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YOUR NUMBERS
For longer, healthier life



SURVEY REPORT

Know Your Numbers (KYN) Survey by IPSOS

CLOSING THE GAP BETWEEN AWARENESS AND PREVENTIVE HEALTH ACTION

Popular Version

Doctors™ for healthy living

Background and Strategic Context



In April 2026, Doctors for Healthy Living (D4HL)[1] commissioned IPSOS in Kenya to carry out a national population survey seeking robust, evidence-based insights into awareness, uptake, and access pathways for screening for five markers of Non-Communicable Diseases (NCDs). These are: blood pressure, blood sugar, cholesterol level, waist circumference and Body Mass Index (BMI).

About D4HL

D4HL is a not-for-profit social enterprise that was founded by a team of medical doctors, epidemiologists, public health and health communication professionals with a mission is to build capacities of individuals to obtain, process, and understand basic health information needed to make the right decision for their well-being.

The D4HL *Know Your Numbers*© Campaign

The organisation's work is expressed through a campaign titled: ***Know Your Numbers (KYN)©***. The campaign started in earnest in 2018 and was endorsed by the Ministry of Health. It encourages regular check-ups to allow people to manage their health proactively and reduce the risk of long-term illness.

It is focused on the working population, the driving force of Kenya's productivity and a highly influential population in bringing about widespread behaviour change and demystifying routine check-ups for these numbers to lower the national burden of NCDs.

Kenya's NCDs situation

Evidence from Kenya-based NCD literacy research[2] suggests that community context, misinformation, social influence and health promotion structures materially shape how well people understand and respond to chronic disease risks.

It is estimated that approximately 80% of adults lack the necessary health literacy to interpret key indicators and translate them into meaningful action[3]. This gap in health literacy contributes to delayed diagnosis, weak prevention habits, poor disease management, and an overreliance on reactive care.

Given Kenya's population is dominated by young people and those of working age[4], this demographic profile presents both an opportunity and a risk. On one hand, it provides a strong foundation for economic growth. On the other, it increases the potential impact of health-related disruptions, particularly in the context of chronic diseases.

With an employment-to-population ratio of approximately 62.6% in Quarter 2 of 2022, a large share of the population is actively contributing to economic output[5]. Any decline in health status within this group has direct implications for productivity, income stability, and national economic performance.

[1]https://www.doctors4healthyliving.org

[2]Ogweno, S.O. and Oduor, K. (2022) Assessment of Factors Influencing Non-Communicable Diseases Literacy Levels in Vihiga County. European Journal of Environment and Public Health

[3]Doctors for Healthy Living (2026) Know Your Numbers (KYN) Programme Documentation. Nairobi: Doctors for Healthy Living.

[4]Kenya National Bureau of Statistics (KNBS) (2022) Quarterly Labour Force Report, Quarter 2 2022 (April–June). Nairobi: KNBS.

[5]Ibid.



Purpose of the study

The national population survey by D4HL and IPSOS in Kenya was designed to inform programme design, optimise delivery channels, and support policy engagement. It comes on a backdrop that has seen Kenya experiencing an epidemiological transition characterised by the increasing importance of NCDs, including hypertension, diabetes, cardiovascular disease, and obesity.

Additionally, it was grounded on the World Health Organisation's broader position that early detection, screening, and management are central to reducing the burden of NCDs.

The survey sought to measure the proportion of working individuals who are aware of and have engaged with key health indicators. Its specific objectives were to:

- Assess the recency and frequency of testing behaviour
- Identify preferred channels for accessing screening services
- Diagnose the behavioural, structural, and perceptual barriers that limit uptake

