



PMA KENYA (KIAMBU)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



Overall, there is a stagnation in modern contraceptive prevalence rate and demand satisfied by modern method between 2014 and 2021.



66% of women in Kiambu obtained their current method at public facilities.

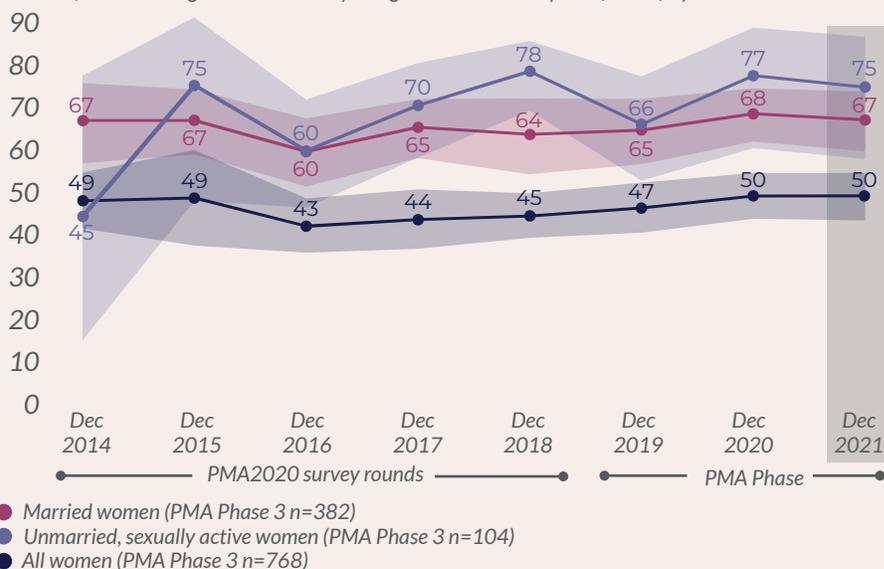


There has been steady improvement in the proportion of facilities offering and maintaining stock of all methods since 2019.

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



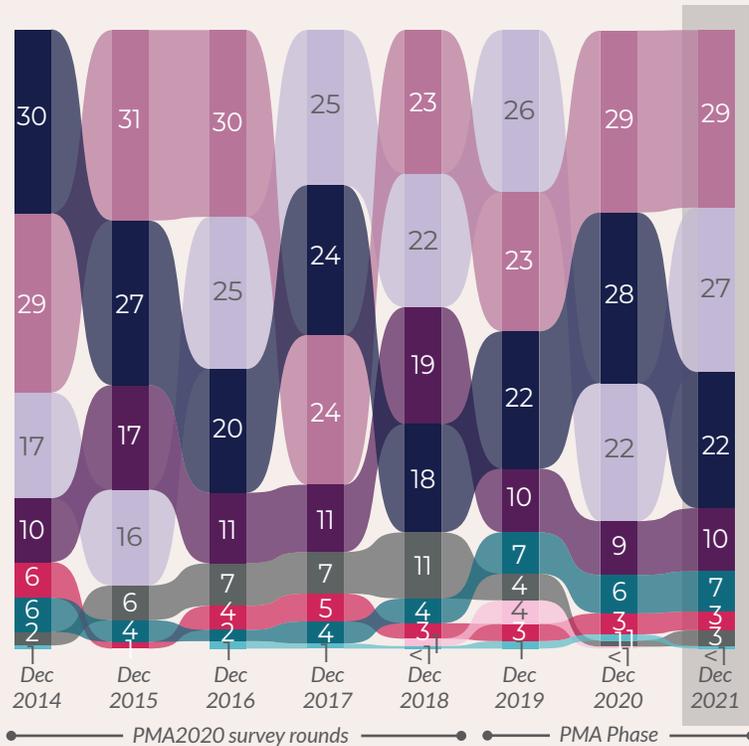
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n= 768)



