Kenya

2014 Demographic and Health Survey

Key Findings

The 2014 Kenya Demographic and Health Survey (2014 KDHS) was implemented by the Kenya National Bureau of Statistics from May 2014 to October 2014 in partnership with the Ministry of Health, the National AIDS Control Council (NACC), the National Council for Population and Development (NCPD), and the Kenya Medical Research Institute (KEMRI). Funding for the KDHS was provided by the Government of Kenya with support from the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Kingdom Department for International Development (DfID), the World Bank, the Danish International Development Agency (DANIDA), the United Nations Children's Fund (UNICEF), the German Development Bank (KfW), the Clinton Health Access Initiative (CHAI), the World Food Programme (WFP), and the Micronutrient Initiative (MI). ICF International provided technical assistance for the survey through The DHS Program, a USAID-funded project that helps implement population and health surveys in countries worldwide.

Additional information about the 2014 KDHS may be obtained from the Kenya National Bureau of Statistics (KNBS), P.O. Box 30266-00100 GPO Nairobi, Kenya; telephone (Nairobi): 3317586/8, 3317612/22, 3317623, 3317651; fax: 3315977; e-mail: directorgeneral@knbs.or.ke, info@knbs.or.ke; website: www.knbs.or.ke.

Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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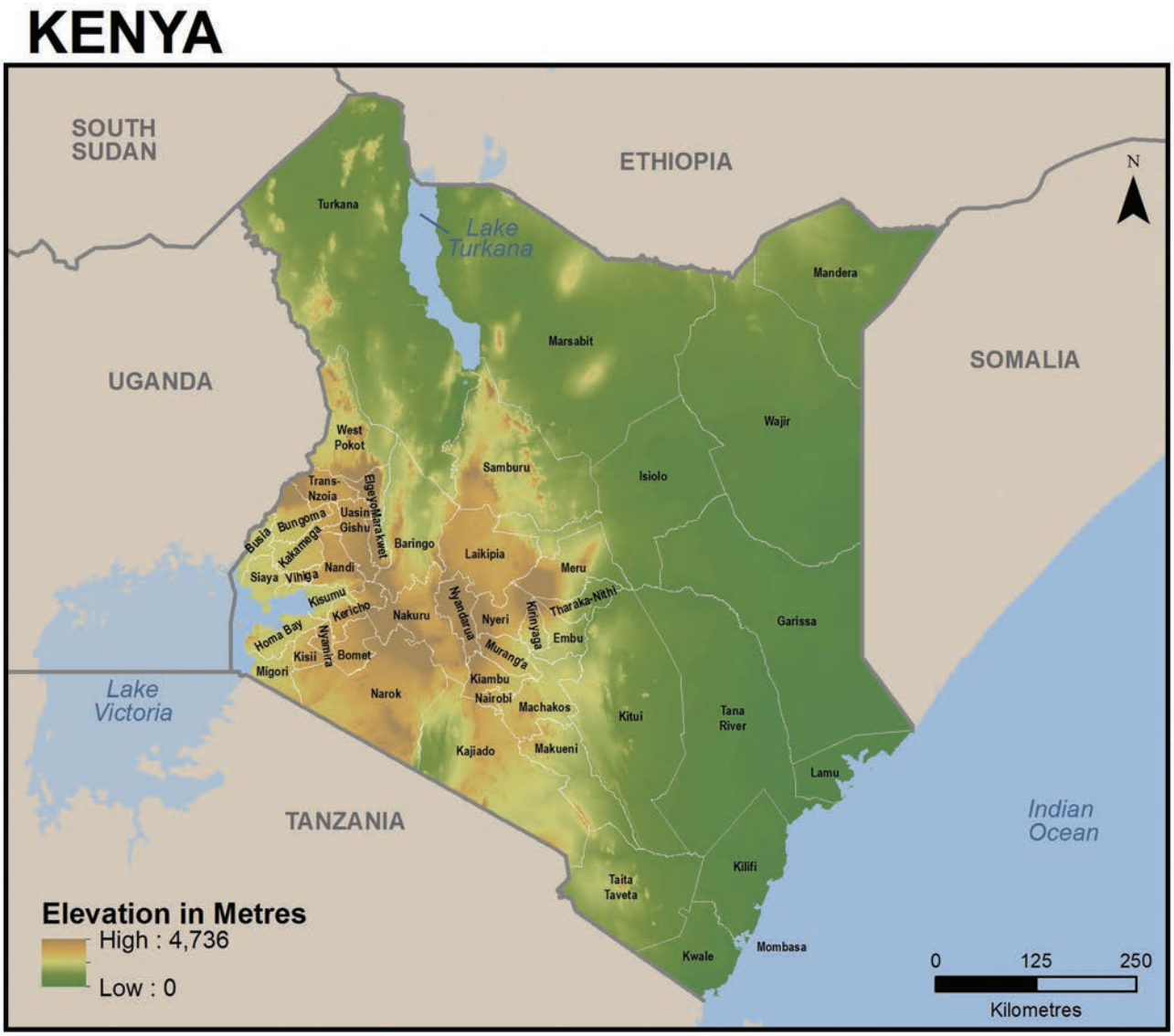
About the 2014 KDHS

The 2014 Kenya Demographic and Health Survey (KDHS) is designed to provide data for monitoring the population and health situation in Kenya. The 2014 KDHS is the sixth Demographic and Health Survey conducted in Kenya since 1989, and the objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), and domestic violence that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 31,079 women age 15-49 and 12,819 men age 15-54 in selected households were interviewed. This represents a response rate of 97% of women and 90% of men. The sample design for the 2014 KDHS provides estimates at the national and regional (formerly provincial) levels, for urban and rural areas, and for select indicators the county level. This is the first KDHS that includes county-level data.



Characteristics of Households and Respondents

Household Composition

Kenyan households have an average of 3.9 members. Just under one in three Kenyan households is headed by women. Forty-three percent of the household population is under age 15.

Water, Sanitation, and Electricity

Just over one-third (36%) of Kenyan households have electricity: 68% of urban households and 13% of rural households.

Seven in ten households have an improved source of drinking water. Almost 9 in 10 households in urban areas have improved drinking water compared to 59% of households in rural areas. For more than one-quarter of households, it takes 30 minutes or longer to obtain drinking water.

Less than one-quarter of Kenyan households have an improved, and not shared toilet facility. An additional 30% have a shared toilet facility, while almost half (47%) have a non-improved facility or no facility at all. Households in urban areas are more likely to have shared facilities (50%), while households in rural areas are more likely to have an unimproved facility (64%). Sixteen percent of households in rural areas have no toilet at all.

Ownership of Goods

Almost 9 in 10 households have a mobile phone, while 68% have a radio and 35% have a television. Ownership of these three items is higher in urban areas than in rural areas. Very few Kenyan households own a car or truck (5%), 7% own a motorcycle or scooter, and 21% have a bicycle. In all, two-thirds of households own agricultural land. While this is more common in rural areas (79%) it is also quite common among urban households (48%).

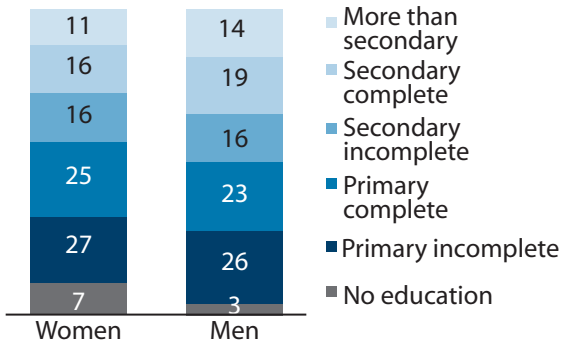
Education of Respondents

Seven percent of women and 3% of men age 15-49 have had no education. About one-quarter of women and men have completed primary school, while 16% of women and 19% of men have completed secondary school. Eleven percent of Kenyan women and 14% of Kenyan men have gone beyond secondary school.

Almost all men (97%) and 88% of women age 15-49 are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended



Fertility and Its Determinants

Total Fertility Rate

Women in Kenya currently have an average of 3.9 births. This is a marked decline from the total fertility rate of 4.6 reported in the 2008-09 KDHS.

