



PMA KENYA (BUNGOMA)

Results from Phase 2 cross-sectional survey

November – December 2020

OVERALL KEY FINDINGS



Modern contraceptive use among married women has stagnated at 65% since 2017.



Among all women, unmet need for family planning reduced from 23% in 2014 to 12% in 2020.



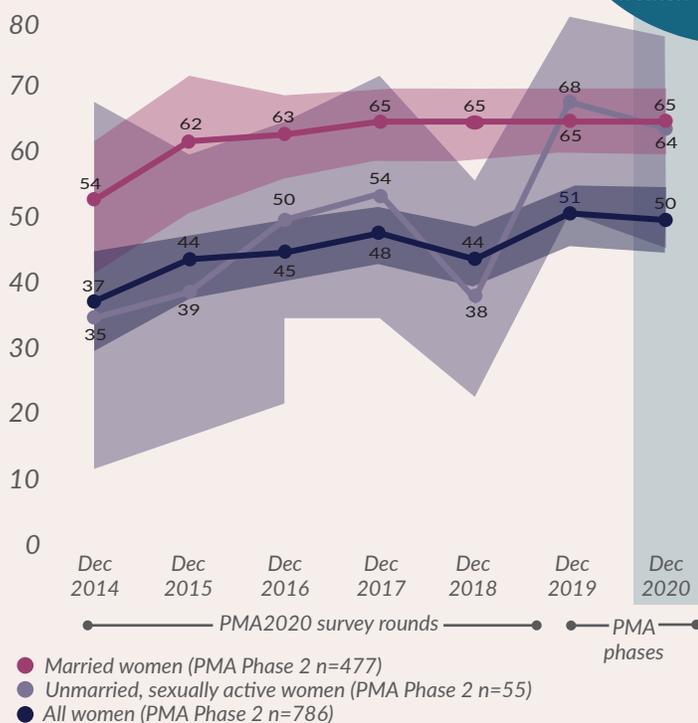
Among health facilities providing implants, 27% recorded stock-outs during the time of the survey.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

MODERN CONTRACEPTIVE PREVALENCE

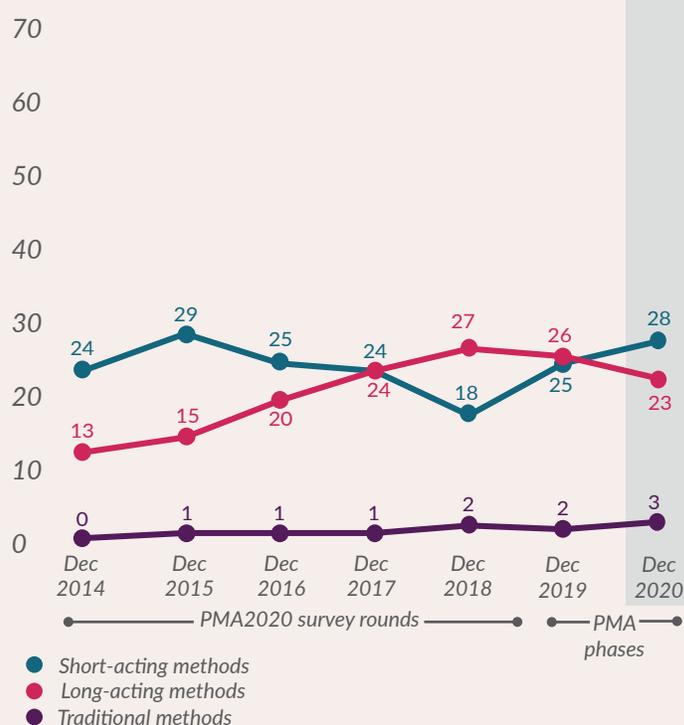
Percent of women age 15-49 currently using modern contraception (mCPR) by marital status

