



PMA KENYA (KAKAMEGA)

Results from Phase 3 panel survey

November-December 2021

OVERALL KEY FINDINGS

Among panel women, contraceptive use increased by **6%** between 2019 and 2021.

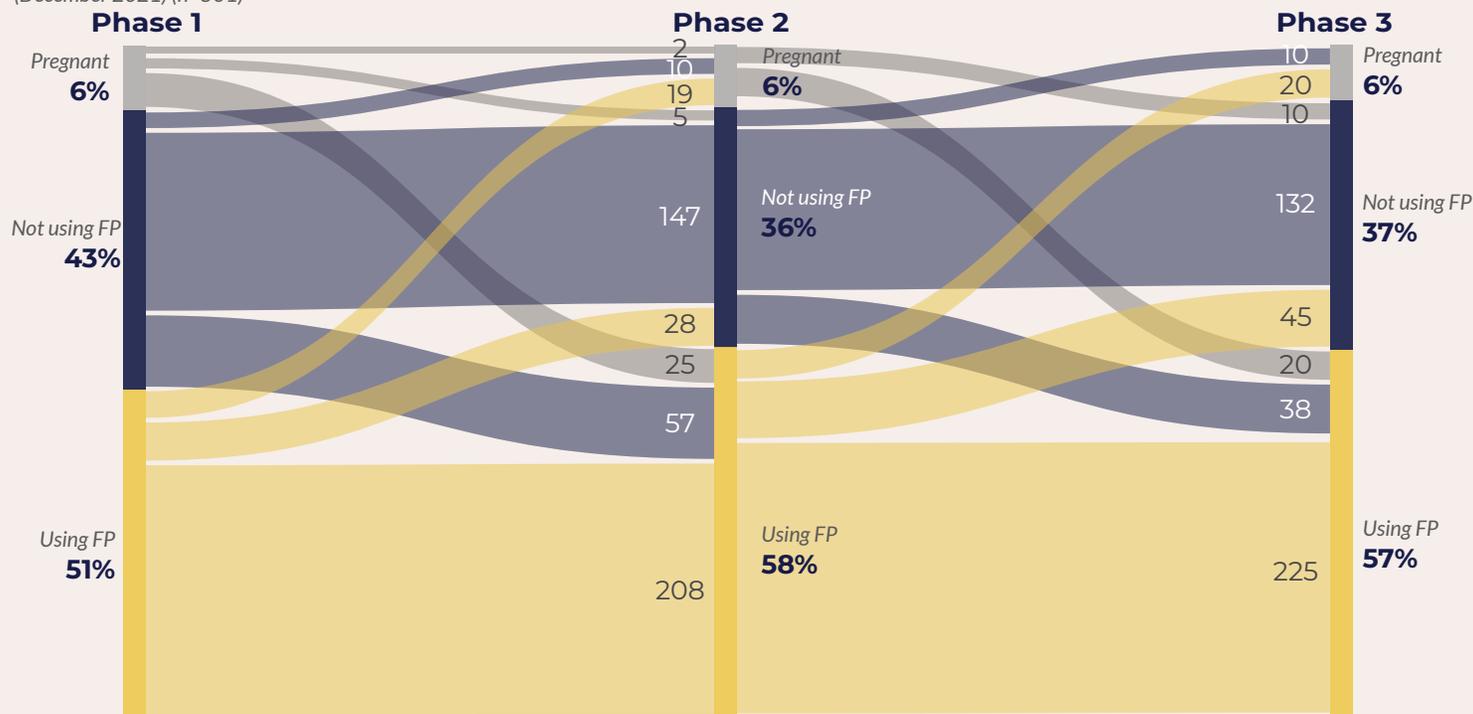
Between 2020 and 2021, higher percentages of adolescents and those without children remained non-users compared to older women or those with more children.

Among non-users in 2020, a higher percentage of women who intended to use (**57%**) were using by 2021 compared to those with no intention to use (**17%**).

