

# Kenya

**2008–09 Demographic and Health Survey**

**Key Findings**



This report summarises the findings of the 2008-09 Kenya Demographic and Health Survey (KDHS) carried out by the Kenya National Bureau of Statistics (KNBS) in partnership with the National AIDS Control Council (NACC), the National AIDS/STD Control Programme (NAS COP), the Ministry of Health and Sanitation, the Kenya Medical Research Institute (KEMRI), and the National Coordinating Agency for Population and Development (NCA PD). ICF Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the KDHS was received from USAID/Kenya, the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF). The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Kenya National Bureau of Statistics (KNBS), P.O. Box 30266, Nairobi (Telephone: 254.20.340.929; Fax: 254.20.315 977, email: [director@cbs.go.ke](mailto:director@cbs.go.ke)).

Additional information about the DHS programme may be obtained from MEASURE DHS, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: [reports@macrointernational.com](mailto:reports@macrointernational.com)).

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# ABOUT THE 2008–09 KDHS

The 2008–09 Kenya Demographic and Health Survey (KDHS) is designed to provide data for monitoring the population and health situation in Kenya. The 2008–09 KDHS is the fifth Demographic and Health Survey conducted in Kenya. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, and HIV/AIDS-related knowledge and behaviour. The survey also included HIV testing.

## Who participated in the survey?

A nationally representative sample of 8,444 women age 15–49 in all households and 3,465 men age 15–54 in half of households were interviewed. This represents a response rate of 96% for women and 89% for men. This sample provides estimates for Kenya as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the eight provinces.



# HOUSEHOLD CHARACTERISTICS

## Household composition

Kenyan households consist of an average of 4.2 people. Forty-five percent of the household members are children under age 15.

## Housing conditions

Housing conditions vary greatly based on residence. Two-thirds of urban households have electricity compared with only 8% of rural households. Almost 9 in 10 households in urban areas have access to an improved water source, compared with only slightly more than half of households in rural areas. Overall, 23% of households use an improved toilet facility. Twelve percent of households have no toilet facility.

## Education of survey respondents

The majority of Kenyans have some education, although only 7% of women and 10% of men have more than secondary education. Urban residents and those living in Nairobi have the highest level of education. However, 78% of women and 41% of men in the North Eastern province have no formal education. Overall, 85% of women and 92% of men are literate.

## Ownership of goods

Currently, three-quarters of Kenyan households own a radio and more than one-quarter own a television. Eighty-six percent of households in urban areas own a mobile phone compared with 53% of households in rural areas.

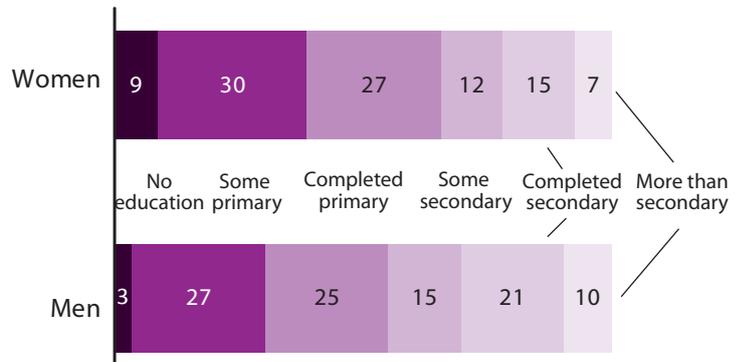
One-third of rural households own a bicycle, compared with 18% of urban households. Rural households are also far more likely to own agricultural land or farm animals.



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## Education

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



# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate (TFR)

Fertility in Kenya has declined over the past two decades. Currently, women in Kenya have an average of 4.6 children, a slight decrease from 4.9 in 2003.

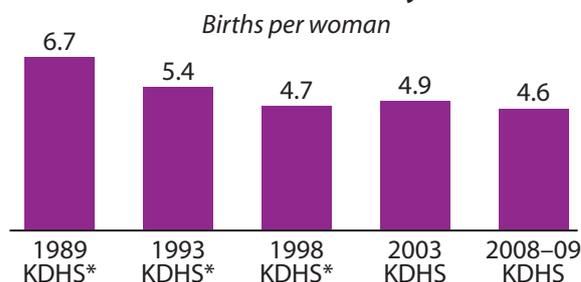
Fertility varies by residence and by province. Women in urban areas have 2.9 children on average, compared with 5.2 children per woman in rural areas. Fertility is highest in Western province, where women have an average of 5.6 children, and lowest in Nairobi where women have an average of 2.8 children.

Fertility also varies with mother's education and economic status. Women who have secondary and higher education have an average of 3.1 children, while women with no education have more than twice as many children. Fertility increases as the wealth of the respondent's household\* decreases. The poorest women, in general, have more than twice as many children as women who live in the wealthiest households (7.0 versus 2.9 children per woman).