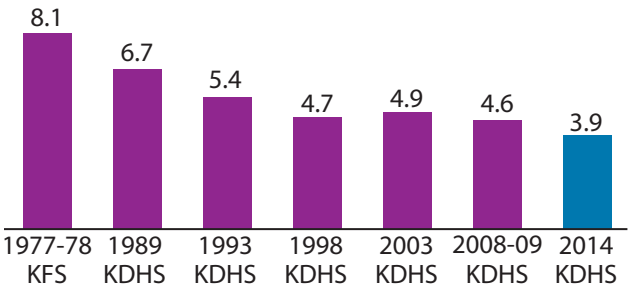
Women in rural areas have almost 1.5 more children, on average, than women in urban areas (4.5 versus 3.1). Fertility varies dramatically by county, from a low of 2.3 births per woman in Kirinyaga, to a high of 7.8 births per woman in Wajir.

Fertility decreases by education. Women with no education have an average of 6.5 children, while women with secondary or higher education have an average of 3.0 children.

Fertility also decreases with household wealth*. Women from the poorest households have an average of 6.4 births compared with women from the wealthiest households who have 2.8 births.

Trends in Fertility

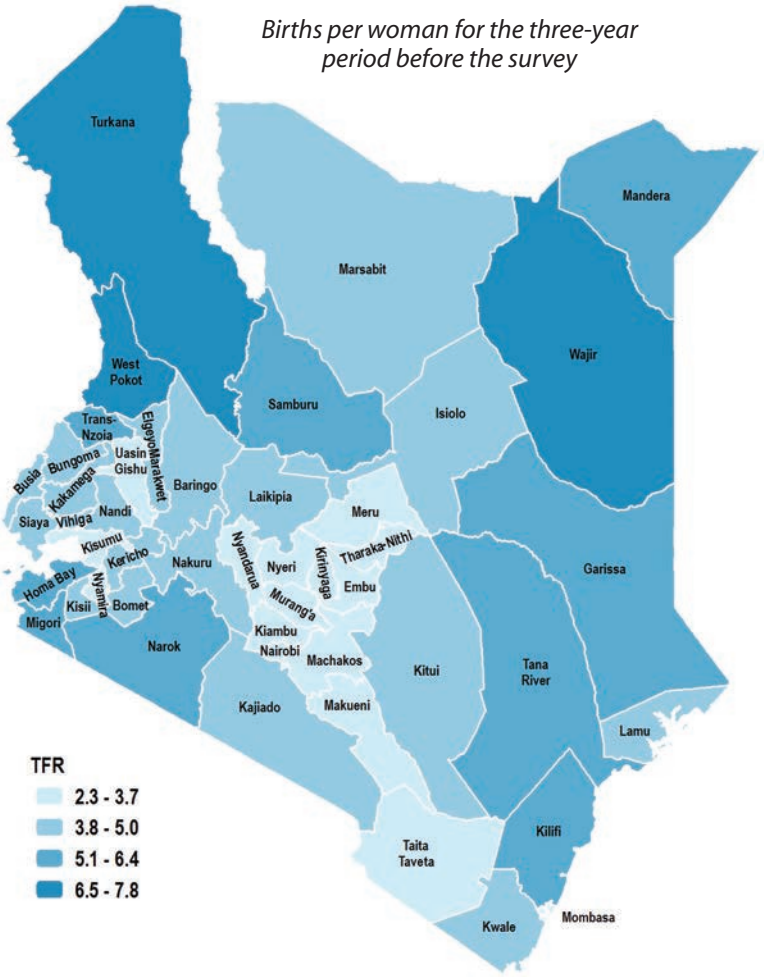
Births per woman for the three-year period before the survey



*Surveys prior to 2003 excluded North Eastern region and several northern districts in Eastern and Rift Valley regions.

Total Fertility Rate by County

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse and Birth

Six in ten women and 5 in 10 men age 15-49 are currently married or living together. Women marry at a median age of 20.2 (women age 25-49) while men marry about 5 years later, at a median age of 25.3 (among men age 30-49).

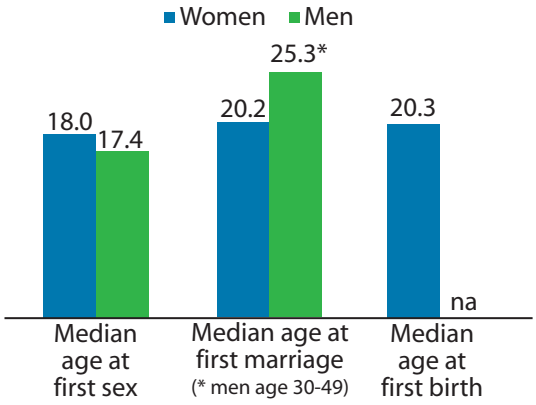
Age at marriage increases with education. Women with secondary or higher education marry almost 5 years later than women with no education (median age of 22.7 versus 17.9). Age at marriage varies widely by county of residence. Women living in Migori, Tana River, and Homa Bay marry the earliest, at just over 17 years. Women living in Nyeri marry the latest, at a median age of 21.8 years. Overall, more than one-quarter of women are married by age 18, while 8% are married by age 15.

In general, women and men initiate sexual intercourse before marriage, at a median age of 18.0 for women and 17.4 for men. Fifteen percent of women and 21% of men had first sex by age 15.

Women have their first birth at a median age of 20.3, just slightly later than the median age age at first marriage.

Median Age at First Sex, Birth, and Marriage

Among women and men age 25-49



Teenage Fertility

Eighteen percent of young women age 15-49 have begun childbearing: 15% have already had a live birth and an additional 3% are pregnant with their first child.

Teenage childbearing varies widely by county, from a low of 6% in Murang'a to a high of 40% in Narok. Young women with no education are much more likely to have begun childbearing (33%) compared to those with secondary or higher education (12%).

Polygyny

Eleven percent of women age 15-49 report that they have at least one co-wife, that is, that they are in a polygynous union. Polygyny is most common among women with no education (32%) and among women from the poorest households (24%).

Six percent of men age 15-49 report that they have more than one wife.

Family Planning

Current Use of Family Planning

More than half (53%) of married women age 15-49 are currently using a modern method of family planning in Kenya. Injectables are the most common method, used by 26% of married women, followed by implants (10%) and the pill (8%). An additional 5% use a traditional method.

Family planning use is even higher among sexually active unmarried women, at 61%. The most popular methods among sexually active unmarried women are injectables (22%) and male condoms (21%).

Among married women, modern method use increases with education. Almost 60% of married women with secondary or higher education are currently using a modern method compared to only 15% of women with no education.

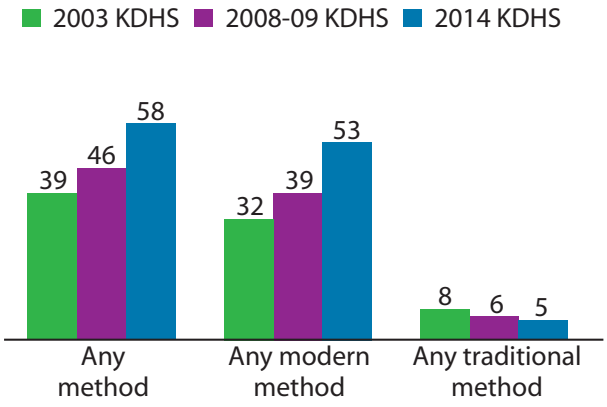
Modern method use also varies by county. More than 70% of married women in Meru (73%) and Kirinyaga (76%) are using a modern method, while use is below 6% in all three counties in North Eastern region (Garissa, Wajir, and Mandera).

Trends in Family Planning Use

The use of modern methods of family planning continues to increase in Kenya, from 39% in 2008-09 to 53% in 2014. This increase is due primarily to the increase in use of implants and injectables. Use of traditional methods has dropped slightly.

