



PMA KENYA (KAKAMEGA)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



Among all women, the modern contraceptive prevalence rate decreased from 50% in 2020 to 43% in 2021.



Only 14% of non-users reported an intention to use contraception in the next 12 months.

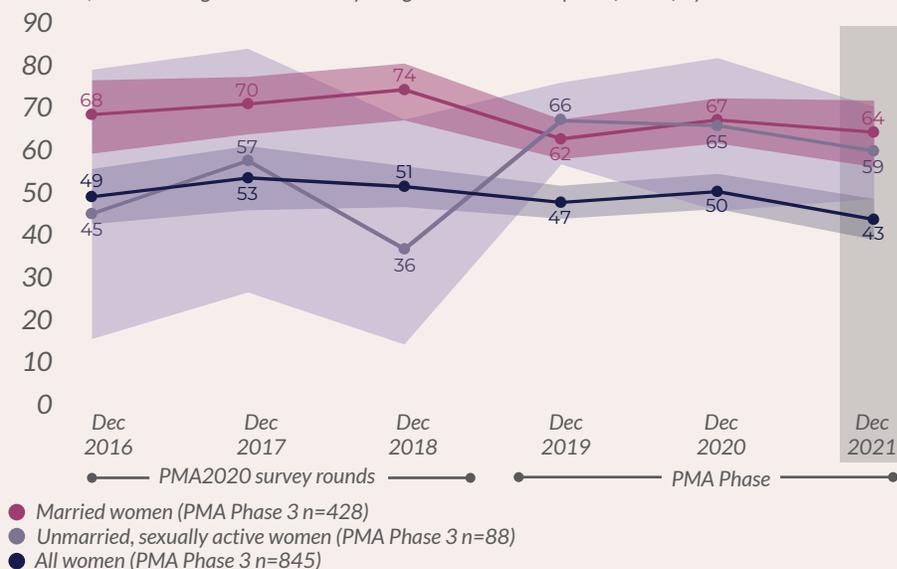


While almost all methods were available during the day of the interview in over 2/3 of public facilities, stockouts for IUDs were highest, at 8% of facilities.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

