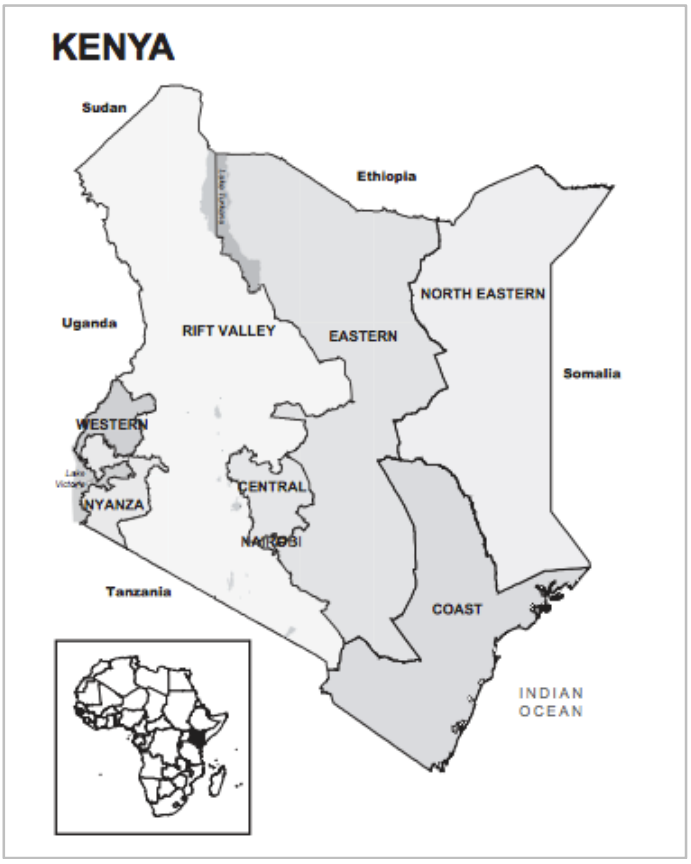
Better Care Network

Kenya DHS 2003:
Children's Care and Living Arrangements



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This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. Kenya Demographic and Health Survey 2003. Calverton, Maryland: CBS, MOH, and ORC Macro.

O**ther maps** are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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Suggested citation: Better Care Network. (2015). Kenya DHS 2003: Children's Care and Living Arrangements, New York: Better Care Network.

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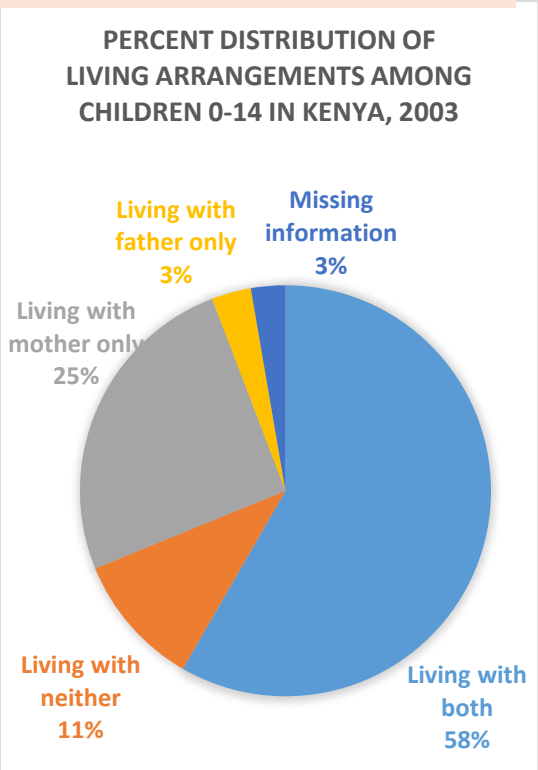
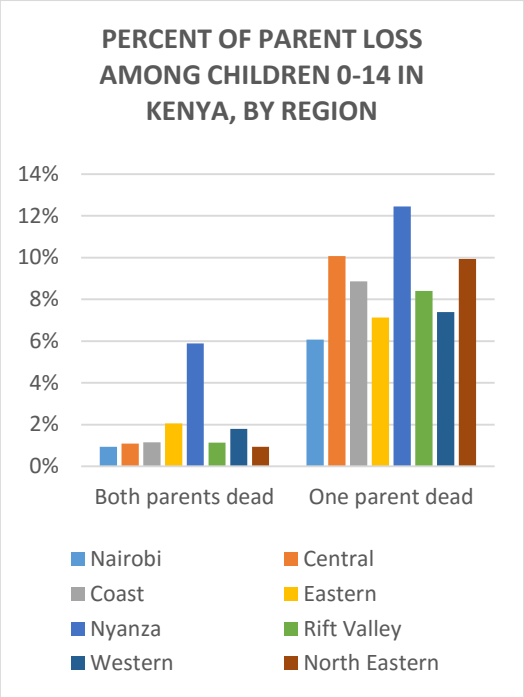
EXECUTIVE SUMMARY:

Children's Living Arrangements:

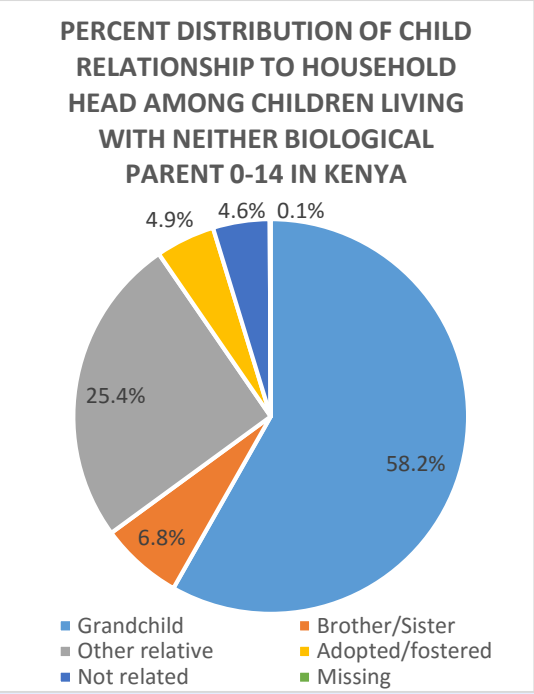


- Nearly 3 out of every 5 children in Kenya live with both biological parents (58%). One in four children live with their biological mother only (26%), and another 3% live with their biological father. A significant percentage of children (11%) do not live with either biological parent.
- Large variations in living arrangement are seen according to gender, age group, rural-urban, and regional background characteristics.
    - Boys have a higher likelihood of living with both biological parents; girls, on the other hand, are more likely to live with neither biological parent. However, this relationship is not very pronounced.
    - At an early age a large majority of children still live with both biological parents (67%). This declines with age, reaching 50% for children age 10-14. Conversely, as children get older proportionally more live with neither biological parent (ranging from 1% for children under 2 to 17% for children ages 10-14).
    - Overall, the proportion of children living with a single biological parent remains unchanged throughout childhood and adolescence due to the balancing forces of moving out of parent's homes and the loss of a biological parent. Approximately 30% of children of any age in Kenya live with only one biological parent.
    - Wealth quintile is not strongly associated with living arrangement of child in Kenya.
    - Significant regional variation is found in children's living arrangements in Kenya. The Western and Nyanza provinces maintain the highest proportion of children living with neither biological parent at over 15%, while the Central province and region around Nairobi boast the lowest percentage of children 0-14 living without either their mother or father at around 7%.
- In the East Africa regional context, Kenya maintains one of the lowest rates of living with both biological parents for children 0-14 at 58%. Only Zimbabwe sees a lower prevalence at 45%.

Parent Survivorship:



- Loss of both biological parents happens to approximately 2% of all children ages 0-14 in Kenya, and another 9% experience the death of a mother or a father before their fifteenth birthday.
  - An increase in parental loss was seen in the late 1990s and early 2000s with the introduction of the HIV/AIDS epidemic
  - There is a slightly higher percentage of children living in urban areas who have lost at least one biological parent compared to those living in rural areas.
  - Great diversity exists in the regional distribution of parental death for children under the age of 15 in Kenya. For instance, children in the Nyanza province (12%) are twice as likely to have lost one biological parent compared to children in Nairobi (6%).
  - Wealth quintile of the household appears to be related to the likelihood of losing a parent for children in Kenya, although this association only exists when looking at losing a single biological parent. Children living in households in the poorest wealth quintile have most frequently experienced the death of one biological parent (10%); this proportion decreases as household wealth quintile increases.
- Regionally, Kenya has comparable rates of parent death among other eastern African states (8.8%). Rates of single parent loss range from 4% on the islands of Comoros to a high of 13% in Zimbabwe.



Living Arrangements of Children Living with Neither Biological Parent:

- One in ten children age 0-17 in Kenya live with neither biological parent (11%). Of these, 57% have two living biological parents and another 17% have one. In Kenya, 17% of these children do not have a surviving biological parent.
- The overwhelming majority of these children - 95% - live in households headed by a relative.
  - In the regional context, Kenya's prevalence of children 0-14 who live in households in which they are related to the household head is lower than many other eastern African countries. Neighboring Uganda sees 99% of children under 15 living in households headed by relatives.