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE

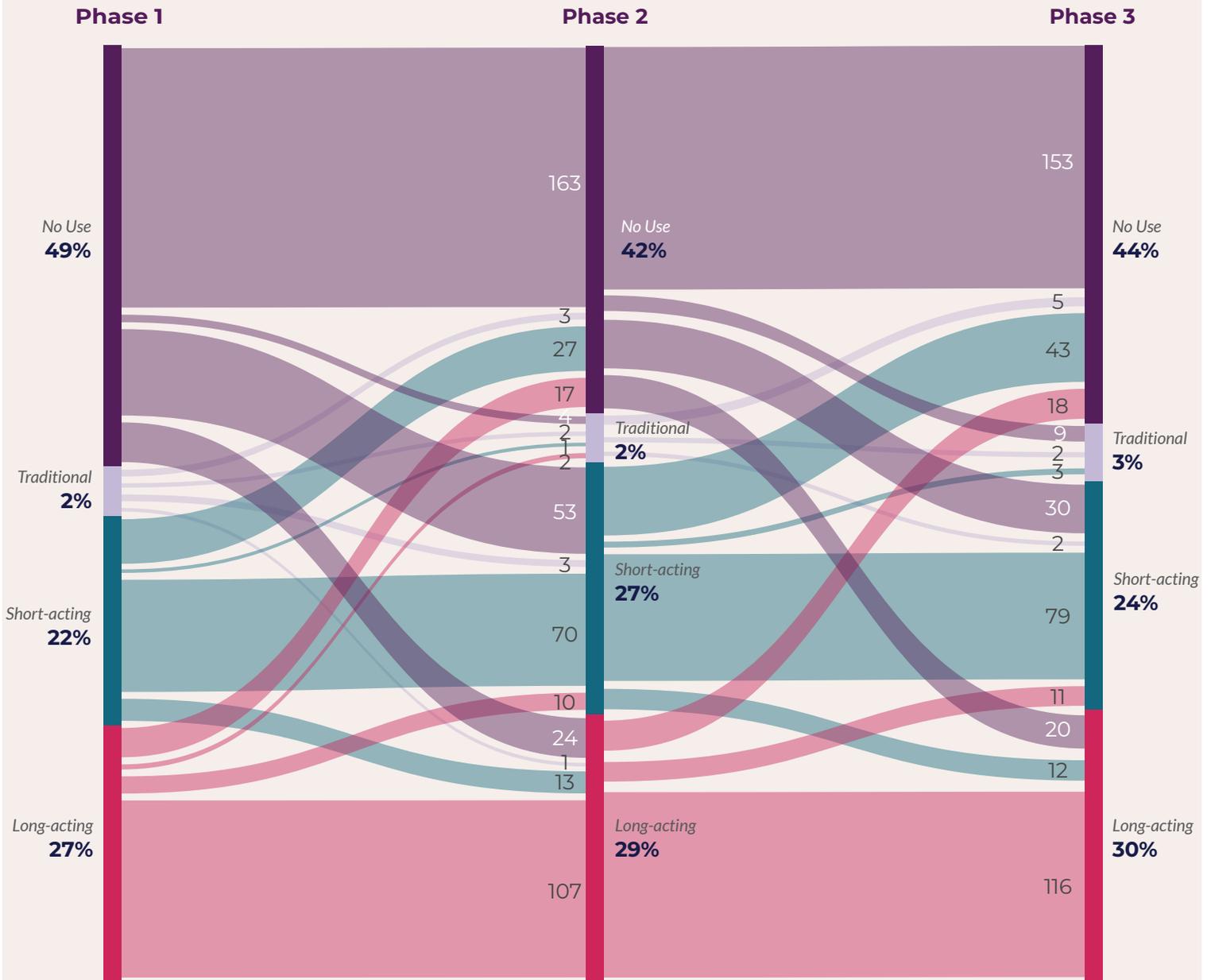
Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (December 2019), PMA Phase 2 (December 2020), and PMA Phase 3 (December 2021) (n=501)



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=501)



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.

