OVERALL KEY FINDINGS

There has been a general decrease in modern contraception use since 2016.

51% of the women reported to have received comprehensive methods information during the FP visit.

39% of the pregnancies were unintended.

84% of the users obtained their current modern method from a public health facility.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

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

CONTRACEPTIVE PREVALENCE BY METHOD TYPE
Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=820)
MODERN CONTRACEPTIVE PREVALENCE BY COUNTY

Percent of women age 15-49 currently using modern contraception by Kenya county

<table>
<thead>
<tr>
<th>County</th>
<th>Modern contraceptive prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bungoma</td>
<td>50</td>
</tr>
<tr>
<td>Nyamira</td>
<td>49</td>
</tr>
<tr>
<td>Nandi</td>
<td>49</td>
</tr>
<tr>
<td>Kakamega</td>
<td>47</td>
</tr>
<tr>
<td>Nairobi</td>
<td>47</td>
</tr>
<tr>
<td>Kiambu</td>
<td>47</td>
</tr>
<tr>
<td>Kericho</td>
<td>43</td>
</tr>
<tr>
<td>Kitui</td>
<td>41</td>
</tr>
<tr>
<td>Siaya</td>
<td>41</td>
</tr>
<tr>
<td>Kilifi</td>
<td>35</td>
</tr>
<tr>
<td>West Pokot</td>
<td>19</td>
</tr>
</tbody>
</table>

TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=165)

<table>
<thead>
<tr>
<th>Month</th>
<th>Modern method</th>
<th>Traditional method</th>
<th>Unmet need for spacing</th>
<th>Unmet need for limiting</th>
<th>Demand satisfied by modern method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2016</td>
<td>53</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Dec 2017</td>
<td>50</td>
<td>4</td>
<td>0</td>
<td>4</td>
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</tr>
<tr>
<td>Dec 2018</td>
<td>48</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dec 2019</td>
<td>18</td>
<td>6</td>
<td>0</td>
<td>6</td>
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</tr>
</tbody>
</table>

MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of married/in union modern contraceptive users age 15-49 by method

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other modern methods</td>
<td>45</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>12</td>
</tr>
<tr>
<td>Male condom</td>
<td>27</td>
</tr>
<tr>
<td>Pill</td>
<td>45</td>
</tr>
<tr>
<td>Injectable (SC)</td>
<td>13</td>
</tr>
<tr>
<td>Injectable (IM)</td>
<td>13</td>
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<tr>
<td>Implant</td>
<td>4</td>
</tr>
<tr>
<td>IUD</td>
<td>4</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>3</td>
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</tbody>
</table>

Key for method mix charts:
- Other modern methods
- Emergency contraception
- Male condom
- Pill
- Injectable (SC)
- Injectable (IM)
- Implant
- IUD
- Female sterilization

‘Other’ category includes male sterilization, female condoms, diaphragm, LAM, and standard days/cycle beads.
12-MONTH DISCONTINUATION RATE

Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=313 episodes)

- 53% discontinued for other reasons
- 11% discontinued to become pregnant
- 1% experienced method failure
- 4% were concerned over side effects or health
- 15% had other fertility related reasons
- 8% other method-related reasons
- 16% wanted a more effective method
- 9% other/don’t know

Discontinued but switched methods:

- 16% Switched

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

- There has been a decrease in the use of modern contraception since 2016.
- 64% of the time, methods were discontinued within one year of starting. 11% did so to become pregnant and 16% switched to another method.
- Implant is the common used method among the married women (45%).
- 39% of the pregnancies were unintended, with 29% mistimed and 10% not wanted

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=504)

- 10% wanted no more children
- 29% wanted later
- 61% Intended
- 39% of pregnancies were unintended

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

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=161)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>24</td>
<td>76</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>33</td>
<td>67</td>
</tr>
<tr>
<td>Were you told that you could switch to a different method in the future?</td>
<td>24</td>
<td>76</td>
</tr>
</tbody>
</table>

Percent of women who responded “Yes” to all four MII+ questions: 51%

Percent of women who answered “No” to at least one MII+ question: 49%
**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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Yes</th>
<th>No</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>16</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**CLIENT EXIT INTERVIEWS**

Percent of female clients age 15-49 who said yes to the following questions (n=52)

- During today’s visit, did the provider tell you the advantages/disadvantages of the FP method? 73%
- During today’s visit, did you obtain the method of FP you wanted? 69%
- Were you satisfied with FP services you received today at this facility? 100%

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

**KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING**

- About 51% of all women reported to have received comprehensive FP methods information when they obtained their current contraceptive method but 27% reported that the provider did not tell them about their method advantages and disadvantages.
- At the facility, 100% of the clients reported satisfaction with FP services they received while 69% of the clients reported to have obtained their method of choice.
- Adolescents are about two times less likely to receive FP information from a health provider or a CHW compared to older women.

