



PMA KENYA (NYAMIRA)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



Use of modern contraceptives between 2014 to 2021 has remained relatively stable among all women, though there has been an increase in the use of long-acting contraceptive methods during this time period.



28% of public facilities offering implants had contraceptive stockouts on the day of the interview, with another 13% reporting stockout in the last three months.

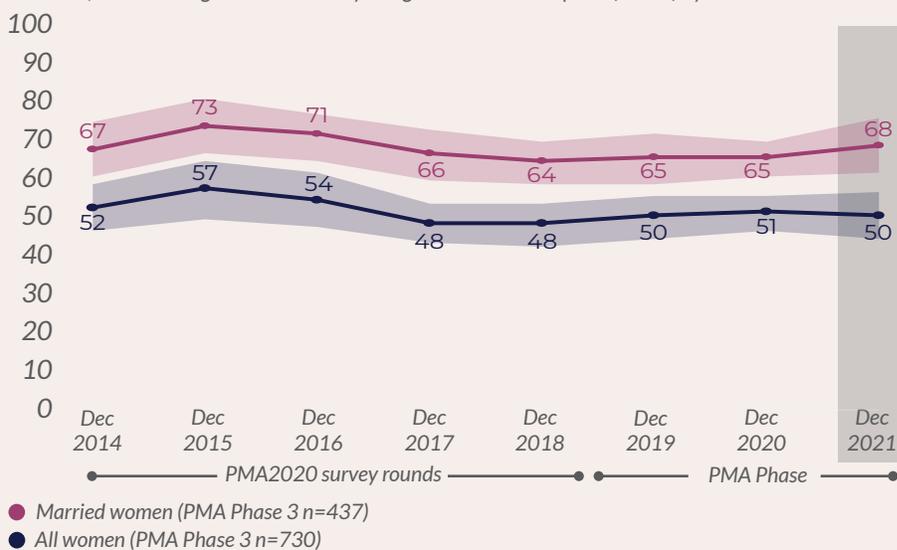


60% of the facilities offering IUDs and 49% of those offering implants reported they lacked a trained provider and instruments/supplies needed for insertion and removal.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

