



PMA KENYA (NAIROBI)

Results from Phase 3 cross-sectional survey

November - December 2021

OVERALL KEY FINDINGS



Modern contraceptive use increased overall between 2014 to 2021, though a slight decrease was observed in the past year.



For the methods tracked, stockouts on the day of the interviews were high, notably, injectables were at 53%.

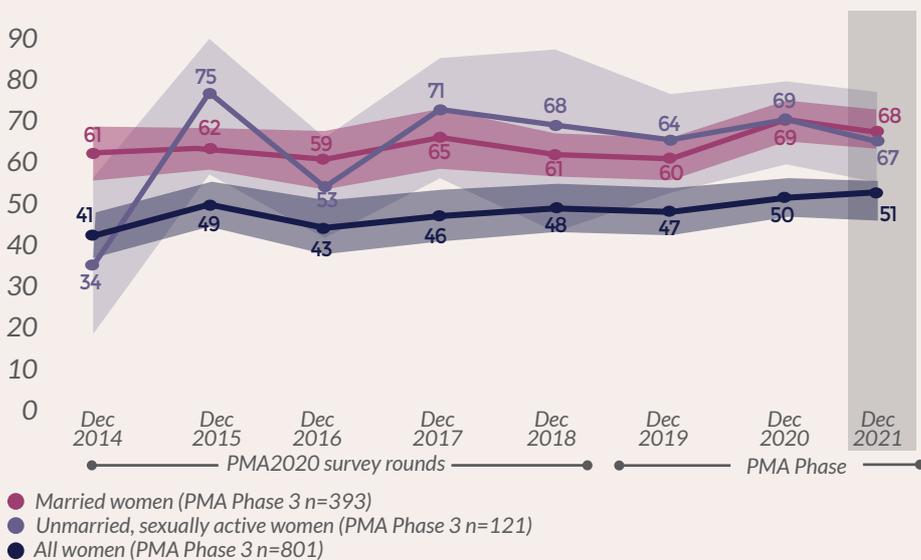


Close to half of all women reported not receiving comprehensive FP counseling.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