## Teenage fertility

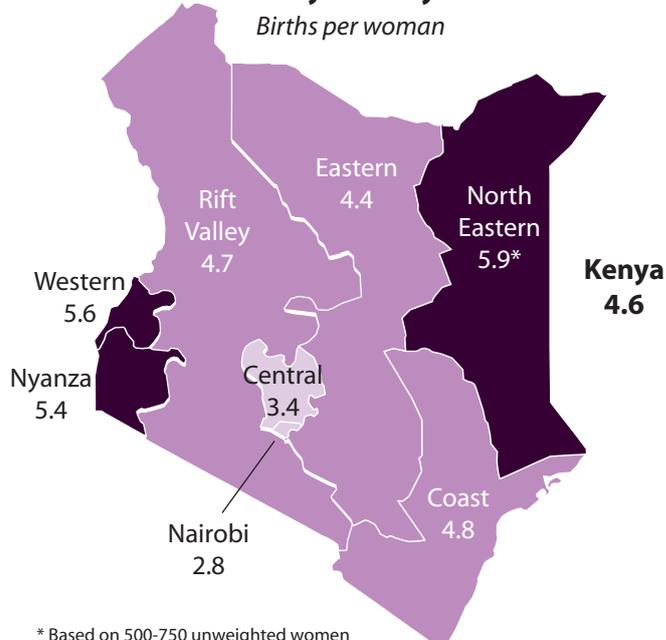
According to the 2008–09 KDHS, 18% of young women age 15–19 have already begun childbearing; 15% are mothers and an additional 3% are pregnant with their first child. Young motherhood is slightly more common in urban areas than in rural areas. Young women with no education are more than three times as likely to have started childbearing by age 19 than those who have secondary and higher education (32% versus 10%).

## Trends in Fertility



\* The first three surveys excluded North Eastern Province and several northern districts in Eastern and Rift Valley Provinces, while the data for the 2003 and 2008–09 KDHS include the entire country.

## Total Fertility Rate by Province



\* Based on 500-750 unweighted women

\* 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 individuals' relative standing on the household index.

### Age at first birth

On average, young women are waiting longer than their mothers to begin childbearing. Twenty-six percent of women age 20–24 surveyed had given birth by the age of 18. In contrast, 36% of women age 45–49 had given birth by age 18. The median age at first birth for all women age 25–49 is 19.8. Women in urban areas have their first births two years later than women in rural areas. Age at first birth also increases with education and wealth. Women with no education have their first birth at a median age of 18.7 compared with 22.1 among women with secondary and higher education.

### Age at first marriage

Almost one-third of women (32%) in Kenya are married by age 18. The median age at first marriage is 20.0 for women age 25–49 compared with men who marry later, at a median age of 25.3 (for men age 30–49). Age at marriage greatly increases with education; women with secondary and higher education get married almost five years later than those with no education (median age of 22.4 years versus 17.5 years for women age 25–49).

### Age at first sexual intercourse

About half of women age 25–49 (48%) and more than half of men age 25–49 (55%) were sexually active by the age of 18. Thirteen percent of women and 18% of men had had sex by the age of 15. Women and men start sexual activity at about the same age (median age of 18.2 years for women and 17.7 years for men). Age at first intercourse varies greatly by province from 16.5 years among women in Nyanza province to 20.3 years among women in Nairobi province.

### Desired family size

Kenyan women and men want about four children, on average. Ideal family size is higher among women in rural areas than urban areas (4.0 versus 3.1). Women with secondary and higher education desire considerably fewer children than women with no education (3.1 versus 6.4). Men with no education report wanting 10 children, and men in North Eastern province report wanting 16 children.



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# FAMILY PLANNING

## Knowledge of family planning

Knowledge of family planning methods in Kenya is nearly universal; 95% of all women age 15–49 know at least one modern method of family planning. The most commonly known methods are the male condom (89%), injectables (89%), and pill (88%).

## Current use of family planning

More than one-third of married women (39%) currently use a modern method of family planning. Another 6% are using a traditional method. The injectables (22%), the pill (7%), and female sterilisation (5%) are the most commonly used methods. Unmarried, sexually-active women are most likely to use family planning—almost half (45%) are using a modern method, with 18% using male condoms.

Use of modern family planning varies by residence and province. Modern methods are used by 47% of married women in urban areas, compared with 37% of women in rural areas. Modern contraceptive use ranges from a low of 4% of married women in North Eastern province to a high of 63% in Central province.

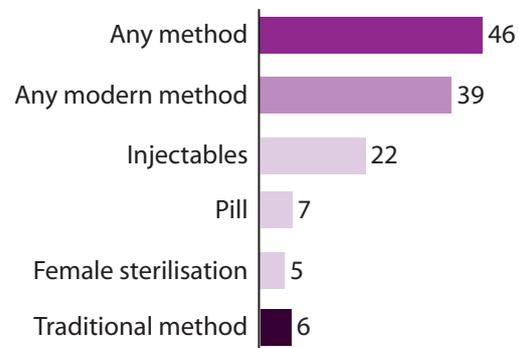
Modern contraceptive use increases dramatically with women's education. More than half of married women with secondary and higher education use modern methods, compared with only 12% of women with no education.

