OVERALL KEY FINDINGS

The country has been experiencing stagnation in contraceptive use since 2020.

Implants and injectables have remained the dominant methods of contraception among all women, accounting for over 70% of the method mix.

Stockouts of the most popular contraceptive methods have increased in the past year, most notably for implants.

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=9,489)
Modern contraceptive method mix

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

- "Other modern methods" include male sterilization, standard days/cycle beads, LAM, female condoms, and diaphragm.

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=9,489)

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=4,377)
KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- The use of modern contraceptives has stagnated for all women at 46% and married women at 61% since 2020.
- Implants and injectables account for 78% of the methods used by married women, while implants, injectables, and condoms account for 83% of the methods used by unmarried sexually active women.
- 41% of the most recent births or current pregnancies were unintended, with 34% mistimed and 7% not wanted.

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=4,326)

When you obtained your method were you told by the provider about side effects or problems you might have? 30% Yes 70% No

Were you told what to do if you experienced side effects or problems? 7% Yes 93% No

Were you told by the provider about methods of FP other than the method you received? 25% Yes 75% No

Were you told that you could switch to a different method in the future? 23% Yes 77% No

_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

16% 66% 68%

15-19 (n=2,091) 20-24 (n=1,732) 25-49 (n=5,666)

KEY FINDINGS FOR SECTION 2: COUNSELING AND OUTREACH

- Only 57% of the women received comprehensive contraceptive counseling.
- One in three women reported that they were not informed about contraceptives’ side effects.
- Only 16% of adolescents reported that they had discussed family planning with a health care provider or community health worker in the past year. In contrast, 34% of women aged 20-24, and 32% of women aged 25-49 reported similar FP discussions.
### 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=3,211)**

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

<table>
<thead>
<tr>
<th>Age</th>
<th>None/Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>16</td>
<td>84</td>
<td>91</td>
</tr>
<tr>
<td>20-24</td>
<td>9</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>25-49</td>
<td>9</td>
<td>92</td>
<td>97</td>
</tr>
</tbody>
</table>

**Percent of women who are currently using modern, female controlled methods and agree with the following statement, by age and education (n=3,209)**

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

<table>
<thead>
<tr>
<th>Age</th>
<th>None/Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>34</td>
<td>66</td>
<td>81</td>
</tr>
<tr>
<td>20-24</td>
<td>22</td>
<td>78</td>
<td>81</td>
</tr>
<tr>
<td>25-49</td>
<td>19</td>
<td>81</td>
<td>91</td>
</tr>
</tbody>
</table>

**Percent of women who are currently using FP and agree with the following statement, by age and education (n=3,654)**

**Mainly respondent**

<table>
<thead>
<tr>
<th>Age</th>
<th>Mainly respondent</th>
<th>Joint decision</th>
<th>Mainly husband/partner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>36</td>
<td>13</td>
<td>51</td>
<td>10</td>
</tr>
<tr>
<td>20-24</td>
<td>36</td>
<td>9</td>
<td>56</td>
<td>8</td>
</tr>
<tr>
<td>25-49</td>
<td>37</td>
<td>9</td>
<td>54</td>
<td>8</td>
</tr>
</tbody>
</table>

**Mainly husband/partner**

<table>
<thead>
<tr>
<th>Age</th>
<th>Mainly respondent</th>
<th>Joint decision</th>
<th>Mainly husband/partner</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>39</td>
<td>10</td>
<td>51</td>
<td>5</td>
</tr>
<tr>
<td>20-24</td>
<td>36</td>
<td>10</td>
<td>54</td>
<td>5</td>
</tr>
<tr>
<td>25-49</td>
<td>29</td>
<td>10</td>
<td>63</td>
<td>8</td>
</tr>
</tbody>
</table>
**Percent of women who are not currently using FP and agree with the following statement, by age and education (n=4,435)**

<table>
<thead>
<tr>
<th>Would you say that not using FP is mainly your decision?</th>
<th>By age</th>
<th>By education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15-19</td>
<td>20-24</td>
</tr>
<tr>
<td>Mainly respondent</td>
<td>2</td>
<td>82</td>
</tr>
<tr>
<td>Mainly husband/partner</td>
<td>12</td>
<td>82</td>
</tr>
<tr>
<td>Joint decision</td>
<td>2</td>
<td>72</td>
</tr>
<tr>
<td>Other</td>
<td>82</td>
<td>1</td>
</tr>
</tbody>
</table>

**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=5,239)**
  - Yes: 96%
  - No: 4%

- **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=5,239)**
  - Yes: 95%
  - No: 5%

- **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=5,239)**
  - Yes: 98%
  - No: 2%

- **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=5,239)**
  - Yes: 98%
  - No: 2%

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

- Among women using a female controlled modern contraceptive method, over 90% reported that their partners were aware of the contraceptive method that they were using.

- About 81% of women using a female-controlled modern method reported that they discussed with their partner their decision to delay or avoid a pregnancy before starting to use their current method, with lower proportions of 66% among adolescent girls.