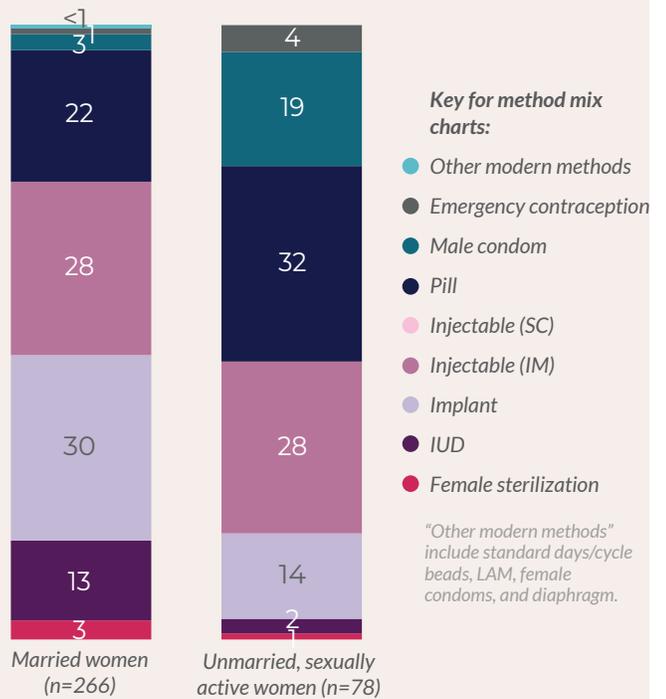
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=381)



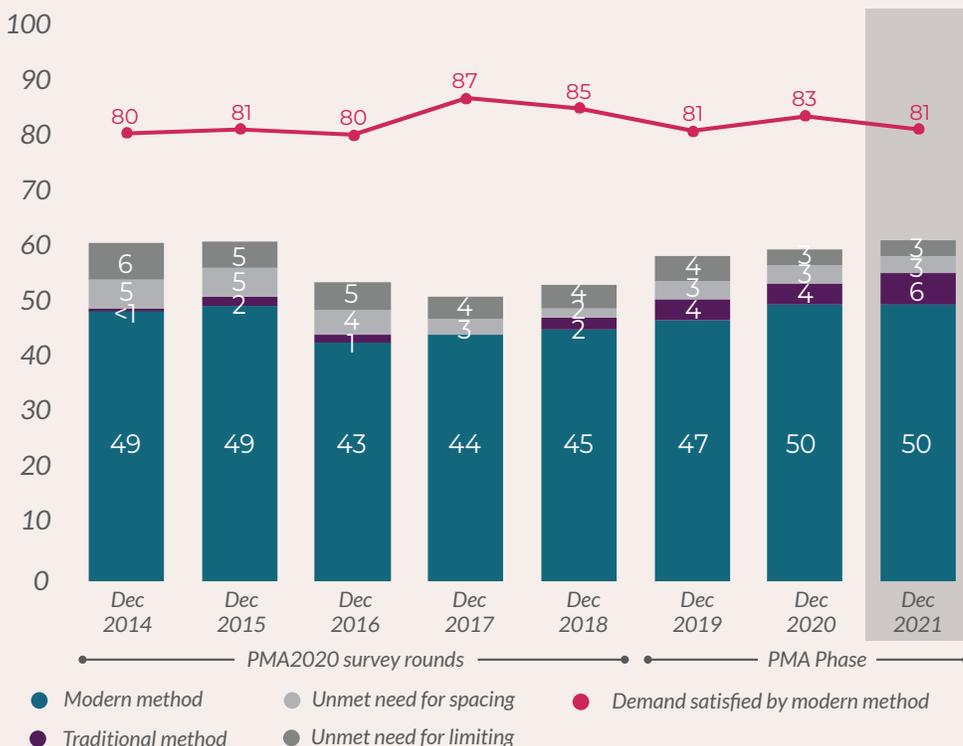
MODERN CONTRACEPTIVE METHOD MIX

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=768)



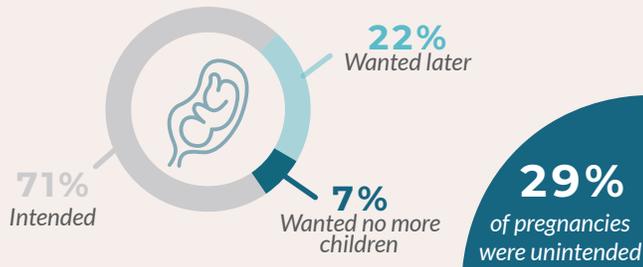
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=312)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=274)