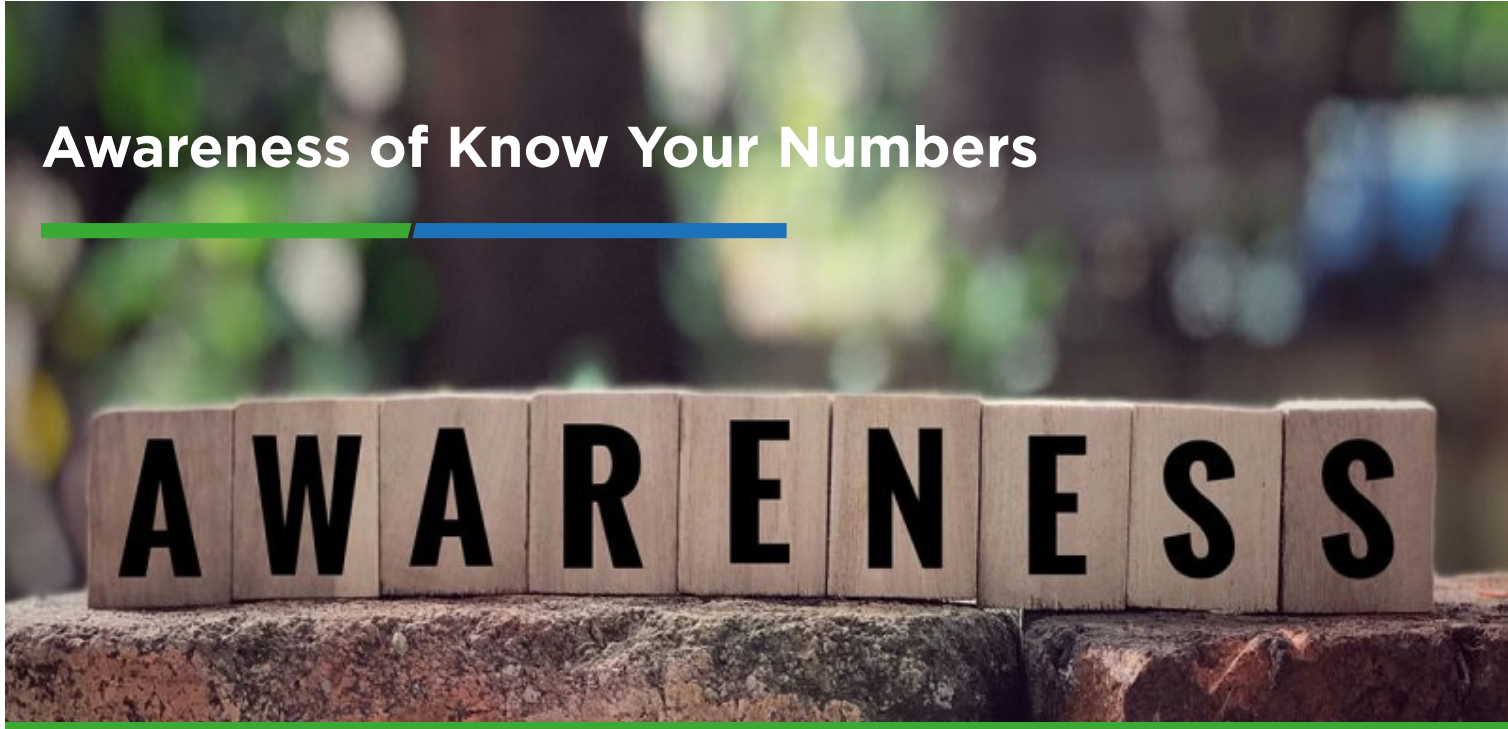
Methodology

The survey involved a sample of 1,100 connected working individuals linked through digital devices, social media, or internet platforms.

The data collection tool was a structured questionnaire covering awareness, understanding, lifetime testing, recent testing, access channels, preferred testing locations, barriers, motivators and workplace opportunities.

- In terms of gender, 51.5% of respondents were women and 48.5% were men.
- Respondents were relatively young and economically active, with 61.6% aged between 25 and 34 years, 28% aged between 35 and 44 years, 7.2% aged 45 to 54 years, 2.2% aged 55 years and above, while 1% of the respondents were aged between 18 and 24 years.
- Geographically, the sample had a strong Nairobi concentration at 41.1%, followed by Central at 16.9%, Rift at 15.5%, Lake at 7.3%, and Coast at 7.2%.
- In settlement terms, 63.2% of respondents were urban, 25.6% peri-urban, and 11.2% rural.

