



PMA KENYA (KITUI)

Results from Phase 3 cross-sectional survey

November–December 2021

OVERALL KEY FINDINGS



The use of modern contraception among reproductive aged women increased from **42%** to **46%** from 2020 to 2021, but the percent of women with an unmet need for family planning remained constant at **15%** during this period.



The highest percentages of stockouts in public facilities were reported for implants (**43%**), IUDs (**17%**) and male condoms (**13%**) in 2021.

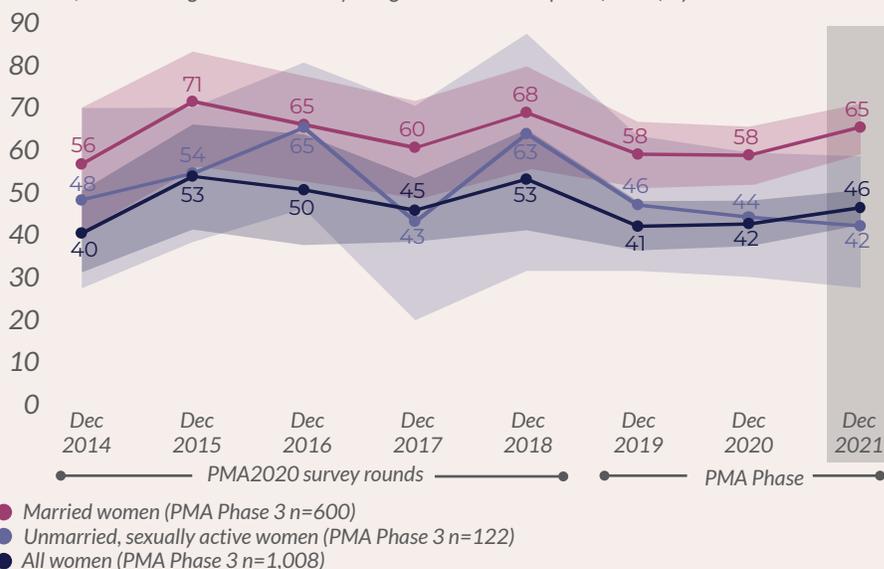


85% of women who were not using contraception do not intend to use in future.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

