PERFORMANCE MONITORING FOR ACTION



KENYA (KILIFI)

Results from Phase 2 panel survey

November-December 2020

OVERALL KEY FINDINGS

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Though there is an increase in contraceptive use, use of long-acting methods has remained stagnant.



Continued non-usage of contraception is high among multiparous women.

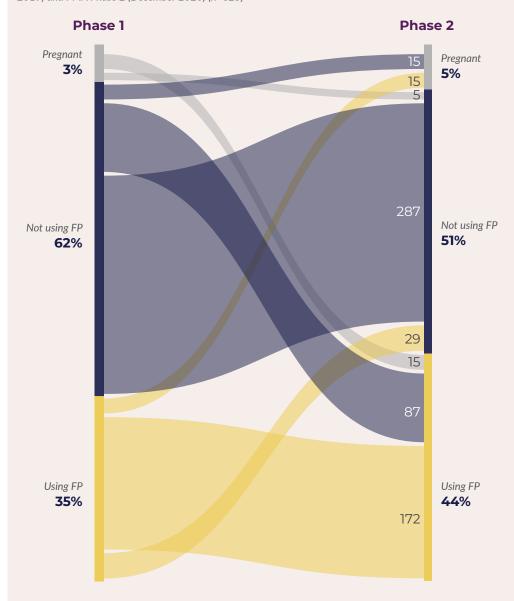


Among women with unmet need in Phase 2, 79% continued to be non-users, while 10% stopped using a method.

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) and PMA Phase 2 (December 2020) (n=625)











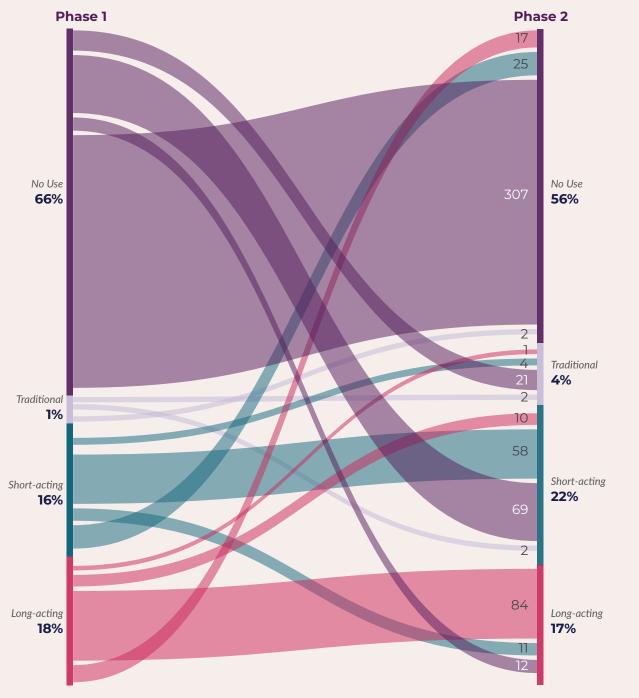






CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive method or use status between PMA Phase 1 (December 2019) and PMA Phase 2 (December 2020) (n=625)

