



PMA KENYA

Results from COVID-19 phone survey

June 2020

OVERALL KEY FINDINGS



Eighty-six percent of women have heard about a COVID-19 related call center.



One hundred percent of women have adopted a behavior to protect themselves from COVID-19.

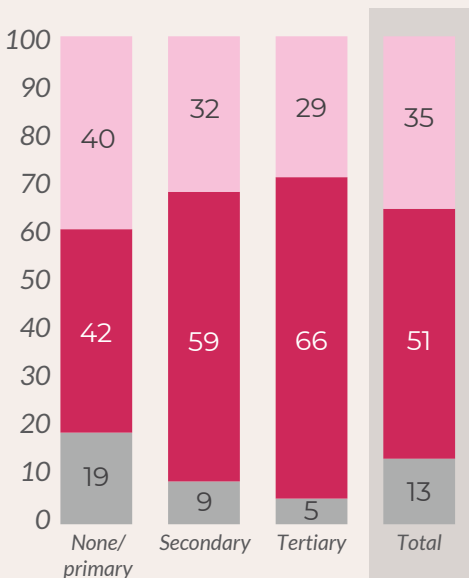


Ninety-one percent of women report that their household experienced complete or partial loss of income since COVID-19 restrictions were imposed.

SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

HEARD OF COVID-19 CALL CENTER

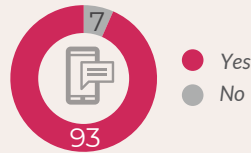
Percentage of women who have heard of a COVID-19-related call center, by education (n=5,972)



● Yes, but does not know the number
● Yes, and knows the number
● No

TRUST THE COVID-19 CALL CENTER

Percent of respondents who trust the emergency/call center number (n=5,262)



KEY FINDINGS FOR SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

- Eighty-six percent of women have heard about the call center and among those, 93% trust the call center for accurate information.
- Knowledge of the call center number is lowest among women with no or primary-only education (42%) and highest among those with tertiary education (66%).

HAVE TRIED TO CALL THE COVID-19 CALL CENTER

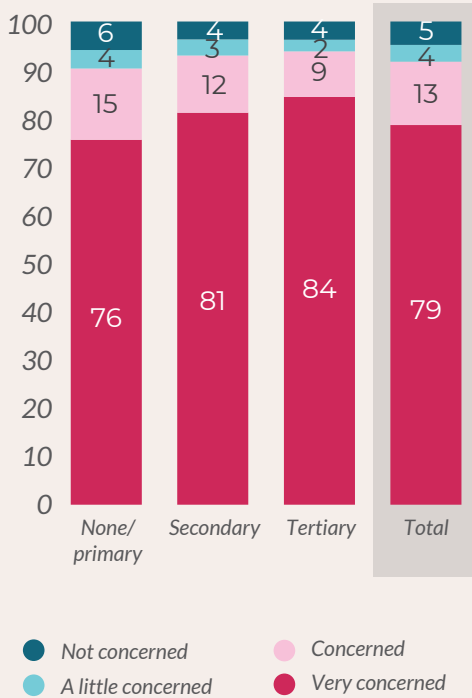
Among the women who have heard of the COVID-19 call center, percentage who tried calling the number, by age (n=5,262)

	No	Yes
Total	89	11
35-49	92	8
25-34	91	9
20-24	86	14
15-19	87	13

SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

CONCERN ABOUT COVID-19

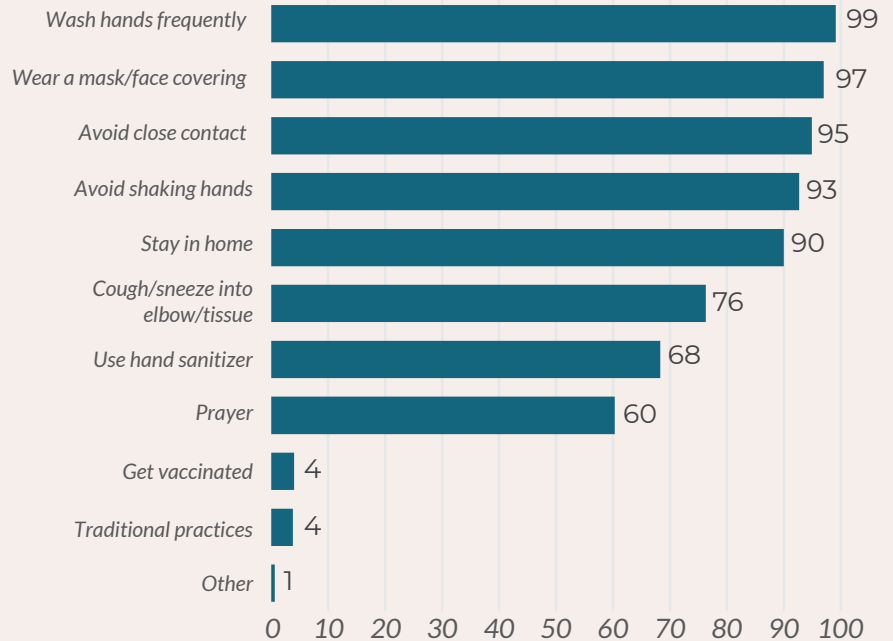
Percentage of women who are concerned about getting COVID-19, by education (n=5,970)