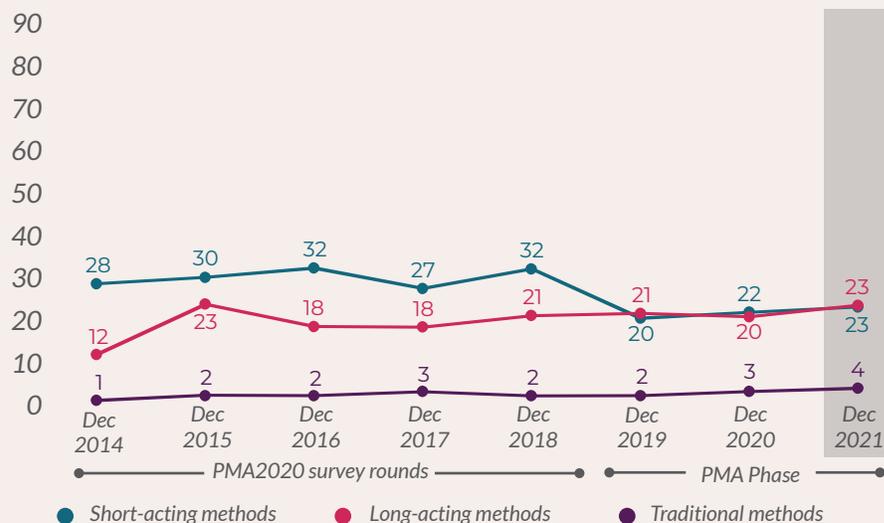
MODERN CONTRACEPTIVE PREVALENCE

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



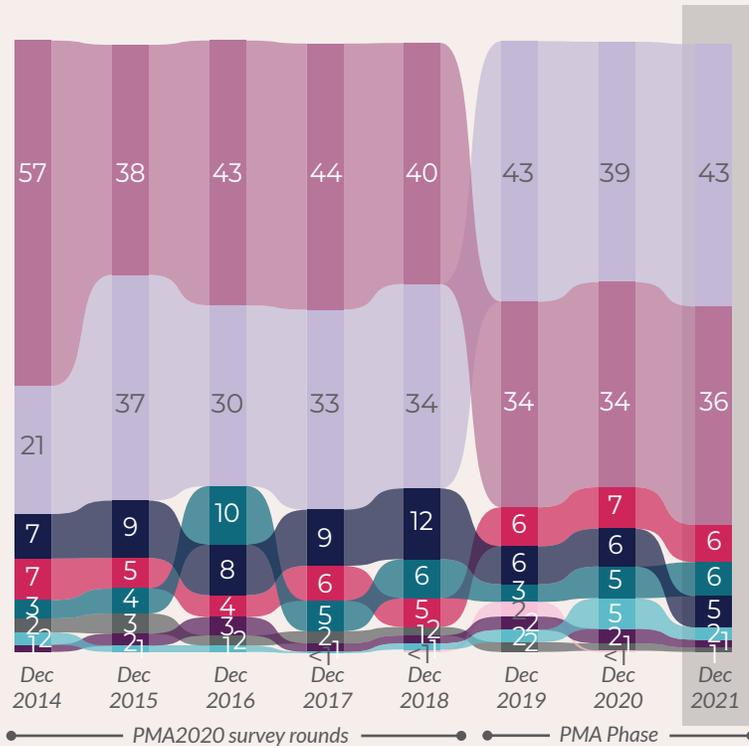
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n= 1,008)



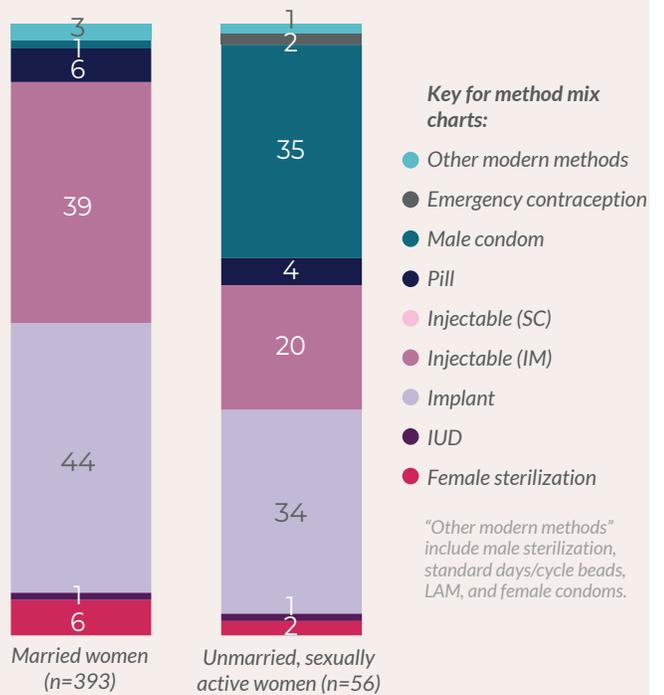
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=473)



