



KENYA (KERICHO)

Results from Phase 3 panel survey

November-December 2021

OVERALL KEY FINDINGS

The proportion of women using family planning increased over the past two years, with a **16 percent point** increase observed between 2019 and 2021.

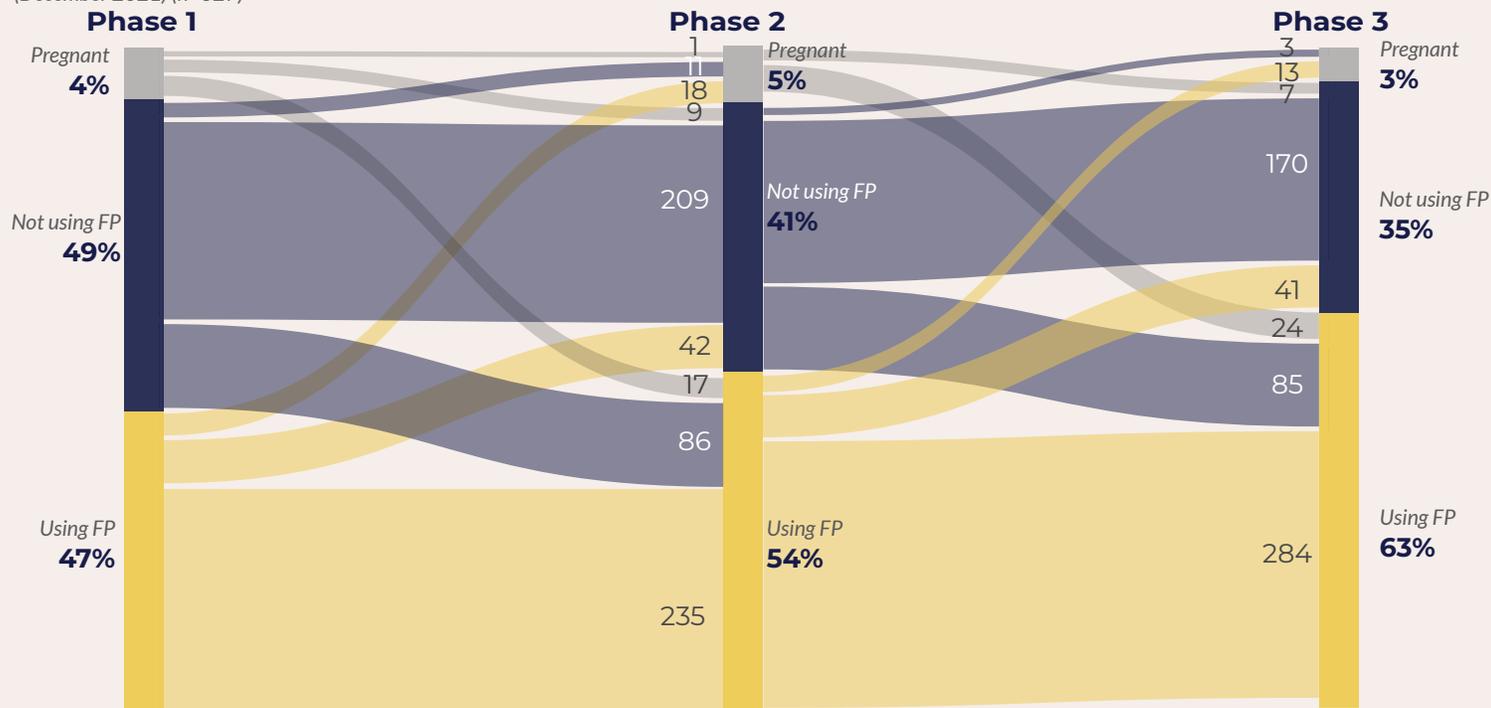
Discontinuation continues to drive the proportion of women with unmet need for family planning.