**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 statements (n=162)

- Does your partner know that you are using this method? 81%
  - Yes
  - No
- Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? 77%
  - Yes
  - No


**KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS**

- 19% of women using a modern method that can be concealed, reported that their partners do not know that they are using.
- 31% of the women who are using a contraceptive method reported that it is mainly respondent decision to use contraception.
- 30% of the decisions not to use and 63% of the decisions to use FP are jointly made with the partner.
**SECTION 4: WOMEN AND GIRLS’ EMPOWERMENT**

**AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS**

Percent of all women who strongly agree to strongly disagree with each statement

**Exercise of choice (self-efficacy, negotiation) for family planning (n=797)**

- I feel confident telling my provider what is important when selecting an FP method.
  - Strongly disagree: 26%
  - Disagree: 3%
  - Neutral: 3%
  - Agree: 10%
  - Strongly agree: 58%

- I can decide to switch from one FP method to another if I want to.
  - Strongly disagree: 29%
  - Disagree: 3%
  - Neutral: 4%
  - Agree: 8%
  - Strongly agree: 57%

**Existence of choice (motivational autonomy) for family planning (n=790)**

- If I use FP, my body may experience side effects that will disrupt relations with my partner.
  - Strongly disagree: 49%
  - Disagree: 10%
  - Neutral: 3%
  - Agree: 6%
  - Strongly agree: 31%

- If I use FP, my children may not be born normal.
  - Strongly disagree: 65%
  - Disagree: 12%
  - Neutral: 3%
  - Agree: 4%
  - Strongly agree: 17%

- There will be conflict in my relationship/marriage if I use FP.
  - Strongly disagree: 56%
  - Disagree: 12%
  - Neutral: 3%
  - Agree: 13%
  - Strongly agree: 28%

- If I use FP, I may have trouble getting pregnant the next time I want to.
  - Strongly disagree: 65%
  - Disagree: 11%
  - Neutral: 2%
  - Agree: 4%
  - Strongly agree: 18%

- If I use FP, my partner may seek another sexual partner.
  - Strongly disagree: 67%
  - Disagree: 12%
  - Neutral: 2%
  - Agree: 2%
  - Strongly agree: 18%

**WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING**

The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains.

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.
### PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status

**Adolescents who use FP are promiscuous.**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disagree/Strongly Disagree</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>55</td>
<td>46</td>
</tr>
<tr>
<td>20-24</td>
<td>58</td>
<td>42</td>
</tr>
<tr>
<td>25-49</td>
<td>46</td>
<td>54</td>
</tr>
</tbody>
</table>

**FP is only for married women.**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disagree/Strongly Disagree</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>20-24</td>
<td>46</td>
<td>54</td>
</tr>
<tr>
<td>25-49</td>
<td>44</td>
<td>56</td>
</tr>
</tbody>
</table>

**FP is only for women who don’t want any more children.**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disagree/Strongly Disagree</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>20-24</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>25-49</td>
<td>49</td>
<td>51</td>
</tr>
</tbody>
</table>

### SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

**By age**

- **Adolescents who use FP are promiscuous.**
  - 15-19: Disagree = 55, Agree = 46
  - 20-24: Disagree = 58, Agree = 42
  - 25-49: Disagree = 46, Agree = 54

- **FP is only for married women.**
  - 15-19: Disagree = 47, Agree = 53
  - 20-24: Disagree = 46, Agree = 54
  - 25-49: Disagree = 44, Agree = 56

- **FP is only for women who don’t want any more children.**
  - 15-19: Disagree = 47, Agree = 53
  - 20-24: Disagree = 50, Agree = 50
  - 25-49: Disagree = 49, Agree = 51

**By residence**

- **Rural**
  - Disagree = 49, Agree = 51

- **Urban**
  - Disagree = 69, Agree = 31

**By contraceptive use status**

- **Users**
  - Disagree = 46, Agree = 54

- **Non-users**
  - Disagree = 44, Agree = 56
SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE
Median age at reproductive events, by urban vs. rural residence (n=234)

Urban women
- First sex: 17 years
- First marriage: 21.0 years
- First contraceptive use: 20.8 years
- First birth: 21.6 years

Rural women
- First sex: 16.3 years
- First marriage: 20.2 years
- First contraceptive use: 24.0 years
- First birth: 20.8 years

Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18
Percent of women aged 18-24 who experienced reproductive events by age 18 (n=234)