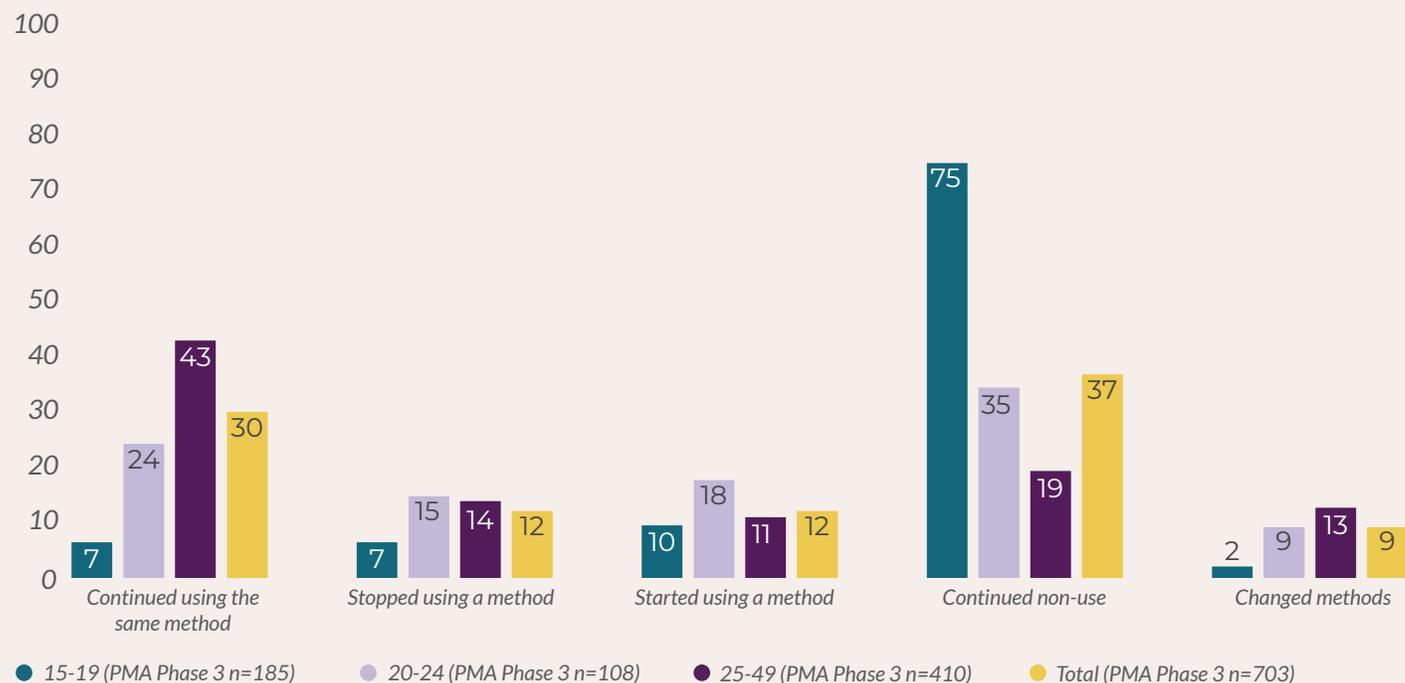
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- Use of contraceptives increased from 51% in 2019 to 57% in 2021 among panel women.
- Most women who started using long-acting methods in 2019 remained long-acting method users in 2021.