## Trends in family planning use

Family planning use has increased dramatically since the 1989 KDHS when only 18% of women were using a modern method. Use remained relatively constant between 1998 and 2003 when 32% of married women used a modern method, but has now increased to 39%. Injectables have been the fastest rising modern method since 1993 (7% to 22%).

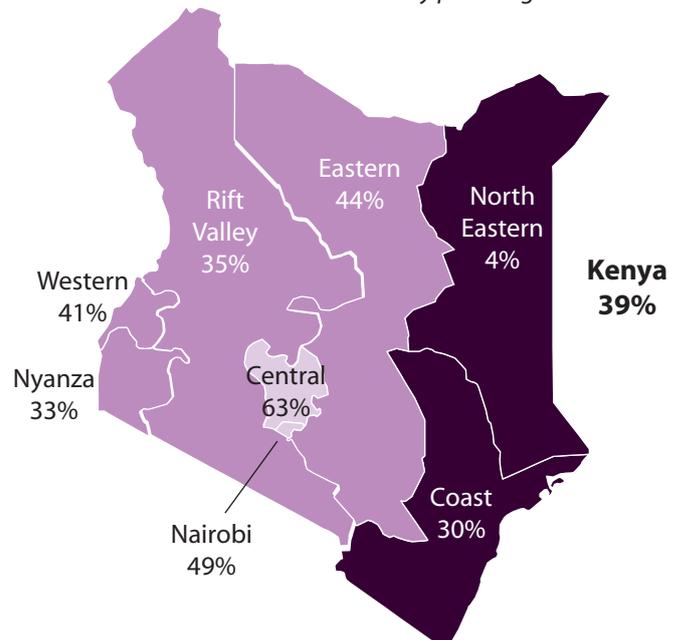
## Family Planning

Percent of married women age 15–49 using family planning



## Family Planning Use by Province

Percent of women age 15–49 using a modern method of family planning



## Source of family planning methods

Public sources, such as government hospitals, government health centres, and clinics currently provide contraceptives to 57% of current users, while the private medical sector provides methods to 36% of users. Implants, female sterilisation, and injectables are most commonly accessed at public facilities, while IUDs and the pills come from private facilities.

# NEED FOR FAMILY PLANNING

## Intention to use family planning

More than half of currently married nonusers (55%) intend to use family planning in the future, and more than half of these women (52%) report that they would want to use injectables as their method of choice. Women who do not intend to use contraception in the future cited fear of side effects and health concerns as their major reason.

## Desire to delay or stop childbearing

Forty-nine percent of currently married Kenyan women want no more children. Another 27% want to wait at least two years before their next birth. These women 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. The 2008–09 KDHS reveals that 26% of married women have an unmet need for family planning—13% for spacing and 13% for limiting. Unmet need is highest in rural areas and among the poorest women.

## Missed opportunities

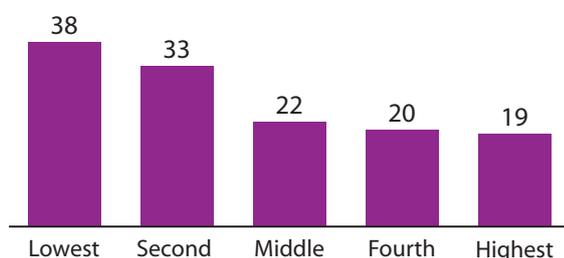
Overall, 69% of women and 71% of men heard a family planning message on the radio in the past few months. In addition, more than one-third of women and men saw a family planning message on TV.

Among all women who are not currently using family planning, only 5% were visited by a field worker who discussed family planning, and only 9% of women visited a health facility where they discussed family planning. Overall, 88% of nonusers did not discuss family planning with any health worker.

## 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 methods that could be used. Fifty-seven percent of Kenyan women received this information the last time they began using a new method of contraception. More than half of women (52%) were informed about possible side effects of their method, and 61% were informed about other methods that could be used.

**Unmet Need by Wealth**  
Percent of married women 15–49  
with unmet need for family planning



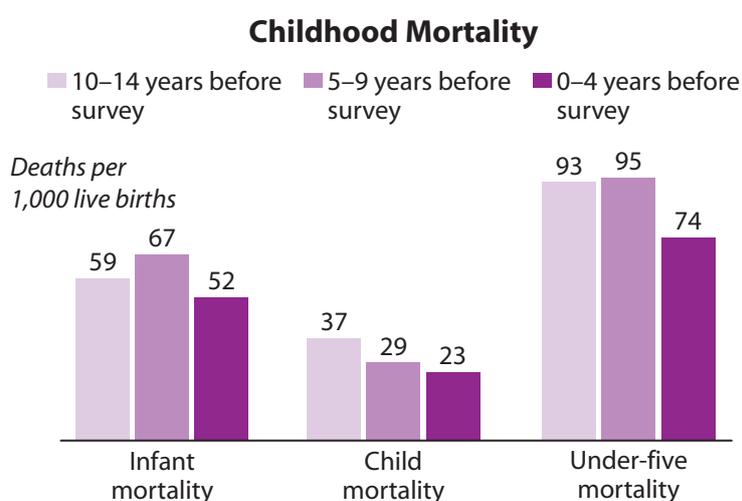
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# INFANT AND CHILD MORTALITY

## Levels and trends

Childhood mortality levels are decreasing in Kenya. Currently, infant mortality is 52 deaths per 1,000 live births for the five year period before the survey compared with 67 deaths for the 5–10 year period before the survey. Under-five mortality levels have also decreased from 95 deaths per 1,000 live births to 74.