ACTIONS TAKEN TO AVOID COVID-19

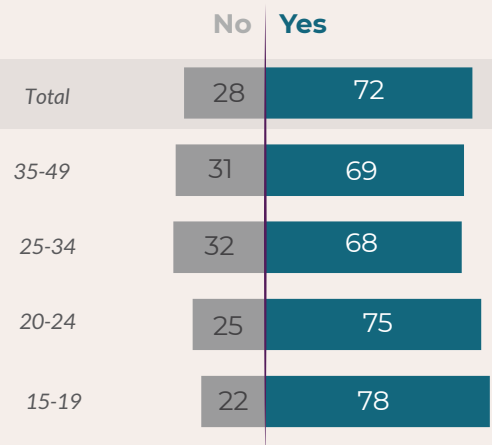
Among the percentage of women who have taken preventative action to avoid COVID-19, the percentage taking each action (multiple responses allowed) (n=5,939)

100%
of women have taken an action to avoid COVID-19 (n=5,971)



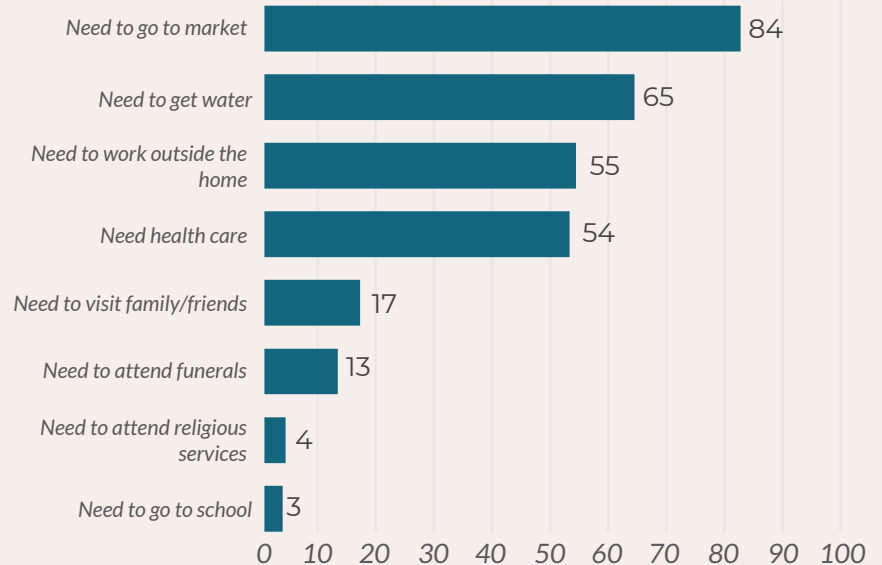
SOCIAL DISTANCING

Percentage of women who are able to avoid contact outside of the household, by age (n=5,971)



UNABLE TO SOCIAL DISTANCE

Among the percentage of women who are unable to avoid contact with people outside their household, the percentage reporting each reason (multiple responses allowed) (n=1,708)



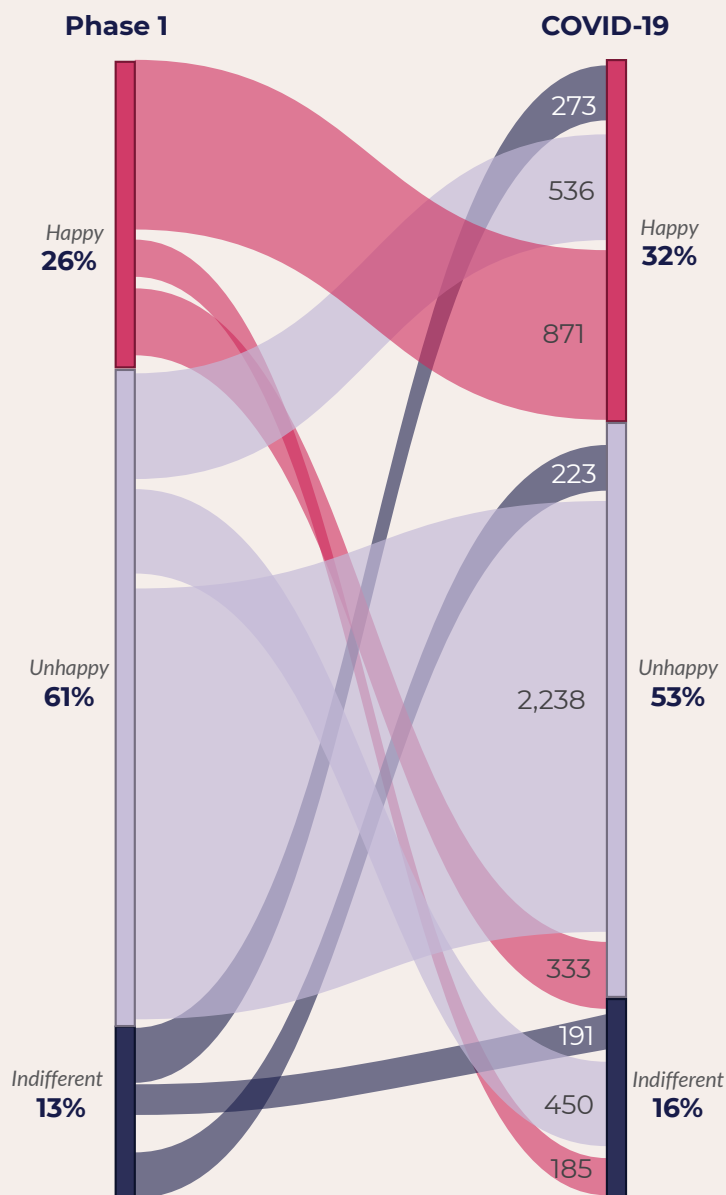
KEY FINDINGS FOR SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- Seventy-nine percent of women are very concerned about getting COVID-19. Women with tertiary education are more likely to be very concerned than women with less education.
- One hundred percent of women have taken action to prevent becoming infected, and 72% report that they are able to avoid contact with people outside their household.
- Of those who are not able to avoid contact, the most mentioned reasons are need to go the market, get water, work outside the home, and seek health care.

