

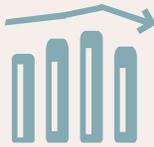


PMA KENYA (NANDI)

Results from Phase 3 cross-sectional survey

November–December 2021

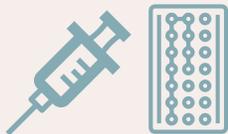
OVERALL KEY FINDINGS



There has been a decline in the modern contraceptive prevalence rate over the past year.



Intention to use contraception in the next 12 months among non-users remains low, at **20%** in 2021.

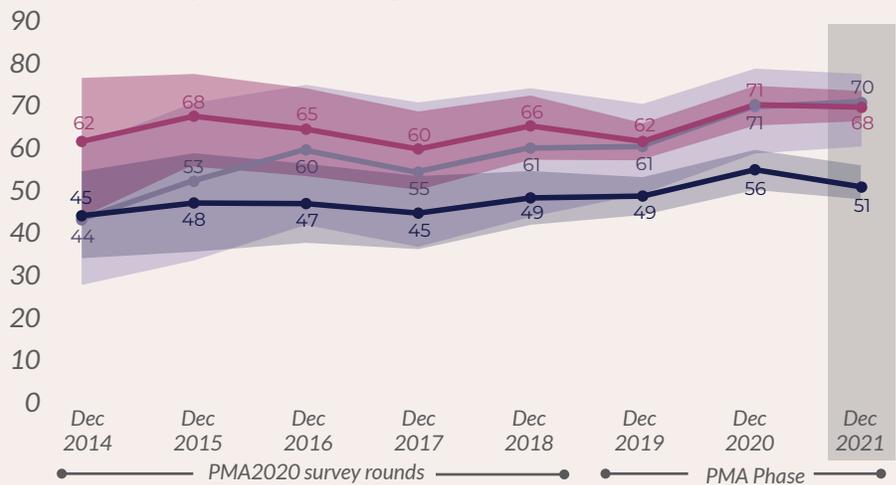


81% of women currently using modern contraception in Nandi obtained their method from a public health facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

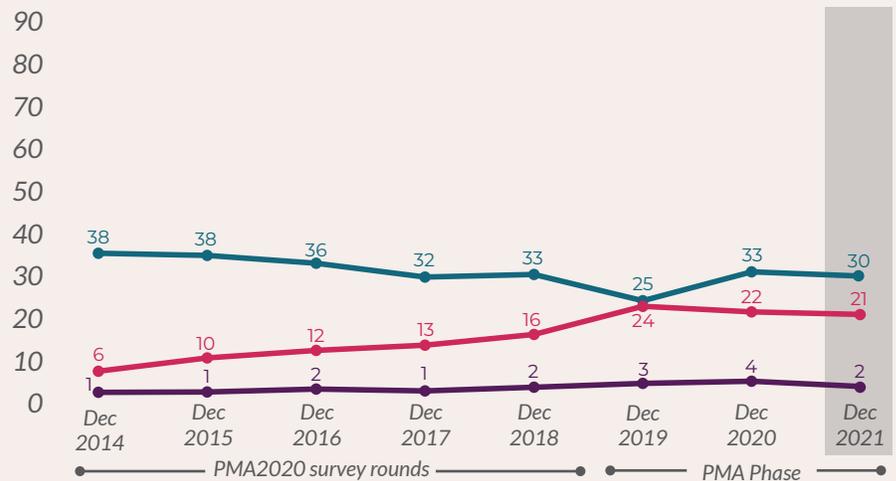
Percent of all women age 15-49 currently using modern contraception (mCPR) by marital status



- Married women (PMA Phase 3 n=697)
- Unmarried, sexually active women (PMA Phase 3 n=163)
- All women (PMA Phase 3 n=1,278)

