

Kenya - Kenya Demographic and Health Survey 2022

Kenya National Bureau of Statistics

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Overview

Identification

ID NUMBER

DDI-KEN-KNBS-KDHS-2022-V001

Version

VERSION DESCRIPTION

Version 001

PRODUCTION DATE

2022

Overview

ABSTRACT

The 2022 Kenya Demographic and Health Survey (2022 KDHS) is the seventh DHS survey implemented in Kenya. The Kenya National Bureau of Statistics (KNBS) in collaboration with the Ministry of Health (MoH) and other stakeholders implemented the survey. Survey planning began in late 2020 with data collection taking place from February 17 to July 19, 2022. ICF provided technical assistance through The DHS Program, which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide. Other agencies and organizations that facilitated the successful implementation of the survey through technical or financial support were 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).

SURVEY OBJECTIVES

The primary objective of the 2022 KDHS is to provide up-to-date estimates of demographic, health, and nutrition indicators to guide the planning, implementation, monitoring, and evaluation of population and health-related programs at the national and county levels.

The specific objectives of the 2022 KDHS are to:

Estimate fertility levels and contraceptive prevalence

Estimate childhood mortality

Provide basic indicators of maternal and child health

Estimate the Early Childhood Development Index (ECDI)

Collect anthropometric measures for children, women, and men

Collect information on children's nutrition

Collect information on women's dietary diversity

Obtain information on knowledge and behavior related to transmission of HIV and other sexually transmitted infections (STIs)

Obtain information on noncommunicable diseases and other health issues

Ascertain the extent and patterns of domestic violence and female genital mutilation/cutting

UNITS OF ANALYSIS

Household, individuals, county and national level

Scope

NOTES

- All women age 15-49 who were usual members of the selected households or who had slept in the households the night before the survey were eligible for interviews.

- The men's interview was conducted in half of the sampled households, and all men age 15-54 who were usual members of the selected households or who had slept in those households the night before the survey were eligible to be interviewed.

- The Biomarker Questionnaire, which included height and weight measurements, was administered in all households for children age 0-59 months and in the men's subsample for men age 15-54 and women age 15-49.

- Modules on disability, COVID-19, health insurance, health expenditures, road traffic accidents, household food expenditure, early childhood development index 2030, chronic diseases, and female genital mutilation/cutting (FGM/C) were administered in half of the households sampled for the 2022 KDHS.

KEYWORDS

KDHC 2022

Coverage

GEOGRAPHIC COVERAGE

National coverage

UNIVERSE

The survey covered sampled households

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Kenya National Bureau of Statistics	State Department for Economic Planning

OTHER PRODUCER(S)

Name	Affiliation	Role
United States Agency for International Development	USA Government	Financing
ICF	The DHS Program	Technical Support
Bill & Melinda Gates Foundation	Bill and Melinda Gates	Support
World Bank		Support
United Nations Children's Fund	UN	Support
United Nations Population Fund	UN	Support
World Food Programme	UN	Support
United Nations Entity for Gender Equality and the Empowerment of Women	UN	Support
World Health Organization	UN	Support
Clinton Health Access Initiative	Clinton	Support

Joint United Nations Programme on HIV/AIDS	UN	Support
Nutrition International	UN	Support

FUNDING

Name	Abbreviation	Role
Government of Kenya	GoK	Funding
United States Agency for International Development	USAID	Funding

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Kenya National Bureau of Statistics	KNBS	State Department of Planning	Collection of data, process and report

DATE OF METADATA PRODUCTION
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Sampling

Sampling Procedure

The sample for the 2022 KDHS was drawn from the Kenya Household Master Sample Frame (K-HMSF). This is the frame that KNBS currently operates to conduct household-based sample surveys in Kenya. In 2019, Kenya conducted a Population and Housing Census, and a total of 129,067 enumeration areas (EAs) were developed. Of these EAs, 10,000 were selected with probability proportional to size to create the K-HMSF. The 10,000 EAs were randomized into four equal subsamples. The survey sample was drawn from one of the four subsamples. The EAs were developed into clusters through a process of household listing and geo-referencing. To design the frame, each of the 47 counties in Kenya was stratified into rural and urban strata, resulting in 92 strata since Nairobi City and Mombasa counties are purely urban.

The 2022 KDHS was designed to provide estimates at the national level, for rural and urban areas, and, for some indicators, at the county level. Given this, the sample was designed to have 42,300 households, with 25 households selected per cluster, resulting into 1,692 clusters spread across the country with 1,026 clusters in rural areas and 666 in urban areas.

