



# PMA KENYA (KERICHO)

Results from Phase 3 cross-sectional survey

November–December 2021

## OVERALL KEY FINDINGS



Overall, the use of modern contraception continues to increase, from 38% in 2014 to 54% in 2021, primarily due to the increase in the use of implants.



High levels of contraceptive stockouts were observed in 2021, most notably for injectables, male condoms, and implants.

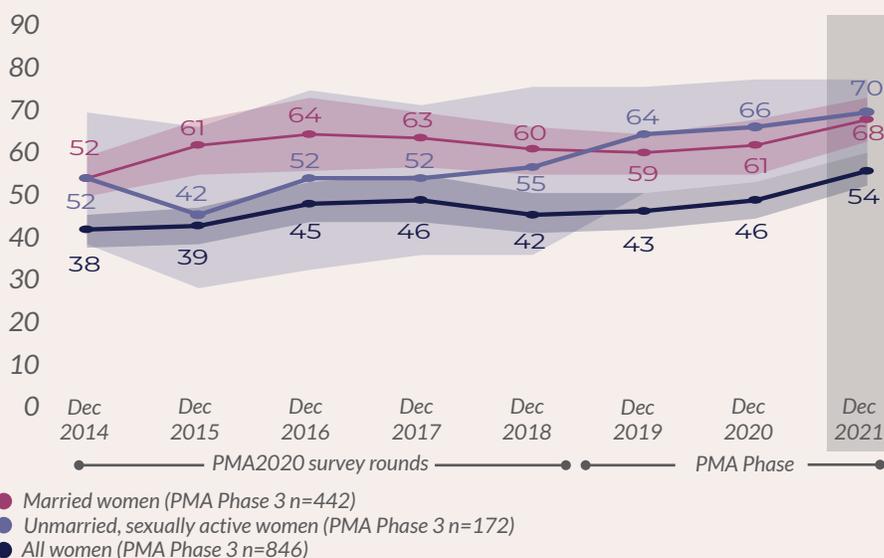


The quality of FP counseling services is considerably low, with only half of the women answering “Yes” to all four MII+ questions.

## SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

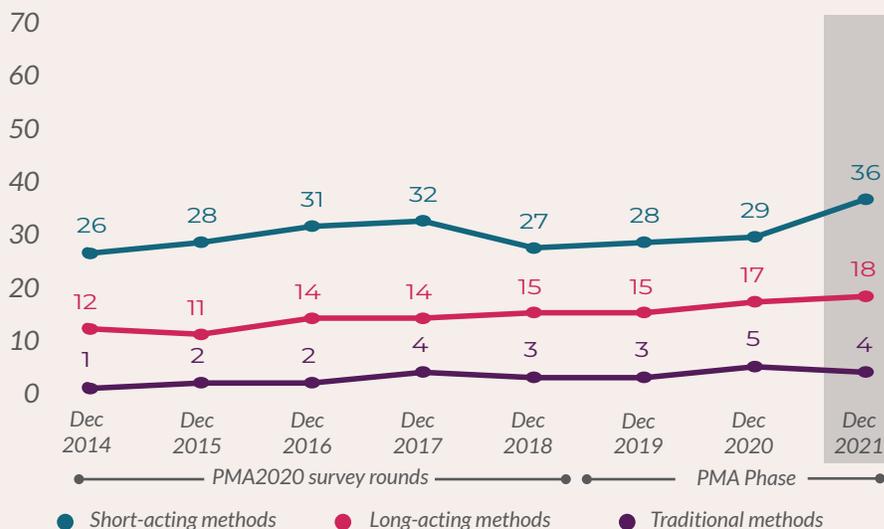
### MODERN CONTRACEPTIVE PREVALENCE

Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status



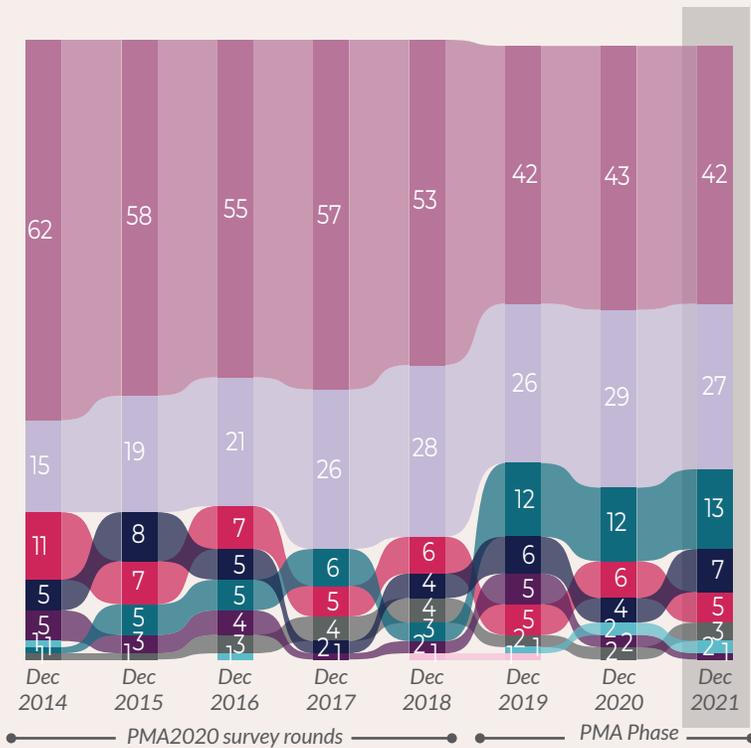
### CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n= 846)



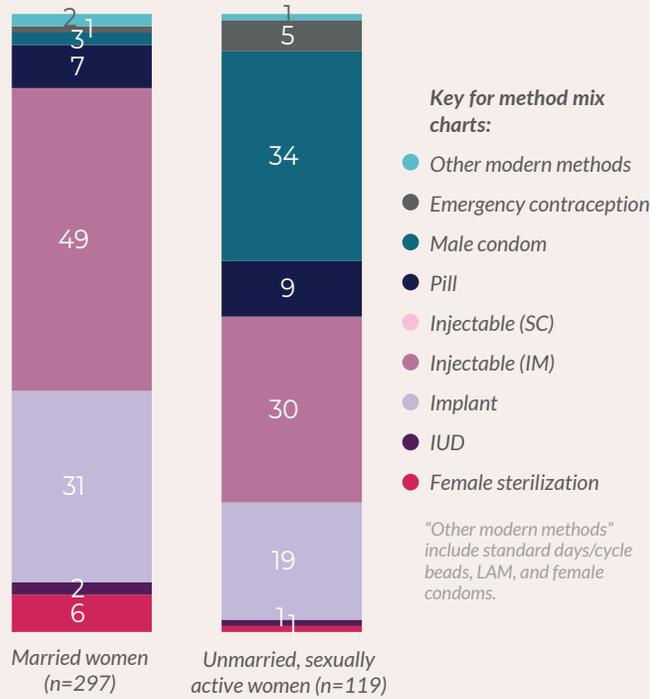
## TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=454)



## MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



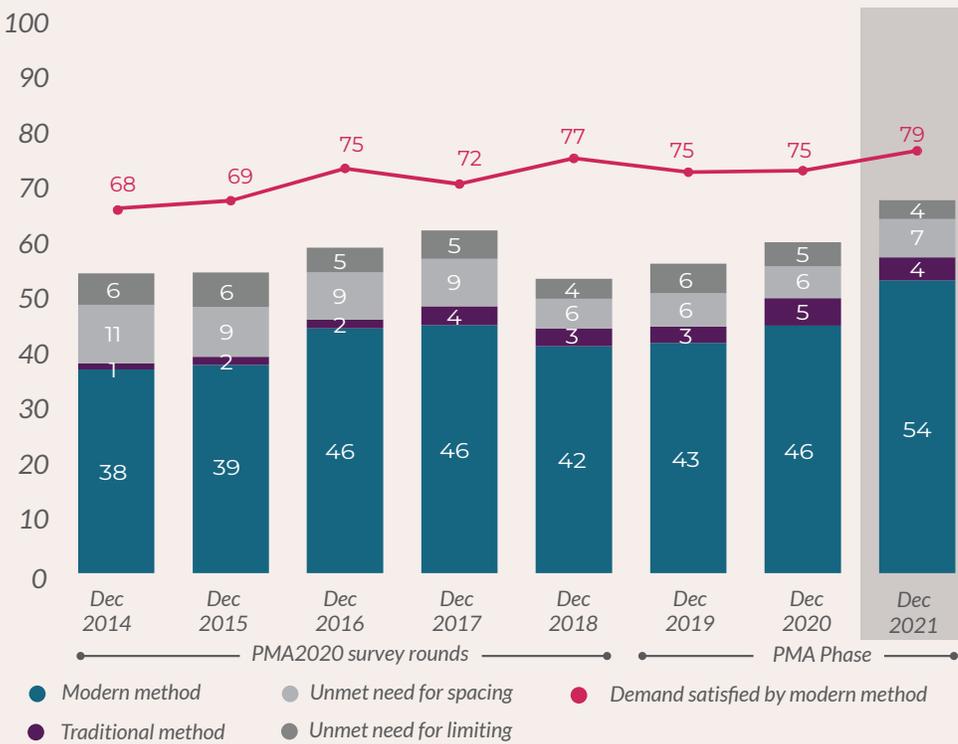
Key for method mix charts:

- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

"Other modern methods" include standard days/cycle beads, LAM, and female condoms.

## METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of all women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 3 n=846)



## INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

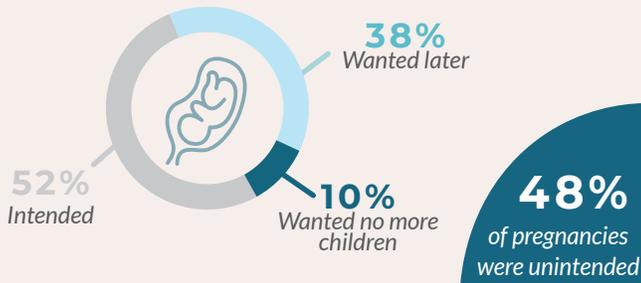
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=328)



Demand satisfied by a modern method is total number of modern method users over the sum of contraceptive users and those with unmet need

## INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=333)



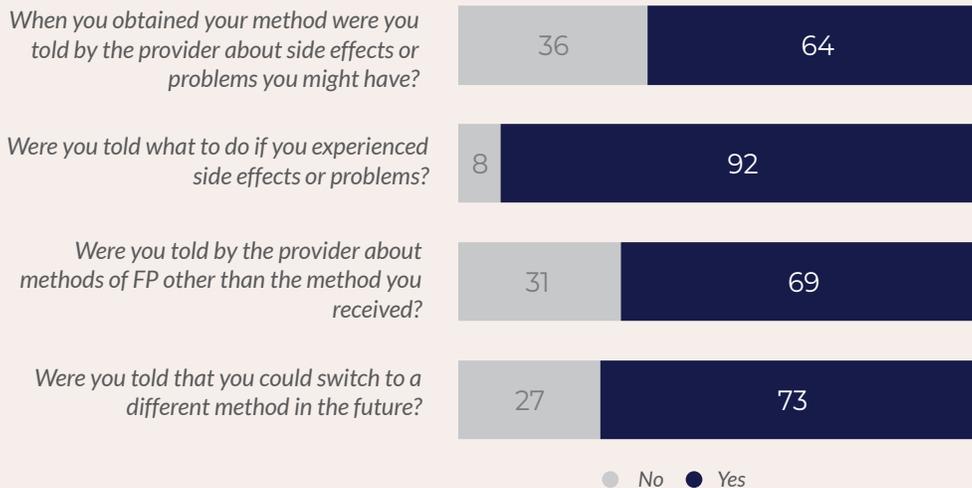
## KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- More than half of women of reproductive age are currently using a modern method of family planning, a notable increase from 46% in 2020.
- Among women who are not currently using contraception, only about 1.8 in 10 reported the intention to use in the next 12 months.
- Modern contraceptive use is marginally higher among unmarried sexually active women than married women, with most reporting use of the male condom, injectable, and implant.

## SECTION 2: CONTRACEPTIVE USER COUNSELING AND OUTREACH

### METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=450)



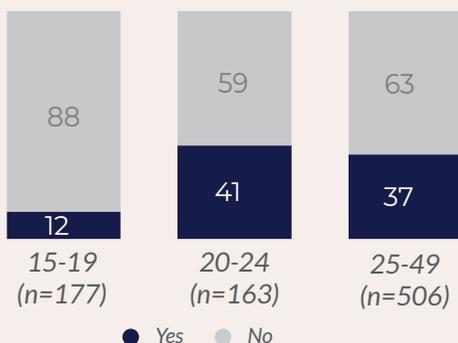
Percent of women who responded "Yes" to all four MII+ questions



Only women who said they were told about possible side effects were asked whether they were told about what to do in the event of side effects.

### DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age



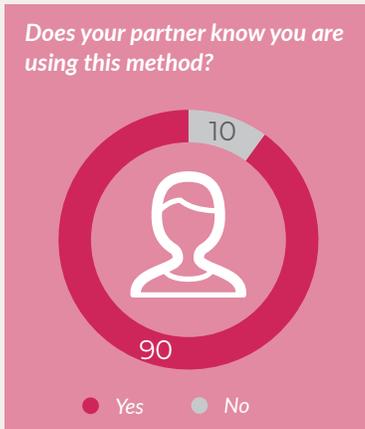
### KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only half of the women reported receiving comprehensive counseling from their provider when they obtained their current method.
- Lower proportions of adolescent girls (15-19 years) report having discussed FP with their health care provider or community health worker in the past year compared to older women between age groups 20-24 years or 25-49 years.
- Among the four MII+ questions, the majority of women report that they were told what to do if they experienced side effects.

## SECTION 3: PARTNER DYNAMICS

### PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=302)



#### By age



#### By education



Modern, female controlled methods includes all modern methods except male sterilization and male condoms

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#### By age

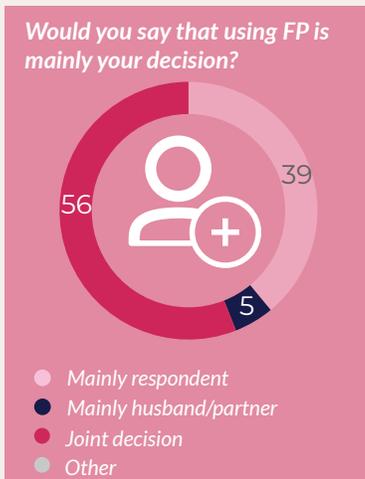


#### By education

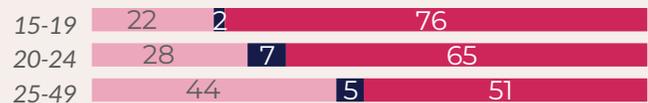


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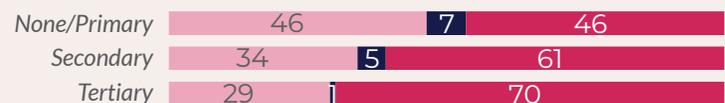
Percent of women who are currently using FP and agree with the following statement, by age and education (n=353)



#### By age

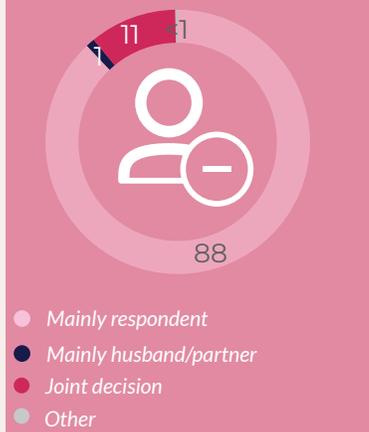


#### By education

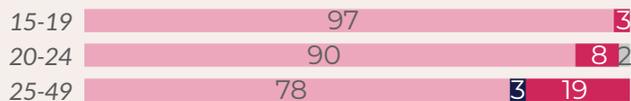


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=331)

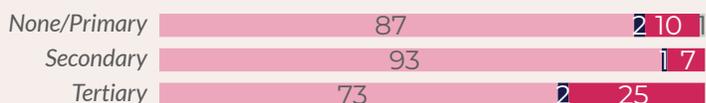
Would you say that not using FP is mainly your decision?



**By age**



**By education**



**PREGNANCY COERCION**

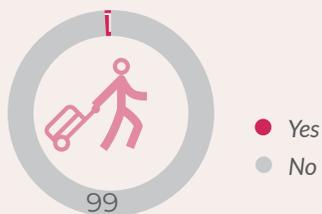
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=441)



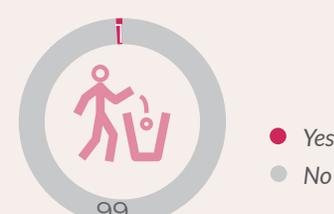
Percent of currently married women who report that their partner made them feel badly for wanting to use an FP method to delay or prevent pregnancy in the past 12 months (n=441)



