KENYA

Capital

Nairobi

Ethnic Groups

Kikuyu 17.1%, Luhya 14.3%, Kalenjin 13.4%, Luo 10.7%, Kamba 9.8%, Somali 5.8%, Kisii 5.7%, Mijikenda 5.2%, Meru 4.2%, Maasai 2.5%, Turkana 2.1%, non-Kenyan 1%, other 8.2%

Languages

English (official), Kiswahili (official), numerous indigenous languages

Religions

Christian 85.5% (Protestant 33.4%, Catholic 20.6%, Evangelical 20.4%, African Instituted Churches 7%, other Christian 4.1%), Muslim 10.9%, other 1.8%, none 1.6%, don't know/no answer 0.2%

Population

Total: 57.1 million Median age: 20 years

Population growth rate: 2.09%

Urban: 29.5% Rural 70.5%

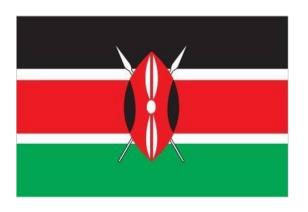
Fertility

Birth rate: 26.01 births/1,000 population Total fertility rate: 3.23 children born/woman Sex ratio of population: 1 male(s)/female

Mortality

Death rate: 4.95 deaths/1,000 population Life expectancy at birth: 70.04 years

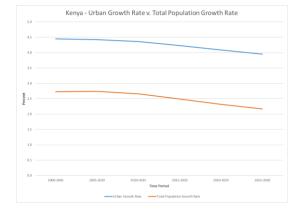
Maternal mortality rate: 342 deaths/100,000 live births Infant mortality rate: 26.94 deaths/1,000 live births













Migration

Net migration rate: -0.19 migrants/1,000 population

Health

Current health expenditure: 4.3% of GDP

Physician density: 0.16 physicians/1,000 population

Adult obesity: 7.1%

Alcohol consumption per capita: 1.68 liters of pure alcohol

Education

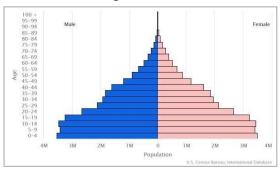
Education expenditures: 4.8% of GDP

Literacy: 81.5%

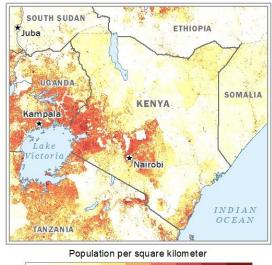
Population Distribution

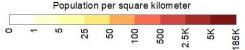
population heavily concentrated in the west along the shore of Lake Victoria; other areas of high density include the capital of Nairobi, and in the southeast along the Indian Ocean coast

Age Structure



Population Distribution





Demographic Profile

Kenya has experienced dramatic population growth since the mid-20th century as a result of its high birth rate and its declining mortality rate. Almost 40% of Kenyans are under the age of 15 as of 2020 because of sustained high fertility, early marriage and childbearing, and an unmet need for family planning. Kenya's persistent rapid population growth strains the labor market, social services, arable land, and natural resources. Although Kenya in 1967 was the first Sub-Saharan country to launch a nationwide family planning program, progress in reducing the birth rate has largely stalled since the late 1990s, when the government decreased its support for family planning to focus on the HIV epidemic. Government commitment and international technical support spurred Kenyan contraceptive use, decreasing the fertility rate (children per woman) from about 8 in the late 1970s to less than 5 children twenty years later, but it has plateaued at about 3 children as of 2022.

Kenya is a source of emigrants and a host country for refugees. In the 1960s and 1970s, Kenyans pursued higher education in the UK because of colonial ties, but as British immigration rules tightened, the US, the then Soviet Union, and Canada became attractive study destinations. Kenya's stagnant economy and political problems during the 1980s and 1990s led to an outpouring of Kenyan students and professionals seeking permanent opportunities in the West and southern Africa. Nevertheless, Kenya's relative stability since its independence in 1963 has attracted hundreds of thousands of refugees escaping violent conflicts in neighboring countries; Kenya was sheltering nearly 280,000 Somali refugees as of 2022.