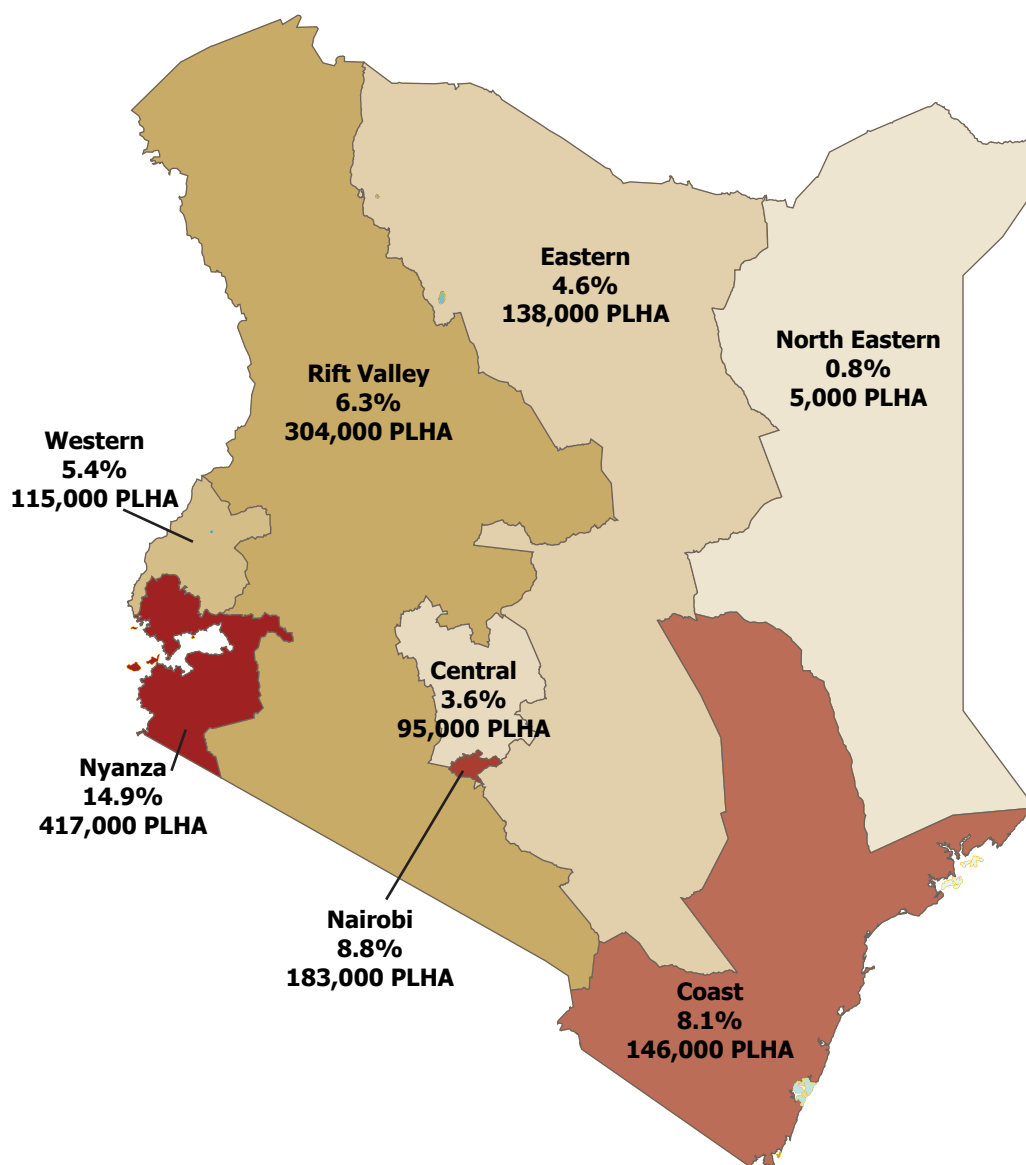


# Kenya AIDS Indicator Survey (KAIS) 2007 Data Sheet



## HIV Prevalence in Kenya: 7.1% (15-64 years)

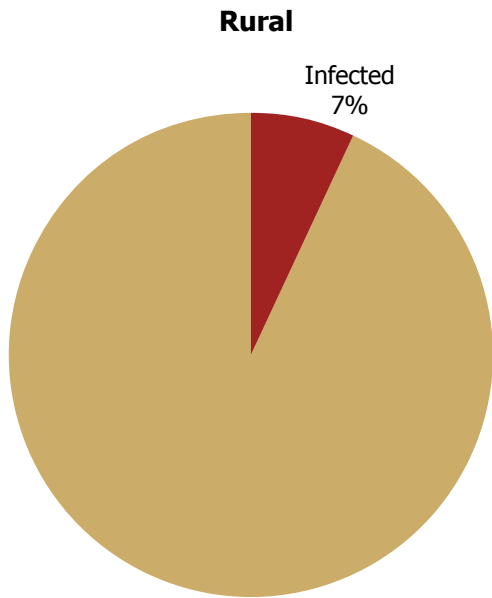
### 1.4 million persons living with HIV/AIDS (PLHA)

The prevalence of HIV infections varies greatly across the eight provinces. This map shows the HIV prevalence (percent HIV-infected) and the estimated number of persons living with HIV/AIDS (PLHA) in each province. The estimated population of adults ages 15-64 years in 2007 was 20 million, according to Government projections from 2006. With a national HIV prevalence of 7.1%, Kenya had an estimated 1.4 million adults living with HIV in 2007.

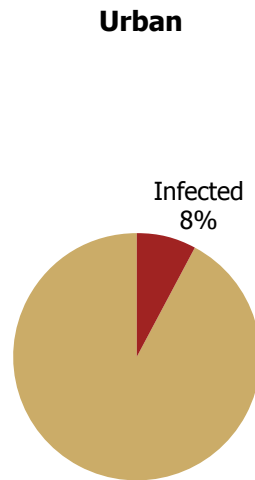