1.36%
average annual increase in mCPR for all women



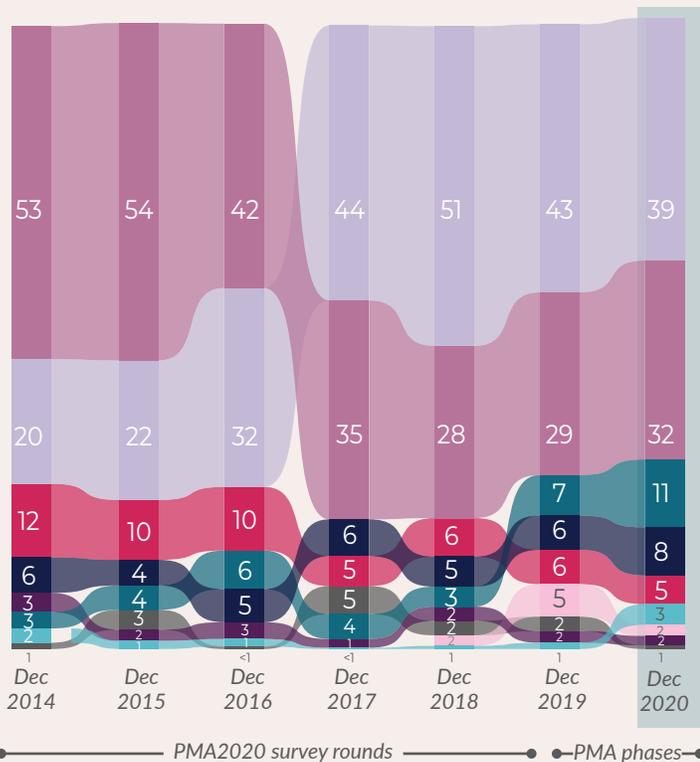
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of all women age 15-49 currently using contraception by method type (PMA Phase 2 n=786)



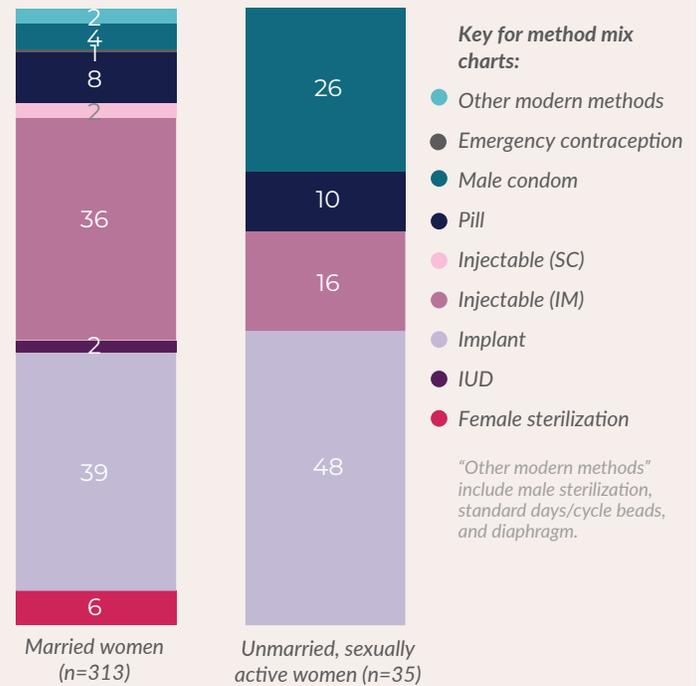
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of all women age 15-49 using modern contraceptive methods by method and year (PMA Phase 2 n=394)



