality. Tiemoko (2008) explains that, "*sexuality is about power and the inclusion of sexuality will address issues around ones right, own body and rights to pleasure which are all very important to reproductive health and rights*". The implications of population polices such as Kenya's that's have neglected to address sexuality are that there are gaps with regard to understanding sexual and reproductive behaviour which is evident in the failure to meet own set targets. Tiemoko adds that "*at the conceptual and programmatic level the inclusion of sexuality will help in clarifying the relationship between sexuality its various dimension and reproduction. Reproductive health policies and programme (many times without knowing) divorces sex, sexuality, and reproduction*".

The policy goal for the achievement of women's sexual and reproductive health and rights in population policy is consistent with the ICPD goal to 'meet individual needs rather than national demographic goals' (Ashford 2001: 4). The language of rights is an important incorporation in population policy as

Esiet (2008) asserts “*The advantages of including sexual health and rights in the population discourse include improving the understanding of issues and human behaviour that impact on policy as well as capture the hitherto unaddressed parameters that impact the demography.*” And that, “*The fundamental implication is that we will be allowing everyone to enjoy fundamental universal freedoms as well as enabling social justice.*” Social justice envisages equality and equity which are made possible by addressing reproductive rights. With the increasing differentiation in definitions of poverty such as capabilities approach, the focus has moved from purely economic terms of human achievement to living valuable lives (Kabeer 1996: 13). As such, demographic targets should not be pursued when women’s rights are being violated.

Population policy making in Kenya is informed by the discourse of population control, thereby marginalising different groups by focusing on the average and failing to ensure that every male and female in the country achieves their highest possible sexual and reproductive health. This research paper proposes a move way from theorizing fertility change within the realm of the demographic transition theory, to envisaging population policies under a reproductive rights framework. The aim of this study was not to propose a conclusive approach which should be utilised in population policy-making in Kenya, but to show what the implications of relying on the discourse of population control have been through an analysis of Kenya’s population policy. The following general observations have been made.

Firstly, there is need for Kenya’s population policy to be re-imagined outside the realm of the demographic transition theory, of which fertility transition is a component, and instead by a right-based approach. This essentially means moving away from a purely target-driven policy to one which takes the approach of human centred development. The measurement of success of such a kind of population will thus engage policy beneficiaries in both selecting what is to be considered as a success as well as having a voice in the policy discourses.

The issue of voice brings us to the second point; that population policy making in Kenya should begin to take history more seriously. This means that answers to Kenya’s population issues must come from within. There should be an interrogation of intergeneration factors which caused decline or rise in fertility in the first place so as to consider the determinants of fertility. This is possible, not with pre-judged questionnaires but from using an array of methods. Kenya as a former colonial state, the gaining of independence, political regimes, structural adjustments programmes, HIV/AIDS, the challenges of free and universal primary school education and other factors which are unique to Kenya must be engaged as bearing influences in fertility changes.

Thirdly, is the shift from the focus on aggregates at the expense of having different strategies aimed at helping all Kenyans achieve sexual and reproductive health is needed. This means that a one size fits all policy should be a thing of the past and in particular, regions which currently have poorer sexual and reproductive health indicators such as North Eastern province should get more attention from policy makers.

Fourthly, population policy needs to take into consideration the issue of women's empowerment as way of developing female agency necessary for the making of fertility decisions. As Sen and Batliwala (2000: 15-19) discuss that empowerment should not be seen as power over, which means the state should give women handouts or welfare, but as an intrinsic change that boosts self confidence and enhances the roles that women can and do play in shaping their own reproductive lives. Through improved reproductive health services provision and laws which protect women's sexual and reproductive rights, female agency will be enhanced. This effort should go along with renaming Kenya's 'family planning programme' to a 'reproductive health programme' as a way of embracing the wide definition of reproductive health which goes beyond a medical definition.

Last but not least is the argument that the NCAPD should create an office for anthropological research on fertility and reproductive health. This will play a complimentary role to the quantitative data which is already established. This will not only answer some of the reproductive issues that cannot be quantified, but will also aid in further understanding issues that policy makers are grappling with such as the reproductive health behaviour of those living in North Eastern Kenya; and sexuality issues such as among the elderly and youth.