MODERN CONTRACEPTIVE METHOD MIX

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



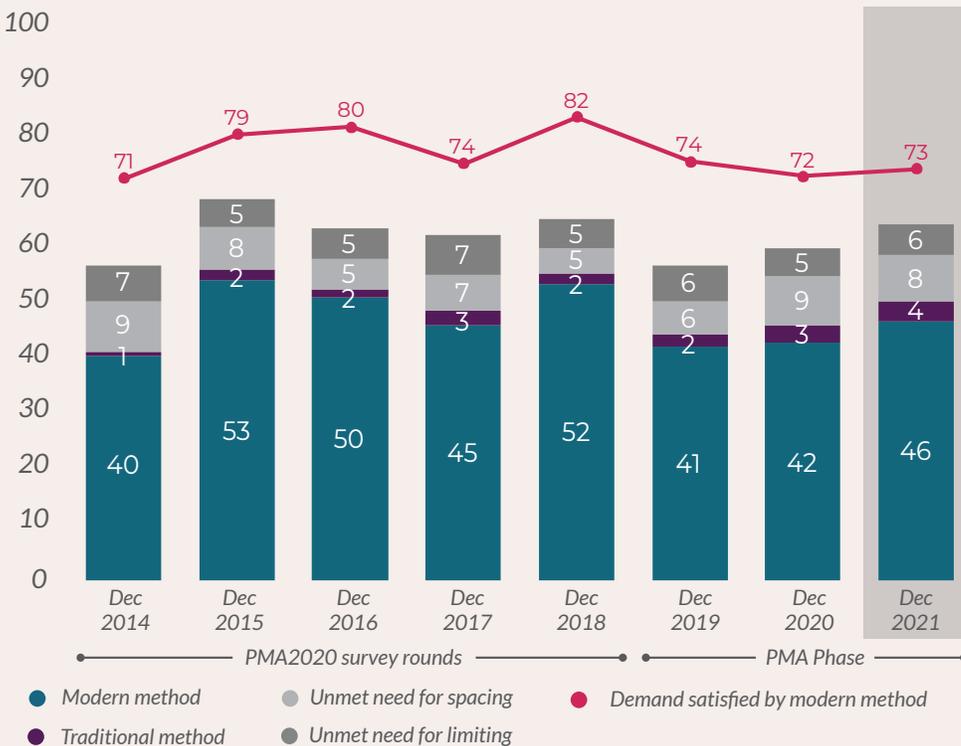
Key for method mix charts:

- 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, and female condoms.

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=1,008)



INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

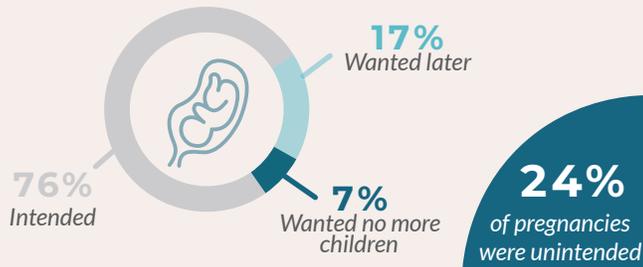
Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=454)



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=383)



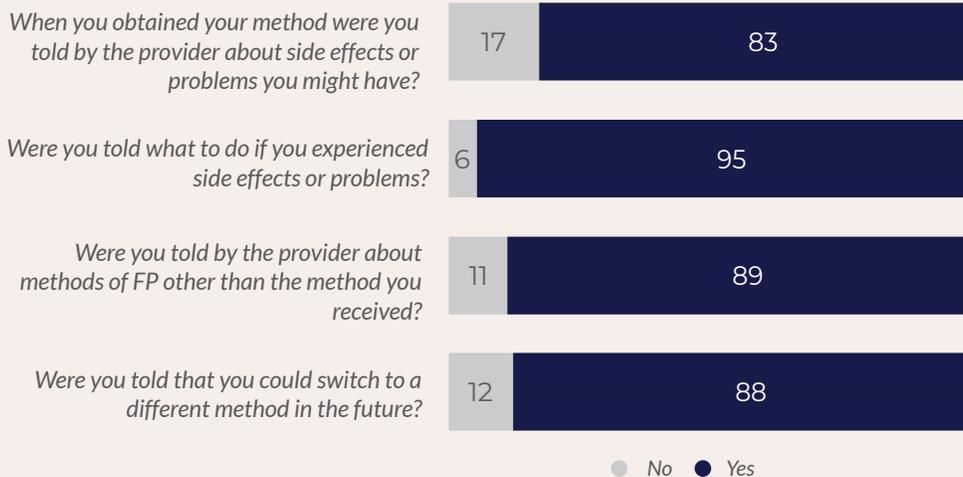
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Use of modern contraceptives increased from 58% to 65% among married women from 2020 to 2021 after remaining at 58% between 2019 and 2020.
- Among women who were not using a contraceptive method at the time of the survey, about **8 out of 10** reported that they had no intention of using any method in the next 12 months.
- About **76%** of women reported that their most recent birth or current pregnancy was intended.