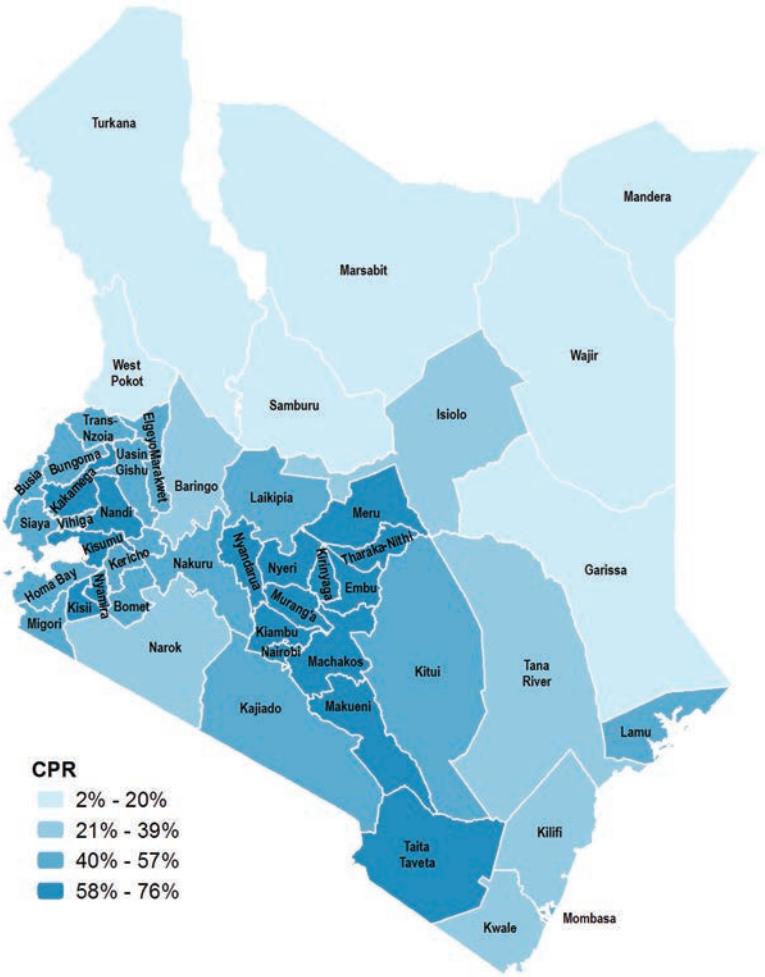
Trends in Contraceptive Use

Percentage of married women currently using a contraceptive method



Use of Modern Methods by County

Percentage of married women currently using a modern method of family planning



Need for Family Planning

Desire to Delay or Stop Childbearing

Half of married women and 42% of married men age 15-49 want no more children or are sterilised. In addition, about one-third of married women and men want to wait at least two years before their next birth. These are potential users of family planning.

Unmet Need for Family Planning

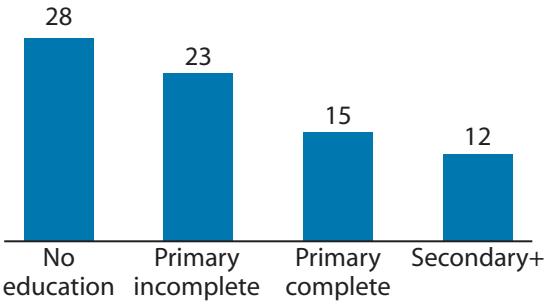
Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception.

Eighteen percent of married women age 15-49 have an unmet need for family planning, 9% for spacing and 8% for limiting. This marks a substantial decline since 2008-09 when 26% of women had an unmet need.

Unmet need is higher in rural areas (20%) than urban areas (13%). Unmet need decreases with education: 28% of women with no education have an unmet need for family plannng compared to 12% of women with secondary or higher education. Unmet need also decreases with household wealth.

Unmet Need for Family Planning by Education

Percent of married women age 15-49 with an unmet need for family planning



Exposure to Family Planning Messages

Three-quarters of women and more than 80% of men heard family planning messages on the radio in the months before the survey. Just less than half of women and 58% of men saw family planning messages on television, and 29% of women and 43% of men saw messages in newspapers or magazines. Overall, 80% of women and 87% of men heard or saw family planning messages in the months before the survey through at least one of these sources. Women and men in the poorest households are least likely to have seen family planning messages.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

Sixty percent of women using modern methods were informed about side effects, 52% were informed what to do if they experience side effects, and 79% were told about other family planning methods available

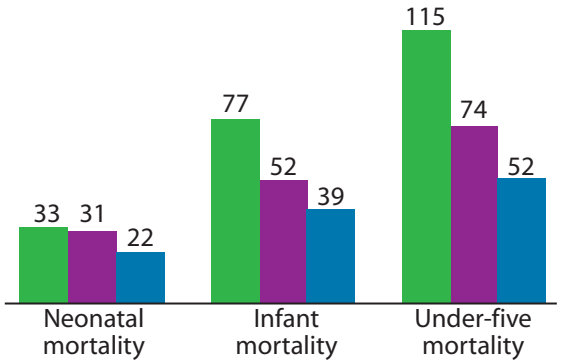
Childhood Mortality

Rates and Trends

Childhood mortality continues to decline in Kenya. According to the 2014 KDHS, infant mortality is 39 deaths per 1,000 live births and under-five mortality is 52 deaths per 1,000 live births. This means that 1 in 20 children dies before their fifth birthday. This is less than half the under-five mortality rate published in the 2003 KDHS when more than 2 in 20 children did not survive until their fifth birthday (115 deaths per 1,000 live births). Neonatal mortality and infant mortality have also declined since 2003.

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Mortality Rates by Background Characteristics

Under-five mortality is virtually the same in urban and rural areas of Kenya. There is more variation by region. Under-five mortality is lowest in Central region (42 deaths per 1,000 live births for the 10 years before the survey) and highest in Nyanza (82 deaths per 1,000 live births).

In Kenya, there is not a strong pattern between childhood mortality and mother's education, as the under-five mortality rate is exactly the same among children whose mothers have no education and those whose mothers have secondary or higher education. Under-five mortality does appear to decrease slightly with household wealth.

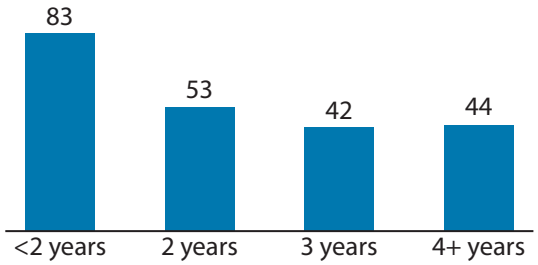
Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Kenya, the median birth interval is 36.3 months.

Infants born less than two years after a previous birth have high under-five mortality rates. In Kenya, under-five mortality is highest among children whose previous birth interval is less than two years, at 83 deaths per 1,000 live births. In comparison, children born three years after a previous birth have an under-five mortality rate of only 42 deaths per 1,000 live births. Eighteen percent of births in Kenya have a birth interval of less than two years, putting them at additional risk of childhood death.

Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



Maternal Health

Antenatal Care

Almost all women (96%) age 15-49 who had a live birth in the five years before the survey received any antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife). Only 4% of women had no antenatal care.

The timing and quality of prenatal care are also important. Almost 6 in 10 women received four or more ANC visits, but only 20% had their first ANC visit in first trimester, as recommended.

The quality of ANC care is inconsistent. Sixty-nine percent of women 15-49 with live birth in last five years took iron tablets or syrup, and among women who received ANC, almost all had their blood pressure measured, a blood sample taken, and were weighed during ANC. But only 58% were informed of signs of pregnancy complications. Three-quarters of women's most recent births were protected against neonatal tetanus

Delivery and Postnatal Care

Six in ten live births were delivered in a health facility, 46% in the public sector and 15% in the private sector. Still more than one-third of births (37%) were delivered at home.

Delivery in a health facility increases with a woman's education and wealth. Only one-quarter of births to women with no education were delivered in a health facility compared to 84% of births to women with secondary or higher education.

Health facility births are most common in urban areas (82%). More than 90% of births in Kirinyaga and Kiambu counties are delivered in a health facility, while Wajir has the lowest rate of facility deliveries at 18% (see map on page 18).

