

HIGHLIGHTS OF THE 2003 KDHS



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Outline of the Highlights

- Overview
- Response rate
- Fertility Levels
- Contraceptive Prevalence Rate
- Fertility Preference
- Maternal & Child Health Indicators
- Ownership & use of mosquito nets

Outline of the Highlights (cont.)

- Nutrition & Childhood Mortality
- Domestic Violence
- Female Genital Cutting
- HIV Prevalence Rates
- Policy Implications

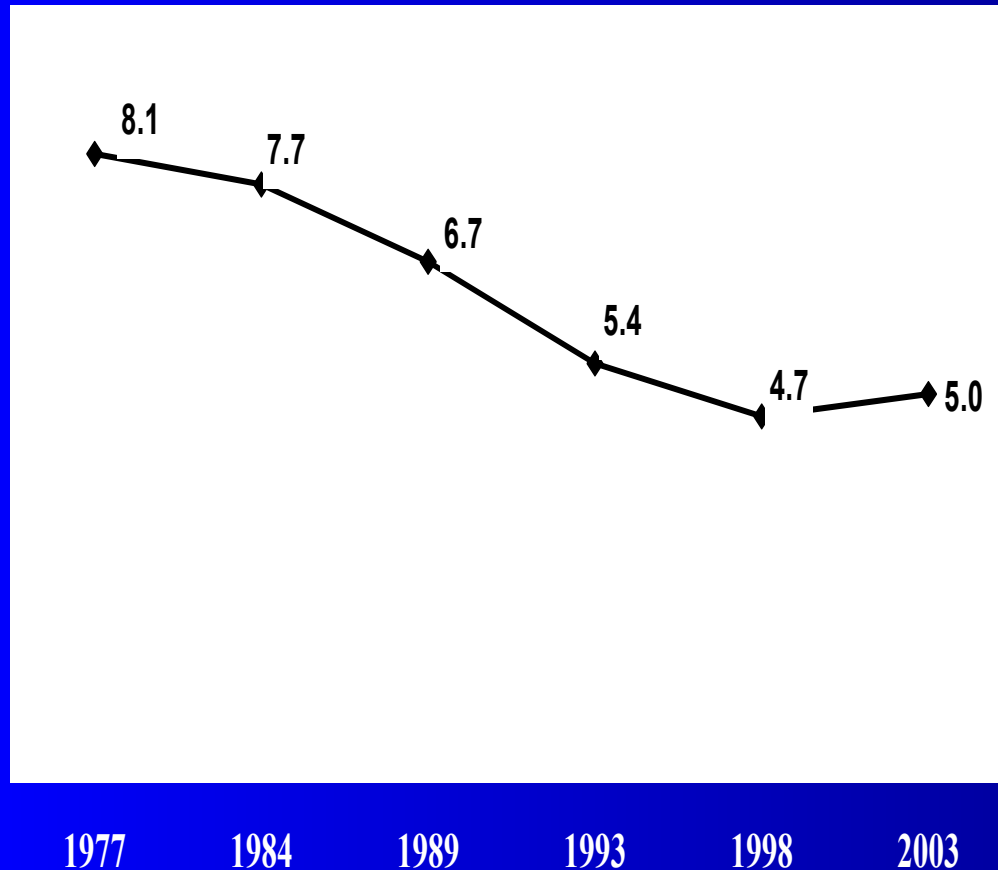
Overview

- The 2003 KDHS is the fourth DHS in Kenya after the 1989, 1993 and 1998 KDHS surveys.
- The main objective is to provide demographic, health and other social indicators to assist in planning, monitoring and evaluation of policies and programs.
- It was the first survey in Kenya and the third in Africa (after Mali and Zambia) to include estimation of HIV prevalence rates.

Response Rate

- In the 2003 KDHS, 8,561 out of 8,889 targeted households were successfully interviewed, providing a response rate of 96 percent.
- The response rates for eligible women and men were 94.0 percent and 86 percent respectively.
- These response rates are high compared to earlier KDHS as well as DHS surveys world wide.

TOTAL FERTILITY RATE (TFR)



- TFR declined steadily between 1977 and 1998, and increased slightly in 2003.

- The apparent increase in TFR from 4.7 in 1998 to 5.0 in 2003 is observed among both urban and rural women.

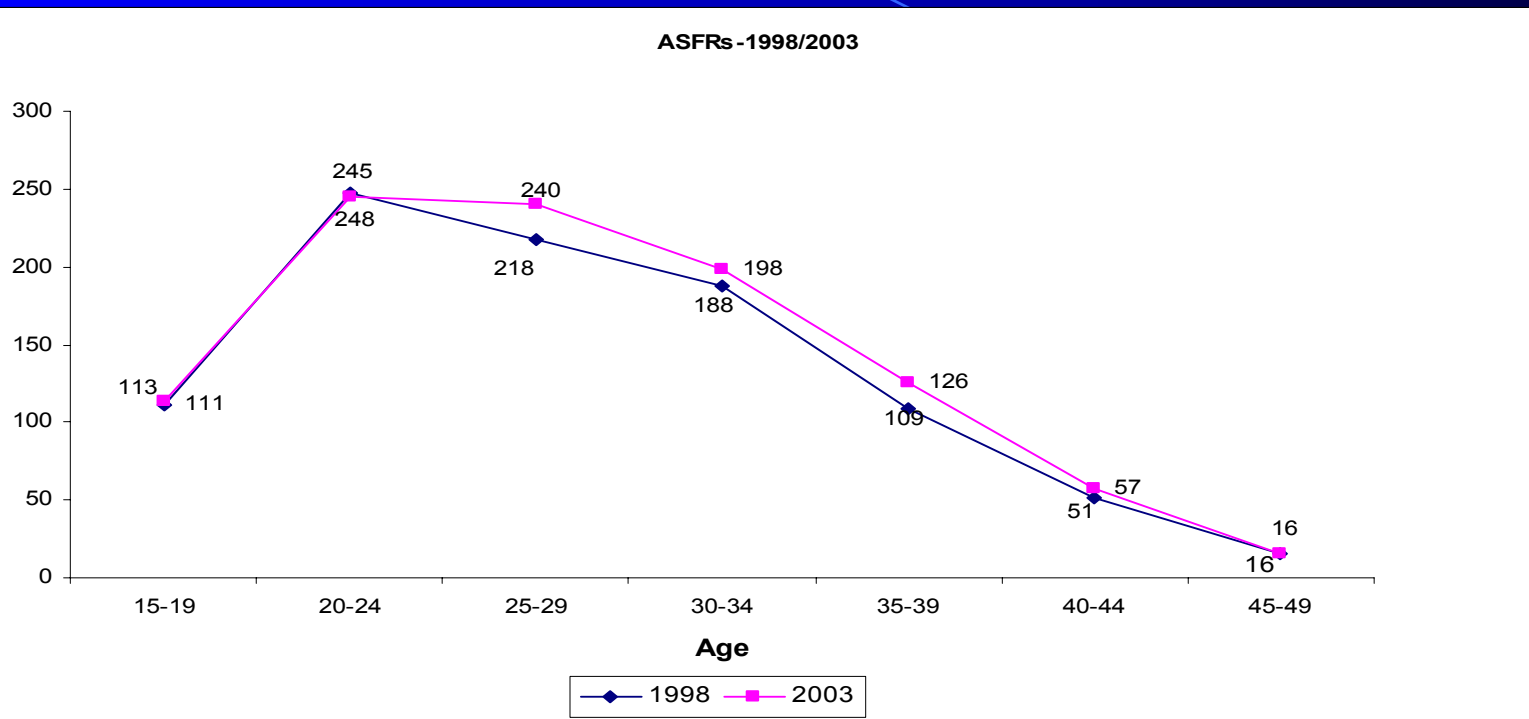
- The constant proportion of married women using contraceptives may account for the apparent increase in TFR (But further investigations are required).

Kenyan women were having over 8 births on average in 1970s compared to 5 in 2003.