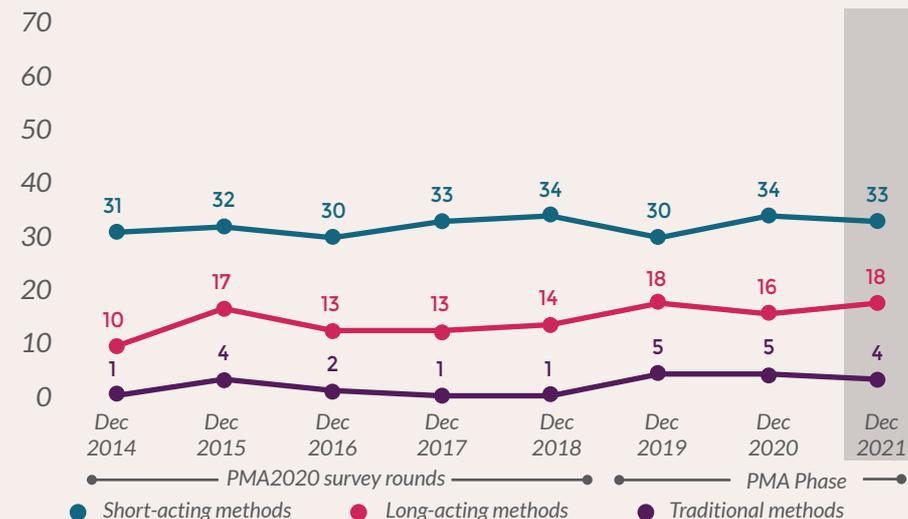
MODERN CONTRACEPTIVE PREVALENCE

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



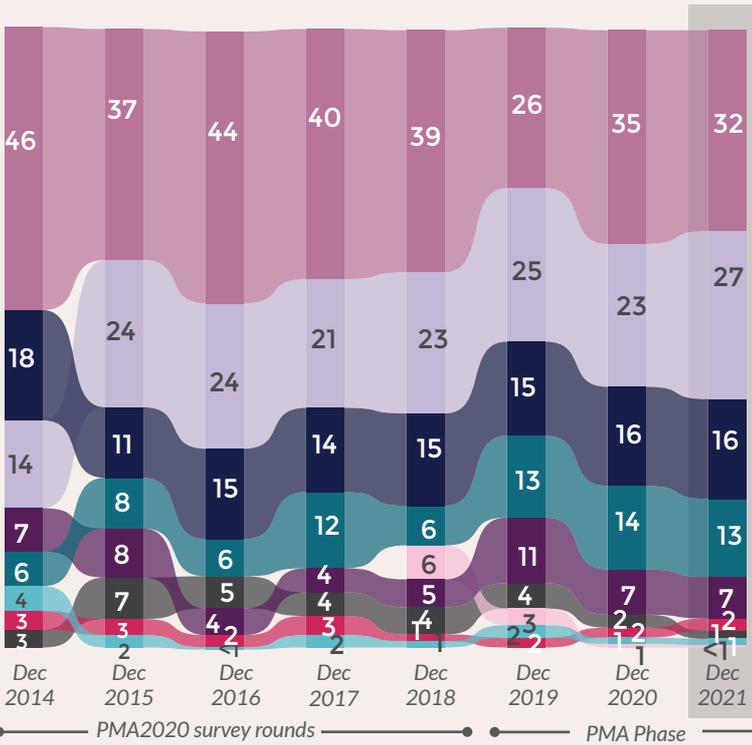
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n=801)



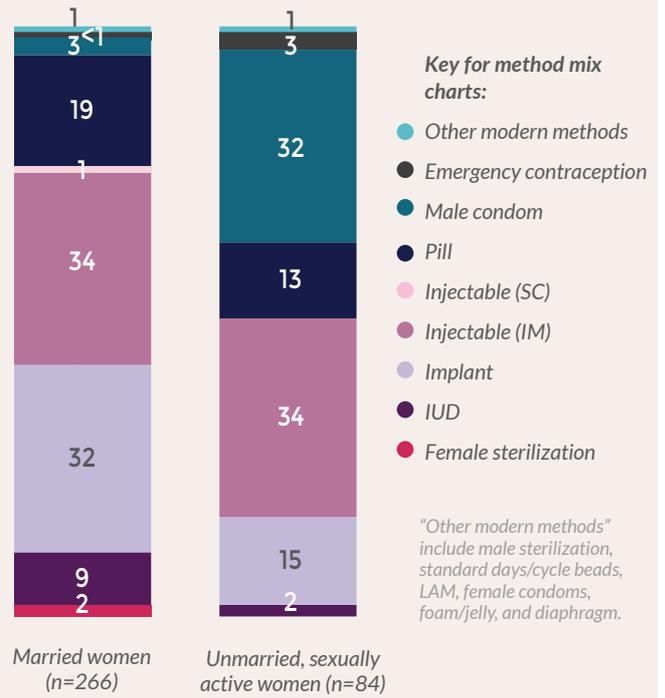
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=411)