CONTRACEPTIVE PREVALENCE BY METHOD TYPE

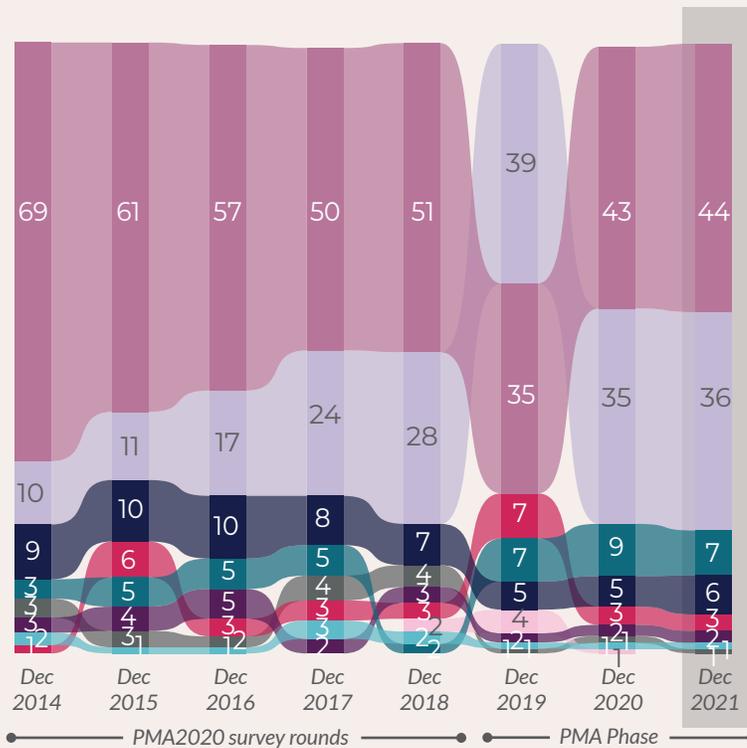
Percent of all women age 15-49 currently using contraception by method type (PMA Phase 3 n= 1,278)



- Short-acting methods
- Long-acting methods
- Traditional methods

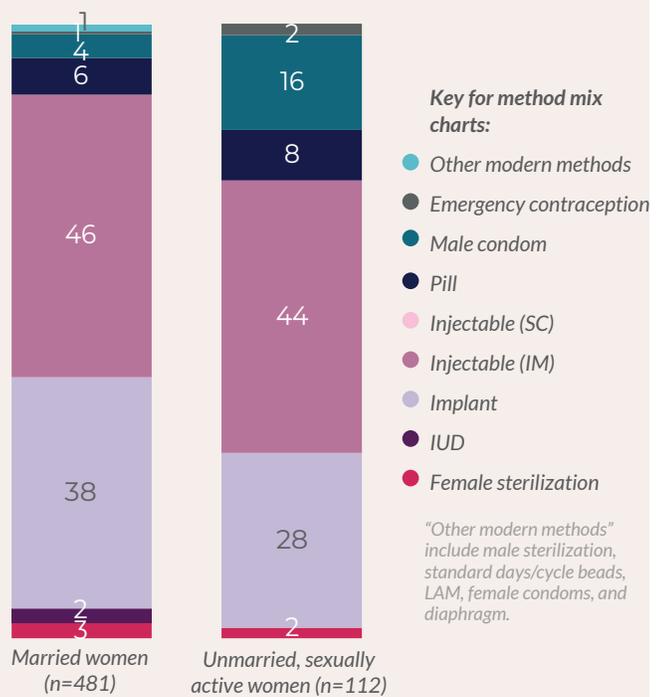
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 3 n=658)