The decline in TFR over the years was mainly due to increase in Contraceptive use and increases in age at marriage and age at first birth.

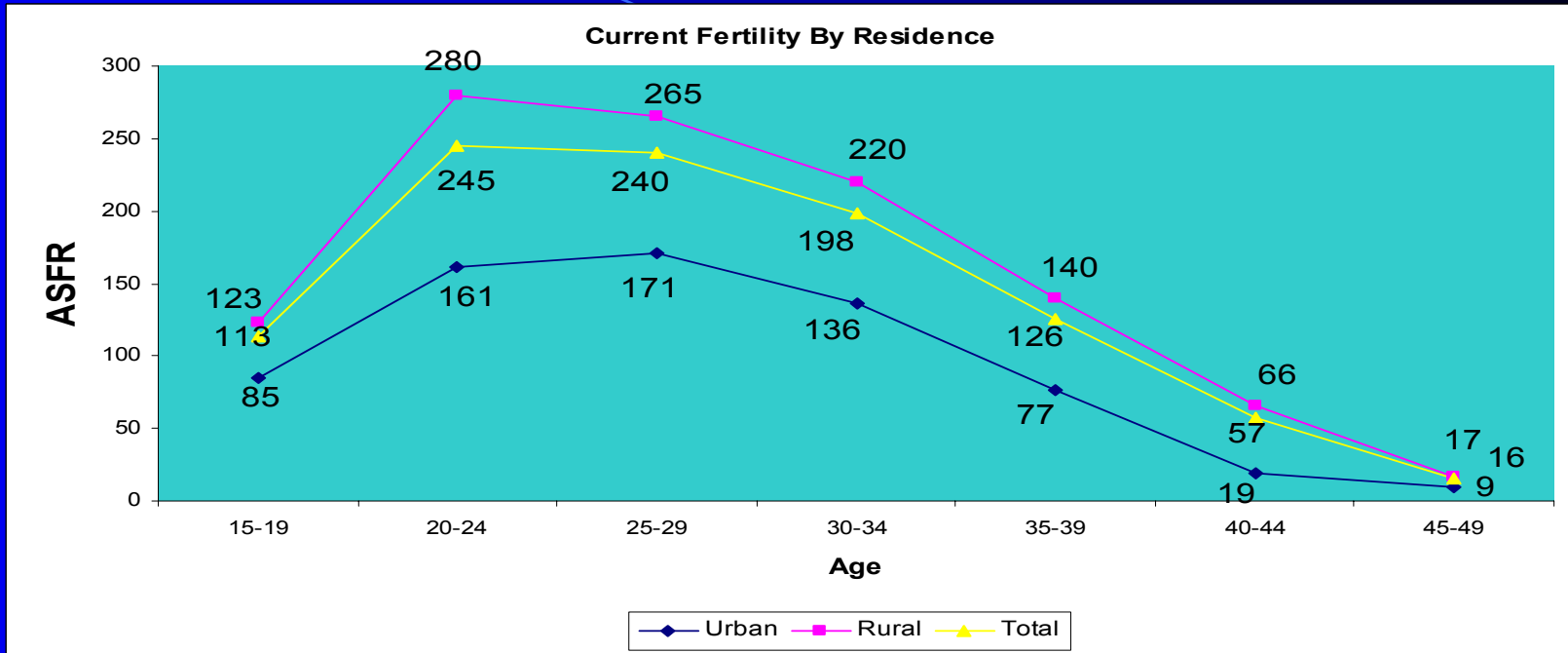


Age Specific Fertility Rates (1998 & 2003)



- The rate of childbearing shows an apparent increase among Kenyan women, particularly for those aged 25-39 years
- Peak childbearing occurs during ages 20-24 and 25-29, falling sharply after age 34.

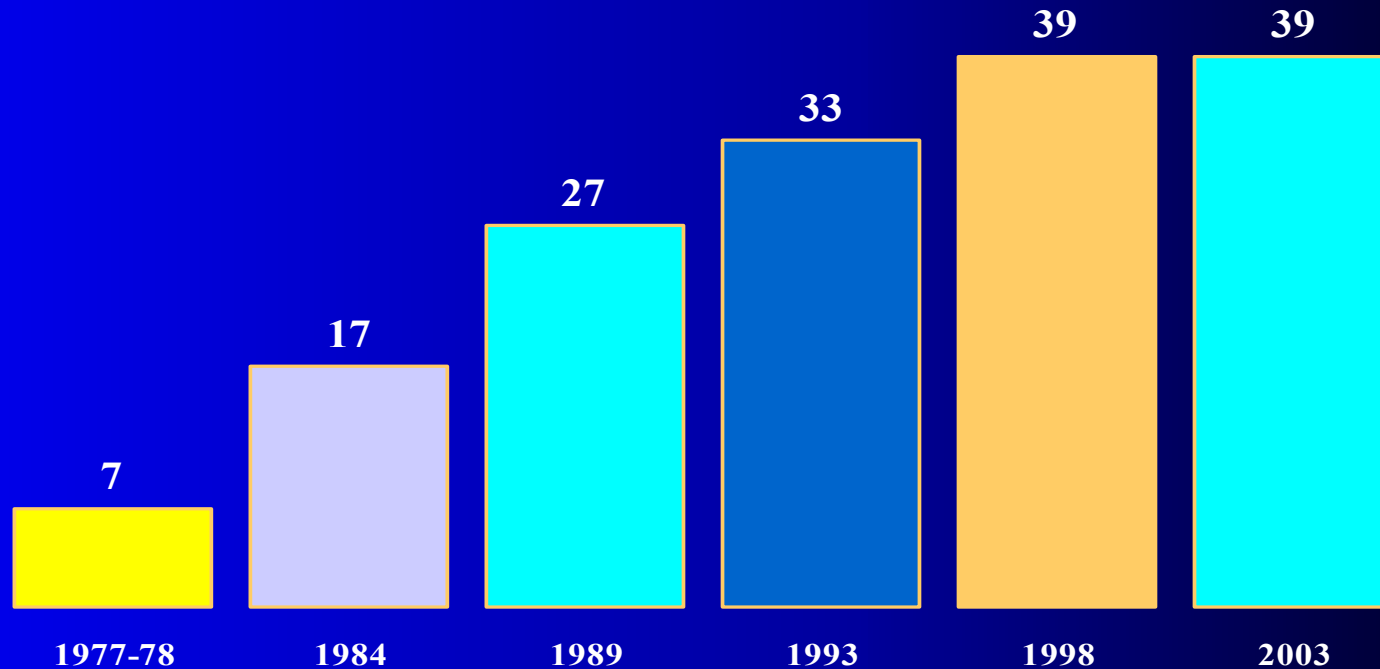
ASFR by Place of Residence



- Urban women experience lower childbearing rates than their rural counterparts
- The peak of childbearing occurs during ages 20-24 for rural women and 25-29 for urban women mainly due to differences in age at marriage and levels of contraceptive use.