- 10% of the women currently using family planning reported that the decision to use contraception was made mainly by their partner.
SECTION 4: SERVICE DELIVERY POINTS

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 3 n=804)

- 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

Private facilities (PMA Phase 3 n=127)

- 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: IMPLANT

Public facilities (PMA Phase 3 n=804)

Private facilities (PMA Phase 3 n=127)
TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 3 n=804)

Private facilities (PMA Phase 3 n=127)

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 3 n=804)

Private facilities (PMA Phase 3 n=127)
### Trends in Method Availability: Male Condoms

#### Public Facilities (PMA Phase 3 n=804)
- **Dec 2014**
  - Stockout: 2
  - In stock: 4
- **Dec 2015**
  - Stockout: 3
  - In stock: 7
- **Dec 2016**
  - Stockout: 1
  - In stock: 6
- **Dec 2017**
  - Stockout: 1
  - In stock: 6
- **Dec 2018**
  - Stockout: 1
  - In stock: 5
- **Dec 2019**
  - Stockout: 2
  - In stock: 5
- **Dec 2020**
  - Stockout: 11
  - In stock: 9
- **Dec 2021**
  - Stockout: 13
  - In stock: 11

#### Private Facilities (PMA Phase 3 n=127)
- **Dec 2014**
  - Stockout: 13
  - In stock: 6
- **Dec 2015**
  - Stockout: 16
  - In stock: 7
- **Dec 2016**
  - Stockout: 15
  - In stock: 8
- **Dec 2017**
  - Stockout: 15
  - In stock: 7
- **Dec 2018**
  - Stockout: 17
  - In stock: 7
- **Dec 2019**
  - Stockout: 16
  - In stock: 7
- **Dec 2020**
  - Stockout: 15
  - In stock: 6
- **Dec 2021**
  - Stockout: 13
  - In stock: 8

**Notes:**
- Green bar: Currently in stock and no stockout in last 3 months
- Blue bar: Currently in stock but stockout in last 3 months
- Yellow bar: Currently out of stock
- Light gray bar: Not offered

### Main Reason for Episodes of Stockout of Any Method by Type of Facility

#### Public Facilities (n=1,186 episodes)
- **85%** Ordered but did not receive shipment
- **6%** Did not place order for shipment

#### Private Facilities (n=65 episodes)
- **63%** Ordered but did not receive shipment
- **17%** Did not place order for shipment

**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."**

### Facility Readiness

#### Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=794)
- **62%** Yes
- **38%** No

#### Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=598)
- **59%** Yes
- **41%** No
75% of women obtained their current modern method from a public health facility (n=4,326)

KEY FINDINGS FOR SECTION 4: SERVICE DELIVERY POINTS

- Contraceptive stockouts for implants, injectables, pills, and male condoms increased in the past year in public health facilities.

- One in four public facilities were not offering IUDs, while 41% of those offering did not have a trained provider and instruments/supplies needed for IUD insertion or removal.

- The main reason reported for stockout was that an order had been placed but shipment had been delayed in public and private health facilities.
### 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>
</tr>
</thead>
<tbody>
<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>May-July 2014</td>
<td>3,754</td>
<td>41.76</td>
<td>1.41</td>
<td>38.99</td>
<td>44.58</td>
<td></td>
<td></td>
<td>41.58</td>
<td>1.41</td>
<td>38.82</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R2</td>
<td>Nov-Dec 2014</td>
<td>4,329</td>
<td>40.99</td>
<td>1.23</td>
<td>38.57</td>
<td>43.45</td>
<td></td>
<td></td>
<td>40.29</td>
<td>1.23</td>
<td>37.87</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R3</td>
<td>June-July 2015</td>
<td>4,396</td>
<td>48.09</td>
<td>1.64</td>
<td>44.86</td>
<td>51.33</td>
<td></td>
<td></td>
<td>46.53</td>
<td>1.64</td>
<td>43.30</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R4</td>
<td>Nov-Dec 2015</td>
<td>4,921</td>
<td>47.79</td>
<td>1.46</td>
<td>44.92</td>
<td>50.68</td>
<td></td>
<td></td>
<td>45.98</td>
<td>1.40</td>
<td>43.22</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R5</td>
<td>Nov-Dec 2016</td>
<td>5,894</td>
<td>45.63</td>
<td>1.18</td>
<td>43.31</td>
<td>47.97</td>
<td></td>
<td></td>
<td>44.24</td>
<td>1.17</td>
<td>41.94</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R6</td>
<td>Nov-Dec 2017</td>
<td>5,876</td>
<td>45.03</td>
<td>1.08</td>
<td>42.91</td>
<td>47.18</td>
<td></td>
<td></td>
<td>43.75</td>
<td>1.05</td>
<td>41.68</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R7</td>
<td>Nov-Dec 2018</td>
<td>5,671</td>
<td>46.11</td>
<td>1.00</td>
<td>44.14</td>
<td>48.09</td>
<td></td>
<td></td>
<td>44.60</td>
<td>0.99</td>
<td>42.65</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>Nov-Dec 2019</td>
<td>9,477</td>
<td>45.67</td>
<td>0.84</td>
<td>44.02</td>
<td>47.32</td>
<td></td>
<td></td>
<td>43.21</td>
<td>0.80</td>
<td>41.65</td>
<td>44.80</td>
</tr>
<tr>
<td>PMA Phase 2</td>
<td>Nov-Dec 2020</td>
<td>9,323</td>
<td>49.80</td>
<td>0.81</td>
<td>48.20</td>
<td>51.40</td>
<td></td>
<td></td>
<td>46.24</td>
<td>0.76</td>
<td>44.76</td>
<td>47.73</td>
</tr>
<tr>
<td>PMA Phase 3</td>
<td>Nov-Dec 2021</td>
<td>9,489</td>
<td>48.78</td>
<td>0.78</td>
<td>47.24</td>
<td>50.32</td>
<td></td>
<td></td>
<td>45.64</td>
<td>0.77</td>
<td>44.12</td>
<td>47.15</td>
</tr>
</tbody>
</table>

