REPUBLIC OF KENYA

KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

2025-26 Kenya Mini DEMOGRAPHIC and Health Survey

ABRIDGED POPULAR VERSION



October 2026


PRENATAL CARE

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Kenya National Bureau of Statistics Nairobi, Kenya

Ministry of Health Nairobi, Kenya

The DHS Program ICF Rockville,
Maryland, USA October 2026

The 2025 - 2026 Kenya Mini Demographic and Health Survey (KMDHS) was implemented by the Kenya National Bureau of Statistics (KNBS) in collaboration with the Ministry of Health (MoH) and other stakeholders. Funding for the survey was provided by the Government of Kenya, the Gates Foundation, the Aga Khan University Institute of Human Development, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO). ICF provided technical assistance through the DHS Program.

Additional information about the 2025-26 KMDHS may be obtained from Kenya National Bureau of Statistics (KNBS), P.O. Box 30266-00100, GPO Nairobi, Kenya; +254-20-3317583, +254-20-2911000/1, +254-20-3317612/22/23/51; directorgeneral@knbs.or.ke, info@knbs.or.ke; www.knbs.or.ke. Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; +1-301-407-6500; fax: +1-301-407-6501; info@DHSprogram.com; www.DHSprogram.com. The contents of this report are the sole responsibility of KNBS and ICF and do not necessarily reflect the views of the donors.

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2025-26 Kenya Mini DEMOGRAPHIC and Health Survey

ABRIDGED POPULAR VERSION

Table of Contents

Preface		iv
01	Survey coverage and response rates	02-03
02	Housing characteristics and household population	04-05
03	Characteristics of respondents	06
04	Marriage and sexual activity	07
05	Fertility	08
06	Fertility preferences	09
07	Family planning	10
08	Infant and child mortality	11
09	Maternal and newborn healthcare	12-13
10	Child health	14
11	Nutrition	15
12	Malaria	16
13	Household water and sanitation	17
14	Technology facilitated gender based violence	18-19
15	Adult and maternal mortality/ deaths in the household	20

Preface



Macdonald G. Obudho, PhD, EBS, MBS
Director General, Kenya National Bureau of Statistics

The 2025–26 Kenya Mini Demographic and Health Survey (KMDHS) is the latest in the series of demographic and health surveys conducted in Kenya since 1989. It follows seven full-scale surveys implemented in 1989, 1993, 1998, 2003, 2008–09, 2014, and 2022. The KMDHS was designed to provide a timely interim update of key demographic, nutrition, and health indicators between full survey rounds. The findings are intended to inform the design, implementation, monitoring, and evaluation of population, health, and development programmes at both the national and county levels. Data were collected from 5 November 2025 to 10 February 2026, using a nationally representative sample of 29,935 households drawn from the Kenya Household Master Sample Frame. The survey provides estimates at the national level, for rural and urban areas separately, and for selected indicators at the county level.

The 2025–26 KMDHS gathered a broad range of information on demographic, health, and nutrition indicators, including fertility levels, fertility preferences, and contraceptive use; maternal and newborn health, including antenatal and delivery care; child mortality and child health, including childhood illnesses and vaccination coverage; the nutritional status of children under age 5; ownership and use of insecticide-treated nets; health insurance coverage and access; and adult and maternal mortality. This information is intended to track Kenya's progress towards national health targets, including the Sustainable Development Goals and Vision 2030. The findings are also meant to support the evaluation of ongoing health initiatives, particularly the Universal Health Coverage programme, while providing county-disaggregated evidence to guide decentralised health planning, resource allocation, and the alignment of county strategies with national priorities.

Overall, the 2025–26 KMDHS results show continued improvement in many of Kenya's health indicators since the 2022 Kenya Demographic and Health Survey (KDHS). The total fertility rate declined from 3.4 children per woman in 2022 to 3.1 children per woman in 2025–26. The percentage of women age 15–19 who have ever been pregnant fell from 14.8% to 11.9% over the same period, while the median birth interval widened from 42.1 to 46.3 months. Total demand for family planning among currently married women remained at 76%, the same level as in 2022; 61% of these women were using a contraceptive method, while 16% had an unmet need for family planning. Maternal and newborn health services also strengthened: 72% of women had at least four



antenatal care visits for their most recent pregnancy, up from 66% in 2022; 91% of births were delivered in a health facility in 2025–26 compared with 88% in 2022 and 92% were assisted by a skilled provider compared with 89% in 2022; and 84% of mothers and 86% of newborns received a postnatal check within the first 2 days after birth.

Childhood survival and health continued to improve, with the under-5 mortality rate falling to 37 deaths per 1,000 live births (from 41 in 2022 and 115 in 2003), while the infant and neonatal mortality rates stood at 30 and 19 deaths per 1,000 live births, respectively. Eight in ten children age 12–23 months were fully vaccinated with all basic antigens, unchanged from 2022. Nutrition indicators showed that 72% of children age 0–5 months were exclusively breastfed and 68% of children age 6–59 months received vitamin A supplementation in the preceding 6 months.

Access to essential services also expanded: 70% of households had electricity, up from 58% in the 2022 KDHS; 85% had access to an improved source of drinking water, up from 80% in 2022; 76% had access to an improved sanitation facility compared with 72% in 2022; and 40% of the household population had some form of health insurance, with most insured persons covered under the Social Health Authority.