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=468)



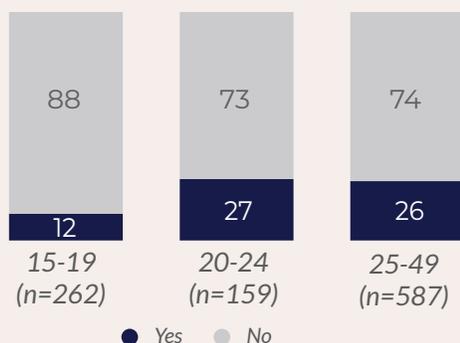
Percent of women who responded "Yes" to all four MII+ questions



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



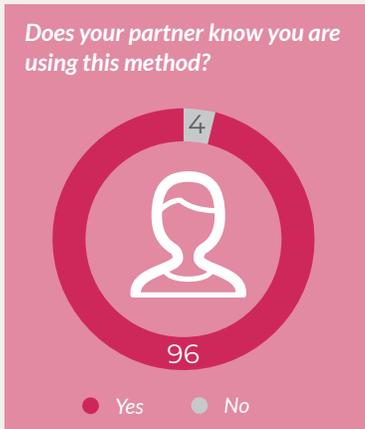
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- High proportions of women reported receiving comprehensive information on FP services when they obtained their current method.
- Lower percentages of adolescent girls aged 15-19 discussed FP information with a provider or community health worker in the past year compared to older women aged 25-49.
- Over **8 out of 10** women responded affirmatively to the four MII+ questions, that they were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods.

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=397)



By age



By education



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

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By age

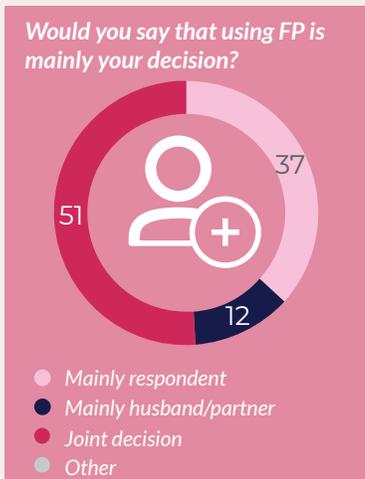


By education

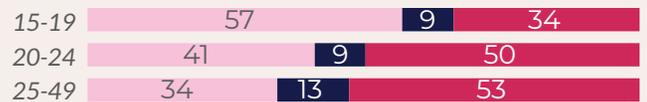


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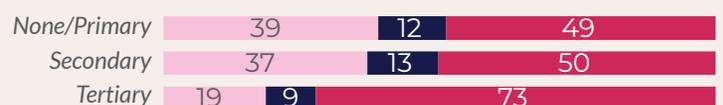
Percent of women who are currently using FP and agree with the following statement, by age and education (n=444)



By age

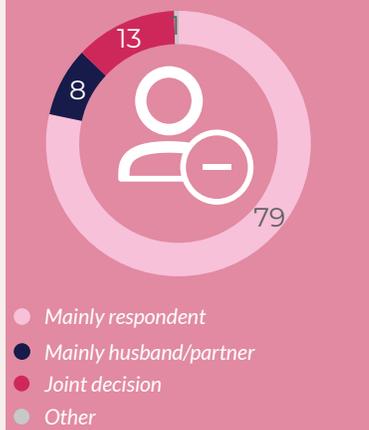


By education

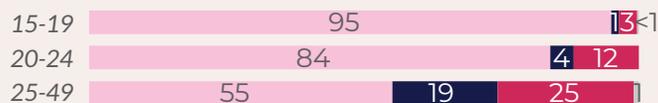


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=457)

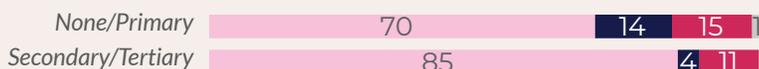
Would you say that not using FP is mainly your decision?



