Population development in Taita Hills, Kenya

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Abstract

Land use consists of human activities. In the western world, most land use is controlled by governments and laws but, in developing countries with high population growth, land resources face another kind of pressure; unplanned settlements and agriculture, for example, change land all around the world. One of the biggest reasons for this unplanned land use is vast population growth, which forces people to use the land in a way that is unsustainable. When exploring land use in a country with high population growth one should never forget the importance of population development.

The past, present and ideas for the future of population development in Taita Hills are presented in the following. How the population grows and lives in the area has some of the biggest effects on the land use and the future of the area.

Introduction

Africa’s population development is well known when talking about the development issues and problems of Southern countries. Kenya in Eastern Africa is well known for its rapid population growth in the 60s, 70s and 80s. In his book from 1984, Ominde calculates that between 1962 and 1969 for example the yearly population growth was close to 4 percent or even more in most of the provinces (Ominde 1984). Overall annual population growth can still be calculated to be 3.45 % between 1969 and 1979 censuses (Republic of Kenya 1970, Republic of Kenya 1981).

Recently, however, the growth numbers have lowered due to a massive aids-epidemic, and also because of a declining fertility rate. Annual population growth between 1989 and 1999 is a bit less than 3%, so that by the end of the millennium it was much less than in the early 1990s. As a matter of fact, Kenya is nowadays known for its well working family planning services and national ambition for balancing the population development and its impacts.

As background, the general population development in Kenya, Coast province and Taita Taveta district, is described. More specific information about the population numbers and density of Taita Taveta and Taita Hills is also given. Taita Taveta and Taita Hills area are of special interest, because of research being done there by the University of Helsinki, Department of Geography. The three-year research project between 2003 and 2005 is concentrated on land use in the Taita Hills area. This study focuses on population of the area and consists mostly of interviews with local women and authorities.

Research area, methods and problems

As the land use research based on remote sensing focuses on the hilly area of Taita Hills, population research is slightly more difficult because of the administrative areas. All the censuses and other prior research have been conducted according to the administrative area of Taita Taveta district, which is larger than Taita Hills. Although some information was available at the divisional level, the making of historical population estimates was difficult because of changed administrative boundaries. Between the 1989 and 1999 censuses the boundaries of many areas had been changed. The quite newly established administrative area of Tsavo National Park has taken a big part of the land from the neighbouring locations. Also new areas like Tausa and Mwambirwa have appeared. Thus the census information from different years was of different areas and could not be used to form any growth charts inside Taita Taveta.
This study has two intersecting levels of official (mostly written) information from the Taita Taveta district, and self conducted interviews with women from three chosen locations in Taita Hills. These locations are Mwatunge in Mwatate division, Mwanda in Wundanyi division and the town of Voi in Voi division. The interviews were conducted in the presence of other women of the location, but nevertheless individually. Translation help from others was sometimes needed. Questions were prewritten, but a semi-conducted part was present in the form of drawing a family tree and discussions about the community’s problems. Altogether I interviewed 60 women in these locations, coming up with good information of the area in general. Also some clear differences between the locations were found.

Official interviews consist of two local authorities in Wundanyi and one nation level interview in Nairobi. They gave me some insight into the development issues in Taita Taveta district and Kenya as a whole.

Population development in Kenya

Some figures and reasons

According to the latest population counting (the census of 1999 (Republic of Kenya 2001)), there were 28.6 million people in Kenya. Many estimates show that the population would now already be over 30 million (University of Utrecht Library 2004). In comparison with many other countries, the population of Kenya can be considered small. It has however almost tripled since the 1969 census which counted 10.1 million people. The accurate population of Kenya, Coast province and Taita Taveta district in the censuses from 1969 to 1999 can be found in Table 1.

When considering population, one has to keep in mind that different areas are and can be differently populated. In Kenya there is a lot of land, like very dry savannah or mosquito filled forests that cannot feed or accommodate the growing population. So in no means can we talk about small population and growth.