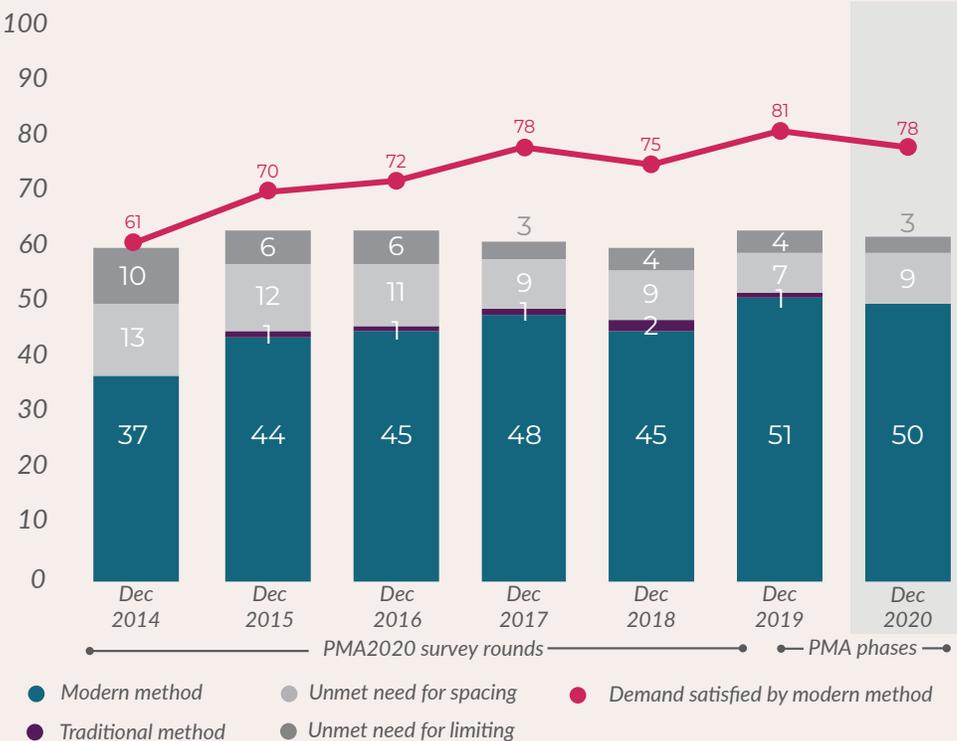
MODERN CONTRACEPTIVE METHOD MIX

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 2 n=786)



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=214)



INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=478)



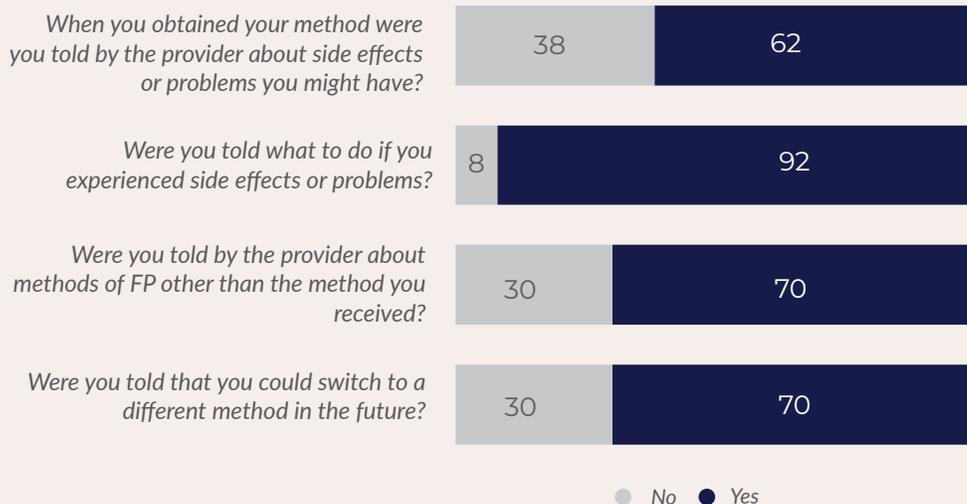
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- Since 2018, we observe a decline in use of long-acting methods among all women.
- 78% of demand for family planning among all women is being satisfied by modern method, a notable increase from 61% in 2014.
- Only 28% of the non-contraceptive users intend to use contraception in the next year.