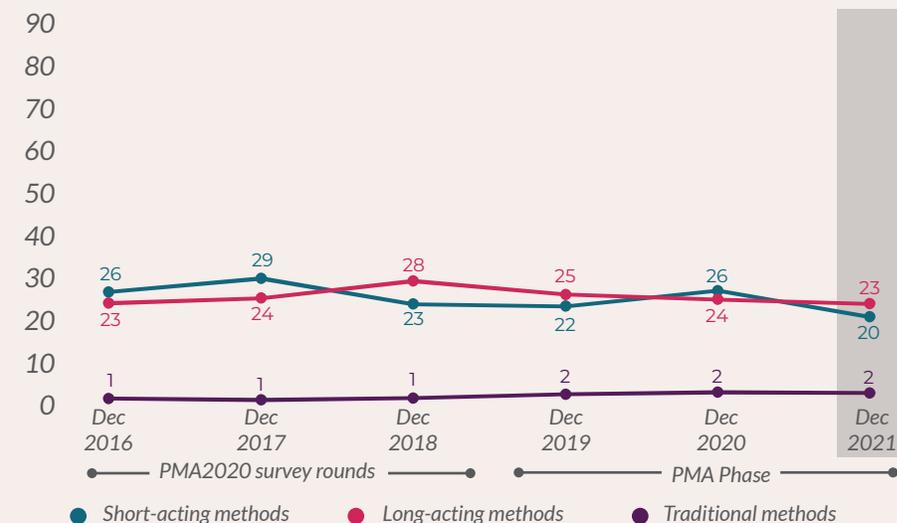
MODERN CONTRACEPTIVE PREVALENCE

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



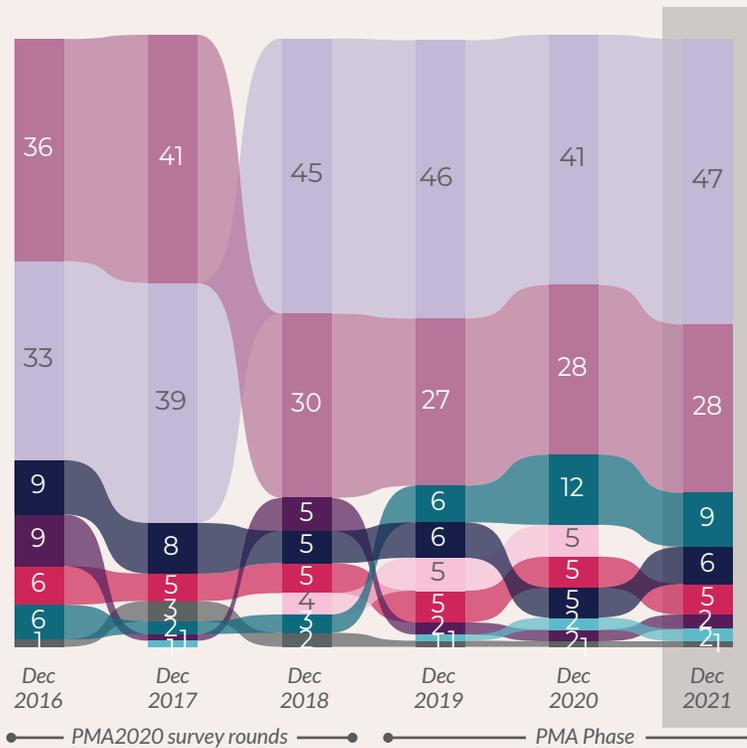
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n= 845)



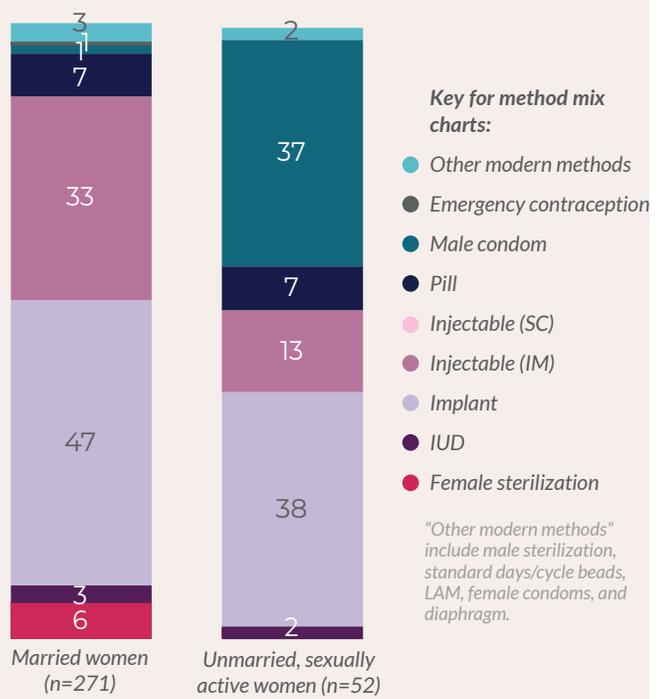
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=364)