Still, the U.S Census Bureau (2004), for example, estimates that Kenya’s population will start to balance up. The population structure estimates of 2025 and 2050 show a more “western” like population development. The overall amount of older people will rise and children will form a still big, but not so overpowering, part of the population.

Kenya’s yearly population growth was about 3.3% between 1979 and 2000. In the near future it is said to lower to 1.8% (HDR 2002). However, calculations from past censuses still give rather big though declining numbers of growth (Table 2). This is mostly because of the declining fertility rate. It has gone from 8.1 to 5.0 children per woman (KDHS 2003). There simply will be fewer children per family. Reasons for this are many. As family planning and higher schooling of girls can be seen to contribute, there are also some much more negative reasons. One reason is HIV. 15% of Kenya’s population have HIV (HDR 2002). This does have some impacts on the fertility, as it is normally the working and childbearing age people who are victims of this disease. This means that slightly fewer children will be born. Between 1979 and 1989 the CDR (crude death rate) was 10.6/1000 but between 1989 and 1999 it rose to 11.7/1000 and is still expected to rise in the future (Republic of Kenya 2003).

Better news is that as a result of the government’s recognition of the population problem and the help of the western countries, the family planning program has obtained some good results. In April 2003 The Family Planning Association of Kenya was named the winner of the United Nations Population Award (UNFPA 2003). Their program has been running for over 40 years already, showing that it takes a lot of time to overcome the population problems. According to the National Population Policy (NPP 2000), one of the demographic targets is to lower the total fertility rate to 2.5 children per woman by the year 2010. The same policy targets an annual population growth of 2% by the year 2010. The same policy also targets reduction of infant, child and maternal mortality rates, while maintaining crude death rate and minimize further decline in life expectancy at birth.

Inside Kenya’s provinces the population is developing a bit differently. As the capital region, Nairobi will continue growing fast and dense, while the fastest growing and biggest population will be in Rift Valley. Another area
of dense but not so fast growing population is the Western province.

Urbanization in Kenya is remaining high, just like in other African and developing countries. The two biggest cities, Nairobi and Mombasa attract people to more prospective job opportunities from the poor countryside. The population growth in the past 30 years in the provinces up to 1999 can be seen in the Figure 1.

An official view

According to the deputy director of the National Council for Population and Development, Mr. Chepsiror (2004), the ways for lowering the population growth are many, but also difficult. Mr. Chepsiror stated that even though it is in the best interests of the government that population growth slows down, the initiative to smaller family size has to come from the citizens, not from the authority. Personally he sees three to four children per family as the kind of sustainable number, which can be reached with better health care, education and economics.

Family planning and maternity care can be found in most places in Kenya. The government’s health care for pregnant mothers and family planning are free of charge, but there are also some private clinics that offer good and cheaply priced services. For example some religious institutions have these.

Governmental health care units are divided in to three different levels in Kenya. Hospitals are the most specialized caretakers and can be found mostly in the bigger cities. After them come the local health centers, normally in most of the divisions of the districts. Dispensaries are the lowest level of governmental health care. They can be found in some sub-divisions. As previously mentioned, the maternity care in these places is free of charge, but in some cases after a small registration fee.

Mr Chepsiror (2004) also stated that up until 1998 things were going well in the population development sector, but now the not yet published Kenyan Demographic and Heath Survey 2003 will show that fertility is again on the rise and that the contraceptive prevalence rate has not increased. Also, infant and maternal mortality seems to rise and the level of children’s immunization is going down.

Even though the results of the latest research have come as a shock to the National Council for Population and Development, Mr. Chepsiror has some explanations of why things have gone in the wrong direction. Even though family planning is available, poverty and long distances make access to family planning impossible for many women. It also seems that some of the outside donor help has been withdrawn from the population growth related projects. In a country like Kenya, one should also keep in mind the effects of ethnic rivalries in politics. In the past and maybe even today some local leaders want to put down family planning, in hope of growing the population to keep or change the political power.