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=362)

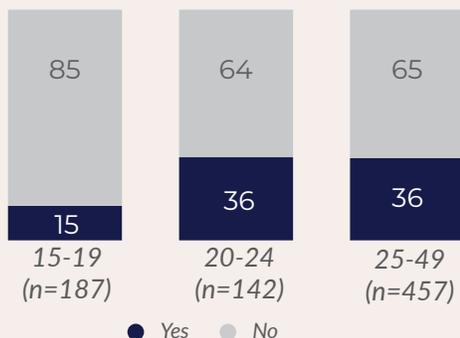


Percent of women who responded "Yes" to all four MII+ questions



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



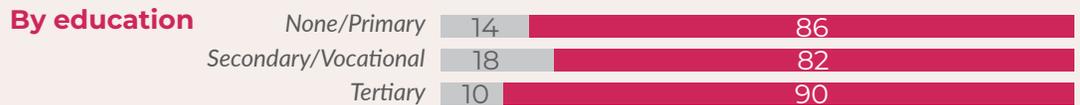
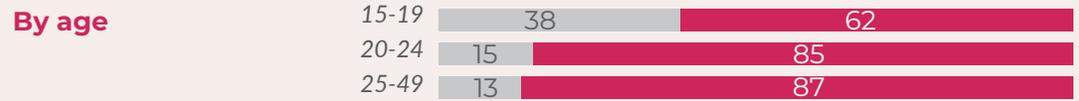
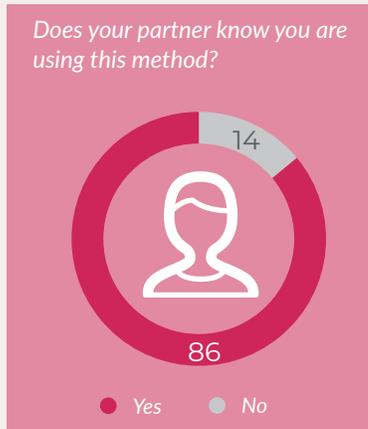
KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- More than half (56%) of current FP users reported not receiving comprehensive information on FP services when they obtained their current method.
- More than a third of the women were not told about side effects or problems they might have when they obtained their current method.
- Adolescent girls were more than 2 times less likely to have discussed FP information with a provider or community health worker in the past year compared to older women.

SECTION 4: PARTNER DYNAMICS

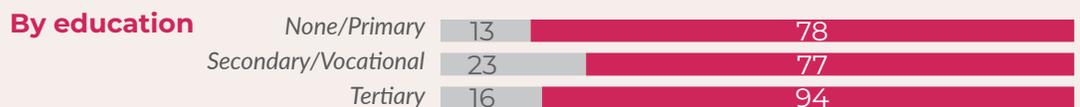
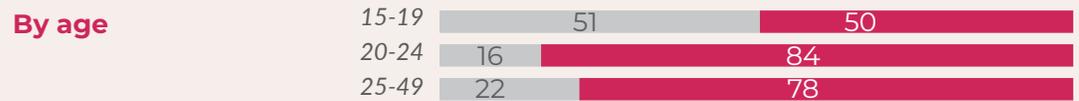
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=353)



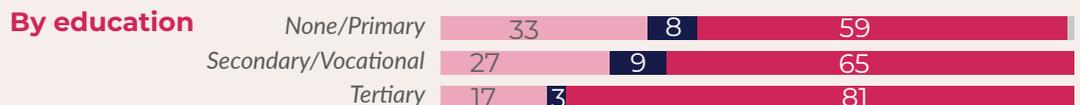
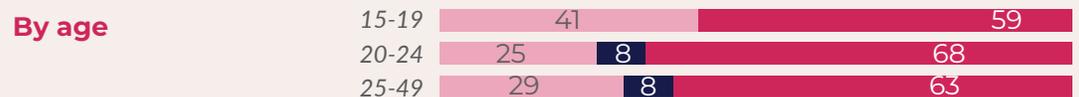
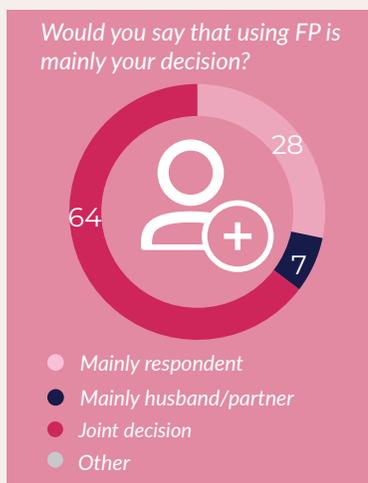
Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=353)