## 5.1 Concluding remarks

In conclusion, this study has attempted to reconstruct the idea that Kenya's fertility change is 'stalling and stagnating' by instead problematising the theoretical basis upon which such assumptions are held. The key argument is that population policy should not be as concerned about making it through a 'fertility transition', as it should about addressing sexual and reproductive rights. In a delicate argument, I also underlie that with reproductive rights, fertility decline is also likely to be achieved as women and men access sexual and reproductive health information as well as services; especially when this is accompanied by equality and equity in health services provision. With this argument, I hope not to fall prey to the sceptical argument which sees '*a Cairo consensus as a sham designed to replace old-style family planning rhetoric with that of reproductive health, gender equality and women's empowerment in order to legitimate business as usual, or population control with a human face*' (Petchesky 1995: 156), but to seek to establish that while fertility reduction should not be the overriding goal, there could be women in developing countries such as Kenya, who would like to reduce their fertility or at least plan births.

If for nothing else argued in this paper, those aligned to the population control side of population policy debates should embrace the reproductive rights discourse as it not only has the potential to cater for its own goals, but also that the end result will be reduced fertility. It is in the conceptualisation of population policy in the realm of reproductive rights that success in helping Kenyan men and women attain the highest possible level of sexual and reproductive health will be realised.

## References

- Ajayi, A. and J. Kekovole (1998) 'Kenya's Population Policy: From Apathy to Effectiveness', in J. Anrudh (ed.), *Do Population Policies Matter? Fertility and Politics in Egypt, India, Kenya and Mexico*. New York: Population Council.
- Aloo-Obunga, C. (2003) *Country Analysis of Family Planning and HIV/AIDS in Kenya*. POLICY Project.
- Ashford, L. (2001) 'New Population Policies: Advancing Women's Health and Rights', *Population Bulletin* Population Reference Bureau.
- Bandarage, A. (1999) 'Population and Development: Toward a Social Justice Agenda', in J. Silliman et al. (eds), *Dangerous Intersections, Feminist Perspectives on Population, Environment and Development*. Cambridge: MA: South End Press.
- Basu, A.M. (1997) 'The New International Population Movement: a Framework for a Constructive Critique', *Health Transition Review* 7(Supplement 4): 7-31.
- Berelson, B. and J. Lieberman (1979) 'Government Efforts to Influence Fertility: The Ethical Issues', *Population and Development Review* 5(4): 581-613.
- Blacker, J. (2002) *Kenya's Fertility Transition: How Low Will It Go?* Paper presented at the conference 'Expert Group Meeting on Completing the Fertility Transition'.
- Bledsoe, C., F. Banja and A.G. Hill (1998) 'Reproductive Mishaps and Western Contraception: An African Challenge to Fertility Theory', *Population and Development Review* 24(1): 15-57.
- Bongaarts, J. (2005) 'The Causes of Stalling Fertility Transitions'. New York: Population Council.
- Brass, W. and C.L. Jolly (eds) (1993) *Population Dynamics of Kenya*. Washington D. C. : National Academy Press.
- Caldwell, J.C. (1976) 'Toward a Restatement of Demographic Transition Theory', *Population and Development Review* 2(3/4): 321-366.
- Casterline, J.B. and S. Sinding (2000) 'Unmet Need for Family Planning in Developing Countries and Implications for Population Policy', *Population and Development Review* 26(4): 691-723.
- Central Bureau of Statistics, K., K. Ministry of Health and ORC Macro (2004) *Kenya Demographic and Health Survey, 2003*. Calverton Maryland, USA: CBS, MOH and MACRO.
- Centre for Reproductive Rights (2003) 'Rethinking Population Policies: A Reproductive Rights Framework': Briefing Paper.
- Chambers, R. (1994) 'Participatory Rural Appraisal (PRA): Analysis of Experience', *World Development* 22(9): 1253-1268.
- Chimbwete, C., S.C. Watkins and E.M. Zulu (2005) 'The Evolution of Population Policies in Kenya and Malawi', *Population Research and Policy Review* 24(2005): 85-106.
- Council for the Development of Social Science Research in Africa (2006) 'The Nairobi Forward-Looking Strategies for the Advancement of Women: Excerpt', *CODESRIA Bulletin* 1&2: 75.



