#### PERFORMANCE MONITORING FOR ACTION



# PMA KENYA (WEST POKOT)

Results from Phase 3 panel survey

November-December 2021

## **OVERALL KEY FINDINGS**

Among panel women, the proportion using contraceptives increased by **9 percentage points** between 2019 and 2021.

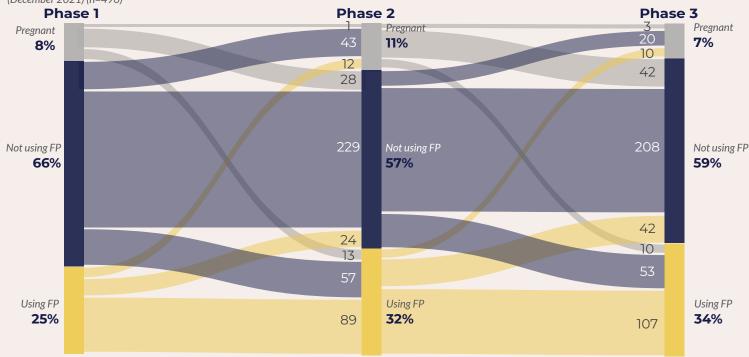
Overall, **56%** of all panel women, irrespective of age, marital status, and education attainment, remained non-users.

The use of long-acting methods has **doubled** over the past two years among panel women.

## **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=496)



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.









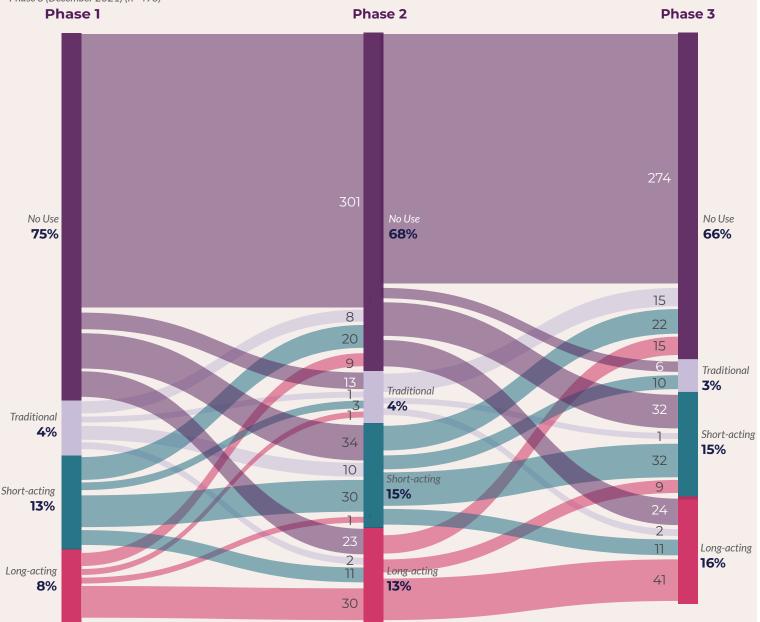






# CHANGE IN CONTRACEPTIVE METHOD TYPE

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=496)



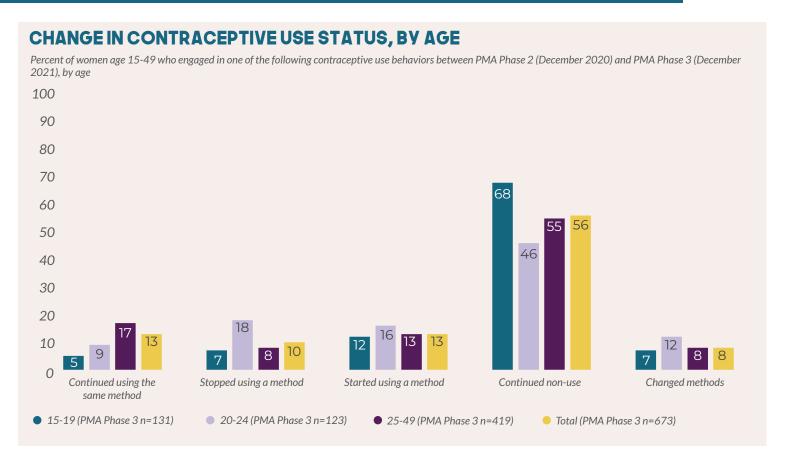
The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all three PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, and the right side between Phase 2 and Phase 3. The color of each ribbon represents 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.

