



KDHS 2014 SUMMARY

FERTILITY RATE:

According to the survey findings, the total fertility rate (TFR) is 3.9 births per woman (Table 3.4). This means that on average, a Kenyan woman who is at the beginning of her childbearing years will give birth to about four children by the end of her reproductive period if fertility levels remain constant at the level observed in the three-year period preceding the survey. The TFR in rural areas is 4.5 and is significantly higher than the rate in urban areas (3.1 births per woman).

Women in lower socio-economic strata bear more children than their wealthier counterparts; women from households in the lowest wealth quintile have a TFR that is more than twice that of women from the highest quintile. Similarly, women with no education have a TFR more than twice that of women with a secondary or higher level of education.

The counties with the lowest TFR are Kirinyaga (2.3) followed by Nyeri, Kiambu, and Nairobi, all with a TFR of 2.7. The counties with the highest TFR are Wajir (7.8), West Pokot (7.2), Turkana (6.9), and Samburu (6.3). Counties with the higher TFRs tend to come from arid and semi-arid parts of northern Kenya.

Teenage Pregnancy

Fifteen percent of women age 15-19 have already had a birth while 18 percent have begun childbearing (had alive birth or are pregnant with their first child). The percentage of women who have begun childbearing increases rapidly with age, from about 3 percent among women age 15 to 40 percent among women age 19. The rural-urban differences are small, indicating that early childbearing is nearly the same across place of residence. Prevalence of early childbearing is highest in the Nyanza region followed by Rift Valley and Coast; it is lowest in Central and North Eastern region.

There is considerable desire among Kenyan women to control the timing and number of births. Among currently married women, 32 percent would like to delay their next birth for two years or more, and 47 percent do not want to have any more children. About 13 percent of married women would like to have a child soon (within two years). Three percent of women are completely undecided, while 1 percent of women want to have another child but are undecided as to when.

CONTRACEPTION

Slightly more than half of currently married women (58 percent) are currently using some method of contraception; 65 percent of sexually active unmarried women currently use some method of contraception. Among currently married women, modern methods of contraception are more commonly used (53 percent) than are traditional methods (5 percent). Of the modern methods, injectables are the most widely used (26 percent), followed by implants (10 percent) and the pill (8 percent). Rhythm method is the most popular traditional method used (4 percent).

Contraceptive prevalence peaks among married women in the 30-34 age-group and is lowest for women age 15-19. A higher percentage of urban women (62 percent) use some method of contraception, compared with their rural counterparts (56 percent). Contraceptive prevalence increases dramatically with education.

Central region have the highest contraceptive prevalence rate (73 percent) followed by Eastern region (70 percent). Contraceptive use is lowest in the North Eastern region (3 percent). 18 percent of currently married women have an unmet need for family planning. At present, the total potential demand for family planning among currently married women is 76 percent, a slight increase from 71 percent in 2008-09.

Sexually active unmarried women reported a higher demand for family planning and a higher unmet need than currently married women. The total demand is 92 percent, while the level of unmet need is 27 percent.

INFANT AND CHILD MORTALITY

At least 1 in every 19 children born in Kenya during this period died before reaching their fifth birthday. Under-five mortality is 52 deaths per 1,000 births. The infant mortality rate is 39 deaths per 1,000 live births.

Antenatal Care

Nine in ten mothers reported seeing a skilled provider at least once for ANC for their most recent birth in the five-year period. Coverage is also slightly higher in urban areas than in rural areas (98 percent and 94 percent, respectively), among women with at least some primary education (95 percent or higher), and among women in the higher wealth quintiles (95 percent or higher).

Both education and wealth are positively associated with receiving the recommended number of ANC visits. Forty-three percent of women with no education attended four or more ANC visits compared with 69 percent of women with secondary or higher education, and 44 percent of women in the lowest wealth quintile attended four or more ANC visits compared with 75 percent in the highest quintile. The percentage of women attending four or more ANC visits ranges from a low of 18 percent in West Pokot to 73 percent in Nairobi

Delivery Care

Only half of births to rural mothers receive skilled care or are delivered in a facility compared with 82 percent of their urban counterparts. About one-quarter of births to mothers with no education receive skilled care compared with 85 percent of births to mothers with secondary or higher education. Thirty-one percent of births to women in the lowest wealth quintile get the recommended delivery assistance compared with 93 percent of those in the highest wealth quintile.

Postnatal Care

Forty-three percent of rural women received a postnatal checkup compared with 65 percent of urban women. Education and wealth were strongly associated with PNC. One in five women with no education received PNC within two days compared with 68 percent of women with secondary or higher education.