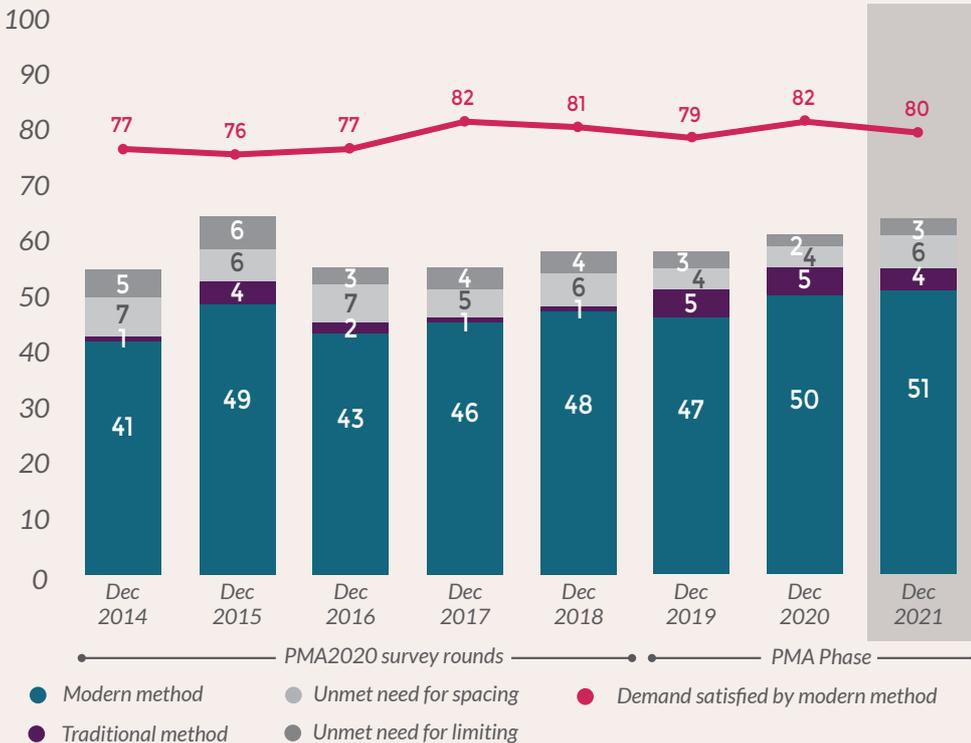
MODERN CONTRACEPTIVE METHOD MIX

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



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=801)



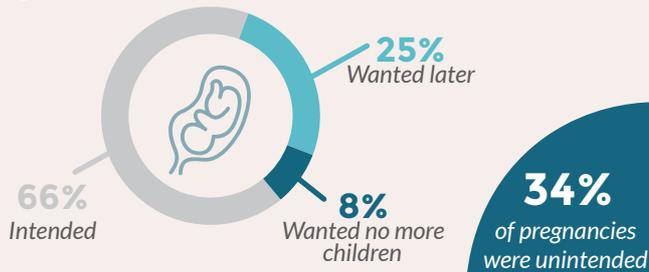
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

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)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=278)



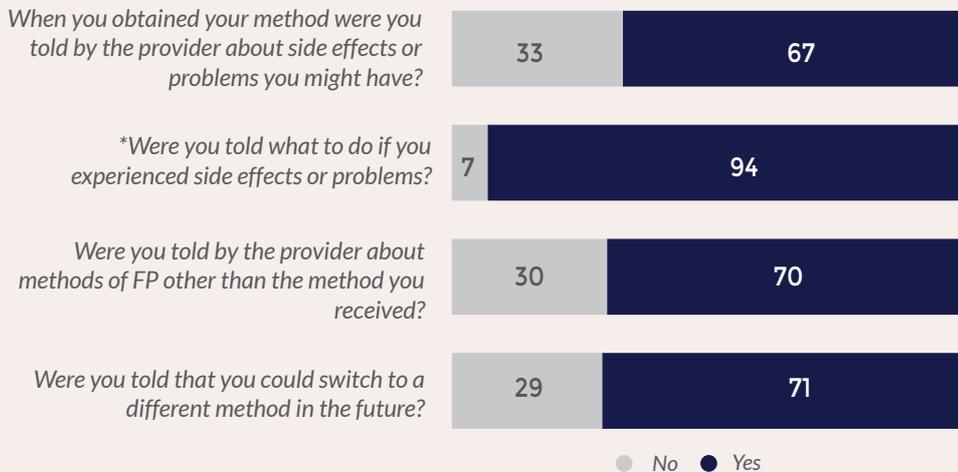
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- About half of all women in Nairobi were using a modern contraceptive method in 2021.
- The proportion of women using implants increased from 14% in 2014 to 27% in 2021, while the proportion of women using injectables decreased from 46% to 32% over the same period.
- Among women who were not currently using contraception, about 4 in 5 reported no intention to use contraception in the next 12 months.

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=405)



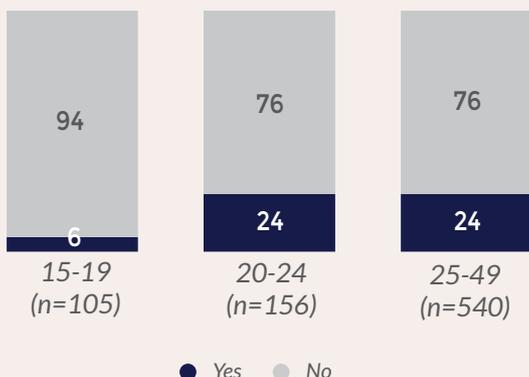
Percent of women who responded "Yes" to all four MII+ questions



*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



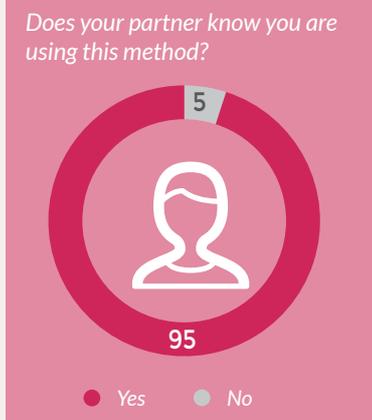
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Just over half of women reported receiving comprehensive contraceptive counseling from a provider when accessing FP services.
- Only about 67% of users reported that the provider told them about side effects, and of those, 7% reported that they were not told what to do if they experienced side effects.
- Adolescent girls aged 15-19 years reported receiving FP information from a provider or community health worker in the past year, 4-times less than older women aged 20-49 years.