Mortality rates differ by province. The under-five mortality rate for the 10-year period before the survey ranges from 51 in Central province to 149 in Nyanza province.



## Birth intervals

Spacing children at least 36 months apart reduces risk of infant death. In Kenya, the median birth interval is 33 months. Infants born less than 2 years after a previous birth have particularly high under-five mortality rates (130 deaths per 1,000 live births compared with 53 deaths per 1,000 live births for infants born 3 years after the previous birth). Almost one-quarter of infants in Kenya (23%) are born less than 2 years after a previous birth.



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# MATERNAL HEALTH

## Antenatal care

The vast majority (92%) of Kenyan women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse/midwife (63%). Only 15% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Almost half of women (47%) received the recommended four or more visits. Two-thirds of women took iron supplements during pregnancy; only 17%, however, took intestinal parasite drugs. Only 43% of women were informed of signs of pregnancy complications during an ANC visit. Seventy-three percent of women's most recent births were protected against neonatal tetanus.

## Delivery and postnatal care

Forty-three percent of Kenya's births occur in health facilities, 32% in the public sector and 10% in private sector facilities. Fifty-six percent of births occur at home. Home births are more common in rural areas (63%) than urban areas (25%). The most common reasons women who did not deliver in a health facility gave were that it was too far or they had no transport (42%) and that they did not think it was necessary (21%).

Only 44% of births are assisted by a skilled provider (doctor, nurse, or midwife). Another 28% are assisted by a traditional birth attendant and 21% by untrained relatives or friends. Seven percent of women received assistance from no one.

Postnatal care helps prevent complications after childbirth. Forty-two percent of women received a postnatal checkup within two days of delivery. However, more than half of women did not have a postnatal checkup.

## Maternal mortality

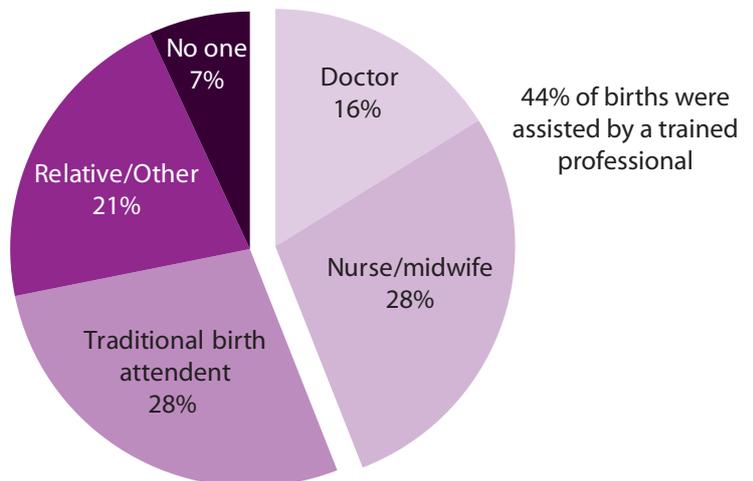
The KDHS 2008–09 asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Kenya is 488 per 100,000 live births.



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## Assistance During Delivery

Percent distribution of births in the 5 years before the survey



# CHILD HEALTH

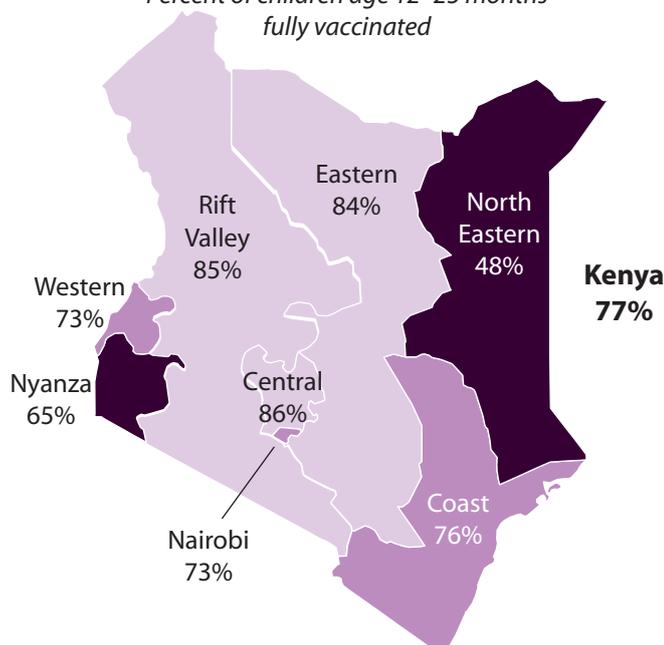
## Vaccination coverage

According to the 2008–09 KDHS, 77% of Kenyan children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT-Hep B-Hib and polio. Only 3% of children did not receive any of the recommended vaccines.