- Among children living with neither biological parent, age group affects who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by grandparents is around 78% for children under the age of four, while only 46% for the children ages 10-14. Conversely these younger age groups have much lower rates of living with aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common.
    - Age is also a significant factor for children living in a household headed by a non-relative. While no children under the age of 4 live outside of related care, 7% of children ages 10-14 live in a household headed by someone other than a relative. Overall, five percent of surveyed households report hosting a child 0-14 unrelated to the head of the household.
- One in twenty children living without either biological parent are reported to be adopted or fostered (5%). Kenya reports the largest proportion of kids living in these care arrangements in the region. However, given ambiguity around definitions in this category, caution must be employed in interpreting this finding.
- Urban households and households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being. [6]

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [7]

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

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[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[7] Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Better Care Network (2014) Who Cares for Children and why we should Care. Presentation at The State of the Evidence on Children's Care Symposium at McSilver Institute for Poverty Policy and Research, New York University, September 24th 2014. Retrieved at http://bettercarenetwork.org/bcn-in-action/key-initiatives/the-state-of-the-evidence-on-children%E2%80%99s-care-a-better-care-network-and-cpc-learning-network

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

KENYA DHS 2003:

The data presented in this report come from the 2003 Kenya Demographic and Health Survey (DHS) that was carried out by the Central Bureau of Statistics in partnership with the Ministry of Health and the National Council for Population and Development. While a DHS Survey was conducted in Kenya in 2010, the household survey did not collect information on the living arrangements and survival status of parents for children in Kenya. Therefore, for the purposes of this report, information collected in the 2003 DHS Survey will be utilized.

MEASURE DHS is a USAID-funded project that provides technical support in the implementation of country-wide surveys across the world. Funding for this effort came from the Government of Kenya, ORC Macro, the U.S. Centers for Disease Control and Prevention (CDC), USAID, Japan International Cooperation Agency (JICA), the United Nations Population Fund (UNFPA), the United Kingdom for International Development (DFID), and the United Nations Children's Fund (UNICEF).

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2003 Kenya DHS data collection effort, a total of 8,561 households were interviewed and 37,128 household members were listed. The household questionnaire retained a response rate of 96%. Of all household members listed, 16,527 individuals were under the age of 15. During this data collection, survival status and cohabitation of parent was only collected for children age 0-14; therefore, data does not exist for children 15-17. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2003 Kenya DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Kenya in its regional context, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in neighboring countries. The East African Region is defined by the DHS as including the following countries: Burundi[8], Comoros[9], Eritrea[10],

[8] Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

[9] Direction Générale de la Statistique et de la Prospective (DGSP) et ICF International. 2014. *Enquête Démographique et de Santé et à Indicateurs Multiples aux Comores 2012*. Rockville, MD 20850, USA : DGSP et ICF International.

[10] National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. *Eritrea Demographic and Health Survey 2002*. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

Ethiopia[7], Kenya[11], Madagascar[12], Malawi[13], Mozambique[14], Rwanda[15], Tanzania[16], Uganda[17], Zambia[18], and Zimbabwe[19]. All country level development statistics were pulled from the Human Development Report 2014[20].

[11] Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003.* Calverton, Maryland: CBS, MOH, and ORC Macro.
[12] Institut National de la Statistique (INSTAT) et ICF Macro. 2010. *Enquête Démographique et de Santé de Madagascar 2008-2009*. Antananarivo, Madagascar : INSTAT et ICF Macro.
[13] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.
[14] Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.
[15] National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010.* Calverton, Maryland, USA: NISR, MOH, and ICF International.
[16] National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro
[17] Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011.* Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
[18] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007.* Calverton, Maryland, USA: CSO and Macro International Inc.
[19] Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11.* Calverton, Maryland: ZIMSTAT and ICF International Inc.
[20] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS[21,22]:

Country

- Total population: 32,200,000 (in 2003)
- Gross Domestic Product per capita: $2,108.93
- Human Development Index: .535 (Rank – 147)
- Population living below $1.25/day: 43.4%
- Life expectancy at birth: 61.7 years
- Median age: 18.99 years
- Urban vs. rural distribution: 24.8% of the population is urban, 75.2% rural
- Under-5 mortality rate: 73 per 1,000 live births.
- HIV/AIDS prevalence: 6.1%
- Birth registration of children (% under age 5): 60%
- Child labor (age 5-14): 25.9%

Households

- Mean household composition: 4.4 members
  - This is elevated in rural regions (4.7) when compared to urban (3.5)
  - The likelihood of finding a large household (9+ members) is over twice as high in rural areas (6.6%) compared to urban areas (3%).
- 45% of the population is under age 15
- Female headed households: 32%
  - There are more female headed households in rural regions of Kenya than urban (34% vs. 26%).
- Dependency composition per age group as a percent of the population:
  45% age 0-14; 52% age 15-64; 3% age 65+

Fertility

- Total Fertility Rate: 4.9 children
  - This has significantly declined from the late 1970s through 2003 from 8.1.
- Fertility for women living in rural households is on average nearly 2 children higher than for women living in urban areas (5.4 vs 3.3).
- Significant regional variation is found in Kenya from a low TFR of 2.7 in Nairobi to a high of 7.0 in the North-Eastern province.
  - Wealth quintile and education level also play a significant role in fertility.
- Median age at first birth: 20.1 years
- Adolescent fertility has slightly increased in Kenya with 19% of girls 15-19 having had their first child, and 5% being pregnant during the time of the survey.
  - 4% of women report giving birth before age 15; this dramatically increases to 46% of all girls by age 19.
  - Teenagers without education and from poorer households are most likely to begin childbearing early.

Marriage:

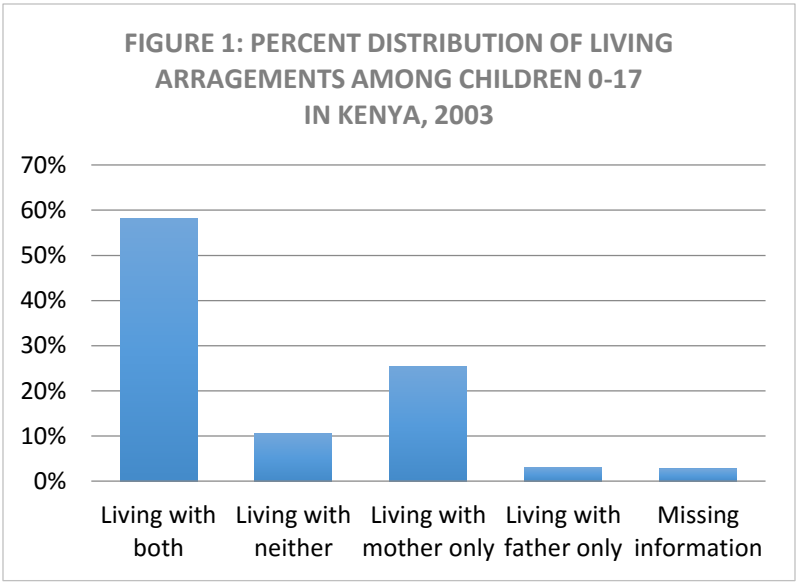
- Median age at first marriage: 19.7 years for women age 25-49; 25.1 years among men
- Polygamy: 16% of women in Kenya with report having a co-spouse, and 10% of males reporting having more than one wife. Most common for women in rural households with little or no education.

[21] Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003.* Calverton, Maryland: CBS, MOH, and ORC Macro.

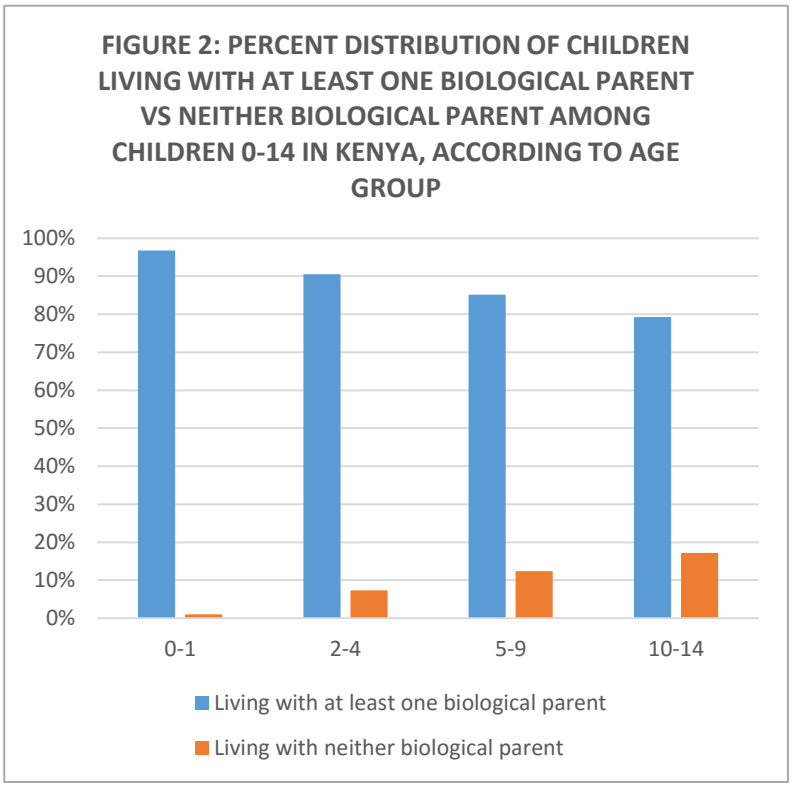
[22] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

CHILDREN'S LIVING ARRANGEMENTS:

In Kenya, 57% of children under the age of 15 live in households with both biological parents. They represent just over half of all children 0-14 living in households in the country. Another 26% of these children live with one biological parent – their mother – while only 3% live with solely their biological father. The remaining 11% of children live with neither biological parent.