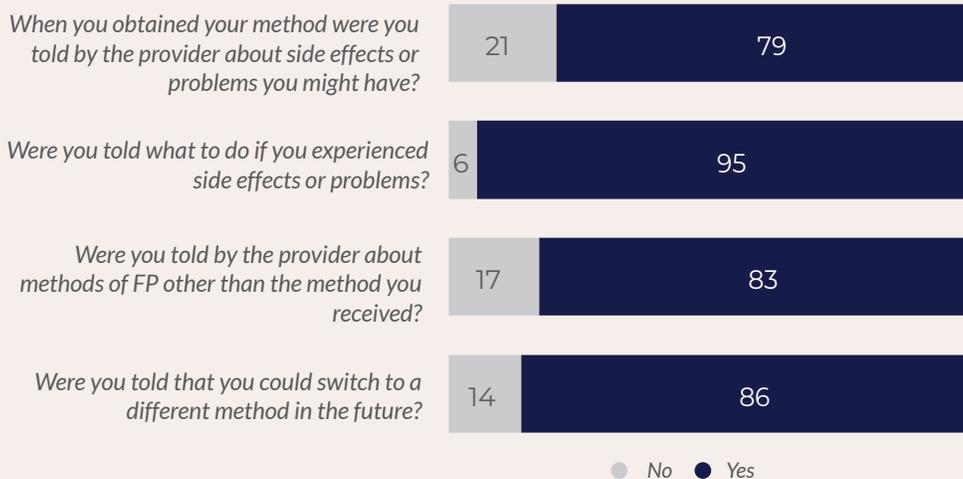
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Half of all women were using a modern contraceptive method in 2021, which has generally stagnated in the past years.
- Over time we observe a broader contraceptive method mix among all women, with increased use of implants accounting for 27% of the total method mix.
- Among women who were not currently using contraception, 9 in 10 did not intend 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=373)



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



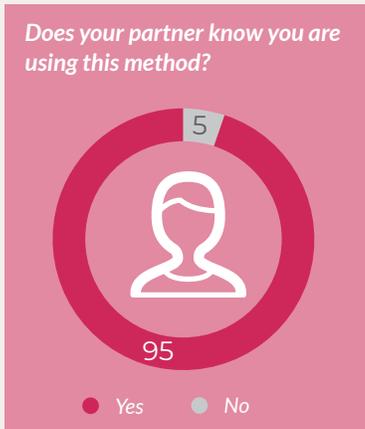
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- About 70% of current FP users reported receiving comprehensive information on contraceptive methods when they obtained their current method.
- About 79% of current users of modern contraceptive methods were informed about potential side effects when they received the method.
- Lower percentage 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 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=268)



By age



By education



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

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By age

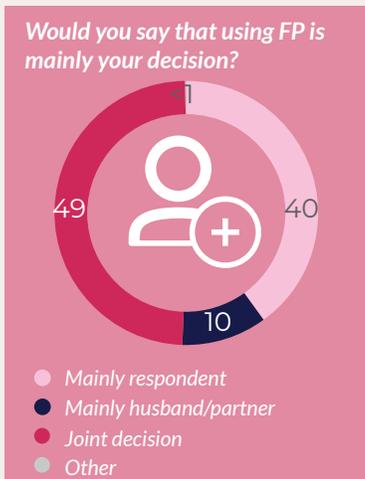


By education

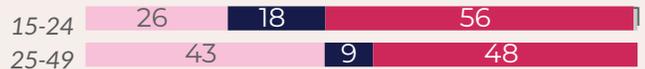


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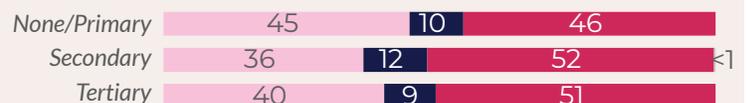
Percent of women who are currently using FP and agree with the following statement, by age and education (n=310)



By age

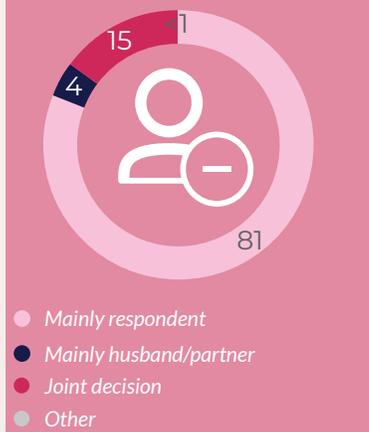


By education

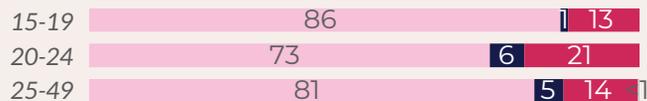


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=323)

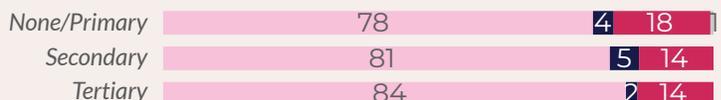
Would you say that not using FP is mainly your decision?