It remains important to focus on adolescents' family planning needs since the majority of women aged 15-19 remained a non-user between 2020 and 2021.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE

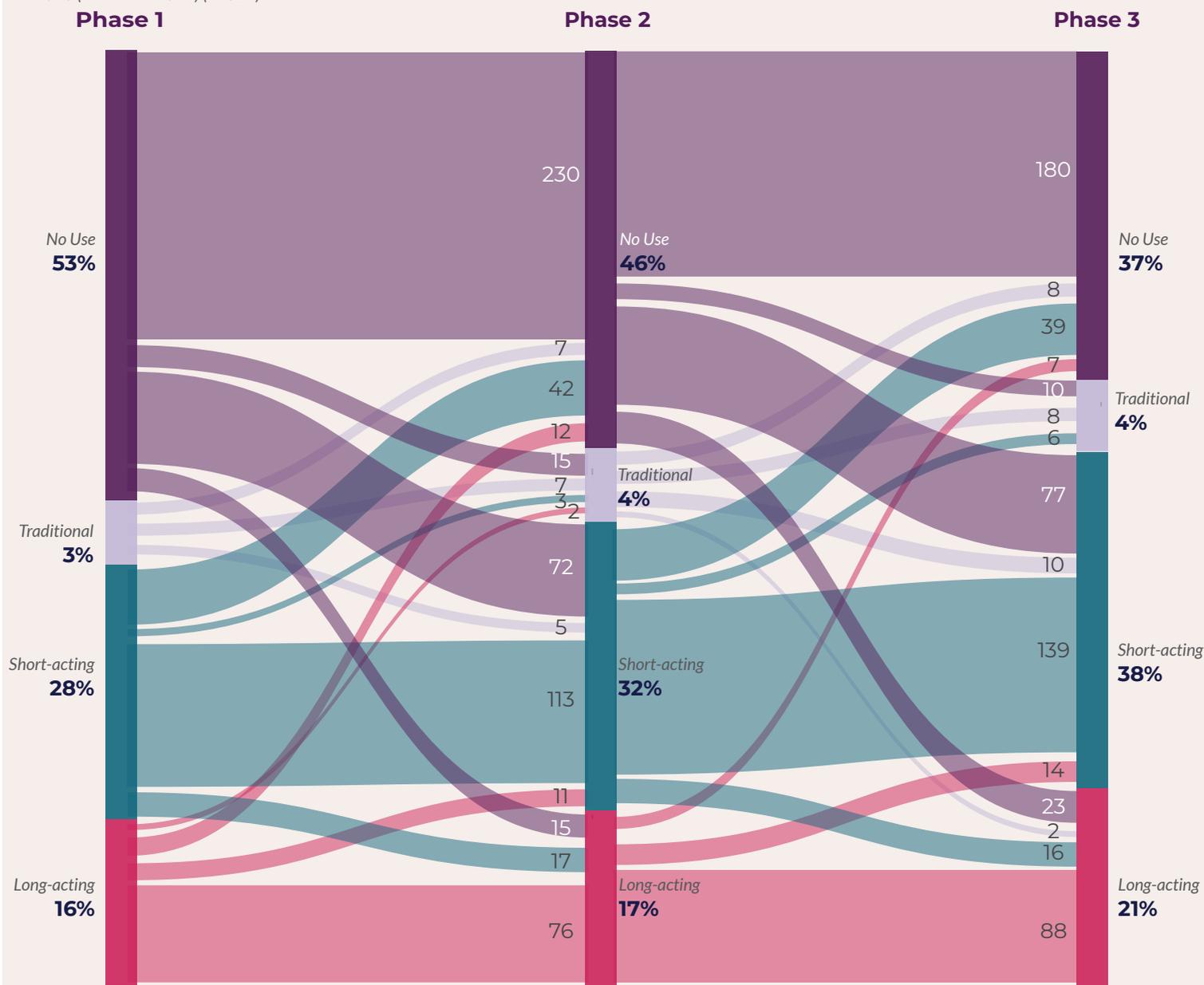
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=627)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a grey ribbon flowing from Phase 2 to Phase 3 represents women who were pregnant at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=627)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a short-acting method at Phase 2). The N on each ribbon is the weighted number of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.