MODERN CONTRACEPTIVE METHOD MIX

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



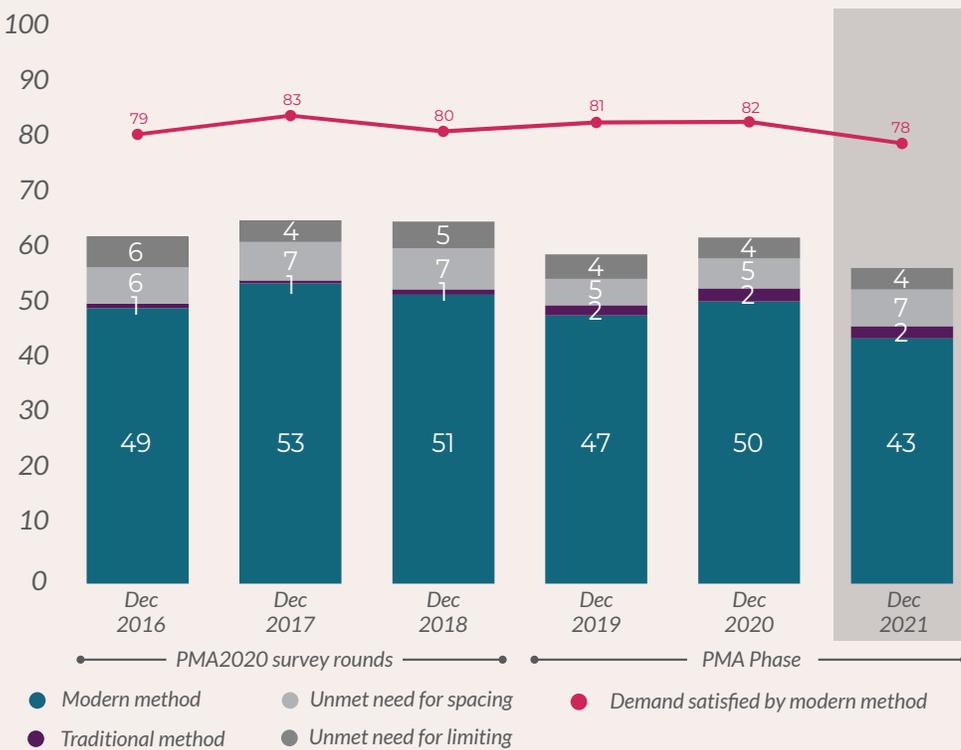
Key for method mix charts:

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

"Other modern methods" include male sterilization, standard days/cycle beads, LAM, female condoms, 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=845)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

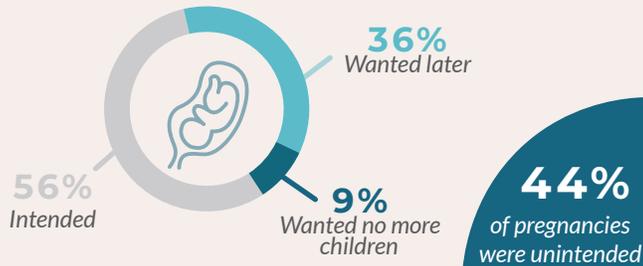
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=423)



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=302)



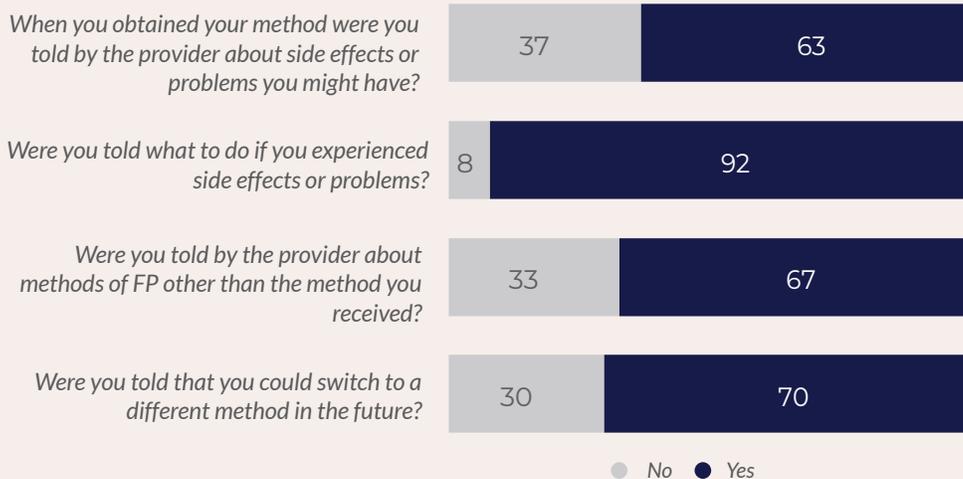
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Among all women, the modern contraceptive prevalence rate decreased from 50% in 2020 to 43% in 2021.
- The implant is the most popular method among married and unmarried, sexually active women, representing 47% and 38% of total modern contraceptive mix, respectively.
- Only 14% of all non-users reported an 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=360)