By age

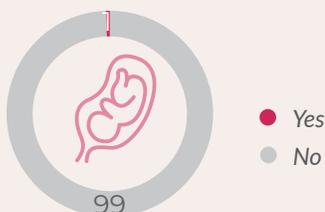


By education



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=382)



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=382)



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=382)



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=382)



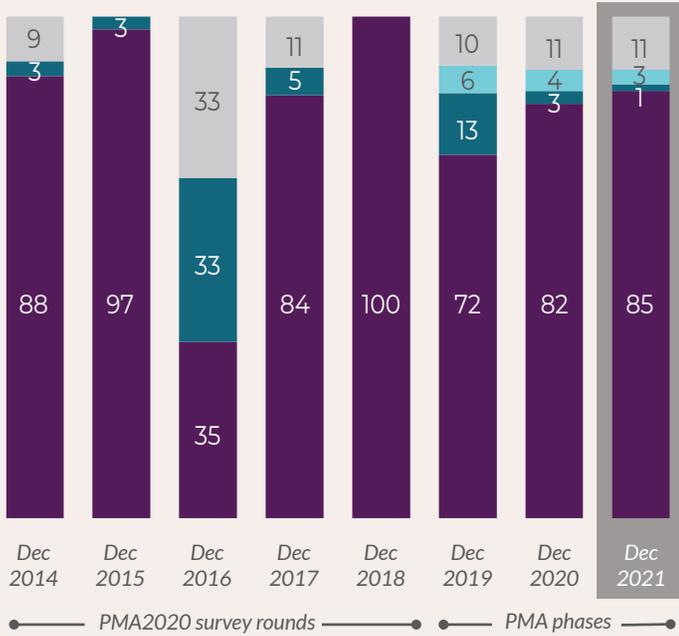
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a female-controlled modern contraceptive method, 95% reported that their partners were aware that they were using contraception.
- Among women using a female-controlled modern contraceptive method, 16% reported that they had not discussed the decision to delay or avoid pregnancy with their partners before they started using their current method.
- Among women who are not currently using contraceptives, 81% reported the decision was made independently from their husband/partner.

SECTION 4: SERVICE DELIVERY POINTS

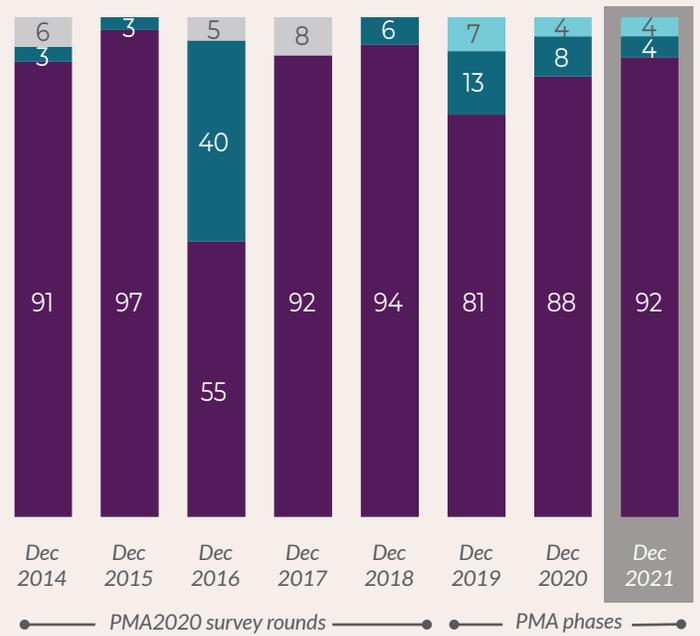
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=74)