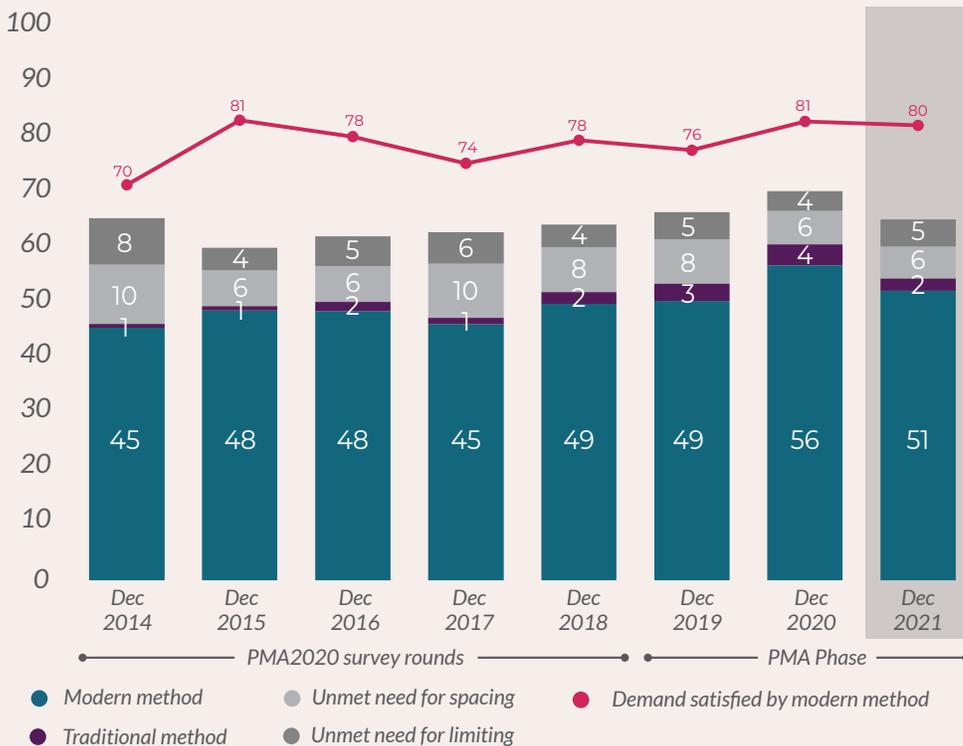
MODERN CONTRACEPTIVE METHOD MIX

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=1,278)



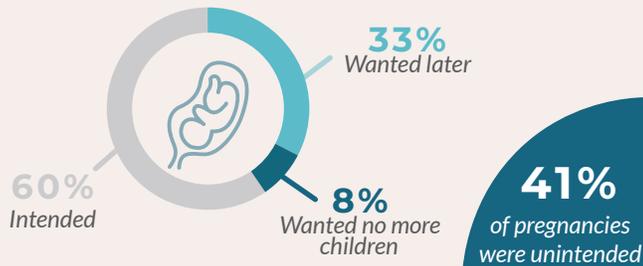
INTENTION TO USE CONTRACEPTION IN THE NEXT YEAR

Percent of all women age 15-49 who are not currently using contraception but intend to use contraception in the next 12 months (n=545)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=535)



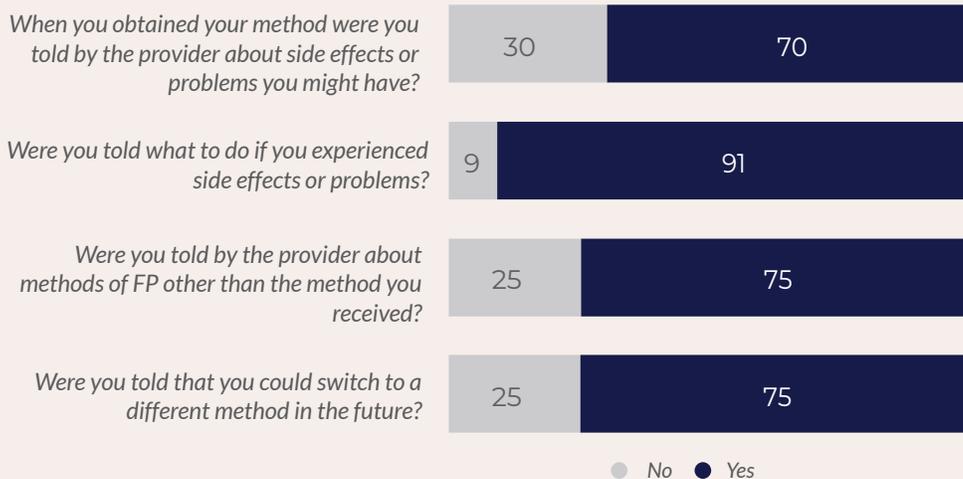
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Among all women, the modern contraceptive prevalence rate decreased from 56% in 2020 to 51% in 2021.
- Among all women not currently using any contraceptive method, the majority reported having no intention of using a method in the next 12 months.
- Women continue to report high levels of mistimed pregnancies, with a **third** of the women reporting that they wanted to delay their most recent birth or current pregnancy.