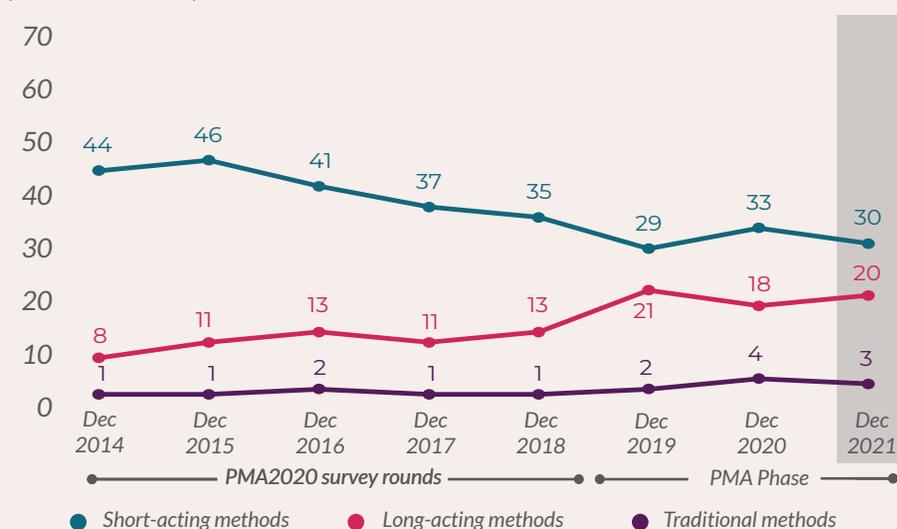
MODERN CONTRACEPTIVE PREVALENCE

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



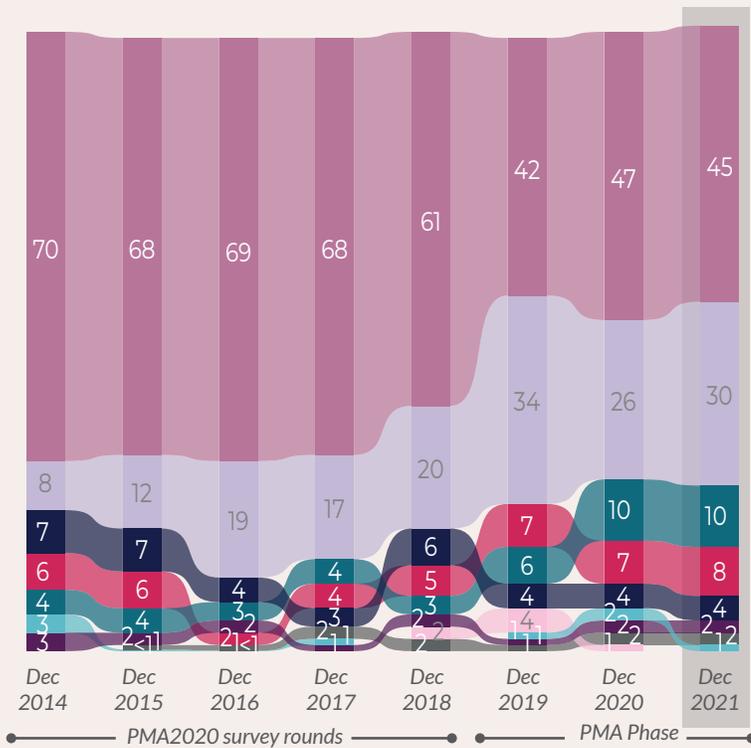
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=730)



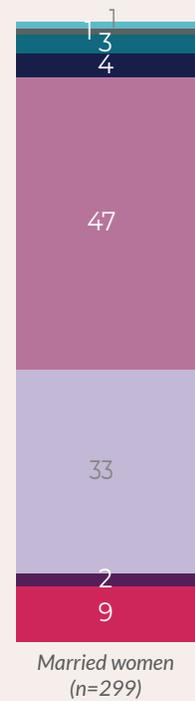
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=373)



MODERN CONTRACEPTIVE METHOD MIX

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



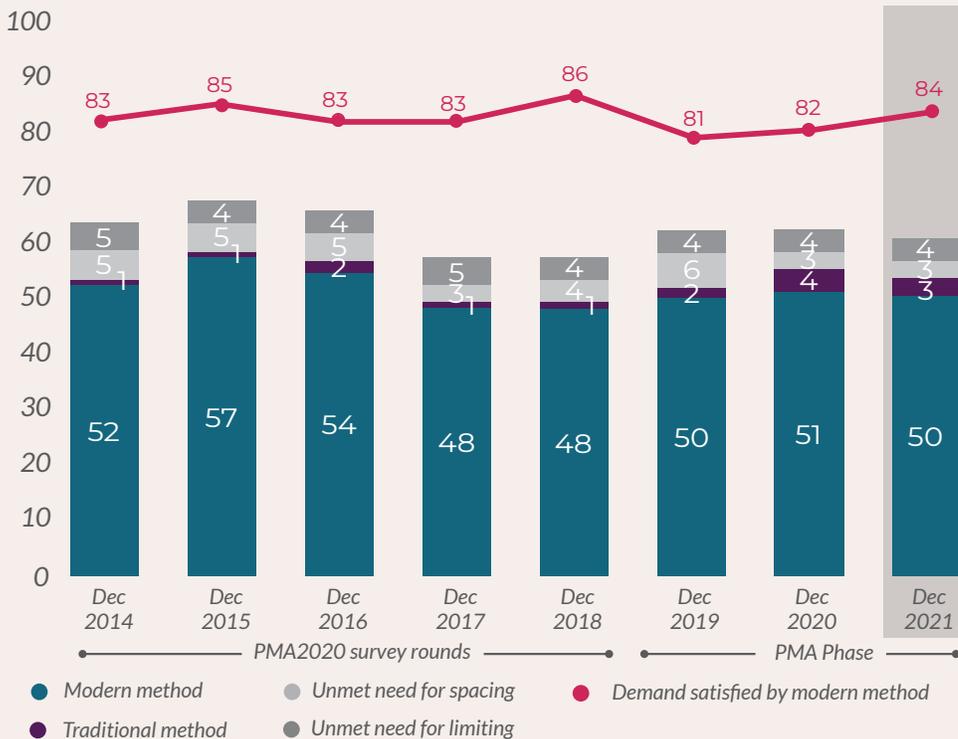
Key for method mix charts:

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

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

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=730)



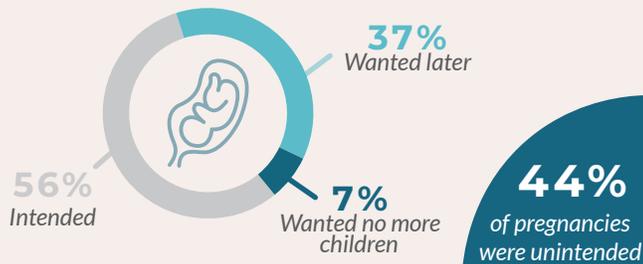
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=313)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=236)



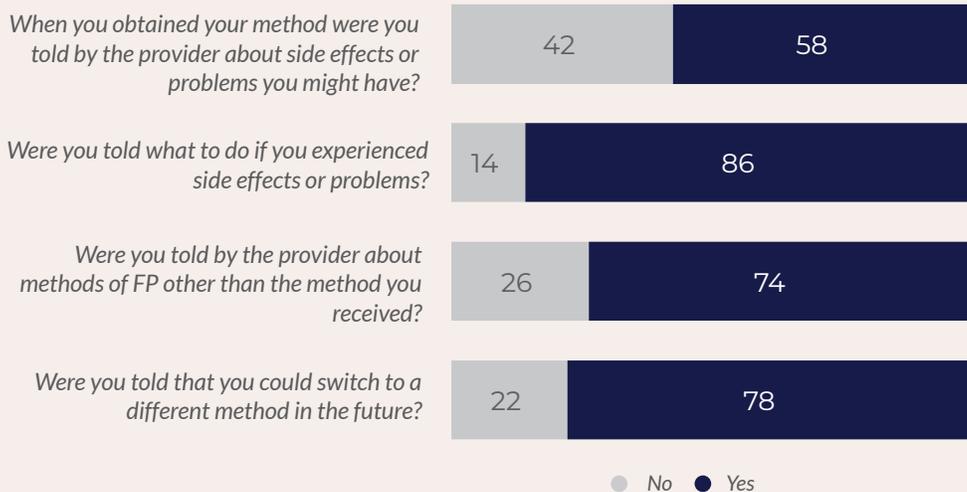
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Half of all women were using a modern contraceptive method in 2021, which has generally stagnated since 2019.
- The vast majority of non-users (88%) did not intend to use contraception in the next 12 months.
- The percentage of women using long-acting methods increased from 8% in 2014 to 20% in 2021, while the percentage of women using short-acting methods has decreased from 44% to 30% over this period.

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=371)



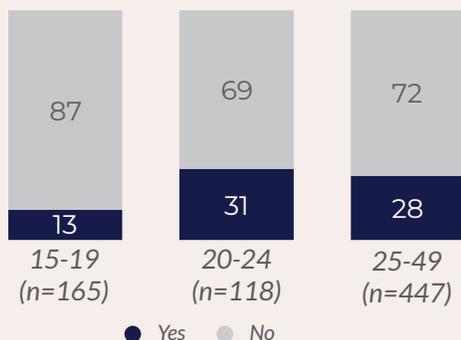
Percent of women who responded "Yes" to all four MII+ questions



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



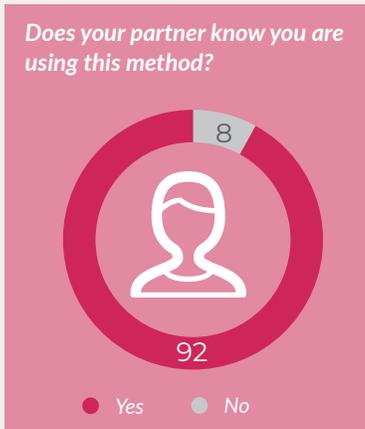
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only 44% of current FP users reported receiving comprehensive information on contraceptive methods when they obtained their current method.
- Lower percentages of adolescent girls aged 15-19 reported receiving FP information from a provider or community health worker in the past year compared to older women aged 20-49.
- Only 58% of users reported that the provider told them about side effects, and of those, 14% reported that they were not 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=300)