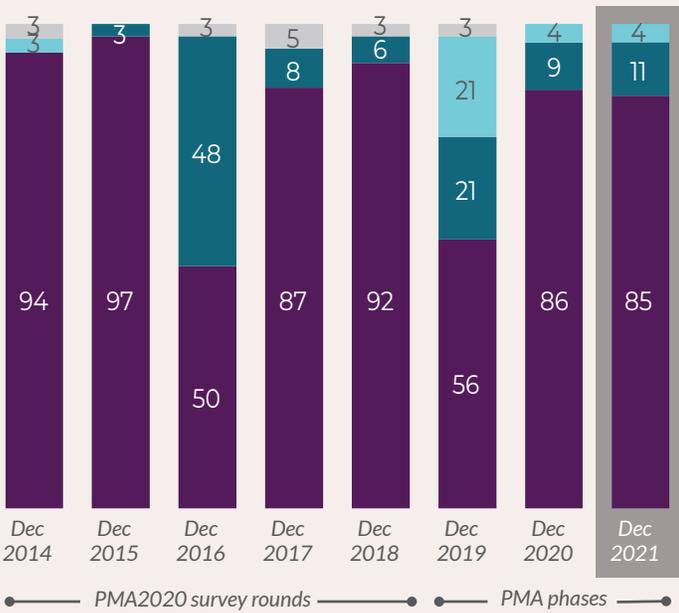
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=74)



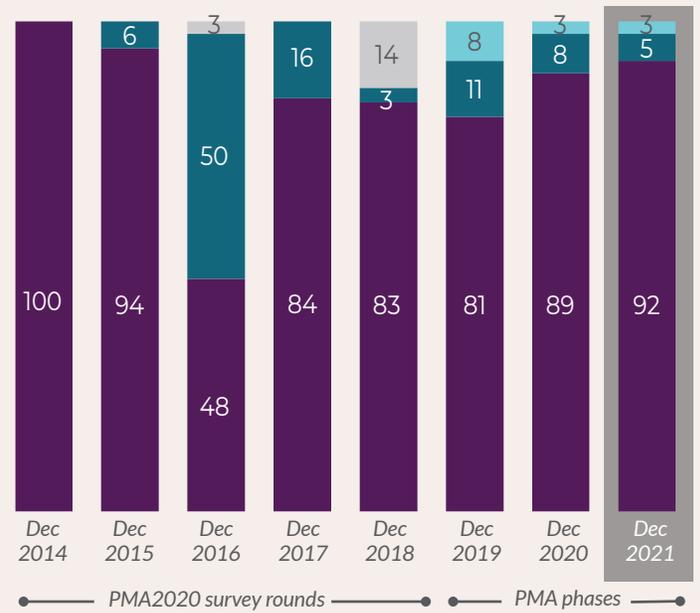
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=74)



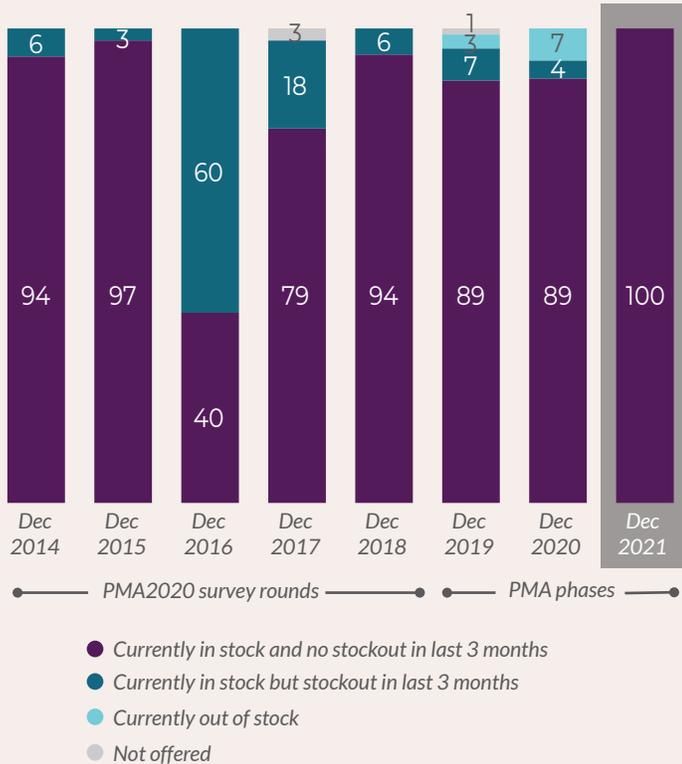
TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=74)