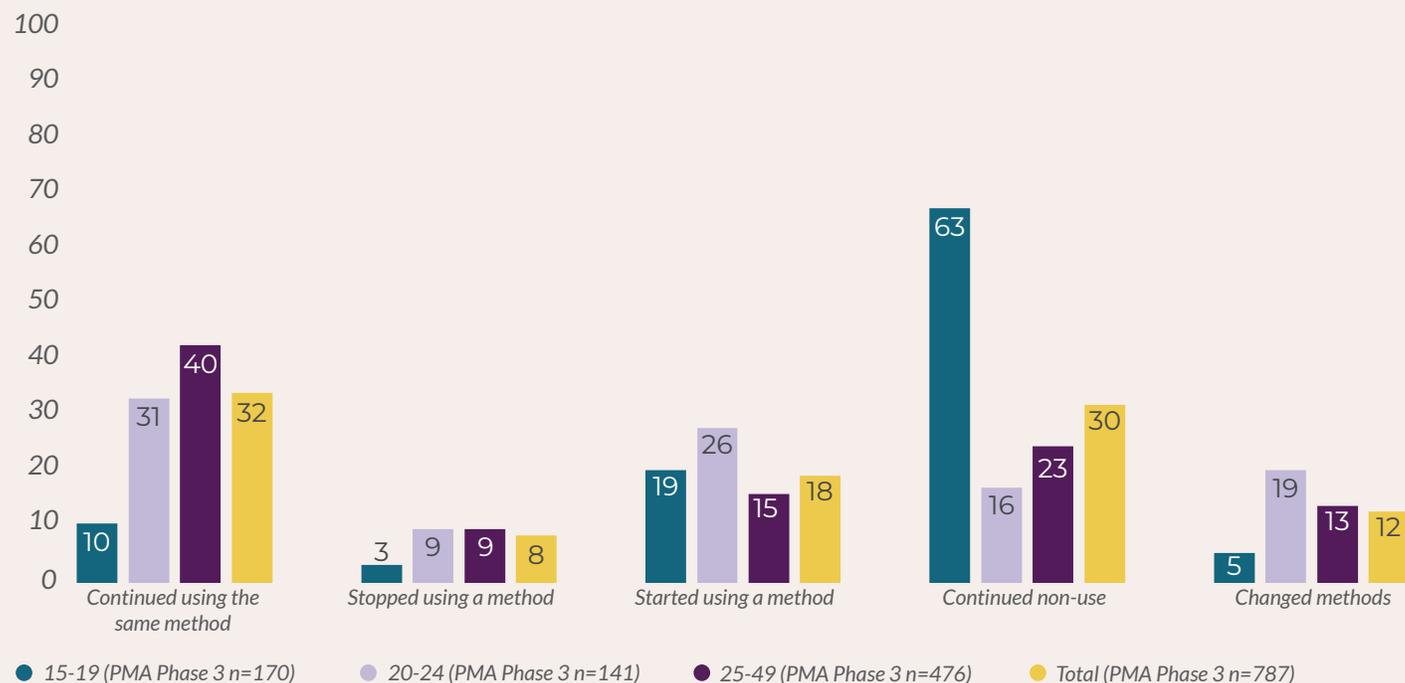
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- The proportion of women using family planning increased over the past two years, with a 16 percent point increase observed between 2019 and 2021.
- The increase in family planning use over the past three years can be attributed to increased uptake of the modern methods, short-acting which increased by 10 percentage points while long-acting increased by 5 percentage points.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