On HIV, Mr. Chepsiror (2004) states that the first step would be to get accurate information of the spread of the disease. At the moment most of the estimates are made from the maternal HIV numbers. The goal would be how to collect whole household infection rates.

Free primary education was the biggest election promise of the now sitting president Kibaki and is expected to really better the situation, especially of girls’ enrolment rate. The government is also trying to move some of the responsibility of higher education to local officials as a part of the decentralizing program. Even though the enrolment rate in the whole country is around 85% (KDHS 1998), there are still big differences between areas and thus still a lot to achieve.

The urban rural migration inside Kenya is seen as a problem as it is mostly directed from the countryside to the big cities like Nairobi and Mombasa. Another unwanted development is migration from rural to marginal areas, where nature is not equipped to handle the growing population. The government is trying to decentralize industry and encourages small industries to locate to rural areas, thus creating jobs in the area.

<table>
<thead>
<tr>
<th>AREA</th>
<th>1969</th>
<th>1979</th>
<th>1989</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>10 942 705</td>
<td>15 327 061</td>
<td>21 443 636</td>
<td>28 686 607</td>
</tr>
<tr>
<td>Coast</td>
<td>944 082</td>
<td>1 342 794</td>
<td>1 829 191</td>
<td>2 487 264</td>
</tr>
<tr>
<td>Taita Taveta</td>
<td>110 742</td>
<td>147 597</td>
<td>207 273</td>
<td>246 671</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>3.45 %</td>
<td>3.41 %</td>
<td>2.95 %</td>
</tr>
<tr>
<td>Coast</td>
<td>3.59 %</td>
<td>3.14 %</td>
<td>3.12 %</td>
</tr>
<tr>
<td>Taita Taveta</td>
<td>2.92 %</td>
<td>3.45 %</td>
<td>1.76 %</td>
</tr>
</tbody>
</table>

The population in Kenya's provinces


Area specialities of Coast province and Taita Taveta district

Population growth in the Coast province follows the development of other provinces (Figure 1). Yearly population growth of the province between the 1989 and 1999 censuses seems to be around 3.1 %, which is close to the national average (Table 2). In comparison to other provinces, Coast is quite sparsely populated with population density of about 30 people per km². In the whole of Kenya the number is 49 (Republic of Kenya 2001).

There are larger differences inside the province. Whereas the population in seashore districts in the south grow fast, the development in the inland, like Taita Taveta, is more gradual (Republic of Kenya 1991, Republic of Kenya 2001). Also, the population density seems to be higher near the sea. Just like in the other parts of the country, urbanization takes place rapidly and big cities like Mombasa attract new inhabitants. According to The World Gazetteer (2004), the population of Mombasa is now about 712 600, which presents almost one third of the population of the province. From inland countryside, where farming doesn’t offer enough work or food, the people (especially men) have to move away to cities in search of a living (Plan 1988:5). This is the case in Taita Taveta, for example. Part of the lower population growth is because of the net...
migration of the area. Although Coast province does not seem to lose too many of its inhabitants, migration inside the province remains high (Raitis 1991).

Mr. Chepsiror (2004) states that although the population development in Coast province is in many ways similar to national development, infant, child and maternal mortality is slightly higher there. The reasons for this might be in the coastal culture, which in many areas leads to early marriages and lower school enrolment with low rates of literacy for girls.

In Taita Taveta district these numbers are more positive than in Coast province on average. School enrolment rate of children in Taita Taveta is around 84%, while in the coastal districts of Mombasa and Kilifi it is only 65% and 62% respectively (KDHS 1998). According to the same research the median age of first marriage in Taita Taveta is well over the national average of 19.8 years, being 22.6 years. The only negative numbers come from circumcision. Female circumcision is quite high in Taita Taveta, 62%, though 75% of the women favour the end of the practise. The national average is 38%. The level of antenatal care in Taita Taveta is almost 100%, though births assisted by health professionals are well under the national average.