Response Rate

A total of 42,022 households were selected for the sample, of which 38,731 (92%) were found to be occupied. Among the occupied households, 37,911 were successfully interviewed, yielding a response rate of 98%. The response rates for urban and rural households were 96% and 99%, respectively. In the interviewed households, 33,879 women age 15-49 were identified as eligible for individual interviews. Interviews were completed with 32,156 women, yielding a response rate of 95%. The response rates among women selected for the full and short questionnaires were the similar (95%). In the households selected for the male survey, 16,552 men age 15-54 were identified as eligible for individual interviews and 14,453 were successfully interviewed, yielding a response rate of 87%.

Questionnaires

Overview

Eight questionnaires were used for the 2022 KDHS:

1. A full Household Questionnaire
2. A short Household Questionnaire
3. A full Woman's Questionnaire
4. A short Woman's Questionnaire
5. A Man's Questionnaire
6. A full Biomarker Questionnaire
7. A short Biomarker Questionnaire
8. A Fieldworker Questionnaire.

The Household Questionnaire collected information on:

- o Background characteristics of each person in the household (for example, name, sex, age, education, relationship to the household head, survival of parents among children under age 18)
- o Disability
- o Assets, land ownership, and housing characteristics
- o Sanitation, water, and other environmental health issues
- o Health expenditures
- o Accident and injury
- o COVID-19 (prevalence, vaccination, and related deaths)
- o Household food consumption

The Woman's Questionnaire was used to collect information from women age 15-49 on the following topics:

- o Socioeconomic and demographic characteristics
- o Reproduction
- o Family planning
- o Maternal health care and breastfeeding
- o Vaccination and health of children
- o Children's nutrition
- o Woman's dietary diversity
- o Early childhood development
- o Marriage and sexual activity
- o Fertility preferences
- o Husbands' background characteristics and women's employment activity
- o HIV/AIDS, other sexually transmitted infections (STIs), and tuberculosis (TB)
- o Other health issues
- o Early Childhood Development Index 2030
- o Chronic diseases
- o Female genital mutilation/cutting
- o Domestic violence

The Man's Questionnaire was administered to men age 15-54 living in the households selected for long Household Questionnaires. The questionnaire collected information on:

- o Socioeconomic and demographic characteristics
- o Reproduction
- o Family planning
- o Marriage and sexual activity
- o Fertility preferences
- o Employment and gender roles
- o HIV/AIDS, other STIs, and TB
- o Other health issues
- o Chronic diseases
- o Female genital mutilation/cutting
- o Domestic violence

The Biomarker Questionnaire collected information on anthropometry (weight and height). The long Biomarker Questionnaire collected anthropometry measurements for children age 0-59 months, women age 15-49, and men age 15-54, while the short questionnaire collected weight and height measurements only for children age 0-59 months.

The Fieldworker Questionnaire was used to collect basic background information on the people who collected data in the field. This included team supervisors, interviewers, and biomarker technicians.

All questionnaires except the Fieldworker Questionnaire were translated into the Swahili language to make it easier for interviewers to ask questions in a language that respondents could understand.

Data Collection

Data Collection Dates

Start	End	Cycle
2022-02-17	2022-07-19	N/A

Data Collection Mode

Computer Assisted Personal Interview [capi]

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- o Socioeconomic and demographic characteristics
- o Reproduction

- o Family planning
- o Marriage and sexual activity
- o Fertility preferences
- o Employment and gender roles
- o HIV/AIDS, other STIs, and TB
- o Other health issues
- o Chronic diseases
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- o Domestic violence

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Data Collectors

Name	Abbreviation	Affiliation
Kenya National Bureau of Statistics	KNBS	State Department for Economic Planning

Supervision

Interviewing was conducted by teams of interviewers. Each interviewing team comprised of interviewers, a supervisor, and a driver. Each team used a 4 wheel drive vehicle to travel from cluster to cluster (and where necessary within cluster).

The role of the supervisor was to coordinate field data collection activities, including management of the field teams, supplies and equipment, finances, maps and listings, coordinate with local authorities concerning the survey plan and make arrangements for travel. Additionally, the field supervisor assigned the work to the interviewers, spot checked work, maintained field control documents, and sent completed questionnaires and progress reports to the central server.

Data Processing

Data Editing

Data were downloaded from the central servers and checked against the inventory of expected returns to account for all data collected in the field. SyncCloud was also used to generate field check tables to monitor progress and flag any errors, which were communicated back to the field teams for correction.

Secondary editing was done by members of the central office team, who resolved any errors that were not corrected by field teams during data collection. A CPro batch editing tool was used for cleaning and tabulation during data analysis.

Data Appraisal

No content available