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=656)



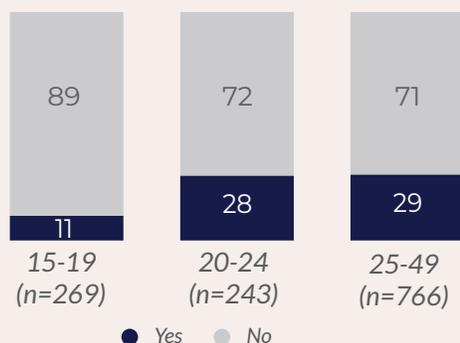
Percent of women who responded "Yes" to all four MII+ questions



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



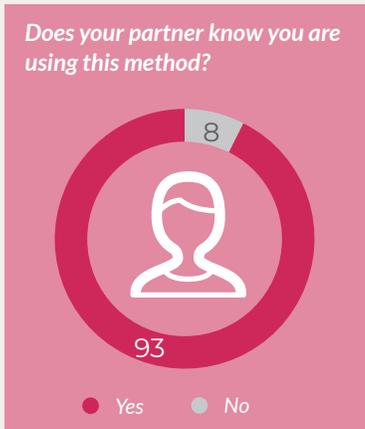
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Just over half of women reported receiving comprehensive contraceptive counseling from a provider when accessing FP services.
- Among women who received information on method-related side effects, 9% were not told what to do if they experienced side effects.
- Only about 11% of adolescent girls reported receiving FP information from a health provider or community health worker in the last 12 months.

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=470)



By age



By education



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

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=470)



By age

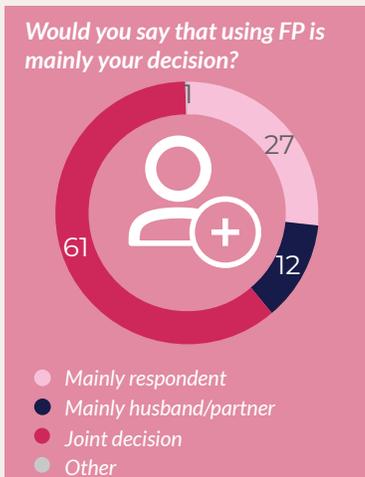


By education

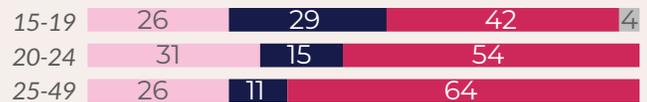


Modern, female controlled methods includes all modern methods except male sterilization and male condoms

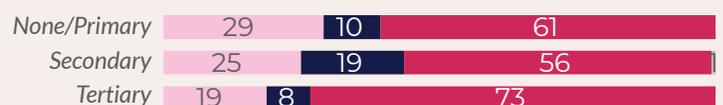
Percent of women who are currently using FP and agree with the following statement, by age and education (n=530)



By age

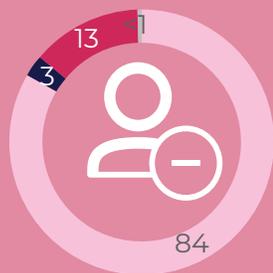


By education



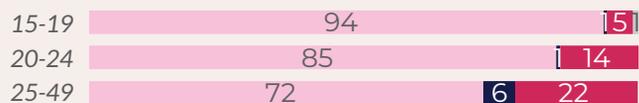
Percent of women who are not currently using FP and agree with the following statement, by age and education (n=547)

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

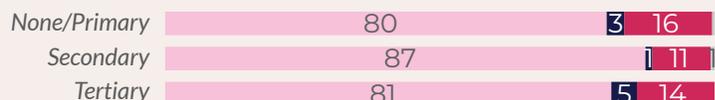


- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other

By age



By education



PREGNANCY COERCION

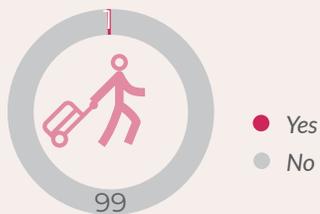
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=694)



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=694)



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=694)



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=694)



