



NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

THEMATIC AREA: FERTILITY/ SEXUAL REPRODUCTIVE HEALTH



Fertility/ Sexual Reproductive Health

FP 2030: Opportunities and Challenges

In July 2012, leaders from around the world gathered in London for a watershed event. The London Summit on Family Planning reignited global commitment to women's fundamental right to decide for themselves whether and when to have children. An ambitious new goal was set—to empower 120 million additional women and girls in the world's poorest countries to use modern contraception by 2020—and a new partnership and platform was launched: Family Planning 2020 (FP2020).

1. To increase mCPR (married women) from current 58% to 64% by 2030
2. Reduce unmet need for FP for all women from 14% to 10% by 2030
3. To ensure sustained availability of family planning commodities to the last mile
4. To enhance the capacity of human resources for health (HRH) to provide FP information and services. Special attention to the under-served, vulnerable and hard to reach population including populations in humanitarian/emergency situations. The aim is to reduce unmet need by 10% points by 2030
5. Reduce pregnancy among adolescent girls (15-19 years) from 14% to 10% by 2025
6. Transform social and gender norms to improve male engagement in family planning and eliminate social-cultural barriers to FP service utilization.
7. Improve availability and utilization of quality FP data for decision making
8. Increased domestic financing for family planning commodities to cover 100% of the requirements (currently at USD 30M) by 2026

This abstract will be on the 8 FP2030 Commitments detailing the opportunities and challenges.

Marriage and Changing Family Structure

Family is defined as a group of persons related through blood, adoption or marriage and universally recognized as the fundamental unit of the society. The family is commonly classified into either nuclear or extended whereby the former consists of only parents and their children while the latter consists of other relatives such as aunts, uncles, grandparents. According to the CoK, 2010, marriage in Kenya is a union of two people of opposite sex. Marriage remains a key determinant of fertility in the country. Marital characteristics of any society are dynamic and tend to vary in a spatial-temporal context. Child marriage is a violation of human rights since no consent is obtained from the young girls as it is often forced by

parents/ caregivers or other circumstances such as unplanned pregnancy, poverty and cultural practices such as female circumcision. It prevents girls from obtaining education, maturing and enjoying optimal health. The abstract will look at the nexus between marriage and changing family structure in Kenya.

Infertility

The exact prevalence level of infertility in the country is not known. This abstract will look at infertility and what needs to be done to destigmatise infertility and suggest ways in which infertility can be addressed.

Fertility Transition in Kenya

The prevailing birth rates, deaths rates and the balance between immigration and emigration are the determinants of Kenya's population growth. The trajectory of population change in the country is largely driven by fertility and mortality. The central factor driving population dynamics in Kenya is fertility, which is influenced by education, culture, provision of family planning services, child and maternal programmes, and other public health measures that affect morbidity and mortality. There is notable fertility transition in Kenya from the rapid rise in fertility levels in the early 1970s that reached one of the highest rates in fertility levels at 7.9 births on average to the experienced substantial decline in fertility reaching a Total Fertility Rate (TFR) of 3.4 in 2019. This abstract will address the fertility transition in Kenya and the effects this has on the population.

Male Involvement in Family Planning and Reproductive Health

The uptake of family planning services has increased from 39 percent in 2003 to 58 percent in 2014. Despite the continued commitment by the government to the promotion and provision of family planning and reproductive health services, low male involvement is one of the key compounding factors that impede the demand for and utilization of FP/RH services. This abstract will delve on male involvement in general and address on what must be done to contribute to the understanding of male involvement in family planning and reproductive health in Kenya and improve uptake of information and services among the male population.

Family Planning in Low CPR Counties (not marginalised)

The Country's landscape on contraception use is not uniform. There are glaring county disparities in counties with some counties having high contraception use and others with low. This abstract will look at the counties with low contraception use and delve on practical strategies on what must be done to increase the contraception use and reduce fertility.

Adolescent Sexual Reproductive Health (ASRH) (This will include Adolescent and Unintended pregnancies)

Adolescent sexual and reproductive health and rights (ASRH) is the ability of adolescents to have access to health services, education and the power to make decisions about their health and well-being. ASRH is important because it can affect an adolescent's future health, wellbeing and personal growth. Adolescent fertility has the overall impact of affecting the economic growth of a country due to poor socioeconomic outcomes such as school dropout, lost productivity and intergenerational transition of poverty. Early pregnancy and childbearing have negative effects on the welfare of the affected girls and women such as obstetric fistula, loss of education opportunities and the risk of not participating in the labour force, which may lead to higher risk of living in poverty. Their children are also at a higher risk of dying in infancy and early childhood. This abstract will look at the ASRH issues affecting the adolescents and what must be done to have adolescents who are secure, healthy and empowered.