The latest censuses show that the population growth between 1989 and 1999 in Taita Taveta has been less than the national average. At the moment it is around 1.8 %, whereas the national and provincial numbers are close to 3%. Information officer, Simon Mwakisha (2004) sees that the higher education level of women in the area leads to smaller family sizes. Because of education, he says, women and men also want a higher standard of living, which can’t be achieved with a big family. The population of Taita Taveta was counted to be 246,671 in 1999 with density of 14 people per km². The growth in the past 30 years can be seen in Figure 2. Compared to the other regions, population density of Taita Taveta is small. Considering the nature of erosion sensitive dry low lands and hilly uplands, the population can’t afford grow immensely though.

According to Mr. Mwakisha (2004), Taitas do not migrate a lot. Some young people do move to bigger cities, like Mombasa, in search of work, but might return when desired work or lifestyle is not found. Inside the district migration is towards the biggest city Voi and to low land area of Mwatate, where free land is still being found. This causes a lot of pressure to the mentioned areas as most of Voi is not surveyed, and unplanned settlements spring up in unwanted areas (Hurskainen 2004). Mwatate consists of very dry land, where new settlements cause environmental hazards like erosion.

Interviews of women in Taita

Locations

The main task in Taita Hills was to interview some local women to see if their information balanced up with the official information of Taita Taveta. For this, three quite different locations in Taita Hills and around it were chosen. The low land area on Mwatunge is a part of Mwatate division. The land is very dry and the area is known to be inhabited by the landless people from higher locations. The area is thus extremely poor.

The village of Mwanda in Wundanyi district is a higher altitude location with a lot better chances for cultivation. Its history goes back longer than that of Mwatunge. Voi in Voi division is the biggest city of Taita Taveta, located around 25 km from the Taita Hills. Together with Mwatunge it is growing fast with internal district migration. With these three locations it was expected to get slightly different results in education and fertility, for example, which combined would give a good overall picture of Taita Hills.

Women

Four group meetings with the women were organized with the help of Monica Mwadime, who was a local assistant. One was held in Mwatunge and Mwanda, and two in Voi. As the church and religion are quite powerful in the area, three of the interviews were held in church premises. The interviewed women were thus mostly members of the church. In Mwanda, women were picked up randomly. Altogether 60 women were interviewed, approximately 20 in each location. Their mean age was approximately 45 years, ranging between 20 and 70 years.
The women’s average years of education was 5.7 years, but with big differences between locations, as women in Voi had on average 3.5 years more of education than women of Mwanda and Mwatunge. Most of the women in Mwatunge and Mwanda reported to be farmers, while women of Voi were of many different professions. It also seems that town women are more likely to be single or divorced than their rural counterparts. Then again, for many women the institution of marriage is so sacred that they might be unwilling to tell if they and their husbands are, for example, separated in real life. The exact numbers according to the interviews are presented in Table 3.

Children and fertility

The differences in the background of the women also seem to reflect their fertility and fertility related topics. Most births per woman were counted in poor Mwatunge, while women in Voi had the national average of five births. It is, however, good to remember that these numbers are not completely comparable with Census results as some of the women are still in the childbearing age. Most likely, the number of births was higher than reported because some of the women might only have mentioned the children alive, not stillbirths and babies dead at an early age.

According to the Kenya Demographic & Health Survey 1998 (KDHS 1998), women in Taita Taveta see 4.2 children as an ideal number compared to the national 3.8. The women I interviewed thought that a slightly smaller number would do. The average came to 3.3 children wanted, with the women in Mwatunge desiring around 3.9 children, others close to 3 children. Still, it should be noted that some women had difficulties coming up with an ideal number of children smaller than the number they already had.

The use of contraceptives varied a lot according to the location. According to the KDHS (1998), around 30% of women in Taita Taveta were using modern contraception. On average, 45% of the women interviewed had used contraceptives sometimes during their reproductive years. However, women of Voi were much more familiar with the subject, with 76% user rate. Of other women, around 30% had used them.