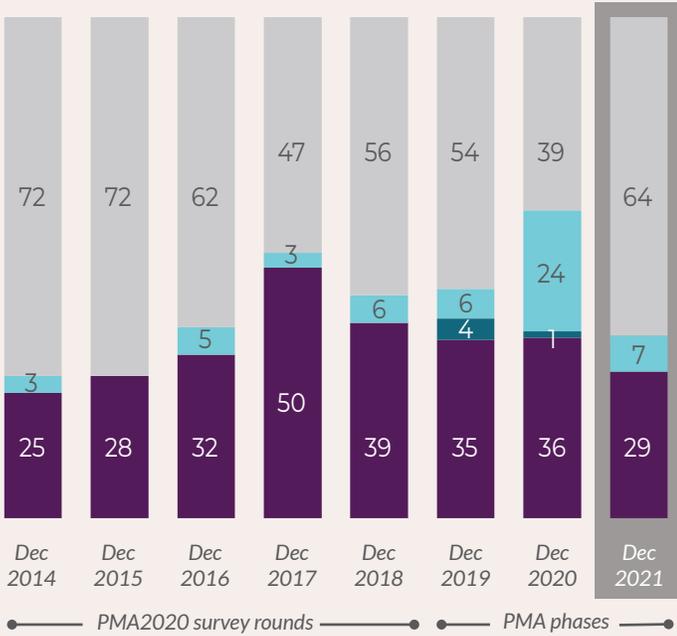
KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

- Nearly all women currently using a modern method reported that their partners knew that they were using contraception. There is no notable variation by age or education.
- 61% of women reported that the decision to use FP was made jointly with their partner, while only 13% of women who were not using FP reported joint decision-making.
- A higher percentage of women with tertiary education involved their partners in FP decision-making than women with secondary or no/primary education.

SECTION 4: SERVICE DELIVERY POINTS

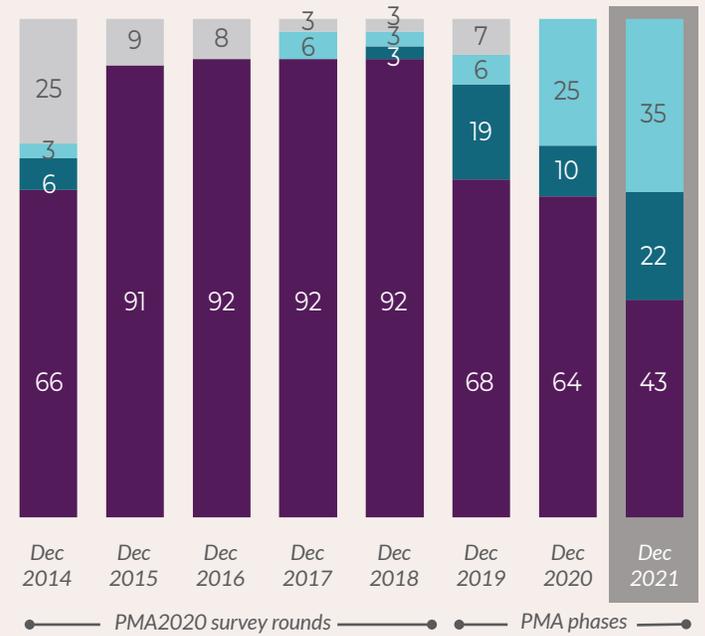
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=69)



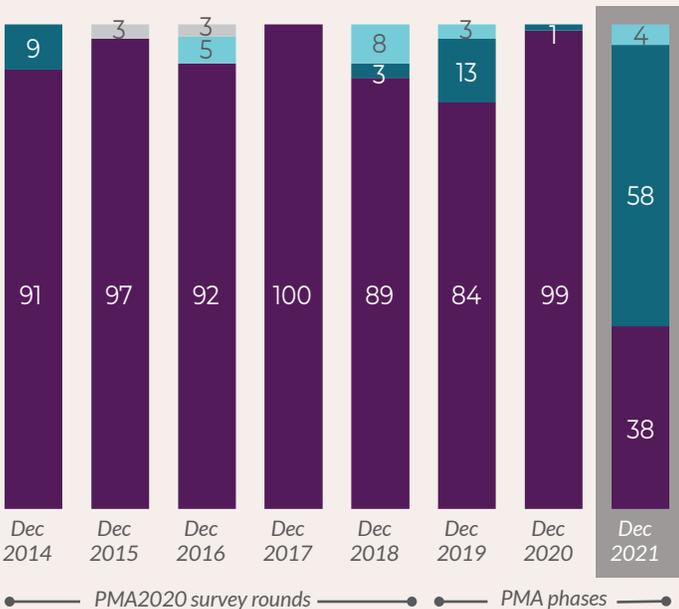
TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 3 n=69)