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

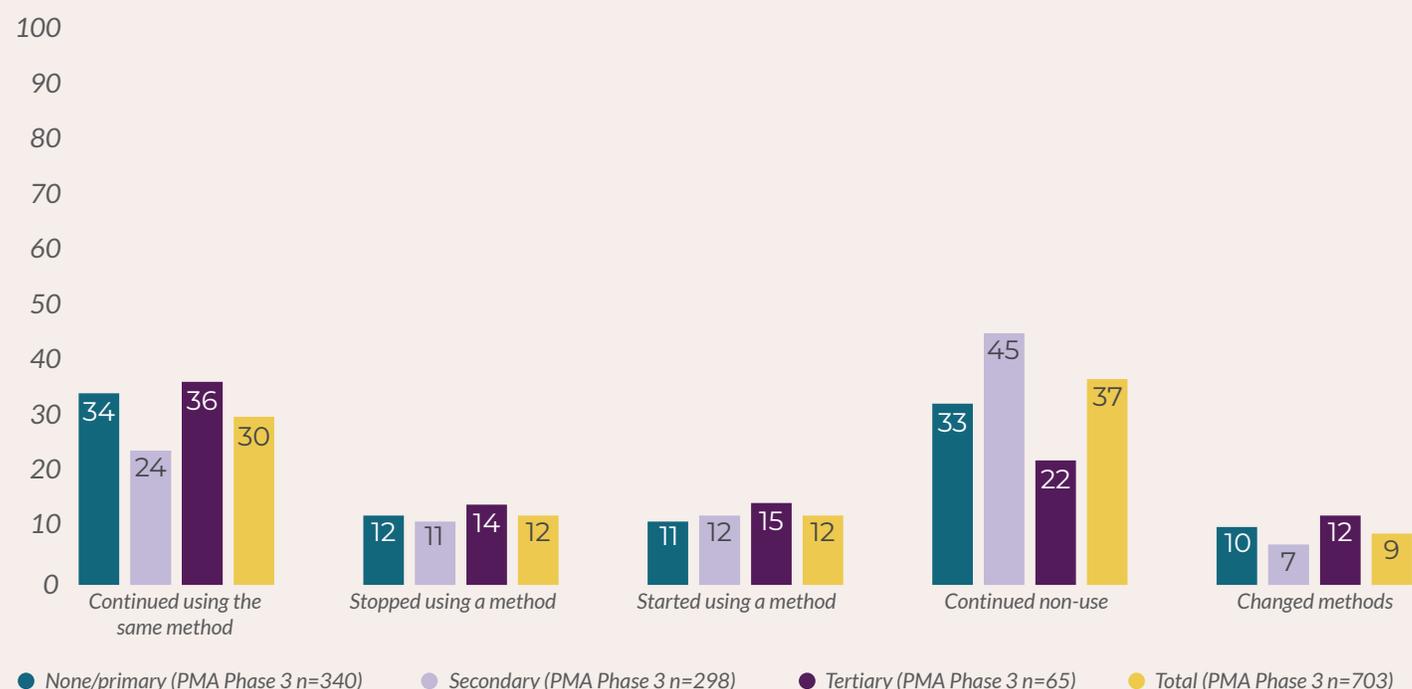
CHANGE IN CONTRACEPTIVE USE STATUS, BY AGE

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



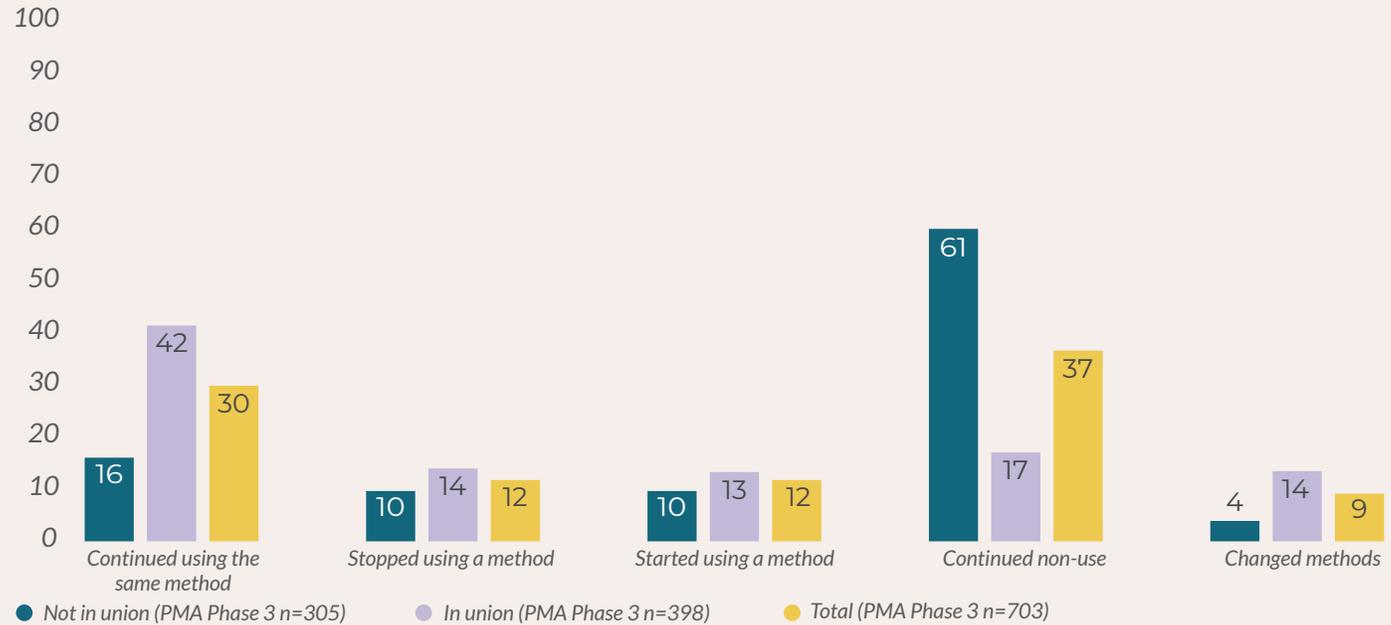
CHANGE IN CONTRACEPTIVE USE STATUS, BY EDUCATION LEVEL

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



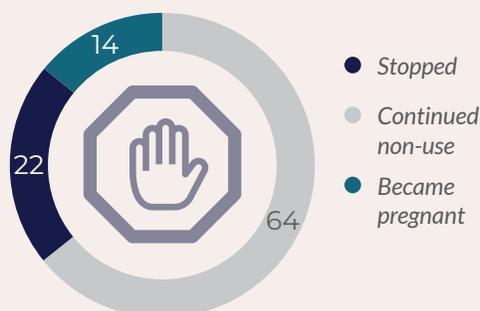
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- The vast majority of adolescents remained non-users between 2020 and 2021.
- About 61% of women not in a union and 76% of those without children remained non-users between 2020 and 2021.

SECTION 3: OTHER PANEL DYNAMICS

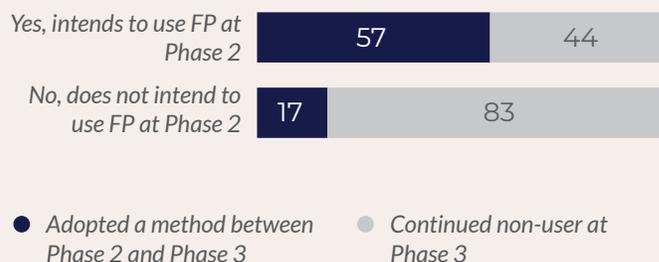
METHOD DISCONTINUATION

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=79)



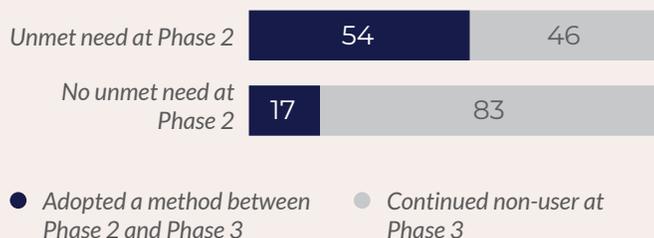
INTENTION TO USE FAMILY PLANNING

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=337)



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=337)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- Among women with unmet need in 2021, 22% had stopped using a method while 14% had experienced a pregnancy in the prior year.
- Among non-users in 2020, a higher percentage of women who intended to use were using in 2021 compared to those with no intention.
- Among non-users with an unmet need in 2020, 54% had adopted a method by 2021.

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	699	689	577	542	507	501
Enrolled at Phase 2	247	N/A	245	198	196	N/A
Total Panel Women	946	689	822	740	703	501

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

PMA Kenya (Kakamega) 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 among 909 women from Phase 1 and/or Phase 2 who consented to follow-up and aged 15-49y at Phase 3; 72.8% of women were enrolled in the panel survey at Phase 1 between November and December 2019, and 27.2% of women were enrolled in the panel survey at Phase 2 between November and December 2020. Of the 909 eligible, 17.2% were not reached for follow-up. Of those reached, 743 (81.7% of the eligible female respondents) completed the Phase 3 survey, for a response rate of 99.9% 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.