SECTION 3: PREGNANCY ATTITUDES

PREGNANCY ATTITUDES

Percentage of non-pregnant women who changed their attitude toward pregnancy between Phase 1 and the COVID-19 phone survey (n=5,299)



Percentage of non-pregnant women who have changed their mind about wanting to become pregnant because of COVID-19 concerns, by age (n=5,607)

	No	Yes
Total	86	14
35-49	90	10
25-34	82	18
20-24	85	15
15-19	89	11

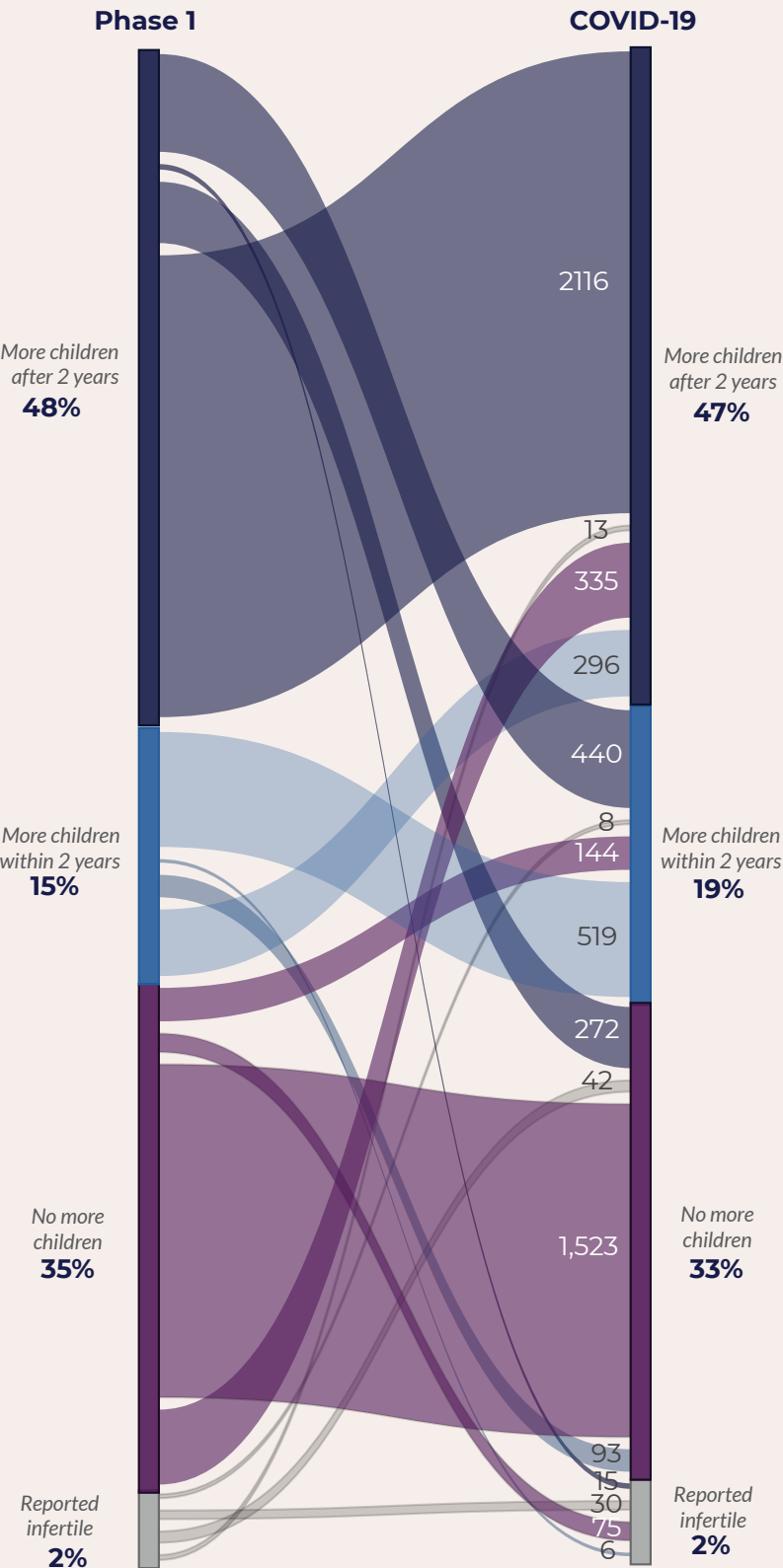
KEY FINDINGS FOR SECTION 3: PREGNANCY ATTITUDES

- A larger percentage of women reported that they would be happy if they became pregnant in the COVID-19 survey compared to the baseline survey, and smaller percentage said they would be unhappy.