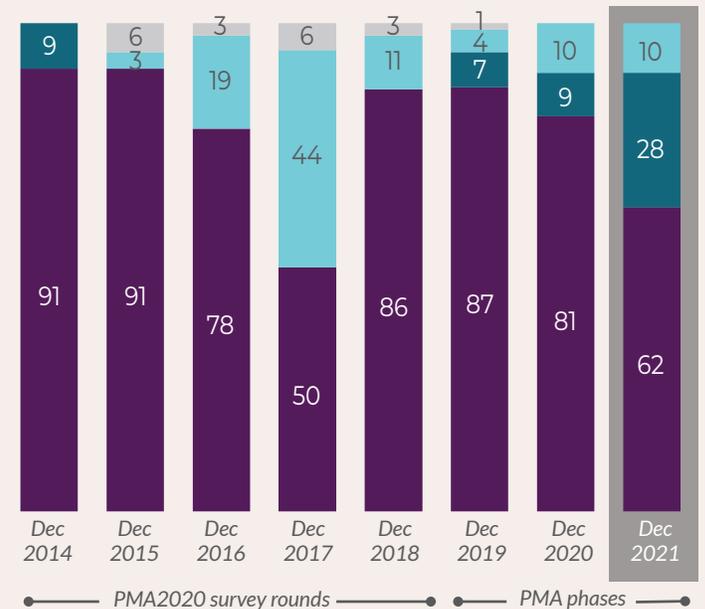
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=69)



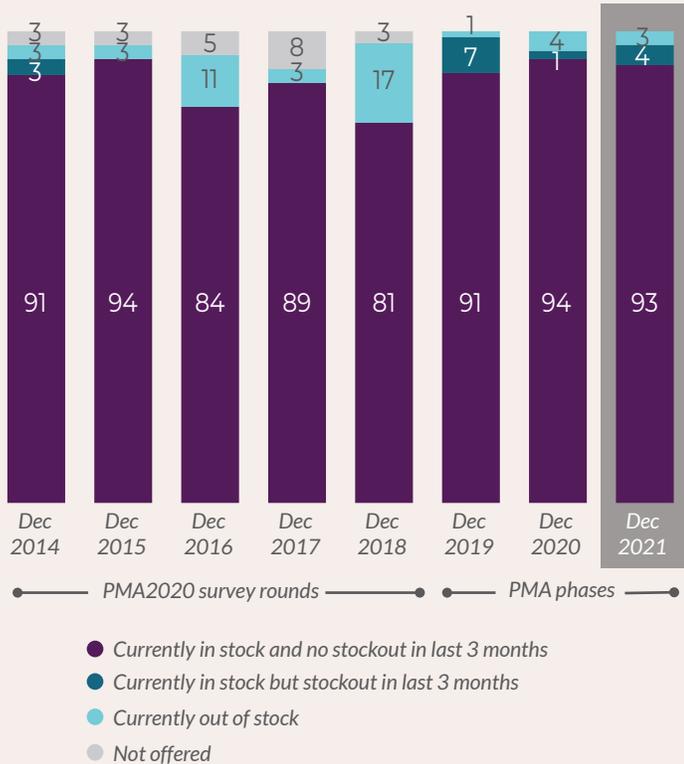
TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=69)



TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 3 n=69)