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=74)

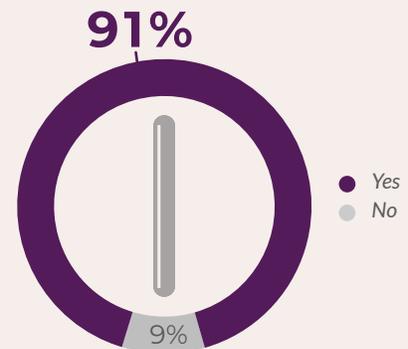


66%

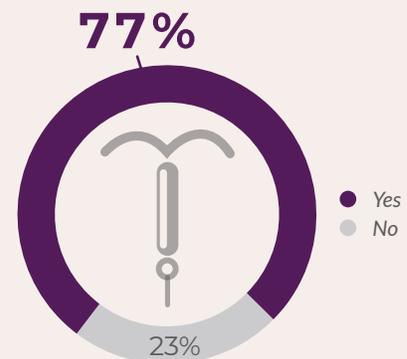
of women obtained their current modern method from a public health facility (n=373)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=77)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=70)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=44 episodes)



84%

Ordered but did not receive shipment



11%

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

- Almost all methods were available in public facilities on the day of the interview, with none having observed stockout of more than 4%.
- Though method availability has improved, about 11% of the public facilities surveyed were not offering IUDs.
- The majority of facilities offering IUDs (77%) and 91% of those offering implants had trained staff 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	429	48.79	2.97	42.46	55.17	48.53	2.99	42.15	54.95	11.57	2.29	7.51	17.42
PMA 2020	R4	Nov-Dec 2015	494	50.95	5.08	40.19	61.62	49.17	5.21	38.23	60.19	9.70	1.85	6.39	14.46
PMA 2020	R5	Nov-Dec 2016	529	44.03	2.49	38.70	49.49	42.70	2.87	36.62	49.01	9.38	1.57	6.49	13.37
PMA 2020	R6	Nov-Dec 2017	476	44.21	3.15	37.51	51.13	44.21	3.15	37.51	51.13	6.85	1.41	4.36	10.59
PMA 2020	R7	Nov-Dec 2018	476	47.20	2.28	42.28	52.18	45.04	2.35	39.99	50.19	5.89	1.39	3.52	9.69
PMA	Phase 1	Nov-Dec 2019	811	50.52	2.92	44.57	56.46	46.86	2.82	41.17	52.63	7.56	1.23	5.41	10.47
PMA	Phase 2	Nov-Dec 2020	770	53.32	2.52	48.15	58.42	49.63	2.58	44.38	54.88	6.15	1.51	3.72	10.01
PMA	Phase 3	Nov-Dec 2021	768	55.05	2.08	50.77	59.25	49.42	2.69	43.96	54.90	5.91	1.06	4.08	8.48

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	254	67.34	4.36	57.41	75.92	66.92	4.34	57.06	75.49	14.46	2.89	9.30	21.79
PMA 2020	R4	Nov-Dec 2015	271	69.23	3.38	61.54	75.98	66.96	3.50	59.05	74.02	13.57	2.19	9.52	18.99
PMA 2020	R5	Nov-Dec 2016	285	61.68	3.13	54.70	68.21	59.80	3.64	51.73	67.38	11.08	2.54	6.68	17.81
PMA 2020	R6	Nov-Dec 2017	237	65.37	3.14	58.29	71.84	65.37	3.14	58.29	71.84	7.78	2.41	3.96	14.73
PMA 2020	R7	Nov-Dec 2018	244	67.87	3.65	59.51	75.22	63.72	4.05	54.59	71.96	6.73	1.89	3.65	12.10
PMA	Phase 1	Nov-Dec 2019	436	69.68	4.05	60.87	77.24	64.71	3.68	56.90	71.80	9.99	1.98	6.63	14.79
PMA	Phase 2	Nov-Dec 2020	396	73.89	2.80	67.78	79.19	68.47	2.99	62.07	74.24	8.69	2.04	5.35	13.81
PMA	Phase 3	Nov-Dec 2021	382	74.71	2.65	68.92	79.73	67.05	3.37	59.85	73.54	6.80	1.92	3.80	11.86

PMA Kenya (Kiambu) 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 867 households (89.2% response rate), 768 females age 15-49 (97.6% response rate), and 91 facilities (88.3% 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.