- Fourteen percent of women changed their minds about wanting to become pregnant due to COVID-19 concerns. This change was highest in the 25-34 age group.

SECTION 4: FERTILITY INTENTIONS

FERTILITY INTENTIONS

Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey (n=5,927)



Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey, by age (n=5,927)

	No	Yes
Total	71	29
35-49	76	24
25-34	61	39
20-24	62	39
15-19	84	16

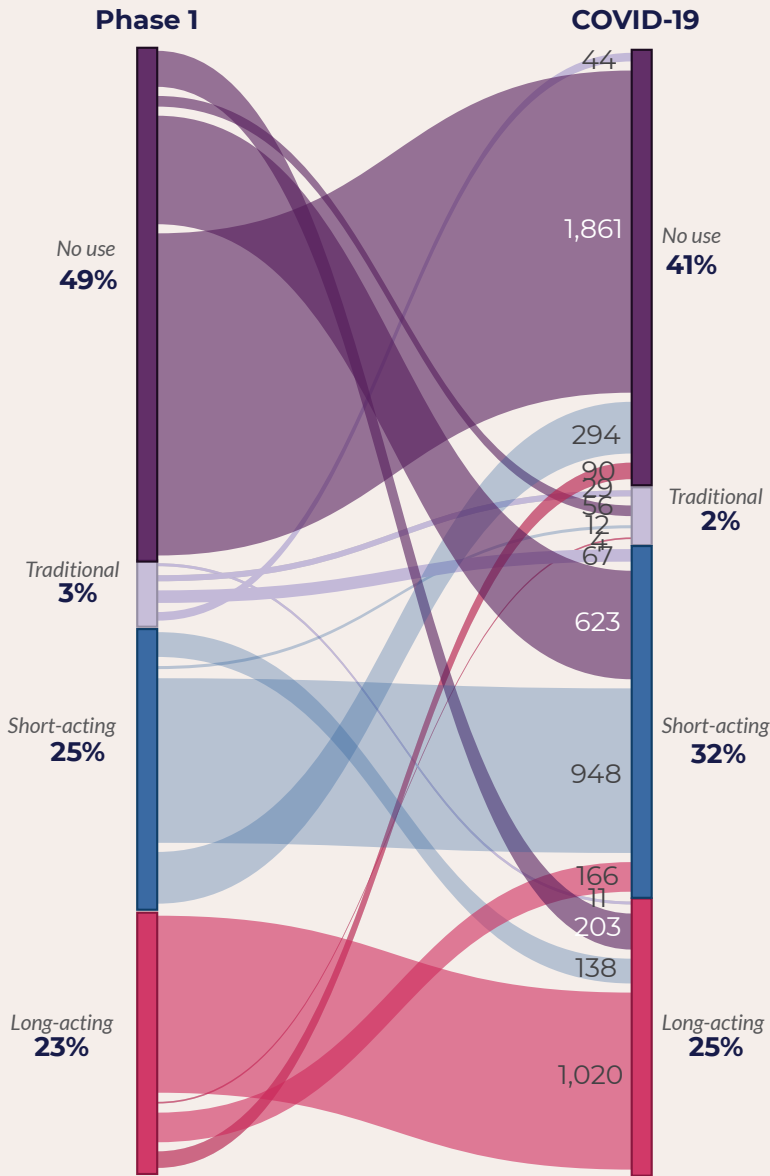
KEY FINDINGS FOR SECTION 4: FERTILITY INTENTIONS

- Overall, about a third of women changed their desire to have more children, with observed differences by age.
- Desire to have more children in the next 2 years increased from 15% at baseline (November-December 2019) to 19% after COVID-19 restrictions were in place.