CHILD HEALTH

Vaccination Coverage

A child is considered to have received all basic vaccinations if he or she has received: a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus (or three doses of pentavalent, which includes DPT and vaccinations against both hepatitis B and haemophilus influenza type B); at least three doses of polio vaccine; and one dose of measles vaccine. The Kenyan immunization programme considers a child to be fully vaccinated if the child has received all basic vaccinations and three doses of pneumococcal vaccination.

Overall, 68 percent of children age 12-23 months are fully vaccinated with BCG, measles, pentavalent, polio, and pneumococcal vaccines; 71 percent have received all basic vaccinations, and 2 percent of children have not received any vaccines. For series vaccinations, coverage declines with subsequent doses.

Children fully vaccinated in North Eastern and Nairobi regions are low compared with other regions, with only 42 and 60 percent of children fully immunised, respectively. Coverage levels are close to 78 percent for children in Central and Eastern regions. At the county level, Mandera, Migori, and Wajir have low fully vaccinated coverage of 28 percent, 38 percent and 38 percent respectively. Coverage levels are high in Nandi, Vihiga, and Tharaka-Nithi counties with 94 percent for Nandi and 91 percent for both Vihiga and Tharaka-Nithi counties. Basic vaccination coverage has declined since 2008-09, from 77 percent of children with all basic vaccinations to 71 percent in 2014.

Treatment of Childhood Illnesses

Acute respiratory infection (ARI), malaria, and dehydration caused by severe diarrhoea are major causes of child morbidity and mortality in Kenya. Treatment was slightly more likely to be sought for male children with ARI symptoms (68 percent) or with diarrhoea (59 percent) than for female children (64 percent and 57 percent, respectively).

Nutritional Status of Children

About one-quarter (26 percent) of Kenyan children are stunted, while 8 percent are severely stunted (Table 3.20). Analysis of stunting by age group shows that stunting is highest (36 percent) in children age 18-23 months and lowest (10 percent) in children age less than 6 months. Wasting levels are highest for the children in the age groups 6-8 months and 9-11

months (each 7 percent). Wasting is concentrated in the north: Garissa, Wajir, Mandera, Marsabit, Turkana, West Pokot, and Samburu. Counties with the lowest proportion of wasted children are Siaya and Kisumu, each with less than 1 percent.

11 percent of Kenyan children are underweight, with 2 percent classified as severely underweight. The percentage underweight is slightly higher among boys (12 percent) than girls (10 percent), and for rural children (13 percent) than urban children (7 percent). At the county level, more than one-quarter of children are underweight in five counties: Mandera, Marsabit, Turkana, West Pokot, and Samburu. Less than 4 percent of children are underweight in Nyeri and Nairobi counties.

Breastfeeding and Complementary Feeding

61 percent of children less than six months are exclusively breastfed. More than half of children in Kenya are still breastfeeding at age 20-23 months (51 percent). 15 percent of children less than 6 months are fed complementary foods, 10 percent consume plain water, 10 percent consume other milks, and 3 percent consume non-milk liquids. The proportion of children younger than age 6 months who are exclusively breastfed has markedly increased from 32 percent in the 2008-09 KDHS to the current 61 percent.

MALARIA

59 percent of households in Kenya own at least one ITN. Rural households are slightly more likely to own an ITN (61 percent) than those in urban areas (56 percent). 82 percent of households in Western region own at least one ITN, only 38 percent of households in Central region and 43 percent of households in Nairobi do. It is worthwhile to note that at least 74 percent of households in counties in the malaria prone regions of Nyanza and Western have at least one ITN. The majority of household members in Western and Nyanza regions had access to an ITN (63 percent and 62 percent, respectively). Access to ITNs is lower in Nairobi (39 percent), North Eastern region (34 percent), and Central region (33 percent).

Fifty-six percent of pregnant women age 15-49 in all households slept under any mosquito net while 51 percent slept under an ITN the night before the survey.

Intermittent Preventive Treatment of Pregnant Women

Nationally, 30 percent of women reported receiving one or more doses of SP/Fansidar, at least one of which was administered during an ANC visit; however, only 17 percent reported receiving two or more doses of SP/Fansidar. Ten percent of women reported receiving three or more doses of SP/Fansidar, at least one of which was received during an ANC visit.

Regionally, the highest percentages of women receiving one or more doses of SP/Fansidar were concentrated in the Coast (74 percent), Western (53 percent), and Nyanza (44 percent) regions

which are malaria endemic zones. In other regions, less than one-quarter of women received one or more dose.