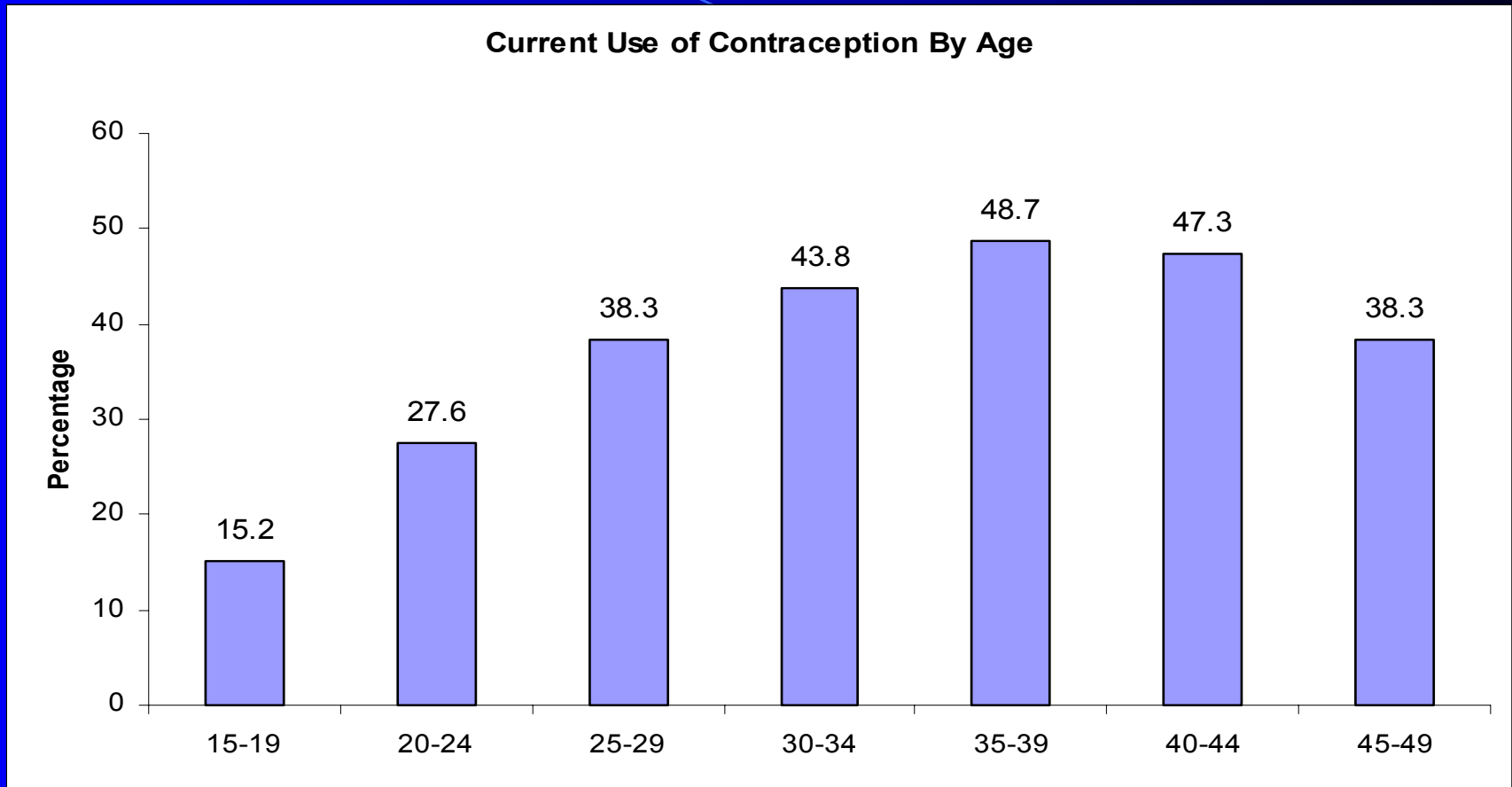
Contraceptive Prevalence Use

(Percent of Married Women Using Any Method)



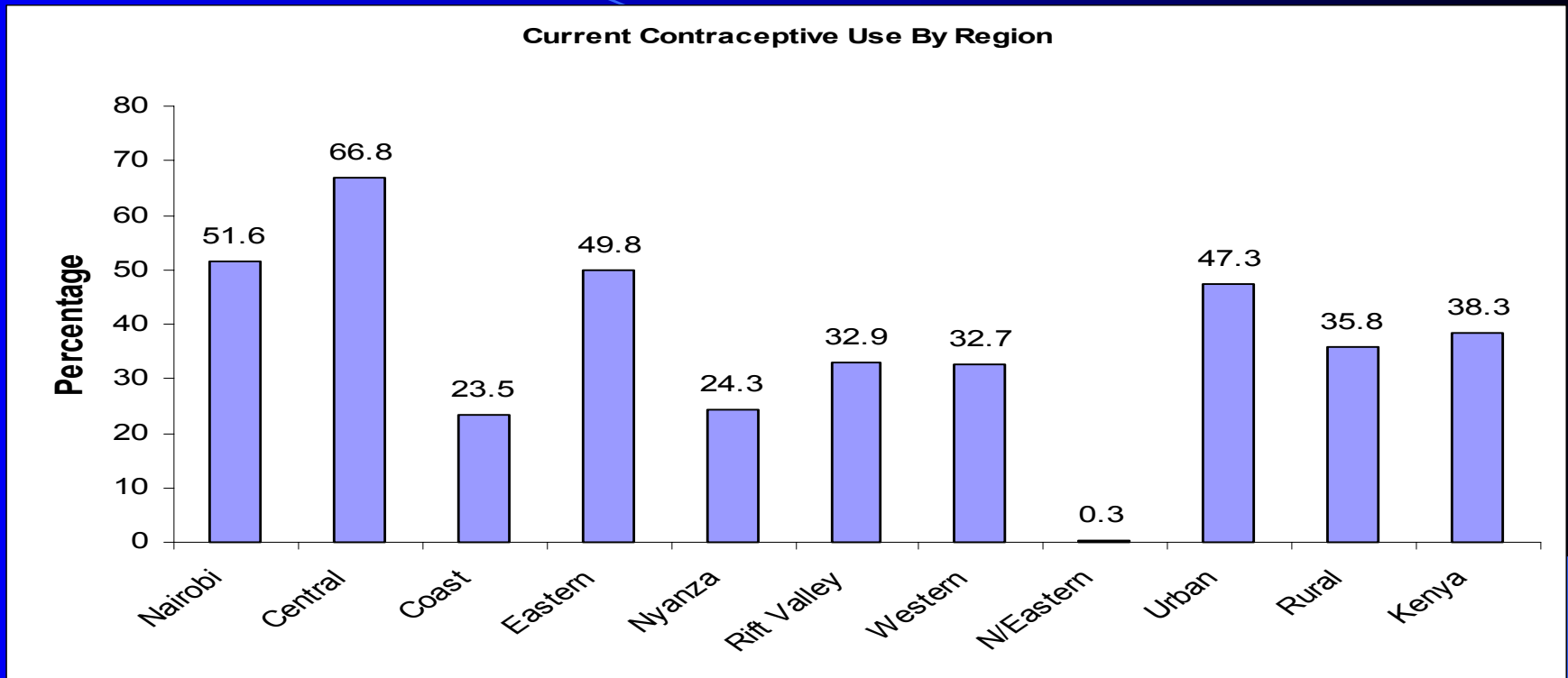
- ❖ About the same proportion (39%) of currently married women are using contraceptives as was reported in the 1998 KDHS.
- ❖ Injectables are the most widely used contraceptive method (14%).
- ❖ The proportion of currently married women using pills has continued to decline (from 6% in 1998 to 4% in 2003).

Current Contraceptive Use By Age



- Contraceptive Prevalence Rate (CPR) peaks in the 35-39 age group and is lowest in the age group 15-19

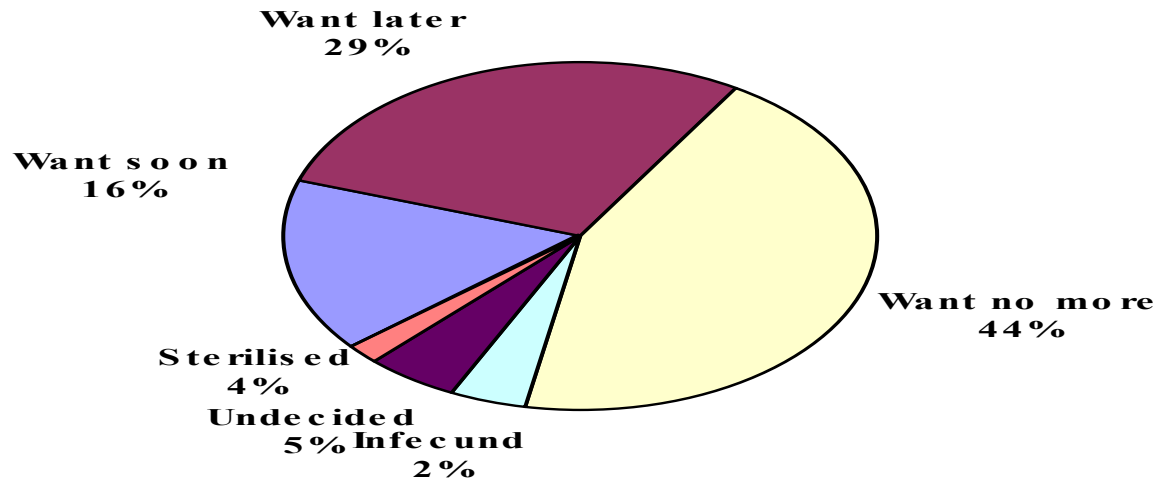
Current Contraceptive Use By Region



- 47% and 36% of urban and rural women use contraceptives, respectively.
- Married women in Central Province have highest CPR (67%) and those in N/Eastern Province have the lowest CPR (less than 1%)
- 48% of women who use contraceptives have 3-4 living children₁₂