The 2007 Kenya AIDS Indicator Survey (KAIS) was a nationally representative survey of adults ages 15-64 years from the eight provinces. It consisted of household and individual questionnaires; testing of blood samples; and returning test results to participants. Nearly 18,000 women and men participated.

# HIV Prevalence in Rural and Urban Areas



About 1 million adults living in rural areas were infected with HIV — 70% of all HIV infections

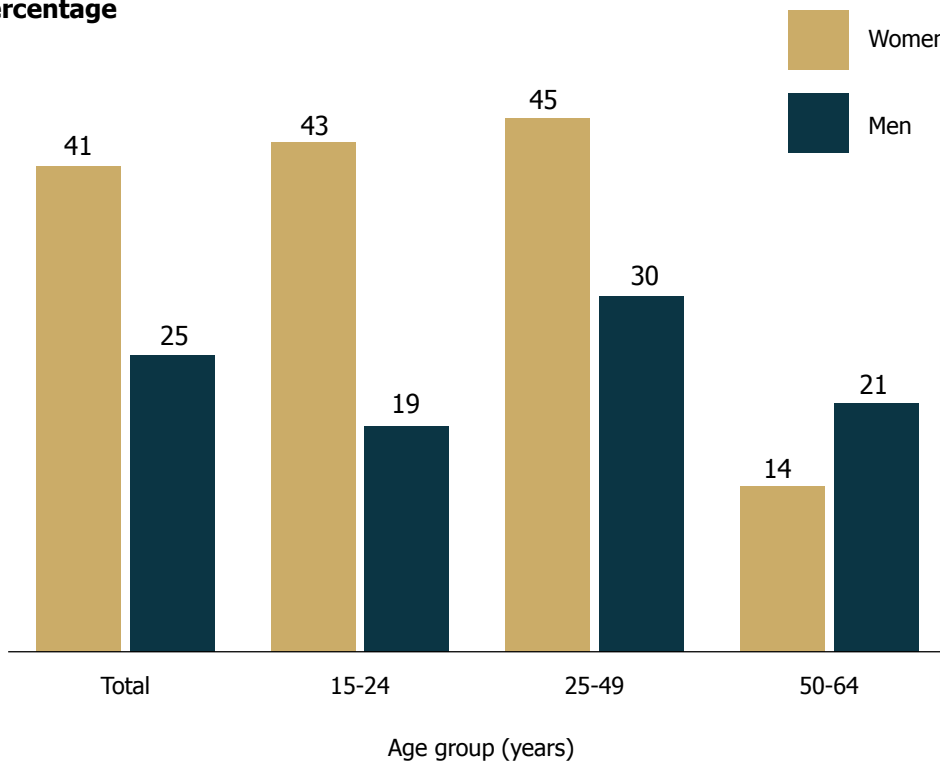


About 400,000 adults living in urban areas were infected with HIV — 30% of all HIV infections

Although HIV prevalence in rural areas was slightly lower than in urban areas, the greatest burden of disease was in rural areas, where three-quarters of the population lives.

