Kenya

2022 Demographic and Health Survey

Summary Report





The 2022 Kenya Demographic and Health Survey (2022 KDHS) 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 United States Agency for International Development (USAID), the Bill & Melinda Gates Foundation, the World Bank, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), Nutrition International, the World Food Programme (WFP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Health Organization (WHO), the Clinton Health Access Initiative, and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The UN Resident Coordinator office assured the coordination of UN agencies supporting the 2022 KDHS. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in implementing population and health surveys in countries worldwide.

Additional information about the 2022 KDHS may be obtained from Kenya National Bureau of Statistics (KNBS), P.O. Box 30266-00100, GPO Nairobi, Kenya; telephone: +254-20-3317583, +254-20-2911000/1, +254-20-3317612/22/23/51; email: directorgeneral@knbs.or.ke, info@knbs.or.ke; website: www.knbs.or.ke.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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About the 2022 KDHS

The 2022 Kenya Demographic and Health Survey (KDHS) is designed to provide data for monitoring the population and health situation in Kenya. The 2022 KDHS is the 7th Demographic and Health Survey conducted in Kenya since 1989. The survey was aimed at providing up-to-date information on socio-demographic and health indicators for planning, policy formulation, and monitoring and evaluation of projects and programmes. This report presents new indicators not collected in previous KDHS surveys such as early childhood development, health expenditures, and information on chronic diseases. The 2022 KDHS also provides indicators relevant to monitoring achievements of the Sustainable Development Goals (SDGs) for Kenya, as well as indicators relevant for monitoring national and sub-national development agendas such as the Kenya Vision 2030, Medium Term Plans (MTPs), and County Integrated Development Plans (CIDPs).

Who participated in the survey?

A nationally representative sample of 32,156 women age 15–49 in 37,911 households and 14,453 men age 15–54 in half of the selected households were interviewed. This represents a response rate of 95% of women and 87% of men. The sample design for the 2022 KDHS provides estimates at the national level, for urban and rural areas, and for some indicators for each of Kenya's 47 counties.



Characteristics of Households and Respondents

Household Composition

Households in Kenya have an average of 3.7 members. Women head 34% of Kenyan households. Forty percent of the household population in Kenya is under age 15.

Cooking, Space Heating, and Lighting

Fifty-eight percent of Kenyan households have electricity, including 90% in urban households and 36% in rural households.

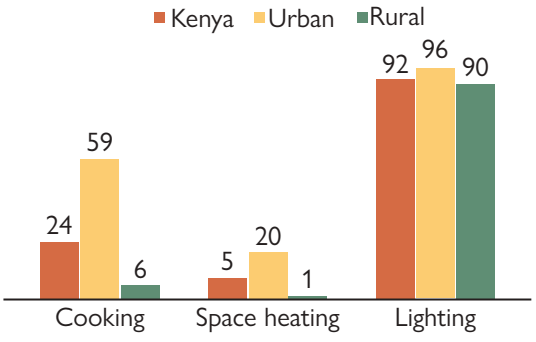
Twenty-four percent of the household population in Kenya has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, LPG/natural gas/biogas, solar, and alcohol/ethanol. Use of clean fuels and technology for cooking is substantially higher in urban areas than in rural areas (59% versus 6%).

The majority of households in Kenya do not heat their homes. For those who do, only 5% use clean fuels and technologies for heating.

Nine in ten Kenyans use clean fuels and technologies for lighting, including electricity, LPG/natural gas/ biogas, solar, and alcohol/ethanol.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for cooking, space heating, and lighting



Household Durable Goods

The most commonly found item in Kenyan households is a mobile phone (94%). Sixty-six percent of households own a radio, including 71% in urban areas and 62% in rural areas. Half of households own a television, including 68% in urban areas and 38% in rural areas. Nationally, only 11% of households own a computer, including 21% of urban households and 4% of rural households. Seventy-one percent of rural households own agricultural land, compared to 33% of urban households. In addition, 78% of rural households own farm animals, compared to 41% of urban households.

Mass Media Exposure and Internet Use

Radio is the most common form of media exposure for both women (62%) and men (71%). Eight percent of women and 16% of men read a newspaper and 55% of women and 60% of men watch television on a weekly basis. Overall, more men (12%) than women (5%) regularly use all 3 media.

Forty-four percent of women and 56% of men used the Internet in the past 12 months. Among those, about two-thirds of both women and men used it on a daily basis.

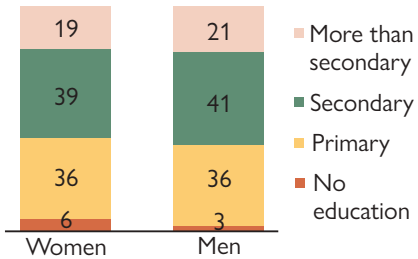
Education and Literacy

Ninety-one percent of women and 94% of men are literate in Kenya.

Nineteen percent of women and 21% of men have more than secondary education, while 6% of women and 3% of men have no education.

Education

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



Figures >100% due to rounding

Household Water and Sanitation

Drinking Water

Nationally, 68% of the population has access to at least basic drinking water service; 91% of the population has access in urban areas and 56% does in rural areas. The county with the lowest percent of the population with at least basic service for drinking water is Kitui (21%), and the highest is Nairobi City (99%).

Sixty-five percent of the population has sufficient quantities of drinking water when needed. Over half (54%) do not have drinking water on the premises and must travel to collect it. Sixty-nine percent of those who collect the drinking water are women age 15 or older.

Sanitation

Forty-one percent of the population has at least basic sanitation service. This number is slightly higher in urban areas (47%) than in rural areas (38%).

Two thirds (66%) of the population is connected to a sewer system or safely disposes of excreta on-site or removes it for treatment off-site.

Handwashing

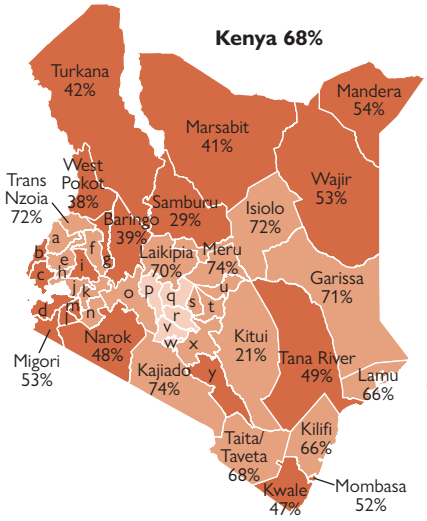
In Kenya, 51% of the population has a basic handwashing facility with soap and water on the premises.

Menstrual Hygiene

Almost all women (98%) age 15–49 who were at home during their last menstrual period were able to wash and change in privacy. Further, 97% used appropriate materials during their last menstruation. The most commonly used material to collect or absorb blood from the most recent menstrual period is disposable sanitary pads (91%) followed by reusable sanitary pads (5%).

Basic Drinking Water Service by County

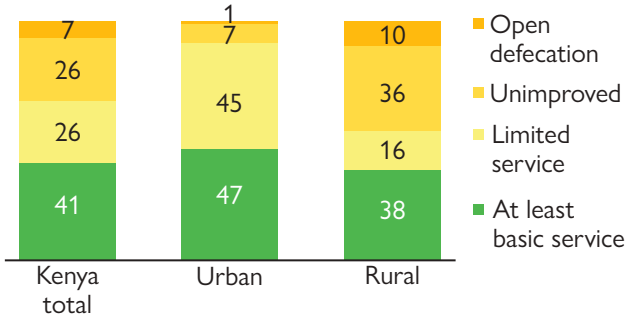
Percent of population with at least basic service for drinking water



a	Bungoma	70%
b	Busia	57%
c	Siaya	49%
d	Homa Bay	57%
e	Kakamega	74%
f	Uasin Gishu	79%
g	Elgeyo/Marakwet	64%
h	Vihiga	75%
i	Nandi	46%
j	Kisumu	72%
k	Kericho	63%
l	Kisii	44%
m	Nyamira	56%
n	Bomet	74%
o	Nakuru	73%
p	Nyandarua	90%
q	Nyeri	91%
r	Murang'a	81%
s	Kirinyaga	76%
t	Embu	73%
u	Tharaka-Nithi	61%
v	Kiambu	94%
w	Nairobi City	99%
x	Machakos	68%
y	Makueni	46%

Sanitation Service Ladder by Residence

Percent distribution of population by type of sanitation service





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Fertility and Its Determinants

Total Fertility Rate

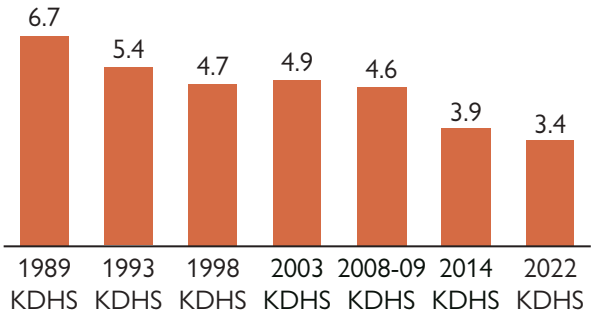
Currently, women in Kenya have an average of 3.4 children. Fertility in Kenya has declined from 6.7 children per woman in 1989 to 3.4 children per woman in 2022.