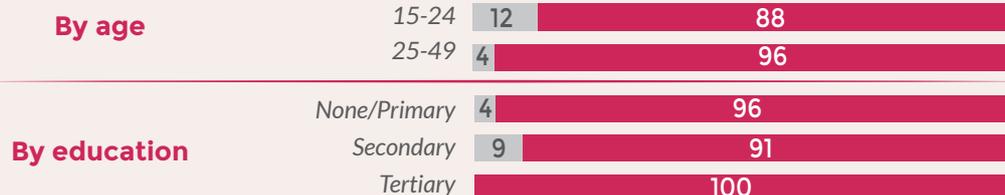
SECTION 3: PARTNER DYNAMICS

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=260)



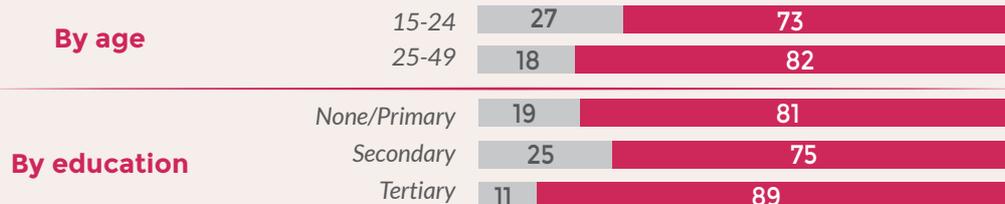
Modern, female controlled methods includes all modern methods except male sterilization and male condoms



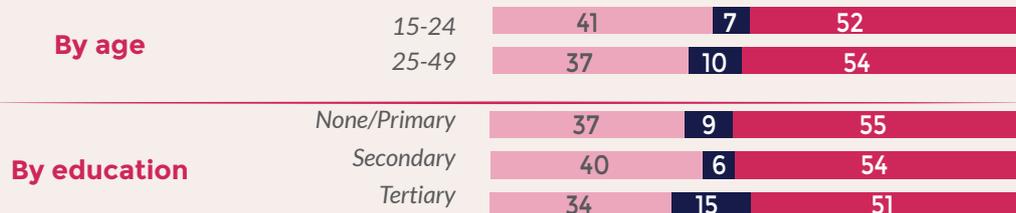
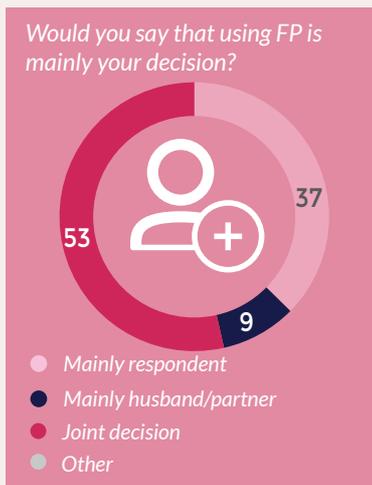
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Modern, female controlled methods includes all modern methods except male sterilization and male condoms

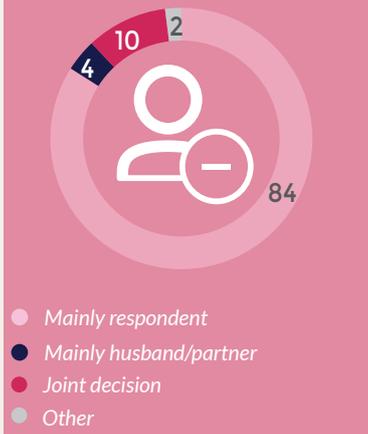


Percent of women who are currently using FP and agree with the following statement, by age and education (n=302)

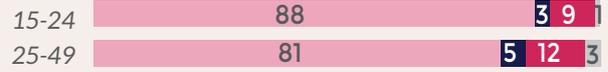


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=336)

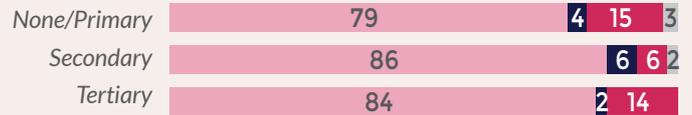
Would you say that not using FP is mainly your decision?