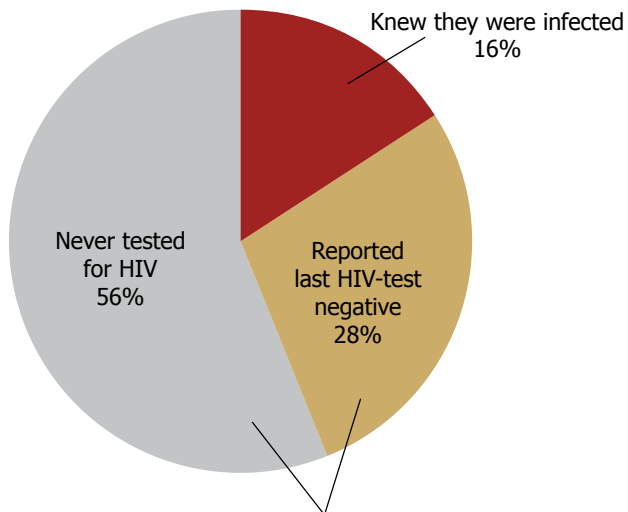
## Adults Who Have Ever Tested for HIV and Received the Results

Percentage



Overall, women were more likely than men to have ever tested for HIV and received their results. When looking at older adults (ages 50-64), the opposite was true, and more men had tested than women. Older women were less likely to have been tested than any other age or sex group.

# Knowledge of HIV Status Among HIV-Infected Adults



84% of HIV-infected adults did not know their status

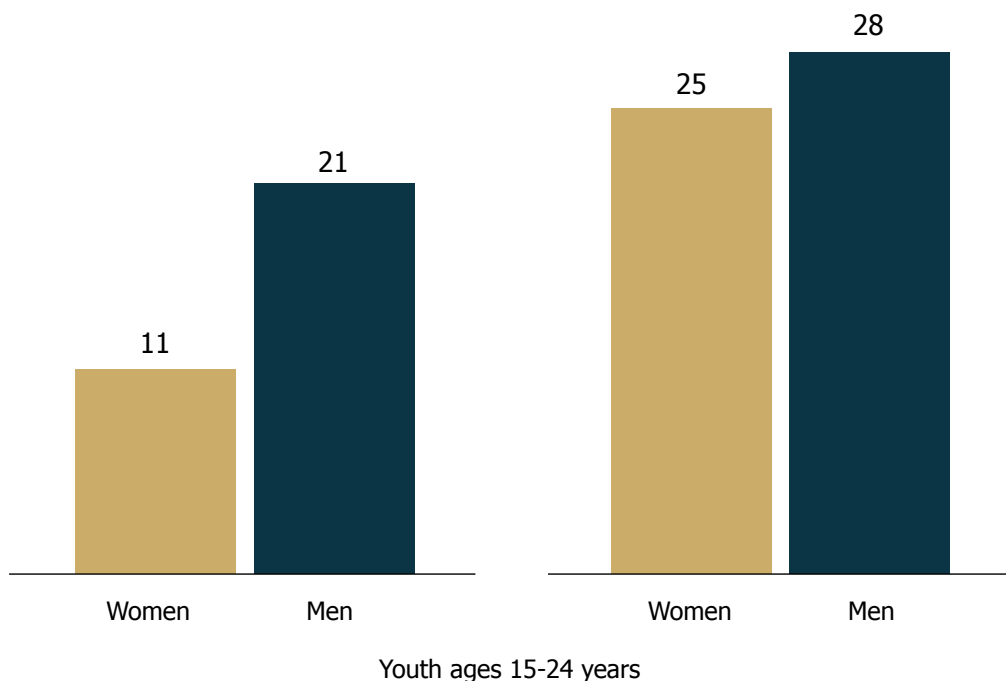
The majority of lab-confirmed HIV-infected participants were not aware of their status when asked in the survey. More than one-quarter reported that they were not HIV-infected based on their last HIV test. Testing for HIV is an important step toward knowing one's status. Repeated exposure to HIV means that repeat testing is needed for accurate and current knowledge of one's HIV status. Among those who had never tested for HIV, one-third had not tested because they perceived themselves to be at low risk for infection.