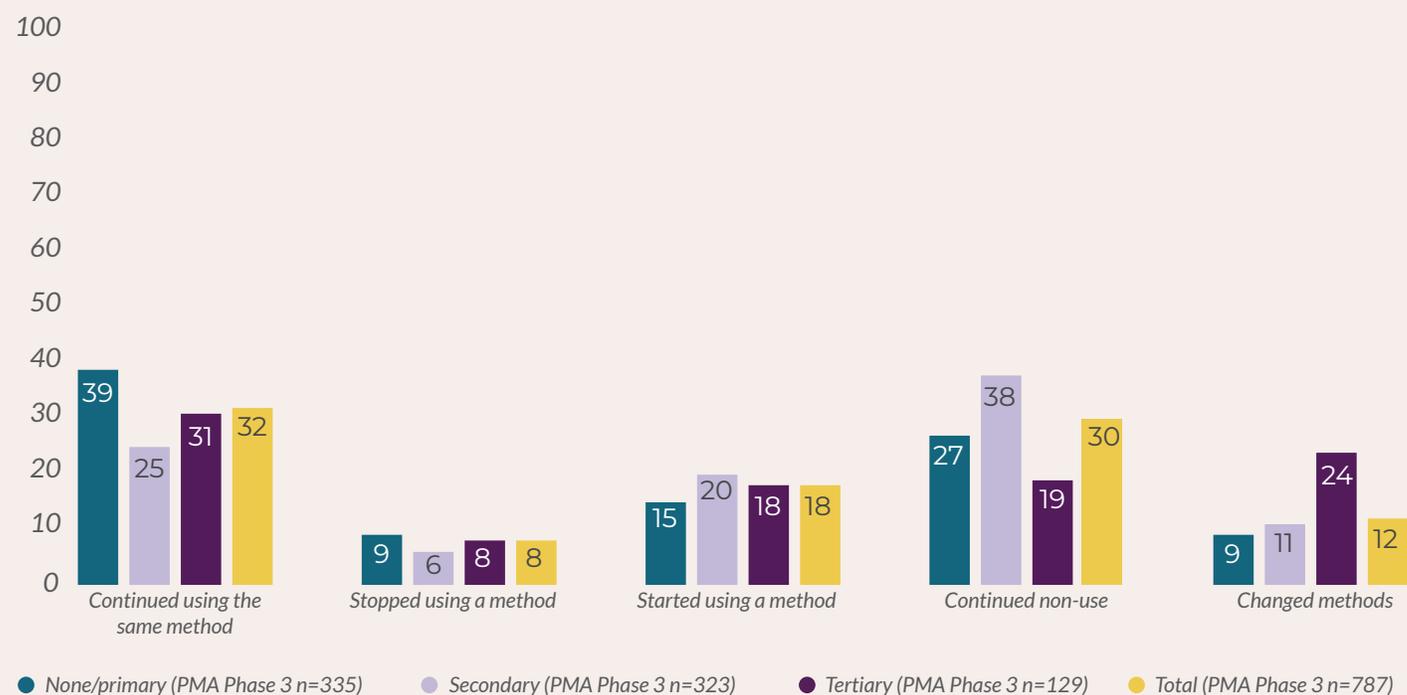
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by age



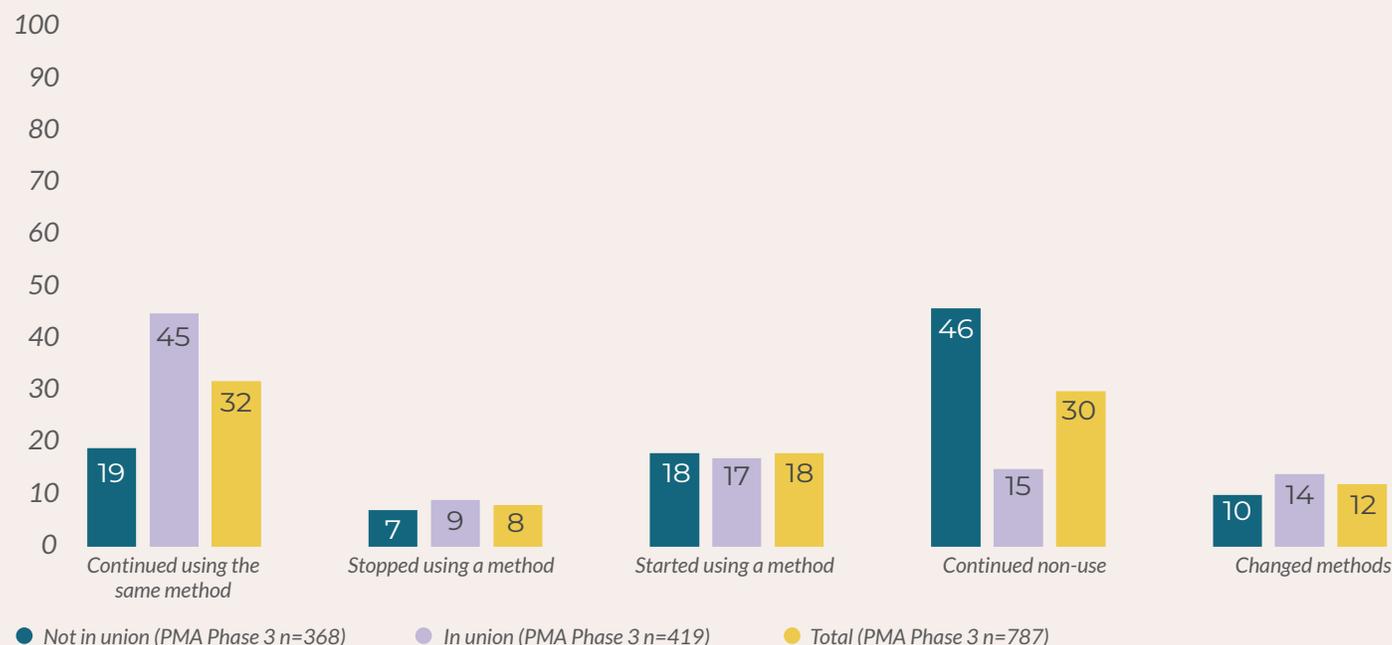
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by education level