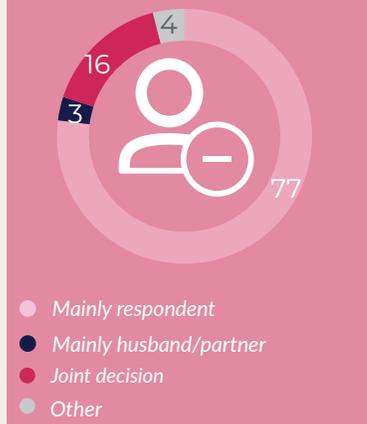
Modern, female controlled methods Includes all modern methods except male sterilization and male condoms

Percent of women who are currently using FP and agree with the following statement, by age and education (n=412)

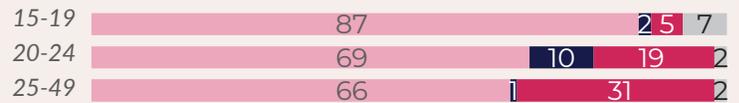


Percent of women who are not currently using FP and agree with the following statement, by age and education (n=317)

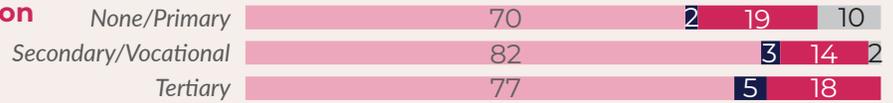
Would you say that not using FP is mainly your decision?



By age

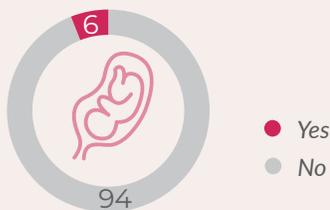


By education

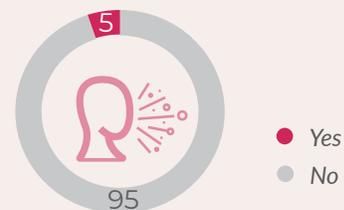


PREGNANCY COERCION

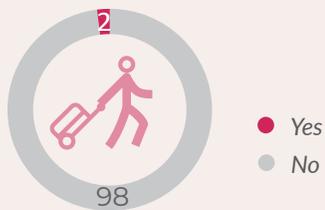
Percent of currently married women who report that their partner tried to force or pressure them to become pregnant in the past 12 months (n=477)



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=477)



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=477)



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=477)