Breastfeeding is still widely used as a method of family planning in the rural areas. In Mwatunge women breastfed their children for an average of 2.1 years, while in Voi and surprisingly in Mwanda this was only 1.35 years. An interesting remark in all of the locations was that baby boys were more likely to be breastfed longer than their sisters.
There are three governmental hospitals in Taita Taveta district. One is located in Taveta, one in Wesu and one in Voi. It is not surprising, then, that as most of the women in Mwatunge gave birth at home, women of Voi did it in the hospital. In Mwanda most of the women had homebirths, but few had delivered in the close-by Wesu hospital. No differences in infant mortality were found when comparing home and hospital deliveries.

In the interviews, the women were asked about HIV and whether it affected their family or community. Answers to this weren’t countable as many obviously did not want to be stigmatised. The most common answer given was “HIV is the biggest problem in my community, but does not affect my family in any ways”. Women of Taita are well aware of the sickness and 84% know at least one person who has it (KDHS 1998). Their possibilities to escape the sickness are however limited, as at least two women has gotten it from their husbands who did not know that they were infected.

The interviews also revealed that many grown up children have moved away from the location and from Taita Taveta. Boys tend to move to Mombasa and Nairobi; girls move to more various places when married. The responses correspond well with the nationwide research. Also, the rural - urban differences compare well with the findings.

Conclusions

Kenya is a country where population issues and their effects on national economics and development have been long admitted and recognised. National population policy with its uplifting targets has been around for a long time. The nationwide implementation of the policy is, however, yet to be seen.

Many calculations and estimates do show that Kenya’s population growth will decline in the future. President Kibaki’s promise of free primary education might help to achieve this goal, but advances in health care are not so obvious. Also, a major cultural change is needed to help women get educated and access family planning services. Combining the above with women’s ideal number of children would then result in a much-needed decline in population growth. The HIV epidemic is a real threat to life, and also to declining fertility. There are indications that as HIV mortality increases women might start to want more children in order to assure that some of them stay alive.

In the Taita Taveta district, population growth is well below national and provincial averages. Reasons for this are seen to be higher education level of girls, which is then reflected in lower fertility rates. Out migration also contributes to this, as educated and uneducated young people move to bigger cities to look for work. With future advances in health care and family planning, Taita Hills and Taita Taveta might very well become a good example of sustainable population development. The fact remains, however, that the uphill area of Taita Hills is already densely populated. Good planning and some kind of land reform are still needed to fit the additional population without any ecological or economical problems.

Table 3. Some findings from the interviews of women in different locations.

<table>
<thead>
<tr>
<th>Location</th>
<th>Education (1)</th>
<th>Married (2)</th>
<th>Not married (3)</th>
<th>Farmers (4)</th>
<th>Breastfeeding (5)</th>
<th>Contraceptives (6)</th>
<th>Births (7)</th>
<th>Children (8)</th>
<th>Ideal Children (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mwatunge</td>
<td>3.7</td>
<td>90</td>
<td>10</td>
<td>90</td>
<td>2.1</td>
<td>33</td>
<td>5.6</td>
<td>5.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Mwanda</td>
<td>5.2</td>
<td>90</td>
<td>10</td>
<td>80</td>
<td>1.3</td>
<td>27</td>
<td>5.3</td>
<td>4.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Voi</td>
<td>7.9</td>
<td>60</td>
<td>40</td>
<td>0</td>
<td>1.4</td>
<td>76</td>
<td>5</td>
<td>4.6</td>
<td>3.1</td>
</tr>
<tr>
<td>All</td>
<td>5.7</td>
<td>80</td>
<td>20</td>
<td>57</td>
<td>1.6</td>
<td>45</td>
<td>5.3</td>
<td>4.8</td>
<td>3.3</td>
</tr>
</tbody>
</table>

(1) Average years of education completed, (2) Percentage of women who are married or widowed, (3) Percentage of women who are single, separated or divorced, (4) Percentage of women who are farmers, (5) Average years of breastfeeding, (6) Percentage use of contraceptives (has used sometimes), (7) Number of births per woman, (8) Number of alive children per woman, (9) Ideal number of children per woman.
References