#### WOMEN IN UNION

<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>
</tr>
</thead>
<tbody>
<tr>
<td>PMA 2020</td>
<td>R1</td>
<td>May-July 2014</td>
<td>2,498</td>
<td>53.70</td>
<td>1.81</td>
<td>50.09</td>
<td>57.26</td>
<td></td>
<td></td>
<td>53.44</td>
<td>1.80</td>
<td>49.86</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R2</td>
<td>Nov-Dec 2014</td>
<td>2,650</td>
<td>56.63</td>
<td>1.67</td>
<td>53.30</td>
<td>59.90</td>
<td></td>
<td></td>
<td>55.60</td>
<td>1.65</td>
<td>52.31</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R3</td>
<td>June-July 2015</td>
<td>2,744</td>
<td>61.08</td>
<td>1.66</td>
<td>57.76</td>
<td>64.31</td>
<td></td>
<td></td>
<td>58.84</td>
<td>1.69</td>
<td>55.46</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R4</td>
<td>Nov-Dec 2015</td>
<td>2,826</td>
<td>64.65</td>
<td>1.47</td>
<td>61.68</td>
<td>67.50</td>
<td></td>
<td></td>
<td>62.30</td>
<td>1.45</td>
<td>59.40</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R5</td>
<td>Nov-Dec 2016</td>
<td>3,501</td>
<td>61.62</td>
<td>1.45</td>
<td>58.72</td>
<td>64.44</td>
<td></td>
<td></td>
<td>59.87</td>
<td>1.46</td>
<td>56.96</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R6</td>
<td>Nov-Dec 2017</td>
<td>3,404</td>
<td>60.52</td>
<td>1.33</td>
<td>57.85</td>
<td>63.12</td>
<td></td>
<td></td>
<td>58.98</td>
<td>1.30</td>
<td>56.38</td>
</tr>
<tr>
<td>PMA 2020</td>
<td>R7</td>
<td>Nov-Dec 2018</td>
<td>3,337</td>
<td>62.77</td>
<td>1.30</td>
<td>60.17</td>
<td>65.30</td>
<td></td>
<td></td>
<td>60.69</td>
<td>1.28</td>
<td>58.13</td>
</tr>
<tr>
<td>PMA Phase 1</td>
<td>Nov-Dec 2019</td>
<td>5,594</td>
<td>59.68</td>
<td>0.90</td>
<td>57.90</td>
<td>61.44</td>
<td></td>
<td></td>
<td>56.67</td>
<td>0.89</td>
<td>54.92</td>
<td>58.41</td>
</tr>
<tr>
<td>PMA Phase 2</td>
<td>Nov-Dec 2020</td>
<td>5,361</td>
<td>65.09</td>
<td>0.96</td>
<td>63.19</td>
<td>66.95</td>
<td></td>
<td></td>
<td>60.79</td>
<td>0.93</td>
<td>58.95</td>
<td>62.59</td>
</tr>
<tr>
<td>PMA Phase 3</td>
<td>Nov-Dec 2021</td>
<td>5,248</td>
<td>64.68</td>
<td>0.94</td>
<td>62.80</td>
<td>66.51</td>
<td></td>
<td></td>
<td>60.76</td>
<td>1.00</td>
<td>58.78</td>
<td>62.71</td>
</tr>
</tbody>
</table>

PMA Kenya collects information 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 results are nationally and county-level representative. Data were collected in 9 counties in PMA2020 R1-4 and 11 counties in PMA2020 R5-7 and PMA Phases 1, 2, and 3. Data were collected between November and December 2021 from 9,565 households (95.98% response rate), 9,489 females age 15-49 (98.55% response rate), 953 facilities (91.2% 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.