# Sexual Activity Among Youth

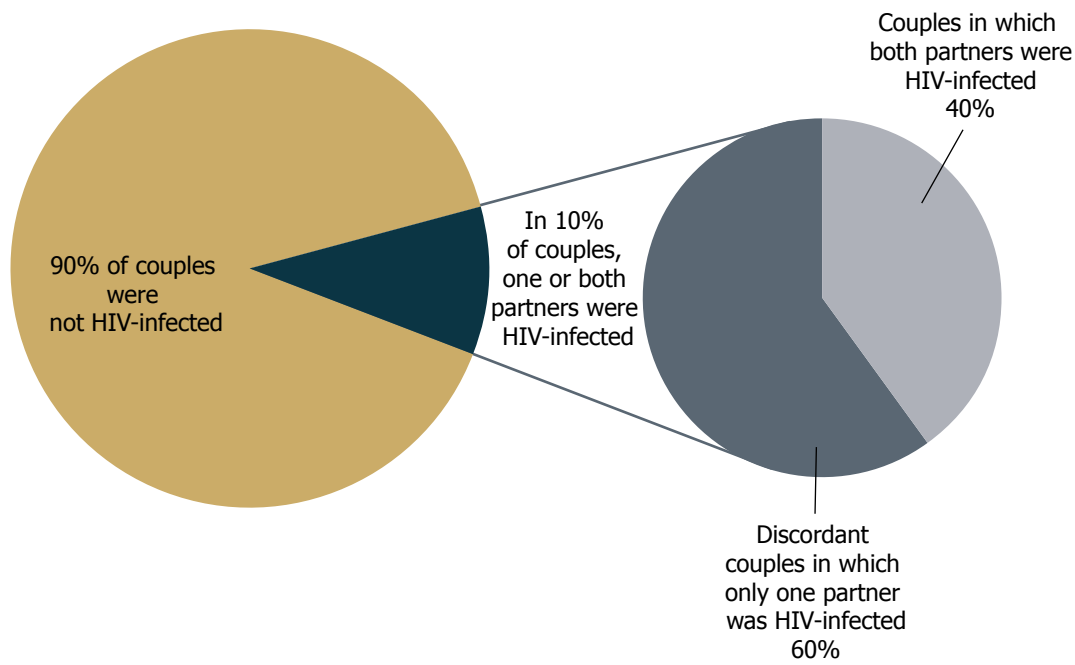
**Percentage of youth who had sex before age 15**

**Among sexually active youth, the percentage who used a condom the first time they had sex**

Among youth ages 15-24 years, 11 percent of women and 21 percent of men had their first sex before the age of 15. Among both young women and young men who were sexually active, less than one-third used a condom the first time that they had sex.