Percent of currently married women who report that their partner said he would leave them if they did not get pregnant in the past 12 months (n=441)



Percent of currently married women who report that their partner took away their FP method or kept them from a clinic in the past 12 months (n=441)



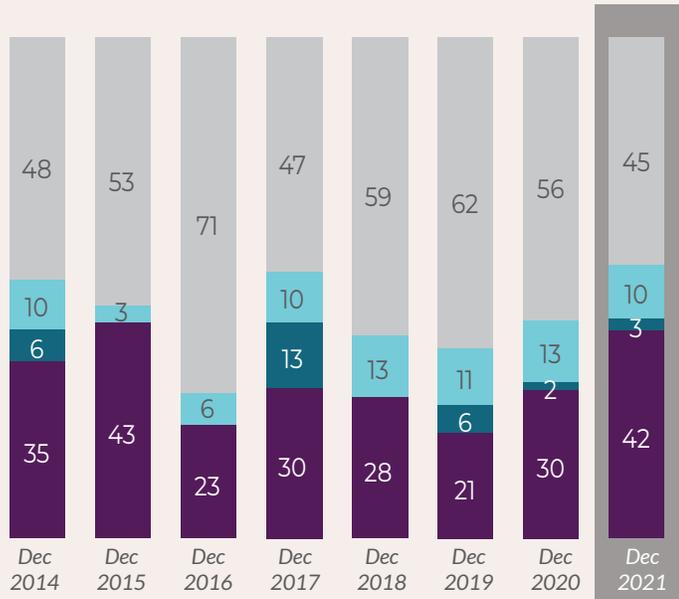
**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- Overall, among women using modern female-controlled methods, 90% report that their partners were aware of the method they were currently using. However, when compared between women with differing education statuses, fewer women with no education or primary education report partner awareness and knowledge than women with secondary or tertiary education.
- Among women who are not currently using FP, 25% with tertiary education reported that their decision not to use FP was jointly made with their partner.
- Almost all married women reported not experiencing any form of reproductive health coercion from their partners in the past 12 months.

# SECTION 4: SERVICE DELIVERY POINTS

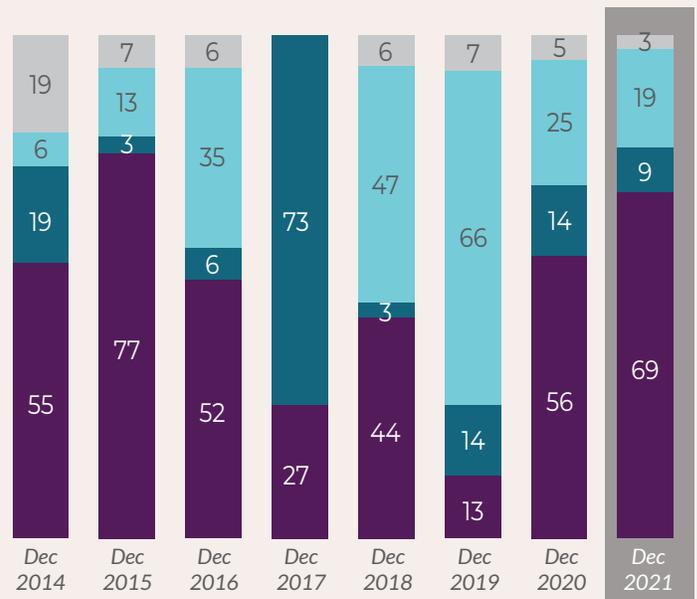
## TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=77)



## TRENDS IN METHOD AVAILABILITY: IMPLANT

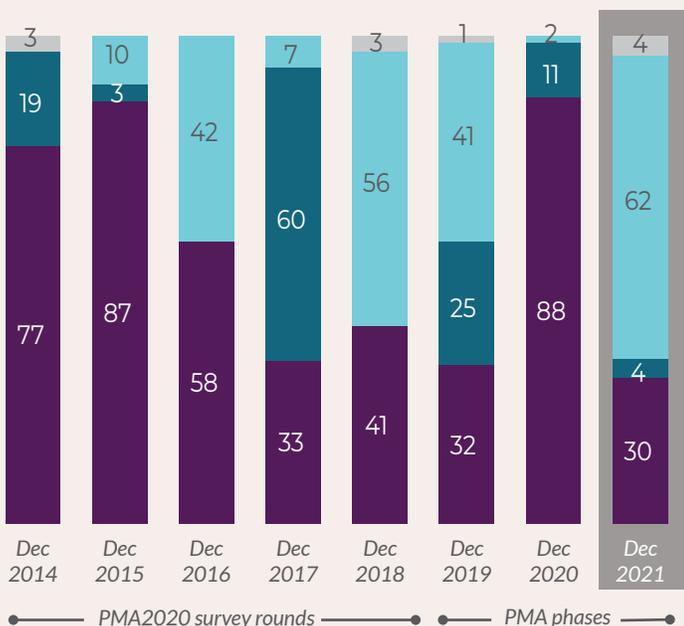
Public facilities (PMA Phase 3 n=77)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