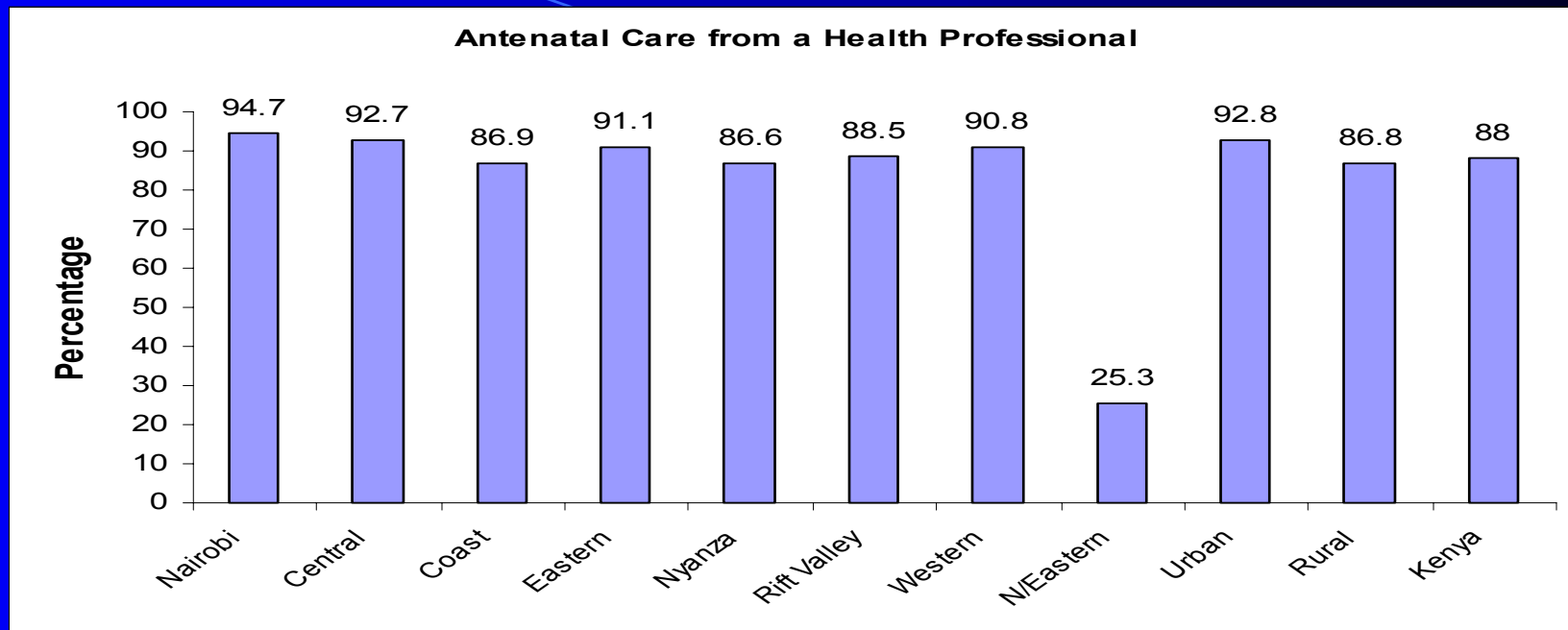
Fertility Preferences

Fertility Preferences among Currently Married Women, Kenya 2003



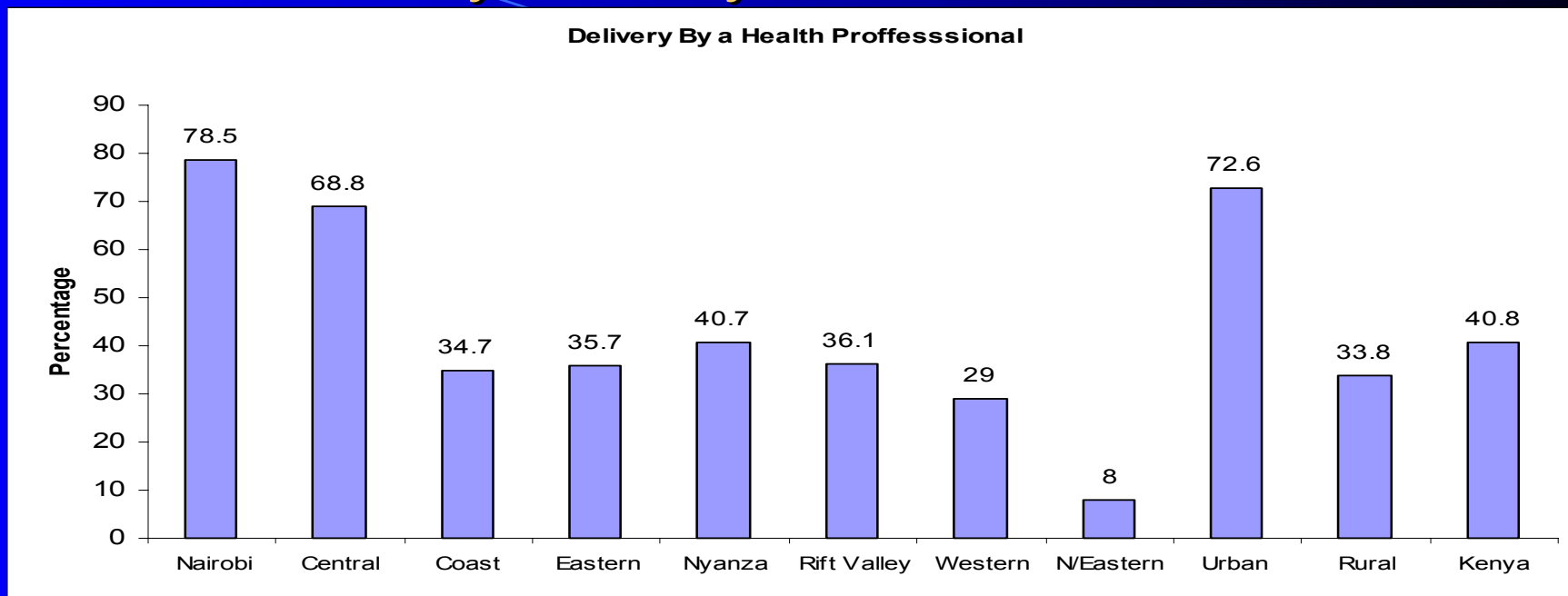
- 44% of currently married women did not want more children in 2003 compared to 47% in 1998.
- 16% of married women would like to have a child soon in 2003 compared to 14% in 1998.
- 29% of married women want a child later in 2003 compared to 25% in 1998.