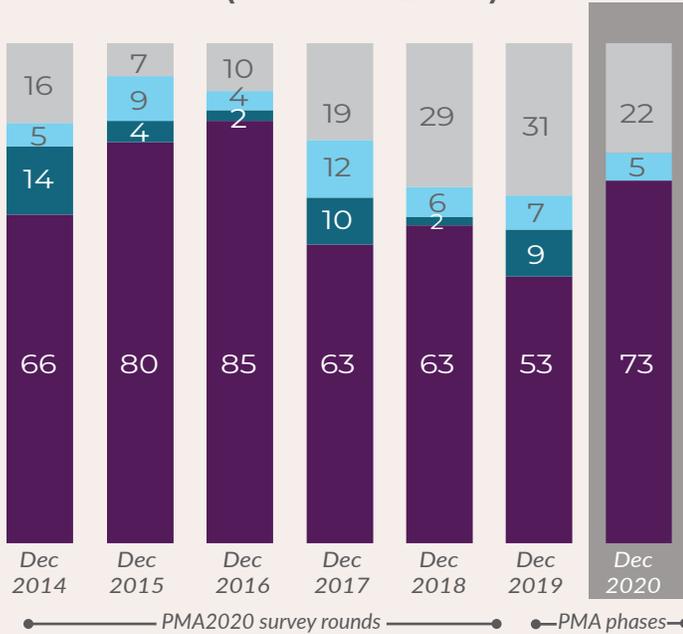
KEY FINDINGS FOR SECTION 4: PARTNER DYNAMICS

1. Among women using a modern method that can be concealed, 86% reported that their partner knows that they are using contraception.
2. Among women using a modern method that can be concealed, half of adolescents age 15-19 did not discuss the decision to delay or avoid pregnancy with their partners before they started using.
3. While 64% of users made the decision to use FP jointly with their partner, 77% of non-users made the decision not to use independently.

SECTION 5: SERVICE DELIVERY POINTS

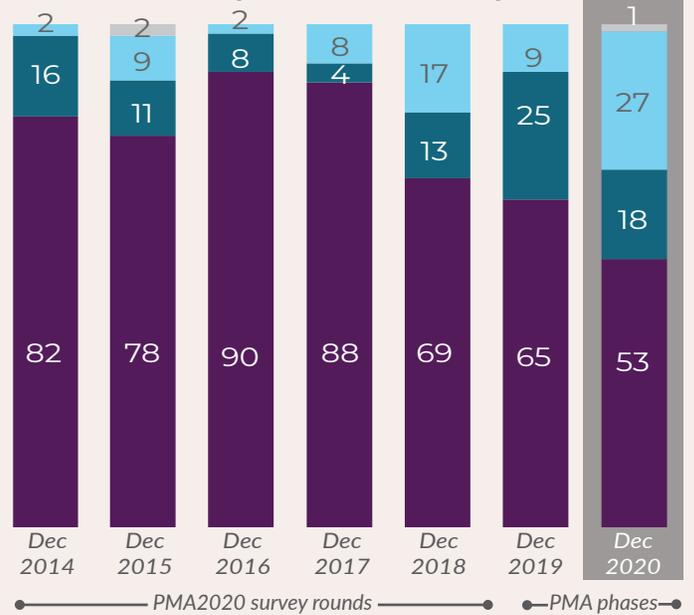
TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 2 n=73)



TRENDS IN METHOD AVAILABILITY: IMPLANT

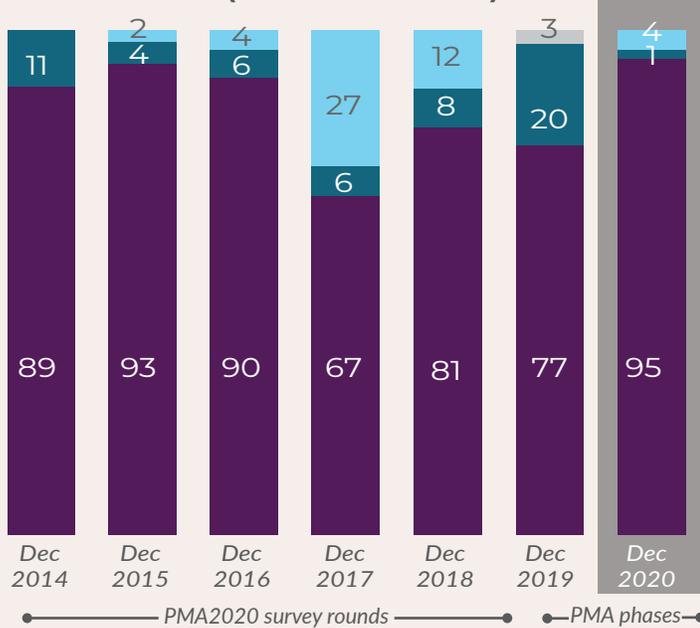
Public facilities (PMA Phase 2 n=73)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