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



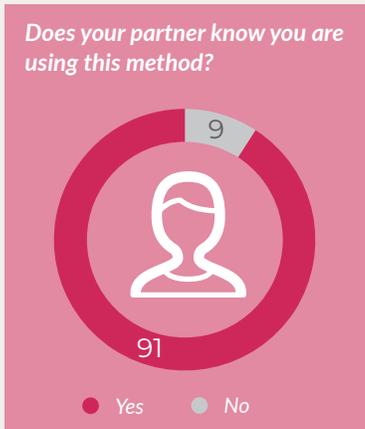
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Slightly above half (52%) of women using contraception did not receive comprehensive contraceptive counseling when accessing FP services.
- About 63% of current users of modern contraceptive methods were informed about potential side effects when they received the method.
- Only 22% of adolescents (15-19 years) reported that they had discussed family planning with a health care provider or community health worker in the past year compared to 37% of older women (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=279)



By age



By education



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

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By age

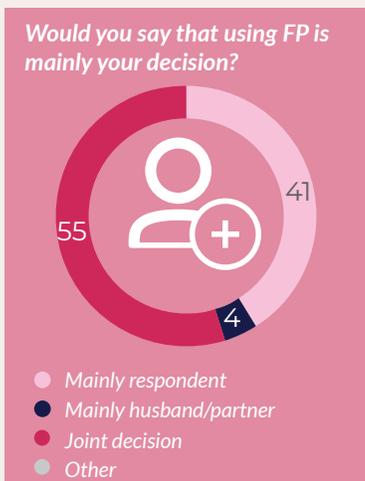


By education

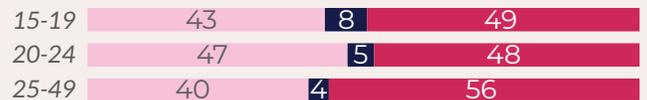


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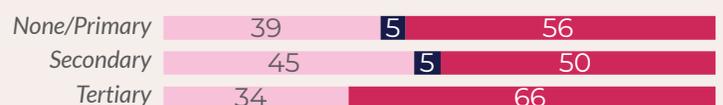
Percent of women who are currently using FP and agree with the following statement, by age and education (n=306)



By age

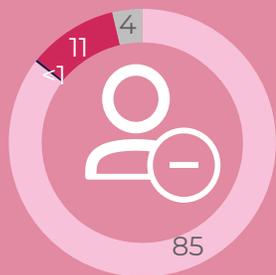


By education



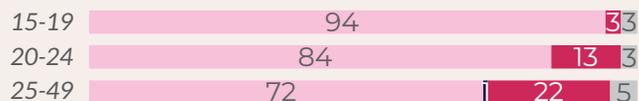
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=427)

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

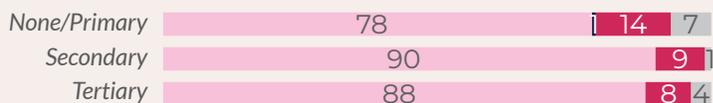


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age

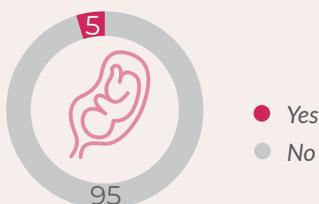


By education



PREGNANCY COERCION

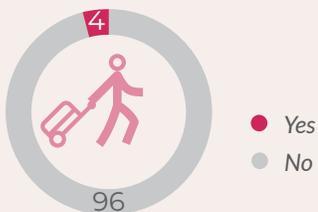
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=427)



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=427)



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=427)



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=427)