By age



By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=300)



By age

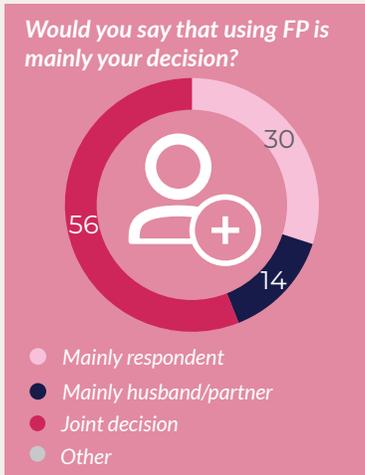


By education

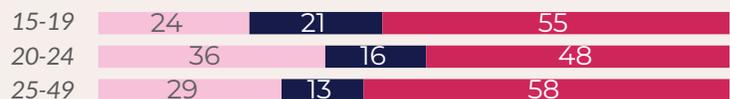


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

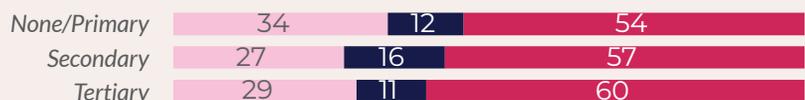
Percent of women who are currently using FP and agree with the following statement, by age and education (n=341)



By age



By education



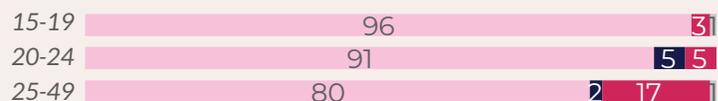
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=316)

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

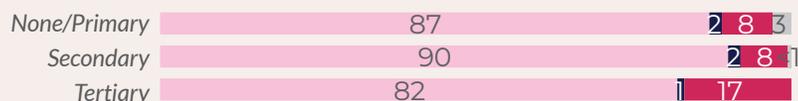


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

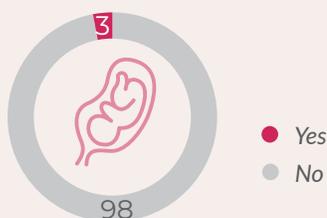


By education

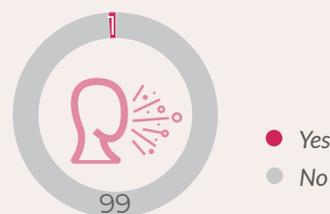


PREGNANCY COERCION

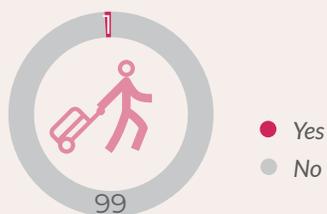
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=437)



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=437)



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=437)



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=437)



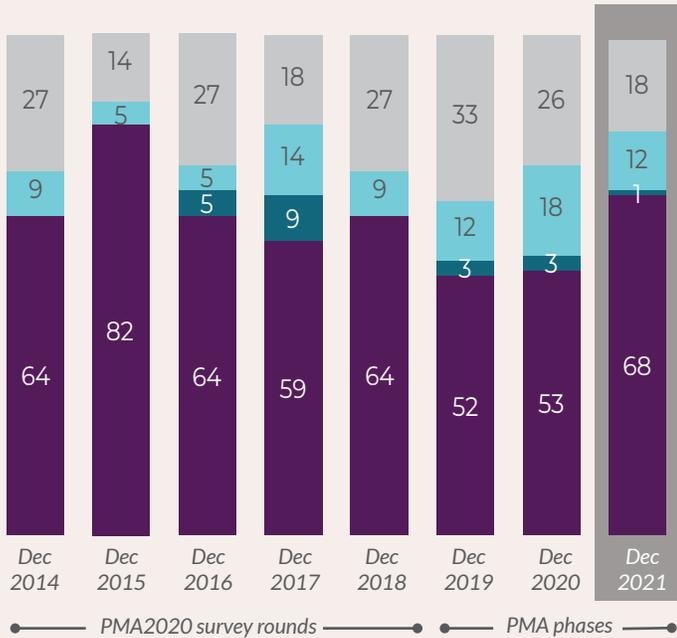
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a method that can be concealed, 92% reported that their partner knew that they were using contraception.
- 56% of current users reported that the decision to use was made jointly with their partners.
- Among women who were not currently using FP, 88% reported this decision was made independently.

SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=76)



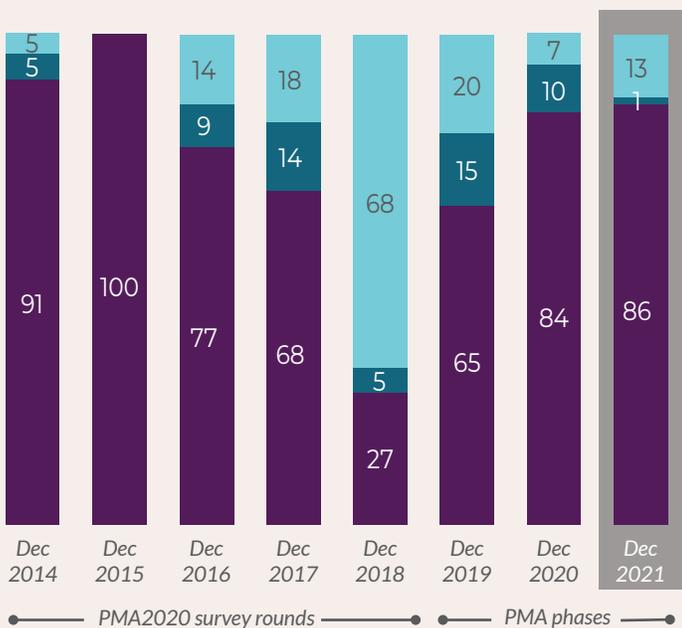
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=76)



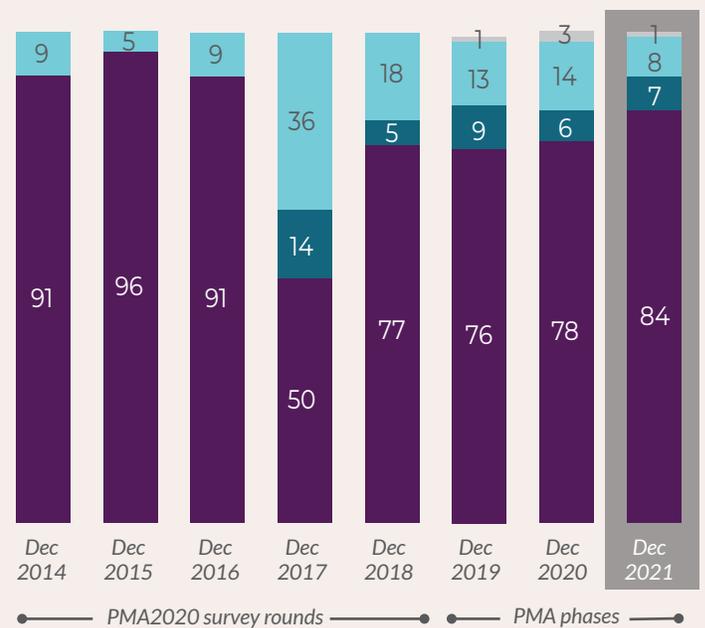
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=76)



TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=76)



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=76)