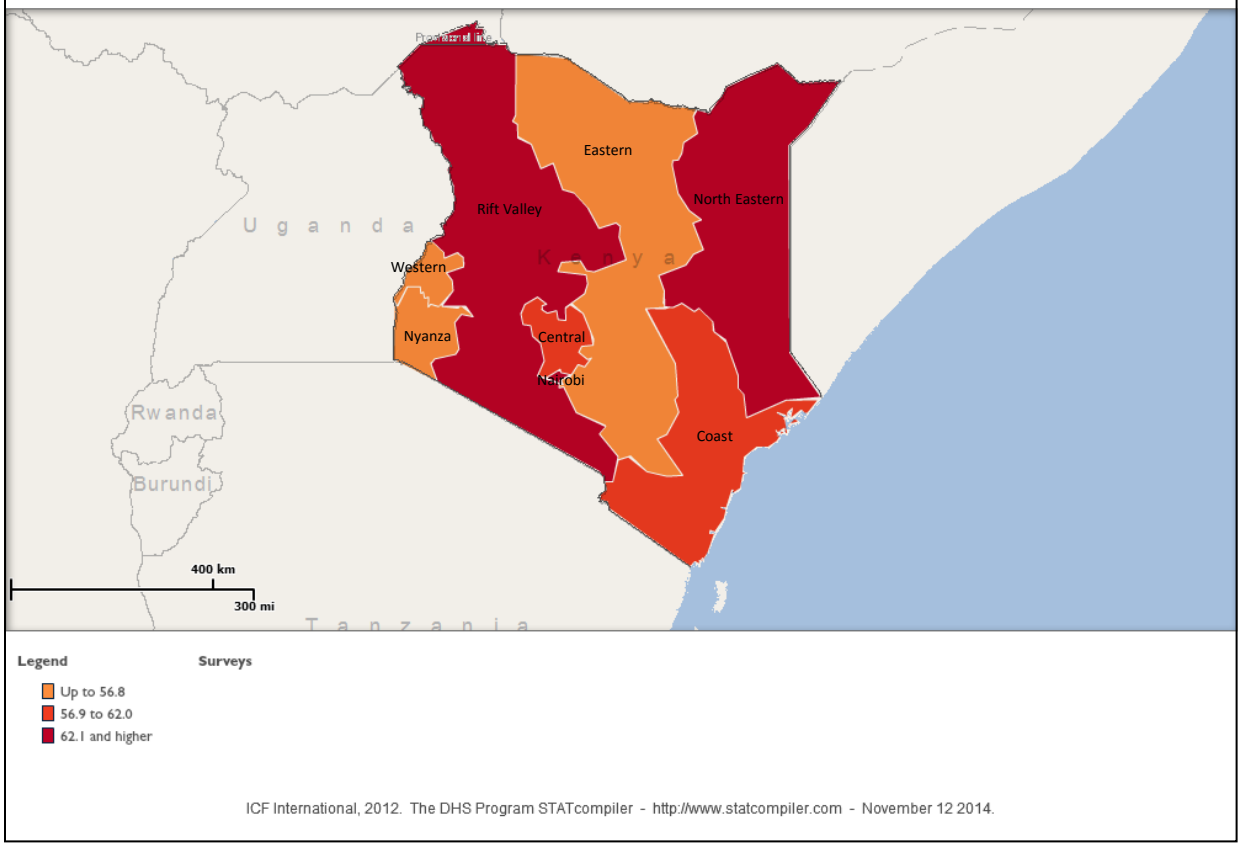
When disaggregated by background characteristics, factors such as age, and geographic region appear to significantly influence living arrangements among children in Kenya. Gender also seems to play a role, albeit a weak role: boys have a slightly improved likelihood of living with both biological parents – 58% of boys and 59% of girls live with both their mother and their father. Girls in Kenya are more likely to live with neither biological parent when both are alive (12%) as compared to their male counterparts (11%). Boys and girls are nearly equally distributed among households with only one biological parent in Kenya.



Variations in living arrangements across age group are also evident in Kenya. At an early age the large majority of children still live with both biological parent; this proportion declines in a linear fashion with age, ranging from 67% among those under 2 years of age to 50% for those between 10 and 14 years of age. Overall, the proportion of children living with a single biological parent stays more or less unchanged with age in Kenya. This is related to the fact that many children experience the loss of a parent as they get older, and masks the fact that the proportion of children living with a single biological parent who have a second living parent declines with age. While 2% of children under two have lost their biological father and live with their mother only and under 1%

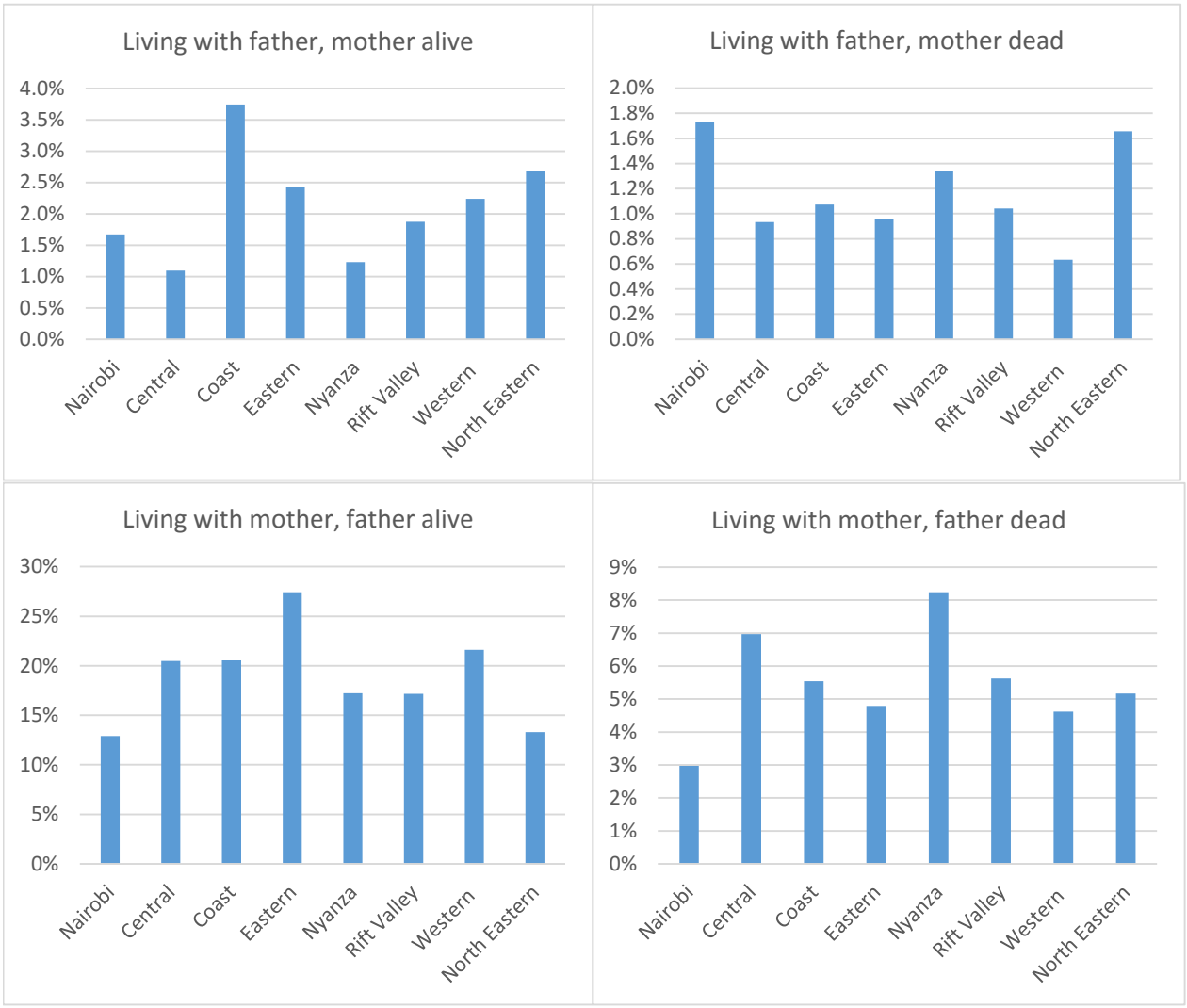
live with their biological father, for children older than 10, 8% have lost a biological father and live with only their mother and an additional 5% with their father only. Meanwhile, the likelihood that a child will live with neither biological parent increases with age. Approximately 1% of children under 2 live with neither biological parent, yet a large increase in this group is observed as children get older, reaching 17% for children age 10-14 (as seen in Figure 2 above).