Antenatal Care from Health Professional



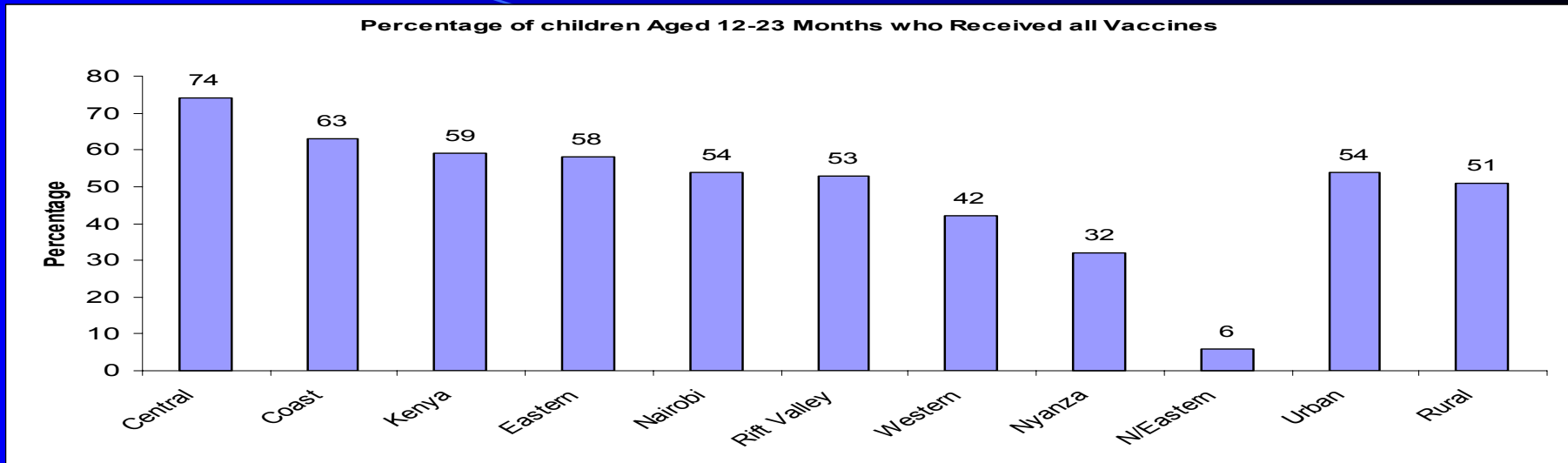
- 9 in 10 mothers visited a health professional at least once for antenatal care for the most recent birth
- Coverage is higher in urban areas (93%) compared to a coverage of 87% in rural areas
- Only 25% of mothers in N/Eastern Province received antenatal care from a health professional

Delivery Care by Health Professional



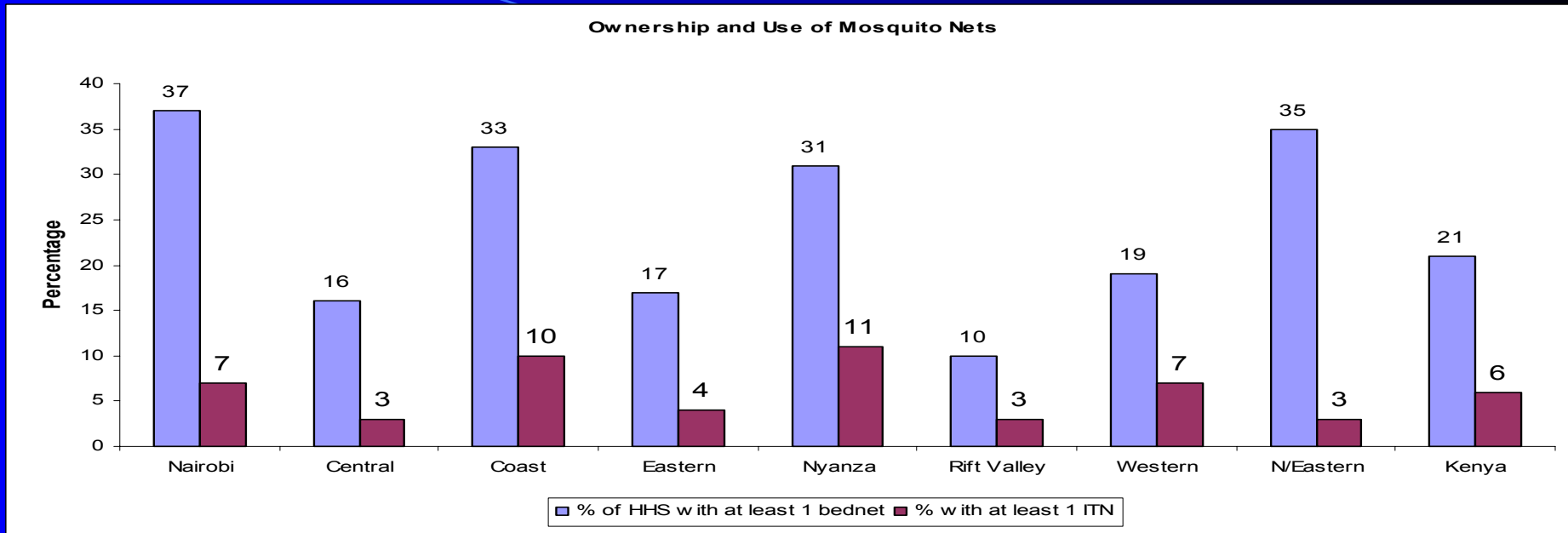
- 4 in 10 mothers receive assistance from a health professional during delivery
- Urban mothers are more than twice (73%) as likely as rural women (34%) to receive assistance from a health professional
- Mothers in Central and Nairobi Provinces have a higher chance to receive medical assistance during delivery
- Only 8% of mothers in N/Eastern Province receive medical assistance during delivery

Children who Received All Vaccines



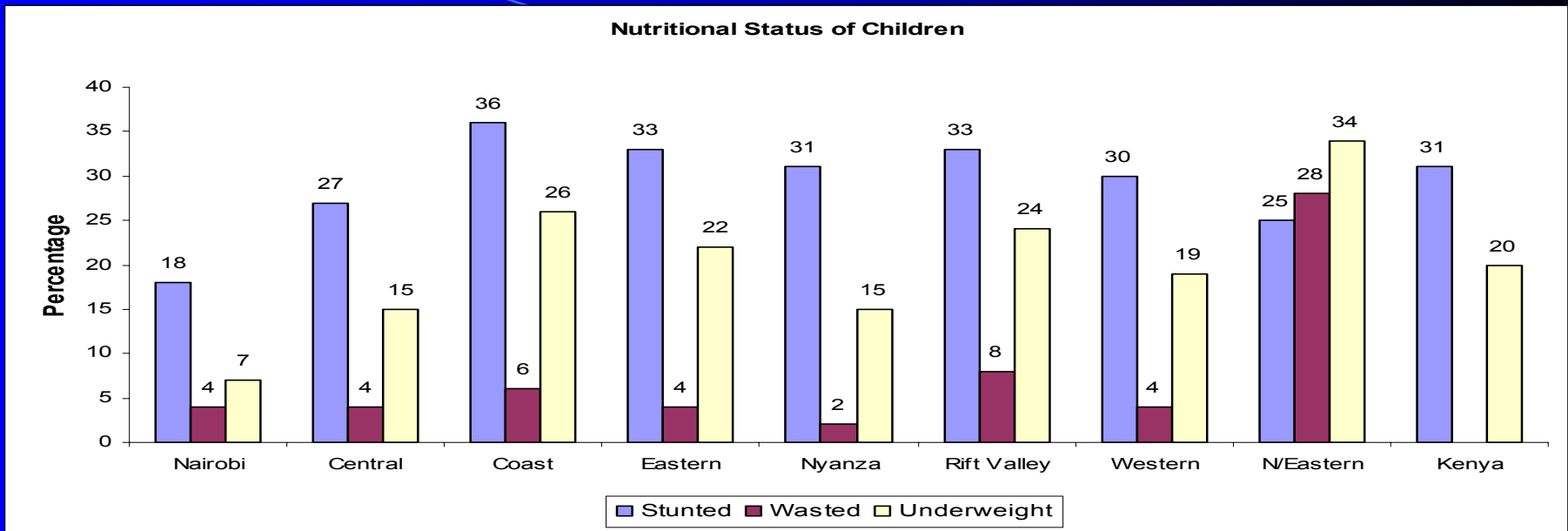
- A child is considered fully immunized if she/he has received BCG vaccine, 3 doses of DPT, at least 3 doses of polio and 1 dose of measles vaccine
- 52% of children aged 12-23 months are fully immunized and 8% of the same children have not received any vaccine
- Coverage show a drop out rate of 18% and 26% for DPT and polio respectively
- Only 6% of children in N/Eastern Province are fully immunized and over half have not received any vaccine