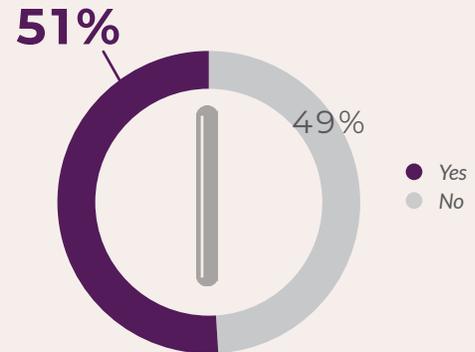


78%

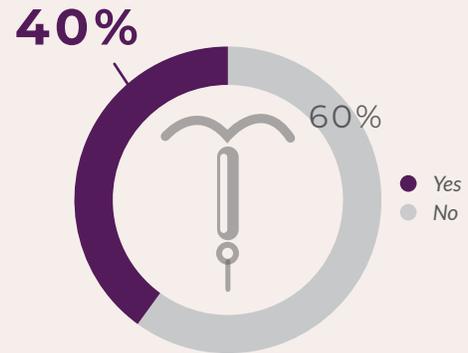
of women obtained their current modern method from a public health facility (n=371)

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=125 episodes)



91%

Ordered but did not receive shipment



6%

Did not place order for shipment

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- 28% of public facilities offering implants had contraceptive stockouts on the day of the interview, with another 13% reporting stockout in the last three months.
- Of the public facilities that experienced a stockout of any method, the primary reason given (91%) was that they ordered but did not receive the shipment.
- 60% of the facilities offering IUDs and 49% of those offering implants reported they lacked a trained provider and instruments/supplies needed for insertion and 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	461	53.26	2.61	47.56	58.87	51.82	2.74	45.88	57.72	9.56	2.32	5.61	15.83
PMA 2020	R4	Nov-Dec 2015	502	57.97	3.49	50.26	65.31	56.77	3.50	49.07	64.15	9.10	2.21	5.34	15.10
PMA 2020	R5	Nov-Dec 2016	496	55.87	3.86	47.33	64.07	54.03	3.43	46.48	61.40	9.27	2.06	5.65	14.83
PMA 2020	R6	Nov-Dec 2017	484	49.01	2.15	44.32	53.72	47.83	2.33	42.75	52.96	8.41	1.73	5.32	13.04
PMA 2020	R7	Nov-Dec 2018	479	48.39	2.60	42.72	54.10	47.76	2.57	42.17	53.42	7.12	1.61	4.31	11.52
PMA	Phase 1	Nov-Dec 2019	695	51.02	2.69	45.48	56.54	49.50	2.87	43.62	55.40	9.92	1.14	7.80	12.54
PMA	Phase 2	Nov-Dec 2020	743	54.52	2.05	50.27	58.71	50.76	2.17	46.28	55.23	7.34	0.93	5.64	9.51
PMA	Phase 3	Nov-Dec 2021	730	52.69	2.73	47.05	58.26	50.09	2.81	44.32	55.86	7.15	0.94	5.44	9.34

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	327	69.18	3.41	61.35	76.04	67.18	3.26	59.75	73.84	11.22	2.39	7.01	17.48
PMA 2020	R4	Nov-Dec 2015	329	74.85	3.48	66.61	81.63	73.41	3.38	65.48	80.07	9.32	2.91	4.70	17.63
PMA 2020	R5	Nov-Dec 2016	333	72.57	3.11	65.27	78.83	70.60	2.69	64.37	76.14	9.94	2.46	5.74	16.69
PMA 2020	R6	Nov-Dec 2017	310	66.91	2.86	60.36	72.86	65.86	3.14	58.68	72.38	10.89	2.51	6.51	17.66
PMA 2020	R7	Nov-Dec 2018	309	65.01	2.59	59.13	70.47	64.02	2.53	58.29	69.38	8.51	2.10	4.92	14.31
PMA	Phase 1	Nov-Dec 2019	453	66.76	2.85	60.65	72.35	64.77	3.20	57.93	71.05	11.56	1.58	8.67	15.24
PMA	Phase 2	Nov-Dec 2020	459	69.65	1.98	65.41	73.58	64.90	2.27	60.09	69.43	10.25	1.44	7.64	13.61
PMA	Phase 3	Nov-Dec 2021	437	71.95	2.95	65.50	77.61	68.38	3.34	61.14	74.82	8.87	1.33	6.49	12.01

PMA Kenya (Nyamira) collects information on knowledge, practice, and coverage of family planning services in 308 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 762 households (95.6% response rate), 730 females age 15-49 (98.8% response rate), 83 facilities (96.5% completion rate). 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 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.