FIGURE 3: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION



Children in urban regions of Kenya more commonly live with both biological parents when compared to children in rural households (60% vs. 57%). During the 2003 data collection effort, Kenya was split into 8 administrative provinces: Nairobi, Central, Coast, Eastern, Nyanza, Rift Valley, Western, and North Eastern. Regional data is presented here to understand the regional diversity found within the country. Children living in Nairobi, the country's capital, (71%) and in the North Eastern province (66%) are the most likely to live with both biological parents, while children in the Eastern province (51%) and Western province (53%) are significantly less likely to live together with both their biological mother and father. When one looks at the prevalence of children living with at least one biological parent in Kenya, a diverse landscape is seen across the administrative regions. Similarly, in looking at children living with a single biological parent, a heterogeneous distribution is seen across geographic region in Kenya (as seen in Figure 4 below).

FIGURE 4: REGIONAL VARIATIONS IN LIVING ARRANGEMENTS AMONG CHILDREN 0-14 LIVING WITH A SINGLE BIOLOGICAL PARENT IN KENYA



Interestingly, in Kenya, more children living in households in rural areas live with neither biological parent compared to children living in urban areas (11.5% vs 9.5% respectively). This is out of the norm for countries in the East Africa region, which generally see a higher proportion of children living with neither biological located in (or relocated to) urban areas.

Household wealth quintile seems to have a mixed association on children's living arrangements. When looking at household wealth, proportionally more children are found to live with both biological parents in the poorest households (64%) and in households belonging to the richest wealth quintile (62%). However, the prevalence of children living with both parents in households belonging to the middle three quintiles is markedly lower – each around 54%. As seen in Figure 5 below, among children living with neither biological parent, household wealth quintile appears to be a poor predictor of which households host children. More research is needed to tease apart whether household wealth is at all associated with child's living arrangements in Kenya.

Regionally, Kenya is comparable to its neighboring countries when it comes to children's living arrangements. Compared to other east African countries Kenya has a comparable rate of children under 15 years of age living with neither biological parent (11%). Neighboring Ethiopia has a lower rate at 9% while Tanzania (14%) and Uganda (17%) both see more children living with neither biological parent. However, in terms of children living with at least one biological parent, Kenya stands apart from its neighbors. Kenya has a lower but comparable prevalence of children living with both biological parents in the region (58%), comparable to neighboring Uganda (58%), Malawi (59%), and Comoros (57%), but substantially lower than Ethiopia (75%), Tanzania (62%) and Eritrea (76%). Other countries in the region also boast higher rates: Burundi (72%), Rwanda (65%), Zambia (61%), and the Democratic Republic of the Congo (65%). Only Mozambique (55%), and Zimbabwe (45%) see equally low levels of children ages 0 to 14 living with both biological parents in the country. Kenya also sees one of the highest rates of children living with a single biological parent. At 28%, only Zimbabwe (28%) and Mozambique (30%) see comparably high rates of children living with only their mother or their father.

FIGURE 5: DISTRIBUTION OF CHILDREN 0-14 LIVING WITH NEITHER BIOLOGICAL PARENT, ACCORDING TO WEALTH QUINTILE

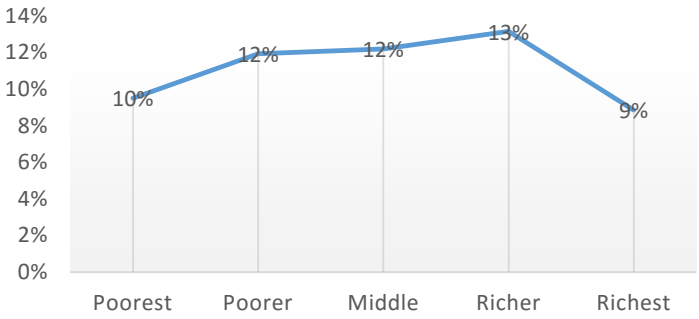
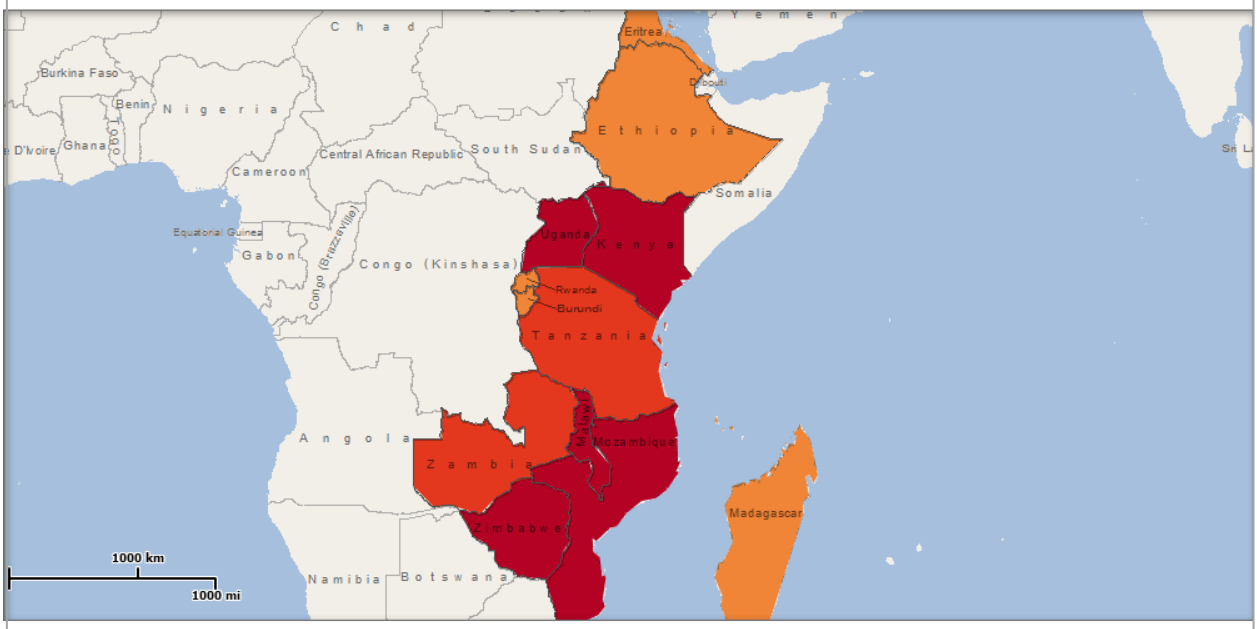


FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS EASTERN AFRICA REGION



Legend

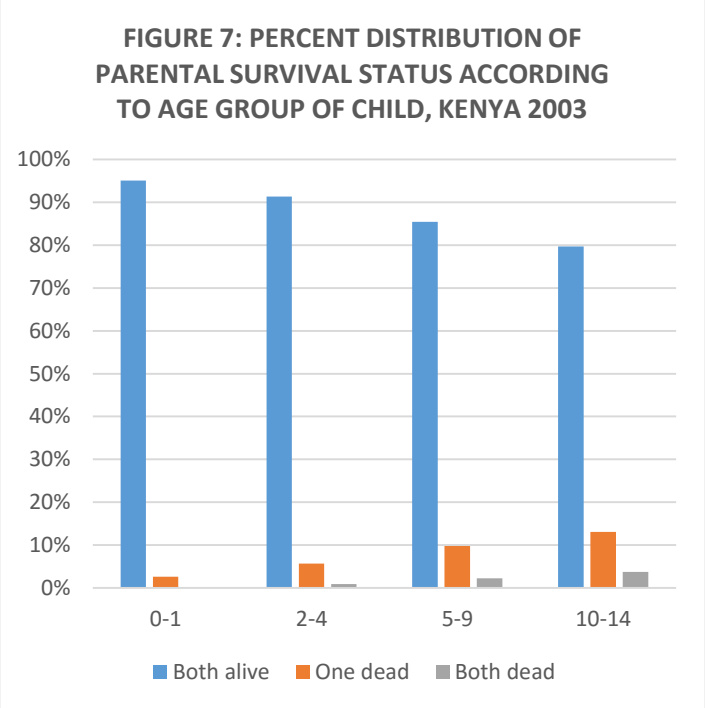
- Up to 59.6
- 59.7 to 63.0
- 63.1 and higher

Surveys

Burundi 2010 DHS	71.5	Madagascar 2008-09 DHS	68.0	Uganda 2011 DHS	58.2
Comoros 2012 DHS	65.2	Malawi 2010 DHS	59.3	Zambia 2007 DHS	60.6
Eritrea 2002 DHS	76.0	Mozambique 2011 DHS	54.8	Zimbabwe 2010-11 DHS	44.6
Ethiopia 2011 DHS	74.6	Rwanda 2010 DHS	64.5		
Kenya 2003 DHS	58.2	Tanzania 2010 DHS	61.5		

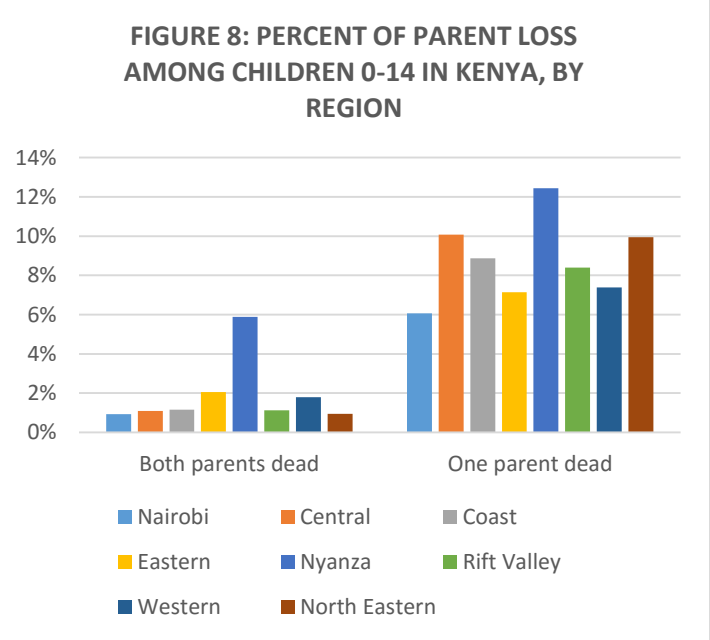
DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

Two percent of children under the age of 15 experienced the death of both parents in Kenya. Loss of a single parent happens more frequently - 9% of children lose one parent before the age of 15. As would be expected, parental loss is positively associated with age. While 97% of children in Kenya under the age of two have two living parents, by the time they reach age 15, 13% have lost one biological parent and another 4% have lost both as seen in Figure 7.