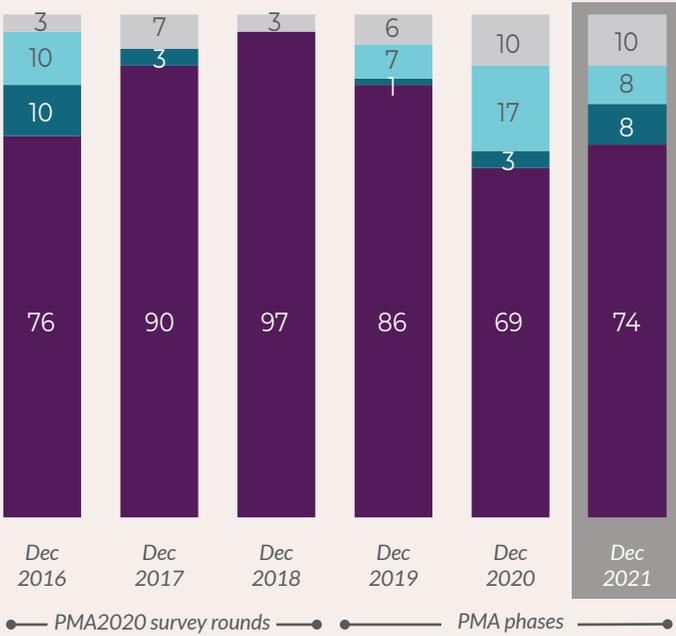
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, over 91% reported that their partners were aware of the contraceptive method that they were using.
- Among women using a female-controlled modern contraceptive method, 23% reported that they had not discussed the decision to delay or avoid pregnancy with their partners before starting their current method.
- 55% of women reported the decision to use FP was made jointly with their partner, while the vast majority of non-users (85%) reported this decision was made by her alone.

SECTION 4: SERVICE DELIVERY POINTS

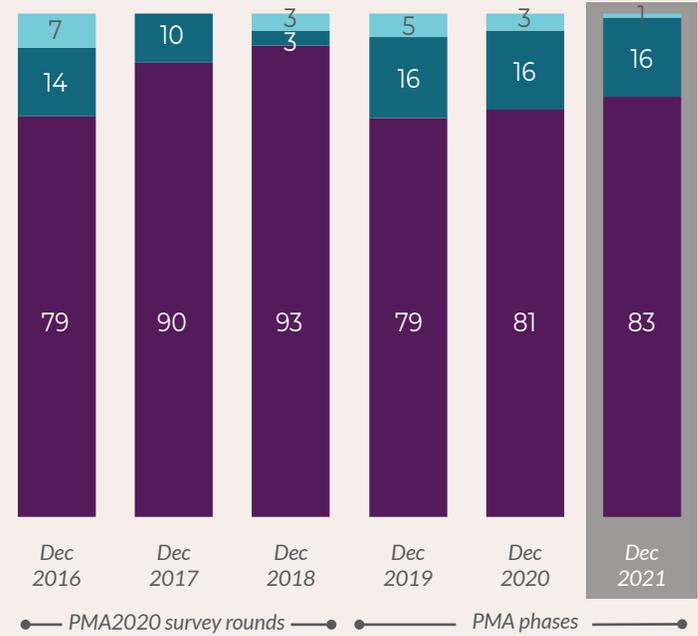
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=89)