The 2025–26 KMDHS was implemented by the Kenya National Bureau of Statistics (KNBS) in collaboration with the Ministry of Health and other stakeholders. The Gates Foundation was the principal financing partner for the survey, and its support was central to the successful implementation of this round of data collection. ICF provided technical assistance through The DHS Program. Other agencies and organisations that facilitated the successful implementation of the survey through technical and/or financial support include the Conrad N. Hilton Foundation, the Aga Khan University Institute for Human Development, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the World Health Organization. KNBS provided leadership in the overall survey planning, development of survey tools, training of personnel, data collection, and analysis. The Government of Kenya, through KNBS, also provided financial support for the survey.

KNBS appreciates the support provided by the various stakeholders, the steering committee, the technical committee, the secretariat, and all the survey personnel who worked tirelessly to collect the data and develop this report. We are equally grateful to the Gates Foundation, our principal financing partner, and to all our other partners for their continued commitment to strengthening Kenya's population data systems. Finally, we thank the respondents across the country for taking the time to provide the valuable information that has made this report possible.



Dr. Macdonald G. Obudho, EBS, MBS,
Director General, Kenya National Bureau of Statistics

01 Survey coverage and response rates

This chapter presents the national household survey coverage, response rates, and the profile of women interviewed across urban and rural Kenya. The results demonstrate a highly representative sample and strong participation across the country.

29,875

Households selected nationally

The sample was drawn from urban and rural areas across Kenya to ensure national representation.



26,380

Households interviewed

Completed household interviews forming the analytical sample for the survey.



96% Household response rate
The sample was drawn from urban and rural areas across Kenya to ensure national representation.

Household interviewed	Residence		
	Urban	Rural	Total
Households Selected	10,567	19,308	**29,875**
Households Occupied	9,669	17,943	**27,612**
Households interviewed	8,950	17,430	**26,380**
Response Rate (%)[1]	93	97	**96**

1. Households interviewed/households occupied

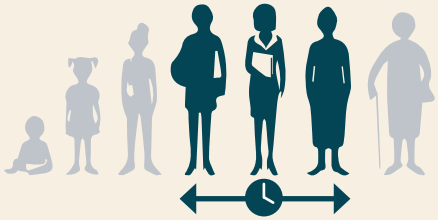


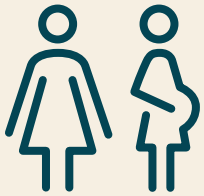
1.1 Survey Coverage

A total of 29,875 households were selected for the survey, of which 27,612 were found to be occupied. Overall, 26,380 households were successfully interviewed, resulting in a response rate of 96%. In the interviewed households, 22,507 women age 15–49 were identified as eligible for individual interviews. Of these, 21,231 were successfully interviewed, yielding a response rate of 94%. Overall, there was little variation in response rates by residence; however, rates were slightly higher in rural areas than in urban areas.



15-49 yrs
Age of women who were interviewed in the survey





21,231
were interviewed out of 22,507 eligible women



94% Response rate of eligible women interviewed

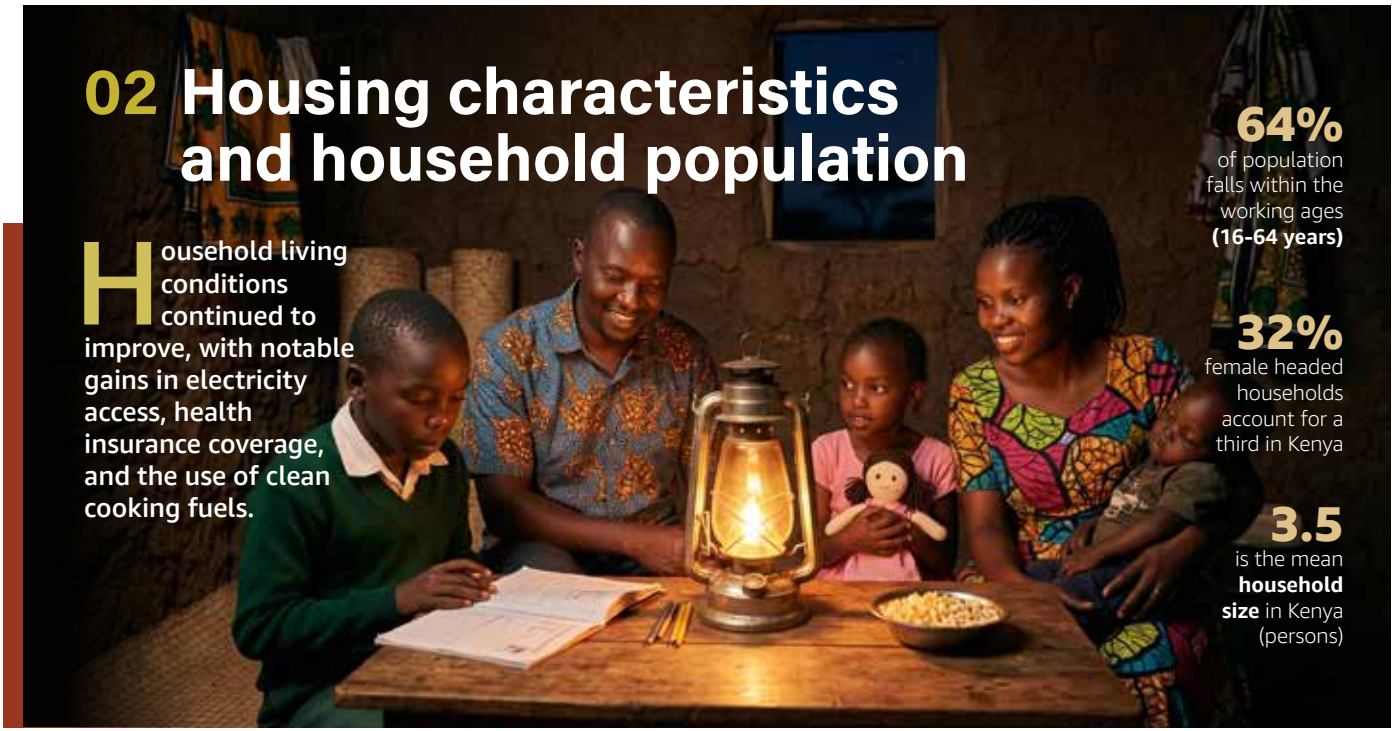
1.2 Survey Objectives

The 2025–26 Kenya Mini Demographic and Health Survey (2025–26 KMDHS) was designed to provide timely and accurate data on key demographic and health indicators to inform the design, implementation, monitoring, and evaluation of population, health, and development programs at both national and county levels.

Specifically, the Kenya Mini-DHS collected information on:

- Fertility levels, fertility preferences, and contraceptive use
- Maternal health, antenatal and delivery care and maternal mortality
- Child mortality and child heath, childhood diseases and vaccination
- Nutritional status of children under age 5
- Availability of, access to, and use of insecticide-treated nets (ITNs)
- Perceptions of harm against women, gender-based violence, and technology-facilitated violence
- Health insurance coverage and access
- Adult and maternal mortality

02 Housing characteristics and household population



Household living conditions continued to improve, with notable gains in electricity access, health insurance coverage, and the use of clean cooking fuels.

64% of population falls within the working ages **(16-64 years)**

32% female headed households account for a third in Kenya

3.5 is the mean **household size** in Kenya (persons)

27% rely on **clean fuels** and technology for cooking, space heating and lighting

70% of households nationally **have electricity**

77% of children under age 5 **are registered** with the civil registration authority.

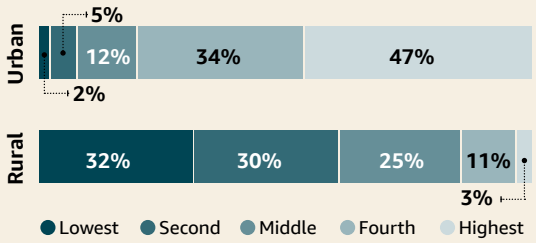
20% One in every five households have an **income-generating** activity.

Health insurance coverage: Nationally, 40% of the household population has some form of health insurance, with most insured households covered under the Social Health Authority.

Education: The percentage of the household population with no education has dropped by almost half since 2003, from 23% to 12% among women and from 16% to 9% among men.

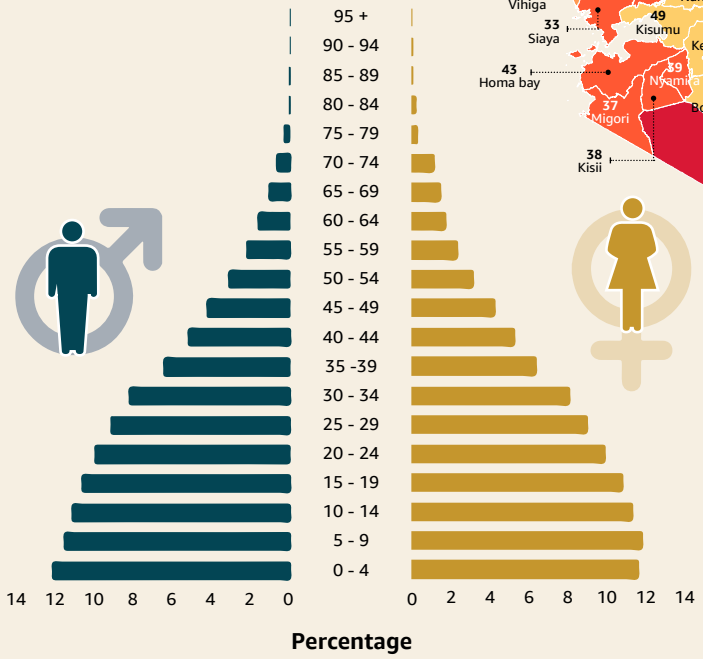
Death certificates and permits: Nationally, a death certificate was issued for 55% of reported deaths among household members, and either a death certificate or a burial permit was issued for 90% of the reported deaths.

Population distribution by wealth quintile



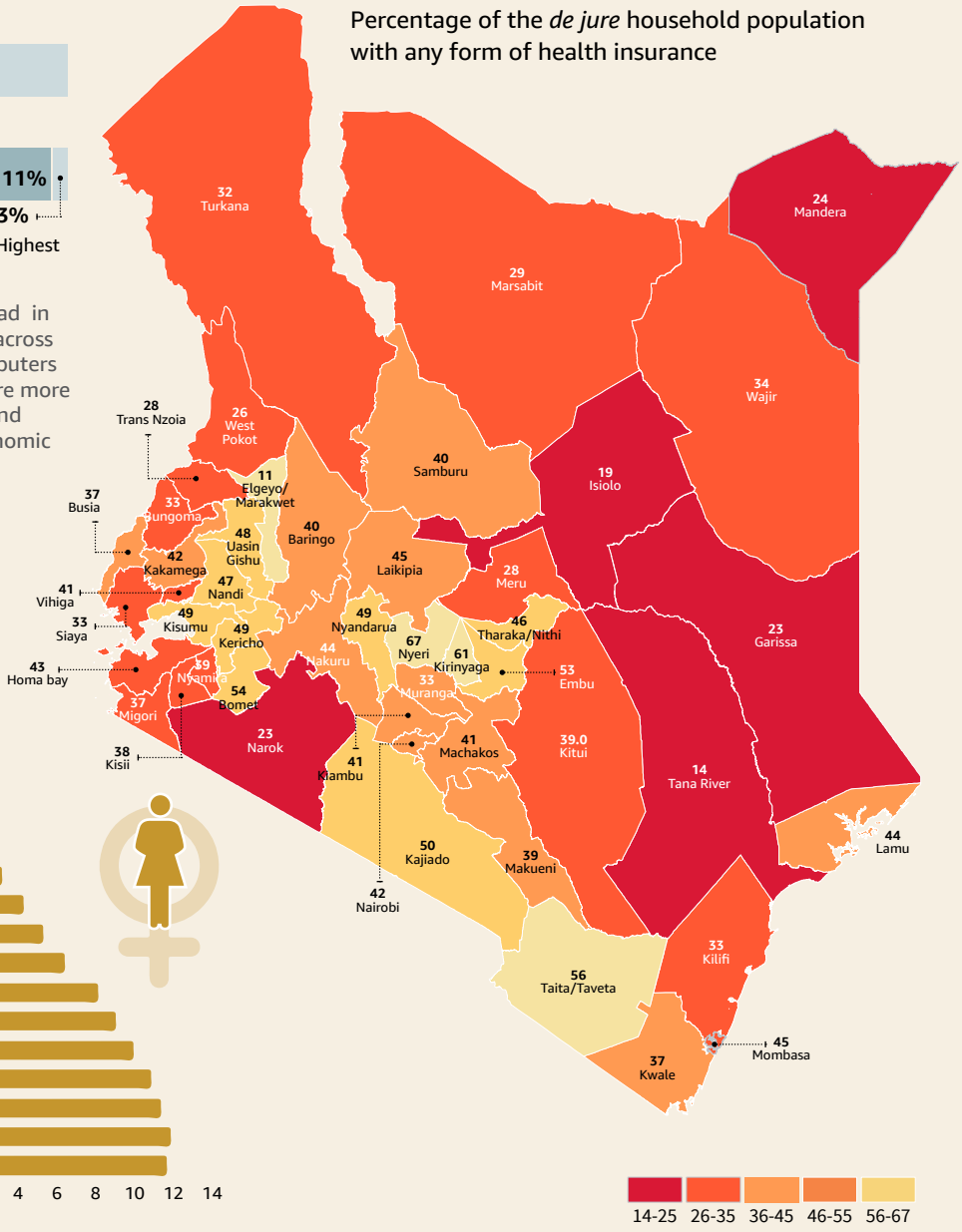
Household asset ownership remained widespread in 2025/26, with mobile phones nearly universal across Kenya. While ownership of televisions and computers was higher in urban areas, rural households were more likely to own agricultural land, farm animals, and motorcycles, highlighting the distinct socioeconomic and livelihood patterns across urban and rural communities.

Population Pyramid



Health insurance coverage by county

Percentage of the *de jure* household population with any form of health insurance

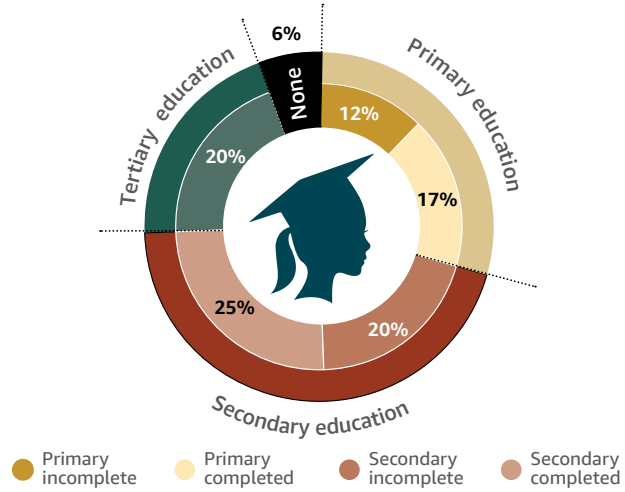




03 Characteristic of the respondents

This chapter profiles the demographic and socioeconomic characteristics of survey respondents, including age, education, marital status, health, insurance coverage, wealth, media exposure, internet use, residence, and migration. These characteristics provide important context for understanding health behaviours and access to reproductive and other health services.

Education levels attained



Exposure to mass media

27%
of women **have no exposure to mass media** (newspaper, radio and TV)

Internet use

61%
of women used **the internet** in last 12 months. 66% used it daily.

Migration

46%
of women were not born in their current place of residence

Economic reasons were the leading cause of migration, (37%). Family reunification and other family-related reasons (28%), marriage formation (22%).

Health insurance coverage

42%
of women age 15–49 are registered with the Social Health Authority (SHA).

Reasons for not registering with SHA



04 Marriage and sexual activity in women



Marriage and sexual activity help determine the extent to which women are exposed to the risk of pregnancy. However, the timing and circumstances of marriage and sexual activity also have profound consequences for the lives of both women and men.



18%
of women currently married aged 15-25 are in a union **registered with a civil authority.**



55%
of women aged 15-25 are currently **in a union.** Unchanged since 2022





Age of first sexual encounter



15%
of women aged **25-49 had their first sexual encounter** before the age of fifteen. 51% had it by age eighteen. 1% of women in the same age group have never had sexual intercourse

18yrs
median age at first sexual intercourse for women aged 25–49

Recent sexual activity



47%
of women aged 15-49 **had sexual intercourse** within 4 weeks before the survey.

Multiple sexual partners



22%
of women aged 15-24 **had sex** with a non-cohabiting partner in the last 12 months.

Of which....

36%
used a condom in their last sexual intercourse



05 Fertility

Fertility is influenced by several factors, including age at first birth, birth spacing, and fecundity. Delaying first births and spacing births further apart can contribute to lower fertility and improve maternal and child health, while short birth intervals and very early childbearing are associated with increased risks of adverse pregnancy, birth, and neonatal outcomes. This chapter examines fertility in Kenya and key proximate determinants, including total fertility rates, birth intervals, postpartum and other periods of pregnancy insusceptibility, age at first birth, teenage pregnancy, and induced abortion.



Total Fertility Rate



3.4
Children per woman in KDHS 2022



3.1
Children per woman in KMDHS 2025-26

The total fertility rate declined from **3.4 children per woman** in the 2022 Kenya Demographic and Health Survey (KDHS) to **3.1 children per woman** in the 2025–26 Kenya Mini Demographic and Health Survey (KMDHS).

Teenage Preganancy



11.9%
of women aged 15-19 have ever been pregnant compared to **14.8%** in the 2022 KDHS survey.

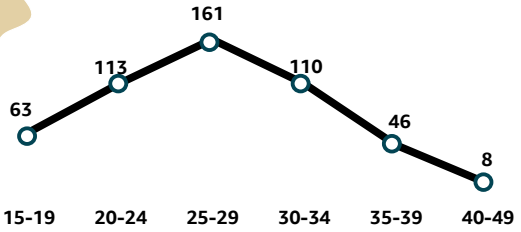


Birth Intervals



The median birth interval increased from **42.1 months** in the 2022 KDHS survey to **46.3 months** in the 2025–26 KMDHS survey.

Age Specific Fertility Rate





Fertility rises from **6.3 births** per 1,000 women aged 15-19 to peak at **161 births** per 1,000 women aged 25-29 and **declines** among older groups

06 Fertility preferences

This chapter examines whether and when married women want more children, their ideal family size, whether recent births were wanted, and the potential impact of preventing unwanted births on fertility levels.





Fertility Preferences at a glance



percent of women aged 15-49 **want another** child



percent of women aged 15-49 **do not want** another child



Desire to stop childbearing rises with family size

No children — **75%**

6 to 8 children — **1%**

3.7
Ideal family size: The mean ideal number of children among all women age 15–49 is 3.7.



Were recent births and pregnancies planned?

Wanted then — **66%**

Wanted Later — **27%**

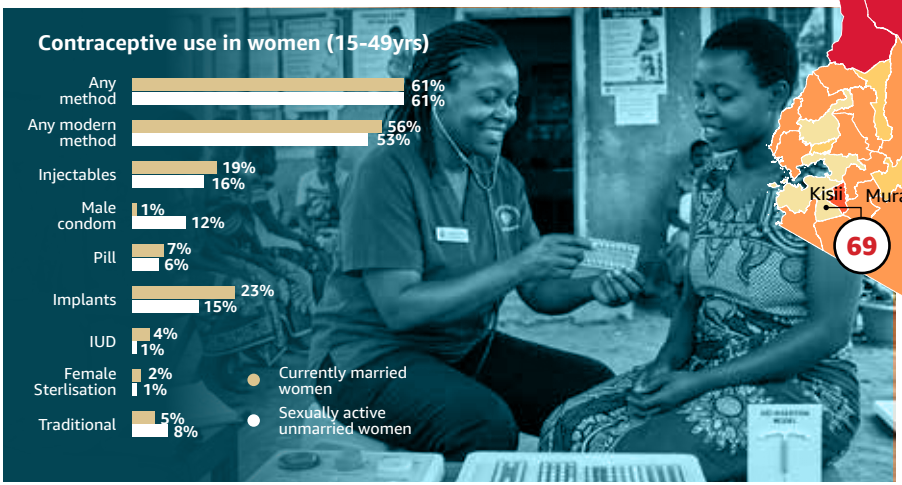
Never wanted — **8%**



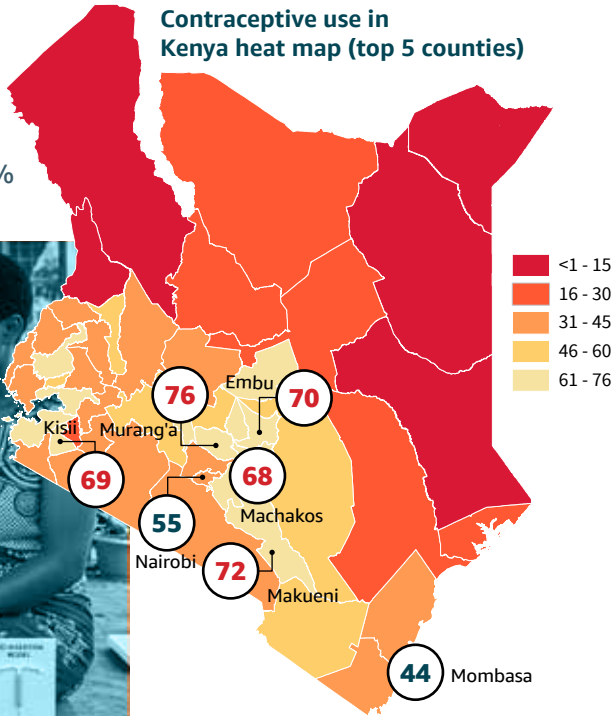
2.7
Wanted fertility: The wanted fertility rate is 2.7 children per woman, compared with a total fertility rate of 3.1 children per woman.

07 Family planning

This chapter explores family planning knowledge, use, discontinuation, unmet need and future intentions, tracking trends to guide effective policy. Kenya's FP2030 commitments aim to raise modern contraceptive use from 58% to 64% and reduce unmet need from 16% to 10% by 2030.



Contraceptive use in Kenya heat map (top 5 counties)



Contraceptive knowledge:



99% of married women have heard about one modern family planning method.

Contraceptive use:



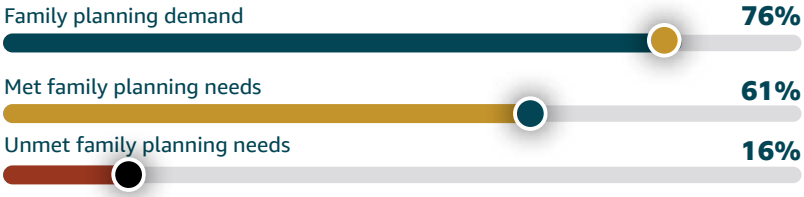
61% of married women use a contraceptive method, with **56% using modern** methods and **5% using traditional** methods.

Contraceptive discontinuation:



28% of contraceptive-use episodes ended within 12 months, mainly due to the desire to become pregnant **(25%)** and side effects or health concerns **(24%).**

Unmet needs for family planning



The future of family planning



44% of currently married women who are not using a contraceptive method **intend to use one in the future.**

08 Infant and child mortality

This chapter examines levels, trends, and differentials in perinatal, neonatal, infant, and under-5 mortality, including biodemographic and fertility factors associated with increased mortality risks. Data were collected through retrospective pregnancy histories, documenting each child's birth, survival status, and age or age at death.



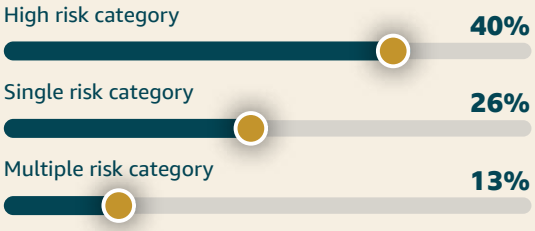


115
under 5 deaths per 1,000 live births in 2003

37
under 5 deaths per 1,000 live births in 2025

Trends: Between 2003 and 2025, the under-5 mortality rate declined from 115 to 37 deaths per 1,000 live births.

Avoidable high risk fertilty



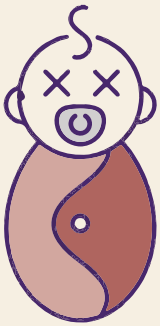
40% of births in the five years preceding the survey were in an avoidable **high-risk category**, including **26%** in a **single-risk** category and **13%** exposed to **multiple risks**.

Infant deaths

30 **deaths per 1,000 live births** in the 5 years before the survey, from **32 deaths** in KDHS in 2022.

Neonatal mortality

19 **deaths per 1,000 live births** in the 5 years before the survey, from **21 deaths** in KDHS in 2022.



Under 5 deaths

37 **deaths per 1,000 live births** in the 5 years before the survey, from **41 deaths** in KDHS in 2022.

Post-natal mortality

11 **deaths per 1,000 live births** in the 5 years before the survey, **Unchanged** from KDHS 2022

Background characteristic	Neonatal mortality	Post-natal mortality	Infant mortality	Child mortality	Under 5 mortality
Sex					
Male	24	12	38	9	45
Female	14	10	24	6	30
Residence					
Rural	17	11	28	9	37
Urban	21	11	31	7	38
Total	**19**	**11**	**30**	**8**	**37**

09 Maternal & newborn healthcare

Maternal and newborn health services during pregnancy, childbirth, and the postdelivery period are vital for preventing complications and improving survival and well-being. Quality antenatal, intrapartum, and caesarean care helps prevent, detect, and manage risks while promoting safe, respectful, and woman-centred childbirth.



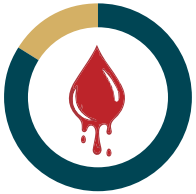


Antenatal care from a skilled provider: Nearly all (**98%**) of women age 15–49 received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth in the 2 years before the survey.



Timing and number of antenatal care visits: **72%** of the women had at least four ANC visits during their most recent pregnancy, including **9%** of women who had eight or more visits. Among women who received ANC, the median number of months they were pregnant at the first visit was **4.6 months**.

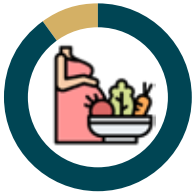
Components of Ante-natal Care Counselling:



84% were checked for vaginal bleeding from **76% in 2022**.



87% were counselled about breastfeeding from **81% in 2022**.



90% were counselled about a maternal diet from **84% in 2022**.



Delivery care services: 91% of live births and stillbirths in the 2 years before the survey were delivered in health facilities from 88% in KDHS 2022.



Skilled Birth Attendance: 92% of live births and stillbirths were assisted by skilled providers from **89%** in KDHS 2022.

Postnatal health checks within 48 hours: **84%** of mothers and **86%** of live newborns received their first postnatal health check compared to 78% in KDHS 2022







10 Child health

This chapter presents data on birth weight, vaccination status, childhood illnesses and care-seeking behaviours, as well as early childhood development indicators. It provides insights into children's health, learning, and psychosocial well-being and progress towards SDG Target 4.2*.

VACCINATION STATUS

Fully Vaccinated (Basic Antigens)

80%

of children age 12 - 23 months

Unchanged from KDHS 2022

Fully Vaccinated (National Schedule)

46%

of children age 12 - 23 months

▼ from **55%** KDHS 2022

EARLY CHILD DEVELOPMENT

ECD: Children aged 3-23 months

85%

on track

Not done in 2022 KDHS

ECD: Children aged 24-59 months

83%

on track

▲ from **78%** KDHS 2022

CARE-SEEKING FOR CHILDHOOD ILLNESSES (CHILDREN UNDER 5 YEARS OF AGE)

Acute Respiratory infection Care

73%

Sought advice or treatment

▼ from **82%** KDHS 2022

Fever

68%

Sought advice or treatment

▼ from **70%** KDHS 2022

Diarrhoea

58%

Sought advice or treatment

■ from **58 %** KDHS 2022

These indicators contribute to Sustainable Development Goal (SDG) Target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary eduction

11 Nutrition in children

2022 KDHS vs 2025-26 KMDHS

Exclusive Breastfeeding

72%

of children aged 0 - 5 months

▲ from **60%** KDHS 2022





Minimum Dietary Diversity

43%

of children aged 6 - 23 months

▲ from **37%** KDHS 2022

Nutrition underpins child health and development. This chapter examines infant and young child feeding (IYCF) practices and key nutrition interventions, including counselling, growth monitoring, micronutrient supplementation, and deworming.





Minimum Acceptable Diet

32%

of children 6 - 23 months

Improved Growth Monitoring

49%

Weighted in the last 3 months

▲ from **37%** KDHS 2022





Vitamin A Supplementation

68%

in children 6 - 59 months

▲ from **37%** KDHS 2022

12 Malaria

PREVENTION AND TREATMENT

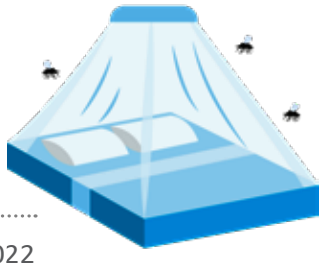
01 OWNERSHIP OF INSECTICIDE TREATED NETS

Fewer households have at least one ITN

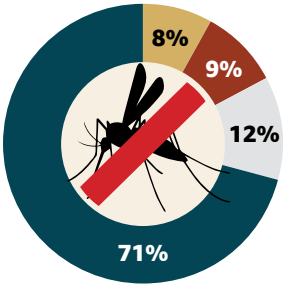
41%

of households have at least one ITN

from **54%** KDHS 2022



02 SOURCES OF INSECTICIDE TREATED NETS



- **71%** Mass distribution Campaings
- **12%** ANC visits
- **9%** Shops & Markets
- **8%** Other sources

03 SLEPT UNDER TREATED MOSQUITO NETS



Children under 5

42%

Slept under an ITN

from **51%** KDHS 2022



Pregnant women

39%

Slept under an ITN

from **45%** KDHS 2022

04 PREGNANCY PREVENTION



Pregnant women

14%

of pregnant women recieved **Intermittent preventive treatment IPTp** methods and **5% using traditional** methods.

05 TREATMENT



Children under 5

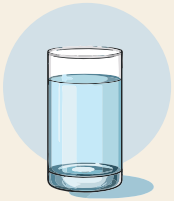
74%

of children under 5 took the **Artemisimin-Combination Therapy (ACT).**

13 Household water and sanitation

Access to safe water, sanitation and hygiene is essential for health and well-being. This chapter examines drinking water sources, sanitation, excreta disposal, handwashing, and menstrual hygiene.

01 KEY INDICATORS



Access to basic drinking water

73% of the population have access to at least basic drinking water service

▲ from **68%** KDHS 2022



Improved sanitation facilities

76% of the housholds have access to improved sanitation facilities

▲ from **72%** KDHS 2022



Improved sanitation facilities

45% of the population have access to at least basic sanitation service

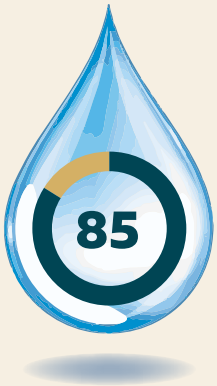
▲ from **41%** KDHS 2022



Open defecation

7.4% of the population defecate in the open

02 ACCESS TO IMPROVED WATER SERVICES



Nationally **85%** of the households have access to improved water sources

▲ from **80%** KDHS 2022



73% Rural areas

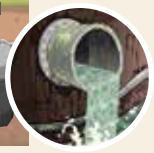


98% Urban areas

03 EXCRETA SAFELY MANAGED (SEWER/ON SITE)



71% of the houshold population safely managed excreta



Connection to sewer system

04 ACCESS TO BASIC HANDWASHING FACILITY



Nationally **53%** of the households have access to basic hand washing facility

49% Rural



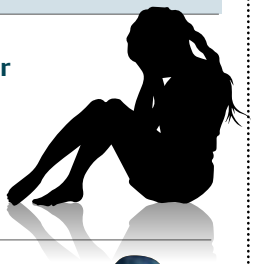
60% Urban



14 Technology facilitated gender-based violence

Technology-facilitated gender-based violence (TFGBV) refers to violence committed, assisted, aggravated, or amplified through information and communication technologies or digital media based on gender. It includes online harassment, stalking, exploitation, and other forms of abuse that can contribute to or worsen offline violence.