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Trends in Fertility

Births per woman for the 3-year period before the survey



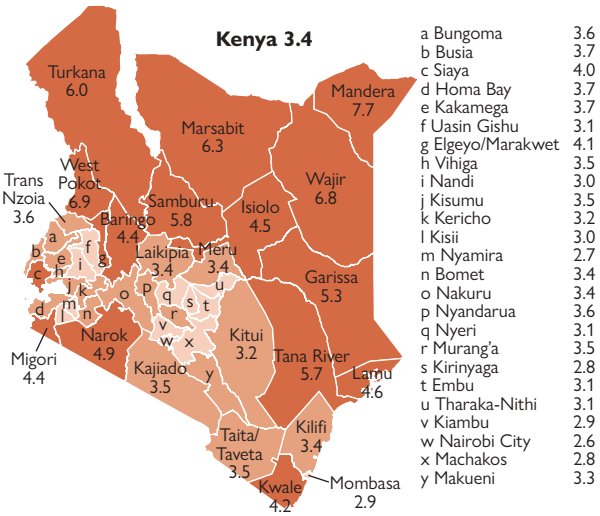
Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

On average, women in rural areas have more children than women in urban areas (3.9 versus 2.8 children). By county, fertility ranges from 2.6 children per woman in Nairobi City to 7.7 children per woman in Mandera.

Fertility in Kenya declines with increasing education, from 5.3 children among women with no education to 2.8 children among those with more than secondary education. Fertility also declines with household wealth.* Women in the poorest households have 5.3 children on average, compared to 2.7 among women in the richest households.

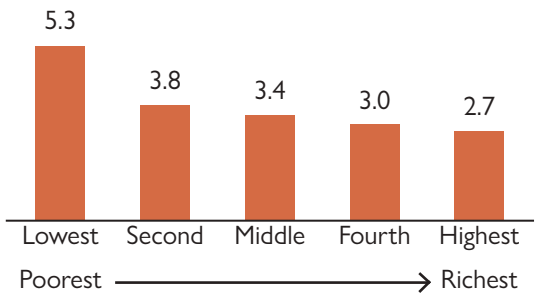
Total Fertility Rate by County

Births per woman for the 3-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the 3-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 Sexual Intercourse, Marriage, and Birth

Overall, 55% of women and 46% of men age 15-49 are currently in union, or married/living together with a partner.

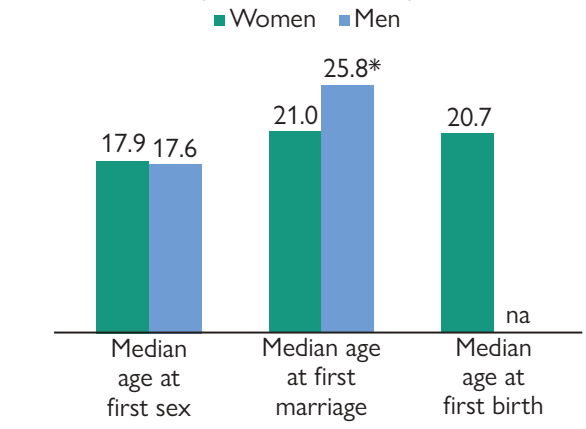
Twenty percent of men age 25-49 had their first sexual intercourse before age 15 compared with 15% among women in the same age group. By age 20, 72% of both women and men age 25-49 had their first sexual intercourse.

The median age at first marriage is 21.0 years among women age 25-49 and 25.8 years for men age 30-49. Rural women marry at a younger age than urban women (20.1 years compared to 22.4 years). Median age at first marriage increases with wealth, from 18.8 years among women age 25-49 in the lowest quintile to 23.4 in the highest quintile, and for men age 30-54, from 24.7 years in the lowest wealth quintile to 27.0 years in the highest wealth quintile.

In Kenya, approximately half of women age 25-49 give birth for the first time before age 21, with the median age at 20.7. On average, urban women give birth for the first time two years later than rural women (22.0 years versus 19.9 years).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



* men age 30-54

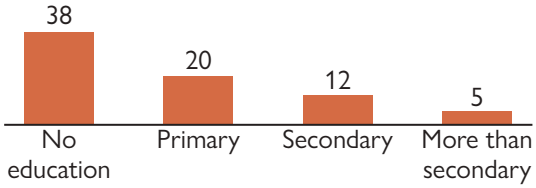
Teenage Pregnancy

In Kenya, 15% of adolescent women age 15-19 have ever been pregnant: 12% have given birth, 1% have had a pregnancy loss, and 3% are pregnant with their first child. By county, teen pregnancy ranges from 50% in Samburu to 5% in Nyeri and Nyandarua.

Teenage pregnancy in Kenya declines as the level of education increases, from 38% for women with no education to 5% for women with more than secondary education. It also declines as household wealth increases, from 21% in the lowest wealth quintile to 7% in the highest wealth quintile.

Teenage Pregnancy by Education

Percent of women age 15-19 who have ever been pregnant



Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15-49 ending in the 3 years before the survey, 88% resulted in live births, 10% were miscarriages, 2% stillbirths, and less than 1% were induced abortions.

Polygyny

Nine percent of married women report having 1 or more co-wives while 5% of married men report having 2 or more wives.

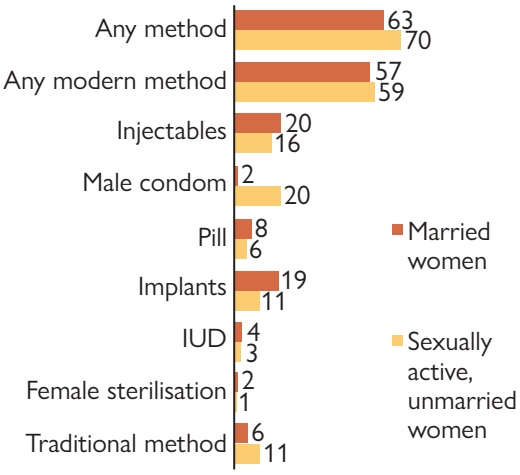
Family Planning

Current Use of Family Planning

In Kenya, 70% of sexually active unmarried women use any method of family planning; 59% use a modern method. The most popular type of family planning method for sexually active unmarried women is the male condom. The use of implants is higher in rural areas (16%) than in urban areas (7%).

Family Planning Use

Percent of women age 15-49 currently using family planning



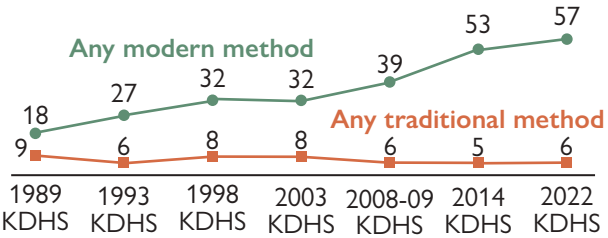
Sixty-three percent of married women age 15-49 use any method of family planning, with 57% using a modern method and 6% using a traditional method. The most commonly used methods among married women are injectables (20%), implants (19%), and pills (8%).

The use of modern methods of family planning increases with level of education, from 21% among married women with no education, topping at 60% of those with primary education and 61% of those with secondary education, and 58% among married women with more than secondary education.

The use of modern family planning methods by married women is highest in Embu County (75%), followed by Nyeri and Kirinyaga counties (71% each). The counties with the lowest modern family planning use are Mandera (2%), Wajir (3%), Marsabit (6%), and Garissa (11%).

Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

Trends in Family Planning Use

The use of modern methods of family planning among married women has increased over time, from 18% in 1989 to 57% in 2022. The use of traditional methods has remained relatively stable over the last three decades at about 6%.

Informed Choice

Among current users of family planning methods, 68% were informed of other methods they could use, 62% were informed about what to do if they experienced side effects, and 60% were informed about side effects or problems of the methods used. Seventy-one percent of current users were informed that they could switch to another method if they wanted or needed to.

Demand for Family Planning

The total demand for family planning includes both met need and unmet need. Seventy-six percent of married women age 15-49 in Kenya have a demand for family planning; 38% want to space (delay) births, and another 38% want to limit (stop) births.