Wealth quintile of the household seems to correlate with the likelihood of children in Kenya experiencing the death of a parent. Children living in households in the poorest wealth quintile have most frequently experienced losing one biological parent before they reach 15 years of age at 10%. This prevalence moves downward to around 8% for children living in the two richest wealth quintiles. While children living in the richest wealth quintiles have experienced the death of a parent least frequently compared to children living in poorer households, the same relationship does not exist for children who have lost both biological parents. Between 2% and 3% of children 0-14 lose both biological parents and become orphans irrespective of the household wealth quintile in which they live.

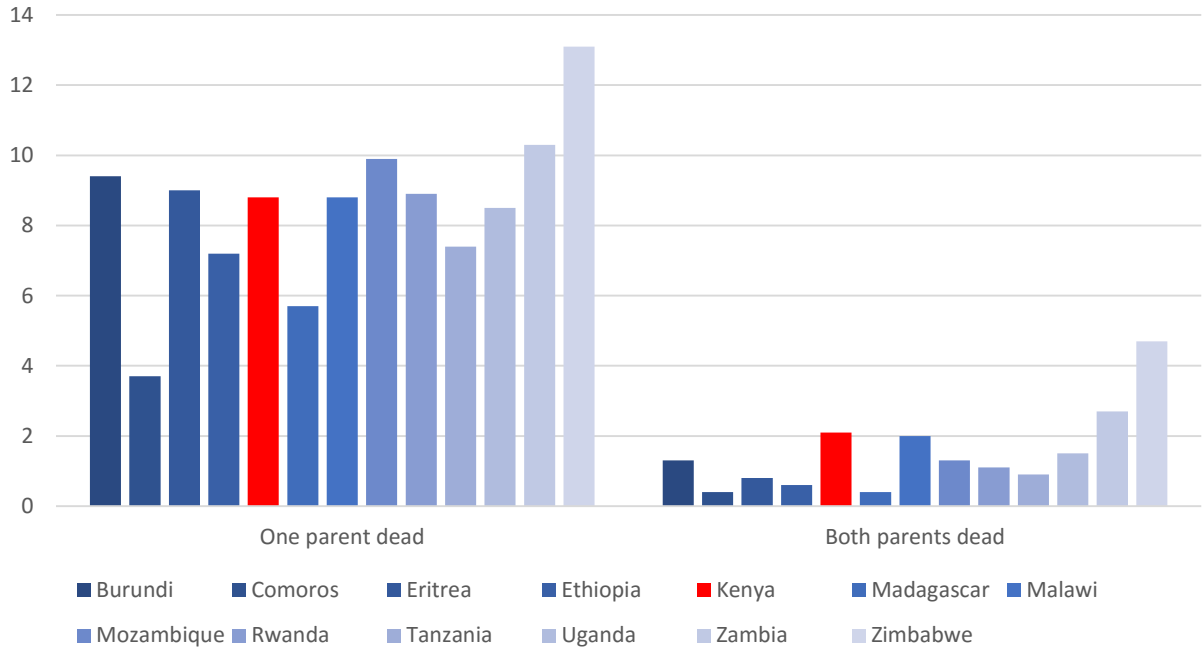
Parental death is not significantly associated with the distribution of children across urban and rural households. The likelihood of finding a child who has experienced the loss of one parent or is orphaned is approximately equal in both settings. However, significant variability is seen in Kenya when stratifying by geographic region. Markedly more children living in Nyanza have a lost a biological parent with nearly 6% becoming orphans by age 15 and over 12% losing either their mother or their father. Conversely, children living in Nairobi have experienced the lowest level of orphaning in the country, with under 1% of children living in the capital being



orphans before their 15th birthday. Children living in Nairobi during the data collection had experienced approximately one third of the parental loss compared to children living in the Nyanza province where nearly one in every five children has lost at least one biological parent before the age of 15. This provincial variability is seen in Figure 8 above. Further research is needed to ascertain whether these children lived in these regions and cities prior to the death of their parents, or whether they migrated after the death(s).

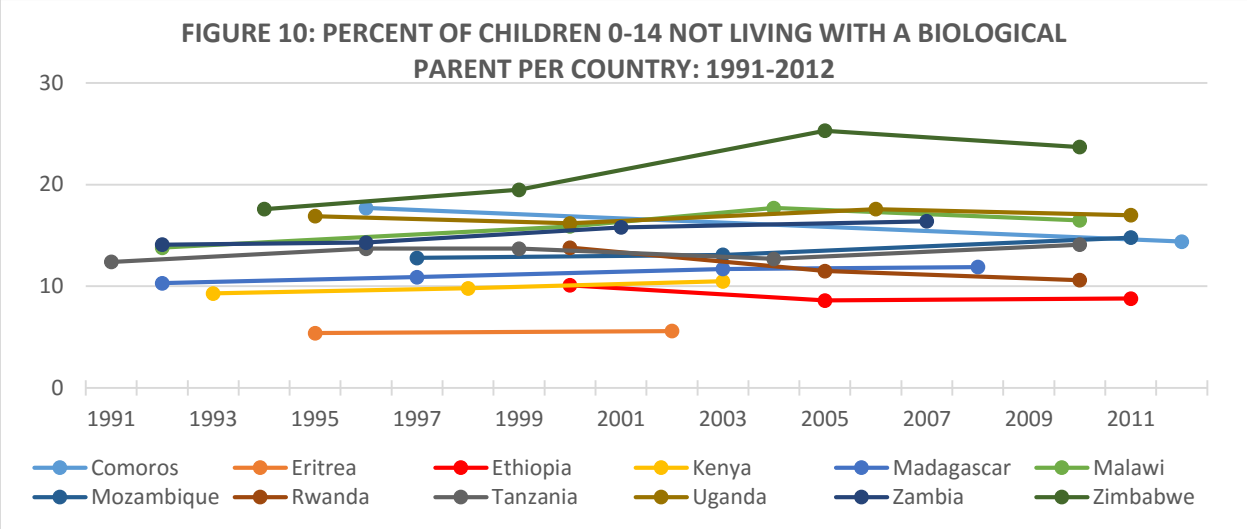
Regionally, Kenya's rates of parental death are comparable to those of its neighbors. Among children under age 15, 8.8% of Kenya's children experience the death of one parent and 2.1% experience the death of both biological parents. Neighboring Uganda sees similar figures with 8.5% of children 0-14 losing one biological parent, Tanzania maintains a slightly lower prevalence at 7.4%, as does the Democratic Republic of the Congo at 7.4%, while Burundi has a slightly higher prevalence at 9.4%. Further south, Mozambique has a slightly elevated prevalence at 9.9%, Zambia at 10.3% and Zimbabwe shows the highest rate of single parent loss in the area at 13.1%. When it comes to orphanhood, Kenya's prevalence is a bit higher than most countries in the region, with only Zambia (2.7%) and Zimbabwe (4.7%) reporting a higher prevalence of children under 15 who have lost both biological parents. In fact, through 2003 Kenya has seen a slight increase in the level of orphanhood in the country after the arrival and expansion of the HIV epidemic.