Just over 60% of births are delivered with the assistance of a skilled provider—36% by midwives and 26% by doctors. Five percent of live births were delivered alone.

Postnatal care helps prevent complications after childbirth. Just over half (53%) of women age 15-49 with a live birth in last two years received postnatal checkup within two days of delivery. More than 2 in 5 women received no postnatal care at all.

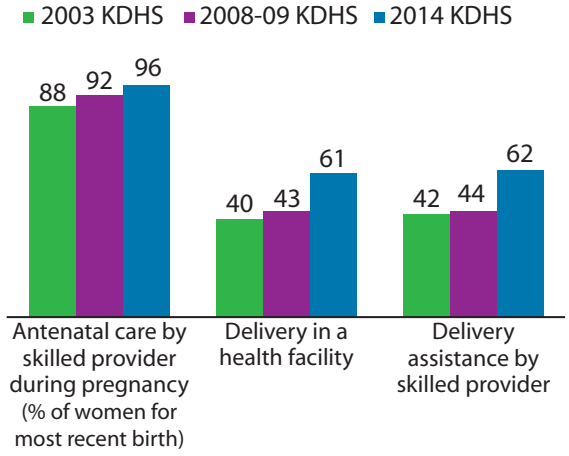
Newborns are less likely than women to receive a postnatal check-up: only 36% of births had a postnatal checkup in the first 2 days after birth, and 62% had no postnatal checkup at all.

Trends in Maternal Health

Overall, maternal health indicators are improving in Kenya. Delivery in a health facility has improved dramatically since 2008-09, from only 43% of births in 2008-09 to 61% in 2014. Assistance at delivery has increased as well.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



Maternal Mortality

The 2014 KDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The 2014 KDHS reports that the maternal mortality for the seven year period before the survey (2007-2014) is 362 deaths per 100,000 live births, with a confidence interval of 254-471.

While this is lower than the maternal mortality rate reported in the 2008-09 KDHS (520, with a confidence interval of 343-696), the decrease is not statistically significant due to the overlapping confidence intervals. There is no evidence that the maternal mortality ratio has declined in recent years in Kenya.

Child Health

Vaccination Coverage

Almost 8 in 10 children (79%) age 12-23 months have received all basic vaccinations (BCG, measles, and three doses each of DPT and polio vaccine, excluding polio vaccine given at birth). Two percent of children have received no vaccines.

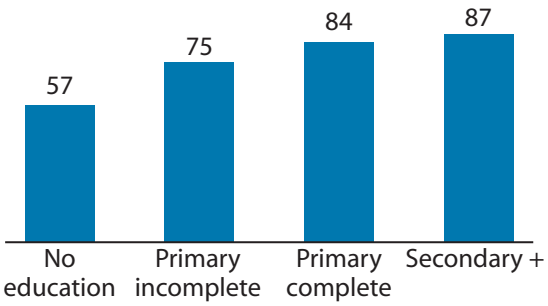
Basic vaccination has improved only slightly since 2008-09 when 77% of children had received all of these basic vaccines.

Basic vaccination coverage is slightly higher in urban than rural areas (83% versus 77%). There is tremendous variation by county, from 36% coverage in West Pokot to over 95% coverage in Nyamira, Nandi, Kiambu, Kirinyaga, and Tharaka-Nithi (see map on page 18).

Basic vaccination coverage increases with mother's education and household wealth. Only 57% of children age 12-23 months whose mothers have no education have received all basic vaccinations compared to 87% of children whose mothers have secondary or higher education.

Basic Vaccination Coverage by Mother's Education

Percent of children age 12-23 months who have received all basic vaccinations

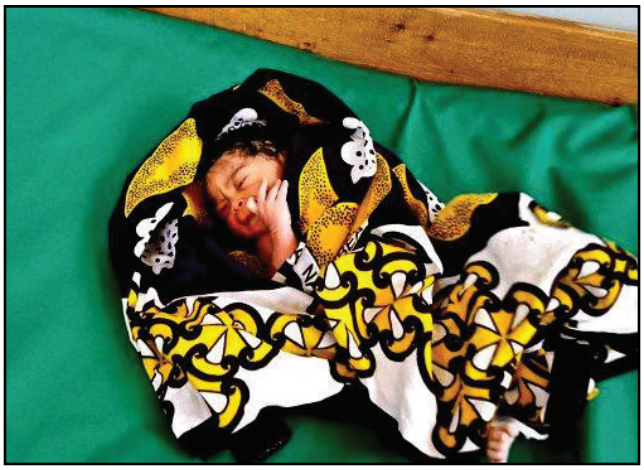


Childhood Illnesses

Nine percent of children under age five had symptoms of acute respiratory infections (ARI) in the two weeks before the survey. Among these children, two-thirds received advice or treatment from a health provider and half received antibiotics.

Fifteen percent of children under age five had diarrhoea in the two weeks before the survey. Diarrhoea is most common among children age 6-11 months (27%). Almost 6 in 10 (58%) children with diarrhoea were taken to health facility or provider

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Eighty-two percent of children under age five with diarrhoea received ORT or increased fluids, while 11% received no treatment.



Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Almost all children in Kenya are ever breastfed (99%). Just over 60% were breastfed in the first hour of life, and 91% were breastfed during the first day of life. Sixteen percent of children received a prelacteal feed, that is, something other than breast milk during the first three days of life, contrary to recommendations.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Three in five (61%) children under six months in Kenya are exclusively breastfed. Exclusive breastfeeding has increased from 32% in 2008-09.

On average, Kenyan children are breastfed for 21 months and exclusively breastfed for 4.3 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Just over 80% of children age 6-9 months receive complementary foods.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children, pregnant women, and new mothers. Seventy-two percent of children age 6-23 months ate foods rich in fitamin A the day before the survey; the same proportion were given vitamin A supplements in the 6 months before the survey. Just over half (54%) of women age 15-49 with a live birth in last 5 years received fitamin A postpartum.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Only 8% of women age 15-49 with a live birth in last 5 years received iron supplements for 90+ days. One-third of children age 6-23 months ate foods rich in iron the day before the survey, and only 6% of children age 6-59 months received iron supplement in week before the survey.

Virtually all households in Kenya have iodised salt.

Nutritional Status

Children's Nutritional Status

The 2014 KDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard.

In Kenya, just over one-quarter of children under five are stunted, or too short for their age. This is a sign of chronic undernutrition. Stunting is more common in rural areas than urban ares (29% versus 20%) and ranges from 15% in Nyeri to 46% in Kitui and in West Pokot (see map on page 19). Children of highly educated mothers and those from the wealthiest household are least likely to be stunted.

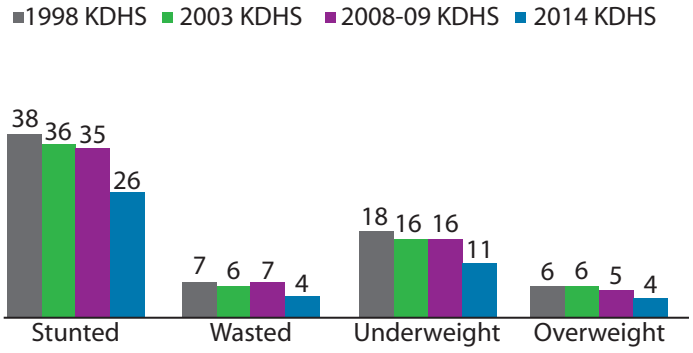
Four percent of children under five are wasted, or too thin for their height. This is a sign of acute malnutrition. Wasting is most common in Turkana (23%).

Overall, 11% of children are underweight, indicating that their weight is too low for their age. Four percent of children are overweight, or weigh too much for their height.

Children's nutritional status has improved in recent years. Stunting has dropped from 35% in 2008-09 to 26% in 2014. Wasting and underweight have also dropped slightly. Overweight is not significantly changed from the 2008-09 survey.

Trends in Children's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



*Surveys prior to 2003 excluded North Eastern region and several northern districts in Eastern and Rift Valley regions.

Women's Nutritional Status

The 2014 KDHS also took weight and height measurements of women age 15–49. The survey results indicate that 9% of women 15-49 are thin while one-third of women (33%) are overweight or obese.