SECTION 5: CONTRACEPTIVE USE STATUS

CHANGE IN CONTRACEPTIVE USE STATUS

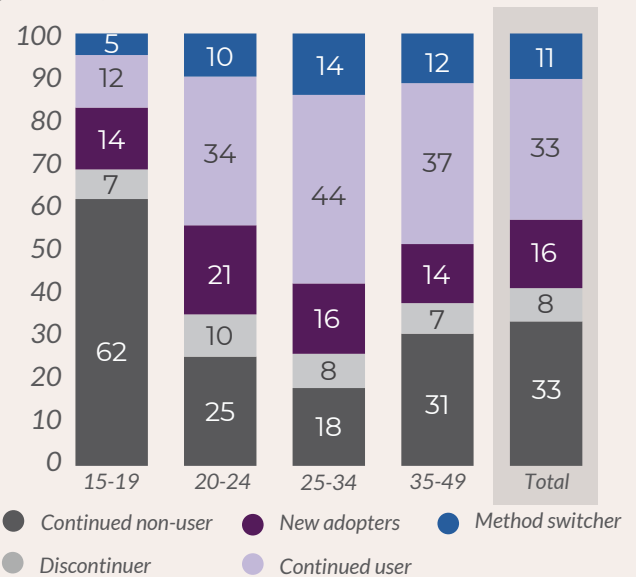
Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey (n=5,567)



Percentage of women who changed contraceptive use status (user to non-user or vice versa) between the Phase 1 and the COVID-19 phone survey, by age (n=5,567)

	No	Yes
Total	69	31
35-49	71	29
25-34	66	34
20-24	63	37
15-19	75	25

Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey, by age (n=5,567)



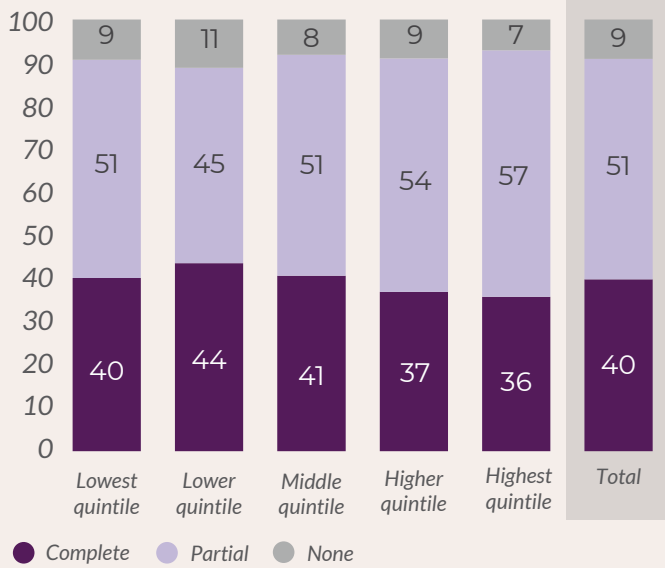
KEY FINDINGS FOR SECTION 5: CONTRACEPTIVE USE STATUS

- Thirty-one percent of women changed their contraceptive status (user to non-user or vice versa).
- Though 41% of women are currently not using any contraceptive method, there is a decrease from 49% reported during the Phase 1 survey 6 months earlier.
- Differences by age occur among the women who discontinued, with highest reported (21%) among women aged 20-24 years.

SECTION 6: ECONOMIC IMPACT OF COVID-19

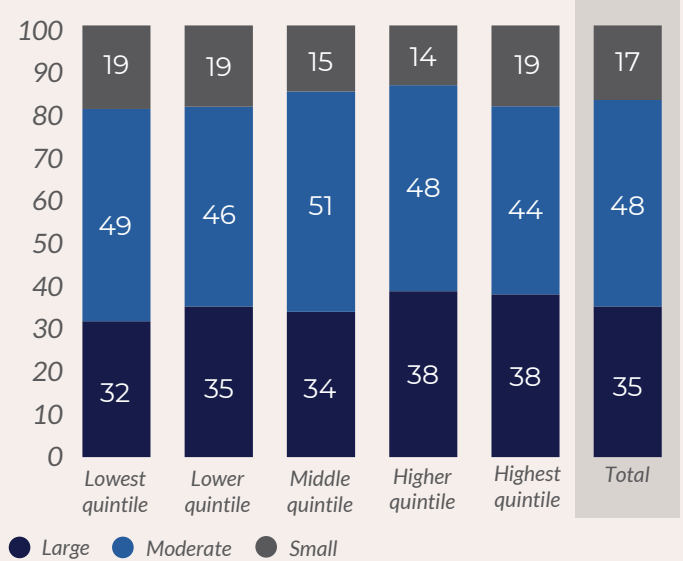
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income since COVID-19 restrictions, by wealth (n=5,971)



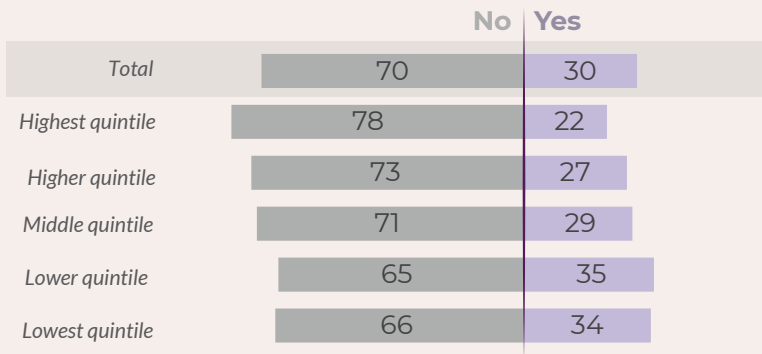
PERSONAL INCOME LOSS

Among women living in a household that lost partial income, the percent distribution of personal income loss magnitude, by wealth (n=2,924)