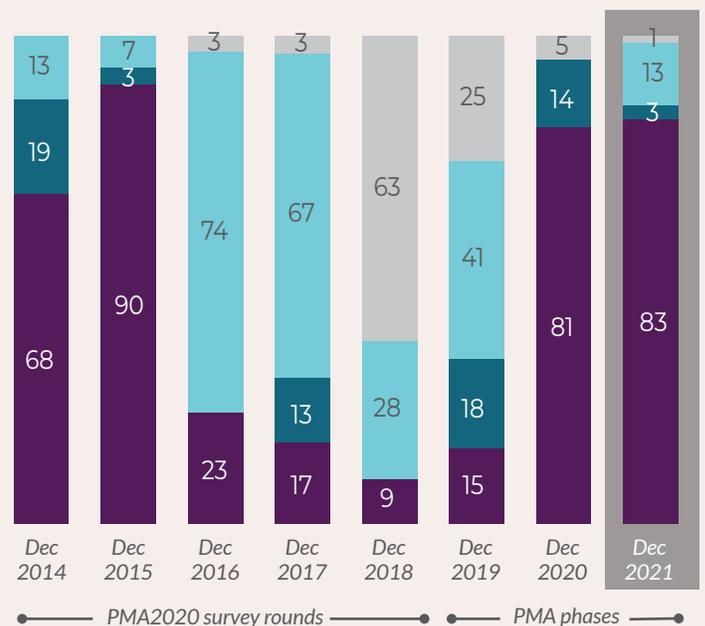
## TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=77)



## TRENDS IN METHOD AVAILABILITY: PILLS

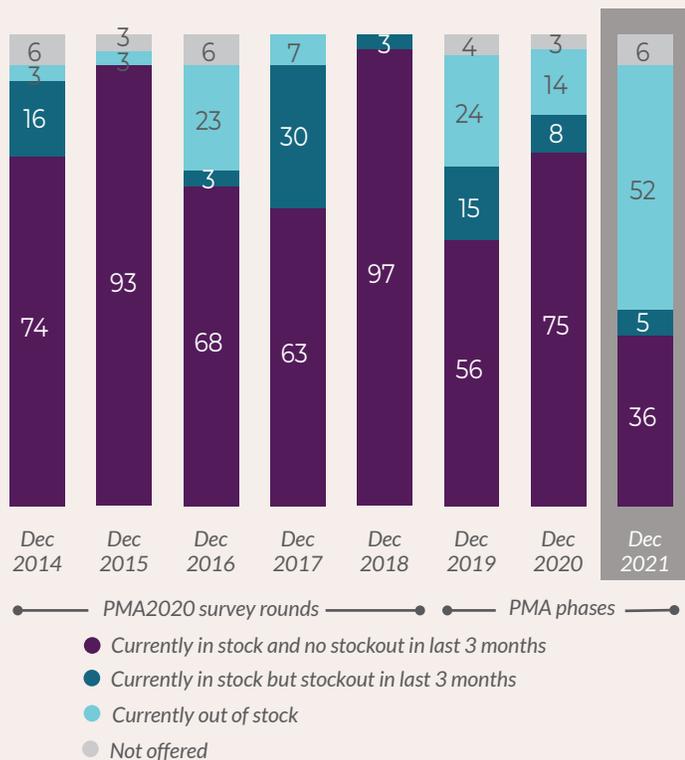
Public facilities (PMA Phase 3 n=77)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

## TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=77)

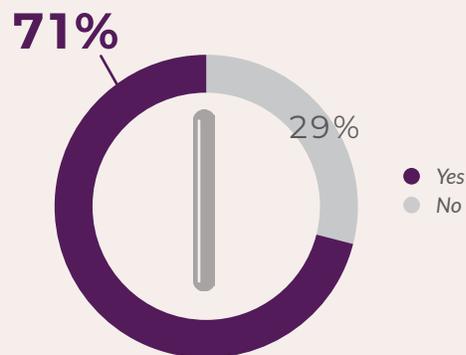


**63%**

of women obtained their current modern method from a public health facility (n=450)

## FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=76)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=43)



## MAIN REASON FOR STOCKOUT OF ANY METHOD

Public facilities (n=189 episodes)



**87%**

Ordered but did not receive shipment



**17%**

Unexpected increase in consumption

Possible answers were "Did not place order for shipment", "Ordered but did not receive shipment", "Did not order the right quantities", "Ordered but did not receive the right quantities", "Unexpected increase in consumption", "Stock out due to COVID-19 disruption", and "Other."

## KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- High proportions of stockouts for injectables, male condoms, and implants were observed in 2021.
- 42% of public facilities reported offering IUDs in 2021, a substantial increase from the 30% reported in 2020.
- About 62% of the facilities that offer IUDs and 29% of those offering implants did not have a trained provider and/or instruments or supplies needed for method insertion or removal.

## TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Nov-Dec 2014	476	38.98	1.93	34.87	43.26	37.74	2.04	33.43	42.26	16.72	1.45	13.79	20.12
PMA 2020	R4	Nov-Dec 2015	615	40.29	2.07	35.88	44.87	38.76	2.14	34.21	43.51	15.71	2.27	11.39	21.27
PMA 2020	R5	Nov-Dec 2016	571	47.00	2.77	40.99	53.09	45.44	2.58	39.85	51.14	13.38	3.36	7.62	22.43
PMA 2020	R6	Nov-Dec 2017	553	49.61	3.44	42.12	57.11	46.06	3.04	39.50	52.76	14.12	2.67	9.23	21.00
PMA 2020	R7	Nov-Dec 2018	531	45.44	2.27	40.51	50.45	42.13	2.48	36.80	47.65	9.24	2.23	5.41	15.34
PMA	Phase 1	Nov-Dec 2019	874	45.80	2.86	39.99	51.73	42.82	2.48	37.79	48.00	11.68	1.66	8.67	15.56
PMA	Phase 2	Nov-Dec 2020	834	51.08	2.52	45.89	56.24	45.96	2.30	41.27	50.73	10.34	1.35	7.86	13.48
PMA	Phase 3	Nov-Dec 2021	846	58.66	2.23	53.99	63.18	54.39	2.14	49.95	58.76	10.60	1.58	7.76	14.34

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R2	Nov-Dec 2014	308	53.83	2.25	48.92	58.67	52.01	2.54	46.48	57.49	22.22	1.88	18.40	26.56
PMA 2020	R4	Nov-Dec 2015	332	62.35	3.43	54.67	69.45	60.51	3.55	52.62	67.89	20.39	3.15	14.40	28.04
PMA 2020	R5	Nov-Dec 2016	333	65.75	4.39	55.65	74.61	64.30	4.52	53.96	73.46	15.56	4.55	8.04	27.95
PMA 2020	R6	Nov-Dec 2017	320	66.99	3.46	59.03	74.09	63.04	3.53	55.04	70.39	15.52	2.63	10.60	22.16
PMA 2020	R7	Nov-Dec 2018	310	64.13	2.12	59.34	68.65	59.82	2.92	53.28	66.03	11.56	2.98	6.51	19.71
PMA	Phase 1	Nov-Dec 2019	464	62.46	2.95	56.21	68.32	58.64	2.81	52.75	64.28	15.72	2.24	11.63	20.90
PMA	Phase 2	Nov-Dec 2020	439	67.16	3.70	59.15	74.28	60.63	3.55	53.12	67.66	12.81	1.74	9.63	16.85
PMA	Phase 3	Nov-Dec 2021	442	72.02	2.64	66.27	77.13	68.02	2.77	62.05	73.46	12.54	1.65	9.51	16.35

PMA Kenya (Kericho) collects information 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 results are county-level representative. Data were collected between November and December 2021 from 790 households (97.1% response rate), 846 females age 15-49 (99.1% response rate), 85 facilities (90.4% completion rate). For sampling information and full data sets, visit [www.pmadata.org/countries/kenya](http://www.pmadata.org/countries/kenya).

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

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. 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.