- Connelly, M. (2008) *Fatal Misconceptions: The Struggle to Control World Population*. Harvard: Harvard University Press.
- Cook, R.J., B.M. Dickens and M. Fathalla (2003) *Reproductive Health and Human Rights: Integrating Medicine, Ethics and Law*. Oxford: Clarendon Press.
- Cornwall, A. (2002) 'Body Mapping: Bridging the Gap Between Biomedical Messages, Popular Knowledge and Lived Experience', in A. Cornwall et al. (eds), *Realizing Rights: Transforming Approaches to Sexual and Reproductive Well-Being* (pp. 219-231). London and New York: ZED Books.
- Cornwall, A. and R. Jewkes (1995) 'What is Participatory Research?' *Social Science and Medicine* 14(12): 1667-1676.
- Cornwall, A. and A. Welbourn (2000) 'From Reproduction to Rights: Participatory Approaches to Sexual and Reproductive Health', in *IIED Sexual and Reproductive Health, PLA Notes* (pp. 14-21). London: IEPP.
- Corrêa, S. and R. Petchesky (1994) 'Reproductive and Sexual Rights: A Feminist Perspective', in G. Sen et al. (eds), *Population Policies Reconsidered* (pp. 107-123). Boston, MA: Harvard University Press.
- Corrêa, S. and R. Reichmann (1994) *Population and Reproductive Rights: Feminist Perspectives from the South*. London and New Jersey: ZED Books.
- Demery, P. (1975) 'Population Policy: The Role of National Governments', *Population and Development Review* 1(1): 147-161.
- Demery, P. (2003) 'Population Policy: A Concise Summary'. New York Population Council (Working Paper).
- Dixon-Mueller, R. (1993a) *Population Policy and Women's Rights: Transforming Reproductive Choice*. Westport, Connecticut, London: Praeger Publishers.
- Dixon-Mueller, R. (1993b) 'The Sexuality Connection in Reproductive Health', *Studies in Family Planning* 24(5): 269-282.
- Dixon-Mueller, R. and A. Germain (2000) 'Reproductive Health and the Demographic Imagination', in H.B. Presser et al. (eds), *Women's Empowerment and Demographic Processes* (pp. 69-91). Oxford: Oxford University Press.
- Flick, U. (2006) *An Introduction to Qualitative Research* (Third Edition ed.). London: Sage Publications.
- Freedman, L.P. and S.L. Isaacs (1993) 'Human Rights and Reproductive Choice', *Studies in Family Planning* 24(1): 18-30.
- Gaspar, D. and R. Apthorpe (1996) 'Introduction: Discourse Analysis and Policy Discourse', in *Arguing Development Policy: Frames and Discourses* (pp. 1-15). London: Frank House.
- Government of Kenya (1985) The Penal Code (Publication., from Harvard Review of Population Law, Abortion Laws of the World: <http://annualreview.law.harvard.edu/population/abortion/abortionlaws.htm>).
- Greenhalgh, S. (1995) *Situating Fertility: Anthropology and Demographic Inquiry*. Cambridge: University Press.
- Greenhalgh, S. (1995) 'Towards a Political Economy of Fertility', in P. Demery et al. (eds), *The Earthscan Reader in Population and Development*. London: Earthscan Publications.
- Greenhalgh, S. (1997) 'Methods and Meanings: Reflections on Disciplinary Difference', *Population and Development Review* 23(4): 819-824.

- Grimes, S. (1998) 'From Population Control to 'Reproductive Rights': Ideological Influences in Population Policy', *Third World Quarterly* 19(3): 375-393.
- Harris, M. and E.B. Ross (1987) 'Population Regulation among Early Foragers', in *Death, Sex and Fertility: Population Regulation in Pre-Industrial and Developing Societies*. NY: Columbia: University Press.
- Hartmann, B. (1995) *Reproductive Rights and Wrongs: The Global Politics of Population Control*. Boston, MA: South End Press.
- Higgins, J. and J. Hirsch (2007) 'The Pleasure Deficit: Revisiting the "Sexuality Connection" in Reproductive Health', *International Family Planning Perspectives* 33(3): 2007.
- IPAS (2004) 'National Assessment of the Magnitude and Consequences of Unsafe Abortion in Kenya: Final Study Report'. Nairobi: IPAS.
- Isaacs, S.L. (1995) 'Commentary - Incentives, Population Policy, and Reproductive Rights: Ethical Issues', *Studies in Family Planning* 26(6): 363-367.
- Janssens, A. (2007) 'Were Women Present at the Demographic Transition?' A Question Revisited', *History of the Family* 12(1): 43-49.
- Johnson, S. (1995) *The Politics of Population: The International Conference on Population and Development- Cairo 1994*. London: Earthscan Publications Ltd.
- Jolly, S. (2006) 'Not So Strange Bedfellows: Sexuality and International Development', *Society for International Development* 49(1): 77-80.
- Jupp, V. (2006) *The Sage Dictionary of Social Research Methods*. London: Sage.
- Kabeer, N. (ed.) (1996) *Gender, Demographic Transition and the Economics of Family Size: Population Policy for a Human-Centred Development*. Geneva: UNRISD - United Nations Research Institute for Social Development
- Khasiani, S. (1988) 'The Family Planning Programme in Kenya: Current Impact and Future Prospects', in S.H. Ominde (ed.), *Kenya's Population Growth and Development to the Year 2000* (pp. 40-47). Nairobi: Heinemann.
- Khasiani, S. and E.H.O. Ayiemba (2005) *Socio-Economic Correlates and Determinants of Fertility and Contraceptive Use in Kenya 1993-2003*.
- Kirk, D. (1996) 'Demographic Transition Theory', *Population Studies* 50(3): 361-387.
- Kizito, P., A. Johnston and A. Hyslop (eds) (2005) *A Closer Look at KDHS 2003: Further Analysis of the Contraceptive Prevalence and Fertility Stalls - Summaries of Selected NCAPD Working Papers*. Nairobi.
- Kizito, P.M.L., W. Obungu, M. Kibet and W. Njogu (1991) 'Fertility Transition in Kenya', *DHS Further Analysis Studies II*.
- Krystall, A., J.A. Mwaniki and J.W. Owuor (1975) 'Kenya: Family Planning Programs: World Review', *Studies in Family Planning* 6(8): 286-291.
- Mbayah, M. (April-June 2004) 'Kenya's Population Policies', *KenPop News* 1(1): 3.
- McNicoll, G. (2003) 'Demographic Transition', in J. Mokyr (ed.), *The Oxford Encyclopaedia of Economic History* (Vol. 2). New York: Oxford University Press.
- Miller, D.F. (1985) 'Social Policy: An Exercise in Metaphor', *Knowledge: Creation, Diffusion, Utilization* 7(2): 191-215.