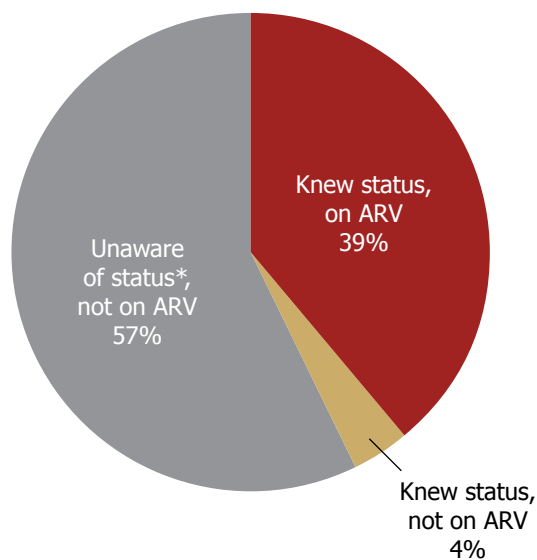
# Couples and HIV



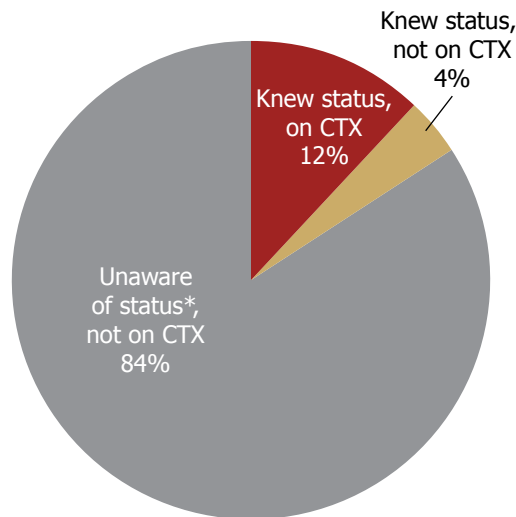
The majority of married or cohabiting couples in Kenya are “concordant negative,” meaning that both individuals are not infected with HIV. In KAIS, 10 percent of couples were infected with HIV. Of these, six out of 10 were “discordant couples,” meaning that only one of the two individuals was infected with HIV. Nearly 350,000 married or cohabiting couples in Kenya were discordant. In such couples, the uninfected partner may be at heightened risk of acquiring HIV.

# HIV Care and Treatment

**Percent receiving ARV**  
Among those eligible for ARV treatment



**Percent receiving cotrimoxazole (CTX)**  
Among those who are HIV-infected

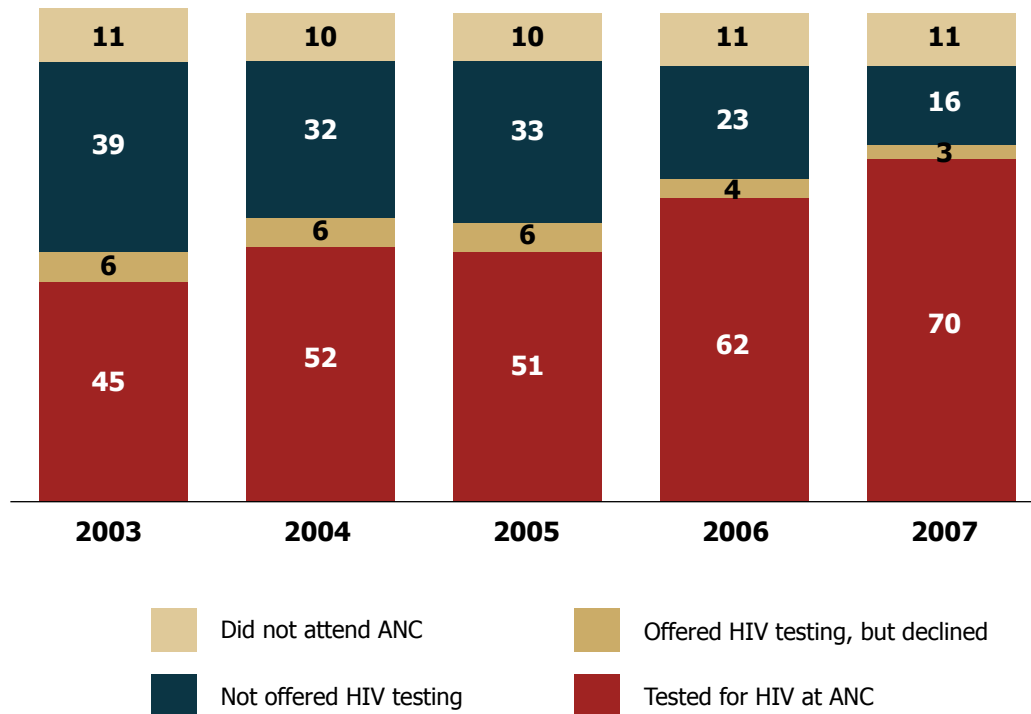


\* Never tested for HIV or reported uninfected based on last HIV test

The vast majority of those who knew their status and were eligible for antiretroviral treatment (ARV) were receiving treatment at the time of the survey. Eligibility for ARV is defined by a blood test confirming a CD4 cell count below 250, which indicates a considerably weakened immune system. Similarly, a majority of those who knew they were HIV-infected were receiving cotrimoxazole, also known as Septrin. While access to care and treatment appeared to be high among those who knew their status, the majority of those infected were not aware of their status and therefore were not accessing care and treatment services.