Use of Mosquito Nets



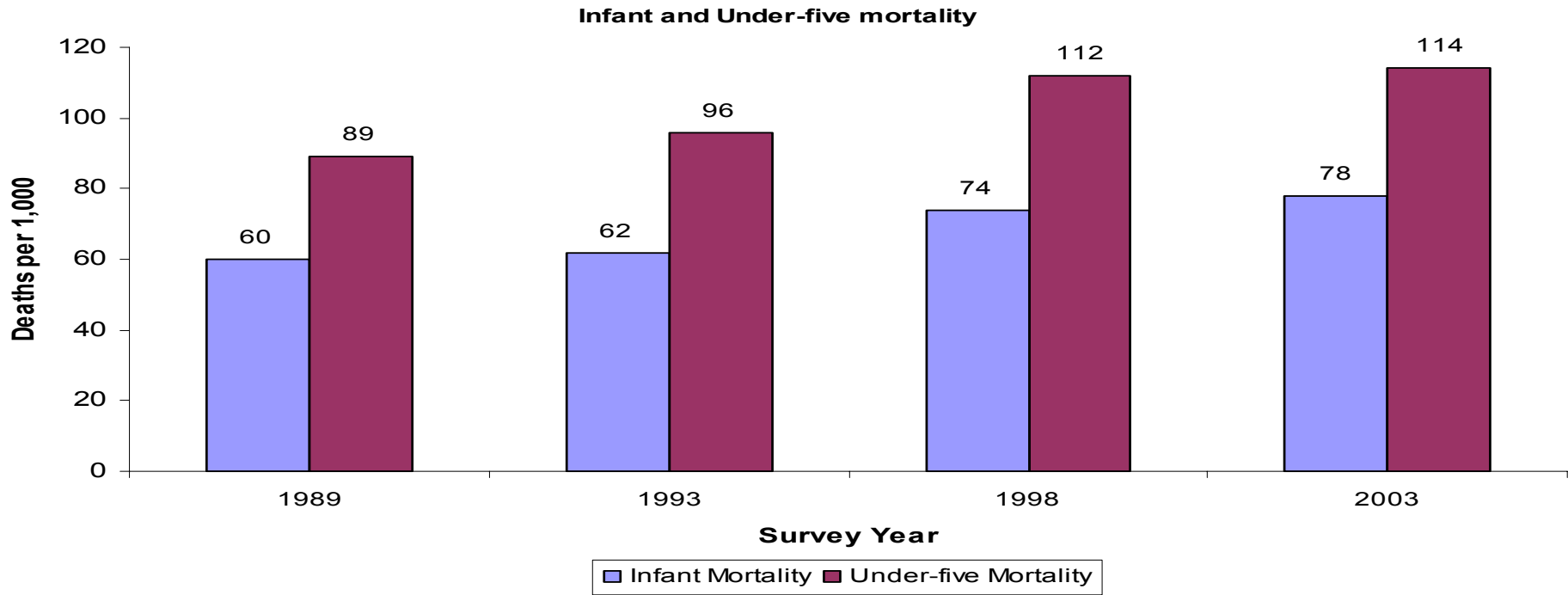
- Use of treated mosquito nets is one of the strongest weapons in the fight against malaria.
- 21% of Households own at least one bed net.
- Only 6% of Households have treated bed nets.
- 14% of children under 5 years and 15% of women in reproductive age slept under the net the night prior to the survey.
- Nyanza, Coast, Western and Nairobi Provinces have the highest ownership and use of mosquito nets.

Nutritional Status of Children



- Overall, the level of chronic malnutrition or stunting is 31% down from 33% in 1998.
- Coast province has the highest level of 36% of stunted children.
- Percentage of wastage children stand at 6% both in 1998 and 2003
- 20% of children are underweight in 2003 down from 22% in 1998
- N Eastern has the highest underweight children (34%)

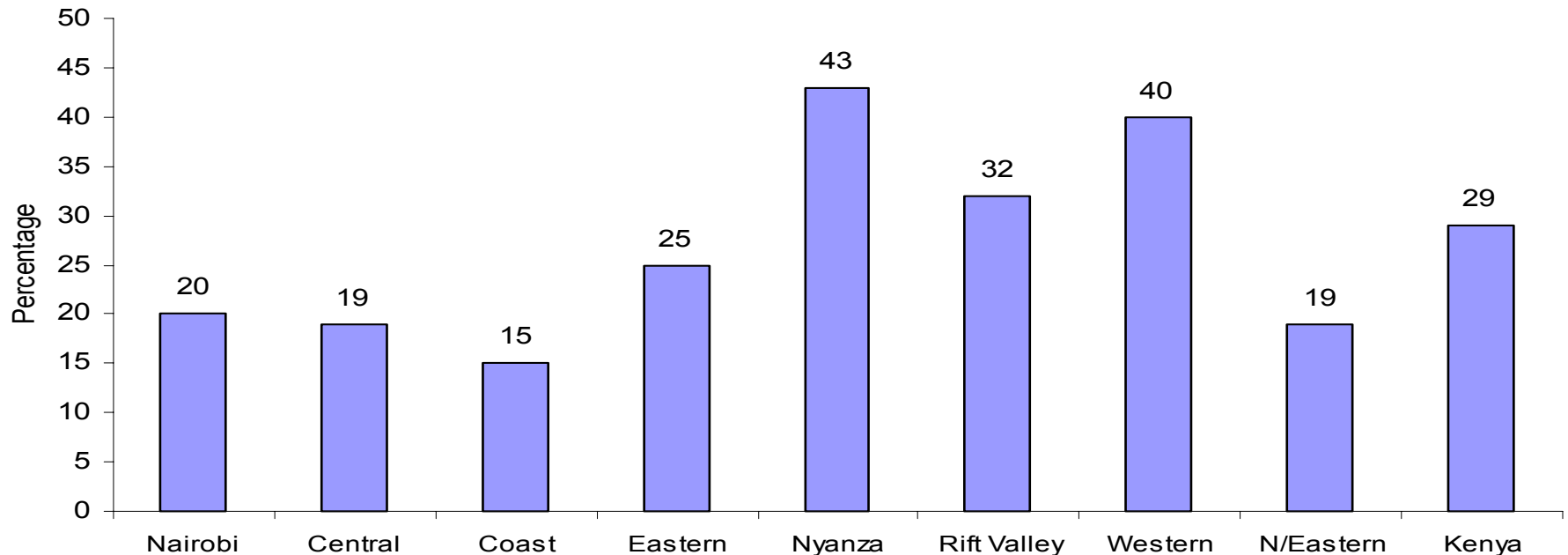
Trends in Early Childhood Mortality Rates



- Childhood mortality rates are basic indicators of a country's socio-economic level and quality of life
- Infant and under-five mortality rates increased by 30% between 1989 and 2003
- The increase in early childhood mortality rates depicts a deterioration in quality of life over the last 20 years

Domestic Violence (Physical & Sexual)