- Mills, S. (2003) *Michel Foucault*, London and New York: Routledge.
- Mills, S. (2004) *Discourse*, London and New York: Routledge.
- Murungaru, K. (2005) 'Fertility Change in Kenya: 1998-2003: The Role of Socio-Economic Change and Proximate Factors', in NCAPD (ed.), *A Closer Look at KDHS 2003: Further Analysis of the Contraceptive Prevalence and Fertility Stalls-Summaries of Selected NCAPD Working Papers 2005*. Nairobi.
- Nangami, M.N.N. and F. Esamai (2005) 'HIV Serostatus and its Association with Fertility and the Use of Contraception in Kenya', in NCAPD (ed.), *A Closer Look at KDHS 2003: Further Analysis of the Contraceptive Prevalence and Fertility Stalls-Summaries of Selected NCAPD Working Papers 2005*. Nairobi.
- Obermeyer, C.M. (1997) 'Qualitative Methods: A Key to a Better Understanding of Demographic Behaviour', *Population and Development Review* 23(4): 813-818.
- Obonyo, B., F. Otieno and R.O. Muga (2005) 'The Effect of Infant and Child Mortality on Fertility in Kenya', in NCAPD (ed.), *A Closer Look at KDHS 2003: Further Analysis of the Contraceptive Prevalence and Fertility Stalls-Summaries of Selected NCAPD Working Papers 2005*. Nairobi.
- Odile, F. and G. McNicoll (1987) 'An Interpretation of Fertility and Population Policy in Kenya', *Population and Development Review* 13(2): 209-243.
- Petchesky, R.P. (1995) 'From Population Control to Reproductive Rights: Feminist Fault Lines', *Reproductive Health Matters* 3(6): 152-161.
- Pillay, N. and B. Klugman (1994) 'Healthwatch: Developing Population Policies', *Agenda Feminist Media* (21): 107-113.
- Population Action International (2006 Updates) 'Access Denied: The Impact of the Global Gag Rule in Kenya'. Washington DC: PAI, PPF, IPPF, IPAS, Pathfinder and Engenderhealth.
- Republic of Kenya (1984) 'Population Policy Guidelines: Sessional Paper No. 4 of 1984': National Council for Population and Development.
- Republic of Kenya (2000) 'Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development': National Council for Population and Development.
- Robeyns, I. (2003) 'Sen's Capability Approach and Gender Inequality: Selecting Relevant Capabilities', *Feminist Economics* 9(2): 61-92.
- Robinson, W.C. (1992) 'Kenya Enters the Fertility Transition', *Population Studies* 46(3): 445-457.
- Ross, E. (2000) 'The Malthus Factor: Poverty, Politics and Population in Capitalistic Development'. London: The Corner House.
- Saitoti, G. (1994) *Statement of Kenya, H. E. Prof. George Saitoti*. Paper presented at the conference 'International Conference for Population and Development'. Cairo.
- Schneider, J. and P. Schneider (1992) 'Going Forward in Reverse Gear: Culture, Economy, and Political Economy in the Demographic Transitions of a Sicilian Rural Town', in J. Gillis et al. (eds), *The European Experience of Declining Fertility 1850-1970: The Quiet Revolution* (pp. 146-174). Oxford: Blackwell Publications.