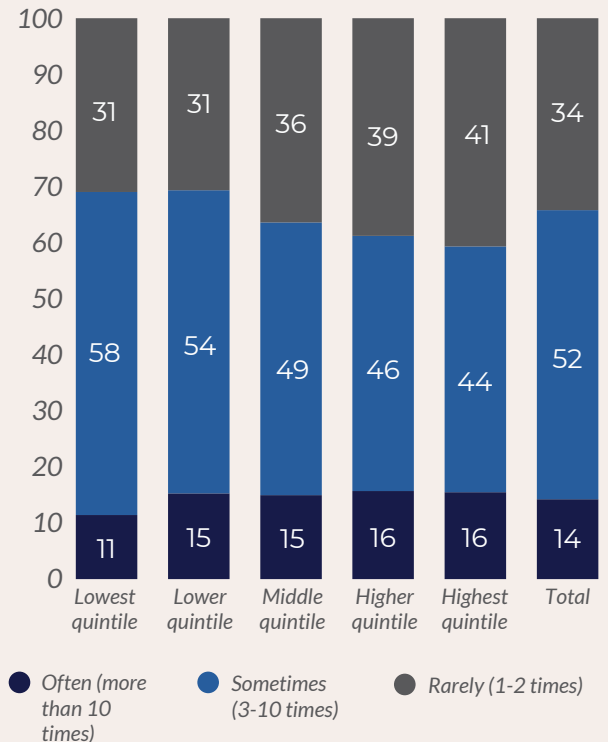
FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food since COVID-19 restrictions were imposed, by wealth (n=5,971)



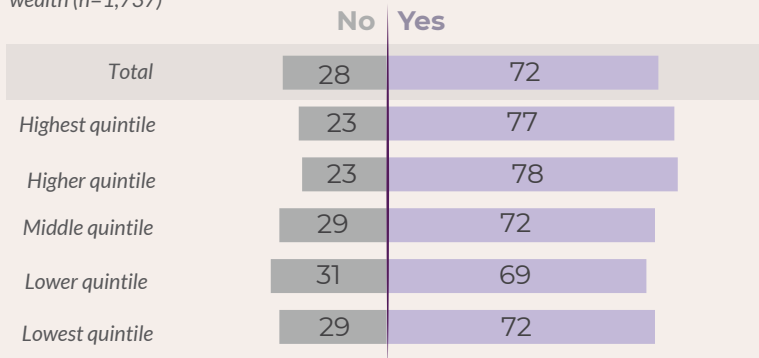
FREQUENCY OF FOOD INSECURITY

Among women whose households experienced food insecurity during COVID-19 restrictions, percent distribution of the number of times per week food insecurity was reported, by wealth (n=1,737)



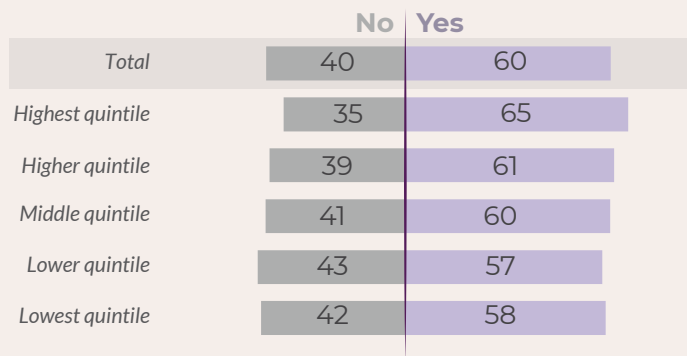
CHANGE IN FOOD INSECURITY

Among women who reported recent food insecurity, the percentage who said that it was more common now compared to before the COVID-19 restrictions were imposed, by wealth (n=1,737)



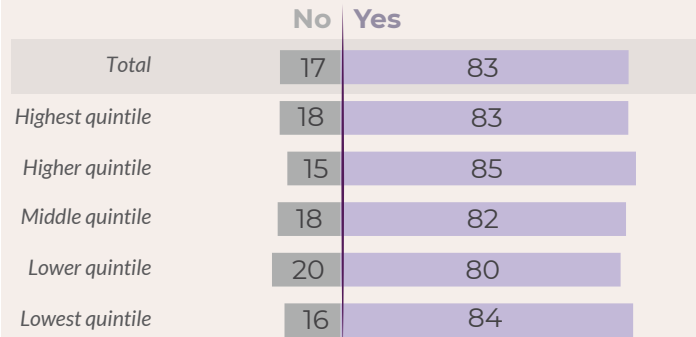
ECONOMIC RELIANCE ON PARTNER

Percentage of currently married women who are economically reliant on their husband, by wealth (n=4,063)