- Had first sex by age 18: 64%
- Married by age 18: 22%
- Gave birth by age 18: 25%
- Used contraceptives by age 18: 7%

KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE
- Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.
- While about 64% of the young women have had first sex by age 18, 22% are married by that age and just 7% have used a contraceptive.
SECTION 7: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD
Public facilities (PMA Phase 1 n=59)

- Dec 2016: 47
- Dec 2017: 52
- Dec 2018: 61

Dec 2019 PMA Phase 1
- Not offered
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Currently in stock and no stockout in last 3 months

TRENDS IN METHOD AVAILABILITY: IMPLANT
Public facilities (PMA Phase 1 n=59)

- Dec 2016: 6
- Dec 2017: 14
- Dec 2018: 7

Dec 2019 PMA Phase 1
- Not offered
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Currently in stock and no stockout in last 3 months

TRENDS IN METHOD AVAILABILITY: INJECTABLES
Public facilities (PMA Phase 1 n=59)

- Dec 2016: 12
- Dec 2017: 7
- Dec 2018: 11

Dec 2019 PMA Phase 1
- Not offered
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Currently in stock and no stockout in last 3 months

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS
Public facilities (PMA Phase 1 n=59)

- Dec 2016: 12
- Dec 2017: 3
- Dec 2018: 4

Dec 2019 PMA Phase 1
- Not offered
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Currently in stock and no stockout in last 3 months

TRENDS IN METHOD AVAILABILITY: PILLS
Public facilities (PMA Phase 1 n=59)

- Dec 2016: 29
- Dec 2017: 14
- Dec 2018: 18

Dec 2019 PMA Phase 1
- Not offered
- Currently out of stock
- Currently in stock but stockout in last 3 months
- Currently in stock and no stockout in last 3 months
- Currently in stock but stockout in last 3 months
FACILITY READINESS
Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=59)

- 68% Yes
- 32% No

Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=15)

- 53% Yes
- 47% No

FEES FOR SERVICES
Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=59)

- 95% No fees
- 5% Fees

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- 84% of the users reported to have obtained their method from a public health facility
- About 75% public SDPs reported not to be offering IUDs in 2019.
- Only 53% of the facilities that provide IUD have a trained provider and instruments/supplies needed for IUD insertion/removal.

84% of women obtained their current modern method from a public health facility (n=162)
PMA Kenya (West Pokot) 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 2019 from 846 households (98.7% response rate), 820 females age 15-49 (99.0% response rate), 66 facilities (93.0% completion rate), and 52 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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.

### TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

#### ALL WOMEN

<table>
<thead>
<tr>
<th>Data source</th>
<th>Round/Phase</th>
<th>Data collection</th>
<th>Female sample</th>
<th>CPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
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<tbody>
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<td>PMA 2020 R5</td>
<td>Nov-Dec 2016</td>
<td>434</td>
<td>24.16</td>
<td>6.50</td>
<td>12.95</td>
<td>40.57</td>
<td>22.85</td>
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<td>11.55</td>
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<td>502</td>
<td>19.24</td>
<td>7.34</td>
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<td>22.87</td>
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#### WOMEN IN UNION

<table>
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<th>Data collection</th>
<th>Female sample</th>
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<th>SE</th>
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<th>mCPR%</th>
<th>SE</th>
<th>95% CI</th>
<th>Unmet need (%)</th>
<th>SE</th>
<th>95% CI</th>
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<td>304</td>
<td>27.77</td>
<td>8.50</td>
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<td>48.64</td>
<td>25.86</td>
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<td>11.77</td>
<td>37.20</td>
<td>22.29</td>
<td>5.83</td>
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<td>PMA 2020 R6</td>
<td>Nov-Dec 2017</td>
<td>346</td>
<td>19.21</td>
<td>7.83</td>
<td>7.61</td>
<td>40.70</td>
<td>19.16</td>
<td>4.32</td>
<td>11.46</td>
<td>30.26</td>
<td>19.16</td>
<td>4.32</td>
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<tr>
<td>PMA 2020 R7</td>
<td>Nov-Dec 2018</td>
<td>340</td>
<td>24.27</td>
<td>8.12</td>
<td>11.15</td>
<td>45.00</td>
<td>21.53</td>
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<td>39.17</td>
<td>20.84</td>
<td>3.21</td>
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<tr>
<td>PMA Phase 1</td>
<td>Nov-Dec 2019</td>
<td>553</td>
<td>23.97</td>
<td>4.71</td>
<td>15.66</td>
<td>34.85</td>
<td>20.71</td>
<td>3.91</td>
<td>13.82</td>
<td>29.85</td>
<td>26.79</td>
<td>3.74</td>
</tr>
</tbody>
</table>

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