Awareness of Know Your Numbers



The findings of the survey reveal a complex interplay between awareness, behaviour, and system interaction. Awareness levels are relatively high for blood pressure (90%) and blood sugar (78%).

However, this awareness declines significantly for indicators such as BMI/ Height and Weight (66%), cholesterol (63%) and waist circumference (25%), **suggesting gaps in both public communication and health education.**

Women show higher awareness across all key indicators, especially BMI and waist circumference.

Despite high awareness, testing behaviour remains inconsistent. Although majority have been tested for blood pressure at some point in their lives, much fewer reported having been screened recently (the previous three months).

45%
of respondents state that they understand what these indicators mean for their health "very well,"

Another
45%
say they understand them "fairly well,"

9%
say they do not understand them very

Indicator	Base	Blood pressure	Blood sugar	Cholesterol	BMI / height & weight	Waist circumference
Male	371	**86%**	73%	60%	59%	20%
Female	395	**93%**	82%	67%	72%	29%

Source: Ipsos.Digital KYN Survey 2026

Testing Behaviour

Although awareness of health indicators is high, self-reported testing is mixed.

Testing behaviour is consistently strongest for blood pressure and weakest for cholesterol and waist circumference.

79% *report ever having blood pressure measured*

59% *report ever checking Body Mass Index/ height and weight*

47% *have ever tested blood sugar*

15% *have ever tested cholesterol*

9% *have ever checked waist circumference*

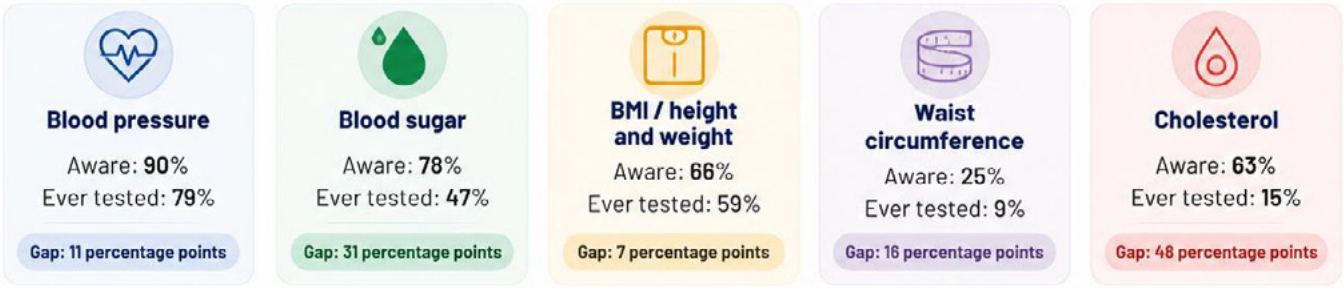
Over the previous three months, those figures fall further:

28% *ever tested for blood sugar*

7% *ever tested for cholesterol*

5% *ever measured waist circumference*

This indicates that Kenya's challenge is not merely awareness of health indicators, but the consistent behavioural uptake of preventive action.



Source: Ipsos.Digital KYN Survey 2026

Women report stronger testing behaviour than men across most indicators over the last 3 months and 12 months. However, preventive screening for cholesterol and waist circumference remains low across both groups.