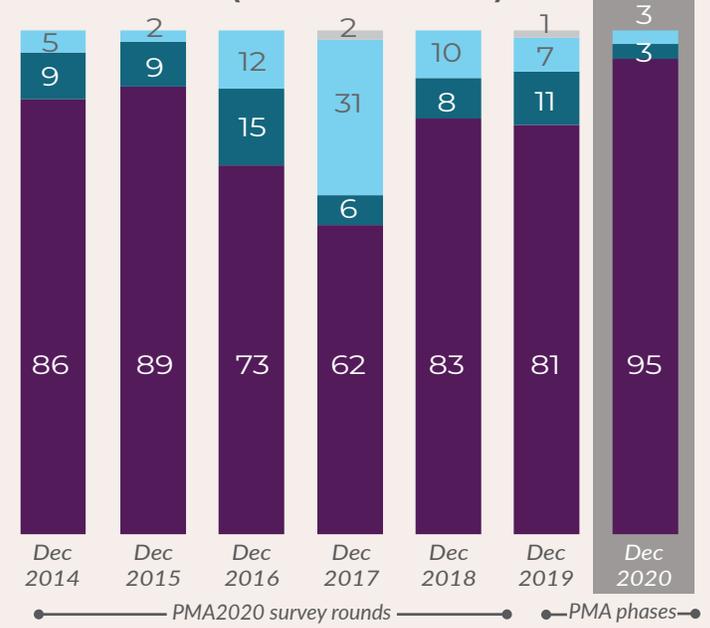
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 2 n=73)



TRENDS IN METHOD AVAILABILITY: PILLS

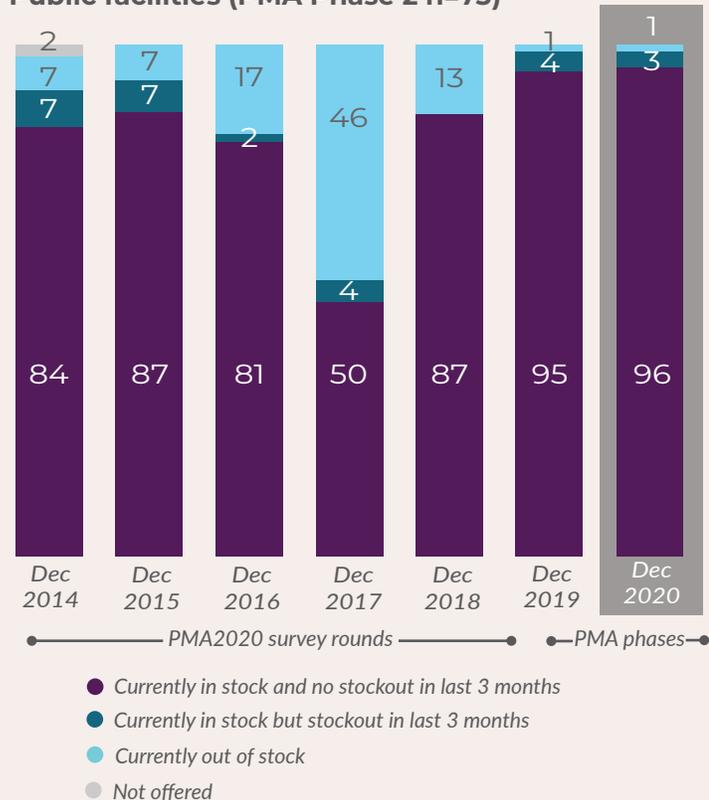
Public facilities (PMA Phase 2 n=73)



● Currently in stock and no stockout in last 3 months ● Currently in stock but stockout in last 3 months ● Currently out of stock ● Not offered

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS

Public facilities (PMA Phase 2 n=73)

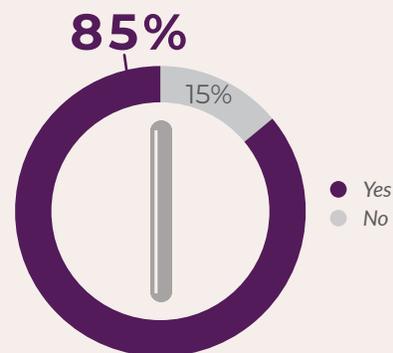


89%

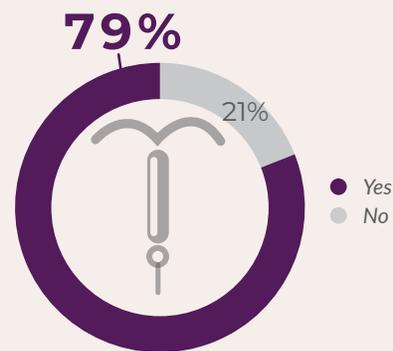
of women obtained their current modern method from a public health facility (n=377)

FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=72)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=51)



MAIN REASON FOR EPISODES OF STOCKOUT OF ANY METHOD BY TYPE OF FACILITY

Public facilities (n=65)



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

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	R1	May-July 2014	467	44.04	2.66	38.41	49.83	43.88	2.66	38.26	49.66	19.94	2.04	15.90	24.70
PMA 2020	R2	Nov-Dec 2014	559	37.51	3.51	30.31	45.31	37.13	3.46	30.04	44.81	23.69	3.82	16.48	32.81
PMA 2020	R3	June-July 2015	571	45.89	2.16	41.28	50.58	45.34	1.95	41.18	49.58	18.29	2.11	14.17	23.27
PMA 2020	R4	Nov-Dec 2015	611	44.63	2.83	38.64	50.78	43.69	2.73	37.92	49.63	18.02	3.77	11.31	27.49
PMA 2020	R5	Nov-Dec 2016	578	45.50	2.35	40.45	50.65	44.87	2.29	39.94	49.89	16.73	2.05	12.73	21.67
PMA 2020	R6	Nov-Dec 2017	589	48.51	2.03	44.12	52.93	47.70	2.07	43.24	52.21	12.53	1.87	9.01	17.18
PMA 2020	R7	Nov-Dec 2018	579	46.04	2.06	41.6	50.54	44.47	2.02	40.12	48.90	13.13	1.02	11.06	15.52
PMA	Phase 1	Nov-Dec 2019	822	51.75	2.16	47.29	56.19	50.54	2.24	45.91	55.15	10.81	1.33	8.36	13.87
PMA	Phase 2	Nov-Dec 2020	786	52.12	2.22	47.54	56.67	50.03	2.22	45.46	54.60	11.86	1.19	9.62	14.54

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	R1	May-July 2014	336	56.91	2.64	51.15	62.48	56.68	2.68	50.85	62.33	24.29	2.55	19.24	30.18
PMA 2020	R2	Nov-Dec 2014	343	52.91	4.62	43.03	62.58	52.46	4.68	42.46	62.27	29.78	3.92	22.09	38.81
PMA 2020	R3	June-July 2015	348	61.71	4.09	52.64	70.04	61.00	3.90	52.37	68.99	18.67	2.25	14.31	23.98
PMA 2020	R4	Nov-Dec 2015	367	63.96	5.19	52.29	74.19	62.41	5.02	51.21	72.43	19.69	4.72	11.51	31.60
PMA 2020	R5	Nov-Dec 2016	346	63.75	3.28	56.39	70.52	62.72	3.17	55.62	69.30	19.09	2.72	13.87	25.68
PMA 2020	R6	Nov-Dec 2017	355	65.56	2.54	59.86	70.85	64.75	2.40	59.39	69.77	14.40	2.23	10.21	19.93
PMA 2020	R7	Nov-Dec 2018	339	67.06	3.03	60.19	73.27	64.58	2.56	58.84	69.93	13.90	1.43	11.07	17.30
PMA	Phase 1	Nov-Dec 2019	503	67.06	2.40	61.93	71.82	65.10	2.35	60.12	69.78	14.35	1.64	11.28	18.08
PMA	Phase 2	Nov-Dec 2020	477	68.54	2.42	63.34	73.32	65.40	2.50	60.07	70.36	13.40	1.50	10.60	16.80

PMA Kenya (Bungoma) 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 2020 from 808 households (99% response rate), 786 females age 15-49 (99.4% response rate), and 87 facilities (98.9% 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.