By age

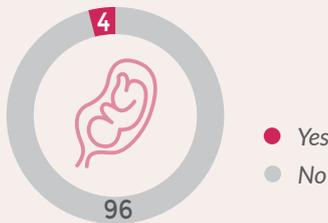


By education



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=393)



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=393)



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=393)



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=393)



KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, 95% reported that their partners were aware that they were using contraception.
- About 53% of women who are current users reported that the decision to use FP was made jointly with their partners with no major differences observed by age and education.
- Among women who were not currently using FP, 84% reported this decision was made by herself alone.

SECTION 4: SERVICE DELIVERY POINTS

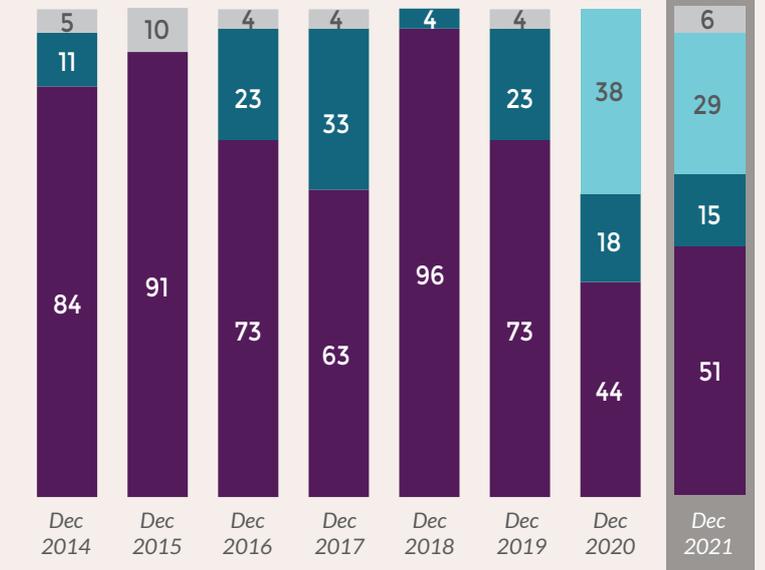
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=55)



TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=55)



● 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=55)



TRENDS IN METHOD AVAILABILITY: PILLS

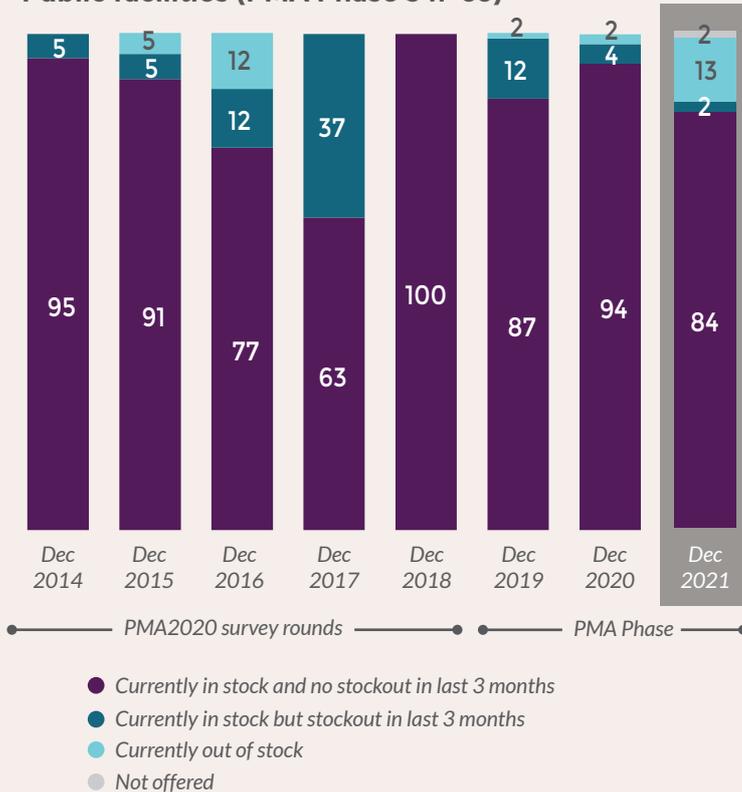
Public facilities (PMA Phase 3 n=55)