By age



By education



PREGNANCY COERCION

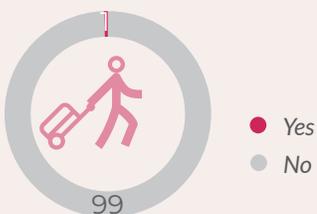
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=600)



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=600)



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=600)



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=600)



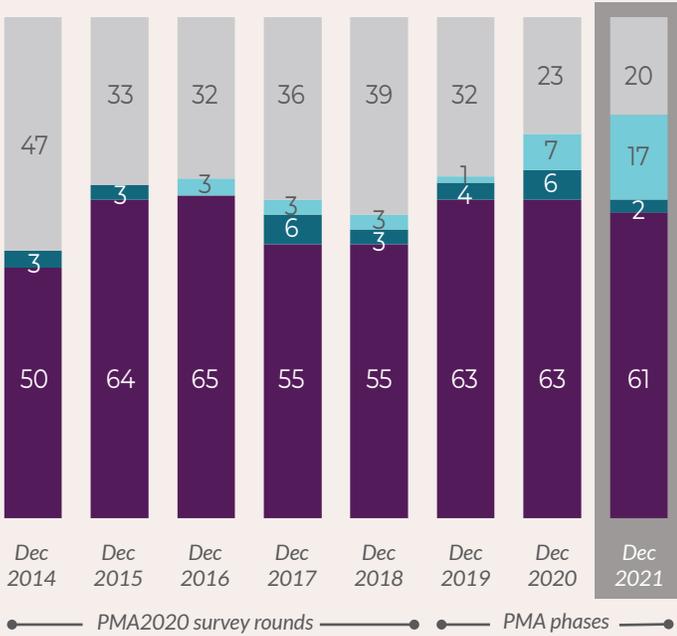
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Among women using a method that can be concealed, 96% reported that their partner knew that they were using contraception.
- Among women using a modern, female controlled method, 91% reported discussing the decision to delay or avoid pregnancy with their partner prior to starting the method.
- Among women not currently using FP, 25% of women aged 25-49 reported that the decision not to use was jointly made with their partner, a higher percentage than reported by 20-24 year olds (12%) or 15-19 year olds (3%).

SECTION 4: SERVICE DELIVERY POINTS

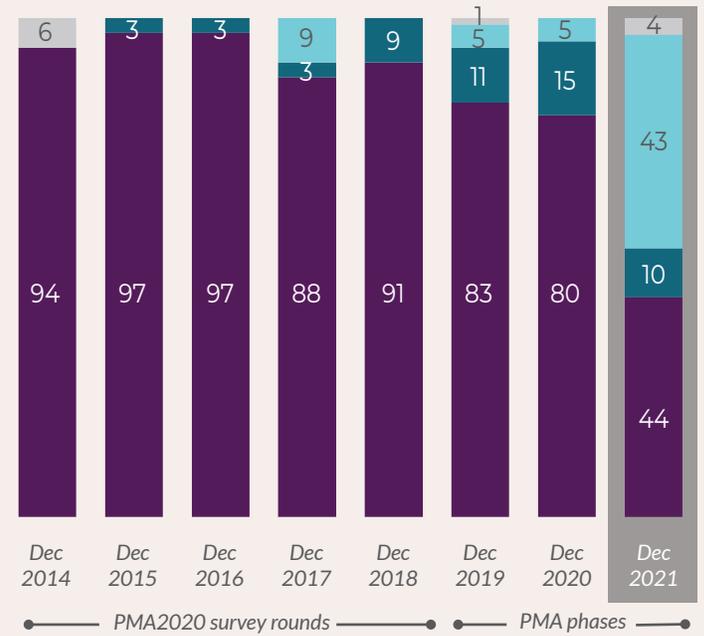
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=82)



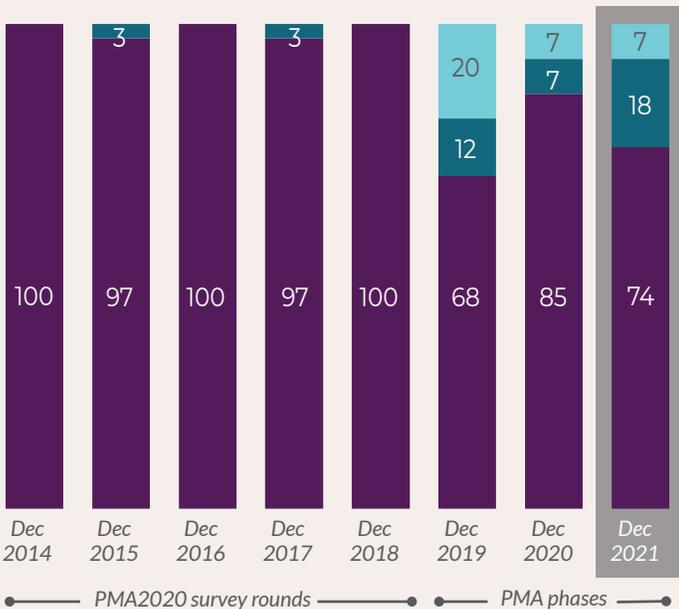
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=82)