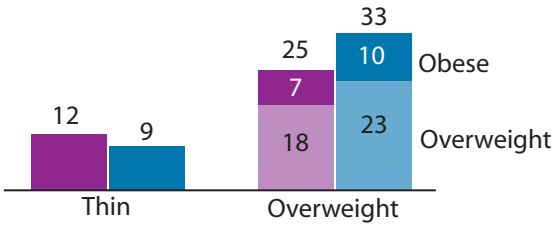
Overweight and obesity are more common among women in urban areas (43%), although still more than one-quarter of women in rural areas (26%) are overweight or obese. Almost half of women living in Nyeri, Kirinyaga, and Mombasa are overweight or obese.

Overweight and obesity increase with household wealth: one half of women in the wealthiest households are overweight or obese compared to 12% in the poorest households.

The percentage of women who are too thin has dropped slightly since the 2008-09 survey, but overweight and obesity have increased since 2008-09, from a total of 25% to 33%.

Trends in Women's Nutritional Status

Percent of women age 15-49



Malaria

Mosquito Nets

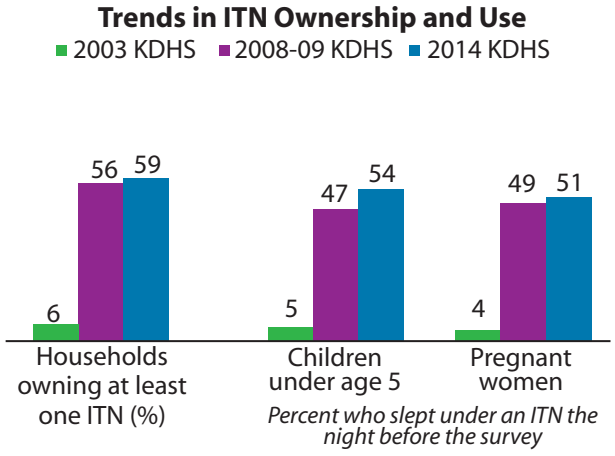
In Kenya, 59% of households own at least one insecticide-treated net (ITN); almost all of these (57%) are long-lasting insecticidal nets (LLINs). One-third of households have at least one ITN or LLIN for every two people.

ITN ownership varies by region and follows the malaria risk pattern. ITN ownership is lowest in counties with low risk of seasonal transmission (Nyandarua, Laikipia, Samburu, Nyeri, and Elgeyo Marakwet) (see map on page 19).

Almost half of the household population in Kenya has access to an ITN, assuming that each ITN in the household was used by up to two people. Slightly fewer (42%) household members slept under an ITN the night before the survey.

Young children and pregnant women are at particular risk of malaria infection. Just over half of children under five (54%) and pregnant women (51%) slept under an ITN the night before the survey. Children under 12 months are more likely to sleep under an ITN than older children. ITN use increases with household wealth for both children and pregnant women.

Ownership and use of ITNs increased markedly between the 2003 and 2008-09 surveys, but has increased only slightly between the 2008-09 and 2014 surveys.



Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive two or more doses of SP/Fansidar during an antenatal care visit. In Kenya, only 17% of pregnant women age 15-49 with a live birth in last two years took 2 or more doses of SP/Fansidar and received at least one during an ANC visit.

Receipt of IPTp varies tremendously by region: more than half of women in Coast received two or more doses of SP/Fansidar during their most recent pregnancy, compared to 2% of women in North Eastern and 1% of women in Nairobi, where the IPTp program was not implemented.

Management of Malaria in Children

One-quarter (24%) of children under five had a fever in the two weeks before the survey. Among these children 72% sought advice or treatment. Just 35% had blood taken from a finger or heel for malaria testing. Just over one-quarter of children with fever took antimalarial drugs.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children. Among children under five with fever in the 2 weeks before the survey and who received an antimalarial, 86% received ACT.

HIV Knowledge, Attitudes, and Behaviour

Knowledge of HIV Prevention Methods

The large majority of women and men know the two primary modes of preventing HIV transmission: using condoms (80% for women and 88% for men) and limiting sexual intercourse to one uninfected partner (92% among women and 94% among men).

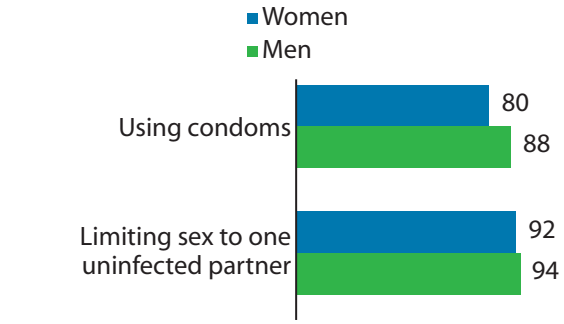
This prevention knowledge is lowest among the young women and men, and among those with no education. Only 44% of women and 50% of men with no education know the two prevention methods compared to 84% of women and 90% of men with secondary or higher education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Almost 9 in 10 women and men age 15-49 know that HIV can be spread by breastfeeding. Three-quarters of women and two-thirds of men know that the risk of mother-to-child transmission can be reduced by the mother taking drugs during pregnancy. PMTCT knowledge increases with both education and household wealth.

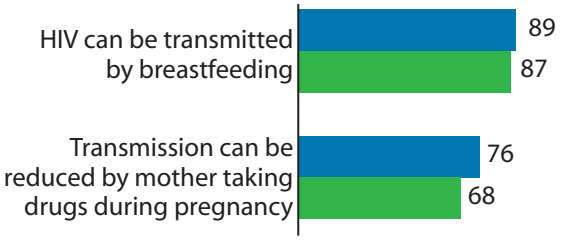
Knowledge of HIV Prevention

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of Mother-to-Child Transmission

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

One percent of women and 13% of men age 15-49 reported that they had two or more sexual partners in the year before the survey. Among them, 40% of women and 44% of men say that they used a condom during last sex. Women in Kenya report an average of 2.1 lifetime sexual partners, while men report 6.8 lifetime sexual partners.

Male Circumcision

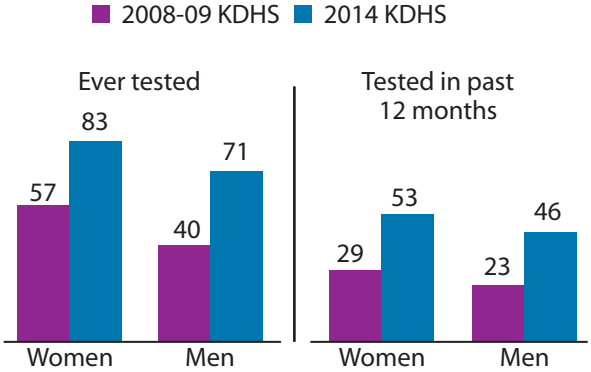
Male circumcision can reduce transmission of HIV. The large majority (93%) of men in Kenya are circumcised. Male circumcision has become more common in recent years, up from 84% in 2003.

HIV Testing

More than 8 in 10 women age 15-49 have ever been tested for HIV and received the results, and 53% were tested in the year before the survey. Testing is also common among men: 71% have ever been tested and received results and 46% were tested in the year before the survey. This marks a large increase since 2008-09 when only 57% of women and 40% of men had ever been tested for HIV and received the results.

Trends in HIV Testing

Percent of women and men age 15-49 who were tested for HIV and received their results



Recent testing among women ranges from 8% in Mandera to 65% in Migori (see map ate 20).

In addition, two-thirds of women age 15-49 who gave birth in the two years before the survey received counselling on HIV, an HIV test during antenatal care, and the results of the test. Three-quarters of women with secondary or higher education received testing and counselling during ANC compared to only 38% of women with no education.

Women's Empowerment

Employment

Three-quarters of married women age 15-49 and virtually all married men age 15-49 were employed in 12 months before the survey.Among those who were employed, 61% of women and 82% of men were paid in cash only; 20% of women and 7% of men were not paid for their work.

Half of employed married women say that they alone decide how to use their cash earnings; 41% decide jointly with their husbands, and 9% say that mainly their husbands decide. More than 7 in 10 women say that they earn less than their husbands.