HIV

Knowledge of HIV Prevention Methods

About 80 percent of women and 88 percent of men know that HIV can be prevented by using condoms during sexual intercourse. Ninety-two percent of women and 94 percent of men say that limiting sexual intercourse to one uninfected partner can reduce the chances of getting HIV. Similarly, 77 percent of women and 85 percent of men cited both these methods of HIV prevention.

Women and men age 15-19 have lower levels of knowledge of these HIV prevention methods than people age 20 and older. About one half of young people in Kenya are knowledgeable about methods of HIV prevention; 54 percent among women and 64 percent among men. Women in Garissa, Wajir, and Mandera counties are less knowledgeable of methods of HIV prevention compared with women from other counties.

Multiple Sexual Partners

More men than women report having two or more sexual partners (13 percent and 1 percent, respectively). Having two or more partners is more common among divorced, separated, or widowed women and men (3 percent and 19 percent, respectively) compared with married women and men (1 percent and 13 percent, respectively).

Among those reporting two or more sexual partners in the past 12 months, condom use at last sex was 40 percent for women and 43 percent for men. Men age 20-24 were more likely to report condom use (70 percent) than men in other age groups. Condom use during last sex among those with two or more partners in the last 12 months was lowest among married women and men (13 percent and 20 percent, respectively), and highest among urban women and men (both 47 percent).

Having multiple partners is slightly more common in urban settings, and residents in Nairobi reported the highest percentage of multiple partners at 4 percent for women and 19 percent for men.

Coverage of Prior HIV Testing

91 percent of women age 15-49 know where to get an HIV test, and 83 percent of women have been tested for HIV and have received the test results. Nairobi recorded the highest coverage of prior HIV testing at 90 percent, while Mandera County reported the lowest coverage at 37 percent. Counties in the North Eastern region and to the north, including Turkana, West Pokot, and Samburu, reported lower testing coverage compared with the rest.

While more men than women reported knowing where to get an HIV test, men reported lower levels of HIV testing compared with women, 71 percent of men age 15-49 have ever been tested for HIV and received results. Nairobi has the highest percentage of men age 15-49 that have ever tested and received results at 83 percent, while Mandera and West Pokot counties have the lowest coverage at 4 percent and 35 percent, respectively. In all other counties, over 50 percent of men age 15-49 have ever been tested and received results.

Among women age 15-49, those who were ever tested and received results increased from 57 percent to 83 percent in 2014. Among men, this pattern is similar. Having ever been tested and received results increased from 40 percent to 71 percent

DOMESTIC VIOLENCE

Data show that women are more likely to experience physical violence committed by their spouse/partner than men and that sexual violence committed by a spouse/partner is not as prevalent as physical violence. 38 percent of ever-married women age 15-49 have ever experienced physical violence committed by their husband/partner. Nine percent of ever-married men age 15-49 have ever experienced physical violence committed by their wife/partner. About 14 percent of women and 4 percent of men have ever experienced sexual violence committed by a spouse/partner. Data show that 49 percent of women have experience physical violence.

Women in Western, Nyanza, and Nairobi regions reported higher levels of physical and sexual violence committed by a spouse/partner than women in other regions; approximately one-half have ever experienced physical violence compared with the low reported in North Eastern region (12 percent).

Similarly, men in these three regions also reported higher levels of physical and sexual violence committed by a spouse/partner compared with men in other regions.

FEMALE CIRCUMCISION

Almost all women (96 percent) have heard of female circumcision. Twenty-one percent of women report that they themselves are circumcised. The prevalence of female circumcision varies widely by background characteristics. 11 percent of women age 15-19 are circumcised compared with more than 20 percent among those over age 30. More than 40 percent of women age 45-49 are circumcised. Rural women (26 percent) are more likely to have been circumcised compared with their urban counterparts (14 percent).

Female circumcision is nearly universal in North Eastern region (98 percent) compared with Nyanza (32 percent), Rift Valley (27 percent), and Eastern regions (26 percent). Western region recorded the lowest prevalence at 1 percent. The practice decreases as education increases. Female circumcision is declining slowly over time. The 1998 KDHS reported 38 percent of women were circumcised. This declined to 32 percent in 2003, 27 percent in 2008-09, and 21 percent in 2014.

FISTULA

1 percent of women in Kenya have experienced fistula. Young women aged 15-19 are less likely to have had fistula, most likely because they have not yet started childbearing, compared with older women. Women age 30-34 were slightly more likely to have experienced fistula (2 percent). Women in the North Eastern, Central, and Nairobi regions also reported slightly higher levels of fistula (2 percent).

To read the report:

http://www.knbs.or.ke/index.php?option=com_content&view=article&id=308:2014-kenya-demographic-and-health-survey-2014-kdhs&catid=82:news&Itemid=593