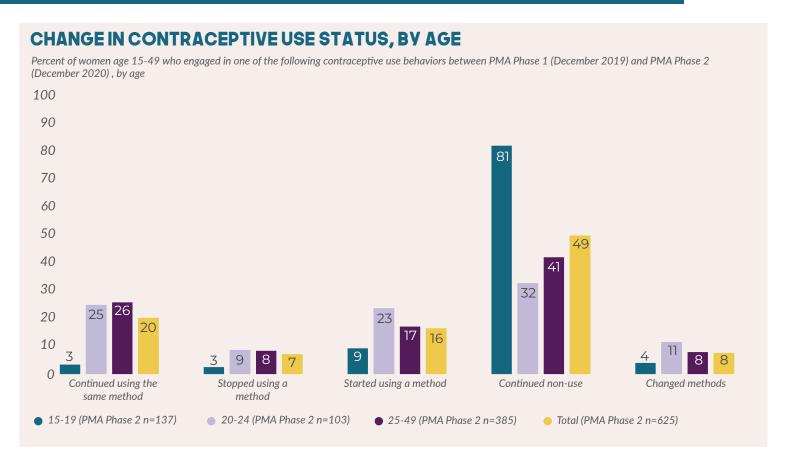


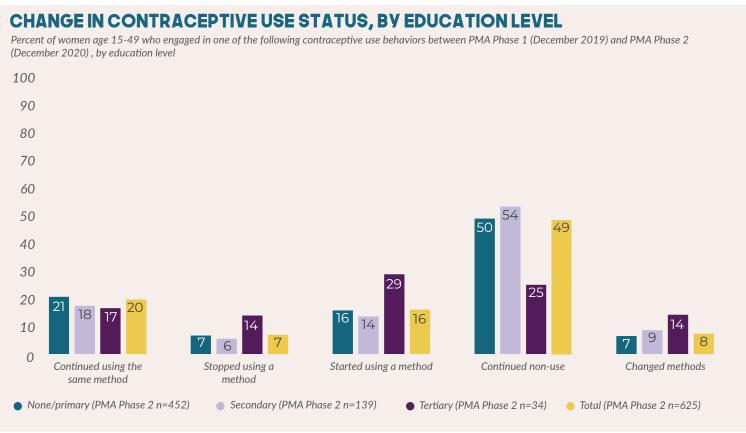
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

- The proportion of women using contraceptives has increased by about 9 percentage points between Phases 1 and 2.
- More non-users became users and fewer users becoming non-users, resulting in a 6 percentage point increase in short term users.

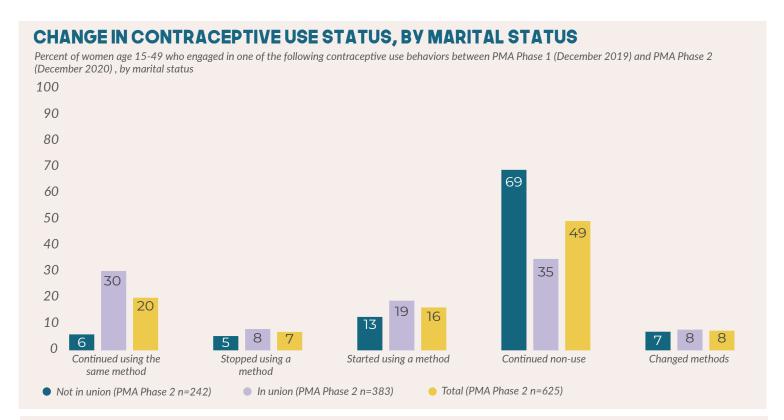


SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES









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 1 (December 2019) and PMA Phase 2 (December 2020), by parity 100 90 80 70 60 50 40 30 31 20 10 Continued using the Stopped using a Started using a method Continued non-use Changed methods same method method None One-two ■ Three-four (PMA Phase 2 n=159) (PMA Phase 2 n=625) (PMA Phase 2 n=19) (PMA Phase 2 n=121) (PMA Phase 2 n=152)

KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- The majority of adolescents, of women not in a union and of women with no children remained non-users between Phase 1 and Phase 2.
- Among women with no/primary or secondary education, about 50% remained non-users, compared to 25% of those with tertiary education.
- About 39% of women with five or more children continued to be non-users between Phase 1 and Phase 2



SECTION 3: OTHER PANEL DYNAMICS

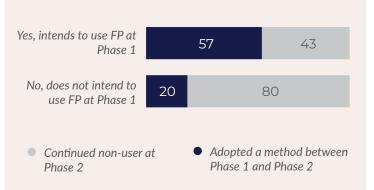
METHOD DISCONTINUATION

Among women 15-49 with unmet need at Phase 2, the percentage that stopped using a contraceptive method or became pregnant between the two surveys (n=59)



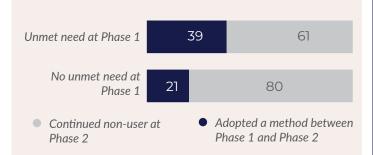
INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their intention to use FP at Phase 1 (n=405)



UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 1 and who adopted an FP method, by their unmet need status at Phase 1 (n=405)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- The majority of women with unmet need for FP continued to be non-users, while 10% had stopped using a method.
- Women who had an intention to use FP in the future in Phase 1 were almost two times more likely to have used a contraceptive method, compared to women who had no intention to use FP in future.
- About 39% of women with unmet need adopted a contraceptive method, with 1 in 4 of those without unmet need taking up a method.

PMA Kenya (Kilifi) collects nationally (and county/region-level) representative 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 Kilifi region among eligible females aged 15-49 at the time of the Phase 2 survey (collected between November - December 2020), who were interviewed at the Phase 1 survey between November-December 2019 and consented to follow-up (92.2%). Of the 845, eligible respondents, 22.6% were not reached for follow-up. Of those reached, 674 (75.6%) completed the survey, for a response rate of 97.7% among contacted women. For sampling information and full data sets, visit https://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 tunaound surveys to monitor key family planning and health indicators in Africa and Asia. PMA Kenya (Kilifi) 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 Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