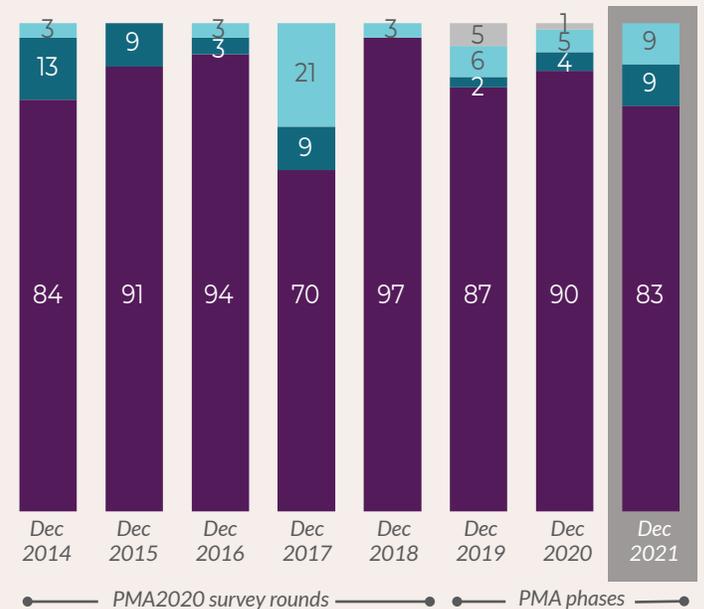
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=82)



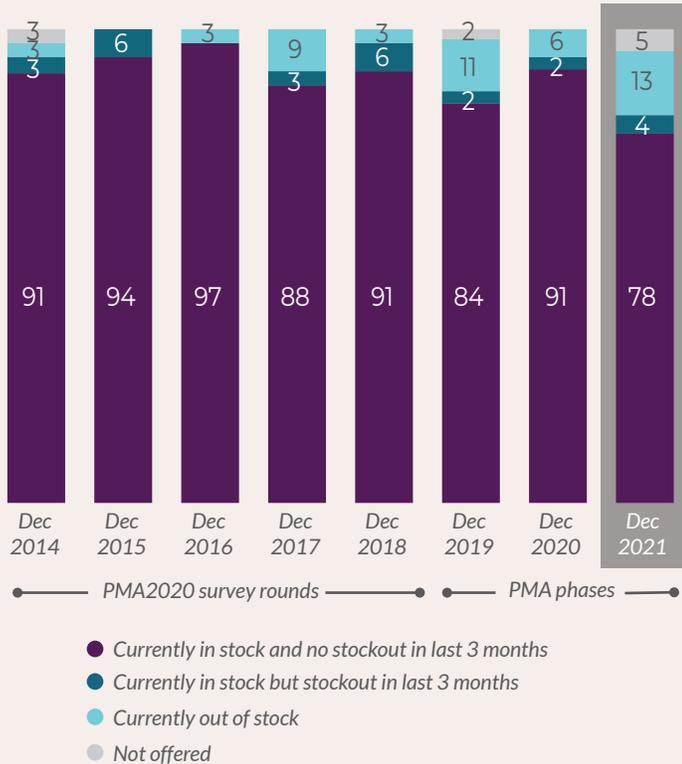
TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=82)



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=82)