# Antenatal Clinic (ANC) Attendance and HIV Testing

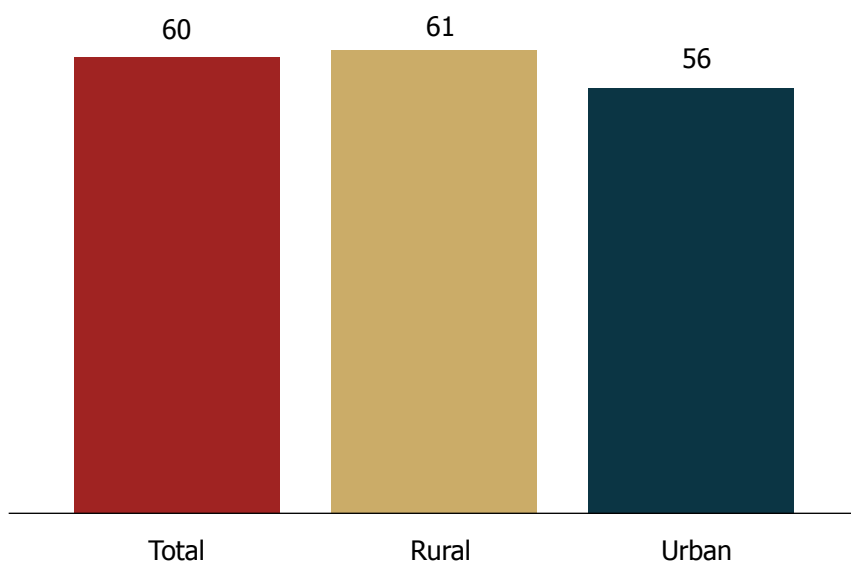
Percentage



Between 2003 and 2007, the percentage of pregnant women who attended an antenatal clinic (ANC) stayed relatively constant. For women who attended ANC, there was an increase in the offer and acceptance of HIV testing.

# Unmet Need for Family Planning Among HIV-Infected Women

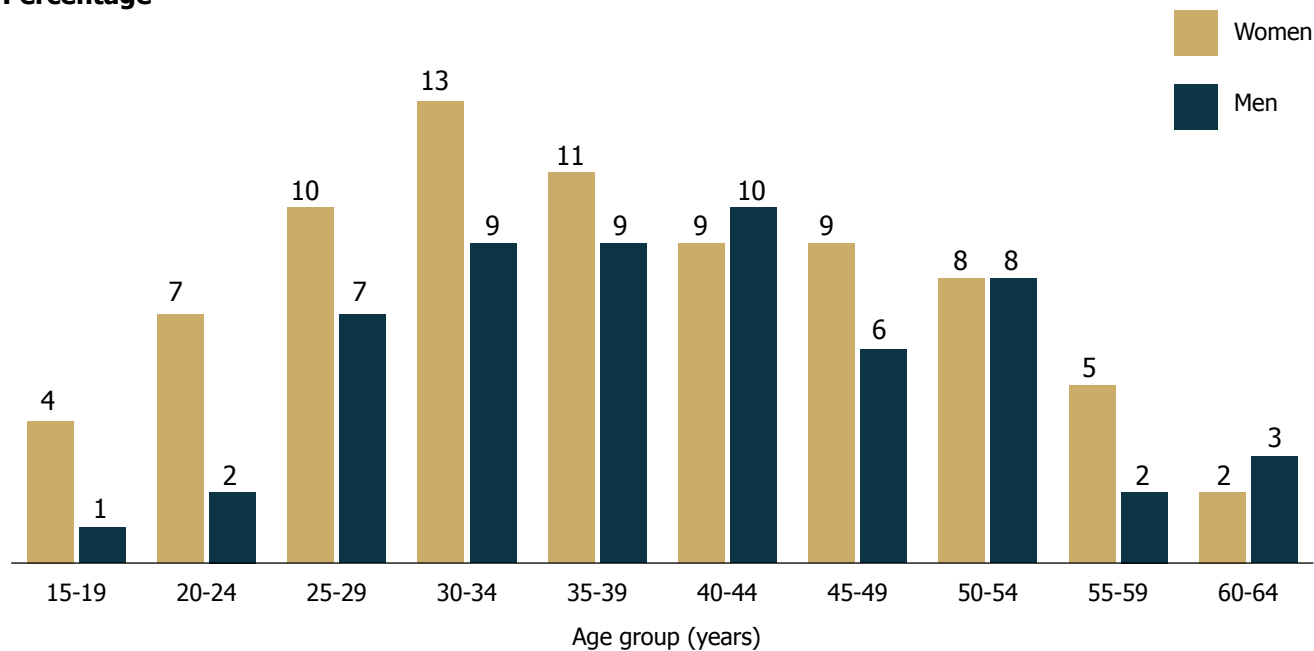
Percentage



Family planning is an important component of care for HIV-infected women. Among married or cohabiting women living with HIV who did not want a child ever or within the next two years, a majority were not currently using any form of contraception. This means there was high unmet need for family planning. Ensuring access to contraception for women living with HIV helps prevent unintended pregnancies and can reduce the risk of HIV-infected births.