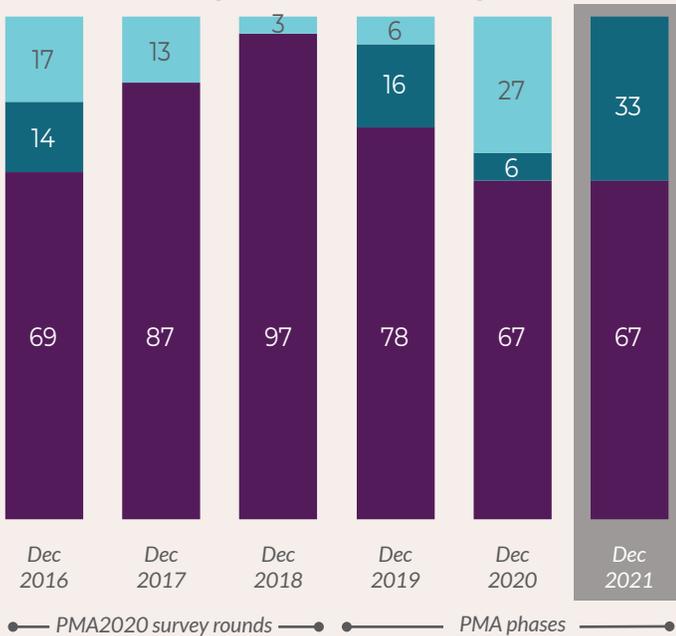
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=89)



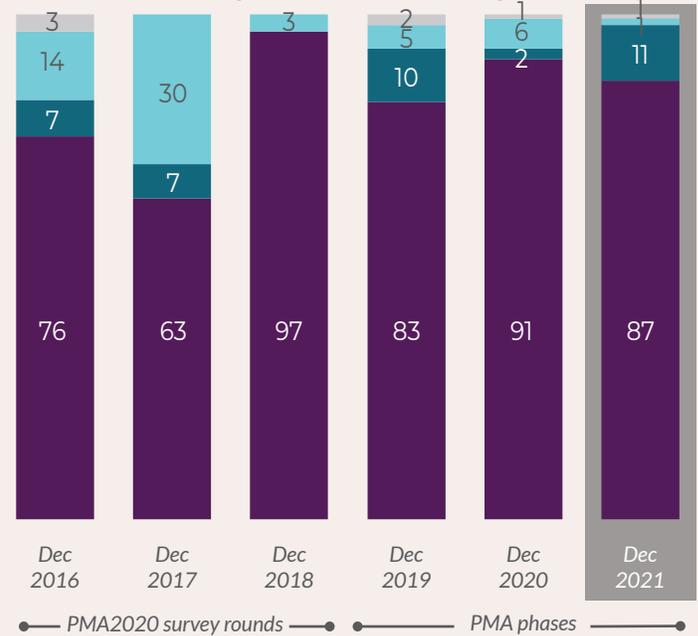
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=89)



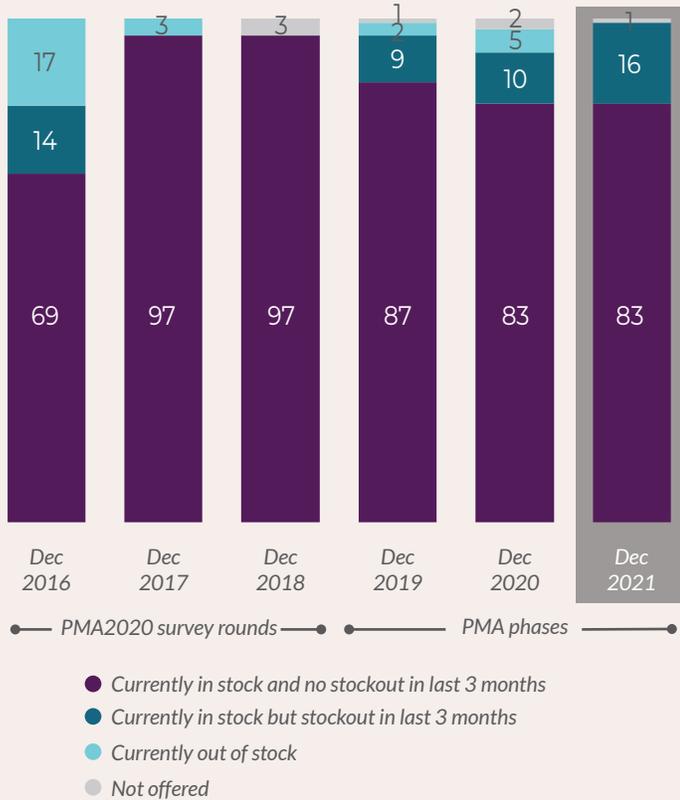
TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=89)