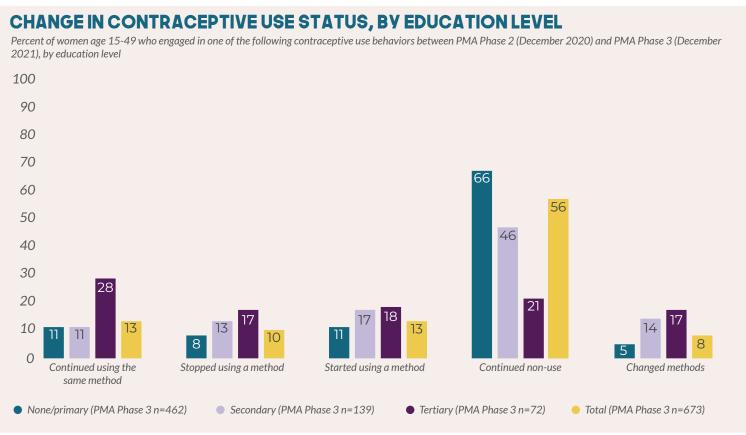
#### **KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS**

- The proportion of women using contraceptives increased from 25% in 2019 to 34% in 2021.
- There were small changes in the proportion of women using short-acting methods, while long-acting method use doubled from **8%** in 2019 to **16%** in 2021.
- The proportion of women who are pregnant decreased slightly from 8% in 2019 to 7% in 2021.

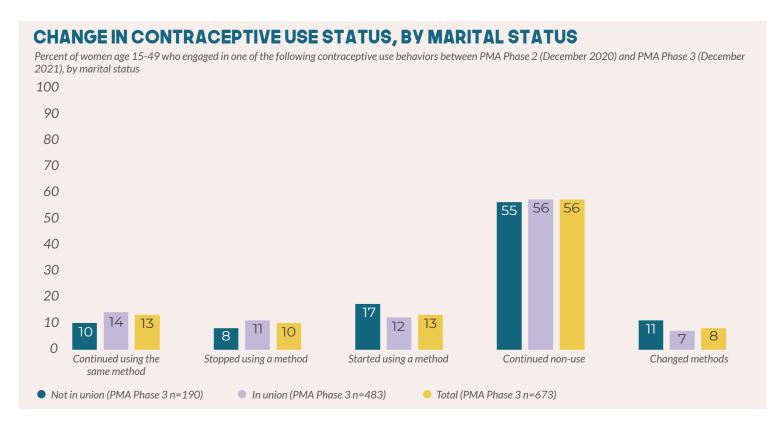


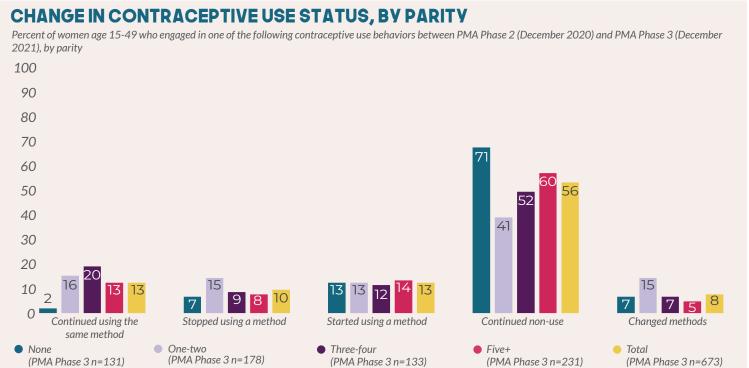
# **SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES**











# KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- Overall, **56%** of all women continued to be non-users, **68%** of adolescents were non-users in 2021.
- The percentage of non-users was 66% among women with no/primary education, 46% among women with secondary education, and 21% among women with tertiary education.
- The proportion of women who continued to use the same method was highest at **28%** among women with tertiary education and **11%** among women with secondary/none/primary education between 2020 and 2021.



#### **SECTION 3: OTHER PANEL DYNAMICS**

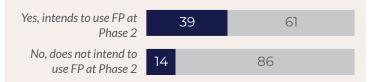
#### **METHOD DISCONTINUATION**

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=161)



#### 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=468)



 Adopted a method between Phase 2 and Phase 3 Continued non-user at Phase 3

# **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=468)

Unmet need at Phase 2	22	78	
No unmet need at Phase 2	18	82	
		,	

 Adopted a method between Phase 2 and Phase 3 Continued non-user at Phase 3

# KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need in 2021, **85**% were continued non-users, while **13**% had stopped using a method.
- Among the women not using a method in 2020, **39%** of those who reported intention to use FP in the future adopted a method within 12 months.
- Among women with unmet need in 2020, **22%** adopted a method by 2021.

## **SUMMARY TABLE**

Enrolled at Phase 1
Enrolled at Phase 2
Total Panel Women

Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 2 and Phase 3	Completed All Three Phases
736	731	581	546	499	496
222	N/A	222	174	174	N/A
958*	731	803	720	720	496

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

PMA Kenya (West Pokot) 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 West Pokot among 881 women from Phase 1 and/or Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 74.8% of women enrolled in the panel survey at Phase 1 between November and December 2019 and 25.2% of women enrolled in the panel survey at Phase 2 between November and December 2020. Of the 881 eligible, 16.6% of were not reached for follow-up. Of those reached, 720 (81.7% of the eligible female respondents) completed the Phase 3 survey, for a response rate of 98.8% 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.