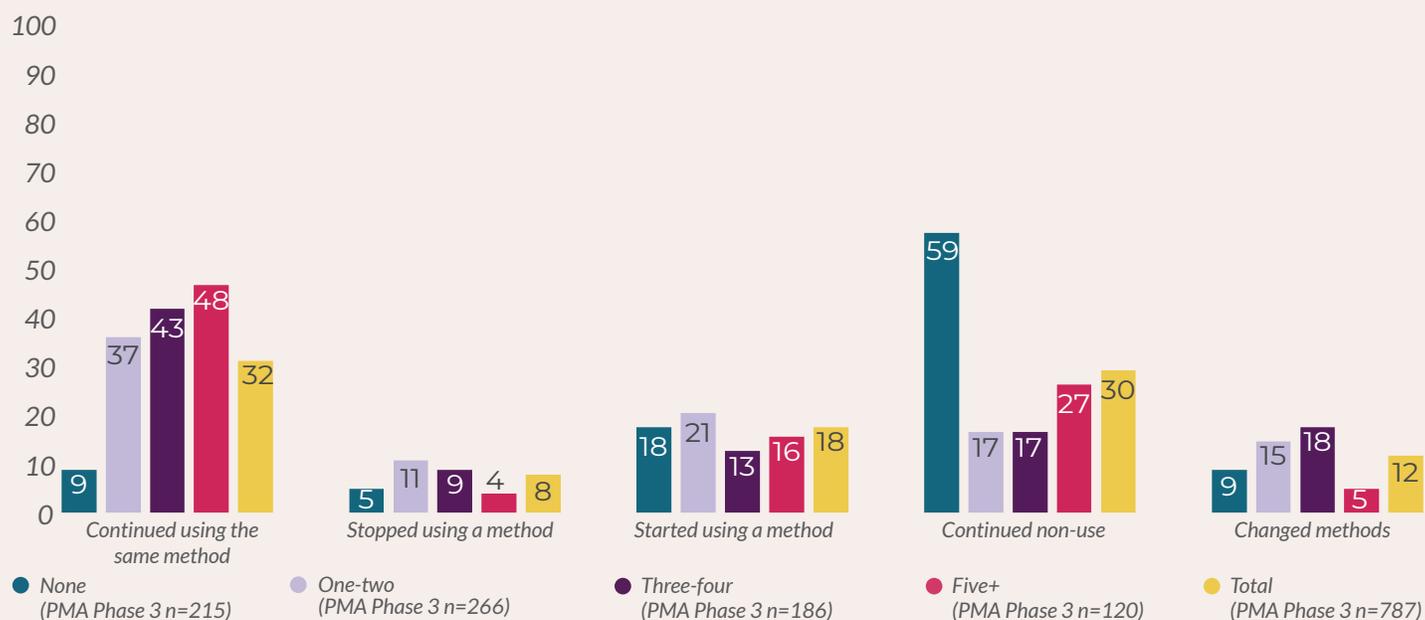
CHANGE IN CONTRACEPTIVE USE STATUS, BY MARITAL STATUS

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by marital status



CHANGE IN CONTRACEPTIVE USE STATUS, BY PARITY

Percent of women age 15-49 who engaged in one of the following contraceptive use behaviors between PMA Phase 2 (December 2020) and PMA Phase 3 (December 2021), by parity



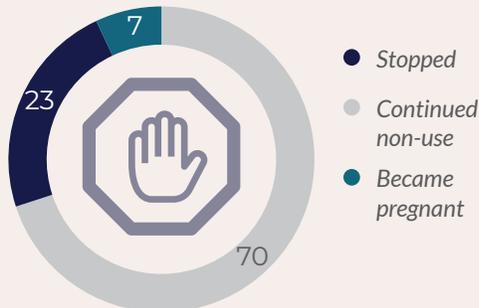
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Overall, we observed low proportions of continued use of the same method at 32%, with women aged 25-49 years reporting slightly higher proportions of continued use in the past year.
- Between 2020 and 2021, 46% of unmarried women continued to be non-users compared to only 15% of married women.
- The proportion of women who switched their method between Phases 2 & 3 was **two times higher** among women with tertiary education compared to women with lower education attainment.
- Though high proportions of surveyed adolescents who were non-users in Phase 2 continued to be non-users, 19% adopted a method by Phase 3.

SECTION 3: OTHER PANEL DYNAMICS

METHOD DISCONTINUATION

Among women 15-49 with unmet need at Phase 3, the percentage that stopped using a contraceptive method or became pregnant since Phase 2 (n=74)



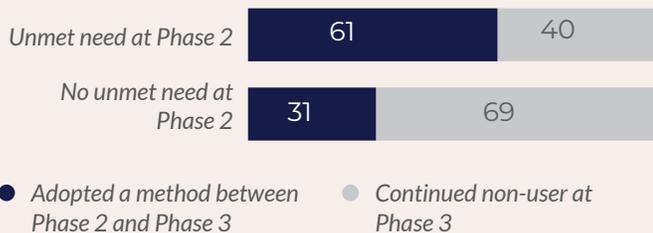
INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their intention to use FP at Phase 2 (n=373)



UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 2 and who adopted an FP method between Phase 2 and Phase 3, by their unmet need status at Phase 2 (n=373)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need in Phase 3, **23% discontinued contraception, while 7% became pregnant** between Phase 2 and 3.