Met need is the percent of married women who are currently using family planning. In Kenya, 63% of married women use any method—57% use modern methods and 6% use traditional methods.

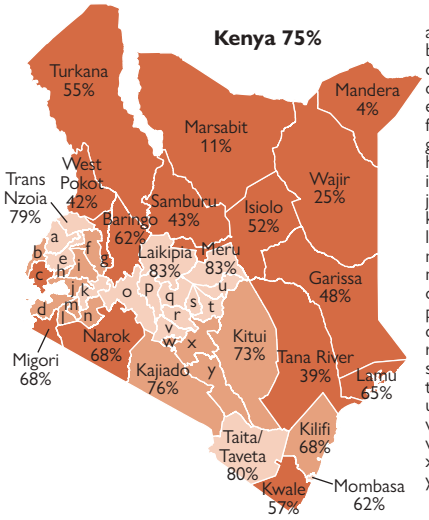
Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Kenya, 14% of married women have unmet need for family planning, including 6% who do not want any more children and 8% who want to delay childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Among married women in Kenya, 75% of demand for family planning is satisfied by modern methods. As level of education and household wealth increases, so does demand satisfied by modern methods. By county, demand satisfied by modern methods ranges from 4% in Mandera County to 89% in Embu County.

Demand for Family Planning Satisfied by Modern Methods by County

Percent of married women age 15-49 whose demand for family planning is satisfied by modern methods

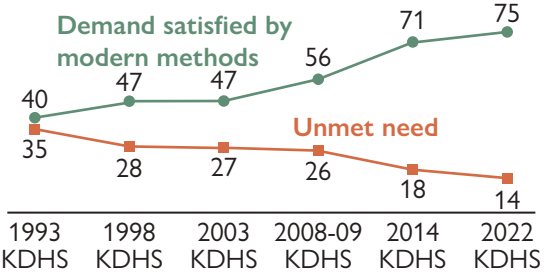


a Bungoma	79%
b Busia	73%
c Siaya	60%
d Homa Bay	77%
e Kakamega	79%
f Uasin Gishu	75%
g Elgeyo/Marakwet	68%
h Vihiga	74%
i Nandi	72%
j Kisumu	74%
k Kericho	78%
l Kisii	76%
m Nyamira	76%
n Bomet	71%
o Nakuru	80%
p Nyandarua	86%
q Nyeri	86%
r Murang'a	88%
s Kirinyaga	85%
t Embu	89%
u Tharaka-Nithi	81%
v Kiambu	80%
w Nairobi City	77%
x Machakos	79%
y Makueni	76%

Demand for family planning satisfied by modern methods has steadily increased from 40% in 1993 to 75% in 2022. In the same period, unmet need for family planning has declined from 35% to 14%.

Trends in Unmet Need and Demand Satisfied for Family Planning

Percent of married women age 15-49



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

Decision Making about Family Planning

About 9 in 10 married women participate in making decisions about family planning. Fifty percent decide jointly with their husbands, while 42% say they decide alone. In contrast, 7% of women say decisions about family planning are made by their husband and 1% say someone else decides.

Women's decision making about family planning is highest in Nairobi City and Nyamira counties (98% each) and lowest in Mandera County (61%).

Exposure to Family Planning Messages

Women and men were asked about their exposure to family planning messages in the media and other sources in the 12 months before the survey. Overall, 92% of women and 90% of men saw or heard a family planning message in the last 12 months. Friends or peers was the most common source of family planning messages among women (81%), while radio was the most common source of family planning messages among men (69%). Still, 8% of women and 10% of men were not exposed to family planning messages.

Maternal and Newborn Health Care

Antenatal Care

In Kenya, nearly all women (98%) age 15-49 with a live birth or stillbirth in the two years before the survey received antenatal care (ANC) from a skilled provider. Skilled providers include doctors, nurses, midwives, and clinical officers.

Two-thirds of the women had at least four ANC visits during their most recent pregnancy, including 4% of women who had eight or more visits. Only 29% of women had their first ANC visit during the first trimester.

Ninety percent of women took some form of iron supplementation, and 28% took deworming medication during their pregnancy. In addition, 75% of women received sufficient tetanus toxoid injections to protect their babies against neonatal tetanus.



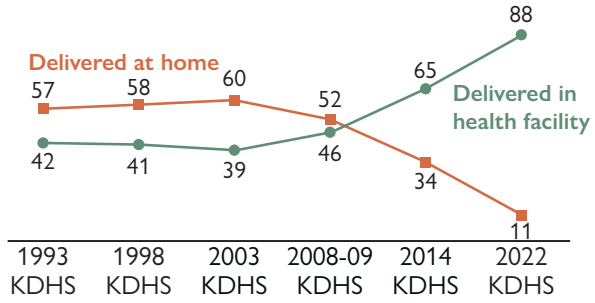
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Delivery Care

In Kenya, 88% of live births are delivered in a health facility; the majority (64%) are delivered in a public sector facility. Health facility births declined slightly between 1993 and 2003, but more than doubled between 2003 and 2022. Still, 11% of births are delivered at home. By county, home births are most common in Mandera (50%), Tana River (48%), Turkana (47%), Wajir (46%), and Samburu (45%) counties.

Trends in Place of Birth

Percent of live births in the 2 years before the survey



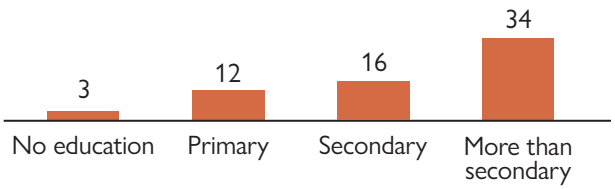
Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

Cesarean Sections

In Kenya, 17% of live births are delivered by Cesarean section (C-section). Twenty-eight percent of births delivered in private non-NGO health facilities are by C-section. C-section deliveries are most common among women with more than secondary education (34%), women in the wealthiest households (33%), and women in urban areas (24%).

Cesarean Section by Mother's Education

Percent of live births delivered by cesarean section in the 2 years before the survey



Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 78% of women age 15-49 with a live birth in the 2 years before the survey received a postnatal checkup within 2 days of delivery, but 20% received no postnatal checkup within 41 days of delivery.

Thirty-five percent of women who had a postnatal checkup had their blood pressure checked, 33% discussed vaginal bleeding with their provider, and 29% discussed family planning. For 25% of mothers, all three checks were performed within two days of delivery.

Postnatal Care for Newborns

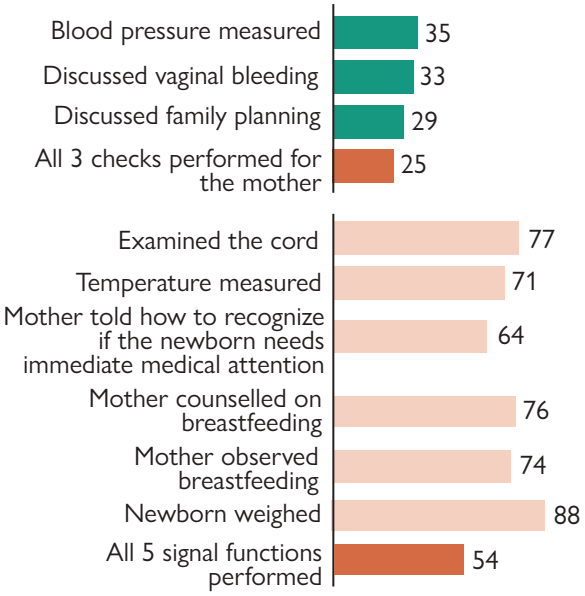
Among newborns, 83% of most recent live births received a postnatal checkup within 2 days of birth. However, 16% received no postnatal checkup in the 2 days after birth. Eighty-eight percent of newborns were weighed by a health care provider, for 76% their mothers received counselling on breastfeeding and for 74% their mothers were observed breastfeeding. About 3 in 4 newborns had their temperature checked and their cord examined. Informing the mothers about danger signs and how to recognize if the infant needs immediate attention is the least common of the five selected signal functions (64%). All five signal functions were performed during the first 2 days after birth for 54% of newborns.

Men's Involvement in Maternal Health Care

The 2022 KDHS asked men with a child age 0-2 whether they had been involved in the maternal health care of the child's mother. Ninety-five percent of men reported that the child's mother had any antenatal checkups during her pregnancy; 55% were present during any of the antenatal checkups. Ninety-one percent reported that the child was born in a health facility; 67% went with the child's mother to the health facility for delivery.