Ever Tested

Gender	Base	Blood pressure	Blood sugar	Choles-terol	BMI / height & weight	Waist circum-ference
Male	371	75%	44%	13%	51%	8%
Female	395	83%	51%	16%	66%	10%

Tested in past 12 months

Gender	Base	Blood pressure	Blood sugar	Choles-terol	BMI / height & weight	Waist circum-ference
Male	324	69%	33%	9%	47%	6%
Female	374	78%	41%	12%	58%	7%

Tested in past 3 months

Gender	Base	Blood pressure	Blood sugar	Choles-terol	BMI / height & weight	Waist circum-ference
Male	288	63%	26%	6%	40%	4%
Female	352	71%	29%	9%	49%	5%

Source: Ipsos.Digital KYN Survey 2026

Barriers to Testing Behaviour

The biggest barrier to preventive health behaviour is perceived wellness. The dominant reason for not testing recently is "I feel healthy," mentioned by 72% of the respondents. This shows that many still treat screening as response to illness rather than a preventive habit. This reflects a deeply ingrained reactive healthcare orientation, in which health-seeking behaviour is triggered primarily by symptoms rather than by preventive intent.

Many connected Kenyan adults still see health testing as something to do when they feel unwell, not as a routine action to stay well. While perceived understanding is broad, it may still not be sufficiently deep to trigger sustained preventive behaviour, especially for asymptomatic risk conditions. This creates a behavioural gap between knowing the indicators and taking preventive action.

The belief "I feel healthy" is the dominant barrier for both men and women, suggesting a reactive health mindset rather than a gender-specific issue. Women are however more likely to mention fear of results.

Reasons for not testing recently	Overall	Male	Female
I feel healthy	72%	71%	72%
Too busy	18%	19%	18%
Inconvenient timing	12%	12%	13%
Too expensive	10%	10%	11%
Too time-consuming	6%	6%	6%
Fear of results	5%	3%	6%
Not encouraged	4%	4%	4%
Too far	3%	3%	4%
I'm not interested	3%	4%	3%
Don't trust providers	2%	2%	2%
Don't know where	1%	1%	1%
Other	2%	2%	2%

Source: Ipsos.Digital KYN Survey 2026

The issue is not that people reject screening. The deeper problem is that many do not feel the urgency to check their health when they feel well. This means awareness of the health metrics is insufficient to shift screening from an occasional health action into a normal, prompted, and trusted routine.

Preferred Access Pathways

The study shows that respondents are already interacting with the health system through multiple channels.

Preferred screening locations are almost identical by gender. Both men and women strongly prefer private clinics/ hospitals and public facilities, confirming that clinical trust matters more than gender-specific preference.

However, women report higher recent contact with private clinics, pharmacies, and labs, suggesting stronger engagement with formal health touchpoints.

Recent health contact

Contact in past 3 months	Overall	Male	Female
Pharmacy / chemist	59%	55%	62%
Public health facility	50%	48%	51%
Private clinic / hospital	44%	37%	50%
Lab	24%	19%	29%
Home / self-testing	17%	18%	17%
Workplace	14%	14%	14%
Community outreach / medical camp	14%	13%	14%
None of the above	10%	12%	7%

Recent health contact in past 3 months – by gender

Contact in past 3 months	Overall	Male	Female
Pharmacy / chemist	59%	55%	62%
Public health facility	50%	48%	51%
Private clinic / hospital	44%	37%	50%
Lab	24%	19%	29%
Home / self-testing	17%	18%	17%
Workplace	14%	14%	14%
Community outreach / medical camp	14%	13%	14%
None of the above	10%	12%	7%

Preferred place to test tomorrow

Preferred testing location	Overall	Male	Female
Private clinic / hospital	80%	81%	80%
Public facility	71%	71%	71%
Pharmacy / chemist	17%	17%	17%
Lab	8%	7%	8%
Home / self-test	8%	9%	8%
Community outreach	8%	7%	8%
Workplace	8%	8%	7%

- 59% had accessed a pharmacy or chemist for health-related reasons
- 50% accessed a public health facility
- 44% visited a private clinic or hospital
- 24% a laboratory
- 17% home or self-testing
- 14% both workplace-based services and community outreach or medical camp channels
- 80% prefer private hospitals and clinics
- 71% Public facilities
- 17% Pharmacies or chemists
- 8% workplace, community outreach, home or self-testing, and laboratory channels

Source: Ipsos.Digital KYN Survey 2026

Responses indicate high preference for private hospitals or clinics.