Ownership of Assets

Forty-two percent of women and 49% of men age 15-49 own a home (alone or jointly). Similarly, 39% of women and 44% of men own land alone or jointly.

Participation in Household Decisions

The 2014 KDHS asked currently married women about their participation in four types of household decisions: her own health care, making major household purchases, visits to family or relatives, and what food should be cooked each day.

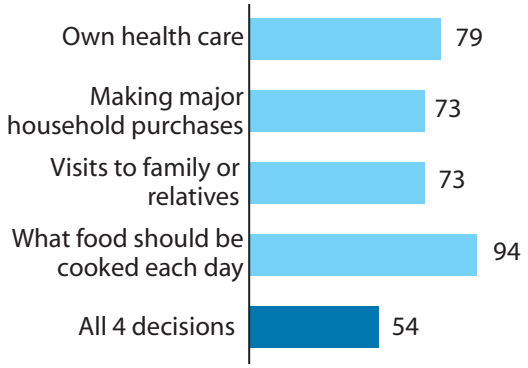
While almost all (94%) of women participate in the decision about what food to cook, about three-quarters of women participate in each of the other three decisions. In all, just over half of women participate in all four decisions. The most educated women and those from the wealthiest households are most likely to participate in these decisions.

Attitudes toward Wife Beating

Forty-two percent of women and 36% of men age 15-49 believe a husband is justified in beating his wife for at least one of the following reasons: she burns the food, she argues with him, she goes out without telling him, she neglects the children, or she refuses to have sexual intercourse with him. Among both women and men, neglecting the children is the most commonly justified reason for wife beating.

Participation in Decisionmaking

Percent of married women who make decisions alone or jointly with their spouse



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Domestic Violence

Experience of Physical Violence

Almost half (45%) women age 15-49 have ever experienced physical violence since age 15. Twenty percent of women have experienced physical violence in last 12 months. Divorced/separated/widowed women are most at risk: 64% of divorced women report having ever experienced violence since age 15 compared to 32% of never-married women.

Among ever-married women, the most common perpetrators of violence are current or former husbands and partners. Among the never-married women, mothers/step-mothers and fathers/step-fathers are the most common perpetrators.

A similar proportion of men age 15-49 (44%) report that they have experienced violence since age 15, but fewer (12%) have experienced it in the last year. Men rarely report that wives or partners are the perpetrators of the violence.

Experience of Sexual Violence

Fourteen percent of women age 15-49 have ever experienced sexual violence; 8% have experienced sexual violence in the past year. Fewer men (6%) report having ever experienced sexual violence.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Nine percent of women age 15-49 who have ever been pregnant experienced violence during pregnancy. Violence during pregnancy is especially high among women in Nairobi (18%) and among divorced/separated/widowed women (21%).

Spousal Violence

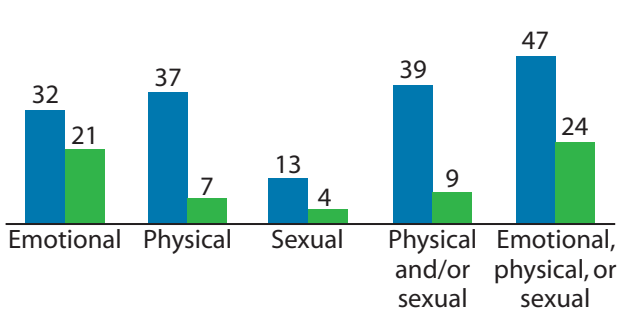
More than one-third of ever-married women report that they have experienced physical violence by their husband or partner. An additional 32% report emotional violence, and 13% report sexual violence.

There are regional variations in reports of spousal violence. Half of women in Nyanza report spousal violence (physical or sexual) compared to only 10% of women in North Eastern.

Seven percent of married men report that they have experienced physical violence by their wife/partner. An additional 4% report sexual violence, while 21% of married men experience emotional abuse by their spouse.

Spousal Violence

Percent of ever-married women and men who have ever experienced the following types of spousal violence



Female Genital Cutting (FGC)

Female Genital Cutting

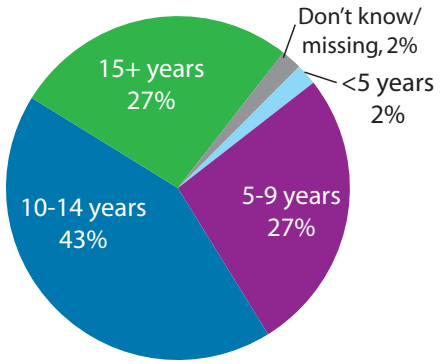
In Kenya, 21% of women age 15-49 have been circumcised. Female genital cutting (also known as female circumcision) is very regional and closely associated with ethnic group. The large majority (greater than 75%) of Somali, Samburu, Kisii, and Massai women are circumcised, compared to less than 2% of women in Luo, Luhya, Turkana, and Mijikenda/Swahili groups.

Among women age 15-49 who are circumcised, 43% were circumcised between ages 10 and 14, 27% were cut at ages 5-9, and 27% were cut at age 15 or later.

More than 80% of women were cut by a traditional circumciser; 15% were cut by a medical professional.

Age at Female Genital Cutting

Percent distribution of women age 15-49 who are cut by age at circumcision



Female Genital Cutting among Girls

Only 3% of girls who are currently under age 15 have been circumcised, indicating a decline of the practice. Among daughters currently 10-14 years of age, 7% have been cut. Circumcision of daughters age 0-14 is most common among the Somali (36%) and Kisii (16%) groups.

While traditional circumcisers are still the most common practitioner among girls 0-14 (73%), medical professionals are more commonly performing circumcisions (20%) for this younger cohort.

Attitudes toward Female Genital Cutting

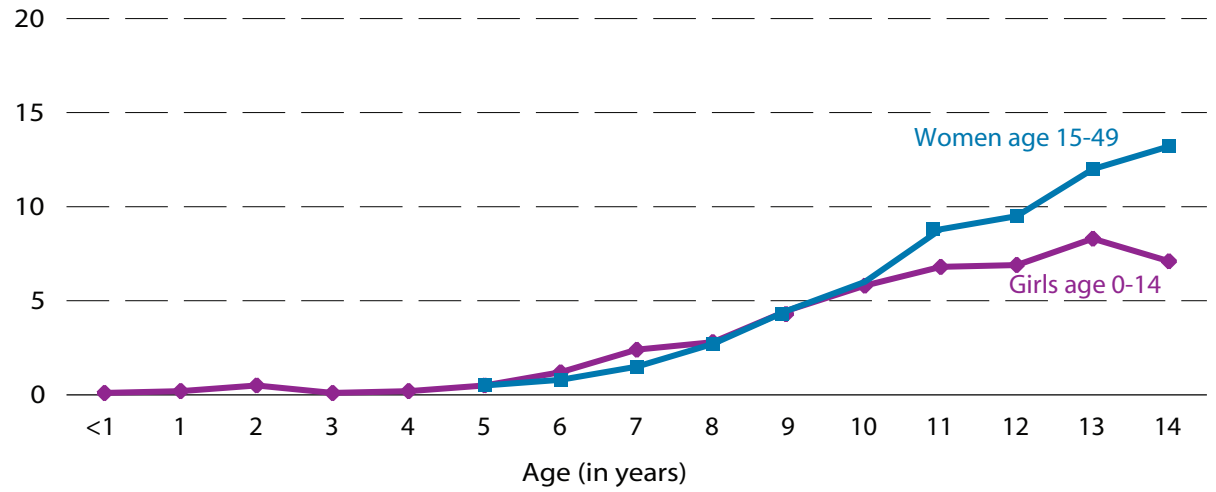
Overall, only 5% of women and 6% of men age 15-49 in Kenya believe that FGC is required by religion. However, there is tremendous variation by ethnic group. More than 80% of Somali women and men believe that FGC is required by their religion.

A slightly higher percentage of women and men believe that FGC is required by the community (8% among women and 11% among men).

Only 6% of women and 9% of men age 15-49 think FGC should continue. In addition to the regional and ethnic patterns seen above, there are also patterns by education and wealth. Women and men who are uneducated and those from the poorest households are most likely to say that FGC should continue.