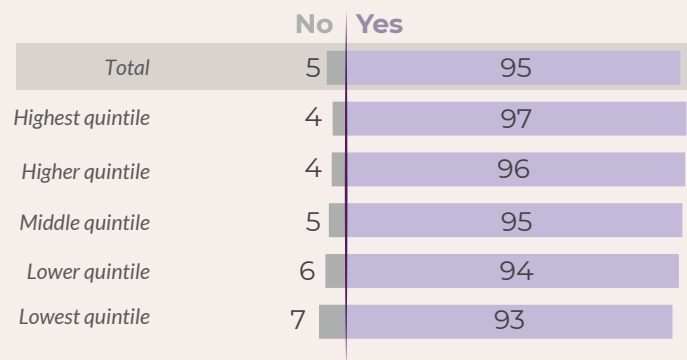
CHANGE IN ECONOMIC RELIANCE ON PARTNER

Among currently married women who report being economically reliant on their husband, the percentage who say they are more reliant now compared to before the COVID-19 restrictions, by wealth (n=2,437)



FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth (n=5,970)



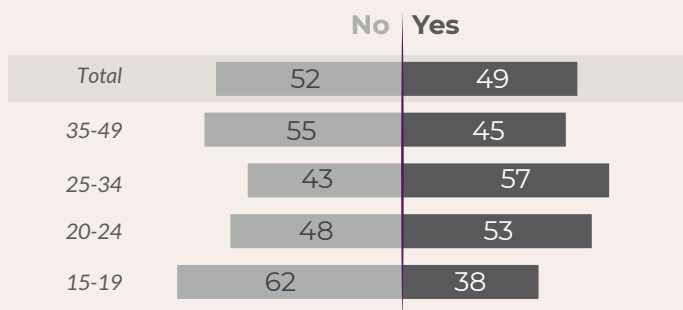
KEY FINDINGS FOR SECTION 6: ECONOMIC IMPACT OF COVID-19

- Households in the lower wealth quintiles were more likely to report complete loss of income.
- **Ninety-one percent** of women reported that their household experienced at least partial loss of income since COVID-19 restriction started, with **40%** reporting a complete loss.
- **Thirty percent** of women reported that at least one member of their household went without food since COVID-19 restrictions began. Among these households, **72%** reported that this was more common during COVID-19 restrictions than before.

SECTION 7: HEALTH SERVICE ACCESS BARRIERS

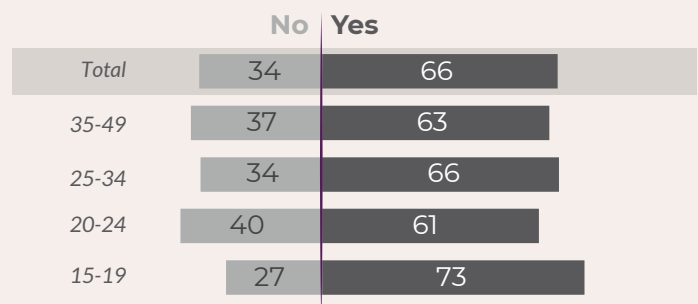
NEED TO VISIT HEALTH FACILITY

Percent of women who needed to visit a health facility since COVID-19 restrictions were imposed, by age (n=5,972)



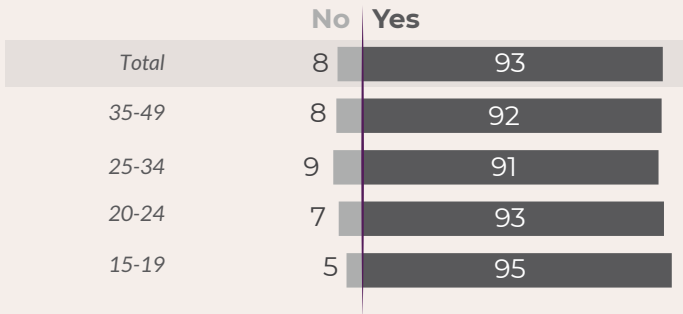
DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who reported any difficulties in access, by age (n=2,962)



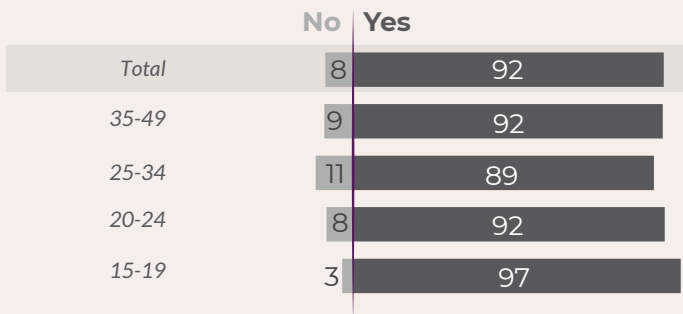
SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who were able to access those services, by age (n=2,962)