This findings demonstrate that low screening uptake cannot be explained simply by lack of contact with service channels. Rather, it suggests there are missed opportunities to convert routine health interactions into preventive screening touchpoints.

Drivers of Preferred Screening Location

Respondents prefer screening locations that reduce friction while still feeling credible and professionally delivered. Convenience is the strongest driver, but broader decisions are shaped by trust, speed, quality, cost, access, privacy, and fit with daily routines.

Together, these point to a broader low-friction screening experience: easy to reach, quick to complete, affordable, private, and practical.

Respondents are not only looking for the easiest location; they are looking for a location that feels credible enough for health screening.

Driver	%	What it means for KYN
Convenient	66%	Broad ease of using the screening location. It may reflect simplicity, reduced effort, flexible access and ease of completing the test.
Trusted provider	47%	Screening must feel clinically credible. People want confidence in who is conducting the test and interpreting the results.
Faster service	39%	Time matters. Short waiting times, efficient flow and quick turnaround can increase willingness to screen.
Better quality	38%	Respondents associate preferred locations with professionalism, reliable equipment, competent staff and clear handling of results.
Lower cost	38%	Affordability is important, but this is not the same as saying screening must always be free. Cost clarity and subsidies build confidence.
Easy access	29%	This points to practical accessibility: location, transport, ease of reaching the service, and possibly opening hours.
Privacy	23%	Confidentiality and personal comfort matter, especially when health results may feel sensitive.
Referral support	7%	Some respondents value knowing what happens after screening and whether they can be guided to follow-up care.
Employer-provided	7%	A smaller but strategically important driver for workplace wellness and organised programmes.
Fits work schedule	6%	Timing matters for working adults. Screening should fit around work routines, lunch breaks or wellness days.
Less intimidating	3%	The emotional environment matters, even if this is a smaller driver. Screening should feel calm, supportive and non-threatening.

A key insight from this finding is that the workplace can become a preventive health trigger – not just a place of employment. This is an opportunity for employers to normalize preventive screening at work. Workplaces can turn awareness into routine preventive action by making screening trusted, convenient, and repeatable.

Key Implications of the Findings

- **Awareness of common health indicators is relatively high among Kenya's connected adult population, but awareness does not consistently translate into preventive action.** While 90% of respondents reported awareness of blood pressure, 78% were aware of blood sugar, and 66% of BMI (height and weight), awareness declined to 63% for cholesterol and just 25% for waist circumference. The findings point to a significant awareness-to-action gap, particularly for less visible risk factors.

- **There is a need to shift the healthcare paradigm from reactive treatment to preventive care by embedding routine screening into everyday life and institutional systems**. This strategic shift is increasingly important as Kenya faces a growing burden of non-communicable diseases while routine preventive health behaviours remain inconsistent.

- **High-footfall community touchpoints, particularly pharmacies, represent an untapped opportunity to expand access to preventive screening.** Although pharmacies are among the most accessible healthcare touchpoints, they are not yet widely perceived as preferred locations for health screening. Strengthening confidence through standardised screening protocols, quality assurance, and public awareness could unlock their potential as trusted frontline providers of preventive care.

- **Employers have a critical role to play in normalising preventive healthcare.** By integrating regular health screening into workplace wellness programmes, organisations can transform the workplace from simply a place of employment into a catalyst for preventive health. Making screening convenient, trusted and routine can help convert awareness into sustained preventive behaviour.

One of the greatest barriers to preventive healthcare is the belief that feeling healthy means being healthy. Behaviour change efforts should therefore focus on demonstrating that many NCDs remain symptomless for years, making routine screening the only reliable way to detect risk early. Early diagnosis creates opportunities for prevention and lifestyle change; late diagnosis often means the disease has already progressed, requiring more intensive treatment and management.

Contact Us

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