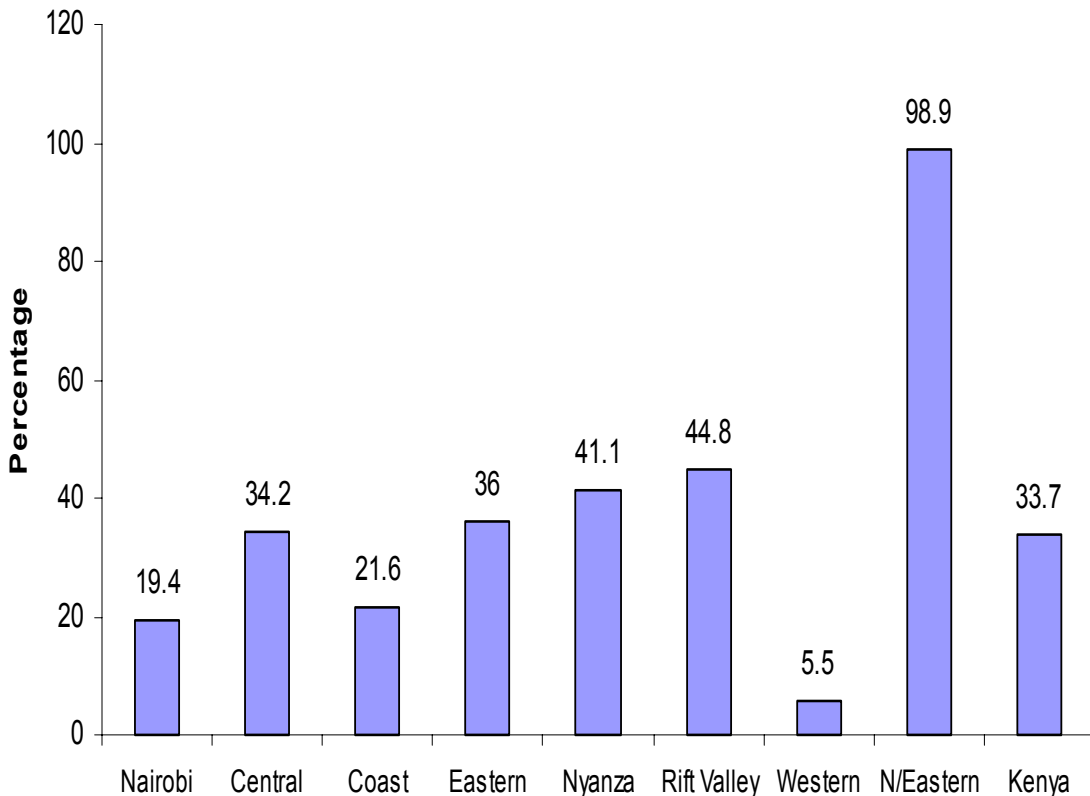
Percentage of Women Reporting Physical or Sexual Violence Last Year



- 44% of married, divorced or separated women report to have ever been physically or sexually violated by their husbands or partners
- 29% were victims of such violence in the last one year before the survey
- Older women are more likely than younger women to have been physically or sexually assaulted. (48% vs. 31%)
- Women in Nyanza and Western Provinces have a higher risk of violence
- 16% of women reported to have ever been sexually violated and 12% in the last one year.

Proportion of Women Circumcised

Percentage of Women Circumcised



- Nationally, 1 in every 3 women aged 15-49 years is circumcised (34% in 2003 compared to 38% in 1998).
- Proportion of women circumcised is highest in N. Eastern (99%) and lowest in Western province (5.5%).
- Muslim women are more likely to be circumcised (54%) than non-Muslim women (33%)

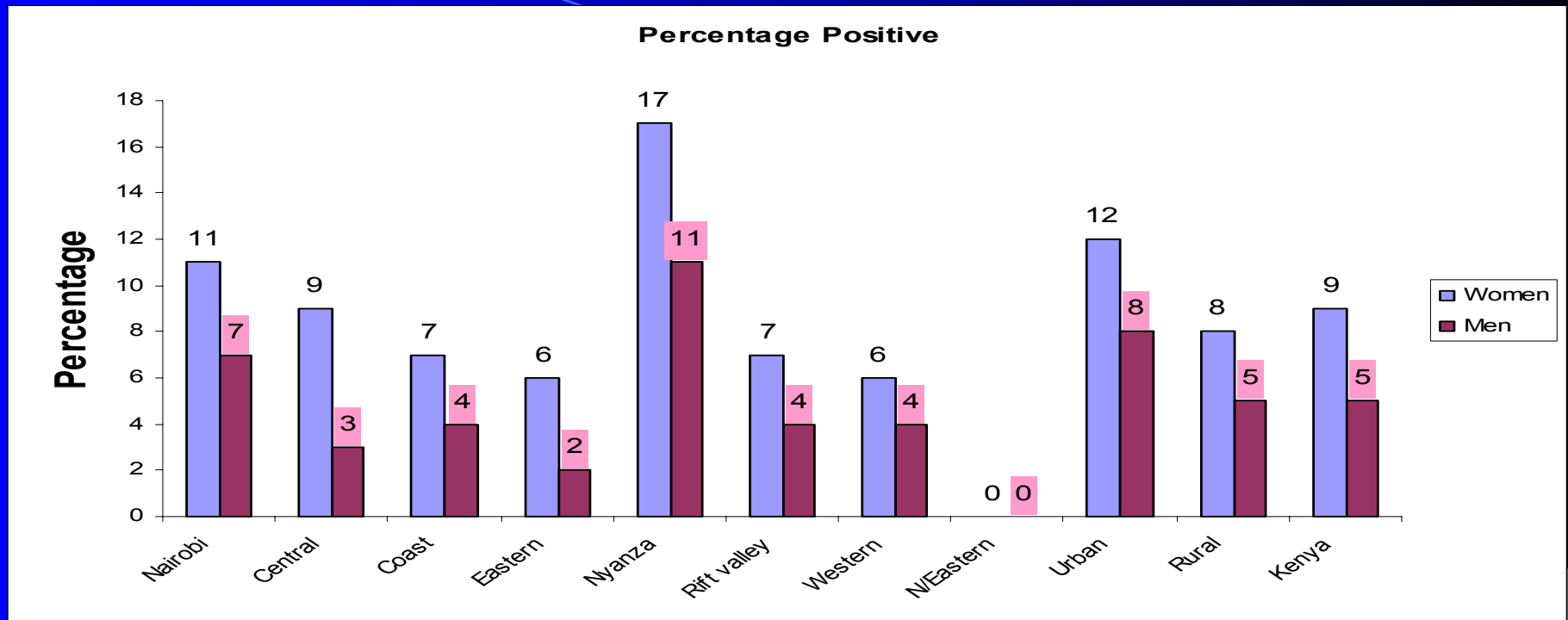
PREVALENCE OF HIV

- The source of data on HIV prevalence in Kenya like in most countries is Sentinel data.
- The 2003 KDHS included a module on estimating the HIV prevalence.
- The results from KDHS would be used to validate and strengthen data from Sentinel sites