- Nearly **two-thirds** of women with unmet need in Phase 2 adopted a method between Phase 2 and 3.
- Women who reported a desire to use FP in the future at Phase 2 were more likely to adopt a method within the last year compared to those who had no intention to use.

SUMMARY TABLE

	Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
Enrolled at Phase 1	832	829	705	664	630	628
Enrolled at Phase 2	206	N/A	206	157	157	N/A
Total Panel Women	1,038	829	911	821	787	628

*Inclusive of de jure women, and women who have since aged out of the study

PMA Kenya (Kericho) collects data on knowledge, practice, and coverage of family planning services in 25 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The PMA panel survey was conducted in Kericho among 980 women from Phase 1 and/or Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 79% of women were enrolled in the panel survey at Phase 1 between November and December 2019, and 21% of women were enrolled in the panel survey at Phase 2 between November and December 2020. Of the 980 eligible, 14.1% were not reached for follow-up. Of those reached, 824 (84.1% of the eligible female respondents) completed the Phase 3 survey, for a response rate of 99.6% among contacted women. Survey results presented in this brief are among de facto women who completed the female panel surveys at each Phase. Survey results in section 1 of this brief are representative of the Phase 1 population. Estimates depicted in sections 2 and 3 are representative of the Phase 2 population. Sociodemographic data used for indicator disaggregation were collected at Phase 2. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.