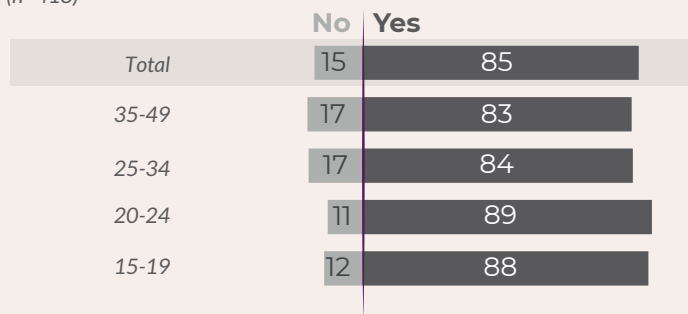
DIFFICULTY ACCESSING HEALTH SERVICES DUE TO FEAR OF COVID-19

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed and were afraid of COVID-19 at facility, the percentage who were able to access those services, by age (n=1,599)



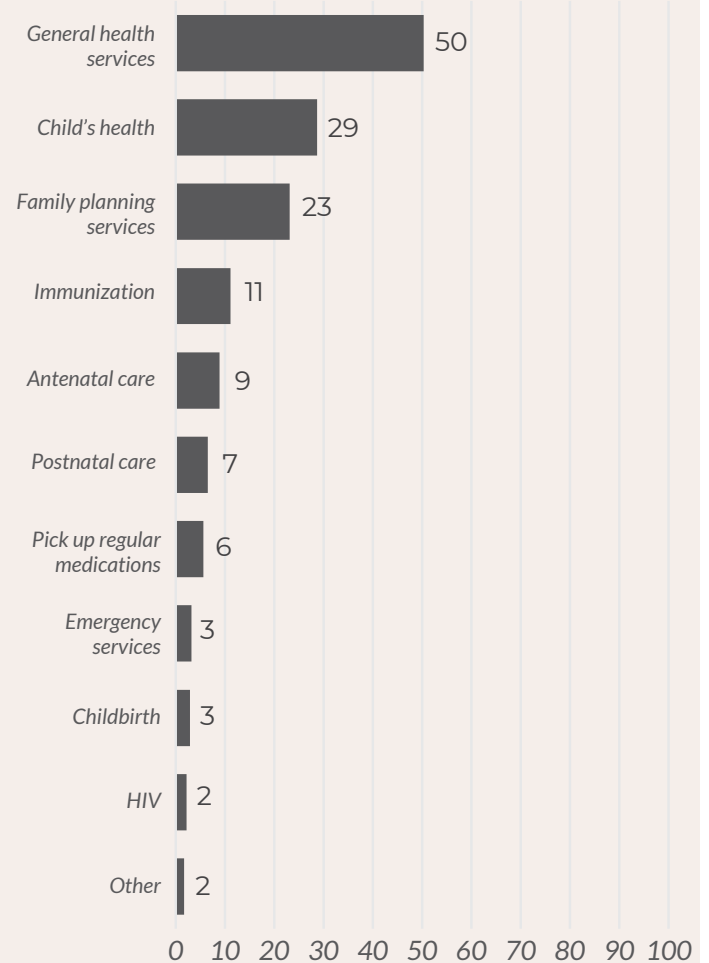
DIFFICULTY ACCESSING HEALTH SERVICES DUE TO COVID-19 RESTRICTIONS

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed and experienced difficulties because of government restrictions, the percentage who were able to access those services, by age (n=418)



REASONS FOR VISITING A HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage reporting each reason (multiple responses allowed) (n=2,962)



KEY FINDINGS FOR SECTION 7: HEALTH SERVICE ACCESS BARRIERS

- Nearly half of women reported that they had a need to visit a health facility since COVID-19 restrictions were imposed.
- Of these women, 66% reported encountering difficulties in accessing services, although 93% were successfully able to access the services.
- Among the women who reported fear of COVID-19 at the facility, 92% were able to access health services.

PMA Kenya collects nationally and county-level representative data on knowledge, practice, and coverage of family planning services in 308 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The COVID-19 phone survey was conducted in 11 counties among females aged 15-49 at the time of the COVID-19 Survey who were interviewed at the baseline survey between November and December 2019, consented to follow-up and owned or had access to a phone (68% of the baseline population). Of the 6,377 eligible respondents, 5.1% were not reached. Of those reached, 98.9% completed the survey for a response rate of 94% among contacted women.

COVID-19 survey weights were generated for women aged 15-49 at the time of the COVID-19 survey, who completed the baseline survey, consented to follow-up, provided a valid phone number, and completed the COVID-19 survey. These weights were calculated using the female weight from baseline, adjusting for loss-to-follow-up weight, that is, the inverse of predicted probability of having a completed COVID-19 survey. The log odds of having completed the COVID-19 survey was modeled as a linear combination of age, education, marital status, wealth, and residence at baseline. The COVID-19 survey weight was further adjusted for selectivity due to phone number ownership using a similar inverse probability weighting approach.

PMA Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRH-K), 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.

Link to questionnaire and PMA COVID-19 website: <https://www.pmadata.org/technical-areas/covid-19>