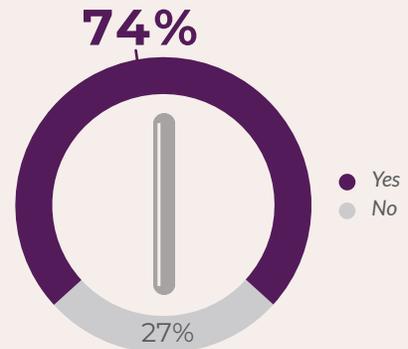


85%

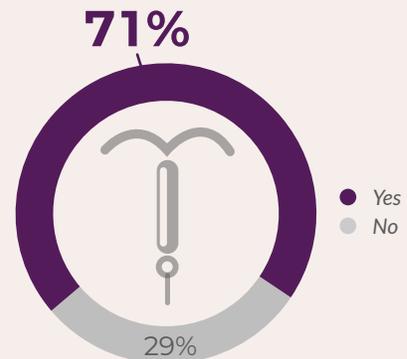
of women obtained their current modern method from a public health facility (n=468)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=83)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=68)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=133 episodes)



83%

Ordered but did not receive shipment



6%

Stock out due to COVID-19 disruption

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

- The highest percentages of stockouts among public facilities were reported for implants (43%), IUDs (17%) and male condoms (13%) in 2021.
- About 7 in 10 facilities offering implants and IUDs have trained providers and instruments/supplies needed for insertion or removal.
- Of the public facilities that experienced a stockout of any method, the most commonly reported reason was because the facility ordered and did not receive the shipment, while only 6% reported COVID-19 disruptions.

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	473	40.36	4.59	30.94 50.55	39.65	4.52	30.40 49.70	15.30	2.55	10.56 21.65
PMA 2020	R4	Nov-Dec 2015	560	55.08	5.56	43.03 66.57	53.18	5.92	40.50 65.47	12.23	2.28	8.11 18.05
PMA 2020	R5	Nov-Dec 2016	585	51.51	6.35	37.94 64.85	49.96	6.18	36.85 63.08	10.69	1.38	8.03 14.11
PMA 2020	R6	Nov-Dec 2017	572	47.62	3.55	39.95 55.40	45.11	3.49	37.64 52.80	13.54	3.15	8.02 21.93
PMA 2020	R7	Nov-Dec 2018	548	54.31	5.47	42.38 65.77	52.47	5.59	40.38 64.27	9.66	2.33	5.65 16.03
PMA	Phase 1	Nov-Dec 2019	974	43.32	2.83	37.66 49.16	41.32	2.86	35.63 47.25	12.43	1.66	9.42 16.23
PMA	Phase 2	Nov-Dec 2020	1,001	45.14	2.75	39.61 50.79	41.89	2.65	36.60 47.38	13.49	1.69	10.39 17.32
PMA	Phase 3	Nov-Dec 2021	1,008	49.34	2.24	44.78 53.90	45.74	2.04	41.61 49.92	13.45	1.96	9.94 17.96

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	287	57.26	6.71	42.63 70.71	56.02	6.60	41.73 69.37	20.12	4.44	12.22 31.30
PMA 2020	R4	Nov-Dec 2015	311	72.50	6.09	57.83 83.52	70.92	6.49	55.45 82.70	12.72	3.73	6.64 23.00
PMA 2020	R5	Nov-Dec 2016	343	67.02	6.09	52.79 78.69	65.41	5.90	51.78 76.91	11.51	2.30	7.36 17.54
PMA 2020	R6	Nov-Dec 2017	342	62.68	5.58	49.98 73.85	59.97	5.40	47.86 70.98	13.85	3.02	8.48 21.80
PMA 2020	R7	Nov-Dec 2018	343	70.58	5.31	57.93 80.70	68.25	5.71	54.82 79.21	10.57	3.46	5.11 20.59
PMA	Phase 1	Nov-Dec 2019	582	61.11	3.75	53.26 68.43	58.42	3.90	50.32 66.09	14.33	1.93	10.83 18.73
PMA	Phase 2	Nov-Dec 2020	617	61.57	3.41	54.43 68.24	58.18	3.39	51.15 64.89	13.86	2.33	9.76 19.30
PMA	Phase 3	Nov-Dec 2021	600	68.85	2.74	63.01 74.14	64.79	2.85	58.78 70.37	12.46	2.35	8.43 18.04

PMA Kenya (Kitui) collects information on knowledge, practice, and coverage of family planning services in 31 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 1,029 households (99.1% response rate), 1,008 females age 15-49 (98.6% response rate), and 90 facilities (93.8% 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.