FIGURE 9: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION

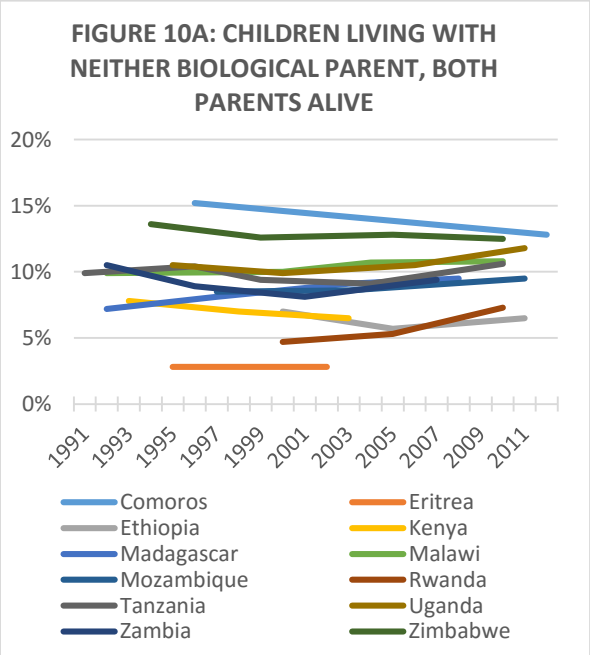


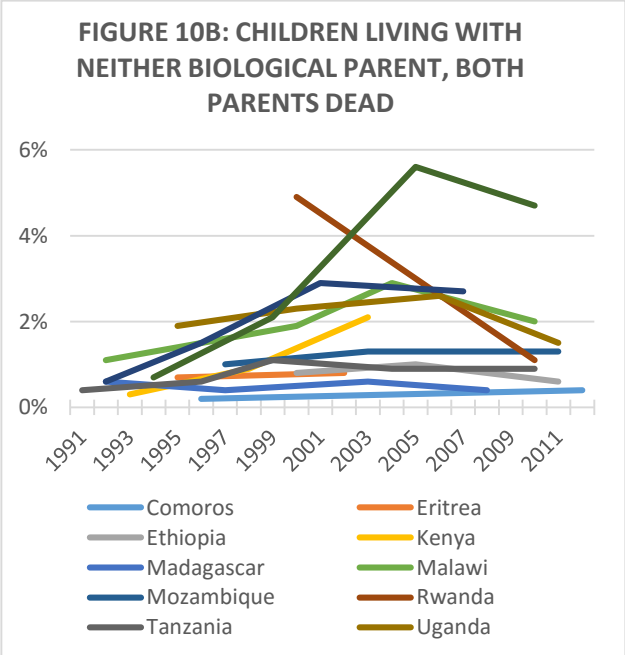
CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

Over one in every ten children under the age of 15 lives with neither biological parent. In the decade prior to this data collection effort, the prevalence of children living with neither biological parent in Kenya has remained largely unchanged. As shown in Figure 10, this has been the norm in east African countries, with a few exceptions such as Zimbabwe that have seen sharp increases in the proportion of children living without either biological parent.



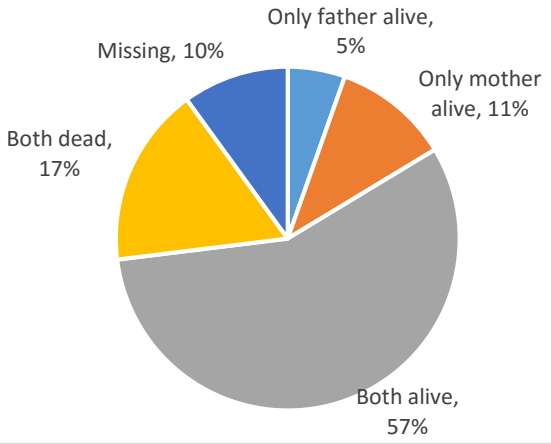
However, as seen in Figures 10A and 10B, while the overall number of children living with neither biological parent has remained largely unchanged Kenya has seen the rate of children living outside of parent care decline among children with living biological parents while the proportion of children who have lost both biological parents has seen a marked increase. However, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.





In 2003, 17% of these children did not have a living biological parent to live with, 5% had a living biological father, 11% have a living mother, and over half – 57% - had both living biological parents[23]. This reality supports the idea that orphanhood is not the primary reason for family separation and begs the question –who are these children living with?

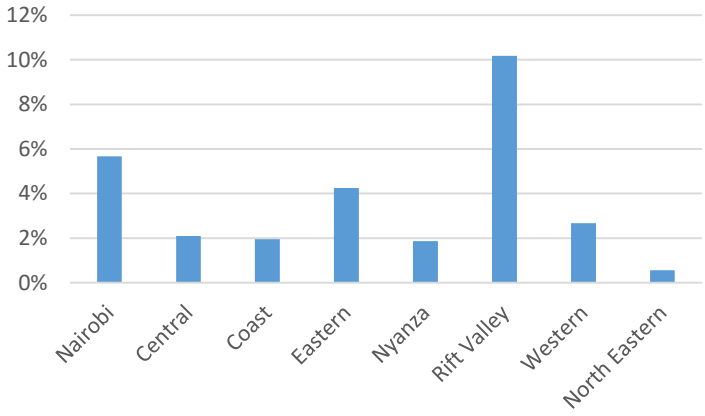
FIGURE 11: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT



The majority of children in Kenya under the age of 15 who are living with neither biological parent still live in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, among children living with neither biological parent, 95% of children aged 0-14 live in family care, and approximately 5% of surveyed households report hosting a child who is unrelated to the head of the household. The likelihood of living in family care is approximately equal for girls and boys. Living in family care seems to be inversely associated with age, with the oldest age group having a higher likelihood of living in non-related care; however, given the small sample size in the youngest age categories, caution must be employed when interpreting these findings.

In Kenya, children in rural households are slightly more likely to live in family care as compared to urban households (94% vs 90% of all children living with neither biological parent). Significant regional variation is found when looking at children living in related vs unrelated care throughout Kenya. In the nation's capital a higher proportion of children live out of family care (6%) than the average for Kenya (5%) However, this average prevalence is a little misleading as it is skewed heaving by Nairobi and the Rift Valley region. Rift Valley province is a striking outlier in Kenya and sees surprisingly high rates of children living in households where they are unrelated to the household head. In this province, one in every ten children ages 0-14 are not related to the head of their household. In fact, the remainder of the regions see closer to 2% of children who live with neither biological parent living with someone other than a family member (shown in Figure 12). Further

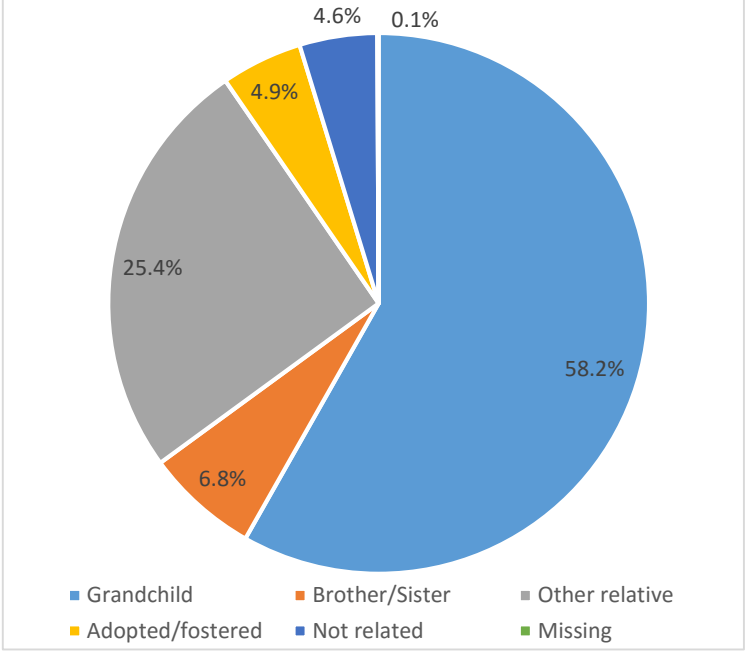
FIGURE 12: PERCENT OF CHILDREN 0-14 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION



[23] According to the World Bank, in 2003 43% of the total population in Kenya was between the ages of 0-14. Therefore, nearly 1.6million children under the age of 15 live with neither biological parent, of which approximately 290,000 children have lost both biological parents.

research is needed to understand the drivers at play in Rift Valley. One explanation for the elevated rates seen in Nairobi may be that, as the nation's capital and primary metropolitan area, increased child migration flows exist due to improved educational opportunities, domestic work or other child labor options in the urban center. Moreover, households hosting unrelated children are also more likely to be in the richest wealth quintile. While only 3% of children living in the in the poorest wealth quintile report being unrelated to the household head, nearly 11% of children age 0-14 living in households belonging to the richest quintile live in households where they are not related to the head of the household. It is possible that wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT 0-14 IN KENYA

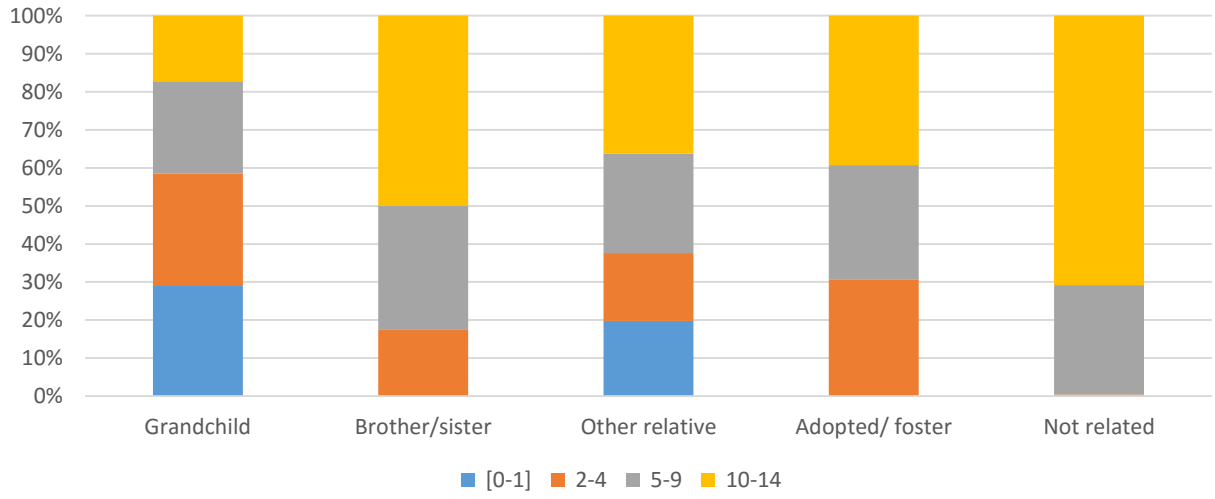


In Kenya, 58% of children 0-14 living with neither biological parent live with their grandparents, 25% live with "other relatives" – a category which may include aunts or uncles, 7% live with siblings. And 5% live in households headed by unrelated individuals as shown in Figure 13.