Age at Circumcision among Women age 15-49 and Girls age 0-14

Percent of women and girls



Non-Communicable Diseases and Other Health Issues

Tuberculosis Knowledge

While almost all women and men have heard of tuberculosis (TB), knowledge of TB transmission is slightly lower: 84% of women and 87% of men know that TB is spread through the air by coughing.

Hypertension and Diabetes Screening

Nine percent of women and 3% of men age 15-49 have been told by a health worker that they have high blood pressure. One percent of both women and men have been told by a health worker that they have diabetes. Both hypertension and diabetes diagnoses increase with age and are more common in urban areas.

Breast Cancer and Cervical Cancer Screening

One-quarter of Kenyan women age 15-49 have performed a self-examination for breast cancer. Only 14% have had a doctor or health care provider perform an exam for breast cancer. Women in urban areas (particularly Nairobi) and those with secondary or higher education and in the wealthiest households are most likely to have had a breast cancer exam from a health care provider.

Three-quarters of women age 15-49 have heard of cervical cancer; 14% have had a cervical cancer exam. Among those who have had a cervical cancer exam, 62% had a pap smear, while 32% had a visual inspection.

Prostate Cancer Screening

Two-thirds of Kenyan men age 15-49 have heard of prostate cancer. Only 3% of men have ever had a prostate cancer exam.

Use of Tobacco and Alcohol

Seventeen percent of Kenyan men use tobacco. Most of these men (16%) are cigarette smokers. Only 1% of Kenyan women use tobacco.

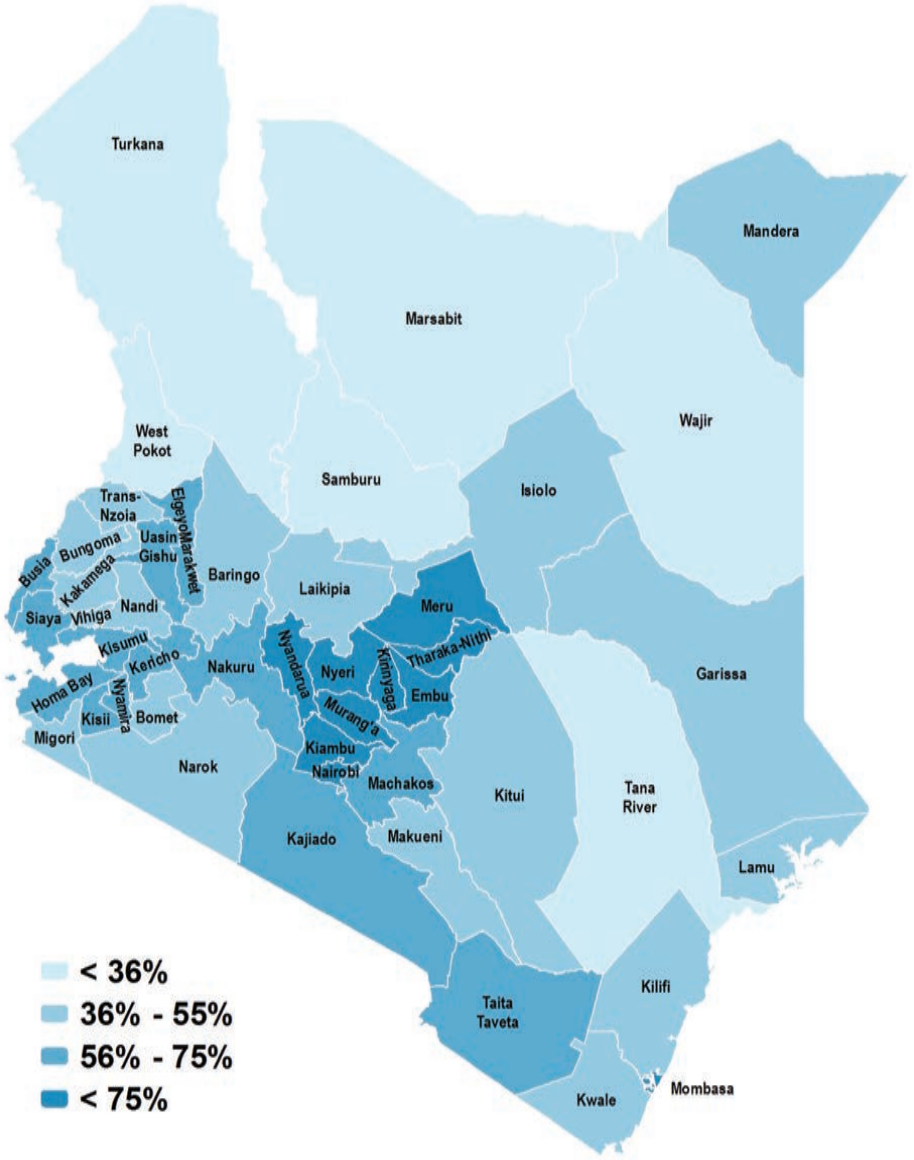
Five percent of women and 29% of men age 15-49 report that they have had at least one alcoholic drink in the last month. Among women and men who drink alcohol, 6% of women and 11% of men drink daily.

Health Insurance Coverage

About 8 in 10 Kenyan women and men do not have any insurance coverage. The national insurance scheme is the most common type of coverage, held by 14% of women and 18% of men.

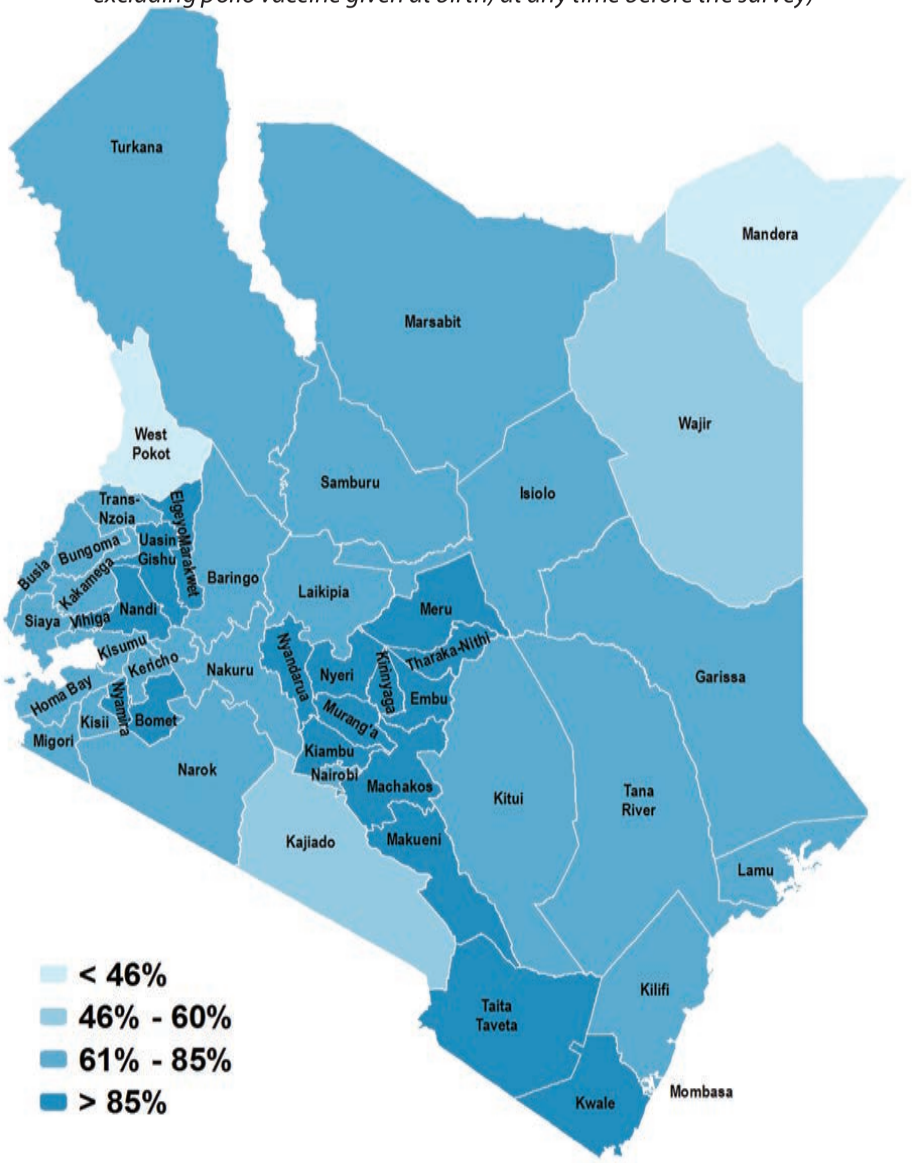
Health Facility Births by County

Percentage of births in the 5 years before the survey delivered in a health facility