# HIV Prevalence by Age Group

Percentage



In most age groups, HIV prevalence is higher among women. This is especially pronounced among youth; between the ages of 15 and 24, the prevalence among women is about four times higher than among men

Province	HIV Prevalence (percent HIV-infected)								
	Total Ages 15-64	Women	Men	Age Groups (years)				Circum-cised Men	Uncircum-cised Men
				15-49	15-24	25-49	50-64		
<b>Total</b>	7.1	8.4	5.4	7.4	3.8	9.8	5.0	3.9	13.2
<b>Rural</b>	6.7	7.8	5.2	7.0	3.7	9.1	5.0	3.7	12.9
<b>Urban</b>	8.4	10.0	6.1	8.7	3.9	12.1	4.9	4.6	14.6
<b>Nairobi</b>	8.8	10.4	6.5	9.2	3.9	13.2	4.7	3.2	20.2
<b>Central</b>	3.6	3.9	3.3	3.9	1.3	5.4	2.1	3.4	0.0
<b>Coast</b>	8.1	9.5	6.3	8.3	5.4	9.7	7.4	6.1	*
<b>Eastern</b>	4.6	6.1	2.5	4.6	2.6	6.0	4.1	2.6	0.9
<b>North Eastern</b>	0.8	0.9	0.8	1.0	0.7	1.1	0.0	0.6	*
<b>Nyanza</b>	14.9	17.2	11.6	15.0	8.0	21.3	13.7	5.5	17.3
<b>Rift Valley</b>	6.3	7.4	4.8	6.7	2.1	9.2	3.0	4.5	7.0
<b>Western</b>	5.4	6.0	4.5	5.9	3.6	7.5	2.2	4.2	6.8

Province	HIV Testing				Sexual Behavior in the Last 12 Months			
	Percent Who Have Ever Tested and Received Results			Willingness to be Tested at Home (%)	Knew Last Partner's HIV Status <sup>†</sup> (%)	Had Unprotected Sex With a Partner of Unknown or Discordant Status <sup>†</sup> (%)	Among Those Living With HIV/AIDS	
	Total Ages 15-64	Women	Men				Did Not Know They Were Infected (%)	Ever Used a Condom (%)
<b>Total</b>	33.9	40.7	24.9	83.5	23.0	72.1	83.6	45.0
<b>Rural</b>	29.0	35.4	20.6	83.7	19.3	76.5	82.9	40.6
<b>Urban</b>	50.1	57.5	39.7	82.7	34.8	58.0	85.5	56.5
<b>Nairobi</b>	56.1	64.3	44.4	79.7	42.4	47.1	81.6	52.7
<b>Central</b>	34.5	42.2	24.3	80.9	25.4	69.3	77.5	59.2
<b>Coast</b>	40.0	47.8	28.9	86.4	24.4	72.3	93.9	49.1
<b>Eastern</b>	26.2	33.1	17.5	82.5	18.6	77.0	91.8	31.9
<b>North Eastern</b>	7.0	8.1	5.6	48.1	3.7	96.1	*	*
<b>Nyanza</b>	34.8	39.1	29.0	89.3	21.8	74.3	79.0	45.3
<b>Rift Valley</b>	30.7	37.0	22.4	84.6	20.8	75.2	86.6	40.4
<b>Western</b>	30.7	38.2	20.6	83.6	18.9	75.6	80.7	44.8

An asterisk (\*) indicates that the sample for the given indicator was less than 25 people and was therefore not reported.

<sup>†</sup>Partner's HIV status based on self-report/perception.