Living with grandparents seems to be negatively associated with age of the child – becoming less likely as children get older – while living with other relatives and with unrelated household heads seems to be positively associated with age of the child. Children under the age of four have the highest likelihood of living with their grandparents, with approximately 78% of all children under 4 living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, reaching a prevalence of 46% for children 10-14. Meanwhile, the likelihood of living with other relatives increases as children age: double the percent of children are found living with relatives such as their aunts, uncles, and in-laws between the ages of 10-14 as are found among children under the age of four. The distribution of children's living arrangement among children not living with their biological parents can be found in Figure 14[24].

[24] Percentages in brackets reflect 25-49 unweighted cases. Caution should be employed when generalizing to the entire population given the small sample found in these sub-cohorts. To note, the population of children in the 0-1 age group is based on an unweighted denominator of 36 and readers should employ caution when interpreting the results. Additionally, sub-cohorts with fewer than 24 unweighted cases are identified in the report with an asterisk (*); these percentages are not reported.

FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN KENYA, ACCORDING TO AGE

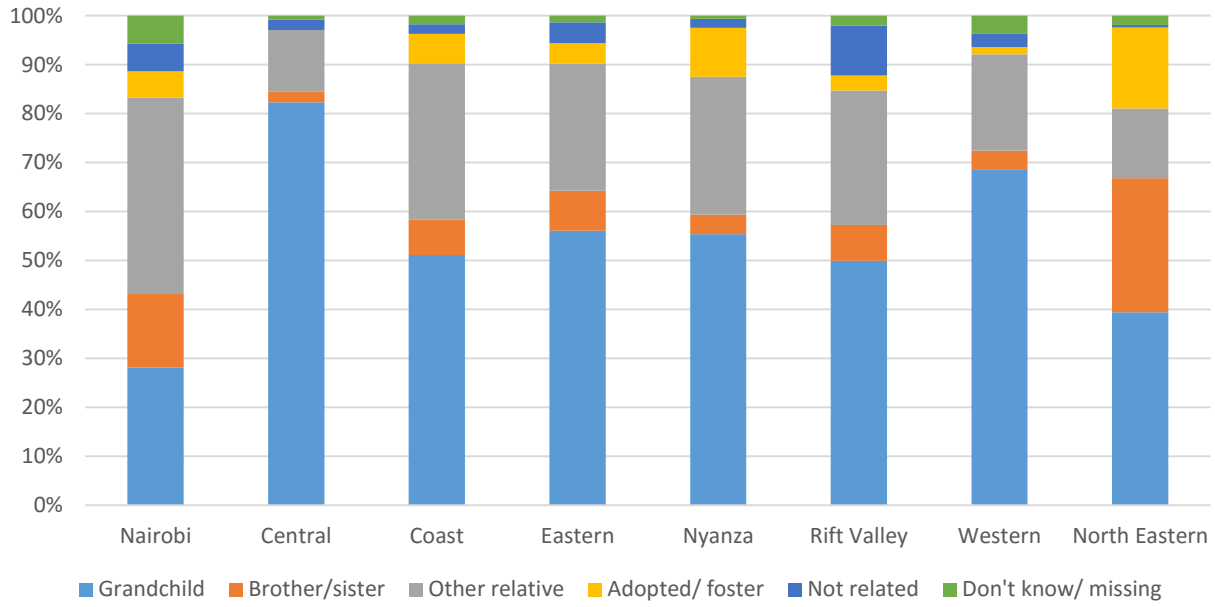


Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. Significantly more boys age 0-14 live with their grandparents than do girls (63% vs. 52%). Conversely, more girls live with other relatives as compared to boys (30% vs 19%). Possible explanations might include the different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys and girls have a similar likelihood of living in households in which they are unrelated to the household head.

When disaggregated by geographical characteristics, it markedly more children 0-14 in rural areas live in households headed by their grandparents than among children living in urban centers (60% vs 36%). The opposite is true for children living with other relatives wherein 39% of children in urban areas live in households headed by these family members versus 22% of children in rural areas. This later association, where more children live in urban areas, is also true for children living in households headed by unrelated individuals (7% vs 4%), for children who are adopted or fostered (8% vs 4%), and for children living with siblings (8% vs 7%). Given that children living with aunts and uncles and other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services.

Clear differences are also seen between any two regions of the country. As seen in Figure 15, among children living with neither biological parent, Nairobi maintains the lowest proportion of children living in households headed by that child's grandparents at [28%] and highest proportion of children living in households with other relatives [40%]. Meanwhile, the Central province has the highest prevalence of children 0-14 living in grandparent headed households at 82%. One interesting finding is the high percentage of adopted and fostered children found in the North Eastern province [17%]. However, given the ambiguity around definitions of "adopted" and "fostered" caution should be used when looking at this subgroup. The striking regional variability is highlighted in Figure 15 below.

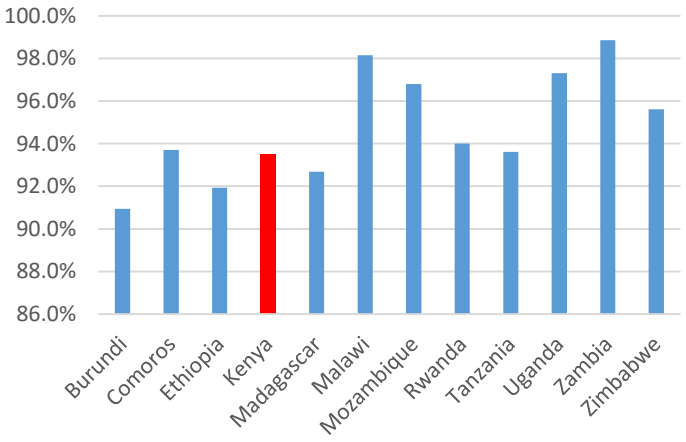
FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-14 LIVING WITH NEITHER BIOLOGICAL PARENT IN KENYA, ACCORDING TO ADMINISTRATIVE REGION



The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." However, as seen throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many of these settings formal adoption is quite limited. Therefore, although these categories may capture some children in informal foster care and adoption arrangements, the data might be a significant underestimate of the total population of children being fostered and adopted. However, the data does suggest that Kenya maintains one of the highest rates of adopted and fostered children in Eastern Africa. At 5%, only Rwanda reports having more children living in this care arrangement.

Otherwise, Kenya's prevalence of children 0-14 who live in households in which they are related to the household head is comparable to other eastern African countries. With 5% of all children living with neither biological parent age 0-14 living in households headed by an unrelated person, neighboring Tanzania (6%) and Ethiopia (8%) both have a higher prevalence of children living in these care arrangements.

FIGURE 16: PERCENT OF CHILDREN 0-15 LIVING IN RELATED HOUSEHOLDS PER COUNTRY



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Kenya.