Vaccination coverage is higher in rural areas than urban areas (81% versus 76%). There is also variation in vaccination coverage by province, ranging from only 48% fully vaccinated in North Eastern province to 86% in Central province. Coverage increases with mother's education; 87% of children whose mothers have secondary and higher education were fully vaccinated compared with 67% of children whose mothers have no education.

### Vaccination Coverage by Province

Percent of children age 12–23 months fully vaccinated



## Trends in vaccination coverage

Vaccination coverage has increased dramatically since the 2003 KDHS when only 57% of children were fully vaccinated. However, vaccination coverage has not returned to its high of 78% in 1993.

## Childhood illnesses

In the two weeks before the survey, 8% of children under five had symptoms of an acute respiratory infection (ARI). Of these, 56% received treatment at a health facility or from a health provider. Twenty-four percent of children had a fever in the two weeks before survey. Of these children, about half received treatment.

During the two weeks before the survey, 17% of Kenyan children under five had diarrhoea. The rate was highest (30%) among children 6–11 months old. Almost half of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Seventy-eight percent of mothers with children born in the last five years know about ORS packets. Seventy-two percent of children with diarrhoea were treated with ORS or recommended home fluids. However, only 26% of children with diarrhoea were offered increased fluids and 13% received no treatment (from a medical professional or at home) at all.



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# FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

## Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Kenya, with 97% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. However, only 32% of children under six months in Kenya are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 36% of Kenyan infants under six months receive complementary foods. On average, children breastfeed until the age of 21 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Kenya, 83% of children ages 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months also be fed three or more other food groups. Forty-four percent of breastfed children in Kenya meet this recommendation. It is also recommended that nonbreastfed children be fed milk or milk products, and four or more food groups. However, only 62% of nonbreastfed Kenyan children receive milk or milk products, and only 37% were fed four or more food groups.

## Children's nutritional status

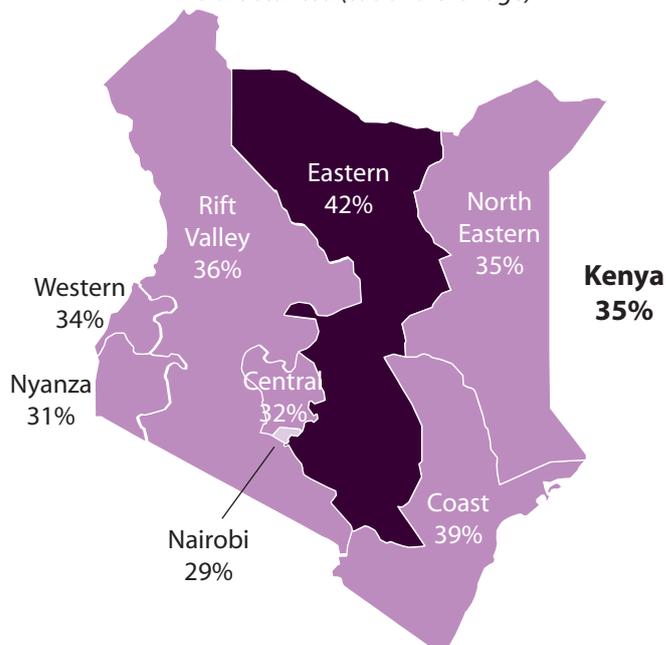
The KDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2008–09 survey, 35% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (37%) than urban areas (26%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (7%). Sixteen percent of Kenyan children are underweight, or too thin for their age.



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## Stunting by Province

Percent of children under age 5 who are stunted (too short for age)

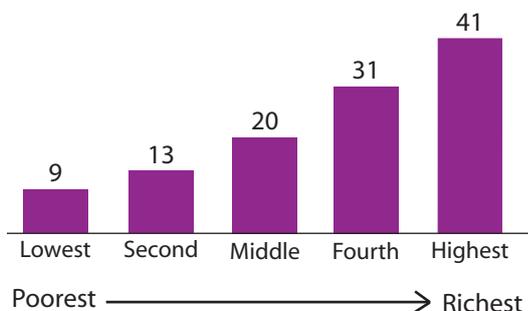


### Women's nutritional status

The 2008–09 KDHS also took weight and height measurements of women age 15–49. Few Kenyan women are too thin (12%), but one-quarter of women are overweight or obese. Overweight and obesity is twice as high in urban areas as in rural areas (40% compared with 20%) and increases with age, education, and wealth. Women in Nairobi are most likely to be overweight or obese (41%).