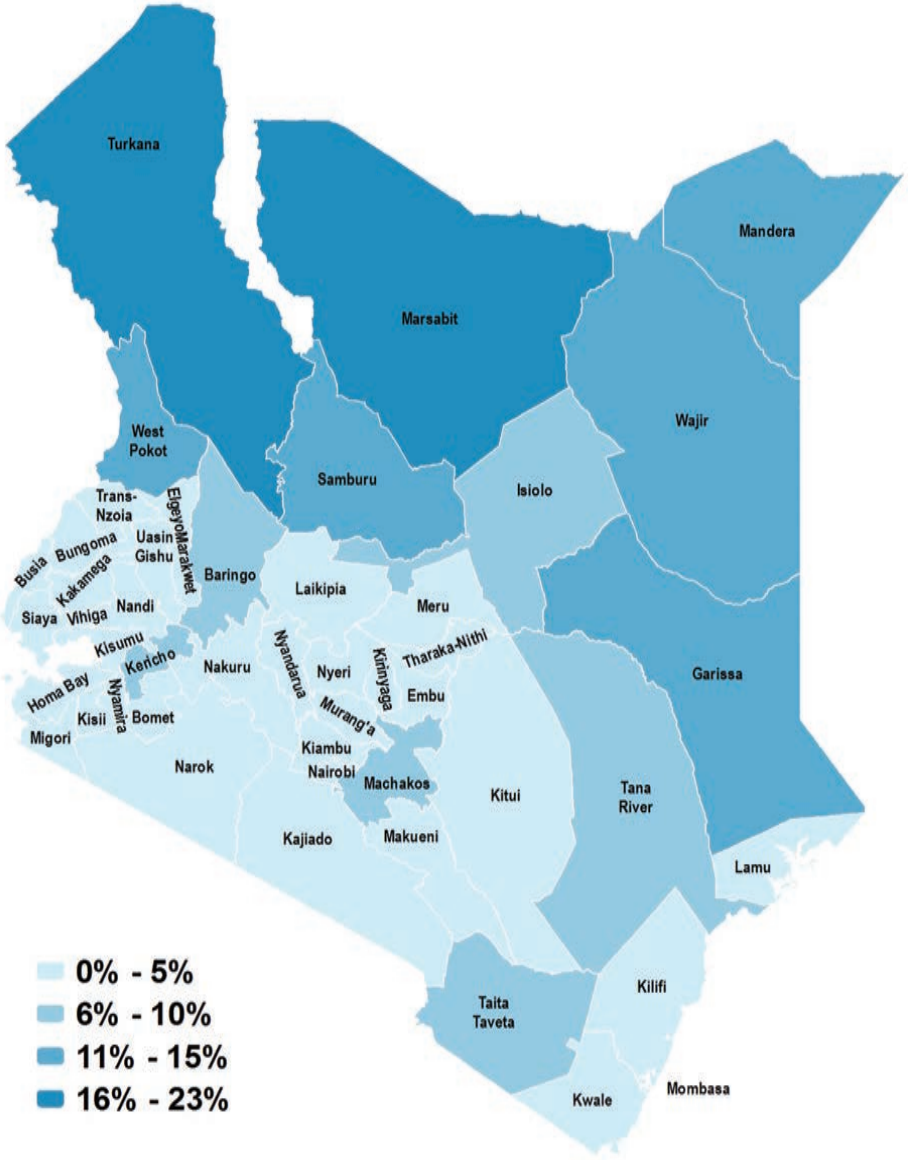
Basic Vaccination Coverage by County

Percentage of children age 12-23 months who received all basic vaccinations (BCG, measles, and three doses each of DPT and polio vaccine, excluding polio vaccine given at birth) at any time before the survey)



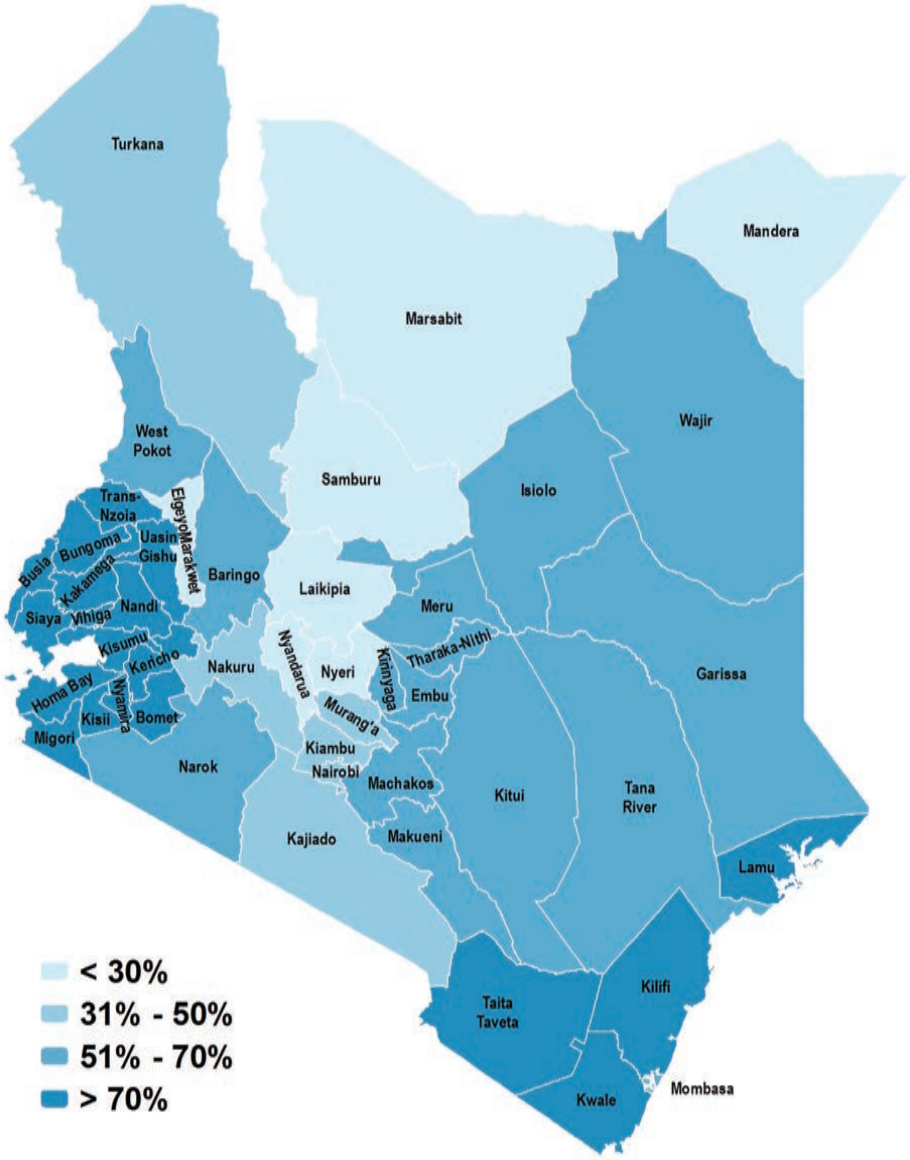
Stunting by County

Percentage of children under age 5 who are stunted, or too short for their age



ITN ownership by County

Percentage of households with at least one insecticide-treated net (ITN)



Recent HIV Testing among Women

Percentage of women age 15-49 who have been tested for HIV in the past 12 months and received results of the last test