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=89)

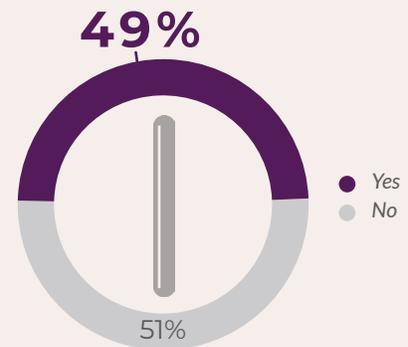


78%

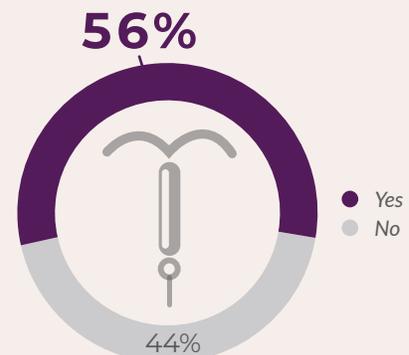
of women obtained their current modern method from a public health facility (n=360)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=92)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=82)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=132 episodes)



77%

Ordered but did not receive shipment



8%

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

- While almost all methods were available during the day of the interview in over 2/3 of public facilities, stockouts for IUDs were highest at 8% of facilities.
- Only about half of the facilities offering IUDs (49%) and implants (56%) had a trained provider and instruments/supplies needed for insertion and removal.
- Among episodes of stockouts at public facilities, the main reason given was that they ordered but did not receive the shipment (77%).

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	R5	Nov-Dec 2016	521	49.44	2.75	43.44	55.46	48.61	2.95	42.19	55.07	11.85	2.07	8.02	17.15
PMA 2020	R6	Nov-Dec 2017	490	53.56	3.50	45.87	61.08	53.01	3.46	45.43	60.46	10.66	2.12	6.85	16.22
PMA 2020	R7	Nov-Dec 2018	502	51.88	2.16	47.13	56.60	50.96	2.19	46.14	55.76	11.98	1.54	9.00	15.78
PMA	Phase 1	Nov-Dec 2019	723	49.01	2.00	44.89	53.13	47.25	1.87	43.40	51.13	9.05	0.92	7.32	11.14
PMA	Phase 2	Nov-Dec 2020	767	52.07	2.29	47.34	56.77	49.80	2.00	45.67	53.93	9.01	1.00	7.14	11.29
PMA	Phase 3	Nov-Dec 2021	845	45.36	2.24	40.78	50.02	43.24	2.33	38.51	48.10	10.26	1.72	7.22	14.37

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	R5	Nov-Dec 2016	314	69.22	3.78	60.39	76.83	67.85	3.97	58.64	75.86	12.88	3.24	7.33	21.66
PMA 2020	R6	Nov-Dec 2017	294	71.24	3.20	63.77	77.71	70.33	3.09	63.16	76.62	11.24	2.37	7.02	17.50
PMA 2020	R7	Nov-Dec 2018	291	75.26	3.17	67.70	81.53	73.65	3.04	66.49	79.75	12.62	2.68	7.85	19.67
PMA	Phase 1	Nov-Dec 2019	457	64.68	2.38	59.62	69.44	62.13	2.23	57.42	66.62	10.69	1.37	8.18	13.85
PMA	Phase 2	Nov-Dec 2020	432	68.87	2.80	62.83	74.33	66.56	2.58	61.05	71.66	10.73	1.32	8.29	13.78
PMA	Phase 3	Nov-Dec 2021	428	66.38	3.46	58.92	73.10	63.69	3.81	55.55	71.11	13.32	2.07	9.60	18.19

PMA Kenya (Kakamega) 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 778 households (98.0% response rate), 845 females age 15-49 (98.4% response rate), and 101 facilities (92.7% 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.