#### Women's Overweight by Wealth

*Percent of women 15–49 who are overweight or obese by wealth quintile*



### 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 and new mothers. In the 24 hours before the survey, 77% of children age 6–35 months ate fruits and vegetables rich in vitamin A. Less than one-third (30%) of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Only 46% of women received a vitamin A supplement postpartum.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 3% of women took iron tablets or syrup for at least 90 days during their last pregnancy.



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# MALARIA

## Household ownership of mosquito nets

In Kenya, more than half (56%) of households have at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in Nyanza province (77%) and lowest in Central province (33%). Additionally, one-third of households have more than one ITN. This is a dramatic increase in ownership of ITNs from the 2003 KDHS when only 6% of households owned an ITN.

## Use of mosquito nets by children

Overall, 47% of children under five slept under an ITN the night before the survey. Almost two-thirds (63%) of children in North Eastern province slept under an ITN compared with only 30% of children in Rift Valley province. Children in urban areas were more likely to have slept under an ITN than children in rural areas (62% versus 44%).

## Use of mosquito nets by women and pregnant women

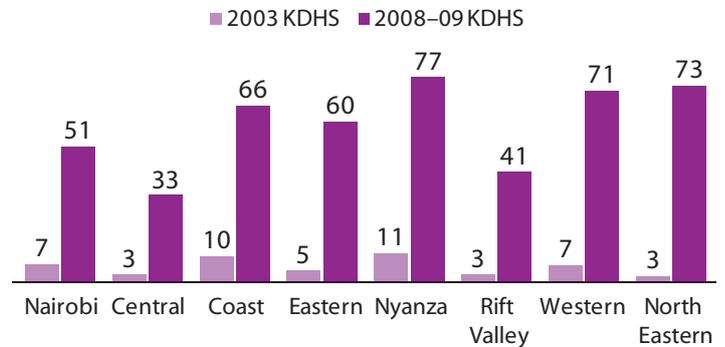
Almost half of pregnant women (49%) slept under an ITN the night before the survey; 41% of all women age 15–49 slept under an ITN. More than two-thirds of pregnant women in Western province slept under an ITN, compared with only 26% in Central province.

## Antimalarial drug use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 42% of pregnant women received any antimalarial drug during their last pregnancy. However, only 34% of pregnant women received SP/Fansidar during an ANC visit, and 14% received two doses of the antimalarial drug, as recommended.

Among children under five years who had fever in the two weeks before the survey, 23% were given antimalarial drugs, while only 12% were given antimalarial drugs the same day or the day following the onset of the fever.

**Trends in ITN Ownership**  
Percent of households that own an ITN



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## GENDER-BASED VIOLENCE

More than one-third of women (39%) in Kenya have suffered from physical violence at some point since age 15. One-quarter of women suffered from acts of violence during the past 12 months. This proportion is substantially higher for divorced/separated/widowed women (40%) than single women (11%). Two-thirds of women who have ever experienced physical violence report that the perpetrator of the violence was a current or former husband/partner.

One in five women (21%) have ever experienced sexual violence, and 12% of women had their first experience of sexual intercourse forced against their will.

Forty-seven percent of ever-married women have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. One-third of ever-married women report having experienced some form of physical or sexual violence by their husband or partner in the past year.

Experience of spousal violence decreases with increasing education and household wealth. Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (75% and 34%, respectively).

## FEMALE CIRCUMCISION

The vast majority of women age 15–49 in Kenya have heard of female circumcision (96%). Overall, more than one-quarter of women (27%) are circumcised. Eighty-three percent of these women had flesh removed, while 13% were sewn closed. One-third of women are circumcised between 14 and 18 years of age. Female circumcision is most commonly performed by a traditional circumciser (75%) followed by a trained nurse/midwife (14%).

Eighty-two percent of women in Kenya believe that female circumcision should be stopped.

## WOMEN'S EMPOWERMENT

### Employment

Two-thirds of married women age 15–49 interviewed in the KDHS are employed compared with almost all men (99%). Among those who are employed, men are slightly more likely to earn cash, while married women are more likely than men to be unpaid. Women who earn cash generally earn less than their husbands.

### Participation in household decisions

For the most part, Kenyan women have the power to make household decisions. Women are most likely to have control over daily household purchases, while husbands often have final say over making larger household purchases. Only 3% of women do not participate at all in any of the four decisions asked about in the KDHS.



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# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

## Knowledge

According to the 2008–09 KDHS, almost all Kenyan adults have heard of HIV and AIDS, but knowledge of HIV prevention measures is lower. Only 71% of women age 15–49 and 78% of men age 15–49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Prevention knowledge is higher among those with higher levels of education.

Eighty-seven percent of women and men know that HIV can be transmitted by breastfeeding. However, only about two-thirds of women and men know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Many Kenyans still have misconceptions about HIV/AIDS. Only 72% of women and 77% of men know that HIV cannot be transmitted by mosquito bites.

## Attitudes

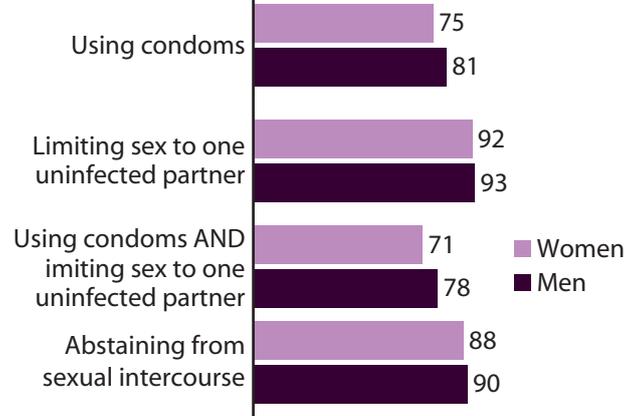
There is still a lot of stigma associated with HIV in Kenya. While most women say they are willing to take care of a family member with HIV, about half say that they would want to keep secret that a family member was HIV-positive. About two-thirds of women and three-quarters of men say that they would buy fresh vegetables from an HIV-positive shopkeeper.

## Multiple sexual partners and condom use

Among those who had sex in the 12 months before the survey, 2% of women and 13% of men had sex with 2 or more partners in the past 12 months. Among these men, 37% used a condom during their last sexual intercourse. Women in Kenya have an average of 2 sexual partners in their lifetime, compared with men who have an average of 6 partners.

## Knowledge of HIV Prevention

Percent who know that the risk of HIV can be reduced by:



## Mother-to-Child Transmission

Percent who know that:



## Prior HIV testing

Most Kenyans know where to get an HIV test (92%). However, only 57% of women and 40% of men have ever been tested and received results. In the 12 months before the survey, 29% of women and 23% of men took an HIV test and received the results.

More than half of women who were pregnant in the two years before the survey were offered and received HIV testing during antenatal care. HIV testing during antenatal care is much more common in urban areas (73%) than rural areas (52%) and is highest among women with secondary and higher education (74%).

# HIV PREVALENCE

## HIV Prevalence

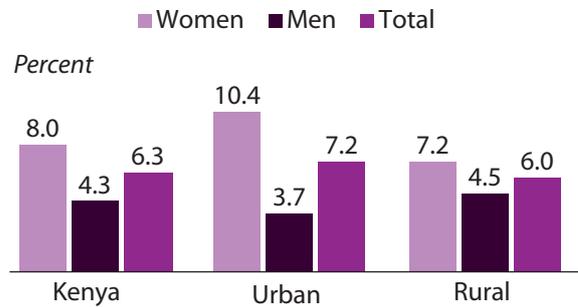
The 2008–09 KDHS included HIV testing of almost 7,000 women and men age 15–49. Eighty-six percent of women age 15–49 and 79% of men age 15–54 agreed to be tested for HIV.

In Kenya, HIV prevalence has not changed significantly in the past five years. According to the 2008–09 KDHS, HIV prevalence is 6.3% for women and men age 15–49, compared with 6.7% in the 2003 KDHS and 7.4% in the 2007 Kenya AIDS Indicator Survey. In Kenya, 8.0% of women and 4.3% of men are HIV-positive. By comparison, in 2003, 8.7% of women and 4.6% of men had HIV. In the 2007 KAIS, 8.8% of women and 5.5% of men 15–49 were HIV-positive.

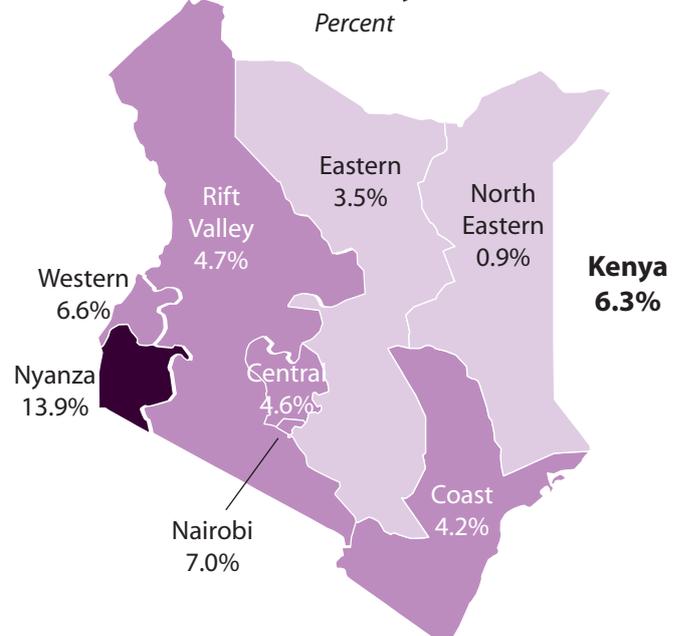
People living in urban areas are at slightly higher risk of infection than those living in rural areas (7.2% versus 6.0%). HIV estimates vary by age, with women age 40–44 and men age 35–39 most likely to be HIV-positive. HIV prevalence also varies dramatically by province, ranging from 0.9% in North Eastern province to 13.9% in Nyanza province.

HIV prevalence is higher among uncircumcised men than among circumcised men (13% and 3%). HIV prevalence is particularly high among widows and those who are divorced or separated; 43% of widowed women are HIV-positive.

## HIV Prevalence Among Adults Age 15–49



## HIV Prevalence by Province



A man wearing a red ribbon headband at an HIV/AIDS demonstration in Kenya. © 2006 Felix Masi/Voiceless Children, Courtesy of Photoshare

# KEY INDICATORS

	Residence		
	Total	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	4.6	2.9	5.2
Women age 15–19 who are mothers or currently pregnant (%)	18	19	18
Median age at first marriage for women age 25–49 (years)	20.0	22.2	19.4
Median age at first intercourse for women age 25–49 (years)	18.2	19.8	17.6
Median age at first birth for women age 25–49 (years)	19.8	21.5	19.4
Married women age 15–49 who want no more children (%)	54	44	57
<b>Family Planning</b> (married women, age 15–49)			
Current use			
Any method (%)	46	53	43
Any modern method (%)	39	47	37
Currently married women with an unmet need for family planning <sup>1</sup> (%)	26	20	27
<b>Maternal and Child Health</b>			
<b>Maternity care</b>			
Pregnant women who received antenatal care from a health professional (%)	92	96	90
Births assisted by a health professional (%)	44	75	37
Births delivered in a health facility (%)	43	75	35
<b>Child vaccination</b>			
Children 12–23 months fully vaccinated <sup>2</sup> (%)	77	81	76
<b>Nutrition</b>			
Children under 5 years who are stunted (moderate or severe) (%)	35	26	37
Children under 5 years who are wasted (moderate or severe) (%)	7	5	7
Children under 5 years who are underweight (%)	16	10	17
<b>Malaria</b>			
Households with at least one insecticide-treated net (ITN) (%)	56	58	55
Children under 5 years who slept under an ITN the night before the survey (%)	47	62	44
Pregnant women who slept under an ITN the night before the survey (%)	49	51	48
<b>Childhood Mortality</b>			
Infant mortality (between birth and first birthday) <sup>3</sup>	52	63	58
Under-five mortality (between birth and fifth birthday) <sup>3</sup>	74	74	86
<b>HIV/AIDS-related Knowledge</b>			
Knows ways to avoid HIV (women and men age 15–49):	Women/Men	Women/Men	Women/Men
Having one sexual partner (%)	92/93	95/94	90/93
Using condoms (%)	75/81	81/86	72/79
Knows HIV can be transmitted by breastfeeding (%)	87/87	90/85	87/87
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	69/70	77/71	66/69
<b>HIV Prevalence</b>			
HIV prevalence for women age 15–49 (%)	8.0	10.4	7.2
HIV prevalence for men age 15–49 (%)	4.3	3.7	4.5

Numbers in parentheses are based on 500–750 cases (fertility) or 25–49 cases (malaria).<sup>1</sup> Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup> Fully vaccinated includes BCG, measles, three doses of DPT-Hep B-Hib, and three doses of polio (excluding Polio 0 and Polio 4) <sup>3</sup> Number of deaths per 1,000 births; figures are for the ten-year period before the survey.

Provinces								
	Nairobi	Central	Coast	Eastern	Nyanza	Rift Valley	Western	North Eastern
	2.8	3.4	4.8	4.4	5.4	4.7	5.6	(5.9)
	14	10	26	14	27	17	15	16
	24.2	20.7	19.5	20.2	18.9	19.7	19.2	17.9
	20.3	18.4	18.2	17.8	16.5	18.5	17.5	18.5
	22.8	20.2	20.1	19.9	19.0	19.4	19.7	19.4
	48	64	42	65	49	54	58	5
	55	67	34	52	37	42	47	4
	49	63	30	44	33	35	41	4
	15	16	25	24	32	31	26	16
	96	93	95	93	94	88	92	70
	89	74	46	43	46	34	26	32
	89	73	44	43	44	33	25	17
	73	86	76	84	65	85	73	48
	29	32	39	42	31	36	34	35
	4	5	11	7	4	9	2	20
	8	12	24	20	11	19	12	25
	51	33	66	60	77	41	71	73
	52	35	57	51	61	30	55	63
	(46)	26	64	54	58	30	69	61
	60	42	71	39	95	48	65	57
	64	51	87	52	149	59	121	80
	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men
	95/95	95/98	94/91	96/91	94/96	87/95	86/82	80/83
	86/95	83/87	73/77	71/80	81/89	72/81	75/68	17/23
	90/84	93/89	88/91	89/87	89/94	87/85	85/84	41/39
	84/65	78/77	61/58	64/69	85/83	58/68	72/66	14/20
	10.8	6.2	5.8	3.8	16.0	6.3	9.2	0.9
	3.4	2.6	2.3	3.0	11.4	2.8	3.4	0.9