Kenya, 2003	Table 1. Percent distribution of children under age 18 by living arrangement and survival status of parents, according to background characteristics, Kenya 2003 TOTAL N=16851														
	Living with both	Living with neither				Living with mother only		Living with father only		Missing information	Total Count	Summary Figures			
	57.5%	11.2%				25.6%		3.1%		2.7%	100.0%				
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead			Not living with a biological parent	Both parents dead	One parent dead	Number of children 0-14
Sex															
Male	58.0%	0.6%	1.2%	6.6%	2.3%	19.8%	5.8%	2.2%	1.0%	2.5%	100.0%	10.75%	2.29%	8.61%	8524
Female	56.9%	0.8%	1.5%	7.5%	1.9%	19.8%	5.8%	1.8%	1.1%	3.0%	100.0%	11.59%	1.91%	9.15%	8328
Age															
0-1	67.0%	0.1%	0.2%	0.6%	0.1%	27.3%	2.2%	0.2%	0.0%	2.2%	100.0%	0.99%	0.12%	2.56%	2517
2-4	64.1%	0.7%	0.6%	5.2%	0.9%	20.7%	3.9%	1.3%	0.5%	2.2%	100.0%	7.32%	0.87%	5.64%	3517
5-9	56.2%	0.7%	1.6%	7.9%	2.2%	19.1%	6.3%	2.3%	1.2%	2.5%	100.0%	12.41%	2.23%	9.77%	5423
10-14	50.0%	0.9%	2.2%	10.4%	3.7%	16.4%	8.1%	3.0%	1.8%	3.6%	100.0%	17.18%	3.70%	13.04%	5396
Residence															
Urban	60.1%	0.8%	1.4%	5.2%	2.0%	18.4%	4.8%	2.4%	2.0%	2.8%	100.0%	9.45%	2.00%	9.01%	2658
Rural	57.0%	0.6%	1.4%	7.4%	2.1%	20.1%	6.0%	1.9%	0.9%	2.7%	100.0%	11.49%	2.12%	8.85%	14194
Region															
Nairobi	71.1%	0.5%	0.8%	5.0%	0.9%	12.9%	3.0%	1.7%	1.7%	2.4%	100.0%	7.30%	0.94%	6.07%	801
Central	57.4%	0.3%	1.9%	3.5%	1.1%	20.5%	7.0%	1.1%	0.9%	6.4%	100.0%	6.76%	1.10%	10.08%	1996
Coast	57.9%	1.2%	1.1%	6.2%	1.2%	20.6%	5.5%	3.7%	1.1%	1.6%	100.0%	9.57%	1.15%	8.86%	1356
Eastern	50.7%	0.4%	1.0%	6.0%	2.1%	27.4%	4.8%	2.4%	1.0%	4.3%	100.0%	9.43%	2.06%	7.14%	2839
Nyanza	55.4%	0.9%	1.9%	6.3%	5.9%	17.2%	8.2%	1.2%	1.3%	1.6%	100.0%	15.01%	5.88%	12.45%	2661
Rift Valley	61.8%	0.7%	1.0%	8.0%	1.1%	17.2%	5.6%	1.9%	1.0%	1.7%	100.0%	10.85%	1.13%	8.40%	4482
Western	52.5%	0.4%	1.8%	12.0%	1.8%	21.6%	4.6%	2.2%	0.6%	2.4%	100.0%	15.95%	1.79%	7.39%	2125
North Eastern	65.5%	1.9%	1.2%	7.1%	0.9%	13.3%	5.2%	2.7%	1.7%	0.4%	100.0%	11.22%	0.94%	9.94%	592
Wealth index															
Poorest	63.8%	0.7%	1.1%	5.8%	1.9%	15.7%	6.7%	1.4%	1.2%	1.6%	100.0%	9.51%	1.93%	9.72%	4026
Poorer	54.3%	0.8%	1.2%	8.2%	1.8%	21.3%	7.1%	2.0%	0.5%	2.9%	100.0%	11.94%	1.77%	9.58%	3622
Middle	54.3%	0.6%	1.4%	7.5%	2.7%	22.2%	5.5%	1.8%	1.0%	2.9%	100.0%	12.20%	2.68%	8.56%	3461
Richer	52.7%	0.5%	2.0%	8.0%	2.6%	22.5%	4.4%	2.0%	1.0%	4.1%	100.0%	13.15%	2.55%	7.95%	3160
Richest	62.0%	0.6%	1.1%	5.6%	1.5%	17.5%	4.5%	2.9%	1.9%	2.2%	100.0%	8.86%	1.53%	8.15%	2583
Total < 15	57.5%	0.7%	1.4%	7.0%	2.1%	19.8%	5.8%	2.0%	1.1%	2.7%	100.0%	11.17%	2.10%	8.88%	16851

Kenya, 2003	Table 2. Living arrangements among children under age 18 not living with a biological parent - the percent distribution of survival status of parent and the percent distribution of relationship to head of household, according to background characteristics, Kenya 2003 TOTAL N=2091																			
	Living with neither								Relationship to head											
	Only father alive	Only mother alive	Both alive	Both dead	Missing	Total	Both parents dead	Only one dead	Wife/ husband	Son/ daughter-in-law	Grandchild	Brother/sister	Other relative	Adopted/ foster	Not related	Don't know/ missing	Total in family care	Total not in family care	Total number of weighted children 0-14	Total number of unweighted children 0-14
Sex																				
Male	4.8%	10.2%	54.3%	18.8%	11.8%	100.0%	18.8%	15.0%	0.0%	0.1%	62.8%	7.0%	18.8%	4.9%	4.4%	1.9%	93.7%	4.4%	1038	977
Female	5.8%	11.3%	56.8%	14.6%	11.6%	100.0%	14.6%	17.0%	0.4%	0.3%	51.6%	6.3%	30.0%	4.6%	4.7%	2.0%	93.3%	4.7%	1092	1009
Age																				
0-1	8.4%	12.0%	37.3%	8.1%	34.2%	100.0%	8.1%	20.4%	0.0%	1.0%	77.4%	0.0%	15.5%	0.0%	0.0%	6.1%	93.9%	0.0%	38	36
2-4	8.2%	7.1%	64.7%	10.8%	9.2%	100.0%	10.8%	15.3%	0.0%	0.4%	77.7%	3.0%	14.5%	4.3%	0.0%	0.0%	99.9%	0.0%	284	262
5-9	4.7%	11.5%	57.1%	16.1%	10.6%	100.0%	16.1%	16.3%	0.5%	0.4%	64.6%	5.6%	20.9%	4.2%	2.9%	0.9%	96.2%	2.9%	752	695
10-14	4.8%	11.1%	52.8%	18.9%	12.3%	100.0%	18.9%	15.9%	0.0%	0.0%	45.6%	8.6%	30.2%	5.5%	7.1%	3.1%	89.8%	7.1%	1057	994
Residence																				
Urban	7.8%	13.2%	49.9%	19.1%	10.0%	100.0%	19.1%	21.0%	0.0%	0.3%	35.5%	7.6%	39.1%	7.8%	7.1%	2.5%	90.4%	7.1%	279	408
Rural	4.9%	10.4%	56.5%	16.3%	11.9%	100.0%	16.3%	15.3%	0.2%	0.2%	60.4%	6.5%	22.4%	4.3%	4.2%	1.9%	94.0%	4.2%	1852	1579
Region																				
Nairobi	6.3%	9.7%	58.9%	11.0%	14.0%	100.0%	11.0%	16.1%	0.0%	0.0%	28.1%	15.0%	40.1%	5.4%	5.7%	5.7%	88.7%	5.7%	68	105
Central	2.9%	21.2%	38.6%	12.1%	25.2%	100.0%	12.1%	24.1%	0.0%	0.0%	82.3%	2.1%	12.6%	0.0%	2.1%	0.8%	97.1%	2.1%	180	203
Coast	11.4%	10.2%	59.5%	11.1%	7.8%	100.0%	11.1%	21.6%	0.0%	0.0%	51.1%	7.3%	31.9%	6.0%	2.0%	1.7%	96.3%	2.0%	141	198
Eastern	3.0%	8.8%	51.2%	17.7%	19.3%	100.0%	17.7%	11.8%	0.0%	0.8%	56.1%	8.2%	25.2%	4.2%	4.3%	1.3%	94.4%	4.3%	332	250
Nyanza	5.8%	12.1%	39.0%	36.7%	6.5%	100.0%	36.7%	17.9%	0.3%	0.0%	55.4%	4.0%	27.9%	9.9%	1.9%	0.6%	97.5%	1.9%	427	325
Rift Valley	6.3%	8.3%	67.4%	9.5%	8.5%	100.0%	9.5%	14.6%	0.5%	0.3%	49.9%	7.4%	26.7%	3.0%	10.2%	2.0%	87.8%	10.2%	531	384
Western	2.1%	9.8%	66.6%	9.9%	11.6%	100.0%	9.9%	11.8%	0.0%	0.0%	68.5%	3.9%	19.7%	1.5%	2.7%	3.7%	93.6%	2.7%	384	363
North Eastern	16.6%	10.5%	62.1%	8.2%	2.6%	100.0%	8.2%	27.1%	0.0%	1.4%	39.4%	27.4%	12.9%	16.5%	0.6%	1.9%	97.6%	0.6%	68	159
Wealth index																				
Poorest	7.0%	10.2%	54.5%	18.2%	10.0%	100.0%	18.2%	17.2%	0.0%	0.5%	55.8%	9.0%	23.2%	6.3%	2.7%	2.4%	94.9%	2.7%	426	418
Poorer	5.9%	8.7%	59.2%	12.8%	13.4%	100.0%	12.8%	14.6%	0.5%	0.0%	68.8%	5.9%	17.5%	3.4%	2.6%	1.4%	96.0%	2.6%	499	413
Middle	4.6%	10.4%	54.6%	19.6%	10.9%	100.0%	19.6%	15.0%	0.3%	0.5%	66.2%	4.4%	19.5%	2.9%	4.7%	1.5%	93.8%	4.7%	474	433
Richer	3.5%	13.3%	52.8%	16.8%	13.6%	100.0%	16.8%	16.9%	0.0%	0.0%	55.1%	6.5%	27.2%	4.5%	4.6%	2.0%	93.3%	4.6%	481	430
Richest	6.0%	11.5%	57.9%	15.8%	8.9%	100.0%	15.8%	17.4%	0.0%	0.0%	22.8%	8.3%	45.6%	9.1%	11.2%	2.9%	85.9%	11.2%	251	293
Total < 15	5.4%	10.9%	56.7%	17.0%	10.0%	100.0%	17.0%	16.3%	0.2%	0.2%	58.2%	6.8%	25.0%	4.9%	4.6%	0.1%	95.3%	4.6%	2091	1987