● 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=55)

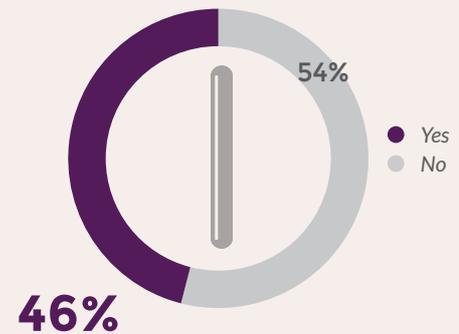


58%

of women obtained their current modern method from a public health facility (n=405)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=54)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=54)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=127 episodes)



96% Ordered but did not receive shipment



2% Did not place order for shipment

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

- 53% of public facilities offering injectables had contraceptive stockouts on the day of the interview, with another 22% reporting stockout in the last 3 months.
- About 54% of the facilities offering implants and 46% of those offering IUDs reported they lacked a trained provider and instruments/supplies needed for insertion and removal.
- Of the facilities that experienced a stockout episode of any method, the primary reason given was that they ordered but did not receive the shipment.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning					
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI			
PMA 2020	R2	Nov-Dec 2014	396	41.96	2.26	37.18	46.89	41.34	2.48	36.12	46.77	11.52	1.93	7.98	16.36
PMA 2020	R4	Nov-Dec 2015	420	52.82	3.31	45.67	59.85	48.78	2.45	43.53	54.05	11.17	1.14	8.94	13.89
PMA 2020	R5	Nov-Dec 2016	575	45.32	2.88	39.38	51.39	43.21	3.03	37.01	49.64	10.62	1.79	7.41	14.98
PMA 2020	R6	Nov-Dec 2017	565	47.37	2.78	41.59	53.21	46.01	2.91	40.00	52.14	8.59	1.29	6.25	11.68
PMA 2020	R7	Nov-Dec 2018	574	49.18	2.75	43.44	54.93	47.86	2.71	42.23	53.56	10.04	1.23	7.75	12.92
PMA	Phase 1	Nov-Dec 2019	847	52.36	2.78	46.69	57.97	47.02	2.75	41.49	52.62	7.39	0.96	5.66	9.60
PMA	Phase 2	Nov-Dec 2020	784	55.40	2.49	50.29	60.39	50.37	2.22	45.86	54.88	6.20	1.07	4.36	8.75
PMA	Phase 3	Nov-Dec 2021	801	55.56	2.65	50.11	60.87	51.32	2.48	46.28	56.34	8.53	1.53	5.90	12.18

WOMEN IN UNION

Data source	Round/Phase	Data collection	Female sample	CPR			mCPR			Unmet need for family planning					
				CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI			
PMA 2020	R2	Nov-Dec 2014	215	62.10	3.01	55.43	68.35	61.00	2.98	54.43	67.20	14.37	2.28	10.14	19.98
PMA 2020	R4	Nov-Dec 2015	225	67.76	3.11	60.75	74.06	62.02	2.29	56.98	66.81	14.85	1.76	11.45	19.05
PMA 2020	R5	Nov-Dec 2016	323	62.11	3.12	55.38	68.39	59.43	3.33	52.32	66.16	13.04	2.30	8.95	18.61
PMA 2020	R6	Nov-Dec 2017	292	66.74	3.21	59.71	73.10	64.61	3.41	57.19	71.38	12.47	2.37	8.31	18.30
PMA 2020	R7	Nov-Dec 2018	327	62.77	2.25	57.94	67.37	60.59	2.44	55.37	65.57	14.57	1.98	10.89	19.22
PMA	Phase 1	Nov-Dec 2019	463	66.55	2.04	62.27	70.58	59.60	2.47	54.48	64.51	9.58	1.42	7.05	12.88
PMA	Phase 2	Nov-Dec 2020	404	76.15	2.48	70.75	80.82	68.94	2.41	63.83	73.62	7.34	1.75	4.50	11.73
PMA	Phase 3	Nov-Dec 2021	393	74.02	2.38	68.89	78.57	67.51	2.45	62.33	72.28	10.21	1.92	6.93	14.79

PMA Kenya (Nairobi) collects information on knowledge, practice, and coverage of family planning services in 32 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 949 households (91.6% response rate), 801 females age 15-49 (99.1% response rate), 74 facilities (88.1% 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.