- Schön, D.A. (2002) 'Generative Metaphor: A Perspective on Problem-Setting in Social Policy', in A. Ortony (ed.), *Metaphor and Thought* (Vol. 2, pp. 137-163). Cambridge: Cambridge University Press.
- Sen, G. and S. Batliwala (2000) 'Empowering Women for Reproductive Rights', in H.B. Presser et al. (eds), *Women's Empowerment and Demographic Processes: Moving Beyond Cairo*. New York: Oxford University Press.
- Sen, G., A. Germaine and L. Chen (1994) 'Reconsidering Population Policies: Ethics, Development and Strategies for Change', in *Population Policies Reconsidered: Health, Empowerment and Rights*. Boston, Massachusetts: Harvard University Press.
- Silberschmidt, M. (2001) 'Disempowerment of Men in Rural and Urban East Africa: Implications for Male Identity and Sexual Behaviour', *World Development* 29(4): 657-671.
- Stienstra, D. (1996) 'From Mexico to Beijing: Framing the Issues From Mexico to Beijing: International Commitments on Women', *Canadian Women's Studies/Les Cahiers de la Femme* 16(3): 14-17.
- Thomas, L.M. (2003) *Politics of the Womb: Women, Reproduction and the State in Kenya*. Berkeley, Los Angeles and London: University of California Press.
- United Nations Population Fund (1994) Summary of the ICPD Programme of Action (Retrieved on 10th September 2008, from United Nations Population Fund Website:<http://www.unfpa.org/icpd/summary.cfm>).
- United Nations (2006) World Population Prospects: The 2006 Revision Population Database (Publication. Retrieved 5th May 2008, from United Nations Population Division: <http://esa.un.org/UNPP/>).
- Warwick, D.P. (1982) *Bitter Pills: Population Policies and their Implementation in Eight Developing Countries*. Cambridge: Cambridge University Press.
- Watkins, S.C. (2000) 'Local and Foreign Models of Reproduction in Nyanza Province, Kenya', *Population and Development Review* 26(4): 725-759.
- Webster, A. (1990) 'Modernisation Theory', in *Introduction to the Sociology of Development*. London: Macmillan.
- Westcoff and A.R. Cross (2006) 'The Stall in the Fertility Transition in Kenya'. Calverton, Maryland: ORC Macro.
- Westcoff, C.F. (1995) 'What Population Policies Should be Pursued?' in C.F. Hohm (ed.), *Population: Opposing Viewpoints*. San Diego CA: Greenhaven Press Inc.
- Westcoff, C.F. (2006) 'New Estimates of Unmet Need and the Demand for Family Planning'. Calverton, Maryland: MEASURE DHS.
- Westcoff, C.F. and A.R. Cross (2006) 'The Stall in the Fertility Transition in Kenya'. Calverton, Maryland: ORC Macro.
- World Health Organisation (2004a) 'Maternal Mortality in 2000, Estimates Developed by WHO, UNICEF and UNFPA'. Geneva: WHO.
- World Health Organisation (2004b) 'Sexual Health- A New Focus for WHO'. Geneva: UNDP/WHO/World Bank Special Programme of Research.
- World Health Organisation (2006) 'Mortality Country Fact Sheet- Kenya'. Geneva: WHO.
- Zinsser, J.P. (1990) 'The United Nations Decade for Women: A Quiet Revolution', *The History Teacher* 24(1): 19-29.

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Esiet, U. (17 Sept. 2008) Email Interview with S. Mulama on Population Policy and Sexual Rights, Hague: ISS.

Tiemoko, R. (15 September 2008) Email Interview with S. Mulama on Population Policy and Sexuality, Hague: ISS.

### **Websites**

[www.cbs.go.ke](http://www.cbs.go.ke)

[www.esa.un.org/UNPP/](http://www.esa.un.org/UNPP/)

[www.globalgagrule.org](http://www.globalgagrule.org)

[www.ipas.org](http://www.ipas.org)

[www.measuredhs.com](http://www.measuredhs.com)

[www.ncapd-ke.org](http://www.ncapd-ke.org)

[www.unfpa.org](http://www.unfpa.org)