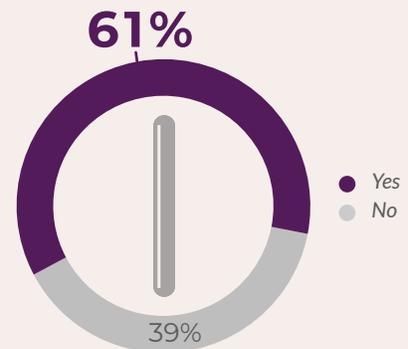


81%

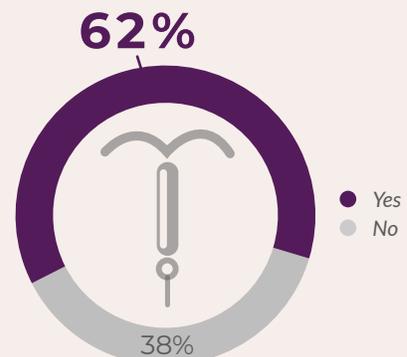
of women obtained their current modern method from a public health facility (n=656)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=79)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=29)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD

Public facilities (n=123 episodes)



92%

Ordered but did not receive shipment



3%

Unexpected increase in consumption

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 proportions of public facilities not offering IUD increased between 2020 and 2021.
- Stockouts for implants in public facilities have increased steadily from 2019 to 2021.
- About 4 out of 10 facilities offering IUDs and Implants did not have a trained provider and instruments/supplies needed for insertion/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	560	45.36	4.93	35.06	56.06	44.63	4.85	34.52	55.20	18.57	4.53	10.71	30.23
PMA 2020	R4	Nov-Dec 2015	596	48.43	5.66	36.56	60.49	47.66	5.54	36.06	59.51	10.29	2.13	6.53	15.87
PMA 2020	R5	Nov-Dec 2016	556	49.09	4.39	39.63	58.62	47.49	4.35	38.18	56.98	11.55	3.73	5.63	22.25
PMA 2020	R6	Nov-Dec 2017	575	46.35	4.19	37.39	55.55	45.23	4.01	36.68	54.08	15.11	3.20	9.37	23.45
PMA 2020	R7	Nov-Dec 2018	539	50.98	3.00	44.42	57.50	48.85	2.94	42.45	55.28	11.92	2.37	7.64	18.12
PMA	Phase 1	Nov-Dec 2019	1,277	52.35	2.22	47.85	56.80	49.29	2.24	44.78	53.81	12.59	1.22	10.32	15.28
PMA	Phase 2	Nov-Dec 2020	1,215	59.24	2.62	53.86	64.40	55.58	2.37	50.76	60.30	10.07	1.11	8.03	12.54
PMA	Phase 3	Nov-Dec 2021	1,278	53.26	2.22	48.75	57.71	51.09	2.15	46.75	55.42	10.39	0.85	8.80	12.24

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	312	63.16	8.00	45.17	78.11	62.31	8.05	44.34	77.43	21.68	5.76	11.84	36.32
PMA 2020	R4	Nov-Dec 2015	302	69.60	5.48	56.74	79.98	68.29	5.23	56.15	78.37	9.31	2.21	5.52	15.27
PMA 2020	R5	Nov-Dec 2016	299	67.41	4.65	56.59	76.65	65.25	4.85	54.08	74.96	12.47	4.20	5.89	24.50
PMA 2020	R6	Nov-Dec 2017	302	62.61	4.65	52.05	72.10	60.49	4.33	50.75	69.46	17.20	3.68	10.59	26.70
PMA 2020	R7	Nov-Dec 2018	292	67.36	3.60	59.05	74.71	66.00	3.52	57.93	73.24	15.12	3.71	8.70	24.99
PMA	Phase 1	Nov-Dec 2019	753	65.51	2.25	60.83	69.90	62.30	2.21	57.75	66.65	15.08	1.61	12.11	18.62
PMA	Phase 2	Nov-Dec 2020	718	75.18	2.51	69.77	79.90	71.05	2.34	66.11	75.55	9.24	1.16	7.14	11.86
PMA	Phase 3	Nov-Dec 2021	697	70.86	2.11	66.42	74.93	68.24	2.10	63.86	72.32	11.97	1.42	9.39	15.16

PMA Kenya (Nandi) collects information on knowledge, practice, and coverage of family planning services in 40 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 1,279 households (97.4% response rate), 1,278 females age 15-49 (98.2% response rate), and 89 facilities (88.1% 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.