Province	HIV Care and Treatment		ANC and Family Planning	
	Among Those Living With HIV/AIDS		Pregnant Women Who Tested at ANC in the Last 5 Years (%)	Demand for Family Planning Among HIV-Infected Women in Union (%)
	On Anti-retroviral Treatment (%)	On Cotrimoxazole (%)		
<b>Total</b>	39.2	12.1	64.9	76.0
<b>Rural</b>	39.9	12.6	60.5	75.9
<b>Urban</b>	37.5	10.8	79.6	76.3
<b>Nairobi</b>	45.9	13.6	84.2	72.0
<b>Central</b>	*	15.8	79.9	70.7
<b>Coast</b>	10.7	4.2	81.5	76.8
<b>Eastern</b>	*	6.5	60.9	86.4
<b>North Eastern</b>	*	*	49.6	*
<b>Nyanza</b>	44.1	16.3	59.7	71.0
<b>Rift Valley</b>	37.6	8.0	55.8	76.8
<b>Western</b>	47.4	16.2	57.6	88.8

Province	Sexually Transmitted Infections (percent infected)					
	HSV-2/Genital Herpes			Syphilis		
	Total Ages 15-64	Women	Men	Total Ages 15-64	Women	Men
<b>Total</b>	35.1	41.7	26.3	1.8	1.7	1.9
<b>Rural</b>	34.0	40.5	25.4	1.9	1.9	1.9
<b>Urban</b>	38.6	45.2	29.1	1.4	1.2	1.7
<b>Nairobi</b>	36.1	42.3	27.2	1.5	1.0	2.2
<b>Central</b>	27.9	34.0	19.6	1.3	1.6	0.9
<b>Coast</b>	39.6	47.1	29.3	1.7	1.6	1.8
<b>Eastern</b>	28.6	36.3	18.4	2.5	2.1	3.0
<b>North Eastern</b>	6.7	6.4	7.1	0.6	1.0	0.0
<b>Nyanza</b>	49.1	57.3	37.7	2.4	2.3	2.5
<b>Rift Valley</b>	33.7	39.3	26.5	1.7	1.8	1.5
<b>Western</b>	38.7	44.1	31.5	1.1	0.9	1.4

An asterisk (\*) indicates that the sample for the given indicator was less than 25 people and was therefore not reported.

†Partner's HIV status based on self-report/perception.



# Selected Notes and Definitions

- Unless otherwise noted, data are reported based on the total sample included in the survey, which is women and men between the ages of 15 and 64 years.
- Cotrimoxazole, commonly known as Septrin, is an antibiotic used to treat a variety of bacterial infections. Kenya policy recommends that cotrimoxazole be given to all people with HIV to help avoid some common infections.
- Antiretroviral treatment (ARV) is medicine that stops or slows HIV from multiplying in the body and therefore extends a person's life. ARV coverage reported here refers to the percent of the total who are HIV-infected and eligible for ARV treatment based on a CD4 cell count (CD4 < 250 cells/μL).
- A CD4 cell count is measured by a blood test. A low CD4 count indicates a severely weakened immune system. HIV-infected individuals are usually eligible for ARVs if they have a CD4 count below 250.
- The estimate for women who tested for HIV at an antenatal clinic (ANC) is reported as a percentage of women pregnant between 2003 and 2007 who attended ANC.
- Demand for family planning is defined as the percent of women ages 15-49 years in union (married or cohabiting) who wish to delay, space, or limit their next pregnancy by two years or more.
- Women are considered to have an unmet need for family planning if they wish to delay, space, or limit their next pregnancy by two years or more and are not currently using any form of contraception.
- Sexually transmitted infections (STIs) are infections mainly transmitted through person-to-person sexual contact. They are also sometimes called sexually transmitted diseases (STDs).
- Herpes simplex virus-2 (HSV-2), also known as genital herpes, is a sexually transmitted viral infection that is treatable, but cannot be cured. It is characterized by lesions (blisters) and ulcers in or around genital areas. Some people have latent HSV-2 which means they do not show signs or symptoms of the disease but can still transmit the infection to others.
- Syphilis is a curable sexually transmitted infection. It can appear as lesions (blisters) on the genitals or a rash on the body. Some people have latent syphilis which means they do not show signs or symptoms of the disease but can still transmit the infection to others.

KAIS was carried out by the Kenya National AIDS and STI Control Program (NAS COP), Kenya National AIDS Control Council (NACC), Kenya National Bureau of Statistics (KNBS), National Public Health Laboratory Services (NPHLS), Kenya Medical Research Institute (KEMRI), and the National Coordinating Agency for Population and Development (NCA PD). It was made possible through technical and financial support provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) and by the United Nations through UNAIDS, and the World Health Organization (WHO).

This wall chart was prepared by NCA PD and the Population Reference Bureau (PRB) with support from PEPFAR through USAID and in collaboration with the organizations listed above. July 2009.