HIV Testing Response Rates

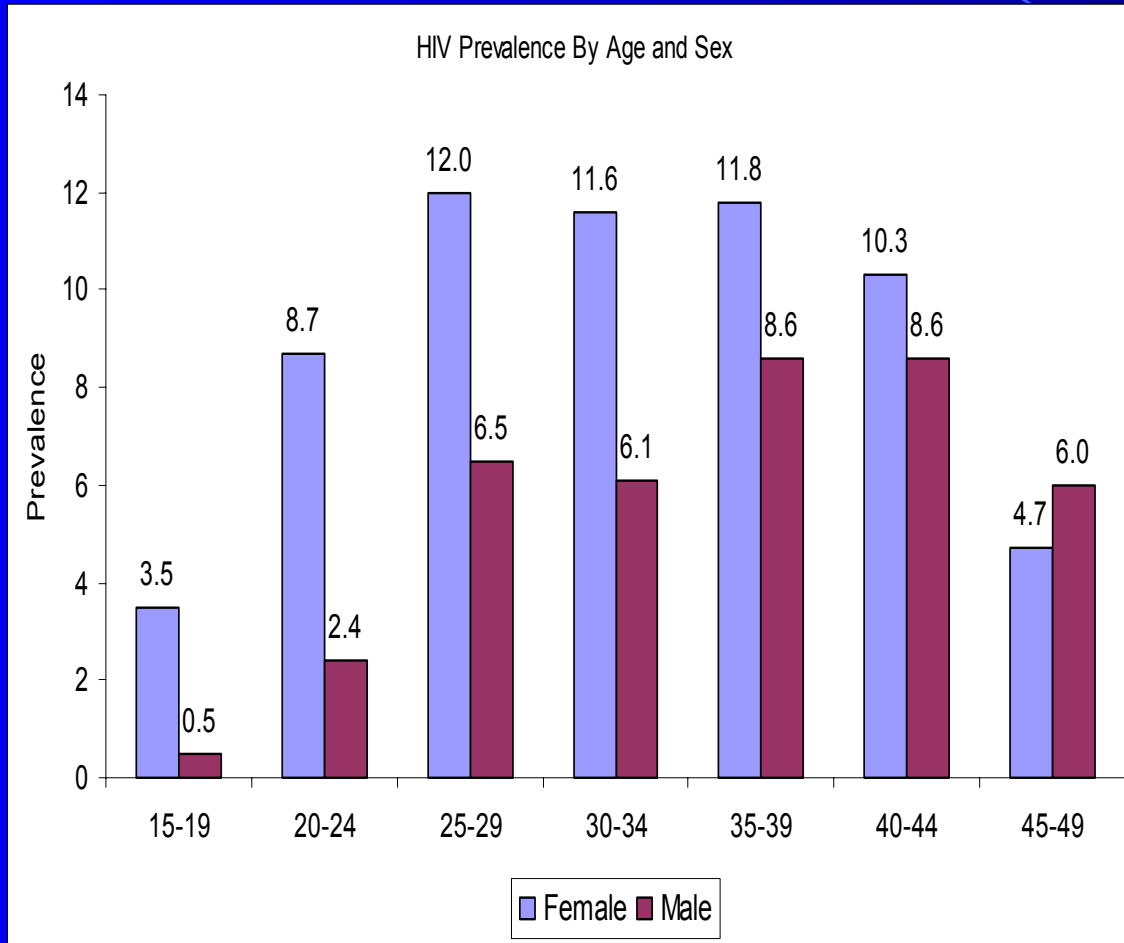
- 7 in 10 eligible respondents gave blood samples for HIV testing
- Women had a higher acceptance rate than men (76% versus 70%)
- Rural respondents had a higher response rate than urban respondents (79% versus 62%)

HIV Prevalence Rates By Region



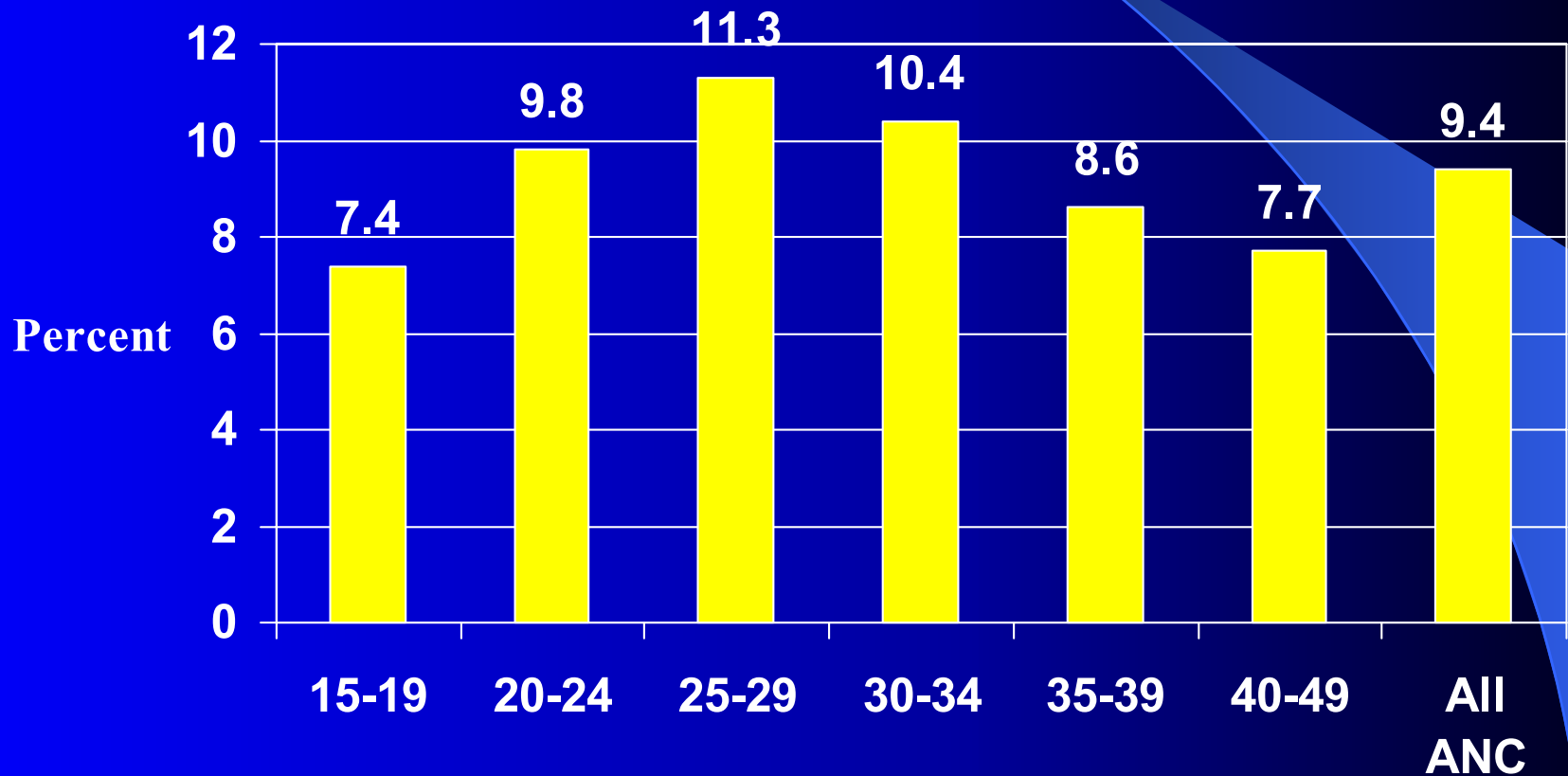
- At the national level, 6.7% of those tested were HIV positive
- Prevalence rate is 10% in urban areas and 5.6% in rural areas
- Nyanza has the highest prevalence of 14% and N/Eastern has lowest prevalence rate of less than 1%

HIV Prevalence Rates By Age and Sex



- HIV prevalence rates are higher among women (8.7%) than among men (4.5%).
- The proportion of HIV positive rises with age from 2% in the 15-19 age-group to 10.3% in the 35-39 age-group for both sexes.
- The peak of HIV prevalence differs between men and women, with a prevalence of 12% in the age group 25-29 among women and a prevalence of 9% in the age group 35-44 among men.

HIV prevalence in ANC clients –2003 by age group



POLICY IMPLICATIONS

- Most of the indicators in the health sector have continued to deteriorate implying that all stakeholders in the sector should re-evaluate their programmes.
- The constant Contraceptive Prevalence Rate could be attributed to contraceptive stock-outs in the previous years leading to drop-out by users. In addition funding initially targeting FP programmes may have been diverted to fighting HIV/AIDS. It is therefore important to look at the cost, availability and the system for delivery of Family Planning methods.
- More focused strategy on immunization coverage should be developed since coverage continues to decline inspite of the programmes developed by GoK and donors.

POLICY IMPLICATIONS (cont.)

- HIV/AIDS continues to be a national disaster and the KDHS information will assist in formulating evidence-based programmes and to verify/supplement the information from sentinel sites. More concerted efforts should be directed at reducing further the prevalence rates.
- Domestic violence and female genital cutting (FGC) continue to be social problems. There is need to have more programmes and policies that would reduce the incidence of these social problems in the society.
- The findings call for urgent review of relevant population, health and socio-economic policies in order to set new targets against which interventions will be based.

- The report can be downloaded on www.cbs.go.ke
- More analytical work is currently going on and the detailed report of the 2003 KDHS will be released by the end of May 2004
- THANK YOU