01 EVER EXPERIENCED TFGBV



From any perpetrator

26%

of women have experienced TFGBV



From intimate partner

27%

of women have experienced TFGBV

in the last 12 months

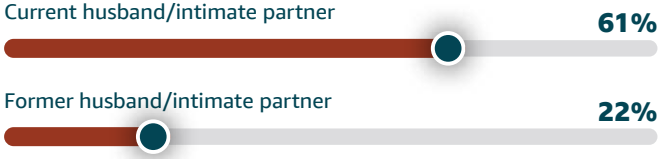
22%

of women have experienced TFGBV



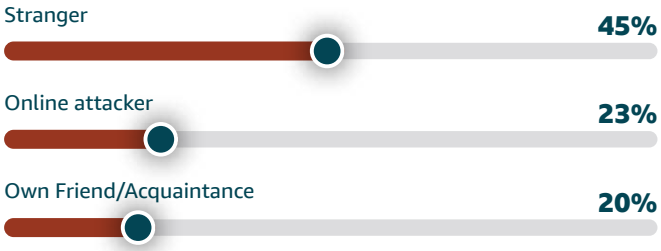
02 MOST COMMON PERPETRATORS OF TFGBV

Among women: Ever-married/ever had an intimate partner



03 MOST COMMON PERPETRATORS OF TFGBV

Among women: Never-married/never had an intimate partner





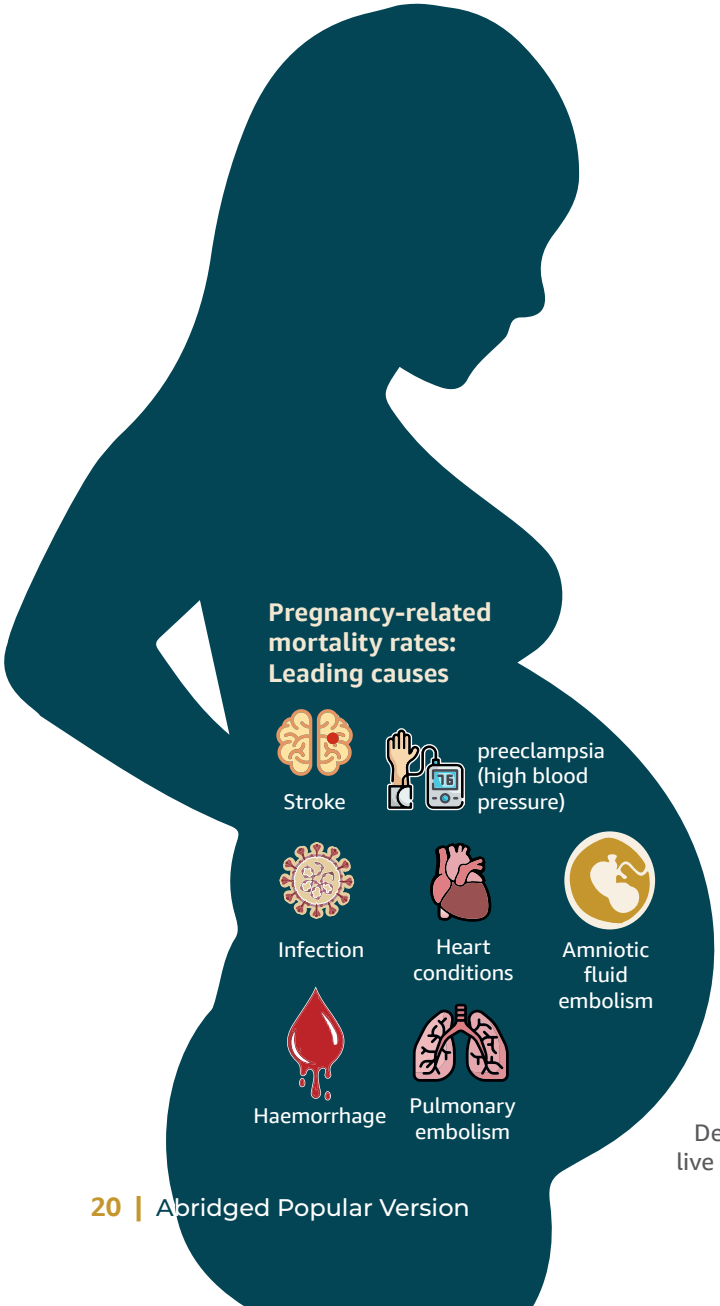
Information and communication technologies can include:

- Phones, tablets
- Personal computers
- Smart watches
- Home devices

Information and communication technologies can be used to:

- Threaten, intimidate, extort
- Stalk, monitor or control someone
- Share or create sexual and intimate images without consent
- Doxxe, Hack

15 Adult and maternal mortality



Maternal mortality is defined as death that occurs to a woman due to complications of pregnancy or childbirth and upto one year after giving birth.



Mortality in adult men

2.83

Deaths per 1,000 population (15-49 yrs)



Mortality in adult women

1.73

Deaths per 1,000 population (15-49 yrs)

Maternal mortality ratio (MMR)

263

Deaths per 100,000 live births (15-49 yrs)



Pregancy-related mortality ratio (PRMR)

287

Deaths per 100,000 live births (15-49 yrs)


FAMILY PLANNING CHOICES
PILLS
INJECTION
IUD
IMPLANT
STERILIZATION
STERILIZATION
MALE STERILIZATION
FEMALE STERILIZATION
CHOOSE YOUR FUTURE
PRENATAL CARE
IUD INSERTION MODEL



REPUBLIC OF KENYA

KNBS
KENYA NATIONAL
BUREAU OF STATISTICS
Keeping you informed

Kenya National Bureau of Statistics
Real Towers, Upper Hill
P.O. Box 30266 - 00100 Nairobi, Kenya

Tel: +254-20-3317583,+254-20-2911000/1,
+254-20-3317612/22/23/51
Email: info@knbs.or.ke / directorgeneral@knbs.or.ke
Facebook: @Kenya National Bureau of Statistics
X: @KNBStats