Components of Postnatal Care

Percent of women age 15-49 with a live birth in the 2 years before the survey and percent of newborns for whom selected checks were performed during the first 2 days after birth



Infant and Child Mortality

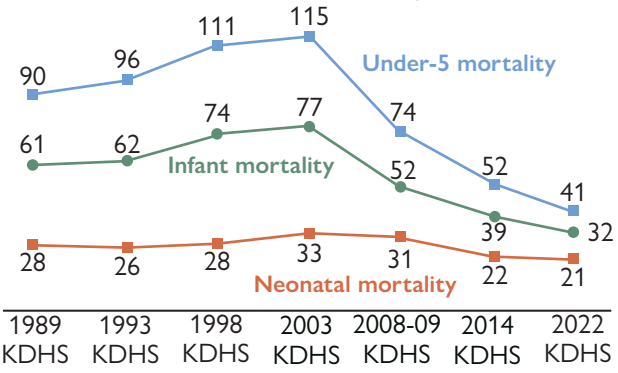
Rates and Trends

During the 5 years before the survey, the neonatal mortality rate was 21 deaths per 1,000 live births, the infant mortality rate was 32 deaths per 1,000 live births, and the under-5 mortality rate was 41 deaths per 1,000 live births.

Childhood mortality rates have declined over time. After peaking in 2003, under-5 mortality declined from 115 deaths per 1,000 live births to the current rate of 41 deaths per 1,000 live births.

Trends in Childhood Mortality

Deaths per 1,000 live births for the 5-year period before the survey



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

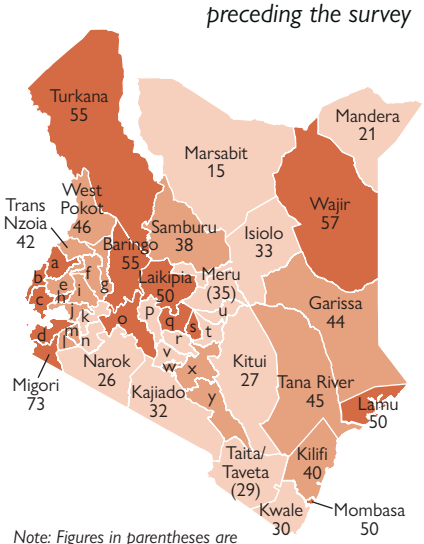
Mortality Rates by Background Characteristics

The under-5 mortality rate does not differ by place of residence (41 deaths per 1,000 live births in both rural and urban areas) for the 5-year period before the survey. Childhood mortality generally declines with increasing mother's education for the 10-year period before the survey.

By county, under-5 mortality ranges from 15 deaths per 1,000 live births in Marsabit to 73 deaths per 1,000 live births in Migori for the 10-year period before the survey.

Under-5 Mortality by County

Deaths per 1,000 live births for the 10 years preceding the survey



a	Bungoma	55
b	Busia	53
c	Siaya	63
d	Homa Bay	61
e	Kakamega	45
f	Uasin Gishu	37
g	Elgeyo/Marakwet	33
h	Vihiga	51
i	Nandi	39
j	Kisumu	45
k	Kericho	31
l	Kisii	40
m	Nyamira	42
n	Bomet	28
o	Nakuru	51
p	Nyandarua	45
q	Nyeri	(52)
r	Murang'a	(47)
s	Kirinyaga	(56)
t	Embu	(44)
u	Tharaka-Nithi	(25)
v	Kiambu	40
w	Nairobi City	44
x	Machakos	41
y	Makueni	38

Note: Figures in parentheses are based on 250–499 unweighted exposed persons.

Birth Intervals

Spacing between children at least 36 months apart reduces the risk of infant death. In Kenya, the median birth interval is 42.1 months.

Infants born less than 2 years after a previous birth have high under-five mortality rates. In Kenya, 17% of non-first births happen within 2 years after the previous birth. Under-5 mortality is highest among children with birth intervals of 23 months or shorter, at 67 deaths per 1,000 births for the 10-year period before the survey.

Child Health

Vaccination Coverage: Basic Antigens

In Kenya, 80% of children age 12-23 months are fully vaccinated against all basic antigens—1 dose each of BCG and measles-rubella and 3 doses each of DPT-containing vaccine and polio vaccine. Basic antigen coverage declined from 79% in 1993 to 52% in 2003 and then increased to 80% in 2022. Overall, 2% of children age 12-23 months have received no vaccinations.

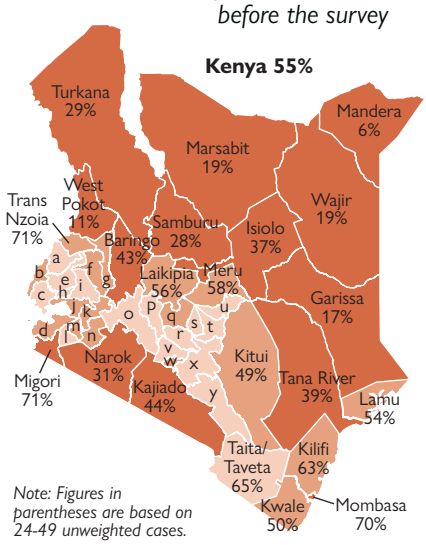
Vaccination Coverage: National Schedule

Fifty-five percent of children are fully vaccinated according to the national schedule: 1 dose of BCG, 4 doses of OPV and one of IPV, 3 doses of DPT-HepB-Hib, 3 doses of PCV, 2 doses of RV, and 1 dose of MR.

Vaccination coverage according to the national schedule increases as mother's education increases, from 23% of children whose mothers have no education to 62% of children whose mothers have more than secondary education. More than 8 in 10 children in Kisii and Tharaka-Nithi counties are fully vaccinated according to the national schedule. Only 6% of children in Mandera County are fully vaccinated according to the national schedule.

Vaccination Coverage (National Schedule) by County

Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



a Bungoma	66%
b Busia	56%
c Siaya	70%
d Homa Bay	53%
e Kakamega	73%
f Uasin Gishu	49%
g Elgeyo/Marakwet	43%
h Vihiga	70%
i Nandi	65%
j Kisumu	63%
k Kericho	48%
l Kisii	82%
m Nyamira	(56%)
n Bomet	64%
o Nakuru	69%
p Nyandarua	71%
q Nyeri	(57%)
r Murang'a	(66%)
s Kirinyaga	71%
t Embu	(76%)
u Tharaka-Nithi	82%
v Kiambu	66%
w Nairobi City	46%
x Machakos	(71%)
y Makueni	66%

Note: Figures in parentheses are based on 24-49 unweighted cases.



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Childhood Illnesses

Two percent of children under age 5 had symptoms of acute respiratory infection (ARI) in the 2 weeks before the survey, and among them, advice or treatment was sought for 82%.

In Kenya, fever is a key symptom of malaria and other acute infections in children under age 5. In the 2 weeks before the survey, mothers reported that 17% of children under age 5 had fever. Advice or treatment was sought for 70% of children with fever.

Fourteen percent of children under age 5 had a diarrhoeal episode in the 2 weeks before the survey. Advice or treatment was sought for 58% of the children under age 5 with diarrhoea. Oral rehydration therapy (ORT) and supplemental zinc, combined with continued feeding, are the recommended interventions for treating diarrhoea. Twenty percent of children with diarrhoea were given oral rehydration salts, zinc, and continued feeding.

Children's Status

Birth Registration

In Kenya, 3 in 4 children under age 5 are registered with the civil registration authority. Thirty-four percent of children are registered and have a birth certificate.

Access to Education

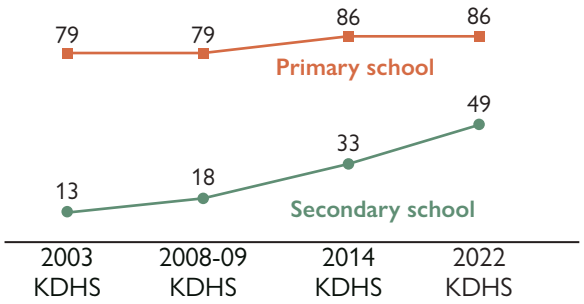
Participation in organized learning is an indicator that measures the exposure of children to organized learning activities 1 year before they start primary school. In Kenya, 88% percent of children who were age 5 at the beginning of the school year participated in organized learning; 66% attended an early childhood education program, and 22% attended primary school.

Eighty-six percent of children within the official primary school age range (6-13) are attending primary school. About half of the children within the official secondary-school age range (14-17) are attending secondary school.

Over time, primary school attendance rates have remained high, ranging from 79% in 2003 and 2008 to 86% in 2014 and 2022. Secondary school attendance rates have increased dramatically in that time, from 13% in 2003 to 49% in 2022.

Trends in Net School Attendance Rates

Percent of school age children attending primary and secondary school



The Gender Parity Index (GPI) is the ratio of female to male students. A GPI of 1 indicates parity or equality between female and male school participation. In Kenya, the GPI is 1.02 for primary school and 1.16 for secondary school. This indicates that there is parity in overall school attendance by primary school-age girls and boys, while for secondary, more girls than boys are attending.

According to the Early Childhood Development Index developed by UNICEF, 78% of children age 24-59 months are developmentally on track for health, learning, and psychosocial well-being.

Nutrition of Children and Adults

Children's Nutritional Status

The 2022 KDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard.

Overall, 18% of children under age 5 are stunted, or too short for their age. Stunting is an indication of chronic undernutrition.

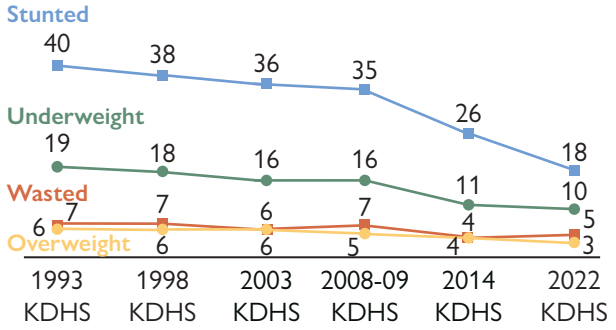
Five percent of children under age 5 are wasted, or too thin for their height. Wasting is an indication of acute malnutrition.

Ten percent of children under age 5 are underweight (too thin for their age), while 3% are overweight.

Children's nutritional status has improved over the last three decades. Stunting has steadily declined since 1993, from 40% to 18% in 2022.

Trends in child growth measures

Percent of children under age 5 who are malnourished



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.



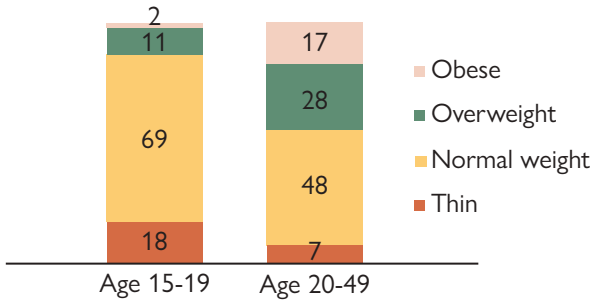
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Women's Nutritional Status

Weight and height measurements of 94% of eligible women age 15–49 were collected. Among adolescent women age 15-19, 18% are thin according to body mass index for age (BMI-for-age), while 13% are obese or overweight. Among women age 20–49, 7% are thin according to BMI, while 45% are obese or overweight.

Nutritional Status of Adolescent and Adult Women

Percent distribution of women age 15-19 and 20-49 by nutritional status



Five percent of women age 20-49 in urban areas are thin compared with 9% in rural areas. Fifty-three percent of women in urban areas are overweight or obese compared with 39% in rural areas.

By county, Turkana has the highest percentage of women who are thin (44%), and Kirinyaga has the highest percentage of women who are overweight or obese (65%).

Men's Nutritional Status

Weight and height measurements were collected for 86% of eligible men. Among adolescent men age 15-19, 43% are thin according to BMI-for-age and 2% are overweight or obese. Among men age 20-49, 14% are thin according to BMI and 19% are overweight or obese.

Twelve percent of men age 20-49 in urban areas are thin compared with 16% in rural areas. Twenty-five percent of men in urban areas are overweight or obese compared with 14% in rural areas.

Turkana County has the highest percentage of men who are thin (54%), while Kajiado County has the highest percentage of men who are overweight or obese (31%).

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

In Kenya, nearly all (98%) children born in the 2 years before the survey were ever breastfed. Sixty percent of children are put to breast within 1 hour of birth, while 83% of children are exclusively breastfed for the first 2 days after birth.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. In Kenya, 60% of children age 0-5 months are exclusively breastfed. Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Kenya, 87% of children age 6-8 months were fed solid, semi-solid, or soft foods the day before the survey.

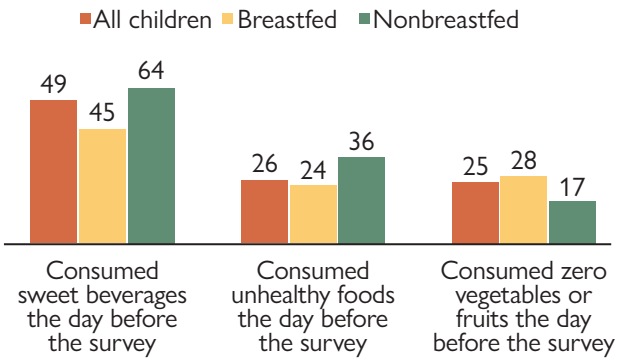
Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6-23 months have a minimum acceptable diet when they are fed from at least 5 of 8 defined food groups the minimum number of times or more during the day before the survey. In Kenya, 37% of children received minimum dietary diversity the day before the survey and 71% received minimum meal frequency. Overall, 31% received the minimum acceptable diet.

For healthy growth, infants and young children should not be given sweet foods and beverages and instead should be fed healthy foods including fruits and vegetables. In Kenya, 49% of children age 6-23 months were given a sweet beverage in the day before the survey, 26% had unhealthy foods, and 25% consumed zero vegetables or fruit. Unhealthy feeding practices vary by breastfeeding status, with breastfed children fed fewer unhealthy foods.

Unhealthy feeding practices among children age 6-23 months by breastfeeding status

Percent of children age 6-23 months with unhealthy feeding practices



Micronutrient Supplementation and Deworming

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Sixty-four percent of children age 6-59 months were given vitamin A supplements in the last 6 months.

Iron is important for maintaining healthy blood. In Kenya, 23% of children age 6-59 months were given iron-containing supplements in the 12 months before the survey.

Deworming programmes help to reduce the burden of helminth infections. Two-thirds of children age 12-59 months were given deworming medication in the last six months.

Use of Iodised Salt

Salt was tested for iodine in 95% of households. In Kenya, >99% of households have iodised salt.

HIV and Tuberculosis

Knowledge of HIV Prevention Methods

Ninety-two percent of women and 93% of men age 15-49 have heard of antiretroviral medicines (ARVs) that treat HIV. Seventy-six percent of women and 72% of men know that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking ARVs.

Knowledge that the risk of MTCT can be reduced by taking ARVs has increased from 33% in 2003 to 76% in 2022 among women, while for men, it increased from 38% in 2003 to 72% in 2022 KDHS.

Half of women (48%) and men (49%) have heard of pre-exposure prophylaxis, or PrEP. Among those who have heard of PrEP, 7 in 10 women (71%) and 6 in 10 men (62%) approve of PrEP use to prevent HIV.

Multiple Sexual Partners

Four percent of women had 2 or more sexual partners in the last 12 months. About a quarter (24%) of these women used a condom during the last sexual intercourse. Nineteen percent of women had sexual intercourse in the last 12 months with a person who was neither their husband nor lives with them (non-cohabiting partner). Among these women, 37% used a condom during the last sexual intercourse with such a partner.

Fifteen percent of men had 2 or more sexual partners in the last 12 months, and 35% had sexual intercourse in the last 12 months with a person who was neither their wife nor lives with them (non-cohabiting partner). Among men with two or more sexual partners, 45% reported using a condom during their last sexual intercourse. Sixty-eight percent of men who had intercourse in the last 12 months with a person who neither was their wife nor lived with them used a condom during the last sexual intercourse with such a partner.

Male Circumcision

Most (94%) men age 15–49 are circumcised, with 32% traditionally circumcised only, 57% medically circumcised only, and 5% are both traditionally and medically circumcised.

HIV Testing

Ninety-five percent of women who gave birth in the 2 years before the survey were tested for HIV during ANC or labour and received results.

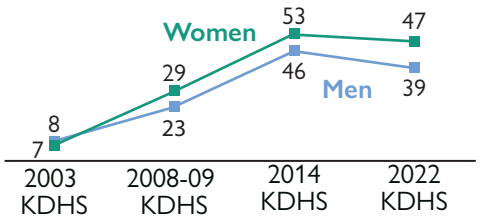
Overall, 85% of women and 73% of men have ever been tested for HIV and received results, and 47% of women and 39% of men have been tested for HIV in the past 12 months and received the results of the last test.

Fifty-five percent of women and 65% of men have ever heard of HIV self-test kits. However, only 10% of women and 9% of men have ever used one.

The percentage of women who have been tested for HIV in the past 12 months and received the results of the last test increased from 7% in 2003 and peaked at 53% in 2014 before declining to 47% in 2022. The percentage of men who have been tested for HIV in the past 12 months and received the results of the last test increased from 8% in 2003 to 46% in 2014 and declined to 39% in 2022.

Trends in HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the past 12 months and received the results of the last test



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

Tuberculosis (TB)

Ninety-seven percent of women and 98% of men have ever heard of TB disease. Five percent of women and 4% of men think that all people with TB also have HIV.

Less than 1% of women and 1% of men had been diagnosed with TB in the past 12 months.

Malaria

Endemicity Zones

There are 4 epidemiological malaria zones in Kenya:

- Endemic areas: stable malaria transmission around Lake Victoria and in the coastal regions.
- Seasonal malaria transmission areas: arid and semi-arid zones experience short periods of intense malaria transmission during rainy seasons.
- Highland epidemic prone areas: seasonal depending on rainy seasons and minimum temperatures around 18°C.
- Low risk areas: central highlands, including Nairobi, where temperatures are low.

Ownership of Insecticide-Treated Nets

Fifty-four percent of households have at least 1 insecticide-treated net (ITN); on average, there are 1.2 ITNs per household.

Access and Use of Insecticide-Treated Nets

Across Kenya, half of the household population has access to an ITN. This percentage is highest in the highland endemic prone region, where 76% has access to an ITN, and lowest in the low risk region at 26%. The population of Nyandarua County, in the central highlands, has the lowest access to an ITN at 7%, while access to an ITN is highest in Vihiga (86%), Nyamira (88%), and Bomet (89%) counties, all in the endemic Lake Victoria region.

Overall, 43% of the household population slept under an ITN the night before the survey. Among children under age 5 in all households, 51% slept under an ITN the night before the survey, and among pregnant women, 45% slept under an ITN the night before the survey.

Malaria in Pregnancy (IPTp)

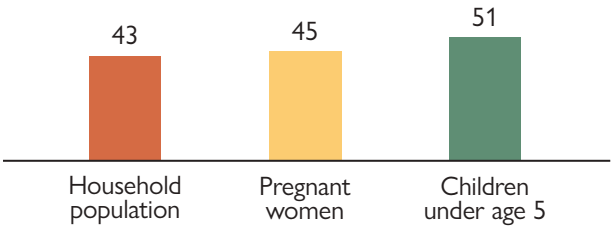
In Kenya, intermittent preventive treatment (IPTp) is given to pregnant women in the lake and coastal endemic zones as well as in several high malaria transmission sub-counties in the highland epidemic prone zone. In these areas, 70% of women age 15–49 with a live birth in the 2 years before the survey received at least one dose of SP/Fansidar, 53% had at least two doses, and 34% had at least three doses.

Careseeking for Children with Fever

Among children under age 5 in the 2 weeks before the survey, 17% had fever. Advice or treatment was sought for 70% of those children, including 33% who had blood taken from a finger or heel for testing.

ITN Use

Percent of household population who slept under an ITN the night before the survey



Chronic Conditions and Risk Factors

Hypertension

Nine percent of women and 3% of men age 15-49 reported that they had been told by a doctor or other healthcare worker that they have high blood pressure or hypertension. Among these women and men, 32% of both are taking medication to control blood pressure.

Diabetes

One percent of both men and women age 15-49 were told they have high blood sugar or diabetes by a doctor or other healthcare worker. Among these women and men, 63% of women and 73% of men are taking medication to control blood sugar.

Heart Disease

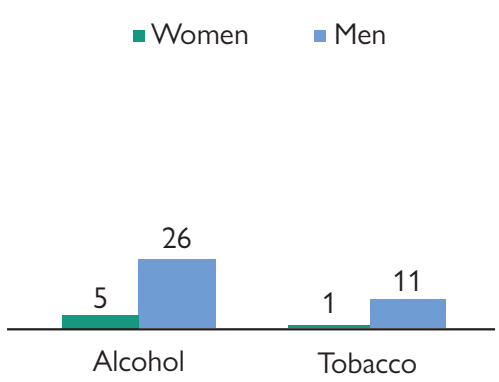
One percent of both women and men age 15-49 have been told by a doctor or other healthcare worker they have a heart disease or chronic heart condition. Among these women and men, 43% of women and 30% of men are receiving treatment.

Lung Disease

One percent of women and men age 15-49 have been told by a doctor or other healthcare worker that they have a lung disease or a chronic lung condition. Sixty-six percent of these women and 41% of these men are receiving treatment.

Alcohol and Tobacco Use

Percent of women and men age 15-49 who consumed at least one alcoholic drink in the last month or use any type of tobacco



Mental Health Conditions, Depression, and Anxiety

Four percent of women age 15-49 reported having ever been told by a doctor or other healthcare worker that they have depression or anxiety. Twenty-seven percent of these women are receiving treatment. Three percent of men age 15-49 have ever been told by a doctor or other healthcare worker that they have depression or anxiety. Twenty-one percent of them are receiving treatment.

Breast and Cervical Cancer Examinations

Forty-five percent of women age 15-49 are aware that they can self-examine for lumps and cancer in the breast. Fourteen percent of women have ever been examined for breast cancer and 17% have been tested for cervical cancer. Less than 1% of the women tested have been told by a doctor or other healthcare worker that they have breast or cervical cancer.

Arthritis

Three percent of women age 15-49 have been told by a doctor or other healthcare worker they have arthritis. About half of these women (49%) are receiving treatment. One percent of men age 15-49 have been told by a doctor or other healthcare worker that they have arthritis, and 45% of these men are receiving treatment.

Prostate Cancer

Less than 1% of men age 15-49 have been told that they have prostate cancer, and 14% of these men are receiving treatment.

Use of Alcohol and Tobacco

Twenty-six percent of men and 5% of women consumed at least one alcoholic beverage in the month before the survey.

Tobacco use is rare in Kenya. One percent of women and 11% of men age 15-49 use any type of tobacco.

Disability, Health Insurance, Social Assistance

Disability

The 2022 KDHS included questions about 6 functional domains of disability – seeing, hearing, communicating, cognition, walking, and self-care – among the household population age 5 and above.

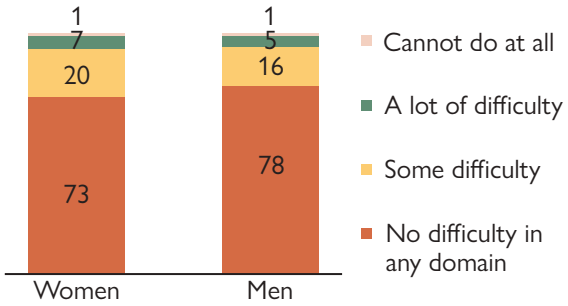
Overall, 5% of the household population age 5 and above has a lot of difficulty or cannot function in at least one domain. Fifteen percent of the population age 5 and older are reported to have some level of difficulty in at least one domain. The most common type of disability is disability in mobility (2%) followed by disability in vision (2%).

Among persons age 15 or more, 7% of women and 5% of men have a lot of difficulty or cannot function in at least one domain.

Disability is more prevalent among widowed women and men; 28% for women and 21% for men.

Disability among Adults

Percent distribution of household population age 15+ by highest degree of difficulty in at least one domain



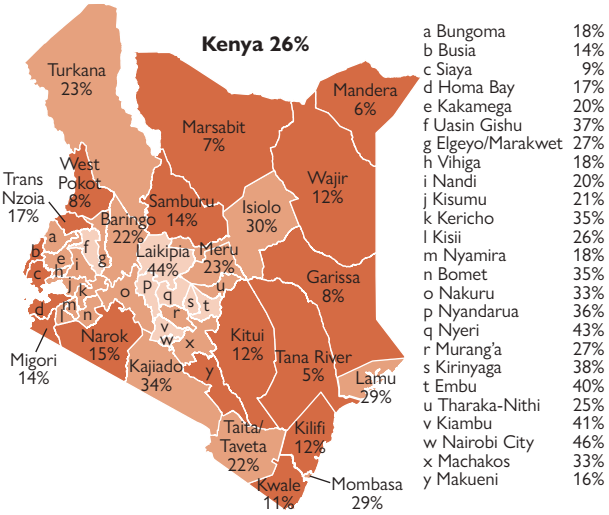
Health Insurance Coverage

Nationally, 1 in 4 Kenyans has some form of health insurance. The National Health Insurance Fund is the most common type of health insurance. Health insurance coverage is twice as high in urban areas than in rural areas; 40% of the urban population has some form of health insurance compared to 19% of the rural population.

Health insurance coverage increases with increasing wealth, from 5% in the lowest wealth quintile to 58% in the highest wealth quintile. By county, health insurance coverage varies from a low of 5% in Tana River and 6% in Mandera counties to a high of 44% in Laikipia and 46% in Nairobi City counties.

Health Insurance Coverage by County

Percent of the household population with any health insurance



Social Assistance

Nationally, 17% of households receive a cash transfer or social assistance. National or county governments are the primary providers of cash transfers or social assistance (11%), followed by friends, relatives and neighbors (6%). The primary reasons that households receive cash transfers or social assistance are for supporting older persons (4%) and for food for work or cash for work (3%). Twenty percent of households in rural areas receive cash transfers or other social assistance compared to 13% of households in urban areas.

Nine in ten households (91%) receiving cash transfers or social assistance for elderly persons receive it from the government. Households in rural areas are more likely to receive cash transfer or other social assistance to support older persons (30%) than households in urban areas (9%). One in five households (20%) in the lowest wealth quintile receive food aid for persons in arid and semi-arid lands.

Migration

Migration

Fifty-seven percent of women were born outside their current place of residence; 55% were born in Kenya but outside of their current place of the residence and 2% were born outside of Kenya. A lower proportion of men (37%) were born outside of the current place of residence, including 36% of men who were born in Kenya and 1% who were born outside of Kenya.

Migration is most common among women and men age 25-29; 67% of women and 49% of men in this age group were born outside their current place of residence.

Migration increases with level of education. Seven in 10 women with more than secondary education have migrated from the place they were born, while 28% of women with no education have migrated. Similarly, 58% of men with more than secondary education do not reside where they were born, compared with 24% of men with no education who have migrated.

Type of Migration

The most common type of migration is from rural to urban areas among women (30%) and men (35%) age 15-49. The least common type of migration for both (16%) is from urban to rural areas.

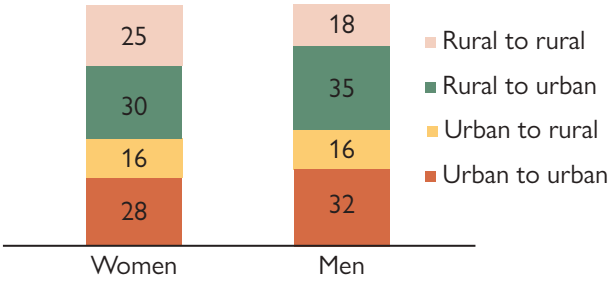
Reasons for Migration

For women, the two most common reasons for migration are employment and marriage. For men, the two most important reasons for migration are employment and family reunification/other family-related reason.

Migration for employment is substantially higher among urban women than their rural counterparts (49% versus 17%). Similarly, among men, 66% of men in urban areas moved to their current place of residence because of employment compared to 47% of men in rural areas.

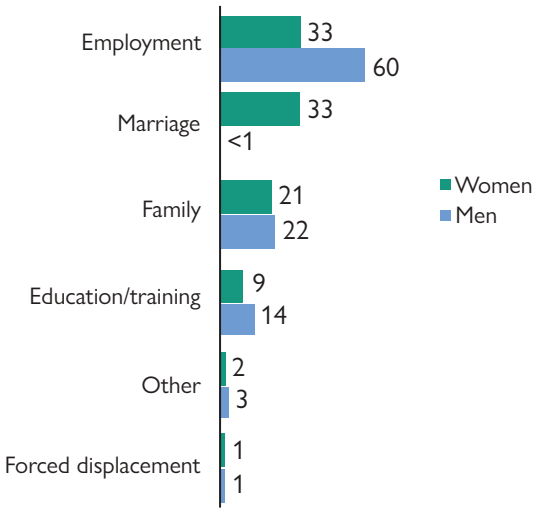
Type of migration

Percent distribution of women and men age 15-49 who have moved to their current residence in the last 5 years, by type of migration



Reasons for Migration

Percent distribution of women and men age 15-49 who have moved to their current residence in the last 5 years



Women's Empowerment

Employment

In Kenya, 67% of married women and 98% of married men age 15-49 were employed in the last 12 months. Overall, 77% of married women and 93% of married men who were employed in the last 12 months earned cash, while the proportion of women who were not paid for their work is almost 5 times higher than that of men (19% versus 4%).

Of those married women who were employed in the last 12 months and earned cash, 96% made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 9% earn more than their husband/partner, 71% earn less, and 13% earn about the same as their husband/partner.

Ownership of Assets

In Kenya, 33% of women and 45% of men own a house either alone or jointly. Twenty-seven percent of women and 34% of men own land either alone or jointly.

About 4 in 5 women and men own a mobile phone, while 43% of women and 49% of men own a smartphone. Twenty-nine percent of women and 39% of men have and use a bank account.

Across Kenya, about 4 in 5 women and men have and use a bank account or used a mobile phone for financial transactions in the last 12 months. Use of mobile phones or bank accounts is higher in urban areas (88% for women, 93% for men) than in rural areas (73% for women, 75% for men).

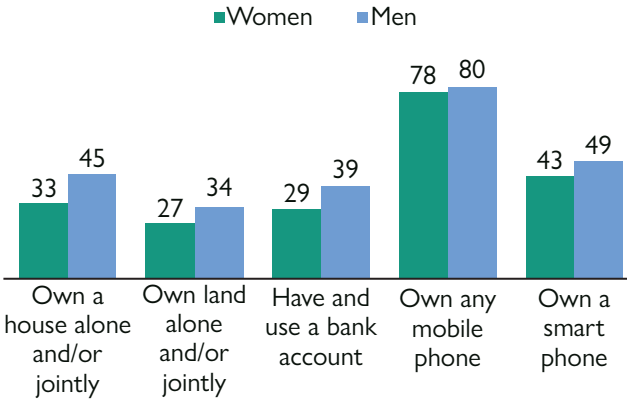
Participation in Household Decisions

More than 8 in 10 married women participate in decisions about their own health care, 78% participate in decisions about making major household purchases, and 82% participate in decisions about visiting their own family or relatives.

Sixty-six percent of women participate in all three decisions. Women's participation in all three decisions increases with the level of education, from 55% among married women with no education to 78% among those with more than secondary education. A higher percentage of married women in urban areas (71%) participate in all the three decisions compared with those in rural areas (63%).

Ownership of Assets by Sex

Percent of women and men age 15-49 who:



Gender-based Violence

Experience of Physical Violence

Thirty-four percent of women age 15-49 have experienced physical violence since age 15. In the last 12 months, 16% of women experienced physical violence. By marital status, 37% of women who are currently married or living together have ever experienced physical violence compared to 12% of never-married women who have never had an intimate partner and 25% of never-married women who have ever had an intimate partner. Among women who are divorced, separated, or widowed, 58% have ever experienced physical violence.

Experience of Sexual Violence

Thirteen percent of women have ever experienced sexual violence; 7% have experienced it in the last 12 months.

Intimate Partner Violence

In addition to physical and sexual violence, experience of other types of violence among intimate partners was measured in the 2022 KDHS: psychological/emotional violence (being humiliated in front of others, being threatened with harm against yourself or someone you care about, being insulted or making you feel bad about yourself) and economic violence (restrict, exploit, or sabotage your ability to acquire or access or maintain economic resources).

Four in ten women who have ever had a husband or intimate partner (41%) have ever experienced economic, psychological/emotional, physical, or sexual violence perpetrated by their current or most recent husband/intimate partner.

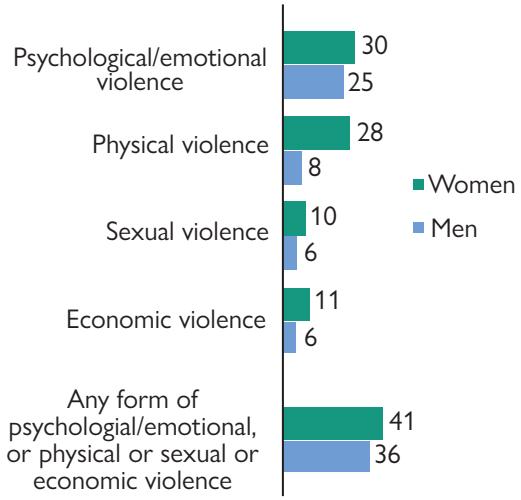
Among men who have ever had a wife or intimate partner, 36% have ever experienced any form of economic, psychological/emotional, physical, or sexual violence from their current or most recent wife or intimate partner.

Help-seeking to Stop Violence

Among women and men who have ever experienced any physical or sexual violence: 42% of women and 29% of men sought help to stop violence; 17% of women and 13% of men never sought help but told someone; and 42% of women and 58% of men never sought help and never told anyone.

Prevalence of intimate-partner violence

Percent of women and men age 15-49 who have ever had a spouse or intimate partner who have experienced specific types of violence by their current spouse/intimate partner



Female Genital Mutilation (FGM)

In Kenya, 15% of women age 15-49 are circumcised. The prevalence of FGM declined from 38% in 1998 to 15% in 2022.

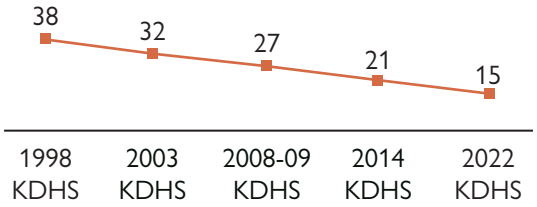
Two percent of girls age 0-14 have been circumcised. Among girls whose mothers' have no education, 11% have been circumcised, while <1% of girls whose mothers have more than secondary education have been circumcised.

Ninety-six percent of women and men who have ever heard of female circumcision do not believe that their religion requires it. Moreover, 88% of women and 87% of men believe that their culture does not require it, and 92% of women and 93% of men do not believe FGM is required by their society.

More than 9 in 10 women and men who have heard of female circumcision believe that the practice should not be continued.

Trends in FGM

Percentage of women age 15-49 who are circumcised



Note: Data from 2003 and later are nationally representative, while data collected before 2003 exclude the North Eastern region and several northern districts in the Eastern and Rift Valley regions.

Key Indicators

Key Indicators	Kenya	Urban	Rural
Characteristics of Household and Respondents			
Household population with access to at least basic drinking water service (%)	68	91	56
Household population with at least basic sanitation service (%)	41	47	38
Household population relying on clean fuels/technologies for cooking, space heating, & lighting (%)	21	53	5
Women age 15-49 with no formal education (%)	6	3	7
Men age 15-49 with no formal education (%)	3	2	4
Fertility and Family Planning (FP)			
Total fertility rate (number of children per woman)	3.4	2.8	3.9
Teenage pregnancy (% age 15-19 who have ever been pregnant)	15	12	16
Use of modern method of FP (% of married women age 15-49)	57	56	57
Unmet need for FP[1] (% of married women age 15-49)	14	12	15
Demand for FP satisfied by modern methods (% of married women age 15-49)	75	75	74
Maternal and Child Health			
Women age 15-49 who had a live birth and had 4+ antenatal visits (%)	66	74	62
Births delivered in a health facility (%)	88	97	83
Women age 15-49 with a postnatal check during the first 2 days after birth (%)	78	84	74
Births with a postnatal check during the first 2 days after birth (%)	83	88	79
Children age 12-23 months fully vaccinated (basic antigens)[2] (%)	80	80	80
Neonatal mortality (deaths per 1,000 live births)	21	21	22
Infant mortality (deaths per 1,000 live births)	32	33	32
Under-5 mortality (deaths per 1,000 live births)	41	41	41
Nutrition			
Children under 5 who are stunted (%)	18	12	20
Children under 5 who are wasted (%)	5	4	5
Children under 5 who are underweight (%)	10	7	12
Children under 5 who are overweight (%)	3	4	3
Malaria			
Household population with access to an insecticide-treated net (ITN) (%)	50	37	56
Household population who slept under an ITN the night before the survey (%)	43	32	48
Women age 15-49 who received 3 or more doses of SP/Fansidar during pregnancy (%)	13	10	14
Gender-based Violence and Female Genital Mutilation			
Women age 15-49 who have ever experienced physical violence since age 15 (%)	34	32	36
Women age 15-49 who experienced physical violence in the last 12 months (%)	16	13	17
Women age 15-49 who have ever experienced sexual violence (%)	13	13	13
Women age 15-49 who experienced sexual violence in the last 12 months (%)	7	6	7
Women age 15-49 who have ever been married or had an intimate partner & have ever experienced psychological/emotional, physical, or sexual violence committed by their most recent husband/partner (%)	40	35	43
Women age 15-49 who have ever been married or had an intimate partner & have experienced psychological/emotional, physical, or sexual violence committed by any husband/partner in the last 12 months (%)	28	24	31
Women age 15-49 who have been circumcised (%)	15	10	18

[1] *Women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of FP.*

[2] *Basic antigens include 1 dose each of BCG and measles-rubella and 3 doses each of DPT-containing vaccine and polio vaccine.*

Sustainable Development Goal Indicators

1. No poverty	Kenya	Urban	Rural
1.4.1 Proportion of population living in households with access to basic services			
a. Access to basic drinking water services	68	91	56
b. Access to basic sanitation services	41	47	38
c. Access to basic hygiene services	51	68	43
d. Access to electricity[1]	51	90	32
3. Access to clean fuels and technologies[2]	21	53	5
2. Zero hunger	**Kenya**	**Male**	**Female**
2.2.1 Prevalence of stunting among children under 5 years of age	18	20	16
2.2.2 Prevalence of malnutrition among children under 5 years of age	8	8	8
a. Prevalence of wasting among children under 5 years of age	5	5	4
b. Prevalence of overweight among children under 5 years of age	3	3	4
3. Good health and well-being	**Kenya**	**Male**	**Female**
3.1.2 Proportion of births attended by skilled health personnel	89	na	na
3.2.1 Under-five mortality rate[3]	41	45	38
3.2.2 Neonatal mortality rate[3]	21	24	19
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	na	na	75
3.7.2 Adolescent birth rates per 1,000 women			
a. Girls aged 10-14 years[4]	na	na	2
b. Women aged 15-19 years[5]	na	na	73
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older[6]	7[a]	12	1
3.b.1 Proportion of the target population covered by all vaccines included in their national programme			
a. Coverage of DPT containing vaccine (3rd dose)[7]	89	89	90
b. Coverage of measles containing vaccine (2nd dose)[8]	67	70	64
c. Coverage of pneumococcal conjugate vaccine (last dose in schedule)[9]	91	91	91
4. Quality education	**Kenya**	**Male**	**Female**
4.2.1 Proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being	78	76	80
4.2.2 Participation rate in organized learning (one year before the official primary entry age)	88	87	89
5. Gender equality	**Kenya**	**Male**	**Female**
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months[10,11]	na	na	28
a. Physical violence	na	na	16
b. Sexual violence	na	na	7
c. Psychological violence	na	na	22
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months[12]	na	na	1
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age[18]			
a. before age 15	na	na	2
b. before age 18	na	na	13
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting	na	na	15
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care[13]	na	na	65
5.b.1 Proportion of individuals who own a mobile telephone[14]	79[a]	80	78

6. Clean water and sanitation	Kenya	Urban	Rural
6.1.1 Proportion of population using safely managed drinking water services			
a. Proportion with basic drinking water services	68	91	56
b. Proportion with water available when needed	65	64	66
6.2.1 Proportion of population using (a) safely managed sanitation services and (b) hand-washing facility with soap and water			
a. Proportion using basic sanitation service	41	47	38
b. Proportion in which excreta are safely disposed of in situ or treated off site	66	90	54
c. Proportion using a hand-washing facility with soap and water	51	68	43
d. Proportion using open defecation	7	1	10
7. Affordable clean energy	**Kenya**	**Urban**	**Rural**
7.1.1 Proportion of population with access to electricity[1]	51	90	32
7.1.2 Proportion of population with primary reliance on clean fuels and technology[2]	21	53	21
8. Decent work and economic growth	**Kenya**	**Male**	**Female**
8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider[14]	34[a]	39	29
16. Peace, justice, and strong institutions	**Kenya**	**Male**	**Female**
16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age[18]	na	3	5
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority	76	76	76
17. Partnerships for the goals	**Kenya**	**Male**	**Female**
17.8.1 Proportion of individuals using the Internet[15]	na	56	44

na=Not applicable
[1] Persons living in households that report the primary source of lighting is electricity.
[2] Persons living in households that report no cooking, no space heating, or no lighting are not excluded from the numerator.
[3] Expressed in terms of deaths per 1,000 live births for the 5-year period preceding the survey
[4] Equivalent to the age-specific fertility rate for girls age 10-14 for the 3-year period preceding the survey, expressed in terms of births per 1,000 girls age 10-14
[5] Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19
[6] Data are not age-standardized and are available for women and men age 15-49 only.
[7] The percentage of children age 12-23 months who received three doses of DPT-HepB-Hib
[8] The percentage of children age 24-35 months who received two doses of measles rubella (MR)
[9] The percentage of children age 12-23 months who received three doses of pneumococcal conjugate vaccine (PCV)
[10] Data are available for women age 15-49 who have ever been in union only.
[11] In the DHS, psychological violence is termed emotional violence.
[12] Data are available for women age 15-49 only.
[13] Data are available for currently married women only.
[14] Data are available for women and men age 15-49 only.
[15] Data are available for women and men age 15-49 who have used the Internet in the last 12 months.
[a] The total is calculated as the simple